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STATISTICS DIVISION
OFFICE OF SBOC

MODULE 2 - HOUSEHOLD EXPENDITURES
HOUSEHOLD INCOME AND EXPENDITURE SURVEY

Questionnaire ID	Questionnaire label
S2.1	Housing Characteristics
S2.2	Housing Tenure Expenditure
S2.3.1	Utilities & Communication Details
S2.3.2	Utilities & Communication expenditures
S2.4.1	Land & Home Details
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S2.10	Provisions of Financial Support
S2.11	Loans
S2.12	Household Assets Insurance & Taxes
S2.13	Personal Insurance

IDENTIFICATION

<< Round Sample Hh Sequence # >>

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

DATE
 INTERVIEW COMPLETED
 mm / dd / yy
 DATA ENTRY COMPLETED
 mm / dd / yy

COMMENTS

S2.1 - HOUSING CHARACTERISTICS

2.1.1 Description of Housing		Obs ____
<p>20111 What type of Living Quarter (<u>main</u> house) is this?</p> <ol style="list-style-type: none"> 1. One family house detached from any other house 2. One family house attached to one or more houses <input style="margin-left: 10px;" type="checkbox"/> 3. Building with 2 or more apartments 4. Building with 2 or more HH sharing kitchen/toilet 5. Building attach to a business/other non-resident building 6. Other (observation) <p>20112 What is the <u>main</u> material used for the Roof?</p> <ol style="list-style-type: none"> 1. Concrete 2. Metal/tin <input style="margin-left: 10px;" type="checkbox"/> 3. Wood 4. Thatched/traditional 5. Other (observation) <p>20113 What is the <u>main</u> material used for the outer Walls?</p> <ol style="list-style-type: none"> 1. Concrete 2. Metal/tin <input style="margin-left: 10px;" type="checkbox"/> 3. Wood 4. Thatched/traditional 5. Other (observation) 6. None 	<p>20114 What is the <u>main</u> material used for the Floors?</p> <ol style="list-style-type: none"> 1. Concrete 2. Wood <input style="margin-left: 10px;" type="checkbox"/> 3. Coral/gravel 4. Other (observation) <p>20115 How many Rooms does your household occupy? (count living rooms, dining rooms, kitchen and bedrooms)</p> <p style="text-align: center;">Number of Rooms <input style="margin-left: 10px;" type="text"/></p> <p>20116 When was the building constructed? Best guess (enter the Year in the box)</p> <p style="text-align: center;">Year <input style="margin-left: 10px;" type="text"/><input style="margin-left: 10px;" type="text"/><input style="margin-left: 10px;" type="text"/><input style="margin-left: 10px;" type="text"/></p> <p style="text-align: center;">If Don't know, enter 9999</p> <p>20117 Does this house have a designated area specifically for cooking?</p> <ol style="list-style-type: none"> 1. Yes, inside & outside house 2. Yes, inside house only <input style="margin-left: 10px;" type="checkbox"/> 3. Yes, outside house only 4. No designated cooking area 	

2.1.2 Electricity/Energy		Obs ____
<p>20121 Does this house have access to electricity from the public utility grid?</p> <p style="text-align: center;">Yes <input style="margin-left: 10px;" type="checkbox"/> (Go to 20124) No <input style="margin-left: 10px;" type="checkbox"/></p> <p>20122 Does this house have access to another electricity source?</p> <p style="text-align: center;">Yes <input style="margin-left: 10px;" type="checkbox"/> No <input style="margin-left: 10px;" type="checkbox"/> (Go to 20124)</p> <p>20123 What is the alternative electricity source this house has access to? <i>(If more than one source, list the highest ranked on the list)</i></p> <ol style="list-style-type: none"> 1. Private Generator 2. Shared Generator 3. Solar PV system <input style="margin-left: 10px;" type="checkbox"/> 4. Other 	<p>20124 What is the <u>main</u> source of Lighting used by this household?</p> <p style="text-align: center;"><input style="margin-left: 10px;" type="checkbox"/></p> <p>20125 What is the <u>secondary</u> source of Lighting used by this household?</p> <p style="text-align: center;"><input style="margin-left: 10px;" type="checkbox"/></p> <p>20126 What is the <u>main</u> Cooking Facility for this household?</p> <p style="text-align: center;"><input style="margin-left: 10px;" type="checkbox"/></p> <p>20127 What is the <u>secondary</u> Cooking Facility for this household?</p> <p style="text-align: center;"><input style="margin-left: 10px;" type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Lighting</p> <ol style="list-style-type: none"> 1. Public utility 2. Generator 3. Solar panel 4. Kerosene lamp 5. Battery lamp 6. Other (observation) 7. None </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Cooking Facility</p> <ol style="list-style-type: none"> 1. Electric range 2. Portable electric stove 3. Microwave 4. Gas stove 5. Kerosene stove 6. Wood stove 7. Open fire 8. Other (observation) </div>	

Observations	

2.1.3 Water Access/Use

Obs |___|

20131 Is this house connected to the public utility water supply?

Yes (Go to 20134) No

20132 Does this house have **access** to one of the following improved drinking water sources?

1. Community Water Supply
2. Household Tank
3. Protected dug wells

Yes No (Go to 20134)

20133 Which improved drinking water do you have **access** to?
(enter source highest on the list in 20132)

20134 What are the main and secondary sources of water used by this household for drinking, cooking and washing?

- | | | |
|--------------------------------|----------------------------|----------------------------|
| | <u>Drinking</u> | |
| | Main | Secondary |
| 1. Public Utility Water Supply | a <input type="checkbox"/> | b <input type="checkbox"/> |
| 2. Community Water Supply | | |
| 3. Household Tank | | |
| 4. Protected dug wells | | |
| 5. Unprotected dug wells | <u>Cooking</u> | |
| 6. Water Truck | Main | Secondary |
| 7. Bottled Water | c <input type="checkbox"/> | d <input type="checkbox"/> |
| 8. Spring, river, lake | | |
| 9. Ocean / sea water | <u>Washing</u> | |
| 10. None | Main | Secondary |
| 11. Other (observation) | e <input type="checkbox"/> | f <input type="checkbox"/> |

2.1.4 Sanitation Access/Use

Obs |___|

20141 Is this house connected to the public sewer system?

Yes (Go to 20144) No

20142 Does this house have **access** to one of the following improved sanitation sources?

1. Connection to septic system
2. Pour-flush latrine
3. Simple pit latrine
4. Ventilated improved pit latrine

Yes No (Go to 20144)

20143 Which improved sanitation source do you have **access** to?
(enter source highest on the list in 20142)

20144 What are the main and secondary sources of sanitation utilised by this household?

- | | | |
|------------------------------------|----------------------------|----------------------------|
| | Main | Secondary |
| 1. Connection to public sewer | a <input type="checkbox"/> | b <input type="checkbox"/> |
| 2. Connection to septic system | | |
| 3. Pour-flush latrine | | |
| 4. Simple pit latrine | | |
| 5. Ventilated improved pit latrine | | |
| 6. Bucket latrine | | |
| 7. Public latrine | | |
| 8. Open latrine | | |
| 9. Ocean | | |
| 10. None | | |
| 11. Other (observation) | | |

2.1.5 Communication Access

Obs |___|

20151 Does this house have access to a land line phone connection?

Yes No (Go to 20153)

20152 Is this land line phone connection operational at the moment?

Yes No

20153 Does any member of this household own a mobile phone that is currently activated to a mobile network?

Yes No (Go to 20155)

20154 Does your current house location enable you to regularly access this mobile network?

Yes No

20155 Does your house have a wired connection for internet access (dial-up or broadband/ADSL)?

Yes No (Go to 20157)

20156 What type of wired connection do you have access to?

1. Dial-up connection
 2. ADSL - Basic
 3. ADSL - Standard
 4. ADSL - Premium
 5. ADSL - Elite
-

20157 Does this household have access to a wireless internet connection?

Yes No (Go to S2.2)

20158 What type of wireless internet access does this household have?

1. Through an ADSL connection
 2. Through pre-paid telecom card
-

S2.3.1 - Utilities & Communication Details

Reference period
1 month

Reference period:
12 months

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

1. For a house owned by this household?
2. For a house owned by another household? *(exclude payments for business)*

Line No.	During the last 12 months did you pay?	Expense code	Services Description	Period of payment	obs
	1 = Yes / 2 = No				
20301	20302	20303	20304	20305	20349
1 - Electricity from Public Utilities					
01	<input type="checkbox"/>	11	Electricity Bill (non cash power)	1 month	<input type="checkbox"/>
02	<input type="checkbox"/>	12	Cash Power	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 Fuel	1 month	<input type="checkbox"/>
06	<input type="checkbox"/>	23	Liquid Propane Gas (LPG)	1 month	<input type="checkbox"/>
3 - Gas or Liquid fuel used for cooking					
07	<input type="checkbox"/>	31	Butane or LP gas (LPG)	1 month	<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	Wood / Coconut husks	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 month	<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	1 month	<input type="checkbox"/>
18	<input type="checkbox"/>	72	Other landline telephone costs (e.g., connection fee)	1 year	<input type="checkbox"/>
19	<input type="checkbox"/>	73	Home Internet via ADSL/Dialup	1 month	<input type="checkbox"/>
20	<input type="checkbox"/>	74	Home Internet via WiFi	1 month	<input type="checkbox"/>
21	<input type="checkbox"/>	75	Online Subscriptions (incl. movies, games, software, etc)	1 month	<input type="checkbox"/>
22	<input type="checkbox"/>	76	Cable TV Subscription (Incl. physical or wireless connection)	1 month	<input type="checkbox"/>
23	<input type="checkbox"/>	77	P.O. Box Rental	1 year	<input type="checkbox"/>

S2.3.2 - Utilities & Communication Expenditures

20350) For all expenses identified in S2.3.1, please provide the expense details in the table below

Line No	Expenditure Code (Q20304)	Detailed description	Bene- ficiary	Estimated amount paid on average	Location of provider	obs
	11 to 77		code 20354	USD	code 20356	
20351	20352	20353	20354	20355	20356	20399

1. List here all the monthly expenditures from the list in S2.3.1

01				\$ _ , _ _ _ .00 per month		
02				\$ _ , _ _ _ .00 per month		
03				\$ _ , _ _ _ .00 per month		
04				\$ _ , _ _ _ .00 per month		
05				\$ _ , _ _ _ .00 per month		
06				\$ _ , _ _ _ .00 per month		
07				\$ _ , _ _ _ .00 per month		
08				\$ _ , _ _ _ .00 per month		
09				\$ _ , _ _ _ .00 per month		
10				\$ _ , _ _ _ .00 per month		
11				\$ _ , _ _ _ .00 per month		
12				\$ _ , _ _ _ .00 per month		
13				\$ _ , _ _ _ .00 per month		
14				\$ _ , _ _ _ .00 per month		
15				\$ _ , _ _ _ .00 per month		

2. List here all the annual expenditures from the list in S2.3.1

16				\$ _ , _ _ _ .00 per year		
17				\$ _ , _ _ _ .00 per year		
18				\$ _ , _ _ _ .00 per year		
19				\$ _ , _ _ _ .00 per year		
20				\$ _ , _ _ _ .00 per year		

Total Amount → \$|_|_|,|_|_|_||.00

code 20354: Beneficiary _____

code 20356: Location of provider _____

- 1. Own household's house
- 2. House of another household

- 1. Within FSM
- 2. Outside FSM

Observations	

S2.4.1 - Land & Home Details

Reference period:
last 12 months

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:

1. For a house owned by this household? *(exclude payments for business)*
2. For a house owned by another household?

Line No.	Did you pay? 1=Yes 2=No	Expenditure code	Expenditure Description	Expenditure Type <i>(tick if applicable)</i>			obs
				Purchase	Rent	Repair	
20401	20402	20403	20404	20405	20406	20407	20449
1 - Purchases related to buying a house or land.							
01	<input type="checkbox"/>	111	The acquisition of house or land	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
02	<input type="checkbox"/>	112	Fees (appraisal, escrow, banking)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
2 - Expenditures related to the construction of a new house, an extension or major modifications.							
03	<input type="checkbox"/>	211	Surveying, architectural or drafting fees	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
04	<input type="checkbox"/>	212	Building permits, registrations fees	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
05	<input type="checkbox"/>	213	General contractors, helpers, laborers	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
06	<input type="checkbox"/>	214	Materials (concrete, blocks, lumber, steel, doors, cabinets,paint)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
07	<input type="checkbox"/>	215	Transportation of materials	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
08	<input type="checkbox"/>	216	Other expenditures not mentioned above	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
3 - Expenditures related to the maintenance to a house or land							
1 - Plumbing (Materials & Service)							
09	<input type="checkbox"/>	311	Pipes, faucets, sinks, fittings, toilets, etc.	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
10	<input type="checkbox"/>	312	Services (contractor, plumber, helper)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
2 - Roofing and Surfacing (Materials & services, excluding painting)							
11	<input type="checkbox"/>	321	Tiles, floor board, wall paper, roofing tin,etc.	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
12	<input type="checkbox"/>	322	Services (contractor, helper, masonry)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
3 - Carpentry (Materials & Service)							
13	<input type="checkbox"/>	331	Plywood, lumber, wooden doors, cabinets, hindges,etc.	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
14	<input type="checkbox"/>	332	Services (contractor, helper, carpenter)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
4 - Electrical (Materials & Service)							
15	<input type="checkbox"/>	341	Wires, switches, outlets, power panels, etc.	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
16	<input type="checkbox"/>	342	Services (contractor, helper, electrician)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
5 - Finishing and Painting (Materials & Service)							
17	<input type="checkbox"/>	351	Paint, varnish, primer, etc. (do not include brushes)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
18	<input type="checkbox"/>	352	Services (contractor, helper, painter)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
6 - Pest & Insect control (Materials & Service)							
19	<input type="checkbox"/>	361	Insecticides, termite treatment formulas, etc	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
20	<input type="checkbox"/>	362	Services (contractor, helper, applicator)	<input type="checkbox"/>	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	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
22	<input type="checkbox"/>	372	Services to install (exclude home security services)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
4 - In the last 12 months did you spend money on tools or equipments?							
1 - Large tools							
23	<input type="checkbox"/>	411	Motorized: 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-motorized: 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	Motorized - electric saw, drill, sander, router, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	422	Non-motorized - hammer, screwdriver, machete, brushes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S2.4.2 Land & Home Expenditures

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

Line No	Expenditure Code (20404)	Detailed description of the expenditure	Expense Type	Beneficiary	Total amount paid in the last 12 months	Location of provider	obs
	111 to 422		code 20454	code 20455	USD	code 20457	
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	_	_

\$|_|_|_|_|,|_|_|_|_|.00 ←Total Amount

code 20454: Expense Type
 1. Purchase
 2. Rent
 3. Repair

code 20455: Beneficiary
 1. Own household's house
 2. House of another household

code 20457: Location of provider
 1. Within FSM
 2. Outside FSM

Observations	

S2.5.1 - Household Goods & Assets Details

Reference period:
last 12 months

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:

1. For a house owned by this household?
2. For a house owned by another household? *(exclude payments for business)*

Line No.	Do you own? 1=Yes 2=No	In the last 12 months, did you spend on?	Expenditure code	Items Description	Expenditure type <i>(tick if applicable)</i>			obs
					Purchase	Rent	Repair	
20501	20502	20503	20504	20505	20506	20507	20508	20549
1 - Purchases related to furniture, furnishings and floor coverings.								
01	<input type="checkbox"/>	<input type="checkbox"/>	101	Beds, mattress, bedroom sets (headboards, frames, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	102	Sofas, lounge chairs, couches, sofa sets, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	103	Tables (dining, coffee, desks, etc.) or table sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	104	Floor lamps, fittings, hanging lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	105	Other significant indoor furniture (book shelves, stands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	106	Outdoor furniture, deck furniture, folding chairs/tables, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	107	Carpets, rugs, mats and local mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	108	Other furniture, furnishings and floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	n/a	<input type="checkbox"/>	109	Lumber or other materials to make furniture	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
2 - Household textiles								
10	<input type="checkbox"/>	<input type="checkbox"/>	201	Blankets, sheets, pillowcases, pillows, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	202	Curtains, drapes, mini blinds, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	203	Towels (Bath, hand, tea towels, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	204	Other household textiles (e.g., table covers, tarps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - Major household appliances								
14	<input type="checkbox"/>	<input type="checkbox"/>	301	Water tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	302	Refrigerator or freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	303	Electric stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	304	Gas stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	305	Kerosene stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	306	Gas burner / cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	307	Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	308	Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	309	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	310	Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	311	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	312	Solar power unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	313	Water heater (electric, gas or solar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	314	Other major appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	315	Small electrical appliances (i.e., sewing machine, toaster, iron, fan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Recreational & Entertainment equipment								
29	<input type="checkbox"/>	<input type="checkbox"/>	401	Televisions (TV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	402	Radio & Stereo systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	403	Video & DVD players	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	404	Other audio devices (iPod, MP3 players, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	405	Game consoles (PlayStation, Nintendo, Xbox, PSP, DS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	406	Photo equipment (cameras - still/video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	407	Sports and camping equipment (tents, basketball, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	408	Other recreational equipment (excluding boats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Computer Equipment								
37	<input type="checkbox"/>	<input type="checkbox"/>	501	Computers (incl. desktop, laptop, tablet, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	502	Printer and printer supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	503	Software packages (excl. games for consoles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	504	Portable media drives (flash drive, mini hard drive, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	505	Other computer equipment (scanner, speaker, mouse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S2.5.2 - Household Goods & Assets Expenditures

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

Line No	Expenditure Code (20504)	Detailed description of the expenditure	Expense Type	Beneficiary	Total amount paid in the last 12 months	Location of provider	obs
	101 to 505		code 20554	code 20555	USD	code 20557	
20551	20552	20553	20554	20555	20556	20557	20599
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		

\$|_|_|,|_|_|_|.00 ← Total Amount

code 20554: Expense Type
 1. Purchase
 2. Rent
 3. Repair

code 20555: Beneficiary
 1. Own household's house
 2. House of another household

code 20557: Location of provider
 1. Within FSM
 2. Outside FSM

Observations

S2.6.1 - Vehicles & Accessories Details

Reference period:
1 month

Reference period:
12 months

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:
OR

20600b) In the last month, did any member pay for any fuel, motor oils or other lubricants, as listed below

1. For a vehicle owned by this household?
2. For a vehicle owned by another household? *(exclude payments for business)*

Line No.	How many do you own?	In the last 12 months, did you pay? 1=Yes/2=No	Expenditure code	Expenditure Description	Expenditure Type <i>(tick if applicable)</i>			obs
					Purchase	Rent	Repair	
20601	20602	20603	20604	20605	20606	20607	20608	20649
12 months recall								
1 - Vehicles (Cars, Trucks, Motorcycles, Bicycles, and Boats)								
01	<input type="checkbox"/>	<input type="checkbox"/>	101	Car or station wagon	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	102	Pick-up truck or utility vehicle	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	103	Truck, bus, or van	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	104	Motorcycle, quad-cycle, or scooter	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	105	Bicycle or any other pedal powered vehicles	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	106	Boat with a motor	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	107	Boat without a motor (including canoe)	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	108	Any other vehicles not mentioned above	<input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
2 - Vehicle Accessories								
09	n/a	<input type="checkbox"/>	201	Outboard motor	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
10	n/a	<input type="checkbox"/>	202	Trailers	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
11	n/a	<input type="checkbox"/>	203	Other accessories (e.g., car stereo, tow bar, winch, etc.)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
3 - Vehicle Maintenance, Parts, and Repair								
12	n/a	<input type="checkbox"/>	301	Service (oil change, tune up, brakes, etc.) (including parts)	n/a	n/a	<input type="checkbox"/>	<input type="checkbox"/>
13	n/a	<input type="checkbox"/>	302	Repair (body work, flat tire, overhaul, etc.) (Including parts)	n/a	n/a	<input type="checkbox"/>	<input type="checkbox"/>
14	n/a	<input type="checkbox"/>	303	Parts only (tire, spark plugs, brake pads, etc.)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
15	n/a	<input type="checkbox"/>	304	Other vehicle maintenance / improvements	n/a	n/a	<input type="checkbox"/>	<input type="checkbox"/>
4 - Registration Fees, Licenses, Towing Services, and Other Related Expenses								
16	n/a	<input type="checkbox"/>	401	Registration or Inspection fees	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
17	n/a	<input type="checkbox"/>	402	Driver's license fees	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
18	n/a	<input type="checkbox"/>	403	Other vehicle expenses (e.g., Towing)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>

1 month recall								
5 - Fuel, motor oils or other lubricants								
19	n/a	<input type="checkbox"/>	501	Fuel for road vehicles (car, motorcycle, etc.)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
20	n/a	<input type="checkbox"/>	502	Fuel for boats and personal watercrafts	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
21	n/a	<input type="checkbox"/>	503	Fuel for other motorized equipment such as bush cutters, tillers, chainsaws. (do not include generators)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
22	n/a	<input type="checkbox"/>	504	2-stroke motor oil (lawnmower, mixed for outboard motor, etc)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
23	n/a	<input type="checkbox"/>	505	4-stroke motor oil (outboard motor, cars)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>
24	n/a	<input type="checkbox"/>	506	Other lubricants (grease, transmission oil, etc.)	<input type="checkbox"/>	n/a	n/a	<input type="checkbox"/>

Observations								

S2.6.2 - Vehicles & Accessories Expenditures

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

Line No	Expenditure Code (Q20604)	Detailed description of the expenditure	Expense Type	Bene-ficiary	Total amount paid	Location of provider	obs
	101 to 506		code 20654	code 20655		USD	
20651	20652	20653	20654	20655	20656	20657	20699
1. List here all the annual expenditures from the list in S2.6.1							
01	_____		__	__	\$_____,_____.00	__	__
02	_____		__	__	\$_____,_____.00	__	__
03	_____		__	__	\$_____,_____.00	__	__
04	_____		__	__	\$_____,_____.00	__	__
05	_____		__	__	\$_____,_____.00	__	__
06	_____		__	__	\$_____,_____.00	__	__
07	_____		__	__	\$_____,_____.00	__	__
08	_____		__	__	\$_____,_____.00	__	__
09	_____		__	__	\$_____,_____.00	__	__
10	_____		__	__	\$_____,_____.00	__	__
11	_____		__	__	\$_____,_____.00	__	__
12	_____		__	__	\$_____,_____.00	__	__

2. List here all the monthly expenditures from the list in S2.6.1							
13	_____		__	__	\$_____,_____.00	__	__
14	_____		__	__	\$_____,_____.00	__	__
15	_____		__	__	\$_____,_____.00	__	__
16	_____		__	__	\$_____,_____.00	__	__
17	_____		__	__	\$_____,_____.00	__	__
18	_____		__	__	\$_____,_____.00	__	__
19	_____		__	__	\$_____,_____.00	__	__
20	_____		__	__	\$_____,_____.00	__	__

\$_____,_____.00 ← Total Amount

code 20654: Expense Type

1. Purchase
2. Rent
3. Repair

code 20655: Beneficiary

1. Own household's house
2. House of another household

code 20657: Location of provider

1. Within FSM
2. Outside FSM

Observations	

S2.7.1 - Private Travel details (International)

Reference period:
last 12 months

20700) In the last 12 months, did any member of this household pay for any private travel (excluding business) to international destinations such as US, Guam, Philippines?

Yes (Go to 20702)

No (Go to S2.7.3)

Travel Code	Final Destination	Destination code	Number of persons who travelled?		Mark "X" if spent cash on ...					obs
					Airfares	Sea fares	Accomm.	Entertainment activities	Transport (car rental, taxi)	
		code 20703	Hhold members	Non-Hhold members	Expense Code					
					1	2	3	4	5	
20701	20702	20703	20704	20705	20706	20707	20708	20709	20710	20749
01					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

code 20703: Destination code

- | | | | | | |
|-------------------|----------|-----------------|----------------------|----------------|---------------|
| 01. US (mainland) | 03. Guam | 05. Marshall Is | 07. Other Pacific Is | 09. Japan | 11. Australia |
| 02. Hawaii | 04. CNMI | 06. Palau | 08. Philippines | 10. Other Asia | 12. Other |

S2.7.2 - Private Travel expenditures (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	Beneficiary	Total amount paid	Residency of provider	obs
	Travel Code	Expense Code				code 20727	
	1 to 5	1 to 5		code 20725	USD	code 20727	
20721	20722	20723	20724	20725	20726	20727	20749
01					\$ _ _ _ , _ _ _ _ .00		
02					\$ _ _ _ , _ _ _ _ .00		
03					\$ _ _ _ , _ _ _ _ .00		
04					\$ _ _ _ , _ _ _ _ .00		
05					\$ _ _ _ , _ _ _ _ .00		
06					\$ _ _ _ , _ _ _ _ .00		
07					\$ _ _ _ , _ _ _ _ .00		
08					\$ _ _ _ , _ _ _ _ .00		
09					\$ _ _ _ , _ _ _ _ .00		
10					\$ _ _ _ , _ _ _ _ .00		

code 20725: Beneficiary

- 1. Own household's house
- 2. House of another household

code 20727: Residency of provider

- 1. Resident
- 2. Non-resident

\$|_|_|_|,|_|_|_|_|.00

← Total Amount

Observations

S2.7.3 - Private Travel details (Domestic)

Reference period:
last 3 months

20750) In the last 3 months, did any member of this household pay for any private travel from one FSM state to another or within a state between Proper & Outer islands

Yes (Go to 20752)

No (Go to S2.8)

Travel Code	Final Destination	Destination code	Number of persons who travelled?		Mark "X" if spent cash on ...					obs
					Airfares	Sea fares	Accomm.	Entertainment activities	Transport (car rental, taxi)	
		code 20753	Hhold members	Non-Hhold members	Expense Code					
					1	2	3	4	5	
20751	20752	20753	20754	20755	20756	20757	20758	20759	20760	20799
01		_	_ _	_ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
02		_	_ _	_ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
03		_	_ _	_ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
04		_	_ _	_ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_
05		_	_ _	_ _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_

code 20753: Destination code
1. Yap 2. Chuuk 3. Pohnpei 4. Kosrae

S2.7.4 - Private Travel expenditures (Domestic)

20770) For all expenses identified in S2.7.3, please provide the expense details in the table below

Line No	Travel Code / Expense Code		Detailed description	Beneficiary	Total amount paid	Residency of provider	obs
	Travel Code	Expense Code				code 20777	
	1 to 5	1 to 5		code 20775	USD	code 20777	
20771	20772	20773	20774	20775	20776	20777	20799
01	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
02	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
03	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
04	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
05	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
06	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
07	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
08	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
09	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_
10	_	_		_	\$ _ _ _ , _ _ _ _ .00	_	_

code 20775: Beneficiary
1. Own household's house
2. House of another household

code 20777: Residency of provider
1. Resident
2. Non-resident

\$|_|_|_|,|_|_|_|_|.00 ← Total Amount

Observations	

S2.8 - Household Services Expenditures

Reference period:
last 12 months

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 a household you own ?
2. For a house owned by another household?

Line No.	In the last 12 months, did you pay? 1=Yes 2=No	Expenditure code	Expenditure Description	Beneficiary	Total amount paid in the last 12 months.	Location of provider	obs
				code 20805		code 20807	
20801	20802	20803	20804	20805	USD	20807	20899

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

01	_ _	101	Caretaker (Maintenance personnel)	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
02	_ _	102	Compound security services	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
03	_ _	103	Other services related to multiple housing units	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _

2 - Services Related to Individual Homes

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

3 - Other services charged to members of this household

09	_ _	301	Laundromat or laundry arrangements	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
10	_ _	302	Passports, travel visa, birth certificates	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
11	_ _	303	Legal services	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
12	_ _	304	Freight and shipping services	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
13	_ _	305	Credit card fees (annual and ATM fees)	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
14	_ _	306	Western Union / Money Gram fees	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _
15	_ _	307	Financial or Banking fees	_ _	\$ _ _ , _ _ _ _ _ .00	_ _	_ _

\$|_|_|_|_|,|_|_|_|_|_|.00 ← Total Amount

code 20805: Beneficiary
 1. Own household's house
 2. House of another household

code 20807: Location of provider
 1. Within FSM
 2. Outside FSM

Observations	

S2.9 - Cash Contributions to Special Occasions

Reference period:
last 12 months

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

Line No.	In the last 12 months, did you pay?	Expenditure code	Expenditure Description	Total amount paid in the last 12 months.	Location of recipient	obs
	1=Yes 2=No			USD	code 20906	
20901	20902	20903	20904	20905	20906	20999
01	__	01	Cash contributions for Birthdays	\$ __ , __ __ __ .00	__	__
02	__	02	Cash contributions for Funerals	\$ __ , __ __ __ .00	__	__
03	__	03	Cash contributions for Fundraisers (Medical, Student, Travel, etc.)	\$ __ , __ __ __ .00	__	__
04	__	04	Cash contributions for Graduations	\$ __ , __ __ __ .00	__	__
05	__	05	Cash contributions for Housewarmings	\$ __ , __ __ __ .00	__	__
06	__	06	Cash contributions for Traditional Functions (Custom titles, etc.)	\$ __ , __ __ __ .00	__	__
07	__	07	Cash contributions for other special occasions (Christmas, Easter, etc.)	\$ __ , __ __ __ .00	__	__
08	__	08	Cash contributions for Other Events not specified above	\$ __ , __ __ __ .00	__	__

code 20906:Location of recipient
1. Within FSM
2.Outside FSM

\$|__|,|__|__|__|.00 ←Total Amount

S2.10 - Provisions of Financial Support

Reference period:
last 12 months

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 special occasion over the last 12 months)

Line No.	In the last 12 months, did you pay?	Expenditure code	Expenditure Description	Total amount paid in the last 12 months.	Location of recipient	obs
	1=Yes 2=No			USD	code 21006	
21001	21002	21003	21004	21005	21006	21099
01	__	01	Cash donations to another household	\$ __ , __ __ __ .00	__	__
02	__	02	Cash donations to church (weekly or regular payments, including tithe)	\$ __ , __ __ __ .00	__	__
03	__	03	Cash donations to church (irregular large donations, including tithe)	\$ __ , __ __ __ .00	__	__
04	__	04	Cash donations to community groups, village sport events, etc.	\$ __ , __ __ __ .00	__	__
05	__	05	Cash donations to school for events, supplies, etc.	\$ __ , __ __ __ .00	__	__
06	__	06	Cash donations to other groups not specified above	\$ __ , __ __ __ .00	__	__

code 21006:Location of recipient
1. Within FSM
2. Outside FSM

\$|__|,|__|__|__|.00 ←Total Amount

Observations

S2.11 - Loans

**Reference period:
last 12 months**

21100) During the last 12 months has any member of this household made any personal loan repayments?

Yes (provide details below)

No **(Go to S2.12)**

Line No.	Loan Description	Loan Code	Lender	Loan Start Date		Loan duration e.g., 5 years	
		code 21103	code 21104	month	year	Number	Unit
							code 21108
21101	21102	21103	21104	21105	21106	21107	21108
01		_	_	_ _	_ _	_ _	_
02		_	_	_ _	_ _	_ _	_
03		_	_	_ _	_ _	_ _	_
04		_	_	_ _	_ _	_ _	_
05		_	_	_ _	_ _	_ _	_
06		_	_	_ _	_ _	_ _	_

code 21103: Loan Code

- 1=Purchase or improvement of a dwelling
- 2= Automobile or motorcycle
- 3=Boat or personal watercraft
- 4=Major household appliances
- 5=Travel
- 6=Customary or special occasion
- 7=Cash advance
- 8=Other personal purpose

code 21104: Lender

- 1=Bank
- 2=Credit Union
- 3=Other Loan agency
- 4=Business
- 5=Employer
- 6=Private Person
- 7=Other (obs)

code 21108: Unit

- 1 = Month
- 2 = Year

Line No	What is the total amount borrowed?	What is the interest rate?	How much is the regular payment?		obs
			E.g., \$45.00 - Monthly		
			Amount	Period	
USD	%	USD	code 21112		
21101	21109	21110	21111	21112	21199
01	\$ _ _ _ _ , _ _ _ _ .00	_ _ _ _ %	\$ _ _ _ _ .00	_	_
02	\$ _ _ _ _ , _ _ _ _ .00	_ _ _ _ %	\$ _ _ _ _ .00	_	_
03	\$ _ _ _ _ , _ _ _ _ .00	_ _ _ _ %	\$ _ _ _ _ .00	_	_
04	\$ _ _ _ _ , _ _ _ _ .00	_ _ _ _ %	\$ _ _ _ _ .00	_	_
05	\$ _ _ _ _ , _ _ _ _ .00	_ _ _ _ %	\$ _ _ _ _ .00	_	_
06	\$ _ _ _ _ , _ _ _ _ .00	_ _ _ _ %	\$ _ _ _ _ .00	_	_

\$|_|_|_|_|,|_|_|_|_|.00

← TOTAL →

\$|_|_|_|_|,|_|_|_|_|.00

code 21112: Period

- 1=Bi-weekly
- 2=Monthly
- 3=Other (obs)

Observations	

S2.12 - Household Assets Insurance and Taxes

Reference period:
last 12 months

21200) Did any member of this household pay for any insurance or taxes in the last 12 months for the following?
 a) Insurance relating to Household Assets such as house and car (Enter details in section 1)
 b) Taxes such as House and Land Tax, Fines (Enter details in section 2)

Line No.	In the last 12 months, did you pay?	Expenditure code	Expenditure Description	Beneficiary	Total amount paid in the last 12 months.	Location of provider	obs
	1=Yes 2=No			code		code	
21201	21202	21203	21204	21205	USD 21206	21207	21299

Section 1: Insurance for Household Assets

01	<input type="checkbox"/>	101	Home Insurance	<input type="checkbox"/>	\$ <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"/> .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"/> .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"/> .00	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Taxes/Fines

05	<input type="checkbox"/>	201	House and land tax	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	202	Town, municipal council taxes	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	204	Fines for government violations	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	205	Tax on imported goods	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	205	Other taxes	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00	<input type="checkbox"/>	<input type="checkbox"/>

code 21205: Beneficiary

1. This household: Own use
2. Another household

code 21207: Location of provider

1. Within FSM
2. Outside FSM

\$,,.00 ← Total amount



If allotments received bi-weekly in your pay to cover these expenses, then simply multiply this figure by 26 to get the annual

S2.13 - Personal Insurance

Reference Period:
12 months

21300 Did any member of this household pay for any personal insurance in the last 12 months for things like health and life insurance?

Yes (Provide all details below) No (End of Module 2)

Line No.	Insurance Number	Expenditure code	Insurance code	Total amount paid in the last 12 months.	Number of beneficiaries of this insurance		Location of insurance provider	Obs
			code 21304		USD	Hhold members (module 1)	Another HH	
21301	21302	21303	21304	21305	21306	21307	21308	21399

Personal Insurance

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

code 21304: Insurance code

1. Medical insurance (basic)
2. Medical insurance (supplemental)
3. Medical insurance (other)
4. Life Insurance
5. Other insurance

\$,,.00 ← Total amount

code 21308: location

1. Within FSM
2. Outside FSM