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**STATISTICS DIVISION
OFFICE OF SBOC**

**MODULE 3 - INDIVIDUAL EXPENDITURES
HOUSEHOLD INCOME AND EXPENDITURE SURVEY**

Questionnaire ID	Questionnaire label
S3.1.1	Educational grants and scholarships
S3.1.2	Education Identification
S3.1.3	Education Expenditures
S3.2.1	Health Identification
S3.2.2	Health Expenditures
S3.3.1	Clothing Identification
S3.3.2	Clothing Expenditures
S3.4.1	Communication Identification
S3.4.2	Communication Expenditures

IDENTIFICATION

<< Round
 Sample Hh Sequence # >>

	NAME (Last name, First name)	CODE
H/HOLD HEAD	<input type="text"/>	
Phone contact (optional)	<input type="text"/>	
ENUMERATOR	<input type="text"/>	<input type="text"/>
SUPERVISOR	<input type="text"/>	<input type="text"/>
STATE	<input type="text"/>	<input type="text"/>
EA No.	<input type="text"/>	Mapspot No. <input type="text"/>
		Hhold No. <input type="text"/>

DATE	COMMENTS
INTERVIEW COMPLETED <input type="text"/> <small>mm / dd / yy</small>	
DATA ENTRY COMPLETED <input type="text"/> <small>mm / dd / yy</small>	

Household roster

- ➔ 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

Hhold Member [HM]	Name (Last name, First name)	Sex	Age
		code	
	01 = household head	10103	
10101	10102	10103	10104
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

60	Previous members of h'hold	na	na
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90	Members of other h'hold	na	na
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code 10103: Sex
 1. Male
 2. Female

S3.1.1 Pell Grants & Scholarships

Reference period: last 12 months

30100) Please identify every member of this household that received a Pell Grant or Educational Scholarship in the last 12 months

- a) If a household member has more than 2 grants/scholarships then record the two largest awards
- b) The rough breakdown of how the money will be spend should total 100%

HH Member [HM]	Did [HM] receive a Scholarship/Pell Grant during the last 12 months ? 1= Yes 2= No if 2 ▶ S.3.1.2	Number of Scholarships/ Pell grants received in last 12 months?	Location where Scholarship/ Pell Grant will be used? code 30104	Pell Grant / Scholarship 1					Obs				
				Type of Scholarship code 30105	Details of total grants over the last 12 months								
					Semester 1					Semester 2			
					Month Received	Amount Received		Month Received		Amount Received			
	USD			USD									
30101	30102	30103	30104	30105	30106	30107	30108	30109	30199				
01						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
02						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
03						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
04						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
05						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
06						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
07						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
08						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
09						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
10						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
11						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
12						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
13						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
14						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
15						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
16						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
17						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
18						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
19						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
20						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
21						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				
22						\$ _ _ , _ _ _ .00		\$ _ _ , _ _ _ .00	_				

code 30104: Where money used

- 1. In FSM - COM
- 2. In FSM - Other
- 3. Outside FSM

code 30105: Type of scholarship

- 1. Pell Grant
- 2. State Scholarship
- 3. National Scholarship
- 4. Donor based scholarship (eg, AusAID, China gov't)
- 5. Congressional Support Scholarship
- 6. Other Scholarship (eg, Rotary Club)

S3.1.2 - Education Identification

**Reference period:
last 12 months**

30130) Apart from the expenses mentioned as part of scholarship benefits, did anyone from this household pay for any other school related items/services indicated below, either for a person in this household or someone else in a different household, in the last 12 months?

Yes (indicate expenses below)

No (Go to S3.2.1)

Don't forget expenses of persons listed in S1.6

Tick "X" for the beneficiary of the expenditure during the past 12 months											
Line Number/ HH Member [HM]	Tuition				Boarding	School Uniform	Text Books Exer. Books Stationary	Activity Expenses	Caps, Gown and Diploma	Tutoring	obs
	Elementary / Preschool	High school	COM-FSM	Other Tertiary							
expense code	1	2	3	4	5	6	7	8	9	10	
30131	30132	30133	30134	30135	30136	30137	30138	30139	30140	30141	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"/>	_
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
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"/>	_
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"/>	_

S3.1.3 - Education Expenditures

Line No	Expense Code	Detailed description of the expenditure	Beneficiary	Total amount paid in the last 12 months	Location of provider	School Type	obs
	1 to 10		HM # 90 = other hh		USD	code 30156	
30151	30152	30153	30154	30155	30156	30157	30199
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	_	_	_

code 30156: Location of provider
 1. Within FSM
 2. Outside FSM

code 30157: School Type
 1. Public School
 2. Private School

\$|_|_|,|_|_|_|.00 ← Total Amount

Observations	

S3.2.1 - Health Identification


Reference period:
last 12 months

Reference period:
last 3 months

30200) Did anyone from this household **pay** for any health related services indicated below, either for a person in this household or someone else in a different household? Please include major health expenditures in the last 12 months and other health expenditures in the last 3 months.

Yes (indicate expenses below)

No (Go to S3.3.1)



Don't forget expenses of persons listed in S1.6

Line number/ HH Member [HM]	Major Expenses (Last 12 months)			Other Health Related Expenses (Last 3 months)					obs
	Accommodation (incl meals)	Specialist Services (eg, Surgeon, Physiotherapy, Lab, X-Ray, etc)	Other Major Charges (Dialysis, Chemotherapy, Mammogram, etc)	General Practitioner	Traditional Healer (incl. meds.)	Dental Fees	Pre/ante natal /Maternal care	Prescription 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"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

S3.2.2 - Health Expenditures

Line No	Expense Code	Detailed description of the expenditure	Beneficiary	Total amount paid	Provider/ service location	obs
	1 to 8		HM # 90 = other hh		USD	
30251	30252	30253	30254	30255	30256	30299
1. List here all the annual expenditures from the list in S3.2.1						
01				\$ _ _ , _ _ _ _ .00		
02				\$ _ _ , _ _ _ _ .00		
03				\$ _ _ , _ _ _ _ .00		
04				\$ _ _ , _ _ _ _ .00		
05				\$ _ _ , _ _ _ _ .00		
06				\$ _ _ , _ _ _ _ .00		
07				\$ _ _ , _ _ _ _ .00		
08				\$ _ _ , _ _ _ _ .00		
09				\$ _ _ , _ _ _ _ .00		
10				\$ _ _ , _ _ _ _ .00		
11				\$ _ _ , _ _ _ _ .00		
12				\$ _ _ , _ _ _ _ .00		
13				\$ _ _ , _ _ _ _ .00		
14				\$ _ _ , _ _ _ _ .00		
2. List here all the 3-monthly expenditures from the list in S3.2.1						
15				\$ _ _ , _ _ _ _ .00		
16				\$ _ _ , _ _ _ _ .00		
17				\$ _ _ , _ _ _ _ .00		
18				\$ _ _ , _ _ _ _ .00		
19				\$ _ _ , _ _ _ _ .00		
20				\$ _ _ , _ _ _ _ .00		
21				\$ _ _ , _ _ _ _ .00		
22				\$ _ _ , _ _ _ _ .00		
23				\$ _ _ , _ _ _ _ .00		
24				\$ _ _ , _ _ _ _ .00		
25				\$ _ _ , _ _ _ _ .00		
26				\$ _ _ , _ _ _ _ .00		
27				\$ _ _ , _ _ _ _ .00		

Code 30256: Provider/ service location

- 1. Within FSM
- 2. Outside FSM

\$|_|_|,|_|_|_|_|.00 ← Total Amount

Observations	

S3.3.1 Clothing Identification

Reference period:
last 3 months

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

Yes (indicate expenses below) No (Go to S3.4.1)

Line Number/ HH Member [HM]	During the last 3 month did you spend on (X if yes)							obs
	Men's and boys clothes E.g, shirts, t-shirts, shorts, pants, underwear, etc. (exclude school uniforms)	Women's and girls clothes E.g., dresses, blouses, shirts, skirts, underwear, etc. (exclude school uniforms)	Infant clothes (<2 yrs old) E.g., dress, shirt, etc. (exclude: disposable diapers)	Clothing Access. E.g., hat, cap, belt, etc.	Other accessories E.g., watch, jewelry, perfume, etc.	Clothing fabrics E.g., lace, materials, etc.	Shoes & slippers E.g., shoes, sandals, boots, etc.	
	1	2	3	4	5	6	7	
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"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

S3.3.2 - Clothing Expenditures

Line No	Expense Code 1 to 7	Detailed description	Beneficiary	Total amount paid in the last 3 months	Location of provider	obs
			HM # 90 = other hh		USD	
30351	30352	30353	30354	30355	30356	30399
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	□□	□□
21	□□		□□□	\$□□,□□□□.00	□□	□□
22	□□		□□□	\$□□,□□□□.00	□□	□□
23	□□		□□□	\$□□,□□□□.00	□□	□□
24	□□		□□□	\$□□,□□□□.00	□□	□□
25	□□		□□□	\$□□,□□□□.00	□□	□□
26	□□		□□□	\$□□,□□□□.00	□□	□□
27	□□		□□□	\$□□,□□□□.00	□□	□□

code 30356: Location of provider

- 1. Within FSM
- 2. Outside FSM

\$□□□,□□□□.00 ← Total Amount

Observations	

S3.4.2 - Communication Expenditures

Line No	Expense Code	Detailed description of the expenditure	Beneficiary	Total amount paid	Location of provider	obs
	1 to 3		HM # 90 = other		USD	
30451	30452	30453	30454	30455	30456	30499

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

13				\$, , .00		
14				\$, , .00		
15				\$, , .00		
16				\$, , .00		
17				\$, , .00		
18				\$, , .00		
19				\$, , .00		
20				\$, , .00		

code 30456: Location of provider

- 1. Within FSM
- 2. Outside FSM

\$, , .00 ← Total Amount

Observations
