



2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 2 - HOUSEHOLD 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

S2.1 HOUSING CHARACTERISTICS	S2.8 HOUSEHOLD SERVICES EXPENDITURE
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S2.6 VEHICLES AND ACCESSORIES	S2.13 LOAN
S2.7 PRIVATE TRAVEL DETAILS	

HOUSEHOLD DETAILS			
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"/>	HOUSEHOLD SIZE	
	Surname <input type="text"/>	Males	<input type="text"/>
	Code <input type="text"/>	Females	<input type="text"/>
	(Serial number from census listing)	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 S2.1: HOUSING CHARACTERISTICS

2.1.1 Description of housing	NOTE ID
<p>20111. What type of living quarter (main house) is this?</p> <ol style="list-style-type: none"> One house detached from any other house One house attached to one or more houses Building with 2 or more apartments Building with 2 or more households sharing kitchen/toilet Building attached to a business/other non-resident building Other (<i>note</i>) <p><input type="text"/> Write the appropriate code in the box</p>	<p>20114. What is the <u>main</u> material used for the floors?</p> <ol style="list-style-type: none"> Concrete Wood Coral/Gravel Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>
<p>20112. What is the <u>main</u> material used for the roof?</p> <ol style="list-style-type: none"> Concrete/Asbestos Corrugated iron Wood Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>	<p>20115. How many rooms does your household occupy? (<i>Count living rooms, dining rooms, kitchen and bedrooms separated by walls, but not bathrooms</i>)</p> <p>Number of rooms <input type="text"/> <input type="text"/></p>
<p>20113. What is the <u>main</u> material used for the outer walls?</p> <ol style="list-style-type: none"> Concrete (block and poured) Corrugated iron Wood None Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>	<p>20116. When was the building constructed? Best guess. (<i>Enter the year in the box</i>) <i>If don't know, enter 9999</i></p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	<p>20117. Does this house have a designated area specifically for cooking?</p> <ol style="list-style-type: none"> Yes, inside and outside house Yes, inside house only Yes, outside house only No designated cooking area <p><input type="text"/> Write the appropriate code in the box</p>

2.1.2 Electricity/Energy	NOTE ID
<p>20121. Does this house have access to electricity from the public utility grid?</p> <ol style="list-style-type: none"> Yes No <p><input type="text"/> Write the appropriate code in the box</p>	<p>20125. What is the <u>secondary</u> source of lighting used by this household?</p> <ol style="list-style-type: none"> Public utility Generator Solar panel Kerosene lamp Battery lamp None Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>
<p>20122. Does this house have access to another electricity source?</p> <ol style="list-style-type: none"> Yes No (<i>Go to 20124</i>) <p><input type="text"/> Write the appropriate code in the box</p>	<p>20126. What is the <u>main</u> cooking facility for this household?</p> <ol style="list-style-type: none"> Electric range Portable electric stove Microwave Gas stove Kerosene stove Wood stove Open fire (incl. umu) Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>
<p>20123. What is the alternative electricity source this house has access to? (<i>If more than one source, list the most frequently used</i>)</p> <ol style="list-style-type: none"> Private generator Shared generator Solar PV system Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>	<p>20127. What is the <u>secondary</u> cooking facility for this household?</p> <ol style="list-style-type: none"> Electric range Portable electric stove Microwave Gas stove Kerosene stove Wood stove Open fire (incl. umu) None Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>
<p>20124. What is the <u>main</u> source of power for lighting used by this household?</p> <ol style="list-style-type: none"> Public utility Generator Solar panel Kerosene lamp Battery lamp None Other (<i>note</i>) <p><input type="text"/></p> <p><input type="text"/> Write the appropriate code in the box</p>	

SECTION S2.1: HOUSING CHARACTERISTICS (Cont'd)

2.1.3 Water access/use	NOTE ID <input type="text"/>
<p>20131. Is this house connected to the public utility water supply?</p> <p>1. Yes <input type="checkbox"/> Write the appropriate code in the box</p> <p>2. No <input type="checkbox"/></p>	<p>20134. What are the <u>main</u> and <u>secondary</u> sources of water used by this household for drinking, cooking, and cleaning (laundry and dishes)?</p> <ol style="list-style-type: none"> 1. Public piped water supply 2. Household tank 3. Protected dug wells 4. Unprotected dug wells (incl. cave water) 5. Water truck 6. Bottled water 7. None 8. Other (note) <input style="width: 150px;" type="text"/> <p><i>Write the appropriate code in the boxes</i></p> <p><u>Drinking:</u> a. <input type="checkbox"/> Main b. <input type="checkbox"/> Secondary</p> <p><u>Cooking:</u> c. <input type="checkbox"/> Main d. <input type="checkbox"/> Secondary</p> <p><u>Cleaning:</u> e. <input type="checkbox"/> Main f. <input type="checkbox"/> Secondary (Laundry and dishes)</p>
<p>20132. Which source of water do you have access to? Write 'X' in the appropriate box</p> <ol style="list-style-type: none"> <input type="checkbox"/> 1. Public piped water supply <input type="checkbox"/> 2. Household tank <input type="checkbox"/> 3. Protected dug wells <input type="checkbox"/> 4. Unprotected dug wells (incl. cave water) <input type="checkbox"/> 5. Water truck <input type="checkbox"/> 6. Bottled water <input type="checkbox"/> 7. Other (note) <input style="width: 150px;" type="text"/> 	
<p>20133. Does your HH boil its drinking water?</p> <p>1. Yes <input type="checkbox"/> Write the appropriate code in the box</p> <p>2. No <input type="checkbox"/></p>	

2.1.4 Sanitation access/use	NOTE ID <input type="text"/>
<p>20141. N/A</p>	<p>20143. What are the <u>main</u> and <u>secondary</u> sources of sanitation utilized by this household?</p> <ol style="list-style-type: none"> 1. Connection to septic system 2. Private latrine 3. Public latrine 4. None 5. Other (note) <input style="width: 150px;" type="text"/> <p><i>Write the appropriate code in the boxes</i></p> <p>a. <input type="checkbox"/> Main b. <input type="checkbox"/> Secondary</p>
<p>20142. Which improved sanitation source do you have access to? Write the appropriate box with an 'X'</p> <ol style="list-style-type: none"> <input type="checkbox"/> 1. Connection to septic system <input type="checkbox"/> 2. Private latrine <input type="checkbox"/> 3. Public latrine <input type="checkbox"/> 4. None <input type="checkbox"/> 5. Other (note) <input style="width: 150px;" type="text"/> 	

ID	NOTES

SECTION S2.2: HOUSING TENURE EXPENDITURE

Details of the house in which you live		NOTE ID
<p style="text-align: center;">Tenure</p> <p>20211. For the house in which you live, what is the TENURE status for this household?</p> <ol style="list-style-type: none"> Renting with landlord charges – paying a rent including rent deducted from salary (<i>Go to 20212</i>) Live in the house for free – house provided by your employer for free (<i>Go to 20218</i>) Live in the house for free – house provided by others (family, Church...) (<i>Go to 20218</i>) Own the house outright (<i>Go to 20219</i>) Own the house with mortgage/loan (borrow money to buy it and still repaying) (<i>Go to 20220</i>) <p><input type="checkbox"/> Write the appropriate code in the box</p>		<p>20216. Do you receive a housing allowance from your employer to pay for the rent?</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> Write the appropriate code in the box No (<i>Go to 20223</i>)
<p style="text-align: center;">Rental</p> <p>20212. How much do you pay monthly for the rent?</p> <p style="text-align: center;">\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>20213. Do you pay?</p> <ol style="list-style-type: none"> The full rent (<i>Go to 20216</i>) <input type="checkbox"/> Write the appropriate code in the box Part of the rent <p>20214. What is the full rent of this house (or estimated if you do not pay the full rent)?</p> <p style="text-align: center;">\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>20215. Who is helping for the other part of the rent?</p> <ol style="list-style-type: none"> Your employer Family, relatives (<i>Go to 20223</i>) Other (note) (<i>Go to 20223</i>) <p><input type="checkbox"/> Write the appropriate code in the box</p>		<p>20217. If you receive a housing allowance, how much is it monthly?</p> <p style="text-align: center;">\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (<i>Go to 20223</i>)</p> <p style="text-align: center;">Live in the house free of charge</p> <p>20218. How much would you expect the monthly rent to be if you were to pay?</p> <p style="text-align: center;">Estimated amount \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (<i>Go to 20223</i>)</p> <p style="text-align: center;">Own the house outright</p> <p>20219. How much would you expect the monthly rent to be if you were to rent this house?</p> <p style="text-align: center;">Estimated amount \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (<i>Go to 20223</i>)</p> <p style="text-align: center;">Own the house with mortgage payments</p> <p>20220. How often do you make payments on this mortgage/loan?</p> <ol style="list-style-type: none"> Fortnightly <input type="checkbox"/> Write the appropriate code in the box Monthly <p>20221. How much do you pay each period?</p> <p style="text-align: center;">\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>20222. How much would you expect the monthly rent to be if you were to rent this house?</p> <p style="text-align: center;">\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p>

Details of other houses in which you own		NOTE ID
<p>20223. Apart from this house where you live, does any member of this household own another house rented out for income?</p> <ol style="list-style-type: none"> Yes within Niue Yes overseas Yes within Niue and overseas No <p><input type="checkbox"/> Write the appropriate code in the box</p>		

Details of payment made for the house of another household		NOTE ID
<p>20224. Does any member of this household pay the rent for another household?</p> <ol style="list-style-type: none"> Yes <input type="checkbox"/> Write the appropriate code in the box No (<i>Go to Section S2.3</i>) 	<p>20225. How much do you pay each month for the other household's house?</p> <p style="text-align: center;">\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 (<i>Go to Section S2.3</i>)</p>	

SECTION S2.3.1: UTILITIES AND COMMUNICATION DETAILS

20300: In the last month/12 months, did any member of this household pay for any of the utilities and/or communication expenses listed below (exclude payments for business):

1. For a house owned by this household?
2. For a house owned by another household?

			Reference period last month	Reference period last 12 months	
Line no.	During the last month/12 months did you pay? 1. Yes 2. No <i>Write the appropriate code in the box</i>	Expense code	Services description	Period of payment	NOTE ID
20301	20302	20303	20304	20305	20349
1 - Electricity from public utilities					
01	<input type="checkbox"/>	11	Electricity Bill (metered)	1 month	<input type="checkbox"/>
02	<input type="checkbox"/>	12	Prepaid meter or token	1 month	<input type="checkbox"/>
03	<input type="checkbox"/>	13	Electricity related fees (connection/reconnection/relocation)	1 year	<input type="checkbox"/>
2 - Generator fuel					
04	<input type="checkbox"/>	21	Diesel fuel	1 month	<input type="checkbox"/>
05	<input type="checkbox"/>	22	Gasoline/Unleaded petrol	1 month	<input type="checkbox"/>
06	<input type="checkbox"/>	23	Other (<i>note</i>)	1 month	<input type="checkbox"/>
3 - Gas or liquid fuel used for cooking					
07	<input type="checkbox"/>	31	Butane or LPG (Gas bottle)	1 year	<input type="checkbox"/>
08	<input type="checkbox"/>	32	Kerosene	1 month	<input type="checkbox"/>
09	<input type="checkbox"/>	33	Other (Oils, Diesel, etc)	1 month	<input type="checkbox"/>
4 - Solid fuel used for cooking					
10	<input type="checkbox"/>	41	Firewood	1 month	<input type="checkbox"/>
11	<input type="checkbox"/>	42	Charcoal (imported/local)	1 month	<input type="checkbox"/>
5 - Water from Public Utility					
12	<input type="checkbox"/>	51	Water bill	1 month	<input type="checkbox"/>
13	<input type="checkbox"/>	52	Water truck (provided by Public Utility)	1 year	<input type="checkbox"/>
14	<input type="checkbox"/>	53	Water related fees (connection/relocation)	1 year	<input type="checkbox"/>
6 - Waste/Garbage removal					
15	<input type="checkbox"/>	61	Garbage removal	1 year	<input type="checkbox"/>
16	<input type="checkbox"/>	62	Septic waste pumping	1 year	<input type="checkbox"/>
7- Communication-related expenses					
17	<input type="checkbox"/>	71	Landline telephone bill / prepaid landline card	1 month	<input type="checkbox"/>
18	<input type="checkbox"/>	72	Other landline telephone costs (connection fee etc)	1 year	<input type="checkbox"/>
19	<input type="checkbox"/>	73	Home internet via dial-up/broadband/Wifi	1 year	<input type="checkbox"/>
20	<input type="checkbox"/>	74	Online subscriptions (incl. movies, games, software, etc)	1 month	<input type="checkbox"/>
21	<input type="checkbox"/>	75	Satellite TV subscription (incl. physical or wireless connection)	1 month	<input type="checkbox"/>
22	<input type="checkbox"/>	76	P.O. Box Rental	1 year	<input type="checkbox"/>

SECTION S2.4.1: LAND AND HOME DETAILS

20400: In the last 12 months, did any member of this household pay for any of the land, housing, maintenance and tool expenses listed below (exclude payments for business):

1. For a house owned by this household?
2. For a house owned by another household?

Line no.	Did you pay? 1. Yes 2. No <i>Write the appropriate code in the box</i>	Expense code	Expenditure description	Expenditure type <i>(mark 'X' if applicable)</i>			NOTE ID
				Purchase/ Buy/Spent on	Rent	Repair	
20401	20402	20403	20404	20405	20406	20407	20449

1 - Purchases related to buying a house or land

01	<input type="checkbox"/>	101	The acquisition of house or land	n/a	n/a	n/a	<input type="checkbox"/>
02	<input type="checkbox"/>	102	Related fees (appraisal, escrow, banking)	n/a	n/a	n/a	<input type="checkbox"/>

2 - Expenditure related to construction of a new house, an extension or major modification

03	<input type="checkbox"/>	201	Surveying, architectural or drafting fees	n/a	n/a	n/a	<input type="checkbox"/>
04	<input type="checkbox"/>	202	Building permits, registrations fees	n/a	n/a	n/a	<input type="checkbox"/>
05	<input type="checkbox"/>	203	General contractors, helpers, laborers	n/a	n/a	n/a	<input type="checkbox"/>
06	<input type="checkbox"/>	204	Materials (concrete, blocks, lumber, steel, doors, cabinets, paint)	n/a	n/a	n/a	<input type="checkbox"/>
07	<input type="checkbox"/>	205	Transportation of materials	n/a	n/a	n/a	<input type="checkbox"/>
08	<input type="checkbox"/>	206	Other expenditure not mentioned above	n/a	n/a	n/a	<input type="checkbox"/>

3 - Expenditure related to the maintenance of a house or land

1 - Plumbing (materials and service)

09	<input type="checkbox"/>	311	Pipes, faucets, sinks, fittings, toilets, etc.	n/a	n/a	n/a	<input type="checkbox"/>
10	<input type="checkbox"/>	312	Services (contractor, plumber, helper)	n/a	n/a	n/a	<input type="checkbox"/>

2 - Roofing and surfacing (materials and services, excluding painting)

11	<input type="checkbox"/>	321	Tiles, floor board, wall paper, roofing tin, etc.	n/a	n/a	n/a	<input type="checkbox"/>
12	<input type="checkbox"/>	322	Services (contractor, helper, masonry)	n/a	n/a	n/a	<input type="checkbox"/>

3 - Carpentry (materials and service)

13	<input type="checkbox"/>	331	Plywood, lumber, wooden doors, cabinets, hinges, etc.	n/a	n/a	n/a	<input type="checkbox"/>
14	<input type="checkbox"/>	332	Services (contractor, helper, carpenter)	n/a	n/a	n/a	<input type="checkbox"/>

4 - Electrical (materials and service)

15	<input type="checkbox"/>	341	Wires, switches, outlets, power panels, etc.	n/a	n/a	n/a	<input type="checkbox"/>
16	<input type="checkbox"/>	342	Services (contractor, helper, electrician)	n/a	n/a	n/a	<input type="checkbox"/>

5 - Finishing and painting (materials and service)

17	<input type="checkbox"/>	351	Paint, varnish, primer, etc. (do not include brushes)	n/a	n/a	n/a	<input type="checkbox"/>
18	<input type="checkbox"/>	352	Services (contractor, helper, painter)	n/a	n/a	n/a	<input type="checkbox"/>

6 - Pest and insect control (materials and service)

19	<input type="checkbox"/>	361	Insecticides, termite treatment formulas, etc.	n/a	n/a	n/a	<input type="checkbox"/>
20	<input type="checkbox"/>	362	Services (contractor, helper, applicator)	n/a	n/a	n/a	<input type="checkbox"/>

7 - House and property protection and enclosure

21	<input type="checkbox"/>	371	Security bars, doors, windows, fence, gates, screens	n/a	n/a	n/a	<input type="checkbox"/>
22	<input type="checkbox"/>	372	Services to install (exclude home security services)	n/a	n/a	n/a	<input type="checkbox"/>

4 - In the last 12 months did you spend money on tools or equipment?

1 - Large tools

23	<input type="checkbox"/>	411	Motorised: lawn mower, weed eater, chain saw, tiller, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	412	Non-motorised: wheel barrow, lawn roller, pick axe, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 - Small hand tools

25	<input type="checkbox"/>	421	Motorised - electric saw, drill, sander, router, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	422	Non-motorised - hammer, screwdriver, machete, brushes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION S2.4.2: LAND AND HOME EXPENDITURE

20450: For all expenses identified in S2.4.1, please provide the expense details in the table below

	EXPENSE CODE (20403)	DETAILED DESCRIPTION OF THE EXPENDITURE	EXPENSE TYPE	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	101 to 422		1. Purchase 2. Rent 3. Repair/ Renovate	1. This HH 2. Another HH	NZD	1. Within Niue 2. Outside Niue	ID
20451	20452	20453	20454	20455	20456	20457	20499
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 S2.5.1: HOUSEHOLD GOODS AND ASSETS DETAILS

20500: In the last 12 months, did any member of this household pay for the purchase, rent or repair for any of the household goods listed below (exclude payments for business):

1. For a house owned by this household?
2. For a house owned by another household?

Line no.	Do you own?	In the last 12 months, did you spend on?		Expense code	Items description	Expenditure type (mark 'X' if applicable)			NOTE ID
	1. Yes	2. No				Purchase	Rent	Repair	
20501	20502	20503	20504	20505	20506	20507	20508	20549	
1 - Purchases related to furniture, furnishings and floor coverings									
01	<input type="radio"/>	<input type="radio"/>		101	Beds, mattresses, bedroom sets (headboards, frames, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02	<input type="radio"/>	<input type="radio"/>		102	Sofas, lounge chairs, couches, sofa sets, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>		103	Tables (dining, coffee, desks, etc) or table sets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04	<input type="radio"/>	<input type="radio"/>		104	Floor lamps, fittings, hanging lights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05	<input type="radio"/>	<input type="radio"/>		105	Other significant indoor furniture (book shelves, stands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06	<input type="radio"/>	<input type="radio"/>		106	Outdoor furniture, deck furniture, folding chairs/tables, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07	<input type="radio"/>	<input type="radio"/>		107	Carpets, rugs, mats and local mats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08	<input type="radio"/>	<input type="radio"/>		108	Other furniture, furnishings and floor coverings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09	n/a	<input type="radio"/>		109	Timber or other materials to make furniture	<input type="radio"/>	n/a	n/a	<input type="radio"/>
2 - Household textiles									
10	<input type="radio"/>	<input type="radio"/>		201	Blankets, sheets, pillowcases, pillows, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>		202	Curtains, drapes, mini-blinds, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>		203	Towels (bath-, hand-, tea-towels, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>		204	Other household textiles (table covers, tarps, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 - Major household appliances									
14	<input type="radio"/>	<input type="radio"/>		301	Water tank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>		302	Refrigerator or freezer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>		303	Electric stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>		304	Gas stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>		305	Kerosene stove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>		306	Gas burner/cylinder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>		307	Microwave oven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	<input type="radio"/>	<input type="radio"/>		308	Washing machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>		309	Clothes dryer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>		310	Air conditioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>		311	Generator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	<input type="radio"/>	<input type="radio"/>		312	Solar power unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	<input type="radio"/>	<input type="radio"/>		313	Water heater (electric, gas or solar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	<input type="radio"/>	<input type="radio"/>		314	Other major appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	<input type="radio"/>	<input type="radio"/>		315	Small electrical appliances (sewing machine, toaster, iron, fan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 - Recreational and entertainment equipment									
29	<input type="radio"/>	<input type="radio"/>		401	Television (TV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>		402	Radio and stereo systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>		403	Video and DVD players	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>		404	Other audio devices (iPod, MP3 players, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/>	<input type="radio"/>		405	Game consoles (PlayStation, Nintendo, Xbox, PSP, DS, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>		406	Photo equipment (cameras - still/video)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>		407	Sports and camping equipment (tents, basketball, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>		408	Other recreational equipment (excluding boats)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 - Computer equipment									
37	<input type="radio"/>	<input type="radio"/>		501	Computers (only desktop, do not record laptop/tablets in this section)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>		502	Printer and printer supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>		503	Software packages (excl. games for consoles)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>		504	Portable media drives (flash drive, mini hard drive, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	<input type="radio"/>	<input type="radio"/>		505	Other computer equipment (scanner, speaker, mouse, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION S2.5.2: HOUSEHOLD GOODS AND ASSETS EXPENDITURE

Reference period
last 12 months

20550: For all expenses identified in S2.5.1, please provide the expense details in the table below

Line no.	EXPENSE CODE (20504)	DETAILED DESCRIPTION OF THE EXPENDITURE	EXPENSE TYPE	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	WHO DID YOU BUY IT FROM	NOTE
	101 to 505		1. Purchase 2. Rent 3. Repair	1. This HH 2. Another HH	NZD	1. Within Niue 2. Outside Niue	1. Private business 2. Other HH 3. Other (<i>note</i>)	ID
20551	20552	20553	20554	20555	20556	20557	20558	20599
01	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL AMOUNT					\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00			

ID	NOTES

SECTION S2.6.1: VEHICLES AND ACCESSORIES DETAILS

20600a: In the last 12 months, did any member of this household purchase a vehicle or vehicle accessory, or have any other vehicle maintenance expenses listed below AND

20600b: In the last month, did any member pay for any fuel, motor oils or other lubricants, as listed below (*exclude payments for business*):

1. For a house owned by this household?
2. For a house owned by another household?

Line no.	How many do you own?	In the last 12 months, did you pay?		Expense code	Expenditure description	Expenditure type (mark 'X' if applicable)			NOTE ID
		1. Yes	2. No			Purchase/ Paid for	Rent	Repair	
20601	20602	20603	20604	20605	20606	20607	20608	20649	

12 months recall

1 - Vehicles (cars, trucks, motorcycles, bicycles, and boats) owned

01	<input type="radio"/>	<input type="radio"/>	101	Car or station wagon	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>
02	<input type="radio"/>	<input type="radio"/>	102	Pick-up truck or utility vehicle	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>	103	Truck, bus, or van	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>
04	<input type="radio"/>	<input type="radio"/>	104	Motorcycle, quad-cycle, or scooter	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>
05	<input type="radio"/>	<input type="radio"/>	105	Bicycle or any other pedal-powered vehicles	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>
06	<input type="radio"/>	<input type="radio"/>	106	Boat with a motor	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>
07	<input type="radio"/>	<input type="radio"/>	107	Boat without motor (incl. vaka)	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>
08	<input type="radio"/>	<input type="radio"/>	108	Any other vehicles not mentioned above	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>

2 - Vehicle accessories owned

09	<input type="radio"/>	<input type="radio"/>	201	Outboard motor (spare)	<input type="radio"/>	n/a	n/a	<input type="radio"/>
10	n/a	<input type="radio"/>	202	Trailer	<input type="radio"/>	n/a	n/a	<input type="radio"/>
11	n/a	<input type="radio"/>	203	Other accessories (car stereo, tow bar, winch, etc.)	<input type="radio"/>	n/a	n/a	<input type="radio"/>

3 - Vehicle maintenance, parts, and repair

12	n/a	<input type="radio"/>	301	Maintenance for land vehicle/2 wheels	n/a	n/a	<input type="radio"/>	<input type="radio"/>
13	n/a	<input type="radio"/>	302	Maintenance for boat (services and parts)	n/a	n/a	<input type="radio"/>	<input type="radio"/>
14	n/a	<input type="radio"/>	303	Other vehicle maintenance/improvements	n/a	n/a	<input type="radio"/>	<input type="radio"/>

4 - Registration fees, licenses, towing services, and other related expenses

15	n/a	<input type="radio"/>	401	Registration or inspection fees	<input type="radio"/>	n/a	n/a	<input type="radio"/>
16	n/a	<input type="radio"/>	402	Driver's license fees	<input type="radio"/>	n/a	n/a	<input type="radio"/>
17	n/a	<input type="radio"/>	403	Other vehicle expenses (eg, towing)	<input type="radio"/>	n/a	n/a	<input type="radio"/>

1 month recall

5 - Fuel, motor oils, or other lubricants

18	n/a	<input type="radio"/>	501	Fuel for road vehicles (car, motorcycle, etc.)	<input type="radio"/>	n/a	n/a	<input type="radio"/>
19	n/a	<input type="radio"/>	502	Fuel for boat - fishing purposes	<input type="radio"/>	n/a	n/a	<input type="radio"/>
20	n/a	<input type="radio"/>	503	Fuel for boat - other business purposes (transport, tourism...)	<input type="radio"/>	n/a	n/a	<input type="radio"/>
21	n/a	<input type="radio"/>	504	Fuel for boat - recreation (family trips...)	<input type="radio"/>	n/a	n/a	<input type="radio"/>
22	n/a	<input type="radio"/>	505	Fuel for other motorised equipment such as bush cutters, tillers, chainsaws (do not include generators - see S2.3.1)	<input type="radio"/>	n/a	n/a	<input type="radio"/>

ID	NOTES

SECTION S2.6.2: VEHICLES AND ACCESSORIES EXPENDITURE

20650: For all expenses identified in S2.6.1, please provide the expense details in the table below

Reference period
last 1 month

Reference period
last 12 months

Line no.	EXPENSE CODE (20604)	DETAILED DESCRIPTION OF THE EXPENDITURE	EXPENSE TYPE	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	WHO DID YOU BUY IT FROM	NOTE
	101 to 505		1. Purchase 2. Rent 3. Repair	1. This HH 2. Another HH	NZD	1. Within Niue 2. Outside Niue	1. Private business 2. Other HH 3. Other (note)	ID
20651	20652	20653	20654	20655	20656	20657	20658	20699

1. List here all the annual expenses from the list in S2.6.1

01	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. List here all the monthly expenses from the list in S2.6.1

13	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>		<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT \$, .00

ID	NOTES

SECTION S2.7.1: PRIVATE TRAVEL DETAILS (INTERNATIONAL)

20700: In the last 12 months, did any member of this household pay for any private travel (excluding business) to international destinations such as Samoa, New Zealand, Australia, etc?

In this section record only air fares, accommodation and restaurant, and transport (car rental) overseas. All other expenditures would be recorded in the related section:

- Household goods bought during travel: section 2.5
- Clothes: section 3.3
- Individual communication items (cell phone, tablets, laptop): section 3.4
- Luxury items: section 3.5
- Medical expenditure: section 3.2

1. Yes Provide details below

2. No **Go to S2.8**

**Reference period
last 12 months**

Travel code	Final destination code 1. New Zealand 2. Australia 3. Other (note)	Main purpose of the trip 1. Holidays (shopping...) 2. Family visit, event 3. Medical 4. Education 5. Other (note)	Number of persons who travelled?		Air fares	Accommodation (hotels...)	Food and Restaurant	Transport (car rental, taxi)	Shopping and other (note)	NOTE ID						
			HH members	Non-HH members							Expenditure code (mark "X" if spent on)					
											1	2	3	4	5	6
20701	20702	20703	20704	20705	20706	20707	20708	20709	20710	20711	20749					
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<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"/>	n/a	<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"/>	n/a	<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"/>	n/a	<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"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

S2.7.2: PRIVATE TRAVEL EXPENDITURE (INTERNATIONAL)

20720: For all expenses identified in S2.7.1, please provide the expense details in the table below

Line no.	TRAVEL CODE/ EXPENSE CODE		DETAILED DESCRIPTION OF THE EXPENDITURE	BENEFICIARY 1. This HH 2. Another HH	TOTAL AMOUNT PAID	LOCATION OF PROVIDER 1. Within Niue 2. Outside Niue	NOTE ID
	Travel code	Expense code			NZD		
	1 to 5	1 to 6					
20721	20722	20723	20724	20725	20726	20727	20499
1. List here all the annual expenses							
01	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL AMOUNT					\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

SECTION S2.8: HOUSEHOLD SERVICES EXPENDITURE

20800: In the last 12 months, did any member of this household pay for any household services related to apartments, individual homes or any other services, as listed below:

1. For the benefit of the household
2. For the benefit of another household

Line no.	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE ID
	1. Yes 2. No			1. This HH 2. Another HH	NZD	1. Within Niue 2. Outside Niue	
20801	20802	20803	20804	20805	20806	20807	20899

1 - Services Related to Apartments, Condominiums or Estates (Enclosed Housing Units)

01	n/a	n/a	n/a	n/a	n/a	n/a	<input type="checkbox"/>
02	n/a	n/a	n/a	n/a	n/a	n/a	<input type="checkbox"/>
03	n/a	n/a	n/a	n/a	n/a	n/a	<input type="checkbox"/>

2 - Services Related to Individual Homes

04	<input type="checkbox"/>	201	Gardening or landscaping/yard services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	202	Housekeeping/Maid services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	203	Baby sitting or child minding services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	204	Elderly care	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	205	Other services (drivers, cooks, security, etc.) (obs)	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>

3 - Other services charged to members of this household

09	<input type="checkbox"/>	301	Laundromat or laundry arrangements	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	302	Passports, travel visa, birth certificates and other documents	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	303	Legal services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	304	Freight and shipping services	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	305	Credit card fees (annual and ATM fees)	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	306	Western Union / Money Gram fees	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	307	Financial or banking fees	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL AMOUNT \$, .00

ID	NOTES

SECTION S2.9: CASH CONTRIBUTIONS TO SPECIAL OCCASIONS

20900: Did any member of this household make a cash contribution for any of the special occasions listed below (for another household)?
(Include all cash payments made for that type of special occasion over the last 12 months)

	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	TOTAL AMOUNT PAID	LOCATION OF RECIPIENT	NOTE
Line no.	1. Yes 2. No			NZD	1. Within Niue 2. Outside Niue	ID
20901	20902	20903	20904	20905	20906	20999
01	<input type="checkbox"/>	01	Cash contributions for birthdays	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	02	Cash contributions for funerals	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	03	Cash contributions for wedding	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	04	Cash contributions for graduations	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	05	Cash contributions for housewarmings	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	06	Cash contributions for traditional functions (coronations, custom titles, etc.)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	07	Cash contributions for Pastor/Minister	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	08	Cash contributions for other events not specified above	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL AMOUNT				\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

SECTION S2.10: PROVISION OF FINANCIAL SUPPORT

21000: Did any member of this household make a cash donation for any of the purposes listed below?
(Include all cash payments made for that type of financial support over the last 12 months)

	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	TOTAL AMOUNT PAID	LOCATION OF RECIPIENT	NOTE
Line no.	1. Yes 2. No			NZD	1. Within Niue 2. Outside Niue	ID
21001	21002	21003	21004	21005	21006	21099
01	<input type="checkbox"/>	01	Cash donations to another household in Niue (remittance sent in country)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	02	Cash donation to another household abroad (remittance sent overseas)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	03	Financial support to Church (regular donations)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	04	Financial support to the village/community (fundraiser)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	05	Financial support to School (fundraiser)	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	06	Cash donations to other groups not specified above	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL AMOUNT				\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

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SECTION S2.11: HOUSEHOLD ASSETS INSURANCE AND TAXES

21100: Did any member of this household in the last 12 months pay for the following?

- a) Insurance relating to household assets such as house and car (enter details in section 1)
- b) Taxes such as road use tax, fines (enter details in section 2)

Line no.	IN THE LAST 12 MONTHS, DID YOU PAY?	EXPENSE CODE	EXPENDITURE DESCRIPTION	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE ID
	1. Yes 2. No			1. This HH 2. Another HH	NZD	1. Within Niue 2. Outside Niue	
21101	21102	21103	21104	21105	21106	21107	21199

1. Insurance for household assets

01	<input type="checkbox"/>	101	Home insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	102	Vehicle insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	103	Boat insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	104	Other insurance	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>

2. Taxes/Fines

05	<input type="checkbox"/>	201	Government fines	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	202	Tax on imported goods	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	203	Other, not incl. GST or Income tax (note)	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL AMOUNT					\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00		

SECTION S2.12: PERSONAL INSURANCE

21200: Did any member of this household pay for any personal insurance in the last 12 months for things like health and life insurance?

1. Yes Provide details below 2. No **Go to S2.13**

Line no.	INSURANCE NUMBER	EXPENSE CODE	INSURANCE CODE	TOTAL AMOUNT PAID	NUMBER OF BENEFICIARIES OF THIS INSURANCE		LOCATION OF INSURANCE PROVIDER	NOTE ID
			1. Medical insurance (basic) 2. Medical insurance (supplemental) 3. Medical insurance (other) 4. Life insurance 5. Other insurance	NZD	HH members (module 1)	Another HH	1. Within Niue 2. Outside Niue	
21201	21202	21203	21204	21205	21206	21207	21208	21299

Personal Insurance

01	Insurance 1	301	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	Insurance 2	302	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Insurance 3	303	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Insurance 4	304	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Insurance 5	305	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL AMOUNT				\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00				

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SECTION S2.13: LOANS

21300: During the last 12 months has any member of this household made any personal loan repayments?

1. Yes <input type="checkbox"/> Provide details below							Reference period last 12 months	
2. No <input type="checkbox"/> End of module 2								
Line no.	Loan code 1. Purchase or improvement of a dwelling 2. Automobile or motorcycle 3. Boat or personal watercraft 4. Major household appliance 5. Travel 6. Customary or special occasion 7. Cash advance 8. Other personal purpose (note)	Lender 1. Bank 2. Business 3. Employer 4. Private person 5. Other (note)	Loan start date		Loan duration eg, 5 years		Loan type 1. Individual loan <i>Shared loan with member of:</i> 2. This HH 3. Another HH	Main [HM] paying off this loan
			Month	Year	Number	Unit 1. Months 2. Years		
21301	21302	21303	21304	21305	21306	21307	21308	21309
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Line no.	WHAT IS THE TOTAL AMOUNT BORROWED?	WHAT IS THE INTEREST RATE?	HOW MUCH IS THE REGULAR PAYMENT? <i>Eg, NZD 45.00 - Monthly</i>	Period code 1. Fortnightly 2. Monthly 3. Other (note)	NOTE ID
	NZD		NZD		
21301	21310	21311	21312	21313	21399
01	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
02	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
03	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
04	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
05	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="text"/> <input type="text"/> . <input type="text"/> %	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL AMOUNT			TOTAL AMOUNT		
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00			\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00		

ID	NOTES

