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 *Write the appropriate code in the box*	AGE IN COMPLETED YEARS *Enter 000 for child under 1 year*
10101	**10102**	**10103**	**10104**
01	*First name* / *Surname*	☐	☐☐☐
02	*First name* / *Surname*	☐	☐☐☐
03	*First name* / *Surname*	☐	☐☐☐
04	*First name* / *Surname*	☐	☐☐☐
05	*First name* / *Surname*	☐	☐☐☐
06	*First name* / *Surname*	☐	☐☐☐
07	*First name* / *Surname*	☐	☐☐☐
08	*First name* / *Surname*	☐	☐☐☐
09	*First name* / *Surname*	☐	☐☐☐
10	*First name* / *Surname*	☐	☐☐☐
11	*First name* / *Surname*	☐	☐☐☐
12	*First name* / *Surname*	☐	☐☐☐
60	Previous members of household	*n/a*	*n/a*
90	Member of another household	*n/a*	*n/a*

2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 3 - INDIVIDUAL EXPENDITURE

STATISTICS COOK ISLANDS

IN ACCORDANCE WITH THE COOK ISLANDS STATISTICS ACT (1966), ALL PRIVATE INFORMATION IN THIS ENVELOPE WILL BE KEPT STRICTLY CONFIDENTIAL

QUESTIONNAIRE ID AND LABEL

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

HOUSEHOLD DETAILS

HIES HOUSEHOLD ID ☐☐☐☐☐   Set A, B, C ☐   ROUND ☐☐   FORM # ☐ of ☐

HOUSEHOLD HEAD (HH)
First name
Surname

ISLAND NAME
Code ☐☐

NAME CENSUS DISTRICT
Code ☐☐

ENUMERATION AREA CODE ☐☐☐

Phone Number (optional)

FIELD STAFF	Name	Code	Signature
ENUMERATOR		☐☐☐	
SUPERVISOR		☐☐☐	
DATA ENTRY OPERATOR		☐☐☐	

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	**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**	**Reference period last 12 months**
2. No ○ **Go to S3.2.1**		

[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 *Mark "X" for the beneficiary of the expenditure*											NOTE ID
		Tuition/Fees (application, exams, etc.)					Boarding	School uniform *Eg, caps, gown hire*	Text books, exercise books	Stationeries	School event *Eg, PTA, teacher day…*	Other *Eg, tutoring …*	
		Pre-school/ ECE	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	○	○	○	○	○	○	○	○	○	○	○	○	○
02	○	○	○	○	○	○	○	○	○	○	○	○	○
03	○	○	○	○	○	○	○	○	○	○	○	○	○
04	○	○	○	○	○	○	○	○	○	○	○	○	○
05	○	○	○	○	○	○	○	○	○	○	○	○	○
06	○	○	○	○	○	○	○	○	○	○	○	○	○
07	○	○	○	○	○	○	○	○	○	○	○	○	○
08	○	○	○	○	○	○	○	○	○	○	○	○	○
09	○	○	○	○	○	○	○	○	○	○	○	○	○
10	○	○	○	○	○	○	○	○	○	○	○	○	○
11	○	○	○	○	○	○	○	○	○	○	○	○	○
12	○	○	○	○	○	○	○	○	○	○	○	○	○
60	○	○	○	○	○	○	○	○	○	○	○	○	○
90	*n/a*	○	○	○	○	○	○	○	○	○	○	○	○

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

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

ID	NOTES

SECTION S3.2.1: HEALTH DESCRIPTION

30200: Did anyone from this household **pay** for any health-related services indicated below (in country or overseas), <u>either for a person in this household or someone else in a different household</u>? 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 *Mark "X" for the beneficiary of the expenditure*								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 *Eg, midewife*	Other	
Expense code	1	2	3	4	5	6	7	8	
30201	30202	30203	30204	30205	30206	30207	30208	30209	30349
01	☐	☐	☐	☐	☐	☐	☐	☐	☐
02	☐	☐	☐	☐	☐	☐	☐	☐	☐
03	☐	☐	☐	☐	☐	☐	☐	☐	☐
04	☐	☐	☐	☐	☐	☐	☐	☐	☐
05	☐	☐	☐	☐	☐	☐	☐	☐	☐
06	☐	☐	☐	☐	☐	☐	☐	☐	☐
07	☐	☐	☐	☐	☐	☐	☐	☐	☐
08	☐	☐	☐	☐	☐	☐	☐	☐	☐
09	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	☐	☐	☐	☐	☐	☐	☐	☐	☐
11	☐	☐	☐	☐	☐	☐	☐	☐	☐
12	☐	☐	☐	☐	☐	☐	☐	☐	☐
60	☐	☐	☐	☐	☐	☐	☐	☐	☐
90	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.

Line no.	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE ID
	1 to 8		[HM] # 60. List S1.6 90. Another HH	NZD	1. Within Cook Is. 2. Outside Cook Is.	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	**Don't forget expenses of persons listed in S1.6 (who left the household during the year)**	**Reference period last 3 months**
2. No ⬜ **Go to S3.4.1**		

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

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.

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

ID	NOTES

SECTION S3.4.1: COMMUNICATION DESCRIPTION

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

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

1. Yes	Indicate expenses below				**Reference period last month**	**Reference period last 12 months**
2. No	**Go to S3.5.1**					

Line no./ [HM]	DURING THE PAST (1) MONTH DID [HM] PAY:			DURING THE PAST (12) MONTHS DID [HM] PAY:			NOTE ID
	Prepaid talk or data *Eg, prepaid card*	Contract talk or data *Eg, subscription*	Internet use away from home *Eg, internet café*	Cellphone or Smartphone	Tablet	Laptop	
Expense code	1	2	3	4	5	6	
30401	**30402**	**30403**	**30404**	**30405**	**30406**	**30407**	**30449**
01	☐	☐	☐	☐	☐	☐	☐
02	☐	☐	☐	☐	☐	☐	☐
03	☐	☐	☐	☐	☐	☐	☐
04	☐	☐	☐	☐	☐	☐	☐
05	☐	☐	☐	☐	☐	☐	☐
06	☐	☐	☐	☐	☐	☐	☐
07	☐	☐	☐	☐	☐	☐	☐
08	☐	☐	☐	☐	☐	☐	☐
09	☐	☐	☐	☐	☐	☐	☐
10	☐	☐	☐	☐	☐	☐	☐
11	☐	☐	☐	☐	☐	☐	☐
12	☐	☐	☐	☐	☐	☐	☐
60	☐	☐	☐	☐	☐	☐	☐
90	☐	☐	☐	☐	☐	☐	☐

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.

Line no.	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE ID
	1 to 6		[HM] # 60. List S1.6 90. Another HH	NZD	1. Within Cook Is. 2. Outside Cook Is.	
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

9

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		**Reference period last 12 months**
2. No	**Go to S3.6.1**		

Line no./ [HM]	DURING THE PAST 12 MONTHS DID [HM] PAY *Mark "X" for the beneficiary of the expenditure*							NOTE ID
	Hairdressing	Beauty salon, manicure, massage	Cosmetics and fragrances	Jewellery, watch, rings, earrings	Bags and accessories	Club membership *Eg, sport, gym, golf*	Private lessons, sports coaching, scuba diving, etc	
Expense code	1	2	3	4	5	6	7	
30501	30502	30503	30504	30505	30506	30507	30508	30549
01	☐	☐	☐	☐	☐	☐	☐	☐
02	☐	☐	☐	☐	☐	☐	☐	☐
03	☐	☐	☐	☐	☐	☐	☐	☐
04	☐	☐	☐	☐	☐	☐	☐	☐
05	☐	☐	☐	☐	☐	☐	☐	☐
06	☐	☐	☐	☐	☐	☐	☐	☐
07	☐	☐	☐	☐	☐	☐	☐	☐
08	☐	☐	☐	☐	☐	☐	☐	☐
09	☐	☐	☐	☐	☐	☐	☐	☐
10	☐	☐	☐	☐	☐	☐	☐	☐
11	☐	☐	☐	☐	☐	☐	☐	☐
12	☐	☐	☐	☐	☐	☐	☐	☐
60	☐	☐	☐	☐	☐	☐	☐	☐
90	☐	☐	☐	☐	☐	☐	☐	☐

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.

Line no.	EXPENSE CODE	DETAILED DESCRIPTION OF THE EXPENSES	BENEFICIARY	TOTAL AMOUNT PAID	LOCATION OF PROVIDER	NOTE ID
	1 to 7		[HM] # 60. List S1.6 90. Another HH	NZD	1. Within Cook Is. 2. Outside Cook Is.	ID
30551	30552	30553	30554	30555	30556	30599
List here all the annual expenses from the list in S3.5.1						
01	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
02	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
03	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
04	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
05	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
06	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
07	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
08	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
09	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
10	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
11	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
12	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
13	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
14	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
15	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
16	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
17	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
18	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
19	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
20	☐		☐☐	$ ☐☐,☐☐☐.00	☐	☐
			TOTAL AMOUNT	$ ☐☐,☐☐☐.00		

ID	NOTES

11

SECTION S3.6.1: ALCOHOL 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, 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]:				ALCOHOL				TOBACCO		
	Drink alcohol?	Drink home brew?	Smoke tobacco? If No, *go to 30606*	How many cigarettes did [HM] smoke?	Beer	Wine	Spirits *Eg, Whisky, rum ...*	Home brew	Cigarette stick or packet	Other imported tobacco *Eg, rolled tobacco*	
Expense code		1. Yes 2. No			1	2	3	4	5	6	
30601	30602	30603	30604	30605	30606	30607	30608	30609	30610	30611	30649
01	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
02	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
03	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
04	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
05	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
06	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
07	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
08	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
09	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
10	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
11	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
12	☐	☐	☐	☐ ☐ ☐	☐	☐	☐	☐	☐	☐	☐
60	*n/a*				☐	☐	☐	☐	☐	☐	☐
90	*n/a*				☐	☐	☐	☐	☐	☐	☐

ID	NOTES

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

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

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

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