



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	<input type="text"/>	
ENUMERATOR	<input type="text"/>	<input type="text" value=" _ "/>
SUPERVISOR	<input type="text"/>	<input type="text" value=" _ "/>
DISTRICT	<input type="text"/>	<input type="text" value=" _ _ "/>
EA <input type="text" value=" _ _ "/>	Dwelling No. <input type="text" value=" _ _ _ _ "/>	Hhold No. <input type="text" value=" _ _ "/>

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			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

21			
22			
23			
24			

90	Other household		
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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? code 3102	Why have you never attended school (main reason)? code 3103 ▶ next [HM]	What was the highest level and grade you completed?		Why have you left school (main reason)? code 3106 ▶ next [HM]	What level & grade are you currently attending?		Name of the education institution	
	2 ▶ 3104 3 ▶ 3107		Level code 3104	grade or year code 3104		Level code 3104			grade or year code 3104
3101	3102	3103	3104	3105	3106	3107	3108	3109	3110
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

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	__	__	__	__	__	__
02	__	__	__	__	__	__
03	__	__	__	__	__	__
04	__	__	__	__	__	__
05	__	__	__	__	__	__
06	__	__	__	__	__	__
07	__	__	__	__	__	__
08	__	__	__	__	__	__
09	__	__	__	__	__	__
10	__	__	__	__	__	__
11	__	__	__	__	__	__
12	__	__	__	__	__	__
13	__	__	__	__	__	__
14	__	__	__	__	__	__
15	__	__	__	__	__	__
16	__	__	__	__	__	__
17	__	__	__	__	__	__
18	__	__	__	__	__	__
19	__	__	__	__	__	__
20	__	__	__	__	__	__

- 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	5	6	7	8	
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 ^c		_	_
02	_ _	_		\$ _ _ _ _ .00 ^c		_	_
03	_ _	_		\$ _ _ _ _ .00 ^c		_	_
04	_ _	_		\$ _ _ _ _ .00 ^c		_	_
05	_ _	_		\$ _ _ _ _ .00 ^c		_	_
06	_ _	_		\$ _ _ _ _ .00 ^c		_	_
07	_ _	_		\$ _ _ _ _ .00 ^c		_	_
08	_ _	_		\$ _ _ _ _ .00 ^c		_	_
09	_ _	_		\$ _ _ _ _ .00 ^c		_	_
10	_ _	_		\$ _ _ _ _ .00 ^c		_	_
11	_ _	_		\$ _ _ _ _ .00 ^c		_	_
12	_ _	_		\$ _ _ _ _ .00 ^c		_	_
13	_ _	_		\$ _ _ _ _ .00 ^c		_	_
14	_ _	_		\$ _ _ _ _ .00 ^c		_	_
15	_ _	_		\$ _ _ _ _ .00 ^c		_	_
16	_ _	_		\$ _ _ _ _ .00 ^c		_	_
17	_ _	_		\$ _ _ _ _ .00 ^c		_	_
18	_ _	_		\$ _ _ _ _ .00 ^c		_	_
19	_ _	_		\$ _ _ _ _ .00 ^c		_	_
20	_ _	_		\$ _ _ _ _ .00 ^c		_	_
21	_ _	_		\$ _ _ _ _ .00 ^c		_	_
22	_ _	_		\$ _ _ _ _ .00 ^c		_	_
23	_ _	_		\$ _ _ _ _ .00 ^c		_	_
24	_ _	_		\$ _ _ _ _ .00 ^c		_	_

|_|

◀ **Number of items**

\$|_|_|_|_|.00^c

◀ **Total amount**

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

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 Member [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"/>									
22	<input type="checkbox"/>									
23	<input type="checkbox"/>									
24	<input type="checkbox"/>									

90	<input type="checkbox"/>									
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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°	Beneficiary [HM]	Medical code	Detailed description	Total amount paid	Which month ?	Name of the provider	Payment	obs
		1 to 9		AUD	Write the month		code 3236	
		3229		3230	3231		3232	
01				\$ _ _ _ _ _ .00 ^c				
02				\$ _ _ _ _ _ .00 ^c				
03				\$ _ _ _ _ _ .00 ^c				
04				\$ _ _ _ _ _ .00 ^c				
05				\$ _ _ _ _ _ .00 ^c				
06				\$ _ _ _ _ _ .00 ^c				
07				\$ _ _ _ _ _ .00 ^c				
08				\$ _ _ _ _ _ .00 ^c				
09				\$ _ _ _ _ _ .00 ^c				
10				\$ _ _ _ _ _ .00 ^c				
11				\$ _ _ _ _ _ .00 ^c				
12				\$ _ _ _ _ _ .00 ^c				
13				\$ _ _ _ _ _ .00 ^c				
14				\$ _ _ _ _ _ .00 ^c				
15				\$ _ _ _ _ _ .00 ^c				
16				\$ _ _ _ _ _ .00 ^c				
17				\$ _ _ _ _ _ .00 ^c				
19				\$ _ _ _ _ _ .00 ^c				
18				\$ _ _ _ _ _ .00 ^c				
20				\$ _ _ _ _ _ .00 ^c				
21				\$ _ _ _ _ _ .00 ^c				
22				\$ _ _ _ _ _ .00 ^c				
23				\$ _ _ _ _ _ .00 ^c				
24				\$ _ _ _ _ _ .00 ^c				

◀ 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
02	__	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
03	__	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
04	__	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
05	__	__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__
06	__	__	<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"/>	__
08	__	__	<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"/>	__
10	__	__	<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"/>	__
12	__	__	<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"/>	__
14	__	__	<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"/>	__
16	__	__	<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"/>	__
18	__	__	<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"/>	__
20	__	__	<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"/>	__
22	__	__	<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"/>	__
24	__	__	<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"/>	__

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°	Beneficiary [HM]	Destination	Expense code	Expense detailed description	Total amount paid	Which month ?	Name of the provider	Payment	Obs
		code 3312	1 to 5		AUD	Write the month		code 3318	
		3310	3311		3312	3313		3314	
01					\$. 00 ^c				
02					\$. 00 ^c				
03					\$. 00 ^c				
04					\$. 00 ^c				
05					\$. 00 ^c				
06					\$. 00 ^c				
07					\$. 00 ^c				
08					\$. 00 ^c				
09					\$. 00 ^c				
10					\$. 00 ^c				
11					\$. 00 ^c				
12					\$. 00 ^c				
13					\$. 00 ^c				
14					\$. 00 ^c				
15					\$. 00 ^c				
16					\$. 00 ^c				
17					\$. 00 ^c				
18					\$. 00 ^c				
19					\$. 00 ^c				
20					\$. 00 ^c				
21					\$. 00 ^c				
22					\$. 00 ^c				
23					\$. 00 ^c				
24					\$. 00 ^c				

◀ **Number of items**

◀ **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	Women's and girls clothes	Clothing accessories (eg, hat, cap, belt, etc)	Materials for making clothes	Mens & Womens shoes	obs
	Include: coats, shirts, t-shirts, shorts, pants, underwear, etc Exclude: School uniform	Include: dresses, blouses, shirts, skirts, underwear, etc Exclude: School uniform				
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	
01	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
02	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
03	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
04	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
05	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
06	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
07	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
08	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
09	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
10	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
11	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
12	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
13	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
14	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
15	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
16	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
17	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
18	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
19	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
20	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
21	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
22	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
23	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
24	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_

|_|_|

◀ **Number of items**

\$|_|_|_|_|.00^c

◀ **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 +)

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

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

HH Mem-ber [HM]	During the past month :						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?	Does [HM] have their own mobile phone?	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"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

21	<input type="checkbox"/>											
22	<input type="checkbox"/>											
23	<input type="checkbox"/>											
24	<input type="checkbox"/>											

90	<input type="checkbox"/>											
----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

code 3503: Source of Internet

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

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°	Beneficiary [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 ^c		_	_	_
02	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
03	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
04	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
05	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
06	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
07	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
08	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
09	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
10	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
11	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
12	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
13	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
14	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
15	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
16	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
17	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
18	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
19	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_
20	_ _	_		\$ _ _ _ _ .00 ^c		_	_	_

|_|_|

◀ **Number of items**

\$|_|_|_|_|.00^c

◀ **Total amount**

code 3519: payment

1. Cash
2. In kind
3. Credit

code 3519: purpose

1. Private
2. Business
3. Both

Observations
