

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 another household 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	Member of another household	n/a	n/a



2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 3 - INDIVIDUAL EXPENDITURE

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

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

HOUSEHOLD DETAILS			FORM # <input type="text"/> of <input type="text"/>
HIES HOUSEHOLD ID <input type="text"/>	Set A, B, C <input type="text"/>	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 S3.1.1: EDUCATION DESCRIPTION

- 30100: 1. Did anyone in this household receive a grant/scholarship during the past 12 months? (30102)
 2. Did anyone in this household pay for school related items/services for a household member or a member of another household? (30103 to 30113)

1. Yes <input type="checkbox"/> Indicate expenses below		Don't forget expenses of persons listed in S1.6 (who left the household during the year)										Reference period last 12 months	
2. No <input type="checkbox"/> Go to S3.2.1		DURING THE LAST 12 MONTHS DID YOU SPEND ON											NOTE ID
[HM] DID [HM] RECEIVE A SCHOLARSHIP/ GRANT DURING THE PAST 12 MONTH? Mark 'X' the appropriate box		Tuition/Fees (application, exams, etc.)					Boarding	School uniform <i>Eg, caps, gown hire</i>	Text books, exercise books	Stationeries	School event <i>Eg, PTA, teacher day...</i>	Other <i>Eg, tutoring ...</i>	
		Kindergarten	Primary school	Secondary school	Tertiary school	Other institution							
		Expense code											
		01	02	03	04	05	06	07	08	09	10	11	
30101	30102	30103	30104	30105	30106	30107	30108	30109	30110	30111	30112	30113	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"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<i>n/a</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 S4.7 line 24 (Grant/Scholarship).

SECTION S3.1.2: EDUCATION EXPENDITURE DETAIL

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	LOCATION OF PROVIDER	NOTE
Line no.	1 to 11		[HM] # 60. List S1.6 90. Another HH	NZD	1. Within Niue 2. Outside Niue	ID
30151	30152	30153	30154	30155	30156	30199
1. List here all the annual expenses from the list in S3.1.1						
01	00		00	\$ 00,000.00	0	0
02	00		00	\$ 00,000.00	0	0
03	00		00	\$ 00,000.00	0	0
04	00		00	\$ 00,000.00	0	0
05	00		00	\$ 00,000.00	0	0
06	00		00	\$ 00,000.00	0	0
07	00		00	\$ 00,000.00	0	0
08	00		00	\$ 00,000.00	0	0
09	00		00	\$ 00,000.00	0	0
10	00		00	\$ 00,000.00	0	0
11	00		00	\$ 00,000.00	0	0
12	00		00	\$ 00,000.00	0	0
13	00		00	\$ 00,000.00	0	0
14	00		00	\$ 00,000.00	0	0
15	00		00	\$ 00,000.00	0	0
16	00		00	\$ 00,000.00	0	0
17	00		00	\$ 00,000.00	0	0
18	00		00	\$ 00,000.00	0	0
19	00		00	\$ 00,000.00	0	0
20	00		00	\$ 00,000.00	0	0
				TOTAL AMOUNT	\$ 00,000.00	

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 3 months and other health expenses in the last 3 months.

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 3 months

Line no./ [HM]	DURING THE LAST 3 MONTHS DID YOU SPEND ON								NOTE ID
	Private practitioners	Out patient visits	Hospital charges	Medicine, antibiotics or other prescribed medicine	Traditional medicine practises	Dental fees	Pre-/Ante- natal or maternal care outside hospital <i>Eg, midwife</i>	Other	
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 DETAIL

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

Reference period
last 3 months

	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. Another HH	NZD	1. Within Niue 2. Outside Niue	ID
30251	30252	30253	30254	30255	30256	30299
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		
TOTAL AMOUNT				\$, .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?

1. Yes <input type="checkbox"/> Indicate expenses below		Don't forget expenses of persons listed in S1.6 (who left the household during the year)				Reference period last 3 months	
2. No <input type="checkbox"/> Go to S3.4.1							
DURING THE LAST 3 MONTHS DID YOU SPEND ON <i>Mark "X" for the beneficiary of the expenditure</i>							
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, bag, other (note)</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	30349
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 S3.3.2: CLOTHING EXPENDITURE DETAIL

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

Reference period
last 3 months

	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. Another HH	NZD	1. Within Niue 2. Outside Niue	ID
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		
TOTAL AMOUNT				\$, .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:

- a) Include purchase of a phone/telecard and internet access in the last month
 - b) Include purchase of a mobile/cell phone or other mobile device in the last 12 months
- (Mark 'X' for the beneficiary of the expenditure that was incurred over the reference period)

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>Eg, prepaid card</i>	Contract talk or data <i>Eg, 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

Reference period
last month

Reference period
last 12 months

SECTION S3.4.2: COMMUNICATION EXPENDITURE DETAIL

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. Another HH	NZD	1. Within Niue 2. Outside Niue	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		

TOTAL AMOUNT \$, .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.

1. Yes <input type="checkbox"/> Indicate expenses below							Reference period last 12 months	
2. No <input type="checkbox"/> Go to S3.6.1								
Line no./ [HM]	DURING THE PAST 12 MONTHS DID [HM] PAY <i>Mark "X" for the beneficiary of the expenditure</i>							NOTE ID
	Hairdresser	Beauty salon, massage, nail care	Perfume	Jewellery, watch	Tattoos, Piercings, Gold teeth	Membership <i>Eg. sport, gym, golf, cultural association....</i>	Lessons <i>Eg. swimming, ballet, ...</i>	
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 DETAIL

For all expenditure identified in S3.5.1 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	LOCATION OF PROVIDER	NOTE
Line no.	1 to 7		[HM] # 60. List S1.6 90. Another HH	NZD	1. Within Niue 2. Outside Niue	ID
30551	30552	30553	30554	30555	30556	30599

List here all the annual 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		
13				\$, .00		
14				\$, .00		
15				\$, .00		
16				\$, .00		
17				\$, .00		
18				\$, .00		
19				\$, .00		
20				\$, .00		
TOTAL AMOUNT				\$, .00		

ID	NOTES

SECTION S3.6.1: ALCOHOL, KAVA AND 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, kava or tobacco during the past 7 days (tick 30606 - 30613)

(Mark 'X' for the beneficiary of the expenditure that was incurred over the reference period)

													Reference period last 7 days	
Line no./ [HM]	DURING THE LAST 7 DAYS				DURING THE LAST 7 DAYS DID [HM] BUY								NOTE ID	
	DID [HM]:			How many cigarettes did [HM] smoke?	ALCOHOL				TOBACCO			Kava		
	Drink alcohol?	Drink kava?	Smoke tobacco? <small>If No, go to 30606</small>		Beer	Wine	Spirits <small>Eg, Whisky, rum ...</small>		Cigarette stick or packet	Other imported tobacco <small>Eg, rolled tobacco</small>				
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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	
60	n/a				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	
90	n/a				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	

ID	NOTES

SECTION S3.6.2: ALCOHOL, KAVA AND TOBACCO EXPENDITURE (AGED 10+)

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

Reference period
last 7 days

Line no.	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
	1 to 8		[HM] # 60. List S1.6 90. Another HH	NZD	1. Within Niue 2. Outside Niue	ID
30651	30652	30653	30654	30655	30656	30699
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		
TOTAL AMOUNT				\$, .00		

ID	NOTES

END OF MODULE 3

