



## HOUSEHOLD INCOME AND EXPENDITURE SURVEY

## MODULE 3 - INDIVIDUAL EXPENDITURES

Questionnaire ID	Questionnaire label
Q3.1.1	Educational status
Q3.1.2	Education
Q3.1.3	Education expenditure
Q3.2.1	Health status
Q3.2.2	Health
Q3.2.3	Health expenditure
Q3.3.1	Private Travel
Q3.3.2	Private Travel expenditure
Q3.4.1	Clothing
Q3.4.2	Clothing expenditure
Q3.5.1	Communication
Q3.5.2	Communication expenditure

## IDENTIFICATION

ROUND

FORM

 of 

NAME

CODE

H/HOLD HEAD

ENUMERATOR

SUPERVISOR

DISTRICT

EA

Dwelling No.

Hhold No.

MODULE 3 - DATE

INTERVIEW

  
dd / mm / yy

DATA ENTRY

  
dd / mm / yy

MODULE 3 COMMENTS


# Household roster



Copy the name, sex and age of all household member from Module 1 Q01, List 1 and 2

HH Member [HM]	Name	Sex	Age
	01 = household head	code 1103	
1101	1102	1103	1104
01		<div></div>	<div></div>
02		<div></div>	<div></div>
03		<div></div>	<div></div>
04		<div></div>	<div></div>
05		<div></div>	<div></div>
06		<div></div>	<div></div>
07		<div></div>	<div></div>
08		<div></div>	<div></div>
09		<div></div>	<div></div>
10		<div></div>	<div></div>
11		<div></div>	<div></div>
12		<div></div>	<div></div>
13		<div></div>	<div></div>
14		<div></div>	<div></div>
15		<div></div>	<div></div>
16		<div></div>	<div></div>
17		<div></div>	<div></div>
18		<div></div>	<div></div>
19		<div></div>	<div></div>
20		<div></div>	<div></div>

21		<div></div>	<div></div>
22		<div></div>	<div></div>
23		<div></div>	<div></div>
24		<div></div>	<div></div>

90	Other household		
----	-----------------	--	--

code 1103: Sex

1. Male
2. Female

### Q3.1.1 - EDUCATIONAL STATUS (4 years and older)

➔ Report the educational status of each household member on list 1

HH Mem- ber [HM]	All members	3102=1 Never attended	3102=2 Already left school		3102=3 Currently attending school		obs			
	Have you ever attended a formal education institution?	Why have you never attended school (main reason)?	What was the highest level and grade you completed?		Why have you left school (main reason)?	What level & grade are you currently attending?		Name of the education institution		
	code 3102		Level	grade or year		code 3106			Level	grade or year
	2 ► 3104 3 ► 3107									
3101	3102	3103	3104	3105	3106	3107	3108	3109	3110	
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

code 3102: school attendance

1. No never attended
2. Yes, already left school
3. Yes, currently attending

code 3103: never attended

1. Too young
2. School fees
3. Distance to travel
4. Family problems
5. Disability
6. Parents did not want
7. Other (obs)

code 3104 : level

1. Infant/ Kindergarten
2. Primary
3. Secondary
4. USP Extension
5. University
6. Technical/Vocational

code 3106: reason left school

1. Completed desired schooling
2. Poor academic progress
3. Further schooling not available
4. Too expensive
5. Too far away
6. Find a job
7. Had to help at home or in family business
8. Pregnancy
9. Other reason

#### Observations


### Q3.1.1 - EDUCATIONAL STATUS (cont)

HH Member [HM]	3102=3 currently attending school					obs
	Where is the school located (relative to this dwelling)?	Where do you generally get your lunch on school days?	Where do you live during the school weeks?	What is your main mean of transportation to school ?	How many hours of classes do you generally attend per week?	
	code 3112	code 3113	code 3114	code 3115	code 3116	
3111	3112	3113	3114	3115	3116	3117
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

code 3112: school located

1. Same district - short walk
2. More than 10mn walk
3. Boarding school (o'seas)
4. Overseas (Day school)

code 3114: live during school week

1. At home
2. At school (board o'seas)
3. At home (O'seas)
4. Other (obs)

code 3116: hours of classes

1. < 10hrs
2. 10 - 19hrs
3. 20 - 29hrs
4. 30 - 39hrs
5. >= 40hrs

code 3113: lunch

1. At school (canteen)
2. At home
3. At home (O'seas)
4. Out of school elsewhere
5. No lunch

code 3115: transportation to school

1. Walk
2. School Bus
3. Private vehicle
4. Other (obs)

### Observations


### Q3.1.2 - EDUCATION

Reference period:  
12 months

from : \_\_ / \_\_ / \_\_  
to : \_\_ / \_\_ / \_\_

➔ For each expenditure listed 3119 to 3126 ask if the household paid during the past **12 months**

HH Member [HM]	Tick "X" for the beneficiary of the expenditure during the past 12 months								obs
	School fees				Tutoring	Text Books Exer. Books Stationary	Boarding	School Uniform	
	Primary	Secondary	USP Extension	Other Tertiary					
	1	2	3	4					
3118	3119	3120	3121	3122	3123	3124	3125	3126	3127
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"/>
13	<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"/>
14	<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"/>
15	<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"/>
16	<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"/>
17	<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"/>
18	<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"/>
19	<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"/>
20	<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"/>
21	<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"/>
22	<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"/>
23	<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"/>
24	<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"/>

Provide details for each expenditure identified in  
columns 3119 - 3126 in Section 3.1.3

### Q3.1.3 - EDUCATION EXPENDITURE

- ➔ Specify every education expenditure identified in questionnaire Q3.1.2, columns 3119 to 3126
- ➔ Each single education expenditure has to be specified on one line
- ➔ If you do not incur any expenditure on any of these items over the past **12 months** write zero in the "total amount" field

Line N°	Beneficiary [HM]	Expense code	Detailed description	Total amount paid in the past 12 months	Provider	Payment	obs
		1 to 8		AUD		code 3134	
3128	3129	3130	3131	3132	3133	3134	3135
01	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
02	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
03	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
04	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
05	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
06	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
07	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
08	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
09	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
10	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
11	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
12	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
13	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
14	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
15	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
16	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
17	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
18	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
19	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
20	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
21	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
22	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
23	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_
24	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_

|\_|

◀ Number of items

\$|\_|\_|\_|\_|.00<sup>c</sup>

◀ Total amount

Code 3134: Payment  
1. Cash  
2. In-kind  
3. Credit

Observations	

### Q3.2.1 - HEALTH STATUS

➔ Health information must be completed for all HH members

All members						
HH Member [HM]	Do you have any ongoing health problems (chronic illness)?	Chronic illness				obs
		What is your main chronic illness?	How many years ago did the illness start?	Do you regularly consult a health professional?	Did you receive medication for this illness?	
	1 = Yes / 2 = No					
	if 2 ► 3209	code 3203	code 3204	1 = Yes / 2 = No	1 = Yes / 2 = No	
3201	3202	3203	3204	3205	3206	3207
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

code 3203: chronic illness

- |                      |                               |
|----------------------|-------------------------------|
| 1. Heart condition   | 6. Diabetes                   |
| 2. Asthma            | 7. Kidney malfunction         |
| 3. Other respiratory | 8. Cirrhosis of liver         |
| 4. Epilepsy          | 9. High or low blood pressure |
| 5. Cancer            | 10. Other (obs)               |

code 3204: start when?

1. < 1 year
2. 1-5 years
3. more than 5 years

### Observations


Reference period:  
3 months

from : \_\_ / \_\_ / \_\_  
to : \_\_ / \_\_ / \_\_

Q3.2.1 - HEALTH STATUS (Cont)

All members									
HH Mem-ber [HM]	Did you have any other health complaints in the last 3 months?	What was the main symptom?	How long were you sick ?	Did you seek and get professional help or care for that health problem?	Why didn't you seek professional help or care for that health problem?	Who did you consult first?	Where did that consultation take place?	Why didn't you go to a public health facility?	obs
	1 = Yes / 2 = No			1 = Yes / 2 = No	code 3213		code 3215		
	if 2 ►3219			if 1 ►3214	►3219		if 1,2 ► 3219	code 3216	
3208	3209	3210	3211	3212	3213	3214	3215	3216	3217
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- code 3210: main symptom
1. Skin sores

2. Diarrhoea

3. Stomach pain

4. Cold / flu

5. Conjunctivitis

6. Fever

7. Other (obs)

- code 3211: how long?
1. < 1 week

2. 1-2 weeks

3. 2-4 weeks

4. > 1 month

- code 3213: why?
1. Facility is too far

2. Long waiting queus

3. Too busy to go to hospital

4. Staff not friendly

5. Staff not available

6. Relative works at facility

7. No medication

8. No transport

9. Other reason (obs)

- code 3215: where consultation?
1. Hospital

2. Clinic

3. At home

4. Other (obs)

- code 3216: why not public?
1. Facility is too far

2. Long waiting queus

3. Too busy to go to hospital

4. Staff not friendly

5. Staff not available

6. Relative works at facility

7. No medication

8. No transport

9. Other reason (obs)

- code 3214: consult first
1. Doctor

2. Nurse

3. Other health professional

4. Traditional Healer

5. Other (obs)

Observations



## Q3.2.2 - HEALTH

Reference period:	
12 months	3 months
from : __ / __ / __	from : __ / __ / __
to : __ / __ / __	to : __ / __ / __

➔ Identify with a cross 'X' in columns 3219 to 3221 the major medical activities each member had during the last **12 months** and in columns 3222 to 3227 the minor one they had during the past **3 months**, if an expense was incurred

HH Mem- ber [HM]	Major Activities (Last 12 months)			Other Health Related Activities (Last 3 months)						obs
	Hospital Accommodation	Specialist Services (eg, Surgeon, X-Ray, Chiropractor, etc)	Other Major Hospital Charges	General Practitioner	Nurse Visit	Traditional Healer	Dental Fees	Pre/ante natal /Maternal care	Prescription Medications	
	1	2	3	4	5	6	7	8	9	
3218	3219	3220	3221	3222	3223	3224	3225	3226	3227	3228
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
13	<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"/>
14	<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"/>
15	<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"/>
16	<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"/>
17	<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"/>
18	<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"/>
19	<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"/>
20	<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"/>

21	<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"/>
22	<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"/>
23	<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"/>
24	<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	<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"/>
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Provide details for each expenditure item ticked in columns 3219 - 3227 in Section 3.2.3

### Q3.2.3 HEALTH EXPENDITURE

➔ If you did not incur any medical treatment write zero in the "total amount" field

Line N°	Benefi- ciary [HM]	Medical code	Detailed description	Total amount paid	Which month ?	Name of the provider	Pay- ment	obs
		1 to 9		AUD	Write the month		code 3236	
3229	3230	3231	3232	3233	3234	3235	3236	3237
01	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
02	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
03	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
04	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
05	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
06	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
07	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
08	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
09	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
10	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
11	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
12	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
13	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
14	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
15	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
16	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
17	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
19	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
18	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
20	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
21	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
22	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
23	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_
24	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>			_	_

◀ Number of items

◀ Total amount

code 3236: payment

1. Cash
2. In kind
3. Credit

Observations

### Q3.3.1 - PRIVATE TRAVEL

Reference period:  
12 months

from : \_\_ / \_\_ / \_\_  
to : \_\_ / \_\_ / \_\_

➔ For each member identify:

- How many times did s/he travel overseas during the last **12 months** (3303)

**(NB: Important - Only include private trips, not business related trips)**

➔ For each trip identified, check if they spent on expenditure items 1 to 5 (X if yes 3304 to 3308)

HH Member [HM]	Did HM undertake any personal travel overseas in the last 12 months?  1 = Yes / 2 = No  2 ► 3401	No. of private trips each members did:	During the travel did you spend on ('X' if yes)					obs
			Airfares	Seafares	Accommodation	Entertainment / Activities	Transport overseas	
			1	2	3	4	5	
3301	3302	3303	3304	3305	3306	3307	3308	3309
01	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
21	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
22	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
23	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
24	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
90	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Provide details for each expenditure identified in  
columns 3304 - 3308 in Section 3.3.2

### Q3.3.2 PRIVATE TRAVEL EXPENDITURE

- ➔ Each trip to be detailed separately
- ➔ Specify every payment identified in question Q3.3.1, columns 3304 to 3308
- ➔ If you did not incur any expenditure on any of these items over the past **12 months** write zero in the "total amount" field

Line N°	Benefi- ciary [HM]	Destina- tion	Expen- se code	Expense detailed description	Total amount paid	Which month ?	Name of the provider	Pay- ment	Obs
		code 3312	1 to 5		AUD	Write the month		code 3318	
3310	3311	3312	3313	3314	3315	3316	3317	3318	3319
01					\$ _ _ _ _ .00 <sup>c</sup>			_	_
02					\$ _ _ _ _ .00 <sup>c</sup>			_	_
03					\$ _ _ _ _ .00 <sup>c</sup>			_	_
04					\$ _ _ _ _ .00 <sup>c</sup>			_	_
05					\$ _ _ _ _ .00 <sup>c</sup>			_	_
06					\$ _ _ _ _ .00 <sup>c</sup>			_	_
07					\$ _ _ _ _ .00 <sup>c</sup>			_	_
08					\$ _ _ _ _ .00 <sup>c</sup>			_	_
09					\$ _ _ _ _ .00 <sup>c</sup>			_	_
10					\$ _ _ _ _ .00 <sup>c</sup>			_	_
11					\$ _ _ _ _ .00 <sup>c</sup>			_	_
12					\$ _ _ _ _ .00 <sup>c</sup>			_	_
13					\$ _ _ _ _ .00 <sup>c</sup>			_	_
14					\$ _ _ _ _ .00 <sup>c</sup>			_	_
15					\$ _ _ _ _ .00 <sup>c</sup>			_	_
16					\$ _ _ _ _ .00 <sup>c</sup>			_	_
17					\$ _ _ _ _ .00 <sup>c</sup>			_	_
18					\$ _ _ _ _ .00 <sup>c</sup>			_	_
19					\$ _ _ _ _ .00 <sup>c</sup>			_	_
20					\$ _ _ _ _ .00 <sup>c</sup>			_	_
21					\$ _ _ _ _ .00 <sup>c</sup>			_	_
22					\$ _ _ _ _ .00 <sup>c</sup>			_	_
23					\$ _ _ _ _ .00 <sup>c</sup>			_	_
24					\$ _ _ _ _ .00 <sup>c</sup>			_	_

◀ Number of items

\$|\_|\_|\_|\_|.00<sup>c</sup>

◀ Total amount

code 3312: destination  
 1. Australia  
 2. Fiji  
 3. Other

code 3318: payment  
 1. Cash  
 2. In Kind  
 3. Credit

### Q3.4.1 - CLOTHING

Reference period :  
3 months

from :     -- / -- / --  
to :       -- / -- / --

- ➔ For each member identify if s/he purchased any clothing, clothing materials or shoe items over the last **3 months**. Make sure school uniforms are covered in Q3.1.3

During the last 3 month did you spend on (X if yes)						
HH Member [HM]	Men's and boys clothes Include: coats, shirts, t-shirts, shorts, pants, underwear, etc Exclude: School uniform	Women's and girls clothes Include: dresses, blouses, shirts, skirts, underwear, etc Exclude: School uniform	Clothing accessories (eg, hat, cap, belt, etc)	Materials for making clothes	Mens & Womens shoes	obs
expense code ►	1	2	3	4	5	
3401	3402	3403	3404	3405	3406	3407
01	<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"/>
03	<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"/>
05	<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"/>
07	<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"/>
09	<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"/>
11	<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"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<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"/>

Provide details for each expenditure identified in columns  
3402 - 3406 in Section 3.4.2

### Q3.4.2 - CLOTHING EXPENDITURE

- ➔ Specify every payments identified on questionnaire Q3.4.1 columns 3402 to 3406
- ➔ As much as possible try to specify every single clothing item bought on a different line
- ➔ If you did not incur any expenditure on any of these items over the past **3 months** write zero in the "total amount" field

Line N°	Beneficiary [HM]	Expense code	Expense detailed description	Total amount paid in the last 3 months	Name of the provider	Payment	Purpose	obs
		1 to 5		AUD		code 3414	code 3415	
3408	3409	3410	3411	3412	3413	3414	3415	3416
01	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
02	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
03	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
04	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
05	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
06	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
07	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
08	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
09	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
10	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
11	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
12	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
13	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
14	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
15	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
16	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
17	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
18	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
19	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
20	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
21	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
22	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
23	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
24	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_

|\_|\_|

◀ Number of items

\$|\_|\_|\_|\_|.00<sup>c</sup>

◀ Total amount

code 3414: payment  
 1. Cash  
 2. In Kind  
 3. Credit

code 3415: purpose  
 1. Private  
 2. Business  
 3. Both

Observations	

### Q3.5.1 - COMMUNICATION (10 yrs +)

For each member, identify whether s/he:

- ➔ used the Internet during the **past month** (3502) and where (3503 to 3505) or used the mobile phone to give or receive calls (3506) and own currently a mobile phone (3507) or spent on any of the items on columns 3508-3511 in Section 3.5.2

Reference period: 1 month	Reference period : 12 months
from : __/__/__ to : __/__/__	from : __/__/__ to : __/__/__

HH Mem- ber [HM]	During the past month :					Does [HM] have their own mobile phone?	During the past month did [HM] pay:			During the past 12 months did [HM] buy a mobile phone?	obs
	Did [HM] use internet? 1=Yes / 2=No	What were the sources [HM] used for internet access?			Did [HM] use a mobile phone to give or receive call?		Mobile phone top- up	Internet access away from home (internet cafe...)	Internet top-up at home (diginet...)		
	if 2 ► 3506	code 3503			1 = Yes / 2 = No		1	2	3	4	
3501	3502	3503	3504	3505	3506	3507	3508	3509	3510	3511	3512
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
13	<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"/>
14	<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"/>
15	<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"/>
16	<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"/>
17	<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"/>
18	<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"/>
19	<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"/>
20	<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"/>

21	<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"/>
22	<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"/>
23	<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"/>
24	<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	<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"/>
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

code 3503: Source of Internet

1. Home      3. internet cafe      5. Another househc 7. Other (obs)  
2. Work      4. Place of education      6. Mobile phone

Provide details for each expenditure identified in  
columns 3508 - 3510 in Section 3.5.2

## Q3.5.2 - COMMUNICATION EXPENDITURE

- ➔ Specify every payments identified on Q3.5.1, column 3516
- ➔ Every single expenditure has to be specified in one line
- ➔ If you did not incur any expenditure on any of these items over the period write zero in the "total amount" field

Line N°	Bene- ficiary [HM]	Expense code  1 to 3	Expense detailed description	Total amount paid	Name of the provider	Pay- ment	Pur- pose	obs
				AUD		code 3519	code 3519	
3513	3514	3515	3516	3517	3518	3519	3520	3521
01	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
02	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
03	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
04	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
05	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
06	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
07	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
08	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
09	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
10	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
11	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
12	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
13	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
14	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
15	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
16	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
17	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
18	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
19	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_
20	_ _	_		\$ _ _ _ _ .00 <sup>c</sup>		_	_	_

◀ Number of items

◀ Total amount

code 3519: payment

1. Cash
2. In kind
3. Credit

code 3519: purpose

1. Private
2. Business
3. Both

### Observations
