

from: / / /
to: / /

Member ID number [HM]	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>	Main Activity Section						Obs
	Type of activity (occupation) <u>Examples</u> nurse, primary teacher, truck driver, restaurant cook, shop keeper	ISCO CODE	What <u>Examples</u> hotel industry, statistics, private security, restaurant, retail	ISIC CODE	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 ?		
					30+ hrs (-> 1208) < 30 hrs (-> 1206)	1. Yes 2. No		
1101	1200	1201	1202	1203	1204	1205	1206	1207
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	| |	| |

01. Employer	09. Home duties
02. Employee, working for wages / salary in public sector	10. Student - full time
03. Employee, working for wages / salary in private sector	11. Student - part time
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)	

[illegible]

Q1.2.2 - Activities during last week (cont)

	Secondary activity section							Job Search Section			
Member ID number [HM]	During the <u>past week</u> , did [HM] do any <u>other major activity</u> , even if just for one hour?	Type of activity (occupation) Examples nurse, teacher, mining labourer, heavy truck driver, restaurant cook, shop keeper	ISCO CODE	What industry did [HM] work in? Examples hotel industry, statistics, private security, restaurant, retail, church	ISIC CODE	How many hours did [HM] work in this <u>secondary activity last week</u> ?	Would [HM] be willing and available to work more hours in this <u>secondary activity</u> ?	Did [HM] actively look for work or for another job last week ?	Why not? code 1216	Was [HM] available to work, or take on another job <u>last week</u> ?	Obs
	01 - 08 (-> 1209)						1 = Yes				
	09 - 11 (-> 1215)						2 = No				
	Code 1208						End of Q1.2				
1101	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218
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	| |	| | |	| | |	| |	| |

1208: Other Activities even for 1 hour		1216: Reason for not actively looking for work	
Yes	01. Employer	01. Student	06. Weather / no transport
	02. Employee, working for wages / salary in public sector	02. Not interested in working (happy doing nothing)	07. Disabled
	03. Employee, working for wages / salary in private sector	03. Do not want to work more (enough work already)	08. Happy with what I am doing
	04. Producing goods or services for sale, running a business (self employed)	04. Believe no paid work available	09. Too old
	05. Producing goods for own and/or family consumption (self employed)	05. Discouraged (stopped looking, can't find anything)	10. Other (observation)
	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	09. Home duties		
	10. Student - part time		
	11. None - Do not pursue any activity at all (no work, no gardening ..)		

[illegible]



SAMOA BUREAU OF STATISTICS

HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 2 - HOUSEHOLD EXPENDITURES

Questionnaire ID	Questionnaire label
Q2.1.1	Dwelling Information
Q2.1.2	Dwelling tenure expenditure
Q2.2.1	Utilities
Q2.2.2	Utilities Expenditure
Q2.3.1	Land & Housing
Q2.3.2	Land & Housing Expenditure
Q2.4.1	Household Assets
Q2.4.2	Household Assets Expenditure
Q2.5.1	Vehicles/Boat
Q2.5.2	Vehicles/Boat expenditure
Q2.6.1	Household Services expenditure
Q2.7.1	Provision of Financial Support
Q2.8.1	Contribution to ceremonies
Q2.9.1	Expenditure for Major Event by this Household
Q2.10.1	Receipts After Major Event by this Household

IDENTIFICATION

ROUND

__

NAME

CODE

ENUMERATOR

__

SUPERVISOR

__

REGION

__

DISTRICT

__

VILLAGE

__

EA No. __

Hhold No. __

Phone No. _____

MODULE 2 - DATE

INTERVIEW

__ / __ / __

dd / mm / yy

DATA ENTRY

__ / __ / __

dd / mm / yy

MODULE 2 COMMENTS

Q2.1.1 - DWELLING INFORMATION

1. Description of Main Dwelling

2110 What type of house (main house) is this ?
(X one box only)

- | | | |
|--------------------------------------|--------------------------|----|
| Samoan Open Fale | <input type="checkbox"/> | 1 |
| Samoan Open Fale with extension | <input type="checkbox"/> | 2 |
| Closed Samoan Fale | <input type="checkbox"/> | 3 |
| Closed Samoan Fale with extension | <input type="checkbox"/> | 4 |
| Open European house | <input type="checkbox"/> | 5 |
| Open European with extension | <input type="checkbox"/> | 6 |
| Closed European House | <input type="checkbox"/> | 7 |
| Closed European House with Extension | <input type="checkbox"/> | 8 |
| Two storey European House | <input type="checkbox"/> | 9 |
| Two Storey Samoan House | <input type="checkbox"/> | 10 |
| Faleoo Samoa | <input type="checkbox"/> | 11 |

2113 What is the main material used for the floor ?
(X one box only)

- | | | |
|------------------------|--------------------------|---|
| Concrete | <input type="checkbox"/> | 1 |
| Timber / Plywood | <input type="checkbox"/> | 2 |
| Gravel | <input type="checkbox"/> | 3 |
| Others, describe | <input type="checkbox"/> | 4 |

2111 What is the main material used for the roof ? (X one box only)

- | | | |
|-----------------------------------|--------------------------|---|
| Corrugated iron with guttering | <input type="checkbox"/> | 1 |
| Corrugated iron without guttering | <input type="checkbox"/> | 2 |
| Concrete roofing | <input type="checkbox"/> | 3 |
| Thatched / Traditional | <input type="checkbox"/> | 4 |
| Other, describe | <input type="checkbox"/> | 5 |

2114 When was the building constructed? Best guess

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Don't know	9	9	9	9

2112 What is the main material used for outer walls? (X one box only)

- | | | |
|------------------------------|--------------------------|---|
| Permanent - Timber / Plywood | <input type="checkbox"/> | 1 |
| Permanent - Concrete | <input type="checkbox"/> | 2 |
| Corrugated iron / improvised | <input type="checkbox"/> | 3 |
| Open / No Walls | <input type="checkbox"/> | 4 |
| Other, describe | <input type="checkbox"/> | 5 |

2115 Do you have a separate kitchen or kitchenette?

- | | | |
|--------------------------------|--------------------------|---|
| Yes, inside & outside dwelling | <input type="checkbox"/> | 1 |
| Yes, inside dwelling only | <input type="checkbox"/> | 2 |
| Yes, outside dwelling only | <input type="checkbox"/> | 3 |
| No | <input type="checkbox"/> | 4 |

2. Electricity/Energy

2120 What is the main source of lighting used by this household?
(X one box only)

- | | | |
|---|--------------------------|---|
| Electric, main electricity supply(Post Paid) | <input type="checkbox"/> | 1 |
| Electric, main electricity supply(Cash Power) | <input type="checkbox"/> | 2 |
| Electric. Own Generator | <input type="checkbox"/> | 3 |
| Kerosene pr spirit lamp | <input type="checkbox"/> | 4 |
| Solar Energy | <input type="checkbox"/> | 5 |
| Other light (specify fuel) | <input type="checkbox"/> | 6 |

2121 What is the usual method of cooking for this household?
(X one box only)

- | | | |
|--------------------------------------|--------------------------|---|
| Electric - plate without oven | <input type="checkbox"/> | 1 |
| Electric - stove with oven | <input type="checkbox"/> | 2 |
| Gas stove with oven | <input type="checkbox"/> | 3 |
| Gas burner without oven | <input type="checkbox"/> | 4 |
| Kerosene burner, stove | <input type="checkbox"/> | 5 |
| Wood stove (including coconut shell) | <input type="checkbox"/> | 6 |
| Open fire | <input type="checkbox"/> | 7 |
| Solar | <input type="checkbox"/> | 8 |
| Other, specify | <input type="checkbox"/> | 9 |

3. Water Use & Sanitation

2130 What is the main source of drinking water your household uses?
(X one box only)

- | | | |
|-----------------------------------|--------------------------|---|
| Piped into Household (Meter) | <input type="checkbox"/> | 1 |
| Piped into Household (Non-Meter) | <input type="checkbox"/> | 2 |
| Piped supply outside neighborhood | <input type="checkbox"/> | 3 |
| Bottled Water | <input type="checkbox"/> | 4 |
| Well in yard | <input type="checkbox"/> | 5 |
| Rain - water tank | <input type="checkbox"/> | 6 |
| Water truck | <input type="checkbox"/> | 7 |
| Other, specify | <input type="checkbox"/> | 8 |

2131 Do you use the same water for cooking, as for drinking? (X appropriate box)

- | | | | |
|-----|--------------------------|---|------------|
| Yes | <input type="checkbox"/> | 1 | Go to 2133 |
| No | <input type="checkbox"/> | 2 | |

2132 Using the codes in Q.2130, what is the main water source for cooking?

Water Use & Sanitation (cont)

2133 Do you have to travel for water?

(X appropriate box)

Yes

☐ 1

No

☐ 2

Go to 2136

2136 What is the main type of toilet facility your household use? (X one box only)

Owned Flushed Toilet

☐ 1

Poured Flushed Toilet

☐ 2

Household Pit

☐ 3

Shared Toilet

☐ 4

None

☐ 5

Other, specify

☐ 6

2134 How long does it take to get to water source?

Minutes

2135 How many trips are usually made per day?

Trips

4. Other Information

2140 Is this household connected to the internet ? (1= Yes, 2= No)

☐

If No, Go to 2142

2142 Is this household connected to Prepaid TV transmission? eg Sky TV (1= Yes, 2= No)

☐

2141 If YES what Type of Internet?

Dial Up

☐ 1

Broad Band

☐ 2

Mobile Phone

☐ 3

Dongol

☐ 4

[illegible]

Q2.2.2 - UTILITIES EXPENDITURE

- Provide expenditure details for every expense identified earlier (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	exp code (2203)	Detailed Description	bene-ficiary	Last amount / bill paid during the last 12 months	Period covered		Provider (Name of the provider, shop, kind of shop, location...)	Pay-ment	Purpose of the payment	obs
					No.	Unit				
	11 to 94		code 2211	ST				1. Day 2. Week 3. Month 4. Year 5. Other casual			code 2216	code 2217
2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218
01				\$						
02				\$						
03				\$						
04				\$						
05				\$						
06				\$						
07				\$						
08				\$						
09				\$						
10				\$						
11				\$						
12				\$						
13				\$						
14				\$						
15				\$						
16				\$						
17				\$						
18				\$						

◀ Number of items

◀ Total amount

code 2211: beneficiary

1. Main dwelling of the HH

2. Dwelling of another hh

code 2216: payment

1. Cash, from household own fund

2. in - kind

3. Credit

4. Cash + in - kind

5. Lay by

2217: purpose of the payment

1. private use

2. business use

3. both

Observations

► Column 2304 ask if the household undertook such construction (for free or not) during the period

► Column 2305-2306, 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

Provide details for each expenditure identified in columns 2305 - 2306 in Section 2.3.2

[illegible]

- | Line No | code (2302) | Detailed description | Beneficiary | Total amount paid in the last 12 months | Goods & Service Provider | Payment | Purpose of the payment | obs |
|---------|-------------|----------------------|-------------|---|--------------------------|---------|------------------------|------|
| | 11 to 43 | | code 2311 | | | ST | code 2314 |  | code 2315 |
| 2308 | 2309 | 2310 | 2311 | 2312 | 2313 | 2314 | 2315 | 2316 |
| 01 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 02 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 03 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 04 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 05 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 06 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 07 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 08 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 09 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 10 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 11 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 12 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 13 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 14 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 15 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 16 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 17 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |
| 18 | _ _ | | _ | \$ _ _ _ _ _ _ _ _ | | _ | _ | _ |

◀ Total amount

1. Private use
2. Business use
3. Both

[illegible]

Q2.4.1 - HOUSEHOLD ASSETS

Reference period:
12 months

from : -- / -- / --
to : / /

- Column 2403 indicate yes (1) or no (2) if the hh owns the items in the list **(in working order)**
→ Column 2404 to 2407 indicate with a 'X' if the hh bought, repaired or hired one of these items listed

		Do you have?	During the past 12 months did you				Obs	
			Buy		Pay for			
			For this HH	For another HH	Hire	Repair		
			'X' if Yes	'X' if Yes	'X' if Yes	'X' if Yes		
	▼ Expenditure code	1 = Yes 2 = No	2403	2404	2405	2406	2407	2408
2401	2402							
1 - Furniture, furnishings and floor coverings	111 Beds & mattresses							
	112 Sofas, lounge chairs & dining chairs							
	113 Table (dining, dressing, coffee, etc)							
	114 Light fittings and lamps							
	115 Other significant indoor furniture (eg, bookshelf)							
	116 Outdoor furniture							
	117 Tiles & Accessories							
	118 Carpets / Vinyl							
	119 Mats							
	120 Other significant floor coverings							
2 - Household textiles	211 Sheets & bed linen, blankets, pillow, pillow cases							
	212 Curtains & Drapes							
	213 Towels (bath towels, tea towels, etc)							
	214 Other household textiles (eg, tarpaulin)							
3 - Major household appliances	311 Water tanks							
	312 Septic tanks							
	313 Refridgerator or Freezer							
	314 Electric Stove / electric plate							
	315 Gas Stove / gas burner							
	316 Kerosene Stove							
	317 Microwave oven							
	318 Washing Machine							
	319 Air-conditioner							
	320 Power Generator							
	321 Solar Unit							
	322 Other small electric appliances (rice cooker, vacuum, sewing machine, blender, toaster electric jug, iron, fan, deep fryer, etc)							
4 - Major Tools & Outdoor Equipment	411 Lawn mower & weed eater							
	412 Electric drill & Chainsaw							
	413 Other major outdoor equipment							
5 - Recreational Equipment	511 Television							
	512 Radio & stereo system							
	513 Video & DVD player							
	514 Other Musical devices (MP3, IPOD, etc)							
	515 Game Consoles (Play Station, Nintendo, Wii)							
	516 Photographic equipment (camera - video or still)							
	517 Other major recreational eqpt (exclude boats)							
6 - Computer Equipment	611 Desktop or Laptop Computer							
	612 Printer							
	613 Software packages							
	614 Portable hard drives (incl, flash drives)							
	615 Others							

Provide details for each expenditure identified in columns 2404 - 2407 in Section 2.4.2

[illegible]

- | Line No | Expense code (2402) | Detailed description | Beneficiary | Total amount paid in the last 12 months | Provider | Payment | Purpose of the Payment | obs |
|---------|----------------------|----------------------|----------------------|---|----------|----------------------|------------------------|----------------------|
| | 111 to 615 | | code 2412 | | | code 2415 | code 2416 | |
| | | | | | | | | |
| 2409 | 2410 | 2411 | 2412 | 2413 | 2414 | 2415 | 2416 | 2417 |
| 01 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 02 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 03 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 04 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 05 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 06 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 07 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 08 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 09 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 16 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 17 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 18 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 19 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20 | <input type="text"/> | | <input type="text"/> | \$ <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> |

◀ Number of items \$ ◀ Total amount

code 2416: Purpose of Payment

1. Private Use
2. Business Use
3. Both

Observations

[illegible]

Q2.5.1 - VEHICLES / BOATS

- ➔ Column 2503 indicate how many of each vehicle the hh owns ? (in working order)
- ➔ Column 2504 to 2506: Indicate with an 'X' if the hh bought or hired one of these items

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

			During the past 12 months				
▼ Expenditure code			How many do you have (0,1,...) ?	Did you purchase?		Did you hire ?	obs
				For this HH 'X' if Yes	For other HH 'X' if Yes		
2501	2502		2503	2504	2505	2506	2507
1. Vehicle / Boat Purchases	111	Car / Station Wagon	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	112	Utility / Pick-up	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	113	Truck / Bus / Van	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	114	Motorcycle	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	115	Bicycle	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	116	Boat with motor	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	117	Boat without motor (eg, canoe)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	118	Any other vehicle	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 - Accessories	211	Outboard Motor	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	212	Trailer	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	213	Other major accessories (eg, car battery, stereo, upholstery, tow bar)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 - Vehicle / Boat Maintenance & Repair	311	Standard vehicle service	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	312	Vehicle repair service (include parts & labour)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	313	Boat repair service (include parts & labour)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	314	Purchase of vehicle parts (eg, tyre, spark plug)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 - Other Vehicle / Boat Related Expenses	411	Vehicle Registration	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	412	Boat Registration	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	413	Drivers License	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	414	Vehicle Insurance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	415	Boat Insurance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	416	Other vehicle expenses (eg, traffic ticket, car tow)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
			During the last month				
5 - Fuel for Vehicles / Boats	511	Fuel for car / motorcycle / lawn mower	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	512	Fuel for boat	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Provide details for each expenditure identified in columns 2504 - 2506 in Section 2.5.2

Observations	

Q2.5.2 - VEHICLE / BOAT EXPENDITURE

- ➔ Please provide expenditure detail for every expense identified in Q2.5.1
- ➔ 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 (2502)	Detailed description	Condition when purchased	Beneficiary	Total amount paid in the last 12 months	Provider	Payment	Purpose of the Payment	SOS
	111 to 512		code 2511	code 2512	1 month for Fuel		code 2515	code 2516	
	2508		2510	2511	2512		2513	2514	
01	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

◀ Number of items

\$ ◀ Total amount

- code 2511: New

1. New 3. Maintenance

2. Used 4. Hire

5. Not Aplicable
- code 2512: Beneficiary

1. This household

2. Another household

3. Hire
- code 2515: Payment

1. Cash

2. In-kind

3. Credit

4. Cash + in-kind

5. Lay by
- code 2516: Purpose of Payment

1. Private Use

2. Business Use

3. Both

Observations	

Q2.6.1 - HOUSEHOLD SERVICES EXPENDITURE

Reference period:
12 months

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

- ➔ Please review different types of expenditure 2602 you may have incurred over the past 12 **months** and indicate if you spent money on (2603)
- ➔ For any relevant item, please provide detail in columns 2604 to 2606;
- ➔ If you did not incur any expenses on any of these items over the past 12 **months** write zero in the "total amount" field

Services		Did you pay?	Total amount paid in the last 12 months	Beneficiary	Provider	Purpose of the payment	obs
▼ Expenditure code		'X' if Yes	ST	code 2605		code 2607	
2601	2602	2603	2604	2605	2606	2607	2608
Dwelling Related Service Expenses							
01	Caretaker services (multi-occupied building)	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
02	Security services	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
03	Other dwelling related services	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
Household Related Service Expenses							
04	Gardening / lawn mowing services	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
05	Laundry services	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
06	Babysitting services	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
07	Housekeeping services	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
08	Other household services (eg, drivers, cooks, etc)	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
Other Service Expenses							
09	Money Transfer Fees	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
10	Financial Institution Fees Overseas	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
11	Payment for Freight	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
12	Payment for birth/death / marriage / divorce certificates	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
13	Lawyers fees	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
14	Adoption fees	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
15	Matai Title Registration	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
16	Payment for Faamasinoga	<input type="checkbox"/>	\$ _ _ _ _	_		_	_
17	Other fees	<input type="checkbox"/>	\$ _ _ _ _	_		_	_

Total Amount ➔

\$|_|_|_|_|

code 2605: beneficiary

1. This household
2. Another household

code 2607: payment

1. Private Use
2. Business Use
3. Both

Observations

Q2.9.1 - EXPENDITURE FOR MAJOR EVENT BY THIS HOUSEHOLD

Reference period:
12 months

from : _ _ / _ _ / _ _
to : / /

Did the household host a major event (refer to code 2903 below) in the last 12 months?

1

yes --> 2902

2

no--> End of Module 2

- ➔ Please list all expenses paid for by this household towards the ceremony/event
- ➔ Make sure only ceremony /event expenses paid for by the household in the last 12 months are included

Ceremony /Event		Event Code	Total amount given during the last 12 months	Payment	obs
		Code 2903		code 2905	
2901	2902	2903	2904	2905	2906
01		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

code 2903: Event Code

- | | |
|-------------|-------------------------|
| 1. Funeral | 5. Faaulufalega/Umusaga |
| 2. Wedding | 6. Others |
| 3. Birthday | |
| 4. Saofai | |

Total amount▶

\$| \quad | \quad | \quad | \quad | \quad |\$

code 2905: Payment Code

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

OBSERVATION

Q2.10.1 - RECEIPTS AFTER MAJOR EVENT BY THIS HOUSEHOLD

Reference period:
12 months

from : / /

to : / /

- ➔ Please list all receipts by this household after the ceremony/event
- ➔ Make sure only ceremony **net receipts** received by the household in the last 12 months are included

Ceremony /Event		Event Code	Total net amount received during the last 12 months	Payment	obs
		Code 9903	SAT	code 9905	
9901	9902	9903	9904	9905	9906
01		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

code 9903: Event Code

1. Funeral
2. Wedding
3. Birthday
4. Saofai
5. Faaulufalega/Umusaga
6. Others

Total amount▶

\$

code 9905: Receipt Code

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

OBSERVATION	



SAMOA BUREAU OF STATISTICS

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

ENUMERATOR

SUPERVISOR

REGION

DISTRICT

VILLAGE

EA No.

Hhold No.

Phone No.

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 Q1.1, Column 1102, 1103, 1104

HH Mem-ber [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

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

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

[illegible]

Q3.1.2 - EDUCATION

Reference period:
12 months

➔ For each expenditure listed 3109 to 3119 ask if the household paid during the past

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

HH Member [HM]	Identify with an "X" for the beneficiary of the expenditure during the past 12 months											obs
	School fees						Private Tutoring	Text Books & Stationery	Boarding	School Uniform	Others PTA etc	
	ECE / Inclusive Education	Primary	Secondary	Tertiary	TVET	OPP						
	3109	3110	3111	3112	3113	3114	3115	3116	3117	3118	3119	3120
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3109 - 3118 in
Section 3.1.3

Observations

- | Line N° | Beneficiary
[HM] from
column
3101 | Expense
code | Detailed description | COICOP
code
(9 digit code) | Total amount paid in
the past 12 months | Provider of
Goods or Services | Payment | obs |
|---------|--|-----------------|----------------------|----------------------------------|--|----------------------------------|--------------|------|
| | | 1 to 11 | | | | | code
3128 | |
| 3121 | 3122 | 3123 | 3124 | 3125 | 3126 | 3127 | 3128 | 3129 |
| 01 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 02 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 03 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 04 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 05 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 06 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 07 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 08 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 09 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 10 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 11 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 12 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 13 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 14 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 15 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 16 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 17 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 18 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 19 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |
| 20 | _ _ | _ _ | | | \$ _ _ _ _ | | _ | _ |

21	|_|_|_|	|_|_|_|			\$|_|_|_|_|		|_|	|_|
22	|_|_|_|	|_|_|_|			\$|_|_|_|_|		|_|	|_|
23	|_|_|_|	|_|_|_|			\$|_|_|_|_|		|_|	|_|
24	|_|_|_|	|_|_|_|			\$|_|_|_|_|		|_|	|_|

--

◀ Number of items

\$|_|_|_|_|

◀ Total amount

1. Cash
2. In-kind
3. Credit

[illegible]

Q3.2.1 - HEALTH STATUS

**Reference period:
3 months**

from : ____ / ____ / ____

to : ____ / ____ / ____

➔ Health information must be completed for all HH members

	All members				
HH Mem-ber [HM]	Do you have any ongoing health problems (chronic illness)?	Non - communicable disease	Did you have any other health complaints in the last 3 months?	Did you get health care and advice from a health professional (medical Dr, nurse) or traditional healer (taulasea) for that problem?	Obs
		What is your main chronic illness?			
	1 = Yes / 2 = No		1 = Yes / 2 = No	1 = Yes / 2 = No	
	if 2 ► 3204	code 3203	if 2 →Q3.2.2		
3201	3202	3203	3204		3206
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"/>

code 3203: chronic illness

1. Hypertension
2. Diabetes
3. Heart Disease
4. Cancer
5. Stroke
6. Other non - communicable disease

[illegible]

Q3.2.2 - HEALTH

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

➔ Identify with an 'X' in columns 3207 to 3209 the major medical activities each member had during the last 12 months and in columns 3210 to

HH Mem-ber [HM]	Major Medical Activities (Last 12 months) (even if for free)			Other Health Related Activities (Last 3 months) (even if for free)						obs
	Hospital Accommodation	Specialist Services (eg, Surgeon, X-Ray, Chiropractor, etc)	Other Major Hospital Charges	Private Doctor or Outpatient Service	Doctor / Nurse Visit	Traditional Healer	Dental Fees	Pre/ante natal / Maternal care	Prescription Medications	
	1	2	3	4	5	6	7	8	9	
3201	3207	3208	3209	3210	3211	3212	3213	3214	3215	3216
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"/>
91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	<input type="checkbox"/>	<input type="checkbox"/>	<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 3207 - 3215 in Section 3.2.3

Observations

Q3.2.3 HEALTH EXPENDITURE

- ➔ Specify every health expenditure identified in question Q3.2.2
- ➔ Every health expenditure must be specified on one line
- ➔ If you did not incur any medical treatment (for free or not) write zero in the “total amount” field

Line N°	Beneficiary [HM]	Medical code	Detailed description	COICOP code (9 digit code)	Total amount paid	Which month?	Name of the provider	Payment	obs
		1 to 9			<i>If free write "0"</i>	Write the month		code 3225	
					ST				
3217	3218	3219	3220	3221	3222	3223	3224	3225	3226
01	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
02	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
03	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
04	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
05	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
06	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
07	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
08	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
09	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
10	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
11	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
12	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
13	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
14	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
15	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
16	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
17	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
19	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
18	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
20	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|

21	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
22	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
23	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
24	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
25	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|
26	|_|_|	|_|			\$|_|_|_|_|			|_|	|_|

◀ Number of items

◀ Total amount

1. Cash	4. Free
2. In kind	5. Other
3. Credit	6. Cash + in kind

Observations

Q3.3.1 - PRIVATE TRAVEL

Reference period:
12 months

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

➔ For each member identify:

- How many times did he/she travel
- How many times did he/she travel

(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 3306 to 3310)

HH Member [HM]	Did HM undertake any personal travel <u>overseas</u> in the last 12 months?	No. of private trips each member travelled in the last 12 months:	Did HM undertake any <u>domestic</u> travel in the last 3 months?	No. of private trips each member travelled in the last 3 months:	During the travel did you spend on ('X' if yes)					obs
	1 = Yes / 2 = No		1 = Yes / 2 = No		Airfares	Seafares	Accommodation	Food / Entertainment Activities	Transport	
	if 2				1	2	3	4	5	
3301	3302	3303	3304	3305	3306	3307	3308	3309	3310	3311
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"/>	
91					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
92					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: If 3302 = 2 & 3304 = 2 --> Next HM

Provide details for each expenditure identified in columns 3306 - 3310 in Section 3.3.2

Observations

Q3.3.2 PRIVATE TRAVEL EXPENDITURE

- ➔ Each trip to be detailed separately
- ➔ Specify every payment identified on question Q3.3.1, columns 3306 to 3310
- ➔ 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	COICOP code (9 digit code)	Total amount paid	Which month?	Name of the provider	Payment	Obs
		code 3314	1 to 5			ST	Write the month		code 3321	
3312	3313	3314	3315	3316	3317	3318	3319	3320	3321	3322
01						\$				
02						\$				
03						\$				
04						\$				
05						\$				
06						\$				
07						\$				
08						\$				
09						\$				
10						\$				
11						\$				
12						\$				
13						\$				
14						\$				
15						\$				
16						\$				
17						\$				
18						\$				
19						\$				
20						\$				
21						\$				
22						\$				
23						\$				
24						\$				
25						\$				
26						\$				
27						\$				
28						\$				

◀ Number of items

\$

◀ Total amount

code 3314: destination

1. Australia

2. New Zealand

3. American Samoa

4. Hawaii

5. USA Mainland

6. Savaii, Manono, Apolima, Upolu

7. Other

code 3321: payment

1. Cash

2. In Kind

3. Credit

Observations

Q3.4.1 - CLOTHING

Reference period:
3 months

from: ____ / ____ / ____
to: ____ / ____ / ____

➔ For each member identify if he / she purchased any clothing, clothing materials or shoe items over the last

During the last 3 month did you spend on (X if yes)								
HH Member [HM]	Men's and boys clothes Include: coats, shirts, t-shirts, shorts, pants, underwear, etc Exclude: School uniform	Women's and girls clothes Include: dresses, blouses, shirts, skirts, underwear, etc Exclude: School uniform	Clothing accessories (eg, jewelry, hat, cap, belt, etc)	Materials for making clothes	Tailor / Seamstress Services	Shoes	obs	
	expense code ►	1	2	3	4	5		6
	3401	3402	3403	3404	3405	3406	3407	3408
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	<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
3402 - 3407 in Section 3.4.2

Observations

Q3.5.1 - COMMUNICATION

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

- ➔ For each member, identify whether he / she used the internet during the **past month** (3502) and where (3503 - 3505).
- ➔ Identify if household member used a mobile phone to give or receive calls (3506) and if he / she currently owns a mobile phone (3507).
- ➔ Indicate with an "x" if household member spent money on any of the items in columns 3508 - 3511

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?	What were the sources [HM] used for internet access?			Did [HM] use a mobile phone to give or receive calls?		Mobile phone top-up card	Mobile phone postpaid	Internet access away from home (internet cafe...)		
	1=Yes / 2=No	code 3503			1 = Yes / 2 = No		1	2	3			4
	3502	3503	3504	3505	3506	3507	3508	3509	3510	3511	3512
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											
91											
92											

code 3503: Source of Internet

- | | | | |
|---------|-----------------------|----------------------|----------------|
| 1. Home | 3. Internet cafe | 5. Another household | 7. Dongle |
| 2. Work | 4. Place of education | 6. Mobile phone | 8. Other (obs) |

Provide details for each expenditure identified
in columns 3508 - 3511 in Section Q3.5.2

Observations

- | Line N° | Beneficiary [HM] | Expense code | Expense detailed description | COICOP code (9 digit code) | Total amount paid | Name of the provider | Payment | Purpose | obs |
|---------|------------------|--------------|------------------------------|----------------------------|-------------------|----------------------|-----------|-----------|------|
| | | 1 to 4 | | | ST | | code 3520 | code 3521 | |
| | | | | | | | 3522 | | |
| 3513 | 3514 | 3515 | 3516 | 3517 | 3518 | 3519 | 3520 | 3521 | 3522 |
| 01 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 02 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 03 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 04 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 05 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 06 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 07 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 08 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 09 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 10 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 11 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 12 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 13 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 14 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 15 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 16 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 17 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 18 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 19 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |
| 20 | _ _ | _ _ | | | \$ _ _ _ _ | | _ _ | _ _ | _ _ |

1. Private
2. Business
3. Both

[illegible]



SAMOA BUREAU OF STATISTICS

HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 4 - INDIVIDUAL INCOME (15+ and older)

Questionnaire ID	Questionnaire label
Q4.1.1	Work for wage or salaries
Q4.1.2	Other Wages and Salaries from Secondary Activities
Q4.1.3	Irregular Income Earned
Q4.1.4	Transfer Income
Q4.2.1	Personal Loans

IDENTIFICATION

ROUND

Person Name from
Mod 1. 1102

Person No. from Mod
1 -1101

	NAME	CODE
ENUMERATOR	<input type="text"/>	<input type="text"/>
SUPERVISOR	<input type="text"/>	<input type="text"/>
REGION	<input type="text"/>	<input type="text"/>
DISTRICT	<input type="text"/>	<input type="text"/>
VILLAGE	<input type="text"/>	<input type="text"/>
EA No.	<input type="text"/>	
Hhold No.	<input type="text"/>	
Phone No.	<input type="text"/>	

MODULE 4 - DATE

INTERVIEW
dd / mm / yy

ENTRY
dd / mm / yy

MODULE 4 COMMENTS

➔ Have you worked for wage / salary in the last 12 months.

1 = yes --> 4101
2 = no --> Q4.1.2

[illegible]

1. Base Salary	5. Telephone
2. Bonus	6. Transport
3. Housing	7. Clothes
4. Electricity	8. Others (eg food)

➔ Have you earned any secondary income in the last 3 months.

☐ 1 = Yes --> 4109 / 2 = No --> Q4.1.3

[illegible]

1. Base Salary	5. Telephone
2. Bonus	6. Transport
3. Housing	7. Clothes
4. Electricity	8. Others (eg food)

[illegible]

☐ 1 = Yes → 4120
2 = No → Q4.1.4

[illegible]

Q4.1.4 TRANSFER INCOME

☐ 1 = Yes → 4128
2 = No → Q4.2.1

Property / Transfer / other casual income			Did you receive any of the following during the last 12 months ?	→ If yes ask 4130, 4131 and 4132 or 4133					
				Last amount received	Period covered		Total last 12 months	o b s	
									Amount of the last payment received in the last 12 months
					Do not leave it blank	code 4132	ST		
1 = Yes / 2 = No			ST						
4128			4129	4130	4131	4132	4133	4134	
Transfer Income	11	Old Age pension	□□	\$□□□□□	□□	□□	\$□□□□□	□□	
	12	Child Maintenance	□□	\$□□□□□	□□	□□	\$□□□□□	□□	
	13	Directors Fees	□□	\$□□□□□	□□	□□	\$□□□□□	□□	
	14	NPF annuity	□□	\$□□□□□	□□	□□	\$□□□□□	□□	
	15	Bank interest	□□	\$□□□□□	□□	□□	\$□□□□□	□□	
	16	Other casual receipts	□□	\$□□□□□	□□	□□	\$□□□□□	□□	

Observations

[illegible]



HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 5 - HOUSEHOLD INCOME

Questionnaire ID	Questionnaire label
Q5.1.1	Income from non sustistence business
Q5.1.2	Business Expenditures
Q5.2.1	Description of agricultural activities
Q5.2.2	Income from agriculture activities
Q5.3.1	Description of horticulture / floriculture activities
Q5.3.2	Income from horticulture / floriculture activities
Q5.4.1	Description of handicraft & home processed food activities
Q5.4.2	Income from handicraft & home processed food activities
Q5.5.1	Description of livestock activities
Q5.5.2	Income from livestock activities
Q5.6.1	Description of fishing activities
Q5.6.2	Income from fishing activities
Q5.7.1	Property & Transfer Income and Other Receipts
Q5.8.1	Remittances from overseas
Q5.9.1	Remittances sent overseas

IDENTIFICATION

ROUND

NAME

CODE

ENUMERATOR

SUPERVISOR

REGION

DISTRICT

VILLAGE

EA No.

H.hold No.

Phone No.

MODULE 5 - DATE

INTERVIEW

dd / mm / yy

ENTRY

dd / mm / yy

MODULE 5 COMMENTS

Q5.1.1 - INCOME / income from non subsistence business obtained by the household
Reference period:
12 months

from : / /

to : / /

 ➔ 5101: 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 / Taxi / Buses
- 5) Loan Business

Exclude

- 1) Producing and selling food (5.3.1)
- 2) Fishing activities (5.5.1)
- 3) Renting a house (5.7.1)

NB1: Only include if the household member was involved in running the business, not an employee of the business

Place appropriate code in corresponding box 1 = Yes 2 = No

Yes

Go to 5103

No

Go to Q5.2.1

Characteristics of the business										
Business Code Number	Description of business	Is this business registered?	HM involved in this business (start with owner first)				Where do you operate this business from?	For how long has the business been operating?		o b s
	Examples: <i>Small Store selling food</i> <i>Chinese Restaurant</i> <i>Car rental business</i> <i>Provide mechanic service</i>		[HM] No	[HM] No	[HM] No	[HM] No		code 5109	Years		Months
	yes = 1 / no = 2	5105	5106	5107	5108	5109	5110	5111	5112	
5102	5103	5104	5105	5106	5107	5108	5109	5110	5111	5112
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"/>

Code 5109: Where operate business

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

Observations	

Gross Revenue:	"Raw" sales income; the amount customers actually pay the business 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)

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)?	o b s
	%		<i>Include both cash and in-kind money received</i>	<i>Include both cash and in-kind payment made</i>	<i>Should equal the Gross Revenue less Expenses</i>	Yes = 1 No = 2	
	5102		5113	5114	5115	5116	
01	_____	_____	\$_____	\$_____	\$_____	____	____
02	_____	_____	\$_____	\$_____	\$_____	____	____
03	_____	_____	\$_____	\$_____	\$_____	____	____
04	_____	_____	\$_____	\$_____	\$_____	____	____
05	_____	_____	\$_____	\$_____	\$_____	____	____
06	_____	_____	\$_____	\$_____	\$_____	____	____
07	_____	_____	\$_____	\$_____	\$_____	____	____
08	_____	_____	\$_____	\$_____	\$_____	____	____
09	_____	_____	\$_____	\$_____	\$_____	____	____
10	_____	_____	\$_____	\$_____	\$_____	____	____

Business Code Number	Did this business report any expenses in 5116 above?	Expense 1		Expense2		Expense 3		Expense 4		Expense5		o b s
		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 (=> Q5.2.1)	code 5121	\$	code 5121	\$	code 5121	\$	code 5121	\$	code 5121	\$		
5102	5120	5121	5122	5121	5123	5121	5124	5121	5125	5121	5126	5127
01			\$		\$		\$		\$		\$	
02			\$		\$		\$		\$		\$	
03			\$		\$		\$		\$		\$	
04			\$		\$		\$		\$		\$	
05			\$		\$		\$		\$		\$	
06			\$		\$		\$		\$		\$	
07			\$		\$		\$		\$		\$	
08			\$		\$		\$		\$		\$	
09			\$		\$		\$		\$		\$	
10			\$		\$		\$		\$		\$	

Cost Sheet - 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

[illegible]

[illegible]

from : _ _ / _ _ / _ _
to : / /

- | Vegetables | | past 3 months | | | | | obs |
|------------|-----------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|
| | | did you harvest? | did you sell ? | Specify Unit sold | | If you sold your production or a part of it how much did you earn? | |
| | | 1 = Yes / 2 = No | | No. | Units | | |
| 5205 | 5206 | 5207 | 5208 | 5209 | 5210 | 5211 | 5212 |
| Vegetables | | | | | | | |
| 01 | Chinese Cabbage | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 02 | Cucumber | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 03 | Beans | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 04 | Pumpkin | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 05 | Head Cabbage | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 06 | Lettuce | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 07 | Tomatoes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |
| 08 | Other (obs) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |

Fruits							
09	Mango	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
10	Drinking Nut	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
11	Banana	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
12	Breadfruit	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
13	Coconut	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
14	Lime	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
15	Pawpaw	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
16	Nonu	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
17	Other (obs)	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>

Root Crops							
18	Taro	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
19	Talo Palagi	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
20	Taamu	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
21	Yam	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
22	Other (obs)	<input type="text"/>	<input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>

\$|_|_|_|_|_|

[illegible]

[illegible]

from : _ _ / _ _ / _ _
to : / /

- | Description of horticulture activity | | past 3 months | | | | | obs |
|--------------------------------------|---------------------------|----------------------------|----------------------|---|------|--|----------------------|
| | | did you harvest / produce? | did you sell? | Specify Unit sold | | If you sold your production or a part of it how much did you earn? | |
| | | 1 = Yes / 2 = No | No. | Units | | | |
| 5305 | 5306 | 5307 | 5308 | 5309 | 5310 | 5311 | 5312 |
| Horticulture | | | | | | | |
| 01 | Flowers | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| 02 | Potted plants | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| 03 | Floral arrangements (teu) | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| 04 | Cuttings | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| 05 | Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| 06 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| 07 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| 08 | | <input type="text"/> | <input type="text"/> | <input type="text"/> | | \$ <input type="text"/> | <input type="text"/> |
| Horticulture Services | | did you provide service? | | If yes, how much did you earn in the last 3 months? | | | |
| | | 1 = Yes / 2 = No | | | | | |
| 09 | Landscaping | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 10 | Other | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 11 | | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 12 | | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 13 | | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 14 | | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 15 | | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 16 | | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |
| 17 | | <input type="text"/> | | | | \$ <input type="text"/> | <input type="text"/> |

\$| \quad | \quad | \quad | \quad | \quad |\$

Bundle	Basket
Packet	Pile
Each	

[illegible]

5401: During the past **3 months**, was anyone in this household involved in any production of handicraft or home processed food activities?

Yes

No

--	--

Go to Q5.5.1

Characteristics of the handicraft and home processed food activities				Obs
5402	HM involved in this business (manager first)	Mod 1-1101		
		[HM] No	<input type="text"/>	<input type="text"/>
		[HM] No	<input type="text"/>	<input type="text"/>
		[HM] No	<input type="text"/>	<input type="text"/>
		[HM] No	<input type="text"/>	<input type="text"/>
		[HM] No	<input type="text"/>	<input type="text"/>
5403	Apart from the hh members, have you paid anyone to work with you in your handicraft or home processed food activities?	1 = Yes / 2 = No	<input type="text"/>	<input type="text"/>

5404	Over the past 3 months, did you spend money on the following items?	1 = Yes / 2 = No		
	1. Ingredients for making food produce	ST	\$	
	2. Materials for making handicrafts	ST	\$	
	3. Transport	ST	\$	
	4. Labour	ST	\$	
	5. Other	ST	\$	
	Total Amount	ST	\$	

[illegible]

Q5.4.2 - 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** (5407 & 5408)
- ➔ If you sold some of them during the past **3 months**, specify how much money did you earn from these sales over the period (5409)

		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?		
		1 = Yes / 2 = No				
Home Processed Food		5407	5408	5409	5410	
5405	5406					
01	Faalifu (Talo, ufi, fai etc)			\$|_|_|_|_|		
02	Umu (Talo, ulu, etc )			\$|_|_|_|_|		
03	Faiai (Fee, pusi, matalelei...)			\$|_|_|_|_|		
04	Kokoesi/Suafai/Vaisalo			\$|_|_|_|_|		
05	Fagusea,fugafuga, gau, ape etc			\$|_|_|_|_|		
06	BBQ on side of road			\$|_|_|_|_|		
07	Cakes (inc, Pie, Scones)			\$|_|_|_|_|		
08	Sandwiches			\$|_|_|_|_|		
09	Coconut Oil			\$|_|_|_|_|		
10	Faapapa			\$|_|_|_|_|		
11	Faa'usi			\$|_|_|_|_|		
12	Fast Food (eg: hot dog)			\$|_|_|_|_|		
13	Eggs			\$|_|_|_|_|		
14	Other			\$|_|_|_|_|		
Handicrafts						
15	Mats			\$|_|_|_|_|		
16	Baskets			\$|_|_|_|_|		
17	Fans			\$|_|_|_|_|		
18	Wood Carving			\$|_|_|_|_|		
19	Elei			\$|_|_|_|_|		
20	Necklace/Earing/Bracelet			\$|_|_|_|_|		
21	Hair Accessories			\$|_|_|_|_|		
22	Other Art (eg, Painting)			\$|_|_|_|_|		
23	Brooms (Straw)			\$|_|_|_|_|		
24	Other Handicraft			\$|_|_|_|_|		
Other						
25	Copra			\$|_|_|_|_|		
26	Coconut Oil - Faguu Samoa			\$|_|_|_|_|		
27	Virgin Coconut Oil			\$|_|_|_|_|		
28				\$|_|_|_|_|		

Total amount ▶

\$|_|_|_|_|_|

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

Place appropriate code in corresponding box 1 = Yes / 2 = No

Yes

11

Go to 5502

No

11

Go to Q5.6.1

Characteristics of the livestock activities					Obs
5502	HM involved in this business (manager first)	Mod 1 - 1101			
		[HM] No	| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |		

Expenditure on livestock activities

5505	Over the past 12 months, did you spend money on the following items?	1 = Yes / 2 = No		Obs
	1. Feed	ST	\$	
	2. Fencing and enclosure	ST	\$	
	3. Transport	ST	\$	
	4. Purchase of animals	ST	\$	
	5. Labor	ST	\$	
	6. Veterinary	ST	\$	
	7. Other	ST	\$	
	Total Amount	ST	\$	

Observations

Q5.5.2 - INCOME / Livestock activities

Reference period:
12 months

from : / /
to : / /

- ➔ For all this list of livestock, specify if you had sold them during the past **12 months** (5508)
- ➔ If you sold some of them during the past **12 months**, specify how much money did you earn from these sales over the period (5509)

		During the past 12 months		
		Did you sell?	If you sold livestock how much did you earn?	obs
		1=Yes / 2=No	ST	
Livestock				
5506	5507	5508	5509	5510
1	Pig	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2	Chicken	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3	Cattle	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
4	Sheep	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
5	Other	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Total amount ▶

\$|_|_|_|_|_|

[illegible]

5601: During the past **3 months**, was anyone in this household involved in any fishing activities?
Place appropriate code in corresponding box 1 = Yes / 2 = No

--	--

Characteristics of the fishing and gathering activities				Obs
5602	HM involved in this business (manager first)	Mod 1-1101		
		[HM] No	<input type="checkbox"/>	<input type="checkbox"/>
		[HM] No	<input type="checkbox"/>	<input type="checkbox"/>
		[HM] No	<input type="checkbox"/>	<input type="checkbox"/>
		[HM] No	<input type="checkbox"/>	<input type="checkbox"/>
		[HM] No	<input type="checkbox"/>	<input type="checkbox"/>
5603	Apart from the hh members, have you paid anyone to work with you in your fishing and gathering activities?	1 = Yes / 2 = No	<input type="checkbox"/>	<input type="checkbox"/>

5604	Over the past 3 months, did you spend money on the following items?	1 = Yes / 2 = No		Obs
	1. Fuel	ST	\$	
	2. Maintenance and repair (boat)	ST	\$	
	3. Purchase of fishing equipment	ST	\$	
	4. Transport of catch	ST	\$	
	5. Labor	ST	\$	
	6. Ice	ST	\$	
	7. Other	ST	\$	
	Total Amount	ST	\$	

[illegible]

Q5.6.2 - INCOME - Fishing/Gathering activities

➔ For all this list of fish, shellfish and seafood specify if you had collected and sold them during the past **3 months** (5607 & 5608)

➔ If you sold some of them during the past **3 months**, specify how much money did you earn from these sales over the period (5609)

Reference period:
3 months

from : ____ / ____ / ____
to : ____ / ____ / ____

Fish/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			
5605	5606	5607	5608	5609	5610
Fishing and Gathering at Sea					
	Fish				
1	In Shore	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
2	Off Shore				
	I. Skip jack	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	II. Tuna	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	III. Others	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	Crustaceans				
4	Lobster	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
5	Sea Crab	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
6	Mangrove Crab	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
7	Others	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	Invertabrates & Molluscs				
8	Octopus	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
9	Faisua	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
10	Alili	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
11	Aliao	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
12	Others	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	Others				
11	Sea Urchin (TUITUI)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
12	Sea/fugafuga/fatuaaua	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
13	Gau	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
14	Others (seaweed etc)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	Fish Farming				
15	Tilapia	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
16	Others	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Total amount ►

\$ | | | |

[illegible]

- ▶ List all sources of property and other casual income from list 5701 / 5702 and for each source of income complete 5703 with yes =1 if it was received by any hh member during the last **12 months** and no =2 if it was not
- ▶ If any hh member received one of these sources of income during the last **12 months**, specify the last amount received (5704) and the period covered (5705-5706) **or** the total amount received during the last **12 months** (5707)

Property / other casual income		Did any [HM] receive during the last 12 months ? Do not leave it blank 1 = Yes / 2 = No	► If yes ask 5704, 5705 and 5706 or 5707				o b s
			Last amount received	Period covered		Total last 12 months	
			Amount of the last payment received in the last 12 months	No.	Unit	Total amount received during the past 12 months	
					code 5706			ST
5701	5702	5703	5704	5705	5706	5707	5708
1. Property income	11 Rent - House	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	12 Rent - Lease for land	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	13 Royalties	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	14 Interest from lending (monthly)	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	15 Dividends	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	16 Other property income	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
2. Other Casual Receipts	21 Funeral Allowance	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	22 Sale of Motor Vehicle	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	23 Sale of Other Assets	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	24 Sale of Land	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	25 Inheritance	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	26 Insurance	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>
	27 Other casual income	<input type="text"/>				\$ <input type="text"/>	<input type="text"/>

1. Day
2. Week
3. Month
4. Year
5. Other or casual (>obs)

[illegible]

Q5.8.1 - INCOME / Remittances from Overseas

Reference period : 12 months

from : / /

to : / /

1 = yes → 5802

2 = no → Q5.9.1

➔ Did you receive any remittances from overseas in the last 12 months?

➔ List the money or goods your household received from overseas during the past 12 months (exclude alimony)

➔ If you did not receive any remittance over the past 12 months write zero in the "total amount" field

Remittance	Sender	Is the sender an RSE worker?	Relation-ship to the head of the hh	Resi-dence of the sender	Description of the use of the remittance	Remit-tance 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 5802 as Person 1 in first row then the next person will be Person 2 etc...								
5801	5802	5803	5804	5805	5806	5807	ST	Yes =1 / No = 2	5810
01		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
02		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
03		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
04		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
05		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
06		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
07		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
08		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
09		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
10		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
11		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
12		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
13		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>
14		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	\$ <div></div>	<div></div>	<div></div>

◀ Number of remittances received

Total amount ▶

\$

- code 5804: relationship

1. Spouse

2. Son/daughter

3. Son/daughter-in-law

4. Parent

5. Spouse's parent

6. Uncle/Auntie

7. Nephew/niece

8. Cousin

9. Other relative

10. Other non relative
- code 5805: residence of the sender

1. New Zealand

2. Australia

3. Am Samoa

4. USA

5. Hawaii

6. Other
- code 5806: description of remittance

1. Faalavelave

2. Church

3. Community / Village

4. Education

5. Utility bills

6. Other
- code 5807: remittance code

1. Money transfer in a bank account

2. Money tranfer Agencies

3. Cash received via friends/relatives

4. Goods received

5. Others

Observations	

Q5.9.1 - REMITTANCES SENT OVERSEAS FROM THIS HOUSEHOLD

Reference period : 12 months

from : ____/____/____
to : ____/____/____

➔ Did you send any remittances overseas in the last 12 months?

☐

1 = yes ➔ 5902

2 = no ➔ End of Module 5

➔ List the money your household sent to another household overseas during the past **12 months** (exclude alimony)➔ If you did not send any remittance overseas in the past **12 months** write zero in the "total amount" field

Remittance code	Receiver	Relation-ship to the head of the hh	Resi-dence of the receiver	Description of the remittance use	Remittance code	How much did you send to the receiver in the last 12 months?	Does this household send this money on a regular basis?	obs
	List receiver in 5902 as Person 1 in first row then the next person will be Person 2 etc...	code 5903	code 5904	code 5905	code 5906			
5901	5902	5903	5904	5905	5906	ST 5907	Yes = 1 / No = 2 5908	5909
01						\$|_|_|_|_|_|_|	|_|	|_|
02						\$|_|_|_|_|_|_|	|_|	|_|
03						\$|_|_|_|_|_|_|	|_|	|_|
04						\$|_|_|_|_|_|_|	|_|	|_|
05						\$|_|_|_|_|_|_|	|_|	|_|
06						\$|_|_|_|_|_|_|	|_|	|_|
07						\$|_|_|_|_|_|_|	|_|	|_|
08						\$|_|_|_|_|_|_|	|_|	|_|
09						\$|_|_|_|_|_|_|	|_|	|_|
10						\$|_|_|_|_|_|_|	|_|	|_|
11						\$|_|_|_|_|_|_|	|_|	|_|
12						\$|_|_|_|_|_|_|	|_|	|_|
13						\$|_|_|_|_|_|_|	|_|	|_|
14						\$|_|_|_|_|_|_|	|_|	|_|

◀ Number of remittances received

Total amount ▶

\$|_|_|_|_|_|_|

code 5903: relationship

- | | |
|------------------------|------------------------|
| 1. Spouse | 6. Uncle/Auntie |
| 2. Son/daughter | 7. Nephew/niece |
| 3. Son/daughter-in-law | 8. Cousin |
| 4. Parent | 9. Other relative |
| 5. Spouse's parent | 10. Other non relative |

code 5904: residence of the receiver

- | |
|----------------|
| 1. New Zealand |
| 2. Australia |
| 3. Am Samoa |
| 4. USA |
| 5. Hawaii |
| 6. Other |

code 5905: description of remittance

- | |
|----------------|
| 1. Faalavelave |
| 2. Church |
| 3. Community |
| 4. Education |
| 5. Other |

code 5906: remittances code

- | |
|-------------------------------------|
| 1. Money transfer in a bank account |
| 2. Money transfer Agencies |
| 3. Cash sent via friends/relatives |
| 4. Other |

Observations

Confidentiality of Information Supplied

All data supplied in this Questionnaire will remain strictly CONFIDENTIAL in accordance with the Samoa Bureau of Statistics Act of 1971

The information you give will be combined with the information from other households to produce accurate and up to date statistics on the income and expenditure patterns.

The information will be used solely for Statistical purposes ONLY

Currency to be used

Report all values in Samoan Tala

Survey Period

All information in this Questionnaire relates to the period of 14 days

Fortnightly Diary (14 Days)

This Questionnaire has 6 sections. You will be asked to provide the following information:

1. Daily Expenditure on Food Items

The first section of the diary for each day will be for recording all food items bought in a store, street vendors or from any other place (including credit purchases)

2. Non-Food Daily Expenditure

The second section of the Diary for each day will be for recording all non food items purchased by the household (e.g: digicel top up, cigarettes, laundry bar soap, etc.....)

3. Food Items Received for Free

This Third Component of the Diary will be recording all items acquired from own agriculture and fishing activities.

4. Food Items Given for Free

The I

5. Monetary Gifts - Received and Given for Free

The Fifth Component of the Diary will record all the money received for free from other households or given for free to another household or Organisation.

6. Gambling Winning & Losses

The I

horse

Day 1

Mon Tues Wed Thurs Fri Sat Sun

Date
Day Month Year

Q6.1.1

Daily Expenditures on Food Items / Beverages

Food / Beverages Items		Commodity code	Quantity	Unit (kg, pieces, ltr)	Unit Code	Total Amount	Cash/Credit	Provider		Destination of the Expenditure	
Write in this column all food items you bought cash/credit 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....		COICOP				ST	1. cash 2. credit	Name of the Supplier	Supplier code	1. Private Use 2. To another HH 3. Village/Community 4. Business Use 5. Church 6. School 7. Ceremonies	
6101	#	6102	6103	6104	6105	6106	6107	6108	6109	6110	6111
01								<input type="text"/>			<input type="text"/>
02								<input type="text"/>			<input type="text"/>
03								<input type="text"/>			<input type="text"/>
04								<input type="text"/>			<input type="text"/>
05								<input type="text"/>			<input type="text"/>
06								<input type="text"/>			<input type="text"/>
07								<input type="text"/>			<input type="text"/>
08								<input type="text"/>			<input type="text"/>
09								<input type="text"/>			<input type="text"/>
10								<input type="text"/>			<input type="text"/>
11								<input type="text"/>			<input type="text"/>
12								<input type="text"/>			<input type="text"/>
13								<input type="text"/>			<input type="text"/>
14								<input type="text"/>			<input type="text"/>
15								<input type="text"/>			<input type="text"/>
16								<input type="text"/>			<input type="text"/>
17								<input type="text"/>			<input type="text"/>
18								<input type="text"/>			<input type="text"/>
19								<input type="text"/>			<input type="text"/>
20								<input type="text"/>			<input type="text"/>
21								<input type="text"/>			<input type="text"/>
22								<input type="text"/>			<input type="text"/>
23								<input type="text"/>			<input type="text"/>
24								<input type="text"/>			<input type="text"/>
25								<input type="text"/>			<input type="text"/>

Number of food items bought this day

Total spent this day
on food items

\$

.

Day 1

Q6.2.1

Non Food Daily Expenditures.

Non-Food/beverages items, services bought this day and gift in cash.			Total Amount	cash/credit		Provider	Destination		
Write in this column goods (non-food) you bought this day for you, a member of your household or to a person who does not belong to this household, to another household or Organisation Examples of non-food items:toilet paper,deodrant, matches, cutley, bath soap, moli tamea, pvc pipe Services:- Top up, cashpower/school fees/hair cut etc.....			Quantity	Commodity Code COICOP	Tala Samoa	1.Cash 2.credit	Name of the supplier, recipient of the amount	Supplier Code	1. Private Use 2. To another HH 3. Village/Community 4. Business 5. Church 6. School 7. Ceremonies
6201	6202	6203	6204	6205	6206	6207	6208	6209	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Number of Non Food Items bought this day

Total Spent this day on non food items



Day 1

Q6.3.1

Food / Beverages and Non- Food Items Received for Free

Food and non Food Items received for Free Specify here all the items you received for free this day according to its origin(garden,fishing,gift received)		Commodity Code	Origin Where did you get this item from	Quantity	Unit (kg, pieces, cup)	Unit Code	Estimated Amount (if you were to sell it) Tala Samoa	OBS
6301	6302	6303	6304	6305	6306	6307	6308	6309
1. From your own garden or plantation (root crops,fruits and vegetables)								
01								
02								
03								
04								
05								
06								
07								
08								
2. From your own Hunting and Livestock activities (pigeons, pigs, chickens)								
01								
02								
03								
04								
05								
3. From your own Fishing Activities (Fish, seafood etc.....)								
01								
02								
03								
04								
05								
4. Received as a gift (any kind of food / beverages or non food item)								
01								
02								
03								
04								

◀ Number of Food Items received this day for free

Origin: 6304

1: "Another Household"

2. Church

3. Village

4. Friend

5. Others

Total Estimated amount on food received for free ▶

Day 1

Q6.4.1

Food / Beverage and Non Food Items given for Free

Food and Non Food items given away Specify here all the items you gave for free this day according to its origin (garden, fishing....)		Commodity Code COICOP	Beneficiaries	Quantity	Unit (kg, pieces, cup)	Unit Code	Estimated Amount if you were to sell it Tala Samoa	OBS
6401	6402	6403	6404	6405	6406	6407	6408	6409

1. From your own garden or plantation (fruits and vegetables, taro, etc.....)

01								
02								
03								
04								
05								
06								
07								
08								

2. From your own Hunting and Livestock activities (Hunting pigs, bats, pigeon, cattle, chicken)

01								
02								
03								
04								
05								

3. From your own Fishing Activities (fish, seafood etc.....)

01								
02								
03								
04								
05								

4. Given as a gift (any kind of food / beverages or non food item.)

01								
02								
03								
04								

Number of food and non food items given this day for free.

Beneficiaries: 6404

1. Another Household
 2. Church
 3. Village
 4. Friend
 5. School
 6. Others

Total estimated amount of food received for free

Day 1

Q6.5.1

Monetary Gifts Given Away & Received (Do not Include Remittances)

1. CASH GIVEN AWAY

No	Destination		Amount (Tala Samoa)
	1. Another HH 2. Community 3. Church	4. School 5. Friend 6. Others	
6501	6502		6503
01	<input type="text"/>		\$ <input type="text"/>
02	<input type="text"/>		\$ <input type="text"/>
03	<input type="text"/>		\$ <input type="text"/>
04	<input type="text"/>		\$ <input type="text"/>
05	<input type="text"/>		\$ <input type="text"/>

Total Amount of Cash
Given Away

\$.

2. CASH RECEIVED (Do not include Remittances)

No.	Provider		Amount (ST)
	1. Another HH 2. Community 3. Church	4. School 5. Friend 6. Others	
01	<input type="text"/>		\$ <input type="text"/>
02	<input type="text"/>		\$ <input type="text"/>
03	<input type="text"/>		\$ <input type="text"/>
04	<input type="text"/>		\$ <input type="text"/>
05	<input type="text"/>		\$ <input type="text"/>

Total Amount of Cash
Received

\$.

Day 1

Q6.6.1

GAMBLING - Winning & Losses

NUMERA	Type of Gambling 1. Tattslotto 2. Bingo 3. National Lotto 4. Bonus 5. Raffle 6. Poker (cards) 7. Others	Location	Amount Bet (a)	Amount Won (b)	Overall Winning /Losses =(b-a) (put a negative sign if it's a loss)
			ST	ST	
6601	6602	6603	6604	6605	6606
01	<input type="text"/>		\$.	\$.	\$.
02	<input type="text"/>		\$.	\$.	\$.
03	<input type="text"/>		\$.	\$.	\$.
04	<input type="text"/>		\$.	\$.	\$.
05	<input type="text"/>		\$.	\$.	\$.
06	<input type="text"/>		\$.	\$.	\$.
07	<input type="text"/>		\$.	\$.	\$.

Total Amount Bet
and Won

\$.

\$.

\$.

