

Household Income and Expenditure Survey

Confidentiality of data is guaranteed by Law. Data shall only be used for statistical purposes.

- 1 Territory:
- 2 Sector:
- 3 District/Community Number:
- 4 Stratum Number:
- 5 Cluster Number:
- 6 Household Number in Cluster:
- 7 Street Name & Number:
- 8 Building Owner:
- 9 Type of Residential Unit:
- 10 Residential Unit Location:
- 11 Month of Visit:

- 12 Number of Household Members:
- 13 Head of Household:
- 14 Telephone Number:
- 15 Status of Responding Household:
 - 1 Original
 - 2 Substitute
- 16 Reason for choosing substitute:
 - 1 Status of household not applicable
 - 2 Permanently closed
 - 3 Rejection
 - 4 Demolition
 - 5 Vacant
- 17 Household visit outcome:
 - 1 Fully completed
 - 2 Partially Completed
 - 3 Rejected
 - 4 Other

Name of Enumerator: Work/Mobile Phone: Place of Work: Enumerator's Work Area Number:

Name of Supervisor: Work/Mobile Phone: Place of Work: Supervisor's Work Area Number:

Residence Characteristics and Services

01. Number of households in residence	<input type="text"/> <input type="text"/>
02. Household type: A. Private citizen household B. Private Non-citizen household C. Share houshold	<input type="text"/>

03. Type of Residential Unit: <input type="text"/> <input type="text"/>	04. Main construction material (What is the basic construction component used in the residence) for: A. Ceilings <input type="text"/> <input type="text"/> B. Floorings <input type="text"/> <input type="text"/> C. Walls <input type="text"/> <input type="text"/>	05. Residence Components:	06. Type of Main Air Conditioner: <input type="text"/> <input type="text"/>	07. Tenure Type: <input type="text"/> <input type="text"/>
01. Palace 02. Villa 03. Part of Villa 04. More than one apartment 05. Apartment 06. Low-cost House 07. Part of a low-cost House 08. Separate Room 09. Other (Caravan, Shack Tent, Portacabin)	01.Blocks 02. Readymade Walls 03. Wood 04. Tinplate 05. Cement 06. Reinforced cement 07. Stone 08. Tiles 09. Ceramics 10. Marble 11. Fronds 12. Asbestos 90. Other (explain):	01. Total Number of Rooms including Servant Rooms <input type="text"/> <input type="text"/> 02. Number of household bedrooms <input type="text"/> <input type="text"/> 03. Other Rooms <input type="text"/> <input type="text"/> 04. Numbers of kitchens: <input type="text"/> <input type="text"/> 05. Total Number of Toilets <input type="text"/> <input type="text"/> 06. Number of Servant Rooms <input type="text"/> <input type="text"/>	01. Central 02. Split Units 03. Mixed 04. Window 90. Other (specify) 95. NA	01. Ordinary Lease 02. Furnished Lease 03. Provided by employer 04. Property 90. Other (explain):

08. Residence Main Electricity Source: <input type="text"/> <input type="text"/>	09. Residence Water Source: A. Sources of Water for Domestic Use <input type="text"/> <input type="text"/> B. Sources of Drinking Water <input type="text"/> <input type="text"/>	10. Main Power Source Used for Cooking <input type="text"/> <input type="text"/>	11. How is the Residence Linked to the Sewerage System? <input type="text"/> <input type="text"/>
01. Public Network 02. Private Generator 95. NA	01. Public Governmental Network (Tap water) 02. Private Network Link (well.. etc.). 03. Bottled Water (Mineral - Purified) 90. Other Sources (explain):	01. Central Gas 02. Electricity 03. Gas Cylinder 04. Petroleum products (Kerosene...) 05. Wood (firewood)/ Charcoal 90. Other (explain):	01. Public Network 02. Private Sewerage 03. Cesspit 90. Other (explain):

12. How is waste disposed inside the Residence? <input type="checkbox"/> <input type="checkbox"/>	13. Select the method used to dispose of household Waste: <input type="checkbox"/> <input type="checkbox"/>	14. How Often is Household Waste Disposed? <input type="checkbox"/> <input type="checkbox"/>	15. Are household members exposed inside the Residence or in the surrounding environment to any of the following pollutants: 1. Yes 2. No 3. I don't know
01. In a plastic bag inside a bin 02. In a plastic bag without a bin 03. In a covered bin 04. In a bin without cover 05. Waste is directly dumped in the street 90. Other (explain):	01. Collected by waste collection workers 02. Dumped in the nearest trash container 03. Dumped in waste collection facility 04. Dumped in a specific location at the residence 05. Randomly dumped 06. Waste Incineration or Landfill 07. Used for special purposes 90. Other (explain):	01. Daily 02. Once weekly 03. More than once a week (specify):	01. Smoke - Car exhaust fumes <input type="checkbox"/> <input type="checkbox"/> 02. Smoke - from factories <input type="checkbox"/> <input type="checkbox"/> 03. Odours caused by animals <input type="checkbox"/> <input type="checkbox"/> 04. Odours caused by sewage water <input type="checkbox"/> <input type="checkbox"/> 05. Odour emanating from waste containers etc. <input type="checkbox"/> <input type="checkbox"/> 06. General dust <input type="checkbox"/> <input type="checkbox"/> 07. Dust or odours from other sources <input type="checkbox"/> <input type="checkbox"/> 08. Noise <input type="checkbox"/> <input type="checkbox"/> 90- Other (explain): <input type="checkbox"/> <input type="checkbox"/>

16. Does the household possess any of the following commodities or use any of the following services:

S\N	Name of Commodity	Number:
01	Private Car	<input type="checkbox"/>
02	Boat	<input type="checkbox"/>
03	Motorcycle	<input type="checkbox"/>
04	Jet Ski	<input type="checkbox"/>
05	Landline telephone	<input type="checkbox"/>
06	Mobile Phone	<input type="checkbox"/>
07	Internet or E-Life service.	<input type="checkbox"/>
08	Personal Computer	<input type="checkbox"/>
09	Printer	<input type="checkbox"/>
10	Fax	<input type="checkbox"/>
11	Scanner	<input type="checkbox"/>
12	Television	<input type="checkbox"/>
13	Video Player	<input type="checkbox"/>
14	DVD-CD-MP3 Players	<input type="checkbox"/>
15	Home Theatre	<input type="checkbox"/>
16	Receiver	<input type="checkbox"/>
17	Satellite Dish	<input type="checkbox"/>

S\N	Name of Commodity	Number:
18	Gaming station (eg Playstation, Xbox, Wii)	<input type="checkbox"/>
19	Tablets (eg ipad etc)	<input type="checkbox"/>
20	Radio or cassette player with or without radio or recorder	<input type="checkbox"/>
21	Digital Camera	<input type="checkbox"/>
22	Video Camera	<input type="checkbox"/>
23	Sewing machine	<input type="checkbox"/>
24	Vacuum cleaner	<input type="checkbox"/>
25	Washing machine	<input type="checkbox"/>
26	Electric heater	<input type="checkbox"/>
27	Dishwasher	<input type="checkbox"/>
28	Dryer	<input type="checkbox"/>
29	Refrigerator	<input type="checkbox"/>
30	Freezer	<input type="checkbox"/>
31	Water cooler	<input type="checkbox"/>
32	Cooker/ gas or electric oven	<input type="checkbox"/>
33	Microwave	<input type="checkbox"/>

17. Household productive activities: Did the household or any of its members practise any of the following activities during the last year?

S\N	Name of Commodity	1. Yes 2. No
01	Hair dressing and Henna	<input type="checkbox"/>
02	Paid transport of passengers or goods using the private car	<input type="checkbox"/>
03	Paid childcare	<input type="checkbox"/>
04	Cleaning and ironing clothes for others	<input type="checkbox"/>
05	Preparing and selling of food	<input type="checkbox"/>
06	Cooking food for others	<input type="checkbox"/>
07	Agricultural or animal production	<input type="checkbox"/>
08	Tailoring, embroideriny and knitting	<input type="checkbox"/>
09	Handicrafts	<input type="checkbox"/>
10	Repair and maintenance for others	<input type="checkbox"/>
11	Giving private lessons	<input type="checkbox"/>
12	Leasing part of the house	<input type="checkbox"/>
13	Sales and other activities	<input type="checkbox"/>
90	Other (explain)	<input type="checkbox"/>

Household Members Data

S/N	Full Name (Tertiary name)	Relation to Head of Household:	Gender	Age		Nationality	Health Conditions of Household Members		Educational Status		Marital status	Relation to the labour force	Employment status	Main Occupation	Establishment	Main economic activity	Sector
		1. Husband/ Wife: 2. Son/ Daughter 3. Father/Mother 4. Daughter in law/ Son in law 5. Grandson/Granddaughter 6. Brother/Sister 7. Grandfather/ Grandmother 8. Other kinship 9. Servant/ Maid 10. No Kinship	1- Male 2- Female	Month Year	Age in full years		Does the individual suffer from any disability? 1. Physical disability 2. Sensory/speech disability 3. Intellectual/learning disability 4. Psychological and social disability 5. Non-disabled	Does the individual suffer from any chronic disease? 1. Cancer (except blood cancer) 2. Blood and immune system diseases 3. Gastrointestinal diseases 4. Eye diseases 5. Ear diseases 6. Cardiovascular diseases 7. Bone and muscle diseases 8. Nervous system diseases 9. Psychological illness 10. Respiratory diseases 11. Skin diseases 12. Endocrine diseases 13. Urologic diseases 14. More than one chronic disease 15. Other (specify) 16. Doesn't suffer from chronic diseases	Enrollment Is currently or had he previously enrolled in any educational organisation inside/ outside the UAE? 1. Yes, he/she is currently enrolled 2. Had previously enrolled 3. No, never enrolled	Educational level 1. Illiterate 2. Reads and writes 3. Primary/cycle 1 4. Preparatory/ cycle 2 5. Secondary 6. Above secondary and below University diploma 7. Bachelor or equivalents 8. Higher/post graduate diploma 9. Master's degree or equivalents 10. PhD or equivalents	1. Never married 2. First marriage officially document 3. Married 4. Divorced 5. Widowed 6. separated	1. Employed 2. Unemployed - worked before 3. Unemployed- never worked before 4. House work 5. Student 6. Has income or revenue (retired) 7. Unable to work 8. 65 years or older and unemployed 9. others (explain)	1. Employer 2. Own account (Self-employed) 3. Paid employee 4. Unpaid employee	Examples: (Farmers - vocational assistant in general management - sales representative - auto mechanic - truck driver) - Examples: Primary school teacher - civil engineer - financial manager - truck driver			
01		02	03	04A	04B	05A	05B	05C	06A	06B	07	08	09	10	11	12	13
		0- Household head															

If age is below 5 years, thank you there are no more questions

If younger than fifteen years, thank you there are no more questions

Proceed Thank you. There are no more questions

Incomes of household members for the fiscal year ending on the survey month

SN:	Name of income earning household member	Income from employment				Gross income of self-employed and business owners (employers)
		Salaries and wages		Benefits in-kind accommodation- travel tickets- food...	Grand Total	
		Gross income	Net income			
1	02	03	04	05	06	07

Leases and property income									
Leases		Other rentals	Property income						
Leased	Estimated rental value of dwelling if occupied by owner or for free		Interest on bank deposits	Interest on bonds and instruments	Interest on loans from other parties	Dividends	Income from equity participations	Other property income	Total leases and property incomes
08	09	10	11	12	13	14	15	16	17

Revenues from transfers								
Gifts to household		Retirement pensions	End-of-service gratuity	Recovered insurance reimbursements	Outstanding work injury reimbursements	Marriage Fund grant	Subsidies from Zakat Fund	Red Crescent grants
Cash	Estimated value of non-cash gifts							
18	19	20	21	22	23	24	25	26

Revenues from transfers				Other revenues					Total revenues	
Other government grants (e.g. social security)	Transfers from non-household members	Income from other transfers	Total	Household self-production value	Prizes			Other income		
					Cash	Estimated value of non-cash prizes	income from special offers (coupons-points...)			
27	28	29	30	31	32	33	34	35	36	99

Capital operations

SN:	Sales and purchases of fixed assets				Sales of used durable goods (Vehicles - furniture - electric equipment.. etc.)	Loans	
	Land plots		Buildings			Lending	Borrowing
	Purchases	Sales	Purchases	Sales			
01	02	03	04	05	06	07	08

Recovered Loans		Deposits at Financial institutions		Securities (Bonds and shares)		Other	
Loan payments - paid	Loan payments - received	Deposits	Withdrawals	Purchased	Sold	Paid up	Received
09	10	11	12	13	14	15	16

Review and follow-up report

Procedure:	Name	Date:	Signature:
Field review:			
Office review:			
Editing:			
Coding:			
Coding revision:			
Editing of Computer data:			

Notes

The well-being and decent living

for our families is an end goal for all

لمزيد من المعلومات



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