

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"/>



2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 1 - DEMOGRAPHIC INFORMATION

STATISTICS NIUE OFFICE

IN ACCORDANCE WITH THE NIUE STATISTICS ACT (2009), ALL PRIVATE INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

QUESTIONNAIRE ID AND LABEL

S1.1	DEMOGRAPHIC PROFILE	S1.4	HEALTH STATUS
S1.2	ACTIVITIES LAST WEEK (Labour force status)	S1.5	COMMUNICATION STATUS
S1.3		S1.6	HOUSEHOLD MEMBERS WHO LEFT THE HOUSEHOLD

HOUSEHOLD DETAILS			FORM # <input type="text"/> of <input type="text"/>
HIES HOUSEHOLD ID <input type="text"/>	Set A, B, C <input type="checkbox"/>	ROUND <input type="text"/>	TEAM ID <input type="text"/>
HOUSEHOLD HEAD (HH)	First name <input type="text"/> Surname <input type="text"/> Code <input type="text"/> <i>(Serial number from census listing)</i>	HOUSEHOLD SIZE Males <input type="text"/> Females <input type="text"/> TOTAL <input type="text"/>	
VILLAGE <input type="text"/>	Code <input type="text"/>		
Other information (optional) <input type="text"/>	Phone Number (optional) <input type="text"/>		
FIELD STAFF	Name	Code	Signature
ENUMERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUPERVISOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATA ENTRY OPERATOR	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE INTERVIEW COMPLETED (dd/mm/yy) <input type="text"/>		DATE DATA ENTRY COMPLETED (dd/mm/yy) <input type="text"/>	

NOTES

SECTION S1.1: DEMOGRAPHIC PROFILE (ALL PERSONS)

	DATE OF BIRTH	RELATIONSHIP TO HOUSEHOLD HEAD	BIRTH-PLACE	CITIZENSHIP	MARITAL STATUS	WHERE DO THESE PEOPLE USUALLY LIVE?	
[HM]	dd/mm/yy	01. Head 02. Spouse 03. Biological - son/daughter 04. Adopted - son/daughter 05. Brother/Sister 06. Grandchild 07. Parent of head 08. Parent in-law 09. Child of spouse (step child) 10. Son/Daughter in-law 11. Other relatives 12. No relation <i>Write the appropriate code in the box</i>	1. Niue 2. New Zealand 3. Other (<i>note</i>) <i>Write the appropriate code in the box</i>	What is ...'s citizenship country? 1. New Zealand 2. Other (<i>note</i>) <i>Write the appropriate code in the box</i>	What is ...'s present marital status? 1. Never married 2. Married 3. Widowed 4. Divorced or Separated 5. De facto 6. Other (<i>note</i>) <i>Write the appropriate code in the box</i>	1. Usual resident currently here 2. Absent less than 1 month for work, holidays 3. Absent for more than 1 month but regularly dependent on this HH (eg, <i>students in dorm only, persons in hospital for long-term medical care</i>) 4. Absent for more than 1 month but supporting this HH and expected to return (seamen, seasonal workers) 5. Visitor currently living with HH (more than 6 months)	NOTE ID
10101	10105	10106	10107	10108	10109	10110	10199
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID	NOTES

SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS)

10200: Please provide the main activity details for every member of this household, aged 15 years and older.

Reference period
last 7 days

	MAIN ACTIVITY*	MAIN ACTIVITY SECTION				NOTE ID
		TYPE OF ACTIVITY (occupation)	WORKING INDUSTRY	WORKING HOURS	WILLING TO WORK MORE	
[HM]	<p>What was this ...'s main activity during last week? (If away, due to holidays or illness, state what this person would normally be doing).</p> <p>Codes are listed in the box below. Write the appropriate code in the box*</p> <p>If 01 to 08, go to 10202 If 09 to 11, go to 10206 If 12 to 13, go to 10211</p>	<p><i>Examples:</i> nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman</p>	<p>What industry did ... work in? <i>Examples:</i> health, education, security, restaurant, retail sales, agriculture, fisheries</p>	<p>How many hours did ... work in this main activity last week? (Include sick, annual and statutory leave)</p> <p>If 30+ hrs, go to 10206</p>	<p>Would ... be willing and able to work more hours in this main activity?</p> <p>1. Yes 2. No</p> <p>Write the appropriate code in the box</p>	
10101	10201	10202	10203	10204	10205	10299
01	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>

*ACTIVITY CODES FOR 10201

Paid employment

- 01.** Employer (producing goods or services for sale, running a business with paid employees)
- 02.** Self-employed (producing goods or services for sale, running a business without paid employees)
- 03.** Employee, working for wages/salary in public sector (incl. NGO, UN agencies)
- 04.** Employee, working for wages/salary in private sector

Unpaid employment

- 05.** Producing goods for own and/or family consumption (self-employed)
- 06.** Unpaid family worker (family business/ plantation)
- 07.** Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, looking after children, etc.) and outside (gardening, maintaining lawn, etc)
- 08.** Volunteer work (community, church, etc.)

Not in the labour force

- 09.** Student
- 10.** Home maker (washing, cooking, cleaning, looking after children, etc.)
- 11.** Retired/Too old
- 12.** None - Did not pursue any activity (no work)
- 13.** Physically/Mentally disabled

SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS) (Cont'd)

10200: In addition to this main activity, did [HM] do any other activity last week: paid or unpaid (even just for 1 hour)?

Reference period
last 7 days

ANY OTHER ACTIVITY LAST WEEK						
	OTHER ACTIVITY	TYPE OF ACTIVITY (occupation)	WORKING INDUSTRY	WORKING HOURS	WILLING TO WORK MORE	NOTE ID
[HM]	Paid or unpaid (even just for 1 hour)? Codes are listed in the box on the right. Write the appropriate code in the box. If 01 to 08, go to 10207 If 09 to 13, go to 10211	Examples: nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman	What industry did ... work in? Examples: health, education, security, restaurant, retail sales, agriculture, fisheries	How many hours did ... work in this secondary activity last week ? If 30+ hrs, go to 10211	Would ... be willing and available to work more hours in this secondary activity last week ? 1. Yes 2. No Write the appropriate code in the box	
10101	10206	10207	10208	10209	10210	10299
01	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> hrs	<input type="checkbox"/>	<input type="checkbox"/>

- ACTIVITY CODES FOR 10206**
- Paid employment**
- Employer (producing goods or services for sale, running a business with paid employees)
 - Self-employed (producing goods or services for sale, running a business without paid employees)
 - Employee, working for wages/salary in public sector (incl. NGO, UN agencies)
 - Employee, working for wages/salary in private sector
- Unpaid employment**
- Producing goods for own and/or family consumption (self-employed)
 - Unpaid family worker (family business/plantation)
 - Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, looking after children, etc.) and outside (gardening, maintaining lawn, etc)
 - Volunteer work (community, church, etc.)
- Not in the labour force**
- Student
 - Home maker (washing, cooking, cleaning, looking after children, etc.)
 - Retired/Too old
 - None - Did not pursue any activity (no work)
 - Physically/Mentally disabled

ID	NOTES

SECTION S1.2: ACTIVITIES LAST WEEK (15+ YEARS) (Cont'd)

Reference period
last 7 days

	ACTIVELY LOOK FOR A JOB	WHY NOT?	ABLE TO WORK MORE	
[HM]	<p>Did ... actively look for work or for a job last week?</p> <p>1. Yes, go to 10213 2. No, go to 10212</p> <p><i>Write the appropriate code in the box</i></p>	<p>Reason for not searching a job:</p> <p>01. Student 02. Already have a full-time job 03. Don't want to work more 04. Physically/Psychologically disabled 05. Believe no paid work available 06. Discouraged (stopped looking, cannot find anything) 07. Waiting for family/friends to find work for me or tell me about other jobs 08. Weather/No transport 09. Home duties (babysitting, chores, etc.) 10. Too old/Retired 11. Other (note)</p> <p><i>Write the appropriate code in the box</i></p>	<p>Was ... available to work, or take on another job last week?</p> <p>1. Yes 2. No</p> <p><i>Write the appropriate code in the box</i></p>	NOTE ID
10101	10211	10212	10213	10299
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

SECTION S1.4: HEALTH STATUS (ALL PERSONS)

10400: Please identify every member of this household, if they have any ongoing (chronic) health problems.

- a) Record up to 4 such health problems if more than one exist.
- b) Remind the interviewee that all information collected in this survey will be kept confidential.

			ALL MEMBERS							
[HM]			Do you have any ongoing health problems? 1. Yes 2. No, go to S1.5 <i>Write the appropriate code in the box</i>	ONGOING ILLNESSES <i>Write the appropriate code in the box</i>				Do you regularly consult a health professional? 1. Yes 2. No	Do you take medication for any of these illnesses? 1. Yes 2. No	NOTE ID
				What ongoing illnesses do you suffer from?						
				#1	#2	#3	#4			
10101	10401	10402	10403	10404	10405	10406	10407	10408	10409	10499
01			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
02			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
03			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
04			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
05			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
06			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
07			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
08			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
09			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

ID	NOTES

SECTION S1.5: COMMUNICATION STATUS (10+ YEARS)

10500: For each member of this household, 10 years and older, please record the 3 main sources each HH member uses to access the Internet:

Reference period
last 1 month

DURING THE PAST MONTH: <i>(Write the appropriate code in the box)</i>							
[HM]	Did ... use internet?	Where did ... access the internet?			Did ... used a cell phone or other mobile device to give or receive calls?	Does ... own a cell phone or mobile device?	NOTE ID
	1. Yes, go to 10502 2. No, go to 10505	1. Home 2. Work 3. Internet café 4. Place of education 5. Another household 6. Mobile device (cellphone, i-pad, smartphone) 7. Other <i>(note)</i>			1. Yes 2. No	1. Yes 2. No <i>Write the appropriate code in the box</i>	
10101	10501	10502	10503	10504	10505	10506	10599
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"/>

ID	NOTES

SECTION S1.6 HOUSEHOLD MEMBERS WHO LEFT THE HOUSEHOLD

10600: Did this household have any members in the last 12 months, who are no longer members of the household?

Examples: Died in the last 12 months, or... Moved away with no intention of returning

1. Yes Provide details below

2. No **Go to Module 2**

**Reference period
last 12 months**

				IN THE LAST 12 MONTHS, DID THIS PERSON: <i>Write the appropriate code in the box</i>					
[HM]	PERSON NAME <i>First name Surname</i>	SEX 1 = Male 2 = Female <i>Write the appropriate code in the box</i>	AGE IN COMPLETE YEARS <i>Enter 000 for child under 1 year</i>	Contribute any income during the stay within this HH? 1. Yes 2. No If No, go to 10607	What main paid activity did ... do? 1. Wages job 2. Own business 3. Sale of agricultural products 4. Sale of fish, sea food 5. Sale of livestock 6. Sale of handicraft 7. None 8. Other type of income (<i>note</i>)	Incur any major personal expenses while with HH? 1. Yes 2. No If No, go to 10609	What was the main expense incurred by ... ([HM])? 1. Household assets 2. Travel 3. Education expenditure 4. Health expenditure 5. Customs 6. Other (<i>note</i>)	How many months did this person stay in HH over last 12 months?	NOTE ID
10601	10602	10603	10604	10605	10606	10607	10608	10609	10699
61		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
62		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
63		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
64		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
65		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
66		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
67		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
68		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>
69		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> mths	<input type="checkbox"/>

ID	NOTES