



# 2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

## MODULE 3 - INDIVIDUAL 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

S3.1 EDUCATION	S3.4 COMMUNICATION
S3.2 HEALTH	S3.5 LUXURY ITEMS
S3.3 CLOTHING	S3.6 ALCOHOL & TOBACCO

#### 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 S3.1.1: EDUCATION DESCRIPTION

- 30100: 1. Did anyone in this household receive a grant/scholarship during the past 12 months ?  
 2. Did anyone in this household pay for school related items/services for a household member or a member of another household ?  
 (tick the beneficiary)

1. Yes  Provide details below  
 2. No  Go to S3.2.1

**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**

**Reference period last 12 months**

[HM]	TICK "X" FOR THE BENEFICIARY OF SCHOLARSHIP/ GRANT	TICK "X" FOR THE BENEFICIARY OF THE EXPENDITURE									NOTE ID
		Tuition/ Fees (application, exams, etc.)				Boarding	School uniform <i>incl. caps, gown hire</i>	Text books, exercise books, stationery	Activity expenses	Other education expenditure <i>Tutoring ...</i>	
		Preschool/ Primary school	Secondary school	University	Other tertiary						
		1	2	3	4	5	6	7	8	9	
30101	30102	30103	30104	30105	30106	30107	30108	30109	30110	30111	30149
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a scholarship was granted, please fill in section 4.7 line 24 (Grant / Scholarship).

# SECTION S3.1.2: EDUCATION EXPENDITURE

30150: For all expenses identified in S3.1.1 please provide the expense details in the table below

Reference period  
last 12 months

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID / RECEIVED	LOCATION OF PROVIDER	SCHOOL TYPE	NOTE
Line no.	1 to 9		HM # 60= list S1.6 90 = other HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	1. Public school 2. Private school	ID
30151	30152	30153	30154	30155	30156	30157	30199
<b>1. List here all the annual expenses from the list in S3.1.1</b>							
01				\$ , .00			
02				\$ , .00			
03				\$ , .00			
04				\$ , .00			
05				\$ , .00			
06				\$ , .00			
07				\$ , .00			
08				\$ , .00			
09				\$ , .00			
10				\$ , .00			
11				\$ , .00			
12				\$ , .00			
13				\$ , .00			
14				\$ , .00			
15				\$ , .00			
16				\$ , .00			
17				\$ , .00			
18				\$ , .00			
19				\$ , .00			
20				\$ , .00			
<b>TOTAL AMOUNT</b>				\$ , .00			

ID	NOTES

## SECTION S3.2.1: HEALTH DESCRIPTION

30200: Did anyone from this household **pay** for any health-related services indicated below (in country or overseas), either for a person in this household or someone else in a different household? Please include major health expenses in the last 12 months and other health expenses in the last 12 months. (*Indicate beneficiary below*)

1. Yes  Indicate expenses below

2. No  Go to S3.3.1

**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**

**Reference period last 12 months**

Line no./ [HM]	MAJOR EXPENSES			OTHER HEALTH-RELATED EXPENSES					NOTE ID
	In-patient expenses	Specialist services <i>Eg, Surgeon, X-Ray, Physiotherapy, Lab</i>	Other major charges <i>Dialysis, Chemotherapy, Mammogram, etc</i>	General practitioner	Traditional healer <i>incl. medications</i>	Dental fees	Pre- / Ante-natal or maternal care	Medications	
Expense code	1	2	3	4	5	6	7	8	
30201	30202	30203	30204	30205	30206	30207	30208	30209	30349
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

## SECTION S3.2.2: HEALTH EXPENDITURE

30250: For all expenses identified in S3.2.1 please provide the expense details in the table below.

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 8		HM # 60= list S1.6 90 = other HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
30251	30252	30253	30254	30255	30256	30299
<b>1. List here all the annual expenses from the list in S3.2.1</b>						
01				\$ ,.00		
02				\$ ,.00		
03				\$ ,.00		
04				\$ ,.00		
05				\$ ,.00		
06				\$ ,.00		
07				\$ ,.00		
08				\$ ,.00		
09				\$ ,.00		
10				\$ ,.00		
11				\$ ,.00		
12				\$ ,.00		
13				\$ ,.00		
14				\$ ,.00		
15				\$ ,.00		
16				\$ ,.00		
17				\$ ,.00		
18				\$ ,.00		
19				\$ ,.00		
20				\$ ,.00		
				<b>TOTAL AMOUNT</b>	\$ ,.00	

ID	NOTES

## SECTION S3.3.1: CLOTHING DESCRIPTION

30300: In the last 3 months, did anyone from this household pay for any clothing apparel, shoes, accessories or materials indicated below, either for a person in this household or someone else in a different household? (*Indicate beneficiary below*)

1. Yes  Indicate expenses below

2. No  Go to S3.4.1

**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**

**Reference period last 3 months**

**DURING THE LAST 3 MONTHS DID YOU SPEND ON (X IF YES)**

Line no./ [HM]	Men's and boys' clothes <i>Eg. shirts, T-shirts, shorts, pants, underwear (exclude: school uniforms)</i>	Women's and girls' clothes <i>Eg. dresses, blouses, shirts, skirts, underwear (exclude: school uniforms)</i>	Infant clothes (<2 yrs old) <i>Eg. dress, shirt (exclude: disposable nappies)</i>	Clothing accessories <i>Eg. hat, cap, belt</i>	Other accessories <i>Eg. watch, jewelry, perfume</i>	Clothing fabrics <i>Eg. lace, materials</i>	Shoes & slippers <i>Eg. shoes, sandals, boots</i>	NOTE ID
	Expense code	1	2	3	4	5	6	
30301	30302	30303	30304	30305	30306	30307	30308	30349
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

## SECTION S3.3.2: CLOTHING EXPENDITURE

Reference period  
last 3 months

30350: For all expenditure identified in S3.3.1 please provide the expense details in the table below.

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 7		HM # 60= list S1.6 90 = other HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
30351	30352	30353	30354	30355	30356	30399
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"/> .00	<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"/> .00	<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"/> .00	<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"/> .00	<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"/> .00	<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"/> .00	<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"/> .00	<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"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
				<b>TOTAL AMOUNT</b>	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00	

ID	NOTES

## SECTION S3.4.1: COMMUNICATION DESCRIPTION

30400: Did any member of this household pay for any of the communication expenses listed below for either a member of this household, or the member of another household (*Indicate beneficiary below*):

- a) Include purchase of a phone/telcard and internet access in last month
- b) Include purchase of a mobile/cell phone or other mobile device in the last 12 months

1. Yes <input type="checkbox"/> Indicate expenses below				Reference period last month		Reference period last 12 months	
2. No <input type="checkbox"/> Go to S3.5.1							
Line no./ [HM]	DURING THE PAST (1) MONTH DID [HM] PAY:			DURING THE PAST (12) MONTHS DID [HM] PAY:			NOTE ID
	Prepaid talk or data <i>Prepaid card</i>	Contract talk or data <i>Subscription</i>	Internet use away from home <i>Eg. internet café</i>	Cellphone or Smartphone	Tablet	Laptop	
Expense code	1	2	3	4	5	6	
30401	30402	30403	30404	30405	30406	30407	30449
01	<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"/>
03	<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"/>
05	<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"/>
07	<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"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES



## SECTION S3.4.2: COMMUNICATION EXPENDITURE

30450: For all expenses identified in S3.4.1 please provide the expense details in the table below.

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 6		HM # 60= list S1.6 90 = other HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
30451	30452	30453	30454	30455	30456	30499

### 1. List here all the monthly expenses from the list in S3.4.1

01				\$ , .00		
02				\$ , .00		
03				\$ , .00		
04				\$ , .00		
05				\$ , .00		
06				\$ , .00		
07				\$ , .00		
08				\$ , .00		
09				\$ , .00		
10				\$ , .00		
11				\$ , .00		
12				\$ , .00		

### 2. List here all the annual expenses from the list in S3.4.1

13				\$ , .00		
14				\$ , .00		
15				\$ , .00		
16				\$ , .00		
17				\$ , .00		
18				\$ , .00		
19				\$ , .00		
20				\$ , .00		
<b>TOTAL AMOUNT</b>				\$ , .00		

ID	NOTES

## SECTION S3.5.1: LUXURY ITEMS DESCRIPTION

30500: Did any member of this household pay for any of the luxury item expenses listed below for either a member of this household, or the member of another household:

a) Include payments for haircuts and massages over the last 3 months

b) Include payments for piercings, tattoos, gym membership and lessons over the last 12 months

1. Yes  Indicate expenses below

2. No  Go to S3.6.1

Reference period  
last 3 months

Reference period  
last 12 months

Line no./ [HM]	DURING THE PAST 3 MONTHS DID [HM] PAY			DURING THE PAST 12 MONTHS DID [HM] PAY				NOTE ID
	Haircuts / Hairstyles		Massages	Tattoos <i>All types</i>	Piercings <i>All types</i>	Gym <i>Memberships only</i>	Lessons <i>Swimming, ballet, ...</i>	
	Men's and boys'	Women's and girls'						
Expense code	1	2	3	4	5	6	7	
30501	30502	30503	30504	30505	30506	30507	30508	30549
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

## SECTION S3.5.2: LUXURY ITEMS EXPENDITURE

For all expenditure identified in S3.5.1 please provide the expense details in the table below.

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 7		HM # 60= list S1.6 90 = other HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
<b>30551</b>	<b>30552</b>	<b>30553</b>	<b>30554</b>	<b>30555</b>	<b>30556</b>	<b>30599</b>

### 1. List here all the 3-monthly expenses from the list in S3.5.1

01				\$ , .00		
02				\$ , .00		
03				\$ , .00		
04				\$ , .00		
05				\$ , .00		
06				\$ , .00		
07				\$ , .00		
08				\$ , .00		
09				\$ , .00		
10				\$ , .00		
11				\$ , .00		
12				\$ , .00		

### 2. List here all the annual expenses from the list in S3.5.1

13				\$ , .00		
14				\$ , .00		
15				\$ , .00		
16				\$ , .00		
17				\$ , .00		
18				\$ , .00		
19				\$ , .00		
20				\$ , .00		
				<b>TOTAL AMOUNT</b>	\$ , .00	

ID	NOTES

# SECTION S3.6.1: ALCOHOL & TOBACCO DESCRIPTION (AGED 10+)

30600: For each household member aged 10 and above identify whether s/he:

- consumed alcohol or cigarettes (and how many) during the past 7 days (30602 - 30605)
- bought alcohol or tobacco during the past 7 days (tick 30606 - 30611)
- bought electronic cigarettes or recharge cartridges during the past 12 months (tick 30612 - 30613)

1. Yes  Indicate expenses below

2. No  **End of module 3**

Reference period  
last 7 days

Reference period  
last 12 months

Line no./ [HM]	DURING THE LAST 7 DAYS				DURING THE LAST 7 DAYS DID [HM] BUY ("X" IF YES)				DURING THE PAST 12 MONTH DID [HM] PAY				NOTE ID
	DID [HM]:			How many cigarettes did [HM] smoke?	ALCOHOL				TOBACCO		Electr. cigarette	Recharge cartridges	
	Drink alcohol?	Smoke electr. cigarette?	Smoke tobacco?		Beer	Wine	Spirits <i>Whisky, rum ...</i>	Kalave	Cigarette stick or packet	Other tobacco			
Expense code	1=Yes 2=No				1	2	3	4	5	6	7	8	
30601	30602	30603	30604	30605	30606	30607	30608	30609	30610	30611	30612	30613	30649
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	n/a				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	n/a				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

## SECTION S3.6.2: ALCOHOL & TOBACCO EXPENDITURE (AGED 10+)

For all expenditure identified in S3.6.1 please provide the expense details in the table below.

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 8		HM # 60= list S1.6 90 = other HH	NZD	1. Tokelau 2. Samoa 3. Outside Tokelau or Samoa	ID
<b>30651</b>	<b>30652</b>	<b>30653</b>	<b>30654</b>	<b>30655</b>	<b>30656</b>	<b>30699</b>
<b>1. List here all the 7 days expenses from the list in S3.6.1</b>						
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"/> <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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 12 months expenses from the list in S3.6.1</b>						
13	<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="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	

ID	NOTES



# HOUSEHOLD LISTING: ALL INDIVIDUALS

## MODULE 3 - INDIVIDUAL EXPENDITURE

Copy the name, sex and age of all household member from Module 1 Flap

Row **60** represents persons who no longer live in the household (S1.6).

Row **90** represents persons in other households who are beneficiaries of expenditure  
Household (HH) Member [HM]

[HM]	PERSON NAME (01 = Household Head)	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"/>
60	Previous members of household	n/a	n/a
90	Members of other households	n/a	n/a

