

Nauru

Household Income and Expenditure Survey (HIES)

2012/2013



Survey questionnaires (April 2014)



Bureau of Statistics, Department of Finance
Republic of Nauru

How to fill these forms ????

- ▶ Every day, during 14 days, list all the food or drinks items you or another household member spend on (5102), for each item identified, specify the quantity and the unit related (5104 & 5105) the price (5106) the name of the shop or provider of this item (5107) and if the item was bought for household use, as a gift, for resale or professional / business purpose (5108)
- ▶ If you have a detailed receipt from the supermarket, you can include it in the page without filling the form

Provide here a detailed description of the food items bought this day

Specify as much as possible the quantity and the unit in grammes or kilog (or basket, pieces, litre, pack...)

For each food items identified, fill the amount spent on this day even it is not paid yet (credit, store account)

Name of the shop or the kind of place of purchase (market, road market...)

Mark appropriate code depending on how that item was used for

EXAMPLE DAY 0 Mon Tues Wed Thur Fri Sat Sun

Date: _____ day _____ month _____ year

Q5.1 Daily expenditures on Food and Beverage items

5101	Food items <small>Write in this column all food items you bought cash this day for you, a member of your household or for a person who does not belong to the household Including take away food, drinks, restaurants and bar...</small>	Type <small>(fresh, tinned, frozen, cooked, dried...)</small>	Qty	Unit (kg, pieces, litre...)	Total Amount / total Price		Provider Name of the supplier	Purpose 1. private use 2. gift to another h/hold 3. for resale / business
					AUD			
5102	5103	5104	5105	5106		5107	5108	
01	Rice		1	25 kg	\$	42.00 ^c	Capelle	1
02	Fresh Tuna	Fresh	1	Fish	\$	10.00 ^c	Local Fisherman	1
03	Cabin Biscuits		1	pack	\$	2.90 ^c	Capelle	1
04	Beer		1	case	\$	44.00 ^c	Capelle	1
05	Assorted Chicken	Frozen	1	2 kg	\$	7.50 ^c	Capelle	1
06	Flour		1	1 kg	\$	2.90 ^c	Capelle	1
07	Tinned Tuna	Tinned	2	400gm	\$	7.88 ^c	Wakka	1
08	Corned Beef	Tinned	2	340 gm	\$	15.76 ^c	Wakka	1
09	Bread	Fresh	1	loaf	\$	2.10 ^c	Wakka	1
10	Fresh Tuna	Fresh	1	fish	\$	5.00 ^c	Local Fisherman	2
11	Corned Beef	Tinned	1	box	\$	28.00 ^c	Mackay	4
12	Pantry Ham	Tinned	1	box	\$	24.00 ^c	Mackay	4
13					\$.		
14					\$.		

| 12 | ◀ Number of food items bought this day

total spent this day on food items ▶ \$ 192.04^c

Specify here the type of betting by using the codes provided

Enter the location of where the gambling took place

Enter the amount bet and won on the gambling. For cards, you can leave the "amount bet" column as "0" and state the result in the "amount won" column

Subtract the "amount bet" from the "amount won" to produce the overall result

Q5.4 Gambling Winnings and Losses

Item No.	Type of gambling 1. Poker machines 2. Bingo 3. Horses 4. Cards 5. Other	Location	Amount Bet (a)	Amount Won (b)	Overall Winnings / Losses =(b-a) <small>(put a negative sign if it's a loss)</small>
			AUD	AUD	
5401	5402	5403	5404	5405	5406
01	1	OD-N AIWO Hotel	\$ 100.00 ^c	\$ 0.00 ^c	\$ -100.00 ^c
02	4	Menen Hotel	\$. ^c	\$ 10.00 ^c	\$ 10.00 ^c
03		.....	\$ .^c	\$. ^c	\$. ^c
04		.....	\$ .^c	\$. ^c	\$. ^c
05		.....	\$ .^c	\$. ^c	\$. ^c

| 2 | ◀ Number of gambling activities this day

Total amount bet and won ▶ \$ 100.00^c \$ 10.00^c \$ -90.00^c

How to fill these forms ????

► Every day, during 14 days, list all the non food items you or another household member spend on (5202) for each items identified, specify the price (5203) the name of the shop or provider of this item (5204) and if the item was bought for personal or professional / business purposes (5205)

EXAMPLE DAY 0

List all the non food items specified in this column

For each non food items, specified the prices spent on this day

Name of the shop or provider of the item or the service

Mark appropriate code depending on how that item was used

Q5.2

Other non food daily expenditures

Non food goods services and gift in cash		Total amount / total price AUD	Provider Name of the supplier, recipient of the amount	Destination of the expenditure
Write in this column goods and services (non food) you bought this day for you, a member of your household or to a person who do not belong to the household, including monetary gift to another household or to a person do not belong to the household				1. Private use 2. Gift 3. For resale 4. Business use
5201	5202	5203	5204	5205
01	Bag of Ice	\$ 1 . 00 ^c	Chinese Shop	| 1 |
02	Digicel top-up	\$ 10 . 00 ^c	Digicel	| 1 |
03	Cigarettes	\$ 5 . 00 ^c	Pick n Save	| 1 |
04	T-shirt	\$ 8 . 50 ^c	Chinese Shop	| 2 |
05	Washing soap bar	\$ 1 . 70 ^c	Pick n Save	| 1 |
06	Money given to the church	\$ 10 . 00 ^c	Church	| 2 |
07	Pocket money for my son to school	\$ 2 . 00 ^c	Son	| 1 |
08		\$. . ^c		| |
09	Fuel for work car	\$ 40 . 00 ^c	Pick n Save	| 4 |
10		\$. . ^c		| |
11		\$. . ^c		| |
12		\$. . ^c		| |
13		\$. . ^c		| |

| 8 | ← Number of non food items bought this day

total spent this day on non food items → \$ 78 . 20 ^c

► Every day during 14 days, write all the food items you get for free this day coming from your garden or plantation, your livestock, hunting, fishing activities or received for free as a gift from another household

Food items received for free, according to the origin

For each item picked, harvested, fished, collected, grew or received as a gift, specify the quantity and the unit related

For each items received for free, provide an estimated amount of the price

Q5.3

Items received for free

Food and non-food items received for free		Origin	Quantity	Unit (kg, pieces, cup...)	Estimated amount (if you were to sell it)
Specify here all the items you received for free this day according to its origin		Where did you get this item from ?			AUD
5301	5302	5303	5304	5305	5306
1. From your own garden or plantation (fruits and vegetables)					
01	Mangoes	Garden	2	Pieces	\$ 0 . 90 ^c
02	Green coconuts	Bush	3	Pieces	\$ 1 . 50 ^c
03					
04					
2. From your own fishing, hunting or livestock activities (fish, seafood, pigs, chicken, noddly bird ...)					
01	Tsibab	Fishing	1	10 kg	\$ 40 . 00 ^c
02	Eae	Fishing	1	3 kg	\$ 10 . 00 ^c
03	Noddly Bird	Middle of Is.	20	birds	\$ 10 . 00 ^c
3. Received as a gift (any kind of food or non-food items)					
01	Tin of corned beef	Neighbour	1	340 gm	\$ 4 . 00 ^c
02					
03					

| 6 | ← Number of food items received this day for free

Total estimated amount on food received for free → \$ 66 . 40 ^c

DAY 1

Mon Tues Wed Thur Fri Sat Sun

Date / /
Day Month Year

Q5.1 Daily expenditures on Food and Beverage items

Food items		Type	Quantity	Unit (kg, pieces, litre...)	Total amount total price	Provider	Purpose
Write in this column all food items you bought cash this day for you, a member of your household or for a person who does not belong to the household, including take away food, drinks, restaurants, bar...		(fresh, tinned, frozen, cooked, dried...)			AUD	Name of the supplier	
			5101	5102	5103		5104	5105	5106	5107	5108
01					\$. c		<input type="text"/>
02					\$. c		<input type="text"/>
03					\$. c		<input type="text"/>
04					\$. c		<input type="text"/>
05					\$. c		<input type="text"/>
06					\$. c		<input type="text"/>
07					\$. c		<input type="text"/>
08					\$. c		<input type="text"/>
09					\$. c		<input type="text"/>
10					\$. c		<input type="text"/>
11					\$. c		<input type="text"/>
12					\$. c		<input type="text"/>
13					\$. c		<input type="text"/>
14					\$. c		<input type="text"/>
15					\$. c		<input type="text"/>
16					\$. c		<input type="text"/>
17					\$. c		<input type="text"/>
18					\$. c		<input type="text"/>
19					\$. c		<input type="text"/>
20					\$. c		<input type="text"/>

◀ Number of food items bought this day

Total spent this day on food items ▶ \$. c

Q5.4 Gambling Winnings and Losses

Item No.	Type of gambling: 1: Poker Machines 2: Bingo 3: Horses 4: Cards 5: Other	Location	Amount Bet (a)	Amount Won (b)	Overall Winnings/Losses = (b - a)
			AUD	AUD	AUD
5401	5402	5403	5404	5405	5406
01	<input type="text"/>		\$. c	\$. c	\$. c
02	<input type="text"/>		\$. c	\$. c	\$. c
03	<input type="text"/>		\$. c	\$. c	\$. c
04	<input type="text"/>		\$. c	\$. c	\$. c
05	<input type="text"/>		\$. c	\$. c	\$. c
06	<input type="text"/>		\$. c	\$. c	\$. c
07	<input type="text"/>		\$. c	\$. c	\$. c

◀ Number of gambling activities this day

Total amount bet and won ▶ \$. c \$. c \$. c

DAY 1

Q5.2 Other non food daily expenditures

Non food items, services bought this day and gift in cash		Total amount / total price AUD	Provider	Destination
Write in this column goods and services (non food) you bought this day for you, a member of your household or to a person who do not belong to the household, including monetary gift to another household or to a person do not belong to the household			Name of the supplier, recipient of the amount	1. Private use 2. Gift to another hh 3. For resale 4. Business use
5201	5202	5203	5204	5205
01		\$.		
02		\$.		
03		\$.		
04		\$.		
05		\$.		
06		\$.		
07		\$.		
08		\$.		
09		\$.		
10		\$.		
11		\$.		
12		\$.		
13		\$.		
14		\$.		
15		\$.		
16		\$.		

<input type="text"/>	Number of non food items bought this day	Total spent this day on non food items	\$ <input type="text"/>
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Q5.3 Items received for free

Food and non-food items received for free		Origin	Quantity	Unit (kg, pieces, cup...)	Estimated amount (if you were to sell it) AUD
Specify here all the items you received for free this day according to its origin (garden, fishing, gift received...)		Where did you get this item from ?			
5301	5302	5303	5304	5305	5306
1. From your own garden or plantation (fruits and vegetables)					
01					\$. c
02					\$. c
03					\$. c
04					\$. c
2. From your own fishing, hunting or livestock activities (fish, seafood, pigs, chicken, nobby bird...)					
01					\$. c
02					\$. c
03					\$. c
04					\$. c
05					\$. c
06					\$. c
07					\$. c
08					\$. c
09					\$. c
10					\$. c
3. Received as a gift (any kind of food or non-food item)					
01					\$. c
02					\$. c
03					\$. c
04					\$. c
05					\$. c
06					\$. c
07					\$. c

<input type="text"/>	Number of food items received this day for free	Total estimated amount on food received for free	\$ <input type="text"/>
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HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 1 - DEMOGRAPHICS AND DWELLING INFORMATION

Questionnaire ID	Questionnaire label
Q1.1	Demographic profile
Q1.2	Labour Force Status
Q1.3	Occupation History
Q1.4	Dwelling information
Q1.5	Dwelling tenure expenditure

IDENTIFICATION

ROUND

FORM of

NAME

CODE

H/HOLD HEAD

ENUMERATOR

SUPERVISOR

DISTRICT

EA No.

Dwelling No.

Hhold No.

MODULE 1 - DATE

HOUSEHOLD SIZE

INTERVIEW

dd / mm / yy

LIST1

DATA ENTRY

dd / mm / yy

LIST2

TOTAL

MODULE 1 - COMMENTS

Member ID number [HM]	Name	Sex	Age
	01 = Household Head	code 1103	
1101	1102	1103	1104
01		| |	| |
02		| |	| |
03		| |	| |
04		| |	| |
05		| |	| |
06		| |	| |
07		| |	| |
08		| |	| |
09		| |	| |
10		| |	| |
11		| |	| |
12		| |	| |
13		| |	| |
14		| |	| |
15		| |	| |
16		| |	| |
17		| |	| |
18		| |	| |
19		| |	| |
20		| |	| |

21		| |	| |
22		| |	| |
23		| |	| |
24		| |	| |

1103: Sex
 1. Male
 2. Female

Q1.1 - Demographic profile

Reference period:
12 months

from: __ / __ / __
to: __ / __ / __

- ▶ Write in list 1 persons who currently live in this household (even if temporarily away, and they intend to return)
- ▶ Write in list 2 persons who used to live in this household during the past **12 months** and no longer reside in this household at the time of the interview, and don't intend to return (this includes persons who have died in the last **12 months**)

Member ID number [HM]	Birthdate	Relationship to HH head	Enter [HM] ID for this person's:		Country of birth	Marital status	Ethnicity
	dd / mm / yy		code 1106	Mother				Father
	98 if in another HH 99 if deceased				code 1109	code 1110	code 1111
Household members currently residing here (inc temporarily away) - list1							
1101	1105	1106	1107	1108	1109	1110	1111
01	__ / __ / __	|||	|||	|||	||	||	||
02	__ / __ / __	|||	|||	|||	||	||	||
03	__ / __ / __	|||	|||	|||	||	||	||
04	__ / __ / __	|||	|||	|||	||	||	||
05	__ / __ / __	|||	|||	|||	||	||	||
06	__ / __ / __	|||	|||	|||	||	||	||
07	__ / __ / __	|||	|||	|||	||	||	||
08	__ / __ / __	|||	|||	|||	||	||	||
09	__ / __ / __	|||	|||	|||	||	||	||
10	__ / __ / __	|||	|||	|||	||	||	||
11	__ / __ / __	|||	|||	|||	||	||	||
12	__ / __ / __	|||	|||	|||	||	||	||
13	__ / __ / __	|||	|||	|||	||	||	||
14	__ / __ / __	|||	|||	|||	||	||	||
15	__ / __ / __	|||	|||	|||	||	||	||
16	__ / __ / __	|||	|||	|||	||	||	||
17	__ / __ / __	|||	|||	|||	||	||	||
18	__ / __ / __	|||	|||	|||	||	||	||
19	__ / __ / __	|||	|||	|||	||	||	||
20	__ / __ / __	|||	|||	|||	||	||	||
Household members who used to live in this household during the past 12 months - list2							
21	__ / __ / __	|||	|||	|||	||	||	||
22	__ / __ / __	|||	|||	|||	||	||	||
23	__ / __ / __	|||	|||	|||	||	||	||
24	__ / __ / __	|||	|||	|||	||	||	||

1106 : Relationship to HH head

- 01. Head
- 02. Spouse/defacto
- 03. Son/daughter
- 04. Son/daughter-in-law
- 05. Parent
- 06. Spouse's parent
- 07. Uncle/aunti
- 08. Grand-son/Grand-daughter
- 09. Brother/sister
- 10. Other relative
- 11. Other non relative

1109 : Country of birth

- 1. Nauru
- 2. China
- 3. Kiribati
- 4. Tuvalu
- 5. Other country

1110 : Marital Status

- 1. Never Married
- 2. Legally Married
- 3. Defacto
- 4. Separated
- 5. Divorced
- 6. Widowed

1111 : Ethnicity

- 1. Nauruan
- 2. Other Micronesia
- 3. Melanesia
- 4. Polynesian
- 5. Chinese
- 6. Other Asian
- 7. European (Aust/NZ)
- 8. Other

Q1.2 - Activities during last week

Reference Period:
Last week

from: __ / __ / __
to: __ / __ / __

► For each household member **aged 15 and over** listed in list 1

Member ID number [HM]	Main Activity Section					Obs
	What was this [HM] main activity during last week ? <i>(If away from main activity due to holidays or illness, state what this person would normally be doing)</i>	Type of activity (occupation)	What industry did [HM] work in?	How many hours did [HM] work in this main activity last week ?	Would [HM] be willing and available to work more hours in this main activity ?	
	01 - 08: (-> 1201) 09 - 12: (-> 1206) 13: (-> 1212) Code 1200	Examples nurse, teacher, mining labourer, heavy truck driver, restaurant cook, shop keeper	Examples phosphate mining, hotel industry, statistics, private security, restaurant, retail	30+ hrs (-> 1206) < 30hrs (-> 1204)	1. Yes 2. No	
1101	1200	1201	1202	1203	1204	1205
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Code 1200: Main activity last week

- | | |
|--|---|
| 01. Employer | 09. Student - full time |
| 02. Employee, working for wages / salary in public sector | 10. Student - part time |
| 03. Employee, working for wages / salary in private sector | 11. Home duties |
| 04. Producing goods or services for sale, running a business (self employed) | 12. Retired / Too old |
| 05. Producing goods for own and/or family consumption (self employed) | 13. None - Do not pursue any activity at all (no work, no gardening ..) |
| 06. Unpaid family worker (family business/plantation) | |
| 07. Unpaid family worker (help with basic household duties) | |
| 08. Voluntary work / community work (work for free) | |

Observations

Q1.2 - Activities during last week (cont)

Secondary activity section						
Member ID number [HM]	During the past week , did [HM] do any other major activity , even if just for one hour?	Type of activity (occupation)	What industry did [HM] work in?	How many hours did [HM] work in this secondary activity last week ?	Would [HM] be willing and available to work more hours in this secondary activity ?	Obs
	1 - 8 (-> 1207) 9 - 11 (-> 1212)	Examples nurse, teacher, mining labourer, heavy truck driver, restaurant cook, shop keeper	Examples phosphate mining, hotel industry, statistics, private security, restaurant, retail		1. Yes 2. No	
	Code 1206					
1101	1206	1207	1208	1209	1210	1211
01	_	_ _ hrs	|_|	|_|
02	_	_ _ hrs	|_|	|_|
03	_	_ _ hrs	|_|	|_|
04	_	_ _ hrs	|_|	|_|
05	_	_ _ hrs	|_|	|_|
06	_	_ _ hrs	|_|	|_|
07	_	_ _ hrs	|_|	|_|
08	_	_ _ hrs	|_|	|_|
09	_	_ _ hrs	|_|	|_|
10	_	_ _ hrs	|_|	|_|
11	_	_ _ hrs	|_|	|_|
12	_	_ _ hrs	|_|	|_|
13	_	_ _ hrs	|_|	|_|
14	_	_ _ hrs	|_|	|_|
15	_	_ _ hrs	|_|	|_|
16	_	_ _ hrs	|_|	|_|
17	_	_ _ hrs	|_|	|_|
18	_	_ _ hrs	|_|	|_|
19	_	_ _ hrs	|_|	|_|
20	_	_ _ hrs	|_|	|_|

1206: Other Activities even for 1 hour

Yes <ul style="list-style-type: none"> 01. Employer 02. Employee, working for wages / salary in public sector 03. Employee, working for wages / salary in private sector 04. Producing goods or services for sale, running a business (self employed) 05. Producing goods for own and/or family consumption (self employed) 06. Unpaid family worker (family business/plantation) 07. Unpaid family worker (help with basic household duties) 08. Voluntary work / community work (work for free) 	No <ul style="list-style-type: none"> 09. Student - part time 10. Home duties 11. None - Do not pursue any activity at all (no work, no gardening ..)
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Observations

Q1.2 - Activites during last week (cont)

Member ID number [HM]	Job research section			Obs
	Did [HM] actively look for work or for another job last week ?	Why not?	Was [HM] available to work, or take on another job <u>last week</u> ?	
	1 = Yes (->1214) 2 = No (-> 1213)	code 1213	1 = Yes 2 = No End of Q1.2	
1101	1212	1213	1214	1215
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1213: Reason for not actively looking for work

- | | |
|--|--------------------------------|
| 01. Student | 06. Weather / no transport |
| 02. Not interested in working (happy doing nothing) | 07. Disabled |
| 03. Do not want to work more (enough work already) | 08. Happy with what I am doing |
| 04. Believe no paid work available | 09. Too old |
| 05. Discouraged (stopped looking, can't find anything) | 10. Other (observation) |

Observations

Q1.4 - DWELLING INFORMATION

1.4.1 Description of Dwelling

1411 What is the main material used for the roof?
(tick one box only)

- Corrugated iron with guttering 1
- Corrugated iron without guttering 2
- Concrete roofing 3
- Asbestos/Fibro 4
- Thatched/traditional 5
- Other, describe 6

1412 What is the main material used for the outer walls?
(tick one box only)

- Permanent - timber/plywood 1
- Permanent - concrete 2
- Permanent - timber/plywood/concrete 3
- Asbestos/Fibro 4
- Thatched/traditional 5
- Corrugated iron/improvised 6
- Other, describe 7

1413 What is the main material used for the floors?
(tick one box only)

- Concrete 1
- Timber/plywood 2
- Gravel 3
- Other, describe 4

1414 What type of house (main house) is this?
(tick one box only)

- Permanent - single housing unit 1
- Permanent - more than one housing unit 2
- Building with two or more apartments 3
- Dwelling attach to a shop or other non-resident building 4
- Lodging house 5
- Traditional 6
- Other, describe 7

1415 How many separate rooms does your household occupy,
including the kitchen?

No. of Rooms (Bedroom, lounge, dining, etc)

1416 When was the building constructed? Best guess

Year

Don't know 9 9 9 9

1417 Do you have a separate kitchen or kitchenette?

- Yes, inside & outside dwelling 1
- Yes, inside dwelling only 2
- Yes, outside dwelling only 3
- No 4

1.4.2 Electricity/Energy

1421 What is the main source of lighting used by this household?
(tick one box only)

- Electric, main electricity supply 1
- Electric, own generator 2
- Kerosene or spirit lamp 3
- Other light (specify fuel) 4

1422 What is the usual method of cooking for this household?
(tick one box only)

- Electric - plate without oven 1
- Electric - stove without oven 2
- Gas burner with oven 3
- Gas burner without oven 4
- Kerosene burner, stove 5
- Wood stove (including coconut shell) 6
- Open fire 7
- Other, specify 8

1.4.3 Water Use & Sanitation

1431 What is the main source of drinking water your
household uses?
(tick one box only)

- Desalination plant 1
- Rain - water tank 2
- Well in yard 3
- Piped supply outside neighborhood 4
- Other, specify 5

1432 Do you use the same water for cooking, as for drinking?

Yes **Go to 1434**

No

1433 Using the codes in Q.1431, what is the main water
source for cooking?

Q1.4 - DWELLING INFORMATION (cont)

1.4.3 Water Use & Sanitation (cont)

1434 Do you have to travel for water?

Yes

No

Go to 1436

1436 What is the main type of toilet facility your household use?
(tick one box only)

Public sewage system

Own flush septic tank

Shared flush toilet

Household Pit

Other, specify

None

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

1435a How long does it take to get to water source?

1435b How many trips are usually made per day?

a) Minutes

b) Trips

1.4.4 Other Information

1441 Is this dwelling connected to the internet

Yes

No

Q1.5 - Dwelling tenure expenditure

Reference period: 12 months
from: __ / __ / __
to: __ / __ / __

- ▶ In relation to the land and the dwelling this HH use, specify payments they made during the last **12 months**
- ▶ In relation to the land and the dwelling of another HH, specify the payment they made during the last **12 months** (rent)

Item Description	Code	Tick box	Last amount paid in past 12 months	Period		Dest. of payment	Estimated monthly rent	Obs
				#	Unit			
				code 1506	code 1507			
1501	1502	1503	1504	1505	1506	1507	1508	1509

1. The land & dwelling where you live:

Tick one box only

Renting	Paying	11	<input type="checkbox"/>	\$ __ _ _ _ _ _ .00°	|__|	|__|	|__|		|__|
	For free	12	<input type="checkbox"/>					\$ __ _ _ _ _ _ .00°	|__|
Own house & land outright		13	<input type="checkbox"/>					\$ __ _ _ _ _ _ .00°	|__|

2. Other land & dwellings you own:

Tick box if applicable

Own house & land outright	21	<input type="checkbox"/>						\$ __ _ _ _ _ _ .00°	|__|
---------------------------	----	--------------------------	--	--	--	--	--	-----------------------	----

3. Payments for other land & dwellings owned by another household:

Tick box if applicable

Paying Rent	31	<input type="checkbox"/>	\$ __ _ _ _ _ _ .00°	|__|	|__|	|__|			|__|
-------------	----	--------------------------	-----------------------	----	----	----	--	--	----

code 1506: Period

- Day
- Week
- Month
- Year
- Other (-> obs)

code 1507: Destination

- Employer
- NGO
- Church
- Private Owner
- Other (-> obs)

Observations



HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 2 - HOUSEHOLD EXPENDITURES

Questionnaire ID	Questionnaire label
Q2.1.1	Utilities & Communication
Q2.1.2	Utilities & Communication expenditure
Q2.2.1	Land & Housing
Q2.2.2	Land & Housing expenditure
Q2.3.1	Household Assets
Q2.3.2	Household Assets expenditure
Q2.4.1	Vehicles
Q2.4.2	Vehicles expenditure
Q2.5	Household Services expenditure
Q2.6	Provision of Financial Support
Q2.7	Contribution to ceremonies
Q2.8	Personal Loans

IDENTIFICATION

ROUND

NAME

CODE

H/HOLD HEAD

ENUMERATOR

SUPERVISOR

DISTRICT

EA No.

Dwelling No.

Hhold No.

MODULE 2 - DATE

INTERVIEW

dd / mm / yy

DATA ENTRY

dd / mm / yy

MODULE 2 COMMENTS

Q2.1.2 - UTILITIES AND COMMUNICATION EXPENDITURE

► Provide expenditure details for every expense identified earlier in Q2.1.1

► If you did not incur any expenditures on any of these items over the past **12 months** write zero in the "total amount" field

Line No	Exp code (2103) 11 to 73	Detailed description	Beneficiary	Last amount paid	Period covered		Service Provider	Pay-ment	Purpose of the Payment	obs	
					code 2112	AUD					No.	Unit	code 2117	code 2118
			2109		2110	2111		2112	2113		2114	2115	2116	2117	2118	2119
01	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
02	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
03	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
04	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
05	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
06	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
07	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
08	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
09	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
10	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
11	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
12	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
13	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
14	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
15	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
16	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
17	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	
18	|||		|||	\$ ||| |||. 00 ^c	|||	|||		|||	|||	|||	

||| ◀ **Number of items**

\$ ||| |||. 00^c ◀ **Total amount**

- code 2112: beneficiary
1. Main dwelling of the HH
 2. Another dwelling of the hh
 3. Dwelling of another hh

- code 2115: period covered
1. Day
 2. Week
 3. Month
 4. Year
 5. Other or casual (>obs)

- code 2117: payment
1. Cash
 2. Payment in kind
 3. Credit (total or partial)
 4. Cash + in-kind

- code 2118: purpose of payment
1. Private use
 2. Business use
 3. Both

Q2.2.1 - LAND AND HOUSING

Reference period:	
12 months	
from :	--/--/--
to :	--/--/--

- ▶ Column 2204 ask if the household paid for any housing and maintenance during the last 12 months
- ▶ Column 2205-2207, indicate with a 'X' if the hh spent money on the items during the past **12 months** for their main dwelling, another dwelling belonging to them or the dwelling of another household

	▼ Code	Kind of work	Did you pay for any of the following in the past 12 months ?	Did you pay in the last 12 month for :			o b s
			1=Yes / 2=No	Your main dwelling 'X' if pay	Another dwelling of this HH 'X' if pay	Dwelling of another HH 'X' if pay	
2201	2202	2203	2204	2205	2206	2207	2208
1 - Housing Purchases and Alterations/ Additions	11	House purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	Land lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	Purchase of lands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14	Construct a house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15	Undertake house extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16	Install new kitchen or bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17	Undertake outside work (e.g. build sitting area; level ground...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18	Other major modification or reconstruction (ex: new roof...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - Housing Maintenance Materials	21	Plumbing (pipe, bathroom fitting, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	22	Surfacing (tiles, floorboards etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23	Painting (paint, sandpaper, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24	Small House Parts (spouting, roof tile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	25	Other Small Maintenance Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - Housing Maintenance Services	31	Electrician Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	32	Plumbing Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	33	Painting Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	34	Carpentry Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	35	Other Maintenance Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide details for each expenditure identified in columns 2205 - 2207 in Section 2.2.2

Observations	

Q2.2.2 - LAND AND HOUSING EXPENDITURE

- ▶ Provide expenditure details for every expense identified in the Q2.2.1
- ▶ If you did not incur any expenditure on any of these items over the past **12 months** write zero in the "total amount" field

Line No	code (2202)	Detailed description	Beneficiary	Total amount paid in the last 12 months	Goods & Service Provider	Payment	Purpose of the payment	obs
	11 to 35		code 2212	AUD		code 2215	code 2216	
2209	2210	2211	2212	2213	2214	2215	2216	2217
01	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
02	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
03	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
04	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
05	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
06	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
07	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
08	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
09	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
10	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
11	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
12	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
13	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
14	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
15	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
16	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
17	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||
18	|||		|||	\$|_|_|_|_|_|_|_|_|_|_|.00 ^e		|||	|||	|||

◀ **Number of items**

\$|_|_|_|_|_|_|_|_|_|_|.00^e

◀ **Total amount**

- code 2212: beneficiary
1. Main house of the household
 2. Another house of the household
 3. Dwelling of another household

- code 2215: Payment
1. Cash
 2. In kind
 3. Credit
 4. Cash + in-kind

- code 2216: Purpose of Payment
1. Private use
 2. Business use
 3. Both

Observations	

Q2.3.1 - HOUSEHOLD ASSETS

Reference period:

12 months

from : --/--/--

to : --/--/--

→ Column 2303 indicate yes (1) or no (2) if the hh owns the items in the list (in working order)

→ Column 2304 to 2307 indicate with a 'X' if the hh bought, repaired or hired one of these items listed

2301	Expenditure code	Do you have? 1 = Yes 2 = No	Durint the past 12 months did you				Obs 2308
			Buy		Pay for		
			For this HH	For another HH	Hire	Repair	
			'X' if Yes	'X' if Yes			
2302		2303	2304	2305	2306	2307	2308
1 - Furniture, furnishings and floor coverings	111 Beds & mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	112 Sofas, lounge chairs & dining chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	113 Table (dining, dressing, coffee, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	114 Light fittings and lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	115 Other significant indoor furniture (eg, bookshelf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	116 Outdoor furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	117 Carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	118 Mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	119 Other significant floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - Household textiles	211 Sheets & bed linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	212 Blankets & other bed spreads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	213 Pillows & pillow cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	214 Curtains & Drapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	215 Towels (bath towels, tea towels, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	216 Other household textiles (eg, tarpaulin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - Major household appliances	311 Water tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	312 Septic tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	313 Cesspit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	314 Refridgerator or Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	315 Electric Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	316 Gas Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	317 Kerosene Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	318 Gas burner / cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	319 Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	320 Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	321 Air-conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	322 Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	323 Solar Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
324 Other small electric appliances (rice cooker, vacuum, sewing machine, blender, toaster electric jug, iron, fan, deep fryer, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 - Major Tools & Outdoor Equipment	411 Lawn mower & weed eater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	412 Electric drill & Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	413 Other major outdoor equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Recreational Equipment	511 Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	512 Radio & stereo system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	513 Video & DVD player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	514 Other Musical devices (MP3, IPOD, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	515 Game Consoles (Play Station, Nintendo, Wii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	516 Photographic equipment (camera - video or still)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
517 Other major recreational eqpt (exclude boats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 - Computer Equipment	611 Desktop or Laptop Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	612 Printer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	613 Software packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	614 Portable hard drives (incl, flash drives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide details for each expenditure identified in columns
2304 - 2307 in Section 2.3.2

Q2.3.2 - HOUSEHOLD ASSETS EXPENDITURE

- ➔ Please provide expenditure detail for every expense identified in Q2.3.1
- ➔ If you did not incur any expenditures on any of these items over the past **12 months** write zero in the "total amount" field

Line No	Expense code (2302)	Detailed description	Beneficiary	Total amount paid in the last 12 months	Provider	Payment	Purpose of the Payment	obs
	111 to 614		code 2312			AUD	code 2315		code 2316
2309	2310	2311	2312	2313	2314	2315	2316	2317
01	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
02	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
03	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
04	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
05	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
06	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
07	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
08	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
09	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
10	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
11	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
12	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
13	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
14	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
15	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
16	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
17	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
18	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
19	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|
20	|_|_|_|		|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|

◀ **Number of items**

\$|_|_|_|_|_|.00^c

◀ **Total amount**

code 2312: Beneficiary

1. This household
2. Another household
3. Hire
4. Repair

code 2315: Payment

1. Cash
2. In-kind
3. Credit
4. Cash + in-kind

code 2316: Purpose of Payment

1. Private Use
2. Business Use
3. Both

Observations

Q2.4.1 - VEHICLES

Reference period: 1 month	Reference period : 12 months
from : ___ / ___ / ___ to : ___ / ___ / ___	from : ___ / ___ / ___ to : ___ / ___ / ___

- ➔ Column 2403 indicate how many of each vehicle the hh owns ?
(in working order)
- ➔ Column 2404 to 2406: Indicate with a 'X' if the hh bought or hired one of these items

▼ Expenditure code		How many do you have (0,1...)?	During the past 12 months			obs
			Did you purchase?		Did you hire ?	
2401	2402	2403	For this HH 'X' if Yes	For other HH	'X' if Yes	2407
1. Vehicle Purchases	111 Car / Station Wagon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	112 Utility / Pick-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	113 Truck / Bus / Van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	114 Motor cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	115 Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	116 Boat with motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	117 Boat without motor (eg, canoe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	118 Any other vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - Vehicle Accessories	211 Outboard Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	212 Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	213 Other major accessories (eg, car stereo, tow bar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - Vehicle Maintenance & Repair	311 Standard vehicle service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	312 Vehicle repair (include parts & labour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	313 Purchase of vehicles parts (eg, tyre, spark plug)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Other Vehicle Related Expenses	411 Vehicle Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	412 Drivers License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	413 Other vehicle expenses (eg, car tow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			During the last month			
5 - Fuel for Vehicles	511 Fuel for car / motorbike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	512 Fuel for boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide details for each expenditure identified in columns 2404 - 2406 in Section 2.4.2

Observations	

Q2.4.2 - VEHICLES EXPENDITURE

- ➔ Please provide expenditure detail for every expense identified in Q2.4.1
- ➔ If you did not incur any expenditure on any of these items over the past **12 months** then write zero in the "total amount" field

Line No	Expense code (2402)	Detailed description	New	Beneficiary	Total amount paid in the last 12 months	Provider	Payment	Purpose of the Payment	obs	
	111 to 512		code 2411	code 2412	1 month for Fuel		code 2415	code 2416		
	2408		2409	2410	2411		2412	AUD		2413	2414	2415	2416	2417
01	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
02	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
03	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
04	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
05	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
06	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
07	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
08	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
09	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
10	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
11	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
12	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
13	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
14	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
15	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
16	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
17	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
18	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
19	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	
20	|_|_|_|		|_|	|_|	\$|_|_|_|_|_|.00 ^c		|_|	|_|	|_|	

|_|_|

 ◀ **Number of items**

\$|_|_|_|_|_|.00^c

 ◀ **Total amount**

code 2411: New

- 1. New
- 3. Maintenance
- 2. Used
- 4. Not Applicable

code 2412: Beneficiary

- 1. This household
- 2. Another household
- 3. Hire

code 2415: Payment

- 1. Cash
- 2. In-kind
- 3. Credit
- 4. Cash + in-kind

code 2416: Purpose of Payment

- 1. Private Use
- 2. Business Use
- 3. Both

Q2.6 - PROVISIONS OF FINANCIAL SUPPORT

Reference period:
12 months

from : ___/___/___
to : ___/___/___

- ➔ Review different types of financial support you have provided to another household, your community, your church (2602), and identify those relevant to you (2603)
- ➔ For any relevant item, please provide the details in columns 2604-2606
- ➔ If you did not incur any expenditure on any of these items over the past **12 months** write zero in the "total amount" field

Financial Support		Did you pay?	Is the beneficiary part of the HH (list 1 or list 2)?	Total amount given during the last 12 months	Where beneficiary is located?	obs		
		1=Yes 2=No					1=Yes, 2=No	AUD	code 2606
▼ Expenditure code		2601	2602	2603	2604	2605	2606	2607
01	Donations to another household	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Donations to Church (weekly donation)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Donations to Church (one-off donation)							
04	Donations to Community	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Donations to School	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Donations to Other	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total amount ▶ \$|_|_|_|_|_|_|_|.00^c

code 2606
1. Nauru
2. Overseas

Q2.7 - CONTRIBUTION TO CEREMONIES

Reference period :
3 months

from : ___/___/___
to : ___/___/___

- ➔ Please list all expenses paid for by this household towards the ceremonies listed in 2702
- ➔ Make sure only ceremony expenses paid for by the household in the last **3 months** are included

Ceremony Contribution		Did you pay?	Beneficiary	Total amount given during the last 3 months	Provider	Pay-ment	obs		
		1=Yes 2=No	Code 2704			code 2707			
▼ Expenditure code		2701	2702	2703	2704	2705	2706	2707	2708
01	Funerals - materials (eg, coffin, etc)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Funerals - cost of service	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Funerals - cash donation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Weddings - cash donation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Birthdays - cash donation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	Other - cash donation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _ _ _ _ _ _ _ .00 ^c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

code 2704: Beneficiary
1. This household
2. Another household
3. Community

Total amount ▶ \$|_|_|_|_|_|_|_|.00^c

code 2707: Payment
1. Cash
2. In kind
3. Credit
4. Cash + in-kind

Q2.8 PERSONAL LOANS

Reference period:

3 months

from : __ / __ / __

to : __ / __ / __

NB: Only include loans which involve an interest component

- ➔ Provide details of different loans any household member has had over the last **3 months**, even if they have been paid off already
- ➔ When providing the amounts, ensure the amount still owing and the amount repaid, is greater than the amount borrowed, if interest was charged on this loan (that is (b) + (c) > (a))

Purpose of the loan		Loan code	Lender	(a)	(b)	(c)	Obs
▼ Loan ID		code 2803	code 2804	Amount borrowed	Amount still owing	Amount repaid	
2801	2802	2803	2804	AUD 2805	AUD 2806	AUD 2807	
1		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
2		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
3		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
4		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
5		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
6		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
7		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
8		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
9		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
10		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
11		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
12		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
13		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
14		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
15		|_|	|_|	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	\$|_|_|_|_|_|.00 ^c	|_|
16		_	_	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c	_
17		_	_	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c	_
18		_	_	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c	_

_	◀ Number of loans	Total amounts ▶	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c	\$ _ _ _ _ _ .00 ^c
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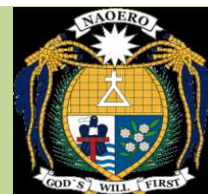
code 2803: Loan code

1. HH consumption needs
2. Ceremony (eg, Wedding)
3. Other personal purpose

code 2804: Lender

1. Registered lender
2. Other lender

Observations



HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 3 - INDIVIDUAL EXPENDITURES

Questionnaire ID	Questionnaire label
Q3.1.1	Educational status
Q3.1.2	Education
Q3.1.3	Education expenditure
Q3.2.1	Health status
Q3.2.2	Health
Q3.2.3	Health expenditure
Q3.3.1	Private Travel
Q3.3.2	Private Travel expenditure
Q3.4.1	Clothing
Q3.4.2	Clothing expenditure
Q3.5.1	Communication
Q3.5.2	Communication expenditure

IDENTIFICATION

ROUND FORM of

	NAME	CODE
H/HOLD HEAD	<input type="text"/>	
ENUMERATOR	<input type="text"/>	<input type="text"/>
SUPERVISOR	<input type="text"/>	<input type="text"/>
DISTRICT	<input type="text"/>	<input type="text"/>
EA <input type="text"/>	Dwelling No. <input type="text"/>	Hhold No. <input type="text"/>

MODULE 3 - DATE

INTERVIEW
dd / mm / yy

DATA ENTRY
dd / mm / yy

MODULE 3 COMMENTS

Household roster



Copy the name, sex and age of all household member from Module 1 Q01, List 1 and 2

HH Member [HM]	Name	Sex	Age
	01 = household head	code 1103	
1101	1102	1103	1104
01		| |	| |
02		| |	| |
03		| |	| |
04		| |	| |
05		| |	| |
06		| |	| |
07		| |	| |
08		| |	| |
09		| |	| |
10		| |	| |
11		| |	| |
12		| |	| |
13		| |	| |
14		| |	| |
15		| |	| |
16		| |	| |
17		| |	| |
18		| |	| |
19		| |	| |
20		| |	| |

21		| |	| |
22		| |	| |
23		| |	| |
24		| |	| |

90	Other household		
----	-----------------	--	--

code 1103: Sex

- 1. Male
- 2. Female

Q3.1.1 - EDUCATIONAL STATUS (4 years and older)

➔ Report the educational status of each household member on list 1

HH Mem-ber [HM]	All members	3102=1 Never attended	3102=2 Already left school		3102=3 Currently attending school		obs		
	Have you ever attended a formal education institution? code 3102	Why have you never attended school (main reason)? code 3103 ▶ next [HM]	What was the highest level and grade you completed?		Why have you left school (main reason)? code 3106 ▶ next [HM]	What level & grade are you currently attending?		Name of the education institution	
	2 ▶ 3104 3 ▶ 3107		Level code 3104	grade or year 3105		Level code 3104			grade or year 3108	3109
3101	3102	3103	3104	3105	3106	3107	3108	3109	3110
01	| |	| |	| |	| |	| |	| |	| |	| |	| |
02	| |	| |	| |	| |	| |	| |	| |	| |	| |
03	| |	| |	| |	| |	| |	| |	| |	| |	| |
04	| |	| |	| |	| |	| |	| |	| |	| |	| |
05	| |	| |	| |	| |	| |	| |	| |	| |	| |
06	| |	| |	| |	| |	| |	| |	| |	| |	| |
07	| |	| |	| |	| |	| |	| |	| |	| |	| |
08	| |	| |	| |	| |	| |	| |	| |	| |	| |
09	| |	| |	| |	| |	| |	| |	| |	| |	| |
10	| |	| |	| |	| |	| |	| |	| |	| |	| |
11	| |	| |	| |	| |	| |	| |	| |	| |	| |
12	| |	| |	| |	| |	| |	| |	| |	| |	| |
13	| |	| |	| |	| |	| |	| |	| |	| |	| |
14	| |	| |	| |	| |	| |	| |	| |	| |	| |
15	| |	| |	| |	| |	| |	| |	| |	| |	| |
16	| |	| |	| |	| |	| |	| |	| |	| |	| |
17	| |	| |	| |	| |	| |	| |	| |	| |	| |
18	| |	| |	| |	| |	| |	| |	| |	| |	| |
19	| |	| |	| |	| |	| |	| |	| |	| |	| |
20	| |	| |	| |	| |	| |	| |	| |	| |	| |

code 3102: school attendance

1. No never attended
2. Yes, already left school
3. Yes, currently attending

code 3103: never attended

1. Too young
2. School fees
3. Distance to travel
4. Family problems
5. Disability
6. Parents did not want
7. Other (obs)

code 3104 : level

1. Infant/ Kindergarten
2. Primary
3. Secondary
4. USP Extension
5. University
6. Technical/Vocational

code 3106: reason left school

1. Completed desired schooling
2. Poor academic progress
3. Further schooling not available
4. Too expensive
5. Too far away
6. Find a job
7. Had to help at home or in family business
8. Pregnancy
9. Other reason

Observations

Q3.1.1 - EDUCATIONAL STATUS (cont)

HH Member [HM]	3102=3 currently attending school					obs
	Where is the school located (relative to this dwelling)?	Where do you generally get your lunch on school days?	Where do you live during the school weeks?	What is your main mean of transportation to school ?	How many hours of classes do you generally attend per week?	
	code 3112	code 3113	code 3114	code 3115	code 3116	
3111	3112	3113	3114	3115	3116	3117
01	|__|	|__|	|__|	|__|	|__|	|__|
02	|__|	|__|	|__|	|__|	|__|	|__|
03	|__|	|__|	|__|	|__|	|__|	|__|
04	|__|	|__|	|__|	|__|	|__|	|__|
05	|__|	|__|	|__|	|__|	|__|	|__|
06	|__|	|__|	|__|	|__|	|__|	|__|
07	|__|	|__|	|__|	|__|	|__|	|__|
08	|__|	|__|	|__|	|__|	|__|	|__|
09	|__|	|__|	|__|	|__|	|__|	|__|
10	|__|	|__|	|__|	|__|	|__|	|__|
11	|__|	|__|	|__|	|__|	|__|	|__|
12	|__|	|__|	|__|	|__|	|__|	|__|
13	|__|	|__|	|__|	|__|	|__|	|__|
14	|__|	|__|	|__|	|__|	|__|	|__|
15	|__|	|__|	|__|	|__|	|__|	|__|
16	|__|	|__|	|__|	|__|	|__|	|__|
17	|__|	|__|	|__|	|__|	|__|	|__|
18	|__|	|__|	|__|	|__|	|__|	|__|
19	|__|	|__|	|__|	|__|	|__|	|__|
20	|__|	|__|	|__|	|__|	|__|	|__|

- code 3112: school located
1. Same district - short walk
 2. More than 10mn walk
 3. Boarding school (o'seas)
 4. Overseas (Day school)

- code 3114: live during school week
1. At home
 2. At school (board o'seas)
 3. At home (O'seas)
 4. Other (obs)

- code 3116: hours of classes
1. < 10hrs
 2. 10 - 19hrs
 3. 20 - 29hrs
 4. 30 - 39hrs
 5. >= 40hrs

- code 3113: lunch
1. At school (canteen)
 2. At home
 3. At home (O'seas)
 4. Out of school elsewhere
 5. No lunch

- code 3115: transportation to school
1. Walk
 2. School Bus
 3. Private vehicle
 4. Other (obs)

Observations	

Q3.1.2 - EDUCATION

Reference period:
12 months

from : ___ / ___ / ___

to : ___ / ___ / ___

➔ For each expenditure listed 3119 to 3126 ask if the household paid during the past 12 months

HH Member [HM]	Tick "X" for the beneficiary of the expenditure during the past 12 months								obs
	School fees				Tutoring	Text Books Exer. Books Stationary	Boarding	School Uniform	
	Primary	Secondary	USP Extension	Other Tertiary					
	1	2	3	4	5	6	7	8	
3118	3119	3120	3121	3122	3123	3124	3125	3126	3127
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
21	<input type="checkbox"/>	<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	<input type="checkbox"/>	<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	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide details for each expenditure identified in columns 3119 - 3126 in Section 3.1.3

Q3.1.3 - EDUCATION EXPENDITURE

- ➔ Specify every education expenditure identified in questionnaire Q3.1.2, columns 3119 to 3126
- ➔ Each single education expenditure has to be specified on one line
- ➔ If you do not incur any expenditure on any of these items over the past **12 months** write zero in the "total amount" field

Line N°	Beneficiary [HM]	Expense code	Detailed description	Total amount paid in the past 12 months	Provider	Payment	obs
		1 to 8		AUD		code 3134	
3128	3129	3130	3131	3132	3133	3134	3135
01	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
02	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
03	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
04	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
05	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
06	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
07	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
08	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
09	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
10	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
11	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
12	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
13	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
14	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
15	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
16	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
17	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
18	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
19	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
20	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
21	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
22	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
23	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|
24	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|

|_|

◀ **Number of items**

\$|_|_|_|_|.00^c

◀ **Total amount**

Code 3134: Payment
 1. Cash
 2. In-kind
 3. Credit

Observations	

Reference period:
3 months

Q3.2.1 - HEALTH STATUS (Cont)

from : ___ / ___ / ___

to : ___ / ___ / ___

All members

HH Member [HM]	Did you have any other health complaints in the last 3 months?	What was the main symptom? code 3210	How long were you sick ? code 3211	Did you seek and get professional help or care for that health problem?	Why didn't you seek professional help or care for that health problem?	Who did you consult first? code 3214	Where did that consultation take place? code 3215	Why didn't you go to a public health facility? code 3216	obs
	1 = Yes / 2 = No			1 = Yes / 2 = No	code 3213		code 3215		
	if 2 ► 3219			if 1 ► 3214	► 3219		if 1,2 ► 3219		
3208	3209	3210	3211	3212	3213	3214	3215	3216	3217
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>

code 3210: main symptom

1. Skin sores
2. Diarrhoea
3. Stomach pain
4. Cold / flu
5. Conjunctivitis
6. Fever
7. Other (obs)

code 3211: how long?

1. < 1 week
2. 1-2 weeks
3. 2-4 weeks
4. > 1 month

code 3213: why?

1. Facility is too far
2. Long waiting queues
3. Too busy to go to hospital
4. Staff not friendly
5. Staff not available
6. Relative works at facility
7. No medication
8. No transport
9. Other reason (obs)

code 3215: where consultation?

1. Hospital
2. Clinic
3. At home
4. Other (obs)

code 3216: why not public?

1. Facility is too far
2. Long waiting queues
3. Too busy to go to hospital
4. Staff not friendly
5. Staff not available
6. Relative works at facility
7. No medication
8. No transport
9. Other reason (obs)

code 3214: consult first

1. Doctor
2. Nurse
3. Other health professional
4. Traditional Healer
5. Other (obs)

Observations

Q3.2.2 - HEALTH

Reference period:	
12 months	3 months
from : ___ / ___ / ___	from : ___ / ___ / ___
to : ___ / ___ / ___	to : ___ / ___ / ___

➔ Identify with a cross 'X' in columns 3219 to 3221 the major medical activities each member had during the last **12 months** and in columns 3222 to 3227 the minor one they had during the past **3 months**, if an expense was incurred

HH Member [HM]	Major Activities (Last 12 months)			Other Health Related Activities (Last 3 months)						obs
	Hospital Accommodation	Specialist Services (eg, Surgeon, X-Ray, Chiropractor, etc)	Other Major Hospital Charges	General Practitioner	Nurse Visit	Traditional Healer	Dental Fees	Pre/ante natal /Maternal care	Prescription Medications	
	1	2	3	4	5	6	7	8	9	
3218	3219	3220	3221	3222	3223	3224	3225	3226	3227	3228
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>

21	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Provide details for each expenditure item ticked in columns 3219 - 3227 in Section 3.2.3

Q3.2.3 HEALTH EXPENDITURE

➔ If you did not incur any medical treatment write zero in the "total amount" field

Line N°	Beneficiary [HM]	Medical code	Detailed description	Total amount paid	Which month ?	Name of the provider	Payment	obs
		1 to 9		AUD	Write the month		code 3236	
				3229					3230	3231	3232	3233	3234	3235	3236	3237
01				\$|_|_|_|_|_|.00 ^c				
02				\$|_|_|_|_|_|.00 ^c				
03				\$|_|_|_|_|_|.00 ^c				
04				\$|_|_|_|_|_|.00 ^c				
05				\$|_|_|_|_|_|.00 ^c				
06				\$|_|_|_|_|_|.00 ^c				
07				\$|_|_|_|_|_|.00 ^c				
08				\$|_|_|_|_|_|.00 ^c				
09				\$|_|_|_|_|_|.00 ^c				
10				\$|_|_|_|_|_|.00 ^c				
11				\$|_|_|_|_|_|.00 ^c				
12				\$|_|_|_|_|_|.00 ^c				
13				\$|_|_|_|_|_|.00 ^c				
14				\$|_|_|_|_|_|.00 ^c				
15				\$|_|_|_|_|_|.00 ^c				
16				\$|_|_|_|_|_|.00 ^c				
17				\$|_|_|_|_|_|.00 ^c				
19				\$|_|_|_|_|_|.00 ^c				
18				\$|_|_|_|_|_|.00 ^c				
20				\$|_|_|_|_|_|.00 ^c				
21				\$|_|_|_|_|_|.00 ^c				
22				\$|_|_|_|_|_|.00 ^c				
23				\$|_|_|_|_|_|.00 ^c				
24				\$|_|_|_|_|_|.00 ^c				

◀ Number of items

◀ Total amount

code 3236: payment

- 1. Cash
- 2. In kind
- 3. Credit

Observations

Q3.3.1 - PRIVATE TRAVEL

Reference period:
12 months

from : __ / __ / __
to : __ / __ / __

➔ For each member identify:

- How many times did s/he travel overseas during the last 12 months (3303)

(NB: Important - Only include private trips, not business related trips)

➔ For each trip identified, check if they spent on expenditure items 1 to 5 (X if yes 3304 to 3308)

HH Member [HM]	Did HM undertake any personal travel overseas in the last 12 months? 1 = Yes / 2 = No 2 ▶ 3401	No. of private trips each members did:	During the travel did you spend on ('X' if yes)					obs
			Airfares	Seafares	Accommodation	Entertainment / Activities	Transport overseas	
			1	2	3	4	5	
3301	3302	3303	3304	3305	3306	3307	3308	3309
01	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
02	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
03	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
04	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
05	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
06	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
07	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
08	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
09	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
10	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
11	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
12	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
13	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
14	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
15	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
16	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
17	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
18	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
19	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
20	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
21	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
22	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
23	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
24	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
90	_	_	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_

Provide details for each expenditure identified in columns 3304 - 3308 in Section 3.3.2

Q3.3.2 PRIVATE TRAVEL EXPENDITURE

- ➔ Each trip to be detailed separately
- ➔ Specify every payment identified in question Q3.3.1, columns 3304 to 3308
- ➔ If you did not incur any expenditure on any of these items over the past **12 months** write zero in the "total amount" field

Line N°	Beneficiary [HM]	Destination	Expense code	Expense detailed description	Total amount paid	Which month ?	Name of the provider	Payment	Obs
		code 3312	1 to 5		AUD	Write the month		code 3318	
		3310	3311		3312	3313		3314		3315	3316	3317	3318	3319
01	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
02	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
03	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
04	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
05	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
06	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
07	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
08	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
09	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
10	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
11	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
12	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
13	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
14	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
15	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
16	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
17	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
18	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
19	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
20	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
21	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
22	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
23	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|
24	|_|_|	|_|_|	|_|_|		\$|_|_|_|_|.00 ^c			|_|_|	|_|_|

|_|_| ◀ **Number of items**

\$|_|_|_|_|.00^c ◀ **Total amount**

- code 3312: destination
1. Australia
 2. Fiji
 3. Other

- code 3318: payment
1. Cash
 2. In Kind
 3. Credit

Q3.4.1 - CLOTHING

Reference period : 3 months	
from :	_ / _ / _
to :	_ / _ / _

➔ For each member identify if s/he purchased any clothing, clothing materials or shoe items over the last **3 months**. Make sure school uniforms are covered in Q3.1.3

During the last 3 month did you spend on (X if yes)

HH Member [HM]	Men's and boys clothes	Women's and girls clothes	Clothing accessories (eg, hat, cap, belt, etc)	Materials for making clothes	Mens & Womens shoes	obs
	Include: coats, shirts, t-shirts, shorts, pants, underwear, etc Exclude: School uniform	Include: dresses, blouses, shirts, skirts, underwear, etc Exclude: School uniform				
expense code ▶	1	2	3	4	5	
3401	3402	3403	3404	3405	3406	3407
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide details for each expenditure identified in columns 3402 - 3406 in Section 3.4.2

Q3.4.2 - CLOTHING EXPENDITURE

- ➔ Specify every payments identified on questionnaire Q3.4.1 columns 3402 to 3406
- ➔ As much as possible try to specify every single clothing item bought on a different line
- ➔ If you did not incur any expenditure on any of these items over the past **3 months** write zero in the "total amount" field

Line N°	Beneficiary [HM]	Expense code	Expense detailed description	Total amount paid in the last 3 months	Name of the provider	Payment	Purpose	obs
		1 to 5		AUD		code 3414	code 3415	
		3408		3409		3410	3411		3412	3413	3414	3415	3416
01	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
02	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
03	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
04	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
05	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
06	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
07	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
08	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
09	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
10	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
11	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
12	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
13	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
14	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
15	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
16	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
17	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
18	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
19	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
20	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
21	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
22	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
23	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
24	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|

◀ **Number of items**

\$|_|_|_|_|.00^c ◀ **Total amount**

- code 3414: payment _____
1. Cash
 2. In Kind
 3. Credit

- code 3415: purpose _____
1. Private
 2. Business
 3. Both

Observations	

Q3.5.1 - COMMUNICATION (10 yrs +)

Reference period: 1 month	Reference period : 12 months
from : __/__/__	from : __/__/__
to : __/__/__	to : __/__/__

For each member, identify whether s/he:

- ➔ used the Internet during the **past month** (3502) and where (3503 to 3505) or used the mobile phone to give or receive calls (3506) and own currently a mobile phone (3507) or spent on any of the items on columns 3508-3511 in Section 3.5.2

HH Mem-ber [HM]	During the past month :					Does [HM] have their own mobile phone?	During the past month did [HM] pay:			During the past 12 months did [HM] buy a mobile phone?	obs
	Did [HM] use internet? 1=Yes / 2=No	What were the sources [HM] used for internet access?			Did [HM] use a mobile phone to give or receive call?		Mobile phone top-up	Internet access away from home (internet cafe...)	Internet top-up at home (diginet...)		
	if 2 ▶ 3506	code 3503			1 = Yes / 2 = No		1	2	3			4
3501	3502	3503	3504	3505	3506	3507	3508	3509	3510	3511	3512
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>

21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

code 3503: Source of Internet

- 1. Home
- 2. Work
- 3. internet cafe
- 4. Place of education
- 5. Another househc
- 6. Mobile phone
- 7. Other (obs)

Provide details for each expenditure identified in columns 3508 - 3510 in Section 3.5.2

Q3.5.2 - COMMUNICATION EXPENDITURE

- ➔ Specify every payments identified on Q3.5.1, column 3516
- ➔ Every single expenditure has to be specified in one line
- ➔ If you did not incur any expenditure on any of these items over the period write zero in the "total amount" field

Line N°	Beneficiary [HM]	Expense code 1 to 3	Expense detailed description	Total amount paid	Name of the provider	Pay-ment	Pur- pose	obs
				AUD		code 3519	code 3519	
3513	3514	3515	3516	3517	3518	3519	3520	3521
01	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
02	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
03	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
04	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
05	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
06	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
07	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
08	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
09	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
10	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
11	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
12	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
13	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
14	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
15	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
16	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
17	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
18	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
19	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|
20	|_|_|	|_|		\$|_|_|_|_|.00 ^c		|_|	|_|	|_|

|_|_|

◀ **Number of items**

\$|_|_|_|_|.00^c

◀ **Total amount**

code 3519: payment

- 1. Cash
- 2. In kind
- 3. Credit

code 3519: purpose

- 1. Private
- 2. Business
- 3. Both

Observations



HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 4 - INCOME

Questionnaire ID	Questionnaire label
Q4.1.1	Work for wage or salaries
Q4.1.2	Wages detailed
Q4.2	Income from non agriculture business
Q4.3.1	Description of agricultural activities
Q4.3.2	Income from agriculture business
Q4.4.1	Description of handicraft & home processed food activities
Q4.4.2	Income from handicraft & home processed food activities
Q4.5.1	Description of livestock activities
Q4.5.2	Income from livestock activities
Q4.6.1	Description of fishing activities
Q4.6.2	Income from fishing activities
Q4.7	Property & Transfer Income and Other Receipts
Q4.8	Remittances

IDENTIFICATION

ROUND

NAME

CODE

H/HOLD HEAD

ENUMERATOR

SUPERVISOR

DISTRICT

EA No.

Dwelling No.

Hhold No.

MODULE 4 - DATE

MODULE 4 COMMENTS

INTERVIEW

dd / mm / yy

ENTRY

dd / mm / yy

Q4.1.1 - INCOME / Work for wages or salaries

Reference period:

12 months

from : __/__/__

to : __/__/__

➔ Provide the details of each wage job identified in Module 1, Question 1.3 (1304 = 01)

➔ Provide the job description, the code of the household member and the activity number (1 to 4)

Identification of the job				Characteristics of the job		
Line (work for wages)	Job description	[HM]	Activity No. (1 to 4)	Employer	Industry code	Sector
			comes from Mod1-Q1.3 code 1302			code 4107
4101	4102	4103	4104	4105	4106	4107
a		|||	|		|||	|
b		|||	|		|||	|
c		|||	|		|||	|
d		|||	|		|||	|
e		|||	|		|||	|
f		|||	|		|||	|
g		|||	|		|||	|
h		|||	|		|||	|
i		|||	|		|||	|
j		|||	|		|||	|

code 4107: Sector

1. Public sector

2. Private sector

Q4.1.2 - INCOME / Wages or salaries detailed

➔ For each wages work identified in Q4.1.1, specify the details of each wages received (weekly/fortnightly/monthly)

Wages	Identification of the wage		Amount of last payment received				Number of payments in the past 12 months
	Work for wage line (a to j)	Wage code (1 to 8)	Cash	Code Group 4121	In kind	Code Group 4123	
			AUD		AUD (estimation)		
4117	4118	4119	4120	4121	4122	4123	4124
1	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
2	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
3	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
4	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
5	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
6	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
7	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
8	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
9	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
10	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
11	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|
12	|	|	\$|_|_|_|_|.00 ^c	|_|_|	\$|_|_|_|_|.00 ^c	|_|_|	|_|_|

◀ Number of wages

\$|_|_|_|_|.00^c

\$|_|_|_|_|.00^c

◀ Total amount

cross 'X' for every type of income you received during the past 12 months

line (work for wages)	Base salary	Bonus	Housing	Electricity	Telephone	Transport	clothes	other (eg, food)	obs
	Code wages								
	1	2	3	4	5	6	7	8	
	4108	4109	4110	4111	4112	4113	4114	4115		4116
a	<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	<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	<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	<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	<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	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__

Wages	Total amount during the past 12 months	Code group 4126	obs
	AUD		
	4125	4126	4127
1	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
2	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
3	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
4	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
5	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
6	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
7	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
8	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
9	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
10	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
11	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
12	\$|_|_|_|_|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|

Code: 4121 / 4123

Code: 4126

- | | |
|--------------------|-------------------------|
| 01) Less than \$20 | 01) \$0 - \$49 |
| 02) \$20 - \$49 | 02) \$50 - \$99 |
| 03) \$50 - \$74 | 03) \$100 - \$199 |
| 04) \$75 - \$99 | 04) \$200 - \$299 |
| 05) \$100 - \$149 | 05) \$300 - \$499 |
| 06) \$150 - \$199 | 06) \$500 - \$999 |
| 07) \$200 - \$249 | 07) \$1,000 - \$1,999 |
| 08) \$250 - \$299 | 08) \$2,000 - \$2,999 |
| 09) \$300 - \$399 | 09) \$3,000 - \$3,999 |
| 10) \$400 - \$499 | 10) \$4,000 - \$4,999 |
| 11) \$500 + | 11) \$5,000 - \$7,499 |
| | 12) \$7,500 - \$9,999 |
| | 13) \$10,000 - \$12,499 |
| | 14) \$12,500 - \$14,999 |
| | 15) \$15,000 - \$19,999 |
| | 16) \$20,000 - \$24,999 |
| | 17) \$25,000 + |

\$|_|_|_|_|_|_|_|_|_|_|.00^c ◀ **Total amount**

Q4.2 - INCOME / income from non subsistence business obtain by the household

Reference period:
12 months

from : ___/___/___

to : ___/___/___

➔ 4201: During the past **12 months**, was anyone in this household involved in running any non subsistence businesses?

Include

- 1) Running a small shop
- 2) Running a restaurant
- 3) Running any trade business
 - Mechanic
 - Electrician
 - Construction
- 4) Car rental business

Exclude

- 1) Producing and selling food (4.4)
- 2) Fishing activities (4.6)
- 3) Renting a house (4.7)

NB1: These businesses should have been identified already in Module 1, Q1.3 (1304 = 02)

NB2: Only include if the household member was involved in running the business, not an employee of the business

(Tick the appropriate box)

Yes

Go to 4202

No

Go to 4.3.1

Characteristics of the business

Business Code Number	Description of business <i>Examples: Small Store selling food Chinese Restaurant Car rental business Provide mechanic service</i>	HM involved in this business (start with owner first)				Where do you operate this business from? code 4208	For how long has the enterprise been operating?	
		[HM] No	[HM] No	[HM] No	[HM] No		Years	Months
	4202		4204	4205	4206	4207	4208	4209	4210
01		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
02		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
03		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
04		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
05		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
06		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
07		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
08		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
09		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|
10		|_|_|	|_|_|	|_|_|	|_|_|	|_|	|_|_|	|_|_|

Code 4208: Where operate business _____

1. At home
2. Other fixed location
3. Other changing location

Observations

Important Definitions

Gross Revenue: "Raw" sales income; the amount customers actually pay the company when they make their purchases.

Expenses: Covers all expenses incurred by the business

Net Profit: Equates to the money taken home by the business owners (Gross Revenue - Expenses)

Rough estimate of "Gross Revenue", "Expenses" and "Net Profit"

Business Code Number	What share of the profits is kept by the household?	How many workers from outside the household also work in this business?	Gross Revenue	Expenses	Net Profit	Are these profits for the entire business (including other partners)? Yes = 1 No = 2
	%		<i>Include both cash and in-kind money received</i>	<i>Include both cash and in-kind money received</i>	<i>Should equal the Gross Revenue less Expenses</i>	
4202	4211	4212	4213	4214	4215	4216
01	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
02	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
03	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
04	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
05	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
06	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
07	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
08	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
09	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|
10	|_|_|_|	|_|_|	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	\$|_|_|_|_|_|_|_|_|_|_|.00c	|_|_|

Breakdown of expenses

Business Code Number	Did this business report any expenses in 4214 above? Yes=1 No=2	Expense 1		Expense2		Expense 3		Expense 4		Expense5	
		Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure
	No (--> 4.3)	code 4218	%	code 4218	%	code 4218	%	code 4218	%	code 4218	%
4202	4217	4218	4219	4220	4221	4222	4223	4224	4225	4226	4227
01	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
02	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
03	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
04	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
05	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
06	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
07	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
08	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
09	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|
10	|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|	|_|_|	|_|_|_|

Code 4218: Expense Codes

- | | | |
|----------------------|-------------------------|-----------------------------|
| 1. Salaries to staff | 5. Communications | 9. Building - Rental |
| 2. Goods for resale | 6. Fuel | 10. Equipment - Rental |
| 3. Electricity | 7. Raw Materials | 11. Registration / Licenses |
| 4. Water | 8. Repair & Maintenance | 12. Equipment |

Q4.3.1 - Description of the agriculture/horticulture activities

Reference period:
3 months

from: ___ / ___ / ___

to: ___ / ___ / ___

4301: During the past **3 months**, was anyone in this household involved in any agriculture/horticulture activities?

➔ Include Fruit Trees in the yard if fruits are often harvested from these trees

(Tick the appropriate box)

Yes Go to 4302

No Go to 4.4.1

Characteristics of the agricultural activities				Obs
4302	HM involved in this business (start with owner first)	[HM] No	___|___|	___|
		[HM] No	___|___|	___|
		[HM] No	___|___|	___|
		[HM] No	___|___|	___|
		[HM] No	___|___|	___|
4303	Apart from the hh members, have you paid anyone to work in this farm during the past 3 months?	1 = Yes / 2 = No	___|	___|

Expenditure on agricultural activities

4304 Over the past 3 months, did you spend money on the following items?				Obs
4304	Over the past 3 months, did you spend money on the following items?	1. Transport	AUD \$|___|___|___|___|.00 ^c	___|
		2. Labor	AUD \$|___|___|___|___|.00 ^c	___|
		3. Purchase of equipment	AUD \$|___|___|___|___|.00 ^c	___|
		4. Rental of equipment(coconut grinder/tractor...)	AUD \$|___|___|___|___|.00 ^c	___|
		5. Other (seeds, fertilizer, tools...)	AUD \$|___|___|___|___|.00 ^c	___|
		Total Amount	AUD \$|___|___|___|___|.00 ^c	___|

Observations	

Q4.3.2 - INCOME / Agricultural/Horticulture activities

Reference period: 3 months
from : __/__/__
to : __/__/__

➔ For all this list of vegetables and fruits, specify if you collected and sold them during the past **3 months** (4307 & 4308)

➔ If you sold some of them during the past **3 months**, how much money did you earn from these sales over the three month period (4309)

Vegetables	past 3 months			obs	
	did you harvest?	did you sell ?	If you sold your production or a part of it how much did you earn?		
	1 = Yes / 2 = No				
4305	4306	4307	4308	4309	4310

Vegetables					
01	Chinese Cabbage	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
02	Cucumber	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
03	Beans	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
04	Pumpkin	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
05	Chilli Pepper	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
06	Lettuce	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
07	Tomatoe	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
08	Other(obs)	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|

Fruits					
09	Mango	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
10	Coconut	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
11	Banana	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
12	Breadfruit	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
13	Pandanus	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
14	Lime	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
15	Pawpaw	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|
16	Other(obs)	|_|_|	|_|_|	\$|_|_|_|_|_|.00 ^c	|_|_|

Total amount ►

\$|_|_|_|_|_|.00^c

Observations	

Q4.4.2 - INCOME / Handicrafts and Home Processed Food

Reference period: 3 months
from : ___ / ___ / ___
to : ___ / ___ / ___

- ➔ For this list of handicrafts and home processed foods, specify if you produced and sold them during the past **3 months** (4407 & 4408)
- ➔ If you sold some of them during the past **3 months**, specify how much money did you earn from these sales over the period (4409)

		past 3 months			obs	Observations
		Did you produce?	Did you sell ?	If you sold your production or a part of it how much did you earn?		
Home Processed Food		1 = Yes / 2 = No				
4405	4406	4407	4408	4409	4410	
01	Dried/Salted Fish	___	___	\$|_|_|_|_|.00 ^c	___	
02	Sandwiches	___	___	\$|_|_|_|_|.00 ^c	___	
03	Fast Food (eg, hot dog)	___	___	\$|_|_|_|_|.00 ^c	___	
04	Prepared food at market	___	___	\$|_|_|_|_|.00 ^c	___	
05	BBQ on side of road	___	___	\$|_|_|_|_|.00 ^c	___	
06	Jams/Chutneys	___	___	\$|_|_|_|_|.00 ^c	___	
07	Cakes (inc, Pie, Scones)	___	___	\$|_|_|_|_|.00 ^c	___	
08	Coconut Fish	___	___	\$|_|_|_|_|.00 ^c	___	
09	Coconut Oil	___	___	\$|_|_|_|_|.00 ^c	___	
10	Coconut Grated	___	___	\$|_|_|_|_|.00 ^c	___	
11	Coconut Juice	___	___	\$|_|_|_|_|.00 ^c	___	
12	Coconut Raw	___	___	\$|_|_|_|_|.00 ^c	___	
13	Eggs	___	___	\$|_|_|_|_|.00 ^c	___	
14	Other	___	___	\$|_|_|_|_|.00 ^c	___	
Handicrafts						
15	Mats	___	___	\$|_|_|_|_|.00 ^c	___	
16	Baskets	___	___	\$|_|_|_|_|.00 ^c	___	
17	Fans	___	___	\$|_|_|_|_|.00 ^c	___	
18	Wood Carving	___	___	\$|_|_|_|_|.00 ^c	___	
19	Necklace/Earing/Bracelet	___	___	\$|_|_|_|_|.00 ^c	___	
20	Tailoring (eg, Quilt)	___	___	\$|_|_|_|_|.00 ^c	___	
21	Other Art (eg, Painting)	___	___	\$|_|_|_|_|.00 ^c	___	
22	Grass Skirts	___	___	\$|_|_|_|_|.00 ^c	___	
23	Hair Accessories	___	___	\$|_|_|_|_|.00 ^c	___	
24	Brooms (Straw)	___	___	\$|_|_|_|_|.00 ^c	___	
25	Other Handicraft	___	___	\$|_|_|_|_|.00 ^c	___	

Total amount ►

\$|_|_|_|_|.00^c

Q4.5.1 - Description of the livestock activities

Reference period: 12 months
from: ___ / ___ / ___
to: ___ / ___ / ___

4501: During the past **12 months**, was anyone in this household involved in any livestock activities?
(Tick the appropriate box)

Yes Go to 4502 No Go to 4.6.1

Characteristics of the livestock activities				Obs
4502	HM involved in this business (manager first)	[HM] No	___|___|___|___|	___|
		[HM] No	___|___|___|___|	___|
		[HM] No	___|___|___|___|	___|
		[HM] No	___|___|___|___|	___|
		[HM] No	___|___|___|___|	___|
4503	Apart from the hh members, have you paid anyone to work with you in your livestock activities?	1 = Yes / 2 = No	___|	___|
4504	Do you have?	1 = Yes / 2 = No ↓	How many? ↓	___|
		1. Pigs	___|	___|
		2. Chickens	___|	___|
		3. Ducks	___|	___|
		4. Others	___|	___|

Expenditure on livestock activities

4505	Over the past 12 months, did you spend money on the following items?			Obs
	1. Feed	AUD	\$|___|___|___|___|.00 ^c	___|
	2. Fencing and enclosure	AUD	\$|___|___|___|___|.00 ^c	___|
	3. Transport	AUD	\$|___|___|___|___|.00 ^c	___|
	4. Purchase of animals	AUD	\$|___|___|___|___|.00 ^c	___|
	5. Labor	AUD	\$|___|___|___|___|.00 ^c	___|
	6. Veterinary	AUD	\$|___|___|___|___|.00 ^c	___|
	7. Other	AUD	\$|___|___|___|___|.00 ^c	___|
	Total Amount	AUD	\$|___|___|___|___|.00^c	___|

Observations	

Q4.6.2 - INCOME - Fishing/Hunting/Gathering activities

Reference period:
3 months

from : ___ / ___ / ___
to : ___ / ___ / ___

- ➔ For all this list of fish, shellfish and seafood specify if you had collected and sold them during the past **3 months** (4607 & 4608)
- ➔ If you sold some of them during the past **3 months**, specify how much money did you earn from these sales over the period (4609)

Fish/Hunting/Gathering Activities		past 3 months			obs
		did you catch?	did you sell?	If you sold your catches or a part of it how much did you earn?	
		1 = Yes / 2 = No			
4605	4606	4607	4608	4609	4610
Fishing and Gathering at Sea					
	Fish				
1	Rainbow Runner (Eokwoe)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
2	Skipjack (SKJ)(Bonito - Eae)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
3	Yellowfin Tuna (YFT)(Tsibab)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
4	Bigeye Tuna (BET)(Derinegae)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
5	Other Tuna (KAW)(DGT)(Dowadowa, Demebo)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
6	Wahoo (WAH)(Egow)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
7	Other deep sea Fish (Marlin, dolphinfish etc)(Ijubur, Yahwiwi etc)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
8	Flying fish (Emorr)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
9	Reef Fishing (Karida/Eboko - (Net fishing (Cast/Gill)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
10	Reef Fishing (Goudu/Akworang) - Diving with Spear/Breathing Aparatus)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
11	Reef Fishing (Eakida) - Diving with Handline	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
12	Reef Fishing (Erom) - Gathering by hand, scoops or spear (Ekagam/Ekibung/Apok)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
13	Other Reef fish (Eels, Morays)(Eamit, Etarabwij)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
	Crustaceans				
14	Lobster	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
15	Sea Crab	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
16	Other (Horseshoe crab)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
	Invertabrates & Molluscs				
17	Octopus (Dagiga)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
18	Squid (Skwid)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
19	Oyster (Oista)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
20	Periwinkle (Emeri)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
21	Other (e.g. Giant Clam, Trochus, Conch)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
	Others				
22	Bech De Mer (Domirara)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
23	Sea Urchin (Ennarr)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
24	Other	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|

➔ Please **CONTINUE** on next page to Fishing, Hunting & Gathering on land

Q4.6.2 - INCOME - Fishing/Hunting/Gathering activities (cont)

Reference period:
3 months

- ➔ For all this list of fish, shellfish and seafood specify if you had collected and sold them during the past **3 months** (4607- 4608)
- ➔ If you sold some of them during the past **3 months**, specify how much money did you earn from these sales over the period (4609)

from : ___ / ___ / ___
to : ___ / ___ / ___

Fish/Hunting/Gathering Activities		past 3 months			obs
		did you catch?	did you sell?	If you sold your catches or a part of it how much did you earn?	
		1 = Yes / 2 = No			
4605	4606	4607	4608	4609	4610
Fishing, hunting and Gathering on Land					
Fish farming					
25	Tilapia (Eboko, Iyo, Ekarida)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
26	Milk fish (Pange)	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
27	Other	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
Hunting					
28	Noddy bird	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
29	Pacific Pigeon	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
30	Other	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
Gathering					
31	Hermit Crab	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
32	Coconut crab	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|
33	Land Crab	|_|_|	|_|_|	\$|_|_|_|_|_|_|_|.00 ^c	|_|_|

Total amount ►

\$|_|_|_|_|_|_|_|.00^c

Observations	

Q4.8 - INCOME / Remittances

Reference period : 12 months
from : ___/___/___
to : ___/___/___

- ➔ List the money your household received from another household during the past **12 months** (exclude alimony)
- ➔ If you did not incur any remittance over the past **12 months** write zero in the "total amount" field

remit- tance code	Sender	R'ship to the head of the hh	Residence of the sender	Remittance code	How much did you receive from the sender in the last 12 months?	Does this household receive this money on a regular basis?	obs
	List sender in 4802 as Person 1 in first row then the next person will be Person 2 etc...	code 4803	code 4804	code 4805	AUD	Yes =1 / No = 2	
	4802	4803	4804	4805	4806	4807	4808
01		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
02		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
03		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
04		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
05		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
06		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
07		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
08		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
09		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
10		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
11		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
12		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
13		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|
14		|_|_|	|_|_|	|_|_|	\$|_|_|_|_|_|_|.00 ^c	|_|_|	|_|_|

|_|_|	◀ Number of remittances received	Total amount ▶	\$|_|_|_|_|_|_|.00 ^c
-----	----------------------------------	----------------	---------------------------------

- | | | |
|-------------------------|------------------------------------|--|
| code 4803: relationship | code 4804: residence of the sender | code 4805: remittances code |
| 1. Spouse | 1. Nauru | 1. Money transfer in a bank account |
| 2. Son/daughter | 2. Kiribati | 2. Money tranfer Western Union |
| 3. Son/daughter-in-law | 3. Other pacific islander | 3. Cash received via friends/relatives |
| 4. Parent | 4. China | 4. Cash by mail |
| 5. Spouse's parent | 5. Other Asian | 5. Other |
| 6. Uncle/Auntie | 6. Australian | |
| 7. Nephew/niece | 7. Other | |
| 8. Cousin | | |
| 9. Other relative | | |
| 10. Other non relative | | |

Observations	