



# 2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

## MODULE 2 - HOUSEHOLD EXPENDITURE

TOKELAU NATIONAL STATISTICS OFFICE

IN ACCORDANCE WITH THE TOKELAU STATISTICS RULES (2013), ALL PRIVATE INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

### QUESTIONNAIRE ID AND LABEL

S2.1 HOUSING CHARACTERISTICS	S2.8 HOUSEHOLD SERVICES EXPENDITURE
S2.2 HOUSING TENURE EXPENDITURE	S2.9 CASH CONTRIBUTIONS TO SPECIAL OCCASIONS
S2.3 UTILITIES AND COMMUNICATION	S2.10 PROVISION OF FINANCIAL SUPPORT
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S2.6 VEHICLES AND ACCESSORIES	S2.13 PERSONAL INSURANCE
S2.7 PRIVATE TRAVEL DETAILS (INTERNATIONAL)	S2.14 ELECTRICAL HOUSEHOLD GOODS' POWER CONSUMPTION

#### HOUSEHOLD DETAILS

HIES HOUSEHOLD ID

Set A, B, C

ROUND

HOUSEHOLD HEAD (HH)

First name

Phone Number (optional)

Surname

ISLAND

Code

VILLAGE

Code

Other information (optional)

FORM #

of

#### FIELD STAFF

ENUMERATOR

Code

SUPERVISOR

Code

DATA ENTRY

Code

DATE INTERVIEW COMPLETED

 /  / 

(dd/mm/yy)

DATE DATA ENTRY COMPLETED

 /  / 

(dd/mm/yy)

NOTES


## SECTION S2.1: HOUSING CHARACTERISTICS

### 2.1.1 Description of housing

NOTE ID

**20111.** What type of living quarter (main house) is this?

1. One family house detached from any other house
2. One family house attached to one or more houses
3. Building with 2 or more apartments
4. Building with 2 or more households sharing kitchen/toilet
5. Building attached to a business/other non-resident building
6. Other (*note*)

Write the appropriate code in the box

**20112a.** What is the main material used for the roof?

- |                    |                          |
|--------------------|--------------------------|
| 1. Concrete        | 4. Thatched/Traditional  |
| 2. Corrugated iron | 5. Other ( <i>note</i> ) |
| 3. Wood            |                          |

Write the appropriate code in the box

**20112b.** What is the colour of the house roof?

- |                  |                          |
|------------------|--------------------------|
| 1. White         | 4. Dark colour/rusted    |
| 2. Light colour  | 5. Other ( <i>note</i> ) |
| 3. Medium colour |                          |

Write the appropriate code in the box

**20112c.** What is the house roof insulation material?

*Radiant barrier right under the roofing materials (typically aluminium)*

- |                                    |                          |
|------------------------------------|--------------------------|
| 1. Batts (fibreglass or cotton)    | 3. Spray foam            |
| 2. Blown (fibreglass or cellulose) | 4. Other ( <i>note</i> ) |
|                                    | 5. None                  |

Write the appropriate code in the box

**20113.** What is the main material used for the outer walls?

- |                    |                          |
|--------------------|--------------------------|
| 1. Concrete        | 4. Thatched/Traditional  |
| 2. Corrugated iron | 5. Other ( <i>note</i> ) |
| 3. Wood            | 6. None                  |

Write the appropriate code in the box

**20114.** What is the main material used for the floors?

- |                    |                          |
|--------------------|--------------------------|
| 1. Concrete        | 4. Thatched/Traditional  |
| 2. Corrugated iron | 5. Other ( <i>note</i> ) |
| 3. Wood            |                          |

Write the appropriate code in the box

**20115.** How many rooms does your household have?

*(count living rooms, dining rooms, kitchen and bedrooms separated by walls, but not bathrooms)*

Number of rooms

**20116.** When was the building constructed? Best guess.

*(enter the year in the box) If don't know, enter 9999.*

Year

**20117.** Does this house have a designated main area specifically for cooking?

1. Yes, inside and outside house
2. Yes, inside house only
3. Yes, outside house only
4. No designated cooking area

Write the appropriate code in the box

### 2.1.2 Electricity/Energy

NOTE ID

**20121.** Does this house have access to electricity from the public utility grid?

- |        |  |
|--------|--|
| 1. Yes | <input type="text"/> Write the appropriate code in the box |
| 2. No  |  |

**20122.** Does this house have access to another electricity source?

- |                              |  |
|------------------------------|--|
| 1. Yes                       | <input type="text"/> Write the appropriate code in the box |
| 2. No ( <i>Go to 20124</i> ) |  |

**20123.** What is the alternative electricity source this house has access to? *(If more than one source, list the most frequently used)*

- |                      |                          |
|----------------------|--------------------------|
| 1. Private generator | 3. Solar PV system       |
| 2. Shared generator  | 4. Other ( <i>note</i> ) |

Write the appropriate code in the box

**20124.** What is the main source of power for lighting used by this household?

- |                        |                          |
|------------------------|--------------------------|
| 1. Public utility      | 5. Battery lamp          |
| 2. Private generator   | 6. Other ( <i>note</i> ) |
| 3. Private solar panel | 7. None                  |
| 4. Kerosene lamp       |                          |

Write the appropriate code in the box

**20125.** What is the secondary source of lighting used by this household?

- |                        |                          |
|------------------------|--------------------------|
| 1. Public utility      | 5. Battery lamp          |
| 2. Private generator   | 6. Other ( <i>note</i> ) |
| 3. Private solar panel | 7. None                  |
| 4. Kerosene lamp       |                          |

Write the appropriate code in the box

**20126.** What is the main cooking facility for this household?

- |                            |                          |
|----------------------------|--------------------------|
| 1. Electric range          | 5. Kerosene stove        |
| 2. Portable electric stove | 6. Wood stove            |
| 3. Microwave               | 7. Open fire / Galafu    |
| 4. Gas stove               | 8. Other ( <i>note</i> ) |

Write the appropriate code in the box

**20127.** What is the secondary cooking facility for this household?

- |                            |                          |
|----------------------------|--------------------------|
| 1. Electric range          | 5. Kerosene stove        |
| 2. Portable electric stove | 6. Wood stove            |
| 3. Microwave               | 7. Open fire / Galafu    |
| 4. Gas stove               | 8. Other ( <i>note</i> ) |

Write the appropriate code in the box

## SECTION S2.1: HOUSING CHARACTERISTICS (*cont'd*)

### 2.1.3 Water and sanitation access/use

NOTE ID

**20131.** What are the main and secondary sources of water used by this household for drinking, cooking, and cleaning (laundry and dishes)?

1. Community water supply
2. Private Household tank
3. Water tank shared with other households
4. Protected dug well
5. Bottled water
6. Ocean sea water
7. Other (*note*)
8. None

*Write the appropriate code in the boxes*

Drinking:          a.  Main          b.  Secondary

Cooking:            a.  Main          b.  Secondary

Cleaning:          a.  Main          b.  Secondary  
(Laundry and dishes)

**20132.** What is the household's main source of water for personal bathing?

1. Private shower facility inside the house
2. Private shower facility outside the house
3. Shower facility shared with other household(s)
4. Ocean, sea water
5. Other (*note*)

*Write the appropriate code in the box*

**20133.** What are the main and secondary sources of sanitation facilities used by this household?

1. Private tank flush inside the house
2. Private tank flush outside the house
3. Tank flush shared with other households
4. Latrine
5. Ocean
6. Other (*note*):
7. None

*Write the appropriate code in the boxes*

a.  Main          b.  Secondary

ID	NOTES

## SECTION S2.1: HOUSING CHARACTERISTICS (cont'd)

2.1.4 Communication access		NOTE ID
<p><b>20141.</b> Does this household have access to a land line phone connection?</p> <p>1. Yes <input type="text"/> Write the appropriate code in the box</p> <p>2. No (Go to 20145)</p>	<p><b>20144.</b> What type of wired connection do you have access to?</p> <p>1. Dial-up connection <input type="text"/> Write the appropriate code in the box</p> <p>2. Homenet (Cable or WiFi)</p>	
<p><b>20142.</b> Is this land line phone connection operational at the moment?</p> <p>1. Yes <input type="text"/> Write the appropriate code in the box</p> <p>2. No</p>	<p><b>20145.</b> Does this household have access to a wireless internet connection?</p> <p>1. Yes <input type="text"/> Write the appropriate code in the box</p> <p>2. No (Go to Section S2.2)</p>	
<p><b>20143.</b> Does your house have a wired connection for internet access?</p> <p>1. Yes <input type="text"/> Write the appropriate code in the box</p> <p>2. No (Go to 20145)</p>	<p><b>20146.</b> Who's the provider (source) of wireless internet access to this household?</p> <p>1. Teletok <input type="text"/> Write the appropriate code in the box</p> <p>2. Other (note)</p>	

## SECTION S2.2: HOUSING TENURE EXPENDITURE

2.2.1 Details of the house in which you live		NOTE ID
<p style="text-align: center;"><b>Tenure</b></p> <p><b>20211.</b> For the house in which you live, what is the TENURE status for this household?</p> <p>1. Renting the house – paying a rent including rent deducted from salary (Go to 20212)</p> <p>2. Live in the house for free – house provided by your employer for free (Go to 20218)</p> <p>3. Live in the house for free – house provided by others (family, Church...) (Go to 20218)</p> <p>4. Own the house outright (Go to 20219)</p> <p>5. Own the house with mortgage (loan money to buy it and still repaying) (Go to 20220)</p> <p><input type="text"/> Write the appropriate code in the box</p>	<p><b>20216.</b> Do you receive a housing allowance from your employer to pay for the rent?</p> <p>1. Yes (Go to 20217) <input type="text"/> Write the appropriate code in the box</p> <p>2. No (Go to 20223)</p>	
<p style="text-align: center;"><b>Rental</b></p> <p><b>20212.</b> How much do you pay monthly for the rent?</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p><b>20213.</b> Do you pay ?</p> <p>1. The full rent (Go to 20216) <input type="text"/> Write the appropriate code in the box</p> <p>2. Part of the rent (Go to 20214)</p> <p><b>20214.</b> What is the full rent of this house (or estimated if you do not pay the full rent)?</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p><b>20215.</b> Who is helping for the other part of the rent?</p> <p>1. Your employer (Go to 20216)</p> <p>2. Family, relatives (Go to 20223)</p> <p>3. Other (note) (Go to 20223)</p> <p><input type="text"/> Write the appropriate code in the box</p>	<p><b>20217.</b> If you receive a housing allowance, how much is it monthly?</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (Go to 20223)</p> <p style="text-align: center;">Live in the house free of charge</p> <p><b>20218.</b> How much would you expect the monthly rent to be if you were to pay?</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (Go to 20223)</p> <p style="text-align: center;">Own the house outright</p> <p><b>20219.</b> How much would you expect to receive each month for this house if you rented it to someone else?</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (Go to 20223)</p> <p style="text-align: center;">Own the house with mortgage payments</p> <p><b>20220.</b> How often do you make payments on this mortgage/loan?</p> <p>1. Fortnightly (Go to 20221)</p> <p>2. Monthly (Go to 20221)</p> <p><b>20221.</b> How much do you pay each period?</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (Go to 20222)</p> <p><b>20222.</b> How much would you expect to receive each month for this house if you rented it to someone else?</p> <p>\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (Go to 20223)</p>	

**2.2.2 Details of other houses in which you own**NOTE ID 

**20223.** Apart from this house where you live, does any member of this household own another house rented out for income?

1. Yes within Tokelau *(Go to 20224)*
2. Yes overseas *(Go to 20224)*
3. Yes within Tokelau AND overseas *(Go to 20224)*
4. No *(Go to 20224)*

Write the appropriate code in the box

**20224.** Apart from this house where you live, does any member of this household own another house used as a secondary house (available for week end or vacation)?

1. Yes within Tokelau *(Go to 20225)*
2. Yes overseas *(Go to 20225)*
3. Yes within Tokelau AND overseas *(Go to 20225)*
4. No *(Go to 20231)*

Write the appropriate code in the box

**20225.** How much would you expect to receive each month for this house if you rented it to someone else?

\$  ,    .00 *(Go to 20231)*

**2.2.3 Details of payments for houses owned by another household**NOTE ID 

**20231.** Does any member of this household pay the rent for another household?

1. Yes *(Go to 20232)*
2. No *(Go to Section S2.3)*

Write the appropriate code in the box

**20232.** How much do you pay each month for this other household's house?

\$  ,    .00 *(Go to Section S2.3)*

ID	NOTES

## SECTION S2.3.1: UTILITIES AND COMMUNICATION DETAILS

20300: In the last 12 months, did any member of this household pay for any of the utilities and/or communication expenses listed below (exclude payments for business):

1. For a house owned by this household?
2. For a house owned by another household?

			Reference period last month	Reference period last 12 months		
Line no.	During the last 12 months who paid for ? 1. The interviewed household (if so, specify the expense in S.2.3.2) 2. Another household paid 3. The owner of the house (for tenants) 4. The employer (if so, specified in module4 income in kind) 5. The Government - provided for free 6. Another organisation - provided for free 7. Not used or accessed 8. Other (note)	Expense code	Services description	Period of payment	NOTE ID	
20301	20302	20303	20304	20305	20349	

### 1 - Electricity from public utilities

01	<input type="checkbox"/>	11	Prepaid meter or token	1 month	<input type="checkbox"/>
02	<input type="checkbox"/>	12	Other (note)	1 month	<input type="checkbox"/>

### 2 - Generator fuel

03	<input type="checkbox"/>	21	Diesel fuel	1 month	<input type="checkbox"/>
04	<input type="checkbox"/>	22	Unleaded petrol	1 month	<input type="checkbox"/>
05	<input type="checkbox"/>	23	Other (note)	1 month	<input type="checkbox"/>

### 3 - Gas or liquid fuel used for cooking

06	<input type="checkbox"/>	31	Butane or LPG	1 month	<input type="checkbox"/>
07	<input type="checkbox"/>	32	Kerosene	1 month	<input type="checkbox"/>
08	<input type="checkbox"/>	33	Other (note)	1 month	<input type="checkbox"/>

### 4 - Solid fuel used for cooking

09	<input type="checkbox"/>	41	Coconut husks	1 month	<input type="checkbox"/>
10	<input type="checkbox"/>	42	Charcoal (imported / local)	1 month	<input type="checkbox"/>

### 5- Communication-related expenses

11	<input type="checkbox"/>	51	Landline telephone bill	1 month	<input type="checkbox"/>
12	<input type="checkbox"/>	52	Other landline telephone costs (connection fee etc)	1 year	<input type="checkbox"/>
13	<input type="checkbox"/>	53	Home internet via dial-up/homenet	1 month	<input type="checkbox"/>
14	<input type="checkbox"/>	54	Home internet via WiFi	1 month	<input type="checkbox"/>
15	<input type="checkbox"/>	55	Online subscriptions (movies, games, software, etc)	1 month	<input type="checkbox"/>
16	<input type="checkbox"/>	56	Satellite TV subscription (incl. physical or wireless connection)	1 month	<input type="checkbox"/>
17	<input type="checkbox"/>	57	Other (note)	1 year	<input type="checkbox"/>

ID	NOTES

## SECTION S2.3.2: UTILITIES AND COMMUNICATION EXPENDITURE

20350: For all expenses identified in S2.3.1, please provide the expense details in the table below

	EXPENSE CODE (20303)	DETAILED DESCRIPTION OF THE EXPENDITURE	BENEFICIARY	ESTIMATED AMOUNT PAID ON AVERAGE PER MONTH/YEAR	LOCATION OF PROVIDER	NOTE
Line no.	11 to 57		1. Own HHs house 2. House of another HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
20351	20352	20353	20354	20355	20356	20399
<b>1. List here all the monthly expenses from the list in S2.3.1</b>						
01	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
02	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
03	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
04	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
05	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
06	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
07	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
08	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
09	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
11	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
12	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
13	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
15	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
<b>1. List here all the annual expenses from the list in S2.3.1</b>						
16	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
17	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
18	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
19	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
20	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
				<b>TOTAL AMOUNT</b>	\$ <input type="text"/> , <input type="text"/> .00	

ID	NOTES

**SECTION S2.4.1: LAND AND HOME DETAILS**

20400: In the last 12 months, did any member of this household pay for any of the land, housing, maintenance and tool expenses listed below (exclude payments for business):

1. For a house owned by this household?
2. For a house owned by another household?

Line no.	Did you pay? 1. Yes 2. No	Expense code	Expenditure description	Expenditure type (tick if applicable)		NOTE ID
				Purchase/ Paid for	Repair	
20401	20402	20403	20404	20405	20406	20449

**1 - Payment for land**

01	<input type="checkbox"/>	101	Land lease	<input type="checkbox"/>	n/a	<input type="checkbox"/>
----	--------------------------	-----	------------	--------------------------	-----	--------------------------

**2 - Expenditure related to construction of a new house, an extension or major modification**

02	<input type="checkbox"/>	201	Surveying, architectural or drafting fees	<input type="checkbox"/>	n/a	<input type="checkbox"/>
03	<input type="checkbox"/>	202	Building permits, registrations fees	<input type="checkbox"/>	n/a	<input type="checkbox"/>
04	<input type="checkbox"/>	203	General contractors, helpers, labourers	<input type="checkbox"/>	n/a	<input type="checkbox"/>
05	<input type="checkbox"/>	204	Materials (concrete, blocks, lumber, steel, doors, cabinets, paint)	<input type="checkbox"/>	n/a	<input type="checkbox"/>
06	<input type="checkbox"/>	205	Transportation of materials	<input type="checkbox"/>	n/a	<input type="checkbox"/>
07	<input type="checkbox"/>	206	Other expenditure not mentioned above	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**3 - Expenditure related to the maintenance of a house or land****1 - Plumbing (materials and service)**

08	<input type="checkbox"/>	311	Pipes, faucets, sinks, fittings, toilets, etc.	<input type="checkbox"/>	n/a	<input type="checkbox"/>
09	<input type="checkbox"/>	312	Services (contractor, plumber, helper)	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**2 - Roofing and surfacing (materials and services, excluding painting)**

10	<input type="checkbox"/>	321	Tiles, floor board, wall paper, roofing tin, etc.	<input type="checkbox"/>	n/a	<input type="checkbox"/>
11	<input type="checkbox"/>	322	Services (contractor, helper, masonry)	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**3 - Carpentry (materials and service)**

12	<input type="checkbox"/>	331	Plywood, lumber, wooden doors, cabinets, hinges, etc.	<input type="checkbox"/>	n/a	<input type="checkbox"/>
13	<input type="checkbox"/>	332	Services (contractor, helper, carpenter)	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**4 - Electrical (materials and service)**

14	<input type="checkbox"/>	341	Wires, switches, outlets, power panels, etc.	<input type="checkbox"/>	n/a	<input type="checkbox"/>
15	<input type="checkbox"/>	342	Services (contractor, helper, electrician)	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**5 - Finishing and painting (materials and service)**

16	<input type="checkbox"/>	351	Paint, varnish, primer, etc. (do not include brushes)	<input type="checkbox"/>	n/a	<input type="checkbox"/>
17	<input type="checkbox"/>	352	Services (contractor, helper, painter)	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**6 - Pest and insect control (materials and service)**

18	<input type="checkbox"/>	361	Insecticides, termite treatment formulas, etc	<input type="checkbox"/>	n/a	<input type="checkbox"/>
19	<input type="checkbox"/>	362	Services (contractor, helper, applicator)	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**7 - House and property protection and enclosure**

20	<input type="checkbox"/>	371	Security bars, doors, windows, fence, gates, screens	<input type="checkbox"/>	n/a	<input type="checkbox"/>
21	<input type="checkbox"/>	372	Services to install (exclude home security services)	<input type="checkbox"/>	n/a	<input type="checkbox"/>

**4 - In the last 12 months did you spend money on tools or equipment?****1 - Large tools**

22	<input type="checkbox"/>	411	Motorised: lawn mower, weed eater, chain saw, tiller, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	412	Non-motorized: wheel barrow, lawn roller, pick axe, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2 - Small hand tools**

24	<input type="checkbox"/>	421	Motorised - electric saw, drill, sander, router, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	422	Non-motorized - hammer, screwdriver, machete, brushes, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION S2.4.2: LAND AND HOME EXPENDITURE

20450: For all expenses identified in S2.4.1, please provide the expense details in the table below

Line no.	EXPENSE CODE (20403)	DETAILED DESCRIPTION OF THE EXPENDITURE	EXPENSE TYPE	BENEFICIARY	TOTAL AMOUNT PAID IN THE LAST 12 MONTHS	LOCATION OF PROVIDER	NOTE
	101 to 422		1. Purchase 2. Repair	1. Own HHs house 2. House of another HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
20451	20452	20453	20454	20455	20456	20457	20499
01	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
02	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
03	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
04	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
05	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
06	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
07	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
08	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
09	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
11	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
12	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
13	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
15	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
16	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
17	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
18	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
19	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
20	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
<b>TOTAL AMOUNT</b>					\$ <input type="text"/> , <input type="text"/> .00		

ID	NOTES

## SECTION S2.5.1: HOUSEHOLD GOODS AND ASSETS DETAILS

20500: In the last 12 months, did any member of this household pay for the purchase, rent or repair for any of the household goods listed below (exclude payments for business):

1. For a house owned by this household?
2. For a house owned by another household?

Line no.	Do you own?	In the last 12 months, did you spend on?	Expense code	Items description	Expenditure type (tick if applicable)		NOTE ID
	1. Yes	2. No			Purchase	Repair	
20501	20502	20503	20504	20505	20506	20507	20549
<b>1 - Purchases related to furniture, furnishings and floor coverings</b>							
01	<input type="checkbox"/>	<input type="checkbox"/>	101	Beds, mattresses, bedroom sets (headboards, frames, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	102	Sofas, lounge chairs, couches, sofa sets, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	103	Tables (dining, coffee, desks, etc) or table sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	104	Floor lamps, fittings, hanging lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	105	Other significant indoor furniture (book shelves, stands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	106	Outdoor furniture, deck furniture, folding chairs / tables, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	107	Carpets, rugs, mats and local mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	108	Other furniture, furnishings and floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	n/a	<input type="checkbox"/>	109	Timber or other materials to make furniture	<input type="checkbox"/>	n/a	<input type="checkbox"/>
<b>2 - Household textiles</b>							
10	<input type="checkbox"/>	<input type="checkbox"/>	201	Blankets, sheets, pillowcases, pillows, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	202	Curtains, drapes, mini-blinds, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	203	Towels (bath-, hand-, tea-towels, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	204	Other household textiles (table covers, tarps, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3 - Major household appliances</b>							
14	<input type="checkbox"/>	<input type="checkbox"/>	301	Water tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	302	Refrigerator or freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	303	Electric stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	304	Gas stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	305	Kerosene stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	306	Gas burner / cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	307	Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	308	Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	309	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	310	Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	311	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	312	Solar power unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	313	Water heater (electric, gas or solar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	314	Other major appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	315	Small electrical appliances (sewing machine, toaster, iron, fan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 - Recreational and entertainment equipment</b>							
29	<input type="checkbox"/>	<input type="checkbox"/>	401	Televisions (TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	402	Radio and stereo systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	403	Video and DVD players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	404	Other audio devices (iPod, MP3 players, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	405	Game consoles (PlayStation, Nintendo, Xbox, PSP, DS, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	406	Photo equipment (cameras - still/video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	407	Sports and camping equipment (tents, basketball, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	408	Other recreational equipment (excluding boats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5 - Computer equipment</b>							
37	<input type="checkbox"/>	<input type="checkbox"/>	501	Computers (incl. desktop, laptop, tablet, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	502	Printer and printer supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	503	Software packages (excl. games for consoles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	504	Portable media drives (flash drive, mini hard drive, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	505	Other computer equipment (scanner, speaker, mouse, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION S2.6.1: VEHICLES AND ACCESSORIES DETAILS

**20600a:** In the last 12 months, did any member of this household purchase a vehicle or vehicle accessory, or have any other vehicle maintenance expenses listed below AND

**20600b:** In the last month, did any member pay for any fuel, motor oils or other lubricants, as listed below (*exclude payments for business*):

1. For a house owned by this household?
2. For a house owned by another household?

Line no.	How many do you own?	In the last 12 months, did you pay?		Expense code	Expenditure description	Expenditure type (tick if applicable)		NOTE ID
		1. Yes	2. No			Purchase/Paid for	Repair	
20601	20602	20603		20604	20605	20606	20607	20649

### 12 months recall

#### 1 - Vehicles (cars, trucks, motorcycles, bicycles, and boats) owned

01	<input type="radio"/>	<input type="radio"/>	101	Car or station wagon	<input type="radio"/>	n/a	<input type="radio"/>
02	<input type="radio"/>	<input type="radio"/>	102	Pick-up truck or utility vehicle	<input type="radio"/>	n/a	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>	103	Truck, bus, or van	<input type="radio"/>	n/a	<input type="radio"/>
04	<input type="radio"/>	<input type="radio"/>	104	Motorcycle, quad-cycle, or scooter	<input type="radio"/>	n/a	<input type="radio"/>
05	<input type="radio"/>	<input type="radio"/>	105	Bicycle or any other pedal-powered vehicles	<input type="radio"/>	n/a	<input type="radio"/>
06	<input type="radio"/>	<input type="radio"/>	106	Boat with in-board motor	<input type="radio"/>	n/a	<input type="radio"/>
07	<input type="radio"/>	<input type="radio"/>	107	Boat with outboard motor attached	<input type="radio"/>	n/a	<input type="radio"/>
08	<input type="radio"/>	<input type="radio"/>	108	Canoe with outboard motor attached	<input type="radio"/>	n/a	<input type="radio"/>
09	<input type="radio"/>	<input type="radio"/>	109	Boat without motor	<input type="radio"/>	n/a	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	110	Canoe without motor	<input type="radio"/>	n/a	<input type="radio"/>

#### 2 - Vehicle accessories owned

11	<input type="radio"/>	<input type="radio"/>	201	Outboard motor	<input type="radio"/>	n/a	<input type="radio"/>
12	n/a	<input type="radio"/>	202	Trailer	<input type="radio"/>	n/a	<input type="radio"/>
13	n/a	<input type="radio"/>	203	Other accessories (car stereo, tow bar, winch, etc.)	<input type="radio"/>	n/a	<input type="radio"/>

#### 3 - Vehicle maintenance, parts, and repair

14	n/a	<input type="radio"/>	301	Service (oil change, tune up, brakes, etc.) (including parts)	n/a	<input type="radio"/>	<input type="radio"/>
15	n/a	<input type="radio"/>	302	Repair (body work, flat tyre, overhaul, etc.) (Including parts)	n/a	<input type="radio"/>	<input type="radio"/>
16	n/a	<input type="radio"/>	303	Parts only (tyre, spark plugs, brake pads, etc.)	<input type="radio"/>	n/a	<input type="radio"/>
17	n/a	<input type="radio"/>	304	Other vehicle maintenance/improvements	n/a	<input type="radio"/>	<input type="radio"/>

#### 4 - Registration fees, licenses, towing services, and other related expenses

18	n/a	<input type="radio"/>	401	Registration or inspection fees	<input type="radio"/>	n/a	<input type="radio"/>
19	n/a	<input type="radio"/>	402	Driver's license fees	<input type="radio"/>	n/a	<input type="radio"/>
20	n/a	<input type="radio"/>	403	Other vehicle expenses (eg, towing)	<input type="radio"/>	n/a	<input type="radio"/>

### 1 month recall

#### 5 - Fuel, motor oils, or other lubricants

21	n/a	<input type="radio"/>	501	Fuel for road vehicles (car, motorcycle, etc.)	<input type="radio"/>	n/a	<input type="radio"/>
22	n/a	<input type="radio"/>	502	Fuel for boat - fishing purposes	<input type="radio"/>	n/a	<input type="radio"/>
23	n/a	<input type="radio"/>	503	Fuel for boat - other business purposes (transport, tourism...)	<input type="radio"/>	n/a	<input type="radio"/>
24	n/a	<input type="radio"/>	504	Fuel for boat - recreation (family trips...)	<input type="radio"/>	n/a	<input type="radio"/>
25	n/a	<input type="radio"/>	505	Fuel for other motorized equipment such as bush cutters, tillers, chainsaws (do not include generators - see S2.3.1)	<input type="radio"/>	n/a	<input type="radio"/>

ID	NOTES

## SECTION S2.6.2: VEHICLES AND ACCESSORIES EXPENDITURE

20650: For all expenses identified in S2.6.1, please provide the expense details in the table below

	EXPENSE CODE (20604)	DETAILED DESCRIPTION OF THE EXPENDITURE	EXPENSE TYPE	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	101 to 505		1. Purchase 2. Repair 3. Other service	1. Own HHs house 2. Another HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
20651	20652	20653	20654	20655	20656	20657	20699
<b>1. List here all the annual expenses from the list in S2.6.1</b>							
01	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
02	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
03	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
04	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
05	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
06	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
07	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
08	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
09	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
11	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
12	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
<b>2. List here all the monthly expenses from the list in S2.6.1</b>							
13	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
15	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
16	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
17	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
18	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
19	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
20	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
<b>TOTAL AMOUNT</b>					\$ <input type="text"/> , <input type="text"/> .00		

ID	NOTES

## SECTION S2.7.1: PRIVATE TRAVEL DETAILS (INTERNATIONAL)

20700: In the last 12 months, did any member of this household pay for any private travel (excluding business) to international destinations such as Samoa, New Zealand, Australia, etc?

In this section record only air fares, sea fares, Accommodation and restaurant, and transport (car rental) incur overseas.

All shopping expenditure would be recorded in the related section:

- household goods and assets: section 2.5
- communication (laptop, tablet, cellphone): section 3.4 (module3)
- clothes: section 3.3
- health and medical care: section 3.2

*Other items not mentioned elsewhere in the questionnaire can be recorded as shopping (personal care items, nappies, food items bought in bulk)*

1. Yes  Provide details below

2. No  Go to S2.7.3

Reference period  
last 12 months

Travel code	Final destination code 1. Samoa 2. New Zealand 3. Tuvalu 4. Australia 5. Other Pacific Island Country 6. Other	Main purpose of the trip 1. Holidays (shopping...) 2. Family event 3. Health 4. Education 5. Other (note)	Number of persons who travelled?		Air fares	Sea fares	Accommodation	Restaurant	Shopping (nappies...)	Transport (car rental, taxi)	Health care (hospital, treatment, analysis...)	NOTE ID
			Household members	Non-household members	Expenditure code (tick "X" if spent on)							
					1	2	3	4	5	6	7	
<b>20701</b>	<b>20702</b>	<b>20703</b>	<b>20704</b>	<b>20705</b>	<b>20706</b>	<b>20707</b>	<b>20708</b>	<b>20709</b>	<b>20710</b>	<b>20711</b>	<b>20712</b>	<b>20749</b>
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"/>

## S2.7.2: PRIVATE TRAVEL EXPENDITURE (INTERNATIONAL)

20720: For all expenses identified in S2.7.1, please provide the expense details in the table below

Line no.	TRAVEL CODE/ EXPENSE CODE		DETAILED DESCRIPTION OF THE EXPENDITURE	BENEFICIARY 1. This HHs 2. Another HH	TOTAL AMOUNT PAID  NZD	LOCATION OF PROVIDER 1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	NOTE ID
	Travel code	Expense code					
	1 to 5	1 to 6					
<b>20721</b>	<b>20722</b>	<b>20723</b>	<b>20724</b>	<b>20725</b>	<b>20726</b>	<b>20727</b>	<b>20499</b>

### 1. List here all the annual expenses from the list in S2.6.1

01	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>					<b>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</b>		

### SECTION S2.7.3: PRIVATE TRAVEL DETAILS (DOMESTIC)

20750: In the last 12 months, did any member of this household pay for any private travel between the villages / islands of Tokelau? (Include: Any trips between Atafu, Nukunonu and Fakaofu.)

1. Yes <input type="checkbox"/> Provide details below				<b>Reference period last 12 months</b>			
2. No <input type="checkbox"/> Go to S2.8							
Travel code	Destination code 1. Atafu 2. Fakaofu 3. Nukunonu	Number of persons who travelled?		Sea fares	Accommodation	Other	NOTE ID
		Household members	Non-household members	Expenditure code (tick "X" if spent on)			
				1	2	3	
20751	20752	20753	20754	20755	20756	20757	20799
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"/>

### S2.7.4: PRIVATE TRAVEL EXPENDITURE (DOMESTIC)

20770: For all expenses identified in S2.7.3, please provide the expense details in the table below

Line no.	TRAVEL CODE/ EXPENSE CODE		DETAILED DESCRIPTION OF THE EXPENDITURE	BENEFICIARY 1. This HHs 2. Another HH	TOTAL AMOUNT PAID  NZD	LOCATION OF PROVIDER 1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	NOTE ID
	Travel code	Expense code					
	1 to 5	1 to 3					
20771	20772	20773	20774	20775	20776	20777	20799
<b>1. List here all the annual expenses from the list in S2.6.1</b>							
01	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>					<b>\$</b> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

ID	NOTES

### SECTION S2.8: HOUSEHOLD SERVICES EXPENDITURE

20800: In the last 12 months, did any member of this household pay for any household services related to individual homes or any other services, as listed below: *(Note: these expenses could be incurred outside Tokelau!)*

- 1. For the benefit of the household
- 2. For the benefit of another household

	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	BENEFICIARY	TOTAL AMOUNT PAID IN THE LAST 12 MONTHS	LOCATION OF PROVIDER	NOTE ID
Line no.	1. Yes 2. No			1. This HH 2. Another HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	
20801	20802	20803	20804	20805	20806	20807	20899

#### 1 - Services related to individual homes

01	<input type="checkbox"/>	101	Gardening or landscaping/yard services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	102	Housekeeping/Maid services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	103	Babysitting or child-minding services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	104	Elderly care	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	105	Other services (drivers, cooks, security, etc) <i>(note)</i>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>

#### 2 - Other services charged to members of this household

06	<input type="checkbox"/>	201	Passports, travel visa, birth certificates	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	202	Legal services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	203	Freight and shipping services in Tokelau	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	204	Freight and shipping services to Samoa	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	205	Credit card fees (annual and ATM fees)	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	206	International money transfer fees	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	207	Financial or banking fees (Western Union etc.)	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>					\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

ID	NOTES



### SECTION S2.9: CASH CONTRIBUTIONS TO SPECIAL OCCASIONS

20900: Did any member of this household make a cash contribution for any of the special occasions listed below?  
(Include all cash payments made for that type of special occasion over the last 12 months)

	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	TOTAL AMOUNT PAID IN THE LAST 12 MONTHS	LOCATION OF RECIPIENT	NOTE
Line no.	1. Yes 2. No			NZD	1. Tokelau 2. Samoa 3. New Zealand 4. Other	ID
20901	20902	20903	20904	20906	20907	20999
01	<input type="checkbox"/>	101	Cash contributions for birthdays	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	102	Cash contributions for funerals (fakalavelave), wedding	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	103	Cash contributions for fundraisers (medical, student, sports travel, etc.)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	104	Cash contributions for graduations	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	105	Cash contributions for housewarmings	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	201	Cash contributions for traditional functions	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	202	Cash contributions for other special occasions (Christmas, Easter, etc.)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	203	Cash contributions for other events not specified above	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>				\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

### SECTION S2.10: PROVISION OF FINANCIAL SUPPORT

21000: Did any member of this household make a cash donation for any of the purposes listed below?  
(Include all cash payments made for that type of financial support over the last 12 months)

	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	TOTAL AMOUNT PAID IN THE LAST 12 MONTHS	LOCATION OF RECIPIENT	NOTE
Line no.	1. Yes 2. No			NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
21001	21002	21003	21004	21005	21006	21099
01	<input type="checkbox"/>	101	Cash contributions for birthdays	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	102	Cash contributions for funerals (fakalavelave), wedding	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	103	Cash contributions for fundraisers (medical, student, sports travel, etc.)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	104	Cash contributions for graduations	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	105	Cash contributions for housewarmings	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	201	Cash contributions for traditional functions	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>				\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

ID	NOTES

# SECTION S2.11: LOANS

21100: During the last 12 months has any member of this household made any personal loan repayments?

1. Yes  Provide details below  
 2. No  Go to S2.12

Reference period  
last 12 months

Line no.	Loan code 1. Purchase or improvement of a dwelling 2. Automobile or motorcycle 3. Boat or personal watercraft 4. Major household appliance 5. Travel 6. Customary or special occasion 7. Cash advance 8. Other personal purpose	Lender 1. Bank 2. Credit Union 3. Other Loan agency 4. Business 5. Employer 6. Private person 7. Other (note)	Loan start date		Loan duration eg, 5 years	Accommodation	Loan Type 1. Individual loan <i>Shared loan with member of:</i> 2. This household 3. Another household	Main [HM] paying off this loan
			Month	Year	Number	Unit 1. Months 2. Years		
21101	21102	21103	21104	21105	21106	21107	21108	21109
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"/>

Line no.	WHAT IS THE TOTAL AMOUNT BORROWED?	WHAT IS THE INTEREST RATE?	HOW MUCH IS THE REGULAR PAYMENT? Eg, \$45.00 - Monthly		NOTE ID
	NZD		NZD	Period Code 1. Fortnightly 2. Monthly 3. Other (note)	
21101	21110	21111	21112	21113	21199
01	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>			<b>TOTAL AMOUNT</b>		
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00			\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00		

ID	NOTES

## SECTION S2.12: HOUSEHOLD ASSETS INSURANCE AND TAXES

21200: Did any member of this household in the last 12 months pay for the following?

- a) Insurance relating to household assets such as house and car (enter details in section 1)
- b) Taxes such as road use tax, fines (enter details in section 2)

Line no.	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	BENEFICIARY	TOTAL AMOUNT PAID IN THE LAST 12 MONTHS	LOCATION OF PROVIDER	NOTE ID
	1. Yes 2. No			1. This HHs 2. Another HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	
21201	21202	21203	21204	21205	21206	21207	21299

### 1. Insurance for household assets

01	<input type="checkbox"/>	101	Home insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	102	Vehicle insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	103	Boat insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	104	Other insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>

### 2. Taxes/Fines

05	<input type="checkbox"/>	201	Road use tax	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	202	Fines for government violations	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	203	Tax on imported goods	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	204	Other, not incl. GST or Income tax (note)	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>					\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

## SECTION S2.13: PERSONAL INSURANCE

21300: Did any member of this household pay for any personal insurance in the last 12 months for things like health and life insurance?

1. Yes  Provide details below      2. No  Go to S2.14

Line no.	INSURANCE NUMBER	EXPENSE CODE	INSURANCE CODE	TOTAL AMOUNT PAID IN THE LAST 12 MONTHS	NUMBER OF BENEFICIARIES OF THIS INSURANCE		LOCATION OF INSURANCE PROVIDER	NOTE ID
	1. Yes 2. No		1. Medical insurance (basic) 2. Medical insurance (supplemental) 3. Medical insurance (other) 4. Life insurance 5. Other insurance	NZD	HH members (module 1)	Another HH	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	
21301	21302	21303	21304	21305	21306	21307	21308	21399

### Personal Insurance

01	Insurance 1	101	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Insurance 2	102	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Insurance 3	103	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Insurance 4	104	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Insurance 5	201	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL AMOUNT</b>				\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00				

## SECTION S2.14: ELECTRICAL HOUSEHOLD GOODS' POWER CONSUMPTION

Specify all household goods listed below that you currently own and use and that are in good operating order, with their estimated power consumption per week (totals will be calculated for you):

Line no.	Expense code	Item description	Present? 1. Yes 2. No	Approx. age in years (of main item)	Individual average rating (wattage)	Average number of hours used per week	Total wattage combined (kWh)	NOTE ID
21401	21402	21403	21404	21405	21406	21407	21408	21299

### 1 - Electric power source

01	101	On public utility grid?	<input type="checkbox"/>	n/a	n/a	n/a	n/a	<input type="checkbox"/>
02	102	Cash power meters installed	<input type="checkbox"/>	n/a	n/a	n/a	n/a	<input type="checkbox"/>
03	103	Private solar power unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	104	Private generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	105	Shared generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	106	Other power source: specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	107	None	<input type="checkbox"/>	n/a	n/a	n/a	n/a	<input type="checkbox"/>

### 2 - Major household appliances

08	201	Water tank pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	202	Water heater (electric, gas or solar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	203	Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	204	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	205	Air conditioning unit: window type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	206	Air conditioning unit: split type (with evaporator and condenser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	207	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	208	Freezer: gas/electric: volume _____ litres / cubic feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	209	Refrigerator: gas/electric: volume _____ litres / cubic feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	210	Stove: gas/electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	211	Electric welder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	212	Concrete mixer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	213	Other major appliance (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3 - Minor household appliances

21	301	Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	302	Toaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	303	Free-standing grill or griddle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	304	Electric frying pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	305	Electric jug / kettle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	306	Mixer / blender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	307	Clothing iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	308	Sewing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	309	Vacuum cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	310	Wall lamps (Incandescent / fluorescent / LED ): Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

## SECTION S2.14: ELECTRICAL HOUSEHOLD GOODS' POWER CONSUMPTION (cont'd)

Line no.	Expense code	Item description	Present? 1. Yes 2. No	Approx. age in years (of main item)	Individual average rating (wattage)	Average number of hours used per week	Total wattage combined (kWh)	NOTE ID
<b>21401</b>	<b>21402</b>	<b>21403</b>	<b>21404</b>	<b>21405</b>	<b>21406</b>	<b>21407</b>	<b>21408</b>	<b>21499</b>

### 3 - Minor household appliances (cont'd)

<b>31</b>	311	Ceiling / hanging lights (incandescent / fluorescent / LED): Number _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>32</b>	312	Floor lamps (incandescent / fluorescent / LED): Number _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>33</b>	313	Hair drier or straightener	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>34</b>	314	Electric hair clippers	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>35</b>	315	Electric fan	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>36</b>	316	Electric clock	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>37</b>	317	Cordless phone	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>38</b>	318	Electric drill	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>39</b>	319	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>40</b>	320	Other appliance (specify): _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

### 4 - Recreational and entertainment electrical equipment

<b>41</b>	401	Television (TV)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>42</b>	402	Radio	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>43</b>	403	Stereo system	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>44</b>	404	Video / DVD player	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>45</b>	405	Video camera	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>46</b>	406	Game console (PlayStation, Nintendo, Xbox, PSP, DS, etc.)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>47</b>	407	Battery charger	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>48</b>	408	Other electrical entertainment (specify): _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>49</b>	409	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>50</b>	410	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

### 5 - Computer equipment

<b>51</b>	501	Desktop computer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>52</b>	502	Separate CRT monitor (TV tube)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>53</b>	503	Separate LCD monitor (flat screen)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>54</b>	504	Laptop computer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>55</b>	505	Removable hard drive	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>56</b>	506	Tablet / Smart phone / I-pad	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>57</b>	507	Laserprinter	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>58</b>	508	Inkjet printer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>59</b>	509	Separate scanner	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>60</b>	510	ADSL connector / modem	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>61</b>	511	Other computer equipment (specify): _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>62</b>	512	Other: _____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES



# HOUSEHOLD LISTING: ALL INDIVIDUALS

## MODULE 1 - DEMOGRAPHIC INFORMATION

Please list every person who usually stays in this household, starting with the head of the household. (See next page for details.)

Household Member [HM]

**Head of the household is the person who is in charge of the household finances.**

[HM]	PERSON NAME (01 = Household Head) <i>Only include persons who are:</i> - currently living in this household (even if temporarily away, and they intend to return) - absent for more than 1 month but dependent on household (students overseas and in dorm only, persons in hospital, etc) - absent for more than 1 month, but part of (and supporting) the household (seamen, seasonal workers, etc) - visitors currently living in this household for more than 6 months	SEX 1 = Male 2 = Female <i>Write the appropriate code in the box</i>	AGE IN COMPLETED YEARS <i>Enter 000 for child under 1 year</i>
10101	10102	10103	10104
01	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
02	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
03	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
04	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
05	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
06	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
07	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
08	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
09	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

