

# HOUSEHOLD LISTING: ALL INDIVIDUALS

## MODULE 3 - INDIVIDUAL EXPENDITURE

Copy the name, sex and age of all household member from Module 1 Flap

Row **60** represents persons who no longer live in the household (S1.6).

Row **90** represents persons in another household who are beneficiaries of expenditure

Household (HH) Member [HM]

[HM]	PERSON NAME (01 = Household Head)	SEX 1 = Male 2 = Female <i>Write the appropriate code in the box</i>	AGE IN COMPLETED YEARS <i>Enter 000 for child under 1 year</i>
10101	10102	10103	10104
01	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
02	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
03	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
04	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
05	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
06	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
07	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
08	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
09	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
12	First name <input type="text"/> Surname <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
60	Previous members of household	n/a	n/a
90	Member of another household	n/a	n/a



# 2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

## MODULE 3 - INDIVIDUAL EXPENDITURE TONGA STATISTICS DEPARTMENT

IN ACCORDANCE WITH THE TONGAN STATISTICS ACT (1978), ALL PRIVATE INFORMATION IN THIS ENVELOPE WILL BE KEPT STRICTLY CONFIDENTIAL

### QUESTIONNAIRE ID AND LABEL

S3.1 EDUCATION	S3.5 LUXURY ITEMS
S3.2 HEALTH	S3.6 ALCOHOL, KAVA AND TOBACCO
S3.3 CLOTHING	S3.7 DEPRIVATION
S3.4 COMMUNICATION	

#### HOUSEHOLD DETAILS

HIES HOUSEHOLD ID       Set A, B, C  ROUND

HOUSEHOLD HEAD (HH) First name  Surname  FORM #  of

ISLAND GROUP  Code  VILLAGE  Code

DISTRICT  Code  BLOCK  Code

FIELD STAFF	Name	Code	Signature
ENUMERATOR	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
SUPERVISOR	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
DATA ENTRY OPERATOR	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

DATE INTERVIEW COMPLETED (dd/mm/yy)

/  /

DATE DATA ENTRY COMPLETED (dd/mm/yy)

/  /

#### NOTES


## SECTION S3.1.1: EDUCATION DESCRIPTION

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

1. Yes  Indicate expenses below  
 2. No  **Go to S3.2.1**

**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**

**Reference period last 12 months**

[HM]	DID [HM] RECEIVE A SCHOLARSHIP/ GRANT DURING THE PAST 12 MONTH? Mark 'X' the appropriate box	DURING THE LAST 12 MONTHS DID YOU SPEND ON <i>Mark "X" for the beneficiary of the expenditure</i>											NOTE ID
		Tuition/Fees (application, exams, etc.)					Boarding	School uniform <i>Eg, caps, gown hire</i>	Text books, exercise books	Stationeries	School event <i>Eg, PTA, teacher day...</i>	Other <i>Eg, tutoring ...</i>	
		Kindergarten	Primary school	Secondary school	Tertiary school	Other institution							
		Expense code											
1	2	3	4	5	6	7	8	9	10	11			
30101	30102	30103	30104	30105	30106	30107	30108	30109	30110	30111	30112	30113	30149
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<i>n/a</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a scholarship was granted, please fill in S4.7 line 24 (Grant/Scholarship).

# SECTION S3.1.2: EDUCATION EXPENDITURE DETAIL

30150: For all expenses identified in S3.1.1 please provide the expense details in the table below

Reference period  
last 12 months

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 11		[HM] # 60. List S1.6 90. Another HH	TOP\$	1. Within Tonga 2. Outside Tonga	ID
30151	30152	30153	30154	30155	30156	30199
<b>1. List here all the annual expenses from the list in S3.1.1</b>						
01	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
02	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
03	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
04	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
05	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
06	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
07	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
08	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
09	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
10	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
11	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
12	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
13	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
14	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
15	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
16	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
17	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
18	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
19	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
20	<input type="text"/>		<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .00	<input type="text"/>	<input type="text"/>
<b>TOTAL AMOUNT</b>				\$ <input type="text"/> , <input type="text"/> .00		

ID	NOTES

## SECTION S3.2.1: HEALTH DESCRIPTION

30200: Did anyone from this household pay for any health-related services indicated below (in country or overseas), either for a person in this household or someone else in a different household? Please include major health expenses in the last 3 months and other health expenses in the last 3 months.

1. Yes  Indicate expenses below  
 2. No  **Go to S3.3.1**

**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**

**Reference period last 3 months**

Line no./ [HM]	DURING THE LAST 3 MONTHS DID YOU SPEND ON								NOTE ID
	Private practitioners	Out patient visits	Hospital charges	Medicine, antibiotics or other prescribed medicine	Traditional medicine practises	Dental fees	Pre-/Ante- natal or maternal care outside hospital <i>Eg, midwife</i>	Other	
Expense code	1	2	3	4	5	6	7	8	
30201	30202	30203	30204	30205	30206	30207	30208	30209	30349
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

# SECTION S3.2.2: HEALTH EXPENDITURE DETAIL

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

Reference period  
last 3 months

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 8		[HM] # 60. List S1.6 90. Another HH	TOP\$	1. Within Tonga 2. Outside Tonga	ID
30251	30252	30253	30254	30255	30256	30299
01				\$ , .00		
02				\$ , .00		
03				\$ , .00		
04				\$ , .00		
05				\$ , .00		
06				\$ , .00		
07				\$ , .00		
08				\$ , .00		
09				\$ , .00		
10				\$ , .00		
11				\$ , .00		
12				\$ , .00		
13				\$ , .00		
14				\$ , .00		
15				\$ , .00		
16				\$ , .00		
17				\$ , .00		
18				\$ , .00		
19				\$ , .00		
20				\$ , .00		
TOTAL AMOUNT				\$ , .00		

ID	NOTES

## SECTION S3.3.1: CLOTHING DESCRIPTION

30300: In the last 3 months, did anyone from this household pay for any clothing apparel, shoes, accessories or materials indicated below, either for a person in this household or someone else in a different household?

1. Yes  Indicate expenses below

2. No  **Go to S3.4.1**

**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**

**Reference period last 3 months**

Line no./ [HM]	DURING THE LAST 3 MONTHS DID YOU SPEND ON <i>Mark "X" for the beneficiary of the expenditure</i>						NOTE ID
	Men's and boys' clothes <i>Eg, shirts, T-shirts, shorts, pants, underwear (exclude: school uniforms)</i>	Women's and girls' clothes <i>Eg, dresses, blouses, shirts, skirts, underwear (exclude: school uniforms)</i>	Infant clothes (<2 yrs old) <i>Eg, dress, shirt (exclude: disposable nappies)</i>	Clothing accessories <i>Eg, hat, cap, belt</i>	Clothing fabrics <i>Eg, lace, materials</i>	Shoes & slippers <i>Eg, shoes, sandals, boots</i>	
Expense code	1	2	3	4	5	6	
30301	30302	30303	30304	30305	30306	30307	30349
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

## SECTION S3.3.2: CLOTHING EXPENDITURE DETAIL

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

Reference period  
last 3 months

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 6		[HM] # 60. List S1.6 90. Another HH	TOP\$	1. Within Tonga 2. Outside Tonga	ID
30351	30352	30353	30354	30355	30356	30399
01				\$ , .00		
02				\$ , .00		
03				\$ , .00		
04				\$ , .00		
05				\$ , .00		
06				\$ , .00		
07				\$ , .00		
08				\$ , .00		
09				\$ , .00		
10				\$ , .00		
11				\$ , .00		
12				\$ , .00		
13				\$ , .00		
14				\$ , .00		
15				\$ , .00		
16				\$ , .00		
17				\$ , .00		
18				\$ , .00		
19				\$ , .00		
20				\$ , .00		
<b>TOTAL AMOUNT</b>				\$ , .00		

ID	NOTES

## SECTION S3.4.1: COMMUNICATION DESCRIPTION

30400: Did any member of this household pay for any of the communication expenses listed below for either a member of this household, or the member of another household:

- a) Include purchase of a phone/telecard and internet access in the last month
- b) Include purchase of a mobile/cell phone or other mobile device in the last 12 months

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

1. Yes <input type="checkbox"/> Indicate expenses below				Reference period last month		Reference period last 12 months	
2. No <input type="checkbox"/> <b>Go to S3.5.1</b>							
Line no./ [HM]	DURING THE PAST (1) MONTH DID [HM] PAY:			DURING THE PAST (12) MONTHS DID [HM] PAY:			NOTE ID
	Prepaid talk or data <i>Eg. prepaid card</i>	Contract talk or data <i>Eg. subscription</i>	Internet use away from home <i>Eg. internet café</i>	Cellphone or Smartphone	Tablet	Laptop	
Expense code	1	2	3	4	5	6	
<b>30401</b>	<b>30402</b>	<b>30403</b>	<b>30404</b>	<b>30405</b>	<b>30406</b>	<b>30407</b>	<b>30449</b>
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

# SECTION S3.4.2: COMMUNICATION EXPENDITURE DETAIL

30450: For all expenses identified in S3.4.1 please provide the expense details in the table below.

Reference period  
last month

Reference period  
last 12 months

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 6		[HM] # 60. List S1.6 90. Another HH	TOP\$	1. Within Tonga 2. Outside Tonga	ID
30451	30452	30453	30454	30455	30456	30499

**1. List here all the monthly expenses from the list in S3.4.1**

01				\$ , .00		
02				\$ , .00		
03				\$ , .00		
04				\$ , .00		
05				\$ , .00		
06				\$ , .00		
07				\$ , .00		
08				\$ , .00		
09				\$ , .00		
10				\$ , .00		
11				\$ , .00		
12				\$ , .00		

**2. List here all the annual expenses from the list in S3.4.1**

13				\$ , .00		
14				\$ , .00		
15				\$ , .00		
16				\$ , .00		
17				\$ , .00		
18				\$ , .00		
19				\$ , .00		
20				\$ , .00		

TOTAL AMOUNT \$ , .00

ID	NOTES

## SECTION S3.5.1: LUXURY ITEMS DESCRIPTION

30500: Did any member of this household pay for any of the luxury item expenses listed below for either a member of this household, or the member of another household.

1. Yes  Indicate expenses below

2. No  **Go to S3.6.1**

**Reference period  
last 12 months**

Line no./ [HM]	DURING THE PAST 12 MONTHS DID [HM] PAY <i>Mark "X" for the beneficiary of the expenditure</i>							NOTE ID
	Hairdresser	Beauty salon, massage, nail care	Perfume	Jewelry, watch	Tattoos, Piercings, Gold teeth	Membership <i>Eg, sport, gym, golf, cultural association....</i>	Lessons <i>Eg, swimming, ballet, ...</i>	
Expense code	1	2	3	4	5	6	7	
30501	30502	30503	30504	30505	30506	30507	30508	30549
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ID	NOTES

# SECTION S3.5.2: LUXURY ITEMS EXPENDITURE DETAIL

For all expenditure identified in S3.5.1 please provide the expense details in the table below.

Reference period  
last 12 months

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 7		[HM] # 60. List S1.6 90. Another HH	TOP\$	1. Within Tonga 2. Outside Tonga	ID
30551	30552	30553	30554	30555	30556	30599

List here all the annual expenses from the list in S3.5.1

01				\$ ,.00		
02				\$ ,.00		
03				\$ ,.00		
04				\$ ,.00		
05				\$ ,.00		
06				\$ ,.00		
07				\$ ,.00		
08				\$ ,.00		
09				\$ ,.00		
10				\$ ,.00		
11				\$ ,.00		
12				\$ ,.00		
13				\$ ,.00		
14				\$ ,.00		
15				\$ ,.00		
16				\$ ,.00		
17				\$ ,.00		
18				\$ ,.00		
19				\$ ,.00		
20				\$ ,.00		
<b>TOTAL AMOUNT</b>				\$ ,.00		

ID	NOTES

# SECTION S3.6.1: ALCOHOL, KAVA AND TOBACCO DESCRIPTION (AGED 10+)

30600: For each household member aged 10 and above identify whether s/he:

- consumed alcohol or cigarettes (and how many) during the past 7 days (30602 - 30605)
- bought alcohol, kava or tobacco during the past 7 days (tick 30606 - 30612)

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

													Reference period last 7 days	
Line no./ [HM]	DURING THE LAST 7 DAYS				DURING THE LAST 7 DAYS DID [HM] BUY								NOTE ID	
	DID [HM]:			How many cigarettes did [HM] smoke?	ALCOHOL				TOBACCO			Kava		
	Drink alcohol?	Drink Kava?	Smoke tobacco? <small>If No, go to 30606</small>		Beer	Wine	Spirits <small>Eg, Whisky, rum ...</small>	Home brew	Cigarette stick or packet	Other imported tobacco <small>Eg, rolled tobacco</small>	Local Tongan tobacco			
Expense code	1. Yes 2. No				1	2	3	4	5	6	7	8		
30601	30602	30603	30604	30605	30606	30607	30608	30609	30610	30611	30612	30613	30649	
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60	n/a				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
90	n/a				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ID	NOTES

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

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

Reference period  
last 7 days

	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE
Line no.	1 to 8		[HM] # 60. List S1.6 90. Another HH	TOP\$	1. Within Tonga 2. Outside Tonga	ID
30651	30652	30653	30654	30655	30656	30699
01				\$ , .00		
02				\$ , .00		
03				\$ , .00		
04				\$ , .00		
05				\$ , .00		
06				\$ , .00		
07				\$ , .00		
08				\$ , .00		
09				\$ , .00		
10				\$ , .00		
11				\$ , .00		
12				\$ , .00		
13				\$ , .00		
14				\$ , .00		
15				\$ , .00		
16				\$ , .00		
17				\$ , .00		
18				\$ , .00		
19				\$ , .00		
20				\$ , .00		
<b>TOTAL AMOUNT</b>				\$ , .00		

ID	NOTES

## SECTION S3.7.1: DEPRIVATION (ALL ADULT MEMBERS 16+)

30700: Ask all the household members [HM]s aged 16 and above the following questions.

(Write the appropriate code in the box)

Line no./ [HM]	Two pairs of properly fitting shoes, including a pair of all-weather shoes			Two meals a day			NOTE ID
	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30703</b> <b>2. No</b>	Is it because you cannot afford it (CNA) or you do not want it (DNW)? <i>Mark 'X' the appropriate box</i>	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30704</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	
30701	30702a	30702b	30702c	30703a	30703b	30703c	30799
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>

ID	NOTES

# SECTION S3.7.1: DEPRIVATION (ALL ADULT MEMBERS 16+) (Cont'd)

30700: Ask all the HMs aged 16 and above the following questions.  
 (Write the appropriate code in the box)

Line no./ [HM]	A small amount of money to spend each week on yourself			Clothes to wear for social or family occasions such as parties or special church occasions			NOTE
	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30705</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30706</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	ID
30701	30704a	30704b	30704c	30705a	30705b	30705c	30799
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>

ID	NOTES

## SECTION S3.7.1: DEPRIVATION (ALL ADULT MEMBERS 16+) (Cont'd)

30700: Ask all the HMs aged 16 and above the following questions.

(Write the appropriate code in the box)

Line no./ [HM]	Replace worn-out clothes by some new			To get together with friends/family for a drink/meal at least monthly			NOTE ID
	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30707</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30708</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	
<b>30701</b>	<b>30706a</b>	<b>30706b</b>	<b>30706c</b>	<b>30707a</b>	<b>30707b</b>	<b>30707c</b>	<b>30799</b>
<b>01</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>02</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>03</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>04</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>05</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>06</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>07</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>08</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>09</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>11</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>12</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>

ID	NOTES

# SECTION S3.7.1: DEPRIVATION (ALL ADULT MEMBERS 16+) (Cont'd)

30700: Ask all the HMs aged 16 and above the following questions.

(Write the appropriate code in the box)

Line no./ [HM]	Presents for friends or family once a year			Enough money to be able to visit friends and family in hospital or other institutions			NOTE ID
	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30709</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30710</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	
30701	30708a	30708b	30708c	30709a	30709b	30709c	30799
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>

ID	NOTES

## SECTION S3.7.1: DEPRIVATION (ALL ADULT MEMBERS 16+) (Cont'd)

30700: Ask all the HMs aged 16 and above the following questions.

(Write the appropriate code in the box)

Line no./ [HM]	Access to safe public transport such as buses and boats			A good meal with meat/fish on Sundays and other special occasions			NOTE ID
	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30711</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30712</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	
<b>30701</b>	<b>30710a</b>	<b>30710b</b>	<b>30710c</b>	<b>30711a</b>	<b>30711b</b>	<b>30711c</b>	<b>30799</b>
<b>01</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>02</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>03</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>04</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>05</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>06</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>07</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>08</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>09</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>10</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>11</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
<b>12</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>

ID	NOTES

## SECTION S3.7.1: DEPRIVATION (ALL ADULT MEMBERS 16+) (Cont'd)

30700: Ask all the HMs aged 16 and above the following questions.

(Write the appropriate code in the box)

Line no./ [HM]	Fresh fruits and vegetables at least once a day			NOTE ID
	Is it essential for every adult in the country today? 1. Yes 2. No	Do you have it? <b>1. Yes, go to 30713</b> <b>2. No</b>	Is it because you CNA or you DNW? <i>Mark 'X' the appropriate box</i>	
<b>30701</b>	<b>30712a</b>	<b>30712b</b>	<b>30712c</b>	<b>30799</b>
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.CNA / <input type="checkbox"/> 2.DNW	<input type="checkbox"/>

ID	NOTES

## SECTION S3.7.1: DEPRIVATION (ALL HOUSEHOLD MEMBERS)

The following questions are asked to the main HIES respondent.

Respondent ID  
(HM ID)

### HOUSEHOLD (RESPONDENT WILL THINK ABOUT ALL THE HOUSEHOLD MEMBERS)

(Write the appropriate box with an 'X')		Is it essential for everyone in Tonga today?	Do you have it? <i>If no</i> →	Is it because you CNA it or you DNW it?	NOTE ID
		a	b	c	30799
30713	Enough money to replace any worn out furniture.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30714	Enough money to repair broken electrical goods such as refrigerator or washing machine.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30715	Regular savings for emergencies.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30716	All medicine prescribed by your doctor, when any person in this HH is sick.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30717	Having your own means of transportation ( <i>car, boat, motorcycle etc.</i> )	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>

### ALL CHILDREN (AGE 1 - 15YRS) – HOUSEHOLD WILL THINK ABOUT THE CHILDREN AGED 1 TO 15YRS

(Write the appropriate box with an 'X')		Is it essential for children 1-15 years old in Tonga?	Do not answer if no children 1-15 yrs in the household		NOTE ID
			Do you have it? <i>If no</i> →	Is it because you CNA it or you DNW it?	
		a	b	c	30799
30718	New properly fitting shoes.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30719	Three meals a day.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30720	Some new, not second-hand clothes.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30721	Celebrations on special occasions such as birthdays, Christmas or religious festival.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30722	One meal with meat, chicken, fish or vegetarian equivalent daily.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30723	All school uniform of correct size and equipment required ( <i>eg, Books, pen, etc.</i> ).	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30724	To participate in school trips and school events that cost money.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30725	A suitable place to study or do homework.	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30726	Tutorial lessons after school at least once a week ( <i>during term time</i> )	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30727	Enough beds and bedding for every child in the household	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30728	Leisure equipment ( <i>eg, sports equipment or a bicycle</i> )	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30729	Books at home suitable for their age ( <i>including reference books and supplementary exercises</i> )	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>
30730	Fresh fruits and vegetables at least once a day	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.Yes / <input type="radio"/> 2.No	<input type="radio"/> 1.CNA / <input type="radio"/> 2.DNW	<input type="radio"/>

### HOUSEHOLD

30731	Which one of the following statements best describes how well your household has been keeping up with bills and credit commitments in the last 12 months? ( <i>Write the appropriate code in the box</i> ) <b>Keeping up with all bills, ....:</b> 1. ...., without any difficulties 2. ...., but it is a struggle from time to time 3. ...., but it is a constant struggle 4. ...., have fallen behind with some of them 5. ...., have fallen behind with many of them	<input type="radio"/>	<input type="radio"/>
30732	Generally, how would you rate your standard of living? ( <i>Write the appropriate code in the box</i> ) 1. Well above average 2. Above average 3. Average 4. Below average 5. Well below average	<input type="radio"/>	<input type="radio"/>

END OF MODULE 3