


SERIAL NUMBER: _____		FORM: _____ OF _____																						
CNMI HIES (CNMI2016-1)		CENTRAL STATISTICS DIVISION CNMI DEPARTMENT OF COMMERCE																						
 <p style="font-size: 1.2em; margin: 10px 0;">2016</p> <p style="font-size: 1.1em; margin: 0;">HOUSEHOLD INCOME AND EXPENDITURE SURVEY</p> <p style="font-size: 1.1em; margin: 0;">COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS</p>																								
1 <sup>st</sup> Visit	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">A. Island</td> <td style="padding: 2px;">B. Village</td> <td style="padding: 2px;">C. AA</td> <td style="padding: 2px;">D. Block</td> <td style="padding: 2px;">E. Map Spot</td> </tr> <tr> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> </table>			A. Island	B. Village	C. AA	D. Block	E. Map Spot	[ ]	[ ]	[ ]	[ ]	[ ]											
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[ ]	[ ]	[ ]	[ ]	[ ]																				
2 <sup>nd</sup> Visit	<p>F-1. Substitution: 1. Yes 2. No <span style="float: right;">[ ]</span></p> <p style="font-size: 0.8em;">1. Vacant - Regular 4. Other - Specify in</p> <p style="font-size: 0.8em;">2. Vacant - Off-island/Away 9. Refusal</p> <p>F-2. Substitution Reason: 3. Vacant - Demolished/Destroyed <span style="float: right;">[ ]</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">F-A. Island</td> <td style="padding: 2px;">F-B. Village</td> <td style="padding: 2px;">F-C. AA</td> <td style="padding: 2px;">F-D. Block</td> <td style="padding: 2px;">F-E. Map Spot</td> </tr> <tr> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> <td style="text-align: center;">[ ]</td> </tr> </table>			F-A. Island	F-B. Village	F-C. AA	F-D. Block	F-E. Map Spot	[ ]	[ ]	[ ]	[ ]	[ ]											
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3 <sup>rd</sup> Visit	<p>G. Diary Status: 1. Accepted 2. Refused <span style="float: right;">[ ]</span></p> <p>H. Location Description: _____</p> <p>I. Respondent's Name: _____</p> <p>J. Respondent's Contact Information: _____</p>																							
Comments / Notes	<p>K. HU Status: 1. Occupied 2. Vacant <span style="float: right;">[ ]</span></p> <p>L. Population: <span style="float: right;">[ ]</span></p> <p>M. HU Form Status: 1. Completed a. Form _____ of _____ 2. Incomplete 3. Last Resort <span style="float: right;">[ ]</span></p>																							
<p style="text-align: center; font-weight: bold;">Office Use:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Reviewed by:</td> <td style="width: 40%;"></td> <td style="width: 40%;">Date:</td> </tr> <tr> <td>Coded (1) by:</td> <td></td> <td>Date:</td> </tr> <tr> <td>Coded (2) by:</td> <td></td> <td>Date:</td> </tr> <tr> <td>Coded (3) by:</td> <td></td> <td>Date:</td> </tr> <tr> <td>Keyed by:</td> <td></td> <td>Date:</td> </tr> </table>		Reviewed by:		Date:	Coded (1) by:		Date:	Coded (2) by:		Date:	Coded (3) by:		Date:	Keyed by:		Date:	<p style="text-align: center; font-weight: bold;">Enumerator Use:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name:</td> </tr> <tr> <td colspan="2">Signature:</td> </tr> <tr> <td>Date:</td> <td>ID: [ ]</td> </tr> </table>		Name:		Signature:		Date:	ID: [ ]
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## 2016 CNMI Household Income and Expenditures Survey

Notice: Response to this inquiry is required by law (**Public Law 7-35**). By the same law, **YOUR RESPONSES OR ANSWERS ARE CONFIDENTIAL** and will only be used for statistical purposes.

The 2016 Household Income and Expenditures Survey of Commonwealth of the Northern Mariana Islands counts each person at his or her "usual residence." The usual residence is the place where the person lives and sleeps most of the time.

**Include:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>➤ Everyone who usually lives here such as family members, house mates and roommates, foster children, roomers, boarders, and live-in employees</li> <li>➤ Persons who are temporarily away on a business trip, on vacation, or in a general hospital</li> <li>➤ College students who stay here while attending college</li> </ul> | <ul style="list-style-type: none"> <li>➤ Persons in the Armed Forces who live here, including local reservists temporarily deployed</li> <li>➤ Newborn babies still in the hospital</li> <li>➤ Children in boarding schools below the college level</li> <li>➤ Persons who stay here most of the week while working even if they have a home somewhere else</li> <li>➤ Persons with no other home who were staying here on January</li> </ul> |
|--|---|

**DO NOT Include:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>❖ Persons who usually live somewhere else</li> <li>❖ Persons who are away in an institution such as a prison, mental hospital, or a nursing home</li> </ul> | <ul style="list-style-type: none"> <li>❖ College students who live somewhere else while attending college</li> <li>❖ Persons in the Armed Forces who live somewhere else</li> <li>❖ Persons who stay somewhere else most of the week while working</li> </ul> |
|--|---|

**1a.** Please give me the name of each person living here on January 1, 2016, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member.

*Print last name, first name, and middle initial for each person.*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**1b.** If **EVERYONE** listed above is staying here only temporarily and usually lives somewhere else. ASK – Where do these people usually live? Write their address here:

2016 CNMI Household Income and Expenditures Survey			
Section 1A - General Housing Characteristics			
<b>H1a.</b> When you told me the names of persons living here on January 1, did you leave anyone out because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?		<b>H8.</b> What is the MAIN type of material used for the roof of this building?	
1. Yes 2. No Determine if you should delete the person(s) based on the instructions for Question 1a.		1. Poured concrete 2. Concrete blocks 3. Metal 4. Wood 5. Pre-fabricated combination of above 6. Other	
<b>H1b.</b> When you told me the names of persons living here on January 1, did you include everyone even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?		<b>H9.</b> How many rooms do you have in this house/apartment? <i>Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers, or halls.</i>	
1. Yes 2. No Determine if you should delete the person(s) based on the instructions for Question 1a.		[ ] [ ]	
<b>H12a.</b> Which best describes this building? Include all apartments, flats, etc., even if vacant. <u>A one-family house:</u> 1. Detached from any other house 2. Attached to one or more houses <u>A Building With:</u> 3. 2 apartments or units 4. 3 to 4 apartments 5. 5 to 9 apartments 6. 10 to 19 apartments 7. 20 or more apartments 8. A boat or houseboat 9. Mobile home/trailer 10. Other		<b>H10.</b> How many bedrooms do you have? <i>That is, how many bedrooms would you list if this (house/apartment) were on the market for sale or rent?</i>	
Ask ONLY IF this is a ONE-FAMILY HOUSE — IF H2a is 1 or 2, SKIP to H4c.		<b>H11.</b> Do you have hot AND cold piped water?	
<b>H2b.</b> Is there a business (such as a store) or a medical office on this property? 1. Yes    2. No		1. Yes, in this unit 2. Yes, in this building 3. No, only cold piped water in this unit 4. No, only cold piped water in this building 5. No, only cold piped water outside this building 6. No piped water	
<b>H3.</b> Is this (house/apartment/condominium) — 1. Owned by someone in this household with a mortgage or loan? 2. Owned by someone in this household free and clear (without a mortgage)? 3. Rented for cash rent? 4. Occupied without payment of cash rent?		<b>H12.</b> If Yes, ADR — What type of energy powers your water heater?	
Ask ONLY IF this house is RENTED — IF H3 is NOT 3, SKIP to H4c.		1. Electricity 2. Gas 3. Solar 4. Other Fuels	
<b>H4.</b> What is the total monthly rent? \$		<b>H13.</b> Do you have a bathtub or shower?	
<b>H4a.</b> If the government is paying part of the rent — How much are they paying each month? \$		1. Yes, in this Unit 2. Yes, in this Building 3. Yes, outside this Building 4. No.	
<b>H4b.</b> If a non-government organization is paying part of the rent — How much are they paying each month? \$		<b>H14.</b> Do you have a flush toilet?	
<b>H4c.</b> If you pay any insurance for your household goods — What is the annual amount? \$		1. Yes, in this unit 2. Yes, in this building 3. Yes, outside this building 4. No, ventilated outhouse/privy 5. Other or none	
<b>H5.</b> About what year was this building first built? 1. 2016 2. 2010 to 2015 3. 2005 to 2009 4. 2000 to 2004 5. 1990 to 1999 6. 1970 to 1989 7. 1940 to 1969 8. 1939 or earlier 9. Don't know		<b>H15.</b> Which FUEL is used MOST for cooking in this unit? 1. Electricity 2. Gas: bottled or tank (LPG) 3. Kerosene 4. Butane 5. Electricity and gas 6. Electricity and kerosene 7. Gas and kerosene 8. Wood 9. Other	
<b>H6.</b> When did (Person listed on line 1) move into this unit? <i>Please Print Year.</i>		<b>H16.</b> Do you have an electric or gas stove? 1. Yes    2. No	
<b>H7.</b> What is the MAIN type of material used for the outside walls of this building? 1. Poured concrete 2. Concrete blocks 3. Metal 4. Wood 5. Pre-fabricated combination of above 6. Other		<b>H16a.</b> Do you have a microwave oven? 1. Yes    2. No	
		<b>H17.</b> Do you have a refrigerator in this unit? 1. Yes    2. No	



2016 CNMI Household Income and Expenditures Survey			
Section 1A - General Housing Characteristics - Continued			
H17a.	Do you have a stand-alone freezer in this unit?	1. Yes    2. No	
H18.	Do you have a sink with piped water in this unit?	1. Yes    2. No	
H19.	Do you get water from	1. A public system only? 2. A public system and cistern? 3. A cistern, tanks, or drums only? 4. A public standpipe? 5. Some other source like an individual well or spring?	
If H19 is NOT 1 or 2, SKIP to H20.			
H19a.	Is service 24 Hours?	1. Yes    2. No	
H20.	Do you purchase drinking water?	1. Yes    2. No	
H21.	Is this building connected to a public sewer?	1. Yes, connected to public sewer 2. No, connected to septic tank or cesspool 3. No, use other means	
H22.	Do you have air conditioning?	1. Yes, a central air-conditioning system 2. Yes, 1 individual room unit 3. Yes, 2 + room units 4. No	
H23.	Do you have a battery operated radio?	1. Yes    2. No	
Count car radios, transistors, and other battery operated sets in working order or needing only new battery for operation.			
H24.	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?		
H25.	How many boats with a motor are kept for use by member of this household?		
H26.	Do you have a landline telephone in this unit?	1. Yes    2. No	
H26a.	What was the last monthly Landline Telephone bill? – Exclude the cost for Internet Access and Cellphone(s)	\$	
H27.	Does this house/apartment have electric power?	1. Yes    2. Yes – Included in the rent.    3. No	
H27a.	If Yes (1) – What was the last monthly bill for electricity for this unit?	\$	
H28.	Do you have a television set?	1. Yes    2. No	
If No, Skip to H29.			
H28a.	Do you have Cable T.V.?	1. Yes    2. No	
If No, Skip to H29.			
H28b.	What was the last monthly bill? Code 999 if included in rent	\$	
H29.	Do you have a computer at home?	1. Yes    2. No	
H29a.	Do you have internet access in your unit?	1. Yes    2. No	
If No, Skip to H30.			
H29b.	Type of Connection:	1. Telephone Line - ADSL 2. Broadband Connection	
H29c.	What is the speed of your internet (in Mbps)?	1. < 768 KBPS    3. < 3    5. 6 or Higher 2. 768 < 1.5    4. 3 < 6    6. Don't Know	
H29d.	What was the last monthly bill for your internet connection? Include cellphone calling cards (if included in telephone or cable bill, record "0")	\$	
H30.	How many people in this household have a cellphone?		
If H30 is 2, No, Skip to H31.			
H30a.	Does any household member have a data plan?	1. Yes    2. No	
H30b.	What was the last monthly bill for all cellphones this household?	\$	
H31.	What was the last monthly bill or expense for gas for this unit? Exclude vehicle / automotive fuel / gas. (If no expenses, record "0" dollars)	\$	
H32.	What was the last monthly bill for water for this unit?	\$	
H32a.	If no payment (0), ask – Was it included in the rent?	1. Yes    2. No	
H32b.	Do you pay for water from a public utility?	1. Yes    2. No	
H33.	What was the last monthly bill for solid waste (trash) collection services? If none, record "0" dollars	\$	

## 2016 CNMI Household Income and Expenditures Survey

### Section 1A - General Housing Characteristics - Continued -

*H34 - H36: Ask ONLY if someone in this household OWNS OR IS BUYING this house, apartment, or lot -*

H34.	What is the value of this dwelling; that is, how much do you think it would cost to build this dwelling now?	\$
H35.	For this property - What is the annual payment for insurance for this building or house?	\$
H36.	Do you have any loans for this property?	1. Yes    2. No
H36a.	How many loans for this property are you currently making repayments on?	
Housing loan information		
	1 <sup>st</sup> Loan	2 <sup>nd</sup> Loan
	3 <sup>rd</sup> Loan	4 <sup>th</sup> Loan
	5 <sup>th</sup> Loan	
	If at least one, how much are you paying per month for each loan?	\$
H37.	Is this unit part of a condominium?	1. Yes    2. No
H37a.	If Yes - What is the monthly condo common fee?	\$
H38.	Does any member of the household receive assistance from nutritional assistance programs (Food Stamp)?	1. Yes    2. No
H38a.	If Yes - What is the total combined amount of the household?	\$
H39.	Due to any natural disaster, were there any repairs made on this dwelling?	1. Yes    2. No
H40.	Did you receive any natural disaster related assistance in 2015?	1. Yes    2. No
H40a.	If Yes - What was the total amount?	\$

### Section 2. Construction and Repairs (12-month recall period)

These questions are on construction, maintenance, alterations or repairs done on your own or other units, including those you did yourself and those you paid someone to do. In the last 12 months how much money did you spend on the following? If any item was charged over time, provide the monthly repayment.

Construction and Repairs						If None, Check this Box →
Item	Total Spent	Monthly Payment	Item	Total Spent	Monthly Payment	
201 Dwelling Under Construction	\$	\$	208 Outside Improvements (Fence, Driveway, Etc.)	\$	\$	
202 Building An Addition (Extra Room, Porch, Etc.)	\$	\$	209 Plumbing Or Water Heater Installation/Repair	\$	\$	
203 Remodeling Or Renovating Inside Room(S)	\$	\$	210 Electrical Repairs Or Improvements	\$	\$	
204 Remodeling Or Renovating Outside Room(S)	\$	\$	211 Install, Repair, Replace Window Pane, Screen	\$	\$	
205 Repairing Roof / Gutter	\$	\$	212 Typhoon Shutters	\$	\$	
206 Landscaping And Yard Maintenance	\$	\$	213 Other Improvements Or Repairs	\$	\$	
207 Air Conditioning Installation / Repair	\$	\$	214 Other Construction Activity	\$	\$	

## 2016 CNMI Household Income and Expenditures Survey

### Section 3. Consumer Durables, Furniture, Electronic Items and Recreation Items (12-month recall period)

These questions are about household items you purchased in the last **12 months**. Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. Include any item purchased by your household and given to someone else or to another household

#### Major Appliances

If None, Check this Box → ☐

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
301 Stove / Range / Oven (Electric)		\$	\$	309 Microwave Oven		\$	\$
302 Stove / Range / Oven (Gas)		\$	\$	310 Washing Machine		\$	\$
303 Range Hood / Stove Exhaust Fan		\$	\$	311 Clothes Dryer		\$	\$
304 Refrigerator		\$	\$	312 Generator		\$	\$
305 Freezer		\$	\$	313 Water Heater		\$	\$
306 Dishwasher		\$	\$	314 Air Conditioner		\$	\$
307 Garbage Disposal		\$	\$	315 Sewing Machine		\$	\$
308 Vacuum Cleaner		\$	\$	316 Other Major Appliances		\$	\$

#### Computers and Related Electronic Devices

If None, Check this Box → ☐

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
321 Desktop Computer		\$	\$	332 Memory Stick / Flash Drive		\$	\$
322 Laptop / Notebook Computer		\$	\$	333 External Memory / Hard Disk Drive (HDD)		\$	\$
323 Tablet Computer (iPad)		\$	\$	334 Software & Accessories		\$	\$
324 Electronic Readers (Kindle, Nook)		\$	\$	335 Wireless Router / Printer		\$	\$
325 Combine Printer/Fax/Copier/Scanner		\$	\$	336 Remove		\$	\$
326 Copier (Only)		\$	\$	337 Other Computer Equipment		\$	\$
327 Fax (Only)		\$	\$	338 Radar Detector		\$	\$
328 Printers / Photo Printer (Only)		\$	\$	340 Digital Camera		\$	\$
329 Scanner (Only)		\$	\$	341 Analog / Film Camera (Non-Digital)		\$	\$
330 CD / DVD Burner		\$	\$	342 Photo Accessories		\$	\$
331 CD / DVD Reader		\$	\$	343 Digital Photo Frame		\$	\$

## 2016 CNMI Household Income and Expenditures Survey

Section 3. Consumer Durables, Furniture, Electronic Items and Recreation Items (12-month recall period)

- Continued -

Electronic Goods								If None, Check this Box →
Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment	
351 Non-Flat Screen Television		\$	\$	373 Cellular Telephone (Non-Smart) Unit		\$	\$	
352 Flat Screen T.V.		\$	\$	374 Smart Phone Unit		\$	\$	
353 UHD / Curved Screen / 4K T.V.		\$	\$	375 Landline Telephone Unit		\$	\$	
354 Satellite Dishes		\$	\$	376 Answering Machine		\$	\$	
355 Streaming Media Player / Device (E.G., Apple T.V., Amazon Fire Stick, Chromecast, Etc.)		\$	\$	377 Car Audio Equipment / Installation		\$	\$	
356 DVD / VCR Recorder / Player		\$	\$	378 Car Video Equipment / Installation		\$	\$	
359 DVD Player		\$	\$	379 GPS (Magellan, Garmin)		\$	\$	
360 Cd Player		\$	\$	380 Remote Car Starter		\$	\$	
361 Mp3 Player / iPod		\$	\$	381 Car "Backup" Screens		\$	\$	
362 Blue Tooth / Wireless Speakers		\$	\$	382 Lo-Jack (Finding Stolen Car)		\$	\$	
363 Home Stereo / Entertainment System		\$	\$	383 Radio (All Types)		\$	\$	
364 Speakers / Surround-Sound Speakers		\$	\$	384 Karaoke Machine / Microphone		\$	\$	
365 Video Game Console (X-Box, PS4, Etc.)		\$	\$	385 Magic Mic (Karaoke)		\$	\$	
366 Camcorder / Video Recorder		\$	\$	386 Powerful Headphones		\$	\$	
367 Combine Internet / Phone / T.V.		\$	\$	387 Calculator		\$	\$	
368 Satellite Telephone		\$	\$	388 Other Office Machine		\$	\$	
369 Buying Satellite Internet		\$	\$	389 Power Banks		\$	\$	
370 Buying Other Internet		\$	\$	390 Personal Digital Assistant (PDA)		\$	\$	
371 Portable Video Games		\$	\$	391 Other Electronic Equipment		\$	\$	
372 Other Audio / Video Equipment		\$	\$					



## 2016 CNMI Household Income and Expenditures Survey

### Section 3. Consumer Durables – Furniture (12-Month Recall Period)

These questions are about household items you purchased in the last 12 months. Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. Include any item purchased by your household and given to someone else or to another household.

#### Household Furnishings and Operations

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
171 Bedroom Furniture		\$	\$	174 Kitchen Furniture		\$	\$
172 Living Room Furniture		\$	\$	175 Other Furniture		\$	\$
173 Dining Room Furniture		\$	\$				

#### Floor Coverings

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
181 Rugs, Carpets, Etc.		\$	\$	183 Woven Mats And Other Floor		\$	\$
182 Linoleum (Hard Surface)		\$	\$				

### Section 3. Consumer Durables – Sports, Recreation, and Exercise Equipment (12-Month Recall Period)

These questions are about sports, recreation, and exercise equipment that you purchased in the last 12 months. Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. Include any item purchased by your household and given to someone else or to another household.

#### Sports, Recreation, and Exercise Equipment

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
190 Health And Exercise Equipment		\$	\$	195 Bicycles/Tricycles		\$	\$
191 Camping Equipment		\$	\$	196 Golf And Golfing Equipment		\$	\$
192 Hunting/Fishing Equipment		\$	\$	197 Tennis Rackets & Equipment		\$	\$
193 Water Sports Equipment		\$	\$	198 Other Sporting Goods/Equipment		\$	\$
194 Automobile Custom Accessories (E.G., Custom Wheels)		\$	\$	199 Acoustic/Electric Musical Equipment		\$	\$

### Section 4. Consumer Durables - Small Household Appliances, Tools & Household Goods & Services (3-Month Recall Period)

#### Small Household Appliances

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
401 Small Electric Kitchen Appliances (Toaster, Blender Etc.)		\$	\$	406 Water Dispenser		\$	\$
402 Electric Razor		\$	\$	407 Electric Floor Cleaning Equipment		\$	\$
403 Safety Razor (Non-Electric)		\$	\$	408 Rice Cooker		\$	\$
404 Hair Dryer		\$	\$	409 Other Small Appliances		\$	\$
405 Electric Tooth Brush		\$	\$				



## 2016 CNMI Household Income and Expenditures Survey

Section 4, Consumer Durables - Small Household Appliances, Tools & Household Goods & Services (3-Month Recall Period)  
- Continued -

Tools, Hardware and Supplies <span style="float: right;">If None, Check this Box →</span>								
Item		1. New 2. Used	Total Spent	Monthly Payment	Item		1. New 2. Used	Monthly Payment
411	Lawn Mower		\$	\$	417	Kitchen Utensils		\$
412	Weed Wacker/Bush Cutter		\$	\$	418	Firearms		\$
413	Chain Saw		\$	\$	419	Outdoor Equipment / Supplies		\$
415	Other Hand Tools (Electric / Battery Power)		\$	\$	420	Other Hardware / Supplies		\$
416	Other Hand Tools (Non-Electric / Battery Power)		\$	\$				

Housekeeping Supplies <span style="float: right;">If None, Check this Box →</span>								
Item		1. New 2. Used	Total Spent	Monthly Payment	Item		1. New 2. Used	Monthly Payment
421	Household Cleaning Products		\$	\$	423	Other Housekeeping Supplies		\$
422	Household Paper Products		\$	\$	424	Misc. Housekeeping Supplies		\$

Household Services <span style="float: right;">If None, Check this Box →</span>								
Item		1. New 2. Used	Total Spent	Monthly Payment	Item		1. New 2. Used	Monthly Payment
425	Housekeeping Services		\$	\$	428	Moving, Storage, Freight Services		\$
426	Cooking Services		\$	\$	429	Repair Of Household Items		\$
427	Driving Services		\$	\$	430	Other Household Services		\$

Household Equipment Repairs, Service Contracts, etc. <span style="float: right;">If None, Check this Box →</span>								
Item		1. New 2. Used	Total Spent	Monthly Payment	Item		1. New 2. Used	Monthly Payment
431	Kitchen Appliances Repair		\$	\$	438	Termites / Pest Control Services		\$
432	Electronic Items Repair		\$	\$	439	Service Contracts For Appliances		\$
433	Computer Or Related Items Repair		\$	\$	440	Service Contracts For Electronic Goods		\$
434	Lawn Equipment Repair		\$	\$	441	Service Contracts For Computers		\$
435	Hand Or Power Tools Repair		\$	\$	442	Furniture Repair		\$
436	Photographic Items Repair		\$	\$	443	Other Household Goods Repairs		\$
437	Sport / Recreational Equipment Repair		\$	\$				

## 2016 CNMI Household Income and Expenditures Survey

### Section 5. Consumer Non-Durables - Apparel (3-Month Recall Period)

These questions are about apparel items you purchased in the last 3 months. Please include anything bought with a credit card or cash. If any item was charged over time, provide the monthly repayment. Include any item purchased by your household and given to someone else or to another household.

#### Men's and Boys' Apparel

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
501 Men's Suits		\$	\$	505 Men's Accessories (Belts, Suspenders, Underwear, Etc.)		\$	\$
502 Men's Dress Shirts		\$	\$	506 Other Men's Apparel		\$	\$
503 Men's Casual Shirts / Tee-shirts		\$	\$	507 Boy's Pants / Shorts, Including Uniforms		\$	\$
504 Men's Pants/Shorts		\$	\$	508 Other Boys' Apparel		\$	\$

#### Women's and Girls' apparel

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
511 Women's Outerwear		\$	\$	515 Women's Accessories (Belts, Scarves, Etc.)		\$	\$
512 Women's Dresses		\$	\$	516 Other Women's Apparel		\$	\$
513 Women's Suits And Separates		\$	\$	517 Girl's Dresses And Other Apparel, Including Uniforms		\$	\$
514 Women's Underwear, Nightwear,		\$	\$	518 Other Girl's Accessories		\$	\$

#### Footwear

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
521 Men's Footwear		\$	\$	524 Women's Footwear		\$	\$
522 Boy's Footwear		\$	\$	525 Infant's / Toddler's Footwear		\$	\$
523 Girl's Footwear		\$	\$				

#### Infants Clothing, Watches, Jewelry and Hairpieces

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
531 Infant's Coats / Jackets		\$	\$	533 Other Infant's Clothing		\$	\$
532 Infant's Dresses		\$	\$	534 Infant's Diapers		\$	\$

#### Watches, Jewelry, Hairpieces, Clothing rental and storage

If None, Check this Box →

Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment
541 Watches		\$	\$	547 Clothing Repair / Altering / Tailoring		\$	\$
542 Jewelry		\$	\$	548 Shoe Repair		\$	\$
543 Hairpieces Or Wigs		\$	\$	549 Watch / Jewelry Repair		\$	\$
544 Sewing Materials To Make Clothes		\$	\$	550 Clothing Rental		\$	\$
545 Other Sewing Materials		\$	\$	551 Clothing Storage		\$	\$
546 Clothing Services		\$	\$	552 Other Items		\$	\$

## 2016 CNMI Household Income and Expenditures Survey

### Section 5. Consumer Non-Durables - Apparel (3-Month Recall Period)

- Continued -

Medicines and Medical Supplies								If None, Check this Box →
Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment	
561 Prescription Drugs		\$	\$	565 Non-Prescription Eyeglasses		\$	\$	
562 Non-Prescription Drugs		\$	\$	566 Other Medical Supplies		\$	\$	
563 Bandages/Band-Aids, Etc.		\$	\$	568 Contact Lenses		\$	\$	
564 Prescription Eyeglasses/Contact Lens		\$	\$	569 Sunglasses		\$	\$	

Other Items								If None, Check this Box →
Item	1. New 2. Used	Total Spent	Monthly Payment	Item	1. New 2. Used	Total Spent	Monthly Payment	
Item:		\$	\$	Item:		\$	\$	
Item:		\$	\$	Item:		\$	\$	
Item:		\$	\$	Item:		\$	\$	
Item:		\$	\$	Item:		\$	\$	

### Section 6. Transportation

The questions below concern the number and type of vehicles that are rented, leased or owned by each household member and the expenditures for each. In the first column, please enter the type of vehicle, make and model. Include any vehicle in your household and that you pay fully for in another household. In this Section, **vehicles include:** cars, vans, trucks, motorbikes, boats or any other motor vehicles. In column 2, indicate vehicle category (rented, leased or purchased) by entering the number by a household member. Enter the appropriate expenditures for each vehicle in Columns 3, 4 and 5.

#### Section 6A. Transportation – Vehicle Registration/Insurance/Safety (12-Month Recall Period)

The following questions are about registration, insurance, and safety inspection fees on ALL vehicles including cars, trucks, motorbikes, boats (including separate outboard motor), or any other motor vehicle.

Type of Vehicle, Make and Model	1. Rented 2. Leased 3. Purchased	Registration	Insurance Premium	Safety Inspection
At least one vehicle: 1. YES 2. NO <input type="checkbox"/>				
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$

#### Section 6B. Transportation – Vehicle Maintenance and Repairs (3-Month Recall Period)

The questions below concern vehicle maintenance costs and refer to the vehicles entered above (including maintenance of outboard motors). Enter information for each vehicle. Enter the type of vehicle, make and model. In columns 2, 3, and 4, enter the average monthly costs for each of the categories over the past 3 months.

Type of Vehicle, Make and Model	Repair Cost (Specify Type of repair)	Average Monthly Cost of Gas	Average Monthly Cost of Oil / Other Liquids
At least one vehicle: 1. YES 2. NO <input type="checkbox"/>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$



## 2016 CNMI Household Income and Expenditures Survey

### Section 6. Transportation

- Continued -

#### Section 6C. Transportation – Vehicle Purchasing/Renting/Leasing (12-Month Recall Period)

The questions below concern the expenditures that household members spent on renting, leasing or purchasing vehicles (including outboard motors). Entries should be made for each vehicle. DO not include vehicles or boats rented or leased by a business or employer. Enter the type of vehicle, make and model. In column 2, enter the appropriate category. In column 3, indicate whether the vehicle is new or used. Complete the total cost in column 4, the down payment if it occurred in the previous 12 months in column 5, and the monthly payment in column 6.

Type of Vehicle, Make and Model At least one vehicle: 1. YES 2. NO <input type="checkbox"/>	1. Rented 2. Leased 3. Purchased	1. New 2. Used	Total Cost	Down Payment in the Past 12 Months	Monthly Payment
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$

#### Section 6D. Transportation – Vehicle Sales (12-Month Recall Period)

The questions below concern the sale by any household member of any vehicle (including an outboard motor) owned by a household member. Enter information for each vehicle. Enter the type of vehicle, make and model. Enter appropriate expenditures for each vehicle in Columns 2, 3, and 4.

Type of Vehicle, Make and Model At least one vehicle: 1. YES 2. NO <input type="checkbox"/>	Total Cost	Down Payment in the Past 12 Months	Monthly Payment
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$

#### Section 6E. Transportation – Off-Island Travel (12-Month Recall Period)

Off-Island Travel: In the last 12 months, has any household member had any expenses related to any off-island trips, excluding business trips? 1. Yes 2. No ☐  
 If yes, enter the destination, round-trip fare, accommodation and other expenditures. Record the Island in the COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (CNMI) if travel was within the CNMI, a US State, or foreign country if outside CNMI. If Yes, How Many? ☐

Destination	HH / Non-HH*	Fares	Accommodations	Other Expenses (Specify)
1.	HH	1. Air \$	1. Hotel /Motel	1. \$
	Non-HH	2. Other \$	2. Other	2. \$
2.	HH	1. Air \$	1. Hotel /Motel	1. \$
	Non-HH	2. Other \$	2. Other	2. \$
3.	HH	1. Air \$	1. Hotel /Motel	1. \$
	Non-HH	2. Other \$	2. Other	2. \$
4.	HH	1. Air \$	1. Hotel /Motel	1. \$
	Non-HH	2. Other \$	2. Other	2. \$
5.	HH	1. Air \$	1. Hotel /Motel	1. \$
	Non-HH	2. Other \$	2. Other	2. \$

## 2016 CNMI Household Income and Expenditures Survey

### Section 7. Medical Care (3-Month Recall Period)

#### Section 7A. Health Insurance

Are any of the household members currently paying for regular or supplemental health insurance?

1. Yes 2. No

Health Insurance Company/Plan Name	Number of Persons in this Household Covered?	Last payment amount	Period covered		How much is charged to a business/refunded?
			1. Weekly 2. Bi-weekly	3. Monthly 4. Other	
1.		\$			\$
2.		\$			\$
3.		\$			\$
4.		\$			\$

#### Section 7B. Doctors' Fees

In the last 3 months, have you made any payments to a General Practitioner or a family doctor? If yes, please enter type of service, gross payment or co-payment, any refund and net payment below. Include medical services such as PET Scans, MRIs, CT Scans, etc.

1. Yes 2. No

Name of doctor/provider	Type of treatment	Doctor's total charge	Patient payment/ co-payment	Part paid by insurance or party	On or Off island (Circle one)	
1.		\$	\$	\$	On	Off
2.		\$	\$	\$	On	Off
3.		\$	\$	\$	On	Off
4.		\$	\$	\$	On	Off

#### Section 7C. Other Health Specialists Fees

In the last 3 months, have you made any payments to a Health Specialist? If yes, please enter type of service, gross payment or co-payment, any refund and net payment.

1. Yes 2. No

Name of health specialist	Type of specialist or treatment	Total charge	Patient payment/ co-payment	Part paid by insurance or party	On or Off island (Circle one)	
1.		\$	\$	\$	On	Off
2.		\$	\$	\$	On	Off
3.		\$	\$	\$	On	Off
4.		\$	\$	\$	On	Off

#### Section 7D. Hospital, Dispensary or Nursing Home

In the last 3 months, have you made any payments to a Hospital, Dispensary or a Nursing Home, including adult/elderly home care? If yes, please enter the name, type of service, total charge, patient reimbursement, (refund or co-payment, the total paid and whether it was on islands or off-island.

1. Yes 2. No

Name of hospital, dispensary or nursing home	Type of service	Total charge	Patient payment/ co-payment	Part paid by insurance or party	On or Off island (Circle one)	
1.		\$	\$	\$	On	Off
2.		\$	\$	\$	On	Off
3.		\$	\$	\$	On	Off
4.		\$	\$	\$	On	Off

#### Section 7E. Medical or Other Health Practitioner

In the last 3 months, have you made any payments to any other medical or health Practitioner? This includes opticians, optometrists, repair of glasses, contact lenses, and dentists or dental specialists? If yes, please enter type of service, gross payment or co-payment, any refund and net payment.

1. Yes 2. No

Name of health specialist	Type of specialist or treatment	Total charge	Patient payment/ co-payment	Part paid by insurance or party	On or Off island (Circle one)	
1.		\$	\$	\$	On	Off
2.		\$	\$	\$	On	Off
3.		\$	\$	\$	On	Off
4.		\$	\$	\$	On	Off

## 2016 CNMI Household Income and Expenditures Survey

## Section 8. Loans (12-Month Recall Period)

## Section 8A. Loans -- [DO NOT include Car loans]

The questions below concern any loans that any members of the household have and have not paid back.  
Are you currently making regular payments for anything on rent-to-own purchase, personal or some other type of loans?

1. Yes      2. No

*Interviewer:* Exclude credit cards and other revolving credit, or other loans used for this dwelling or other property.

Use the following codes for leaders:

1. Bank

Insurance Company

### 3. Finance Company

4. Credit Union

Other (Specify):

*If Yes, how many loans do you have?*

Lender: Enter code from above	Main purpose: (Specify)	Type: 1. Rent to own 2. Personal loan, 3. Other (Record number)	Month / Year Repayments Started	Amount Borrowed	Each repayment & period covered		How much charged to business or refunded?
					Amount	Period	
1.				\$	\$		\$
2.				\$	\$		\$
3.				\$	\$		\$
4.				\$	\$		\$

## Section 8B. Credit cards or Charge accounts

The questions below concern any Credit Cards or Charge Accounts that any members of the household have and have not paid back. Do you currently have any Credit Cards or Charge Accounts such as VISA?

1. Yes.      2. No

*Include charge accounts at individual stores if the store charges interest when the full amount is not paid each month.*

### 9 Yes, How Many?

(a) Number of purchases on last bill. Enter NONE if none.	(b) Did you have a service or credit charge for previous purchases on your last bill? (Circle yes or no)	(c) Did you have a service or credit for cash advances on your last bill? (Circle yes or no)	(d) Combined service or credit charge for cash advances and purchases if (b) and (c) are not separated on bill	(e) Period covered (Circle 1 or 2)
1.	1. Yes \$\$ → 2. No	1. Yes \$\$ → 2. No	\$	1. One Month 2. Other _____
2.	1. Yes \$\$ → 2. No	1. Yes \$\$ → 2. No	\$	1. One Month 2. Other _____
3.	1. Yes \$\$ → 2. No	1. Yes \$\$ → 2. No	\$	1. One Month 2. Other _____
4.	1. Yes \$\$ → 2. No	1. Yes \$\$ → 2. No	\$	1. One Month 2. Other _____

## Section 9. Education. (12-Month Recall Period)

In the past 12 months, have you paid any education fees?

1. Yes      2. No

*Education fees: DO NOT include payments made by outside agencies such as Pell grant, loans, etc. – report only your out-of-pocket expenses*

**If Yes,  
How Much?**

<u>Type of payment</u> 1. In CNMI 2. Not in CNMI	College or University	Secondary School	Primary School	Nursery or Preschool AND Day care	Other School	If any, amount paid by someone outside his household
Tuition / Books	\$	\$	\$	\$	\$	\$
Housing / Room	\$	\$	\$	\$	\$	\$
Food / Board	\$	\$	\$	\$	\$	\$



2016 CNMI Household Income and Expenditures Survey									
Section 10. Miscellaneous Expenses (12-Month Recall Period)									
In this section enter the amount spent by all household members for each of these categories in the past 12 months								If None, Check this Box →	
<b>REMITTANCES</b>									
950 How much did all members of your family give as cash or gifts to other individuals or families (1) In CNMI or (2) Outside CNMI?									
Place and Code (Office Use):		CASH	Gift (e.g., freezer, car, medical expenses)		Code (Office Use)			Total value of gifts	
		\$							\$
		\$							\$
		\$							\$
		\$							\$
<b>WATER PURCHASES:</b>									
								If None, Check this Box →	
953	How much did you spend on water containers of 3 gallons or more?		\$		954	How much did you spend on water trucked to your residence?		\$	
<b>LICENSES</b>									
								If None, Check this Box →	
955	How much did all members of your family spend on all licenses last year (including driver's licenses, boat driver's licenses, hunting, and fishing)?							\$	
<b>HEALTH / BEAUTY SERVICES</b>									
								If None, Check this Box →	
961	Health Spa Establishments (Excluding Body And Facial Massage)		\$		965	Haircuts		\$	
962	Body And Facial Massage		\$		966	Hair Dying And Coloring		\$	
963	Salons (Including Permanents And Other Hair Styling)		\$		967	Hair Weaving, Extensions, And Others		\$	
964	Manicures And Pedicures		\$		968	Nutrition Centers		\$	
<b>MAJOR LOCAL EXPENSES (Including Purchased Food, Grown Food, and Other Donations)</b>									
								If None, Check this Box →	
971	Weddings		\$		975	Other Family Events		\$	
972	Christenings		\$		976	Church Activities		\$	
973	Funerals		\$		977	School Fund-Raising, Charitable Organizations, And Other Donations		\$	
974	Other Traditional Feasts And Events		\$		978	Other Major Local Expenses		\$	
<b>OTHER EXPENSES</b>									
								If None, Check this Box →	
981	Legal And Accounting Fees		\$		990	Mutual Funds, Stocks, And Bonds		\$	
982	Computer And Other Games		\$		991	Alimony		\$	
983	Life Insurance Premiums		\$		992	Veterinary Services		\$	
984	Dry Cleaning Services		\$		993	Child Day Care		\$	
985	Fitness Centers		\$		994	After School Programs		\$	
986	Annual Fees For Social Or Sports Clubs And Credit Cards		\$		995	Home Security Alarm Systems		\$	
987	Child Support		\$		997	Other		\$	
988	Shuttle Bus Service (Mass Transit)		\$		998	Other		\$	

2016 CNMI Household Income and Expenditures Survey									
Individual Survey – Page 1 of 2									
1a. Name (from Roster List - page 1)									
1b. Person Number (from Roster List - page 1)		01		2. Gender?					
				1. Male    2. Female					
3. How are you related to (Person 1)?									
01. Householder		05. Brother/sister							
02. Spouse		06. Father/mother							
03. Natural or adopted son/daughter		07. Grandchild							
04. Stepson/stepdaughter		08. Other relative:							
<i>If not related to Person 1:</i>									
09. Roomer, boarder, or foster child		11. Unmarried partner							
10. Domestic worker/helper		12. Other nonrelative							
4. What is your race or ethnicity?									
5. What is your date of birth? <span style="float: right;">Age</span>									
Month		Day		Year					
6. What is your marital status?									
1. Now married		3. Widowed		5. Never married					
2. Separated		4. Divorced							
7. Where were you born? Print the name of the village in CNMI, U.S. State or territory, or foreign country in the space below.									
8. Are you a CITIZEN of the United States?									
1. Yes, born in CNMI - Skip to 11		3. Yes, born abroad of US parent(s)		5. No, not citizen (Green card/Legal/FAS)					
2. Yes, born in the U.S., Guam, or other U.S. territory		4. Yes, U.S. citizen by naturalization		6. No, not citizen (Other)					
9. In what month and year did you come to CNMI to stay? <i>If entered CNMI more than once, ASK - What is the latest month and year?</i>									
Month		Year							
10. Why did you come to CNMI the first time?									
1. Employment		4. Family member of employed person		7. Medical reasons					
2. Spouse of employed person		5. Student - attending school/college		8. Visiting/Vacation					
3. Dependent of employed person		6. Missionary		9. Other, Specify:					
11a. Where was your mother born?									
<i>Print the name of the village in CNMI or the name of the U.S. State or territory, island, or foreign country in the space below.</i>									
11b. Where was your father born?									
<i>Print the name of the village in CNMI, or the name of the U.S. State or territory, island, or foreign country in the space below.</i>									
12. At any time since [February 1, 2016], did you attend regular school or college? Include only nursery school, kindergarten, elementary school, and schooling which lead to a high school diploma or a college degree. <i>If "Yes," ask - Public or private?</i>									
1. No, has not attended since [February 1, 2016]		2. Yes, public school / public college		3. Yes, private school / private college					
13a. How much school have you COMPLETED?									
<i>Read categories (if person is unsure, Circle the number for the highest level COMPLETED or degree RECEIVED. If currently enrolled, mark the level of previous grade attended or highest degree received.)</i>									
31. No school completed		03. 3rd		08. 8th					
32. Nursery school		04. 4th		09. 9th					
33. Kindergarten		05. 5th		10. 10th					
01. 1st		06. 6th		11. 11th					
02. 2nd		07. 7th		12. 12th, no diploma					
13. HIGH SCHOOL GRADUATE DIPLOMA or equivalent (GED)									
14. Some college but no degree									
15. Associate degree in college Occupational program									
16. Associate degree in college Academic program									
17. Bachelor's degree (For example: BA, AB, BS)									
18. Master's degree (For example: MA, MS, MEd, MSW, MBA)									
19. Professional school degree (For example: MD, DDS, LLB, JD)									
20. Doctorate degree (For example: PhD, EdD)									
13b. <i>If high school graduate (13) or above (14 - 20) - ASK</i> What was your major in academic college or vocational school?									
13c. Where was this training received?									
1. NMC		2. NMTI		3. Other (Specify)					
14a. Did you live in this house or apartment 5 years ago (on January 1, 2011)?									
1. Born after January 1, 2011		3. No							
2. Yes									
IF 14a is 1, STOP and Go to NEXT PERSON IF 14a is 2, SKIP TO 15									
14b. Where did you live 5 years ago?									
<i>Print the name of the village in CNMI, or the name of the U.S. State or territory, island or foreign country in the space below.</i>									
15a. Can you read and write in any language?									
1. Yes		2. No							
15b. Do you speak only English at home?									
1. Yes - Skip to 17		2. No							
16a. What other language do you speak?									
16b. Do you speak this language at home more frequently than English?									
1. Yes, more frequently than English		3. No, less frequently than English							
2. Both equally often		4. Doesn't speak English							
17a. During the past 30 days, on how many days did you smoke cigarettes, cigars, or pipe tobacco?									
17b. During the past 30 days, on how many days did you chew tobacco, snuff, or betel nut (with or without tobacco)?									

## 2016 CNMI HOUSEHOLD INCOME AND EXPENDITURE SURVEY REPORT

Individual Survey – Page 2 of 2									
<b>– ASK ONLY if Respondent is Female and 15 Years or over –</b> <b>– For Male Respondents, SKIP TO 19 –</b>					<div style="border: 1px solid black; padding: 5px;"> 28. Were you an employee of:  <div style="display: flex; justify-content: space-between;"> <div> 1. Private Company or Business or of an individual for wages, salary, commissions 2. CNMI Government </div> <div> 3. Municipal Government 4. U.S. / Other Government 5. Self Employed 6. Working without Pay </div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 29a. Last year (2015), did you work, even for a few days, at a paid job or in a business or farm?  <div style="text-align: right;">1. Yes    2. No – SKIP to 30</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 29b. How many weeks did you work in 2015?  <small>Count paid vacation, paid sick leave, and military service?</small>  <div style="text-align: right;">Weeks</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 29c. During the weeks WORKED in 2015,  How many hours did you usually work each week?  <div style="text-align: right;">Hours</div> </div>				
18a. How many babies have you ever had, not counting still births? <small>Do not count stepchildren or children you have adopted.</small>									
18b. If at least ONE, ASK – How many are still alive?									
18c. If at least ONE, ASK – What is the date of birth of the last child? <div style="display: flex; justify-content: space-around;"> Month <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Day <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Year <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>									
<b>– ASK ONLY if Respondent is 15 Years or over –</b>					<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> The following questions are about income received during 2015.  <small>If an exact amount is not known, accept a best estimate.</small> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30a. How much did you earn in income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, etc.  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30b. How much did you earn from your own nonfarm business, proprietorship, or partnership? Report net income after business or operating expenses.  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30c. How much did you earn from selling crops or garden products, fish, animals, or handicrafts?  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30d. Interest, dividends, net rental income, royalty income, or income from estates and trust.  <small>Report even small amounts credited to an account.</small>  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30e. Supplement Security Income  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30f. Any public assistance or welfare payments from the state or local welfare office?  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30g. Any other sources of income received regularly such as Veterans' (VA) payments?  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30h. How much did you receive in Social Security payments or from retirement, survivor, or disability pension(s)?  <small>For Social Security, include income payments to retired workers, dependents, and disabled workers. For retirement, include payments from companies, unions, Federal or local AS government, and U.S. military.</small>  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30i. How much did you receive in remittances from persons living in CNMI?  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30j. How much did you receive in remittances from Guam, Hawaii or the U.S. mainland?  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30k. How much did you receive in remittances from all other places?  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 30l. How much did you receive from unemployment compensation, child support or alimony, or any other REGULAR source of income?  <small>Do NOT include lump-sum payments such as money from an inheritance or the sale property.</small>  <div style="text-align: right;">\$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 31. What was your TOTAL income in 2015?  <div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>				
19. Have you ever been on active-duty military service in the Armed Forces of the United States or ever been in the United States military Reserves? "Active duty" does NOT include training for the military Reserves or National Guard. <div style="display: flex; justify-content: space-between;"> <div> 1. Yes, now on active duty 2. Yes, on active duty in past, but not now </div> <div> 3. Yes, service in Reserves only 4. No </div> </div>									
20. Did you work at any time LAST WEEK, either full time or part time? Work includes part-time work such as delivering papers, or helping without pay in a family business or farm; it also includes active duty in the Armed Forces. <small>Work does NOT include own housework, school work, or volunteer work. Subsistence activity includes fishing, growing crops, etc., NOT primarily for commercial purposes.</small> <div style="display: flex; justify-content: space-between;"> <div> 1. Yes, worked full time or part time at a job or business AND did NO subsistence activity 2. Yes, worked full time or part time at a job or business AND did subsistence activity </div> <div> 3. Yes, did subsistence activity only – SKIP to 23 4. No – SKIP to 23 </div> </div>									
21. If you did paid work – How many hours did you work LAST WEEK at all jobs? <small>Subtract any time off and add any overtime or extra hours worked:</small>									
22. In what village did you work most LAST WEEK?									
<b>If you did PAID work, skip to 26</b>									
23. Were you on layoff from a job or business LAST WEEK? If "No," Were you temporarily absent or on vacation from a job or business last week? <div style="display: flex; justify-content: space-between;"> <div> 1. Yes, on layoff 2. Yes, on vacation, illness </div> <div> 3. No, labor dispute, etc. </div> </div>									
24a. Have you been looking for work during the last 4 weeks? <div style="text-align: right;">1. Yes    2. No</div>									
24b. Could you have taken a job LAST WEEK if one had been offered? If "No", ASK – for what reason? <div style="display: flex; justify-content: space-between;"> <div> 1. No, already has a job 2. No, temporarily ill </div> <div> 3. No, other reasons (in school, etc.) 4. Yes, could have taken a job </div> </div>									
25. In what year did you last work, even for a few days? If Never worked, write 9999.									
<b>If Never worked, or last worked in 2010 or earlier, skip to 30</b>									
The following questions ask about the job worked last week. If you had more than one job, describe the one you worked the most hours. If you didn't work, the questions refer to the most recent job or business in 2011 or after.									
26. For whom did you work? If now on active duty, write "Armed Forces"; otherwise, print the name of the company, business or other employer.									
27. What kind of work were you doing?									



2016 CNMI Household Income and Expenditures Survey	
INTERVIEWER REMINDERS:	
Be sure you have recorded —  1. Geographic information on the front cover of the questionnaire 2. The respondent's name and the respondent's telephone number (if any) in the appropriate boxes on the front cover. 3. Your signature (name) and the date in the boxes below on this page.	Also, be sure you have —  4. Completed as many of the questions as possible, including the last resort questions. 5. Entered the required information on the address listing page in the address register and on the map. 6. Written all entries legibly.
— CERTIFICATION — I certify the entries I have made on this questionnaire are true and correct to my knowledge.	
Enumerator's signature:	Date
NOTES:  	

## **APPENDIX D – HOUSEHOLD DIARY**

CNMI2016-9

**DAILY EXPENDITURES  
DIARY**



**2016 COMMONWEALTH  
OF THE  
NORTHERN MARIANA ISLANDS  
Household Income and Expenditures Survey**

**Department of Commerce  
Central Statistics Division  
CNMI Government**

**HOUSING UNIT GEOGRAPHY**

<b>VILLAGE</b>	<b>AA</b>	<b>BLOCK</b>	<b>MAPSPOT</b>
Date Dropped Off: ____ \ ____ \ ____		Date Picked Up: ____ \ ____ \ ____	

**If found please call Department of Commerce, Central Statistics Division  
Telephone: 664-3023/3045; Fax: 664-3067**



## 2016 CNMI Household Income and Expenditures Survey –Daily Expenditure Diary

**INSTRUCTIONS FOR COMPLETING FORMS****Introduction**

The aims of the Diary Expenditures part of Commonwealth of the Northern Mariana Islands 2016 Household Income and Expenditures Survey are:

- a) to revise and adjust weights for the Consumer Price Index, based on the pattern of expenditures by household;
- b) to provide data on the distribution of income and expenditures throughout the Commonwealth of the Northern Mariana Islands
- c) to provide data for Gross Domestic Product, particularly regarding income from home production activities and the consumption of goods and services derived from home production activities; and,
- d) to provide nutritional information and food consumption patterns for Commonwealth of the Northern Mariana Islands

*All information collected from the household is confidential. Only trained interviewers, sworn survey interviewers, and staff members from the Central Statistics Division office will have access to the data gathered. These personnel are sworn to guarantee the confidentiality of all information collected during the survey as mandated by the confidentiality provisions of the Commonwealth's Statistical Act of 1990 – P.L.: 7-35.*

**Completing the Daily Expenditures Diary****Definitions**

Before beginning the diary, you should read and understand the following instructions and definitions:

- A purchase* constitutes anything (food item, clothing article, gasoline, soap, etc.) that you or any member of the household buys for the use of the household as a whole or for the exclusive use of any member of the household. It also includes purchases paid for anyone outside of the household.
- Buying on credit* means purchasing without cash—the cash payment ultimately made on a later date. Record such purchases the day the transaction takes place, not for the future date the cash payment is promised to be made.
- Time payments* are installment payments by you or anyone in the household for a purchase either made entirely on credit or with a partial cash payment at the time of purchase. On the day an installment payment is made, record the cash amount paid under the CASH column and the remaining amount yet to be paid under the CREDIT column; record the transaction (description of item bought) under the ITEM DESCRIPTION column. For example, imagine that the household purchases a Flat Screen TV for \$250 with a \$50 down payment and four monthly installment payments of \$50 each. Your record of the transaction will be as follows: under the ITEM DESCRIPTION column, write "Time payment - installment on Flat Screen TV"; under the NUMBER column, write "1"; under the UNIT column, write "\$250"; under the CASH column, write "\$50"; and under the CREDIT column, write "\$200."
- Member of the household* means anyone who actually eats and sleeps (stays) in the household.

## 2016 CNMI Household Income and Expenditures Survey –Daily Expenditure Diary

<i>Home-produced</i>	items may be anything produced in the home. For example, in the case of food such items might include root crops, livestock, vegetables, fruits, self-caught fish, self-collected shellfish, etc.; in the case of material things, home-produced items may include hand-woven floor mats, baskets, storyboards, spear guns, locally made necklaces, etc. Make certain that you describe each item properly under the ITEM DESCRIPTION column. Then, record the weight or number of pieces of identical items under the NUMBER column. Make sure that the retail unit price is estimated and recorded under the UNIT column, and that the total estimated retail dollar value is calculated and recorded under the ESTIMATED LOCAL RETAIL VALUE column.
<i>Gifts Given</i>	may include any item given, including money, food item, article of clothing, and so on. Items that qualify as gifts include those purchased in a store, home grown (root crops, vegetables, fruits), self-caught or collected (fish, shellfish, crustaceans), or homemade (baskets, mats, spear guns)—anything that the household or any member of the household gives to another household or someone not a member of the household for which no money or payment is expected. Note that although payment is not anticipated for the gifts given, you nevertheless should record the estimated dollar value of each item given away as a gift.
<i>Gifts Received</i>	may include any item received by the household or any member of the household from another household or someone who is not a member of the household. Do not treat items exchanged among members of the household as gifts received. For example, if a household member's birthday falls during the week of the Daily Expenditures Diary, the present given to this person should not be recorded as a gift received; however, the expenditure should be recorded on the Daily Expenditures Form under the ITEM BOUGHT column.
<i>Money for children</i>	is money given to child members of the household as spending money (allowance). Do not record children's allowance under gifts given; rather, record it in the ITEM BOUGHT part of the Daily Expenditures Diary as "children's allowance" under the ITEM DESCRIPTION portion, with the amount of the allowance recorded under the CASH column. Leave the number, unit, and credit columns blank.
<i>Used items</i>	are second hand items in good condition purchased by the household.

**II.2. Forms**

Following are descriptions of the various forms that comprise the Daily Expenditures Diary.

<i>Diary Forms:</i>	The Diary Forms comprise fourteen separate sheets—one for each day of the two week period (Monday through Sunday). Each consists of two parts. The upper part, titled ITEMS BOUGHT, is for recording daily purchases. Record a brief description of each item bought under the ITEM DESCRIPTION column. Under the QUANTITY column, the sub-columns NUMBER and UNIT are for recording the weight or number of pieces of identical items and the unit price for each. If an item was purchased with cash, the dollar amount of the purchase is to be recorded under the CASH column; in the case of several identical items, record the total amount spent by multiplying the weight or number of individual items by the unit price. If an item is purchased on credit, the dollar amount of the purchase is recorded under the CREDIT column. The space under the OFFICE USE column is reserved for use by the DEPARTMENT OF COMMERCE, CENTRAL STATISTICS DIVISION.
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*2016 CNMI Household Income and Expenditures Survey –Daily Expenditure Diary*

The lower part of the forms, titled *Home Produced Consumption*, is for recording the daily consumption of home grown root crops, vegetables, fruits, livestock and related products; self-caught or gathered fish, shellfish and crustacean, and related foods; and homemade mats, baskets, and other goods produced at home. Similarly, account for, price, and value in dollars under the appropriate column each home-produced item consumed on a particular day.

- Overflow Form:* This form is for recording additional expenditures when there are too many purchases for a particular day to record on Daily Expenditures Forms. The day that these additional purchases is made must be recorded on the Overflow Form as part of that day's expenditures, using the same date recorded on a particular daily form.
- Gifts Given:* This form is for recording the description and estimated dollar value of gifts that any member of the household or the household as a whole gives to someone not a member of the household during the fourteen-day period that the Daily Expenditures Diary is kept.
- Gifts Received:* This form is for recording the description and estimated dollar value of gifts that any member of the household or the household as a whole receives from someone not a member of your own household during the fourteen-day period that the Daily Expenditures Diary is kept.
- A Final Reminder:* This form serves as a final reminder to ensure that you have recorded all purchases and expenses incurred by each and every member of the household during the fourteen-day period that the Daily Expenditures Diary is kept. Examples of *easy to forget* items are listed on this form. In addition, note that space is provided to record special events such as weddings, funerals, and any custom-related functions or activities which made the expenses recorded in the Daily Expenditures Diary exceptional. It will be helpful if you record the exact date that such events occurred.



## 2016 CNMI Household Income and Expenditures Survey –Daily Expenditure Diary

**Instructions for Completing Diary****READ ALL OF THESE INSTRUCTIONS BEFORE STARTING THE DIARY**

In this book, record everything that each member of the household purchases. Also, include details of any food you or other members of the household grew and ate.

This diary has one page for each day of the week for two weeks, starting with Day 1 and ending with Day 14. Use only the proper page for that day. If you run out of space, use the extra form provided after the form for Day 14. Please list everything any member of the household buys each day—recording the information as you make the purchase and no later than the end of the day of the purchase.

Please write down everything any member of the household buys each day. If ANY member of the household makes a purchase, record it in the space provided on the day the item was purchased. Record the information in the above manner even if you do not use your own money. For instance, if you use household money—that is, money belonging to the whole household—, record the information just as you would for your own money. Similarly, record the information consistently whether you are buying something with cash or credit, remembering to use the proper columns to record the information (the CASH columns for cash purchases and the CREDIT columns for credit purchases).

Always record every item, large or small. For example, do not simply write "groceries"; instead record each item you buy, such as "butter" or "sugar". If the item has a brand name, record the brand and type of product—for example, "Pringles Potato Chips." Always try to provide as much information as you can. Each time you write down an item, also write down the quantity of that item purchased and show the total cost either in the CASH column or the CREDIT column.

For example, the illustration below shows the first two items purchased on DAY 1 of the Diary week. Record the date. The household bought 3 cans of sardines and 1 package of Pringles potato chips on April 1<sup>st</sup>, 2016. Since the purchase was for cash, the total amount paid was entered in the CASH column. Note that since 3 cans of sardines were purchased, the total amount of the purchase was entered on one line. Although each can of sardines cost \$1.50, that amount wasn't recorded, only the total amount was recorded. The last column is left blank for office use.

DAY 1: Month Day Year 04 / 01 / 2016			ITEMS BOUGHT		Mark (X) here if you did not buy anything on this day =>
Item Description (Brand or Type)	Quantity		Cash	Credit	Office Use
	Number	Unit	\$XX.XX	\$XX.XX	
Cans of Sardines	3	6 oz.	\$4.50		
Pringles Potato chips	1	6 oz.	\$1.50		

Notice that a separate space is provided on each day's page for HOME PRODUCED CONSUMPTION. Home production consists of items grown at home and also consumed there. For example, if any member of the household grew any food, please record how much of each item the household used that day; also, estimate how much each item would cost if bought locally. Home production also includes fish and similar foods; if you or members of the household caught and ate fish, record the approximate quantity of fish and how much they would have cost to purchase from a local source.

## 2016 CNMI Household Income and Expenditures Survey –Daily Expenditure Diary

For the following example of home produced products, the household here caught 3 fish, which they estimated would have cost them \$5 in the market, and harvested about 5 pounds of taro, which they also estimated would have cost \$5 in the market. Since they ate the produce, they recorded "1" in the column for what happened to the home produced products; if they had sold the fish, they would have recorded "2" in that column, or "3" if they gave the produce away. If another household gave THIS household fish, for example, this household should record the fish in the home produced section of the form, but recorded "4" in this column, since they received the fish from the other household; the other household should also record the fish caught on their form, and noted that they gave away the fish.

The estimated local retail value of the products is put in the next column. In the example, both the fish and the taro were reported as costing about \$5 in the market. The last column is left blank for office use.

DAY 1: Month Day Year 04 / 01 / 2016			ITEMS BOUGHT		Mark (X) here if you did not buy anything on this day =>	
HOME PRODUCED CONSUMPTION (vegetables, bananas, breadfruit, eggs, fish, chicken, meat, etc.)						
Item Description	Quantity		1 Used 2 Sold 3 Given 4 Received	Est. Local Retail Value \$XXX.XX	Office Use	
	Number	Unit				
Fresh tuna fish	3	fish	1	\$ 15		
Taro	5	pounds	1	\$ 5		

After you write down everything any member of the household bought for a day, read the list aloud to everyone and try to discover any items overlooked. Certain items are easily forgotten, including:

- 1) beers consumed at a bar;
- 2) meals eaten away from home;
- 3) ice cream, soft drinks or candy bought for kids at the store but not part of groceries purchased;
- 4) taxi and bus fare;
- 5) newspapers and magazines;
- 6) cups of coffee; and,
- 7) coins spent on washing machines and dryers at Laundromats, and on games at video arcades.

If no one recorded items purchased on a given day, write them down while you are checking over that day's work.

If you own a business, please include all items you take from stock for the household's use. Provide the retail-selling price of each item under COST.

Do not forget to record money given to children to for their use. Write down "children's money" and the amount in the AMOUNT PAID column. You need not write down what items the children buy with their pocket money, but you can if you wish. However, if you send your child to the store to buy something for you or the household, write down the item purchased and the amount paid.

DAY 1:		Mark (X) here if you did not buy
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## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

Month Day Year 04 / 01 / 2016	ITEMS BOUGHT		anything on this day =>		
Item Description (Brand or Type)	Quantity		Cash	Credit	Office Use
	Number	Unit	\$XX.XX	\$XX.XX	
Coins used to do laundry			\$4.00		
Children's allowances			\$15.00		

If on any day included in the Daily Expenditures Diary any member of the household pays an installment or part payment on goods you are buying by *time payments*, write down what the item is and how much you paid—for example, "time payment—installment on radio set. If you started buying anything by time payment on any of the seven days, record this information on the appropriate day, showing the full price as well as how much you paid on that day—for example "radio set by time payment costing \$33" or "time payment—first payment on radio set \$14."

If you purchase any *used items* during the seven days covered by the Daily Expenditures Diary, write "used" before the item when you record it and state the amount paid.

DAY 1: Month Day Year 04 / 01 / 2016	ITEMS BOUGHT		Mark (X) here if you did not buy anything on this day =>		
Item Description (Brand or Type)	Quantity		Cash	Credit	Office Use
	Number	Unit	\$XX.XX	\$XX.XX	
Time payment—first installment on radio			\$33		
RCA Video Player			\$100	\$200	
Used clothing bought at rehab center			\$20		



# 2016 CNMI HOUSEHOLD INCOME AND EXPENDITURE SURVEY REPORT

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

Please record separately the amount spent on *alcoholic drinks, tobacco, and poker machines* during the period covered by the diary. Again, this is for purchases by any member of the household.

DAY 1: Month Day Year 04 / 01 / 2016			ITEMS BOUGHT		Mark (X) here if you did not buy anything on this day =>
Item Description (Brand or Type)	Quantity		Cash	Credit	Office Use
	Number	Unit	\$XX.XX	\$XX.XX	
Pack of Benson's Regular cigarettes	1	pack	\$2.00		
3 Coors Light beers at bar	3	bottles	\$6.00		

If you purchase more separate items in a day than you have room to record the purchases, use the OVERFLOW form provided after the daily forms. For example, if you use all the lines for the Items Purchased part of the Monday form; go to the overflow form to include additional items:

OVERFLOW FOR ITEMS BOUGHT						
Day of Week	Item Description (Brand or Type)	Quantity		Cash	Credit	Office Use
		Number	Unit	\$XX.XX	\$XX.XX	
1	Chewing gum	2	packs	\$0.50		
1	Gas for car	5	gallons	\$5.50		
NOTE: For Days, use 1=Day 1, 2=Day 2, 3=Day 3, 4=Day 4, 5=Day 5, 6=Day 6, 7=Day 7.						

Similarly, if you do not have enough space for one day for HOME PRODUCED ITEMS, use the space below:

OVERFLOW FOR HOME PRODUCED ITEMS						
Day of Week	Item Description (Brand or Type)	Quantity		1 Used 2 Sold 3 Given 4 Received	Est. Local Retail Value \$XX.XX	Office Use
		Number	Unit			
1	Cucumbers	10	each	3	\$3	
NOTE: For Days, use 1=Day 1, 2=Day 2, 3=Day 3, 4=Day 4, 5=Day 5, 6=Day 6, 7=Day 7.						

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

If you *sell or exchange* anything on a day included in the Daily Expenditures Diary, please record all appropriate details in the tables on the Gifts Given or Gifts Received forms.

If you or members of the household *gave gifts of cash or goods* to people outside the household during the period included in the Daily Expenditures Diary, record the gifts accordingly. If cash gifted, write the amount given; if goods gifted, describe the type and approximate quantity given, as well as the estimated value of the gifts.

GIFTS GIVEN					
On any day that any member of the household GIVES Cash or Purchased goods to other households in Commonwealth of the Northern Mariana Islands, record the information below, and the amount of the gift OR approximate value of the purchased item.					
Day of Week	Item Description (Brand or Type)	Quantity		Estimated Local Retail Value \$XX.XX	Office Use
		Number	Unit		
2	CASH to cousin leaving for Western Samoa	X	X	\$100	
7	CASH to sister for nephew's birthday	X	X	\$10	
	CASH	X	X		
	PURCHASED GOODS:				
2	3 cans corn beef for nephew's birthday party	3	pound can	\$10.50	

NOTE: For Days, use 1=Day 1, 2=Day 2, 3=Day 3, 4=Day 4, 5=Day 5, 6=Day 6, 7=Day 7.

If **ANY** member of the household *received gifts of cash or goods* from people outside the household during the period included in the Daily Expenditures Diary, record the gifts accordingly. If cash received, write the amount; if goods received, describe the type and approximate quantity received, as well as the estimated value of the gifts.

GIFTS RECEIVED					
On any day that any member of the household RECEIVES Cash or Purchased goods from other households in Commonwealth of the Northern Mariana Islands, record the information below, and the amount of the gift OR approximate value of the purchased item.					
Day of Week	Item Description (Brand or Type)	Quantity		Estimated Local Retail Value \$XX.XX	Office Use
		Number	Unit		
7	CASH from brother for son's birthday party	X	X	\$10	
	CASH	X	X		
	PURCHASED GOODS:				
7	3 cans corn beef from brother for son's birthday party	3	pound can	\$10	

NOTE: For Days, use 1=Day 1, 2=Day 2, 3=Day 3, 4=Day 4, 5=Day 5, 6=Day 6, 7=Day 7.

*2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary*

NOTE: Once again, the item listed on the last page of the Daily Expenditures Diary is to make sure that you are not leaving anything out.

Also, on the last page, you will find a box for any special events, such as weddings, funerals, etc., which made the expenses you recorded in your diaries exceptional. Normally, this will not happen in any particular week, but sometimes it does, and if we don't note this special event, there will be an impression that this event occurs every week. So, it is very important that if you have an event like this, that you record the information in the box provided. For example:

Date: 04/01/2016
Event: Sister's wedding took place on Saturday, so many items were purchased and produced this week.

If you have any questions about filling these diaries, call Central Statistics Division at (670) 664-3023 / 3045.

**REMEMBER, EVERYTHING YOU PROVIDE IN THIS DIARY IS CONFIDENTIAL.**



## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

**DAILY EXPENDITURES DIARY**

Village:	AA:	Block:	Map spot:
Interviewer Name:			
Interviewer Contact Information:			
TWO WEEK DIARY			
Starting:		Ending:	
Date:	____ \ ____ \ ____	Date:	____ \ ____ \ ____
CONFIDENTIAL			
<p>The information you provide in this book is <b>confidential</b>; it will not be revealed to anyone except the interviewer and the people who are working for the Department of Commerce, Central Statistics Division. The results of the survey will be published in statistical format only and no information about individual households or individual respondent will be disclosed.</p>			
Department of Commerce Central Statistics Division 664-3023 / 3045			

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

[illegible]

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

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## 2016 CNMI Household Income and Expenditures Survey - Daily Expenditure Diary

[illegible]

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

[illegible]

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

[illegible]



## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

[illegible]

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

[illegible]

## 2016 CNMI Household Income and Expenditures Survey – Daily Expenditure Diary

[illegible]



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[illegible]

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[illegible]

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[illegible]

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[illegible]



## 2016 CNMI Household Income and Expenditures Survey – Daily Expenditure Diary

[illegible]

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Daily Expenditures Diary

### OVERFLOW FOR ITEMS BOUGHT

[illegible]

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### OVERFLOW FOR HOME PRODUCED ITEMS

[illegible]

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

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Daily Expenditures Diary

### GIFTS GIVEN

On any day that any member of the household GIVES Cash or Purchased goods to other households, record the information below, and the amount of the gift OR approximate value of the purchased item.

[illegible]

NOTE: For Days, Use 1=Day 1; 2=Day 2; 3=Day 3; 4=Day 4; 5=Day 5; 6=Day 6; 7=Day 7; 8=Day 8; 9=Day 10; 11=Day 11; 12=Day 12; 13=Day 13; 14=Day 14



## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

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### GIFTS RECEIVED

On any day that any member of the household RECEIVES Cash or Purchased goods from other households in Commonwealth of the Northern Mariana Islands, record the information below, and the amount of the gift OR approximate value of the purchased item.

[illegible]

NOTE: For Days, Use 1=Day 1; 2=Day 2; 3=Day 3; 4=Day 4; 5=Day 5; 6=Day 6; 7=Day 7; 8=Day 8; 9=Day 10; 11=Day 11; 12=Day 12; 13=Day 13; 14=Day 14

## A FINAL REMINDER

## 2016 CNMI Household Income and Expenditures Survey -Daily Expenditure Diary

- 1) Have you made sure you have included
- all*
- the expenses incurred by
- all*
- members of the household?

Yes

- 2) Have you remembered to include those
- easy to forget*
- items? For example:

Beer consumed at a bar

Meals away from home

Ice cream and candy for kids

Taxi and boat fares

Newspapers and magazines

Video rentals

Playing on poker machines and video arcade machines (expense minus [-] winnings)

When you are satisfied that the diary is complete, please hold it until the interviewer calls.

He/she expects to come by on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

\*\*\*\*\*

Were there any special events, such as weddings, funerals, etc., which made the expenses you recorded in your diaries exceptional?

Yes

No

If yes, please describe briefly:

Date:	
Event:	

The Department of Commerce, Central Statistics Division is very grateful for your help in this survey. The information you have provided is confidential, but will be of great value to us in our planning for the economic development of the Commonwealth. Our Warmest Thanks to all members of your household.