SAMOA BUREAU OF STATISTICS

HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 1 - DEMOGRAPHICS AND ACTIVITY INFORMATION

Questionnaire ID	Questionnaire label
Q1.1.1	Demographic profile (All Household Members)
Q1.2.1	Activities Last Week (15+ Years and over)
Q1.2.2	Secondary Activity / Job Search

IDENTIFICATION

ROUND |____|

FORM |____| of |____|

	NAME	CODE
ENUMERATOR		|____|____|
SUPERVISOR		|____|
REGION		|____|
DISTRICT		|___|___|
VILLAGE		|___|___|

EA No. |____|____|

H.Hold No. |__|__|__|

Phone No. |__|__|__|__|__|__|__|

MODULE 1 - DATE

INTERVIEW __ __ / __ __ / __ __
dd / mm / yy

DATA ENTRY __ __ / __ __ / __ __
dd / mm / yy

HOUSEHOLD SIZE

LIST1 |___|___|

LIST2 |___|___|

TOTAL |___|___|

MODULE 1 - COMMENTS

Q1.1.1 - Demographic profile

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

|___| ◄ Household size list 1

|___| ◄ Household size list 2

► Write in list 1 persons who currently live in this household (even if temporarily away, and they intend to return)

► Write in list 2 persons who used to live in this household during the past **12 months** and no longer reside in this household at the time of the interview, and don't intend to return (this includes persons who have died in the last **12 months**)

Mem-ber ID num-ber [HM]	Name	SEX code 1103	Age	Bithdate dd / mm / yy	Relationship to HH head 1106	Enter [HM] ID for this person's: Mother	Father (98 if in another HH; 99 if deceased)	Country of citizenship code 1109	Marital status code 1110	Duration of residence in the HH (in months) in the last 12 months 00 to 12	Occupancy status in the family 1-4: (-> 1200) code 1112	Where does hh member live now? code 1113	obs
	Household members currently residing here (inc temporarily away) - list 1												
1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114
01		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
02		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
03		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
04		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
05		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
06		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
07		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
08		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
09		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
10		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
11		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
12		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
13		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
14		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
15		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
16		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
17		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
18		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
19		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
20		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|__|	|__|	|__|__|	|__|	|__|	|__|
	Household members who used to live in this household during the past 12 months - list 2												
21		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|
22		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|
23		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|
24		|__|	|__|__|__|	__ / __ / __	|__|	|__|__|	|__|__|	|__|	|__|	|__|__|	|__|	|__|	|__|

1103 : Sex
1. Male
2. Female

1106 : Relationship to HH head
1. Head
2. Spouse/Defacto
3. Son/Daughter
4. Grandchildren
5. Other Relatives
6. Not Related

1109 : Country of citizenship
1. Samoa
2. NewZealand
3. Australia
4. American Samoa
5. Other

1110 : Marital Status
1. Never Married
2. Married / Defacto
3. Divorced / Separated
4. Widowed/Widower

code 1112 : occupancy status
List 1
1. Usual resident currently here
2. Absent a few days for work trip, school or holidays
3. Absent for a longer period, but this dwelling still long term residence
4. Visitor, currently living with the household for 1 month or more

List 2
5. Left the hh during the past 12 months with no plans to return
6. Died in the last 12 months
7. Other ►obs

code 1113 : lives now
1. Still in Samoa - different h'hold
2. New Zealand
3. Australia
4. American Samoa
5. Other Countries
6. Not Sure
7. Deceased

Observations

Q1.2.1 - Activities during last week

Reference Period: Last week
from: _ _ / _ _ / _ _
to: _ _ / _ _ / _ _

► For each household member aged **15 and over** listed in list 1

Member ID number [HM]	What was this [HM] **main activity** during **last week**? *(If away from main activity due to holidays or illness, state what this person would normally be doing)* **01 - 08: (-> 1201)** **09 - 12: (-> 1208)** **13: (-> 1216)** Code 1200	Main Activity Section: **Type of activity** (occupation) Examples nurse, primary teacher, truck driver, restaurant cook, shop keeper	**ISCO CODE**	What Examples hotel industry, statistics, private security, restaurant, retail	**ISIC CODE**	How many hours did [HM] work in this **main activity last week**? **30+ hrs (-> 1208)** **< 30 hrs (-> 1206)**	Would [HM] be willing and available to work more hours in this **main activity**? *1. Yes* *2. No*	Obs
1101	1200	1201	1202	1203	1204	1205	1206	1207
01	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
02	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
03	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
04	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
05	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
06	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
07	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
08	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
09	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
10	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
11	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
12	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
13	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
14	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
15	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
16	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
17	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
18	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
19	|___|___|	.....		.....		|___|___|hrs	|___|	|___|
20	|___|___|	.....		.....		|___|___|hrs	|___|	|___|

Code 1200: Main activity last week

01. Employer
02. Employee, working for wages / salary in public sector
03. Employee, working for wages / salary in private sector
04. Producing goods or services for sale, running a business (self employed)
05. Producing goods for own and/or family consumption (self employed)
06. Unpaid family worker (family business/plantation)
07. Unpaid family worker (help with basic household duties)
08. Voluntary work / community work (work for free)
09. Home duties
10. Student - full time
11. Student - part time
12. Retired / Too old
13. None - Do not pursue any activity at all (no work, no gardening ..)

Observations

Q1.2.2 - Activities during last week (cont)

Member ID number [HM]	Secondary activity section							Job Search Section			
	During the **past week**, did [HM] do any **other major activity**, even if just for one hour? 01 - 08 (-> 1209) 09 - 11 (-> 1215) Code 1208	**Type of activity** (occupation) Examples nurse, teacher, mining labourer, heavy truck driver, restaurant cook, shop keeper	**ISCO CODE**	What **industry** did [HM] work in? Examples hotel industry, statistics, private security, restaurant, retail, church	**ISIC CODE**	How many hours did [HM] work in this **secondary activity last week**?	Would [HM] be willing and available to work more hours in this **secondary activity**? 1. Yes 2. No	Did [HM] actively look for **work** or **for another job last week** ? 1 = Yes (->1217) 2 = No (-> 1216)	**Why not?** End of Q1.2.2 If No code 1216	Was [HM] available to work, or take on another job **last week**? 1 = Yes 2 = No End of Q1.2	Obs
1101	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218
01	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
02	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
03	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
04	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
05	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
06	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
07	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
08	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
09	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
10	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
11	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
12	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
13	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
14	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
15	|___|___|	.....		.....		|___|___|hrs	|___|	|__|	|__|__|	|___|	|__|
16	|___|___|	.....		.....		|___|___|hrs	|___|	|__|	|__|__|	|___|	|__|
17	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
18	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
19	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|
20	|___|___|	.....		.....		|___|___|hrs	|___|	|__|__|	|__|__|	|___|	|__|

1208: Other Activities even for 1 hour

Yes	01. Employer
	02. Employee, working for wages / salary in public sector
	03. Employee, working for wages / salary in private sector
	04. Producing goods or services for sale, running a business (self employed)
	05. Producing goods for own and/or family consumption (self employed)
	06. Unpaid family worker (family business/plantation)
	07. Unpaid family worker (help with basic household duties)
	08. Voluntary work / community work (work for free)
No	09. Home duties
	10. Student - part time
	11. None - Do not pursue any activity at all (no work, no gardening ..)

1216: Reason for not actively looking for work

01. Student		06. Weather / no transport
02. Not interested in working (happy doing nothing)		07. Disabled
03. Do not want to work more (enough work already)		08. Happy with what I am doing
04. Believe no paid work available		09. Too old
05. Discouraged (stopped looking, can't find anything)		10. Other (observation)

Observations

SAMOA BUREAU OF STATISTICS

HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 2 - HOUSEHOLD EXPENDITURES

Questionnaire ID	Questionnaire label
Q2.1.1	Dwelling Information
Q2.1.2	Dwelling tenure expenditure
Q2.2.1	Utilities
Q2.2.2	Utilities Expenditure
Q2.3.1	Land & Housing
Q2.3.2	Land & Housing Expenditure
Q2.4.1	Household Assets
Q2.4.2	Household Assets Expenditure
Q2.5.1	Vehicles/Boat
Q2.5.2	Vehicles/Boat expenditure
Q2.6.1	Household Services expenditure
Q2.7.1	Provision of Financial Support
Q2.8.1	Contribution to ceremonies
Q2.9.1	Expenditure for Major Event by this Household
Q2.10.1	Receipts After Major Event by this Household

IDENTIFICATION

ROUND |____|

	NAME	CODE
ENUMERATOR		|____|____|
SUPERVISOR		|____|
REGION		|____|
DISTRICT		|___|___|
VILLAGE		|___|___|

EA No. |___|___| Hhold No. |___|___|___| Phone No. |__|__|__|__|__|__|__|

MODULE 2 - DATE

INTERVIEW _ _ / _ _ / _ _
dd / mm / yy

DATA ENTRY _ _ / _ _ / _ _
dd / mm / yy

MODULE 2 COMMENTS

Q2.1.1 - DWELLING INFORMATION

1. Description of Main Dwelling

2110 What type of house (main house) is this ? (X one box only)

- Samoan Open Fale [ ] 1
- Samoan Open Fale with extension [ ] 2
- Closed Samoan Fale [ ] 3
- Closed Samoan Fale with extension [ ] 4
- Open European house [ ] 5
- Open European with extension [ ] 6
- Closed European House [ ] 7
- Closed European House with Extension [ ] 8
- Two storey European House [ ] 9
- Two Storey Samoan House [ ] 10
- Faleoo Samoa [ ] 11

2111 What is the main material used for the roof ? (X one box only)

- Corrugated iron with guttering [ ] 1
- Corrugated iron without guttering [ ] 2
- Concrete roofing [ ] 3
- Thatched / Traditional [ ] 4
- Other, describe ..... [ ] 5

2112 What is the main material used for outer walls? (X one box only)

- Permanent - Timber / Plywood [ ] 1
- Permanent - Concrete [ ] 2
- Corrugated iron / improvised [ ] 3
- Open / No Walls [ ] 4
- Other, describe ..... [ ] 5

2113 What is the main material used for the floor ? (X one box only)

- Concrete [ ] 1
- Timber / Plywood [ ] 2
- Gravel [ ] 3
- Others, describe ..... [ ] 4

2114 When was the building constructed? Best guess

Year				
Don't know	9	9	9	9

2115 Do you have a separate kitchen or kitchenette?

- Yes, inside & outside dwelling [ ] 1
- Yes, inside dwelling only [ ] 2
- Yes, outside dwelling only [ ] 3
- No [ ] 4

2. Electricity/Energy

2120 What is the main source of lighting used by this household?
(X one box only)

- Electric, main electricity supply(Post Paid) [ ] 1
- Electric, main electricity supply(Cash Power) [ ] 2
- Electric. Own Generator [ ] 3
- Kerosene pr spirit lamp [ ] 4
- Solar Energy [ ] 5
- Other light (specify fuel) ..... [ ] 6

2121 What is the usual method of cooking for this household?
(X one box only)

- Electric - plate without oven [ ] 1
- Electric - stove with oven [ ] 2
- Gas stove with oven [ ] 3
- Gas burner without oven [ ] 4
- Kerosene burner, stove [ ] 5
- Wood stove (including coconut shell) [ ] 6
- Open fire [ ] 7
- Solar [ ] 8
- Other, specify ..... [ ] 9

3. Water Use & Sanitation

2130 What is the main source of drinking water your household uses?
(X one box only)

- Piped into Household (Meter) [ ] 1
- Piped into Household (Non-Meter) [ ] 2
- Piped supply outside neighborhood [ ] 3
- Bottled Water [ ] 4
- Well in yard [ ] 5
- Rain - water tank [ ] 6
- Water truck [ ] 7
- Other, specify ..... [ ] 8

2131 Do you use the same water for cooking, as for drinking? (X appropriate box)

- Yes [1] Go to 2133
- No [2]

2132 Using the codes in Q.2130, what is the main water source for cooking?

[ ]

Water Use & Sanitation (cont)

2133 Do you have to travel for water? (X appropriate box)

Yes [1]

No [2] Go to 2136

2134 How long does it take to get to water source?

[ ] Minutes

2135 How many trips are usually made per day?

[ ] Trips

2136 What is the main type of toilet facility your household use? (X one box only)

Owned Flushed Toilet	1
Poured Flushed Toilet	2
Household Pit	3
Shared Toilet	4
None	5
Other, specify	6

4. Other Information

2140 Is this household connected to the internet ? (1= Yes, 2= No)

[ ] If No, Go to 2142

2141 If YES what Type of Internet?

Dial Up	1
Broad Band	2
Mobile Phone	3
Dongol	4

2142 Is this household connected to Prepaid TV transmission? eg Sky TV (1= Yes, 2= No)

[ ]

Q2.1.2 - Dwelling tenure expenditure

Reference period: 12 months
from: _ _ / _ _ / _ _
to: _ _ / _ _ / _ _

► In relation to the dwelling this HH uses, specify payments they made during the last **12 months**
► In relation to the dwelling of another HH, specify the payment they made during the last **12 months** (rent)

Item Description		Code	Tick box	Last amount paid in past 12 months	Period No.	Period Unit (code 2125)	Rent paid to: (code 2126)	Estimated monthly rent	Obs
2120		2121	2122	2123	2124	2125	2126	2127	2128
1. Dwelling where you live:									
Tick one box only									
Renting	Paying	11	☐	$ |___|___|___|___|	|___|___|	|___|	|___|		|___|
Renting	For free	12	☐	→	→	→	→	$ |___|___|___|___|	|___|
Own house outright		13	☐	→	→	→	→	$ |___|___|___|___|	|___|
Own house with mortgage		14	☐	→	→	→	→	$ |___|___|___|___|	|___|
2. Other dwellings you own:									
Tick box if applicable									
Own house outright		21	☐	→	→	→	→	$ |___|___|___|___|	|___|
		22	☐	→	→	→	→	$ |___|___|___|___|	|___|
		23	☐	→	→	→	→	$ |___|___|___|___|	|___|
Own house with mortgage		31	☐	→	→	→	→	$ |___|___|___|___|	|___|
		32	☐	→	→	→	→	$ |___|___|___|___|	|___|
		33	☐	→	→	→	→	$ |___|___|___|___|	|___|
		34	☐	→	→	→	→	$ |___|___|___|___|	|___|
Pay rent for another H/H		41	☐	$ |___|___|___|___|	|___|___|	|___|	|___|		|___|

code 2125: Period
1. Day
2. Week
3. Month
4. Year
5. Other (-> obs)

code 2126: Rent paid to
1. Employer
2. NGO
3. Church
4. Private Owner - Family
5. Private Owner - Not family
6. Other (-> obs)

Observations

Q2.2.1 - UTILITIES

Reference period : 12 months
from :___/___/___
to :___ /___ /___

►Column 2202: review all the main topics listed in 2201 and write 1 or 2 if the hh access or use them over the last 12 months
►Column 2205 to 2206: indicate with a 'X' if the hh spent money for his dwelling (2205) or the one of another hh (2206)

	Housing Expenditures	Do you access or use? do not leave it blank 1=Yes / 2=No	Exp code Circle appropriate code	description	'X' if you paid during the last 12 months for: your household	the dwelling of another hh	obs
					'X' if yes		
	2201	2202	2203	2204	2205	2206	2207
1	Electricity from the electric company		11	Electricity bill	☐	☐	|__|
			12	Cash power meter	☐	☐	|__|
			13	Connection / reconnection fee	☐	☐	|__|
2	Fuel for power generator		21	Diesel	☐	☐	|__|
			22	Gasoline (petrol)	☐	☐	|__|
			23	Other (obs)	☐	☐	|__|
3	Gas or liquid fuels (for cooking or lighting)		31	Gas	☐	☐	|__|
			32	Kerosene	☐	☐	|__|
			33	Other (obs)	☐	☐	|__|
4	Solid fuels		41	Wood	☐	☐	|__|
			42	Coconut (shells, husk)	☐	☐	|__|
			43	Charcoal - Saw dust	☐	☐	|__|
			44	Other (obs)	☐	☐	|__|
5	Water supply		51	Water bill	☐	☐	|__|
			52	Water connection / reconnection fee	☐	☐	|__|
6	Waste removal		61	Septic Waste	☐	☐	|__|
			62	Domestic Waste	☐	☐	|__|
7	Landline phone		71	Land line telephone bill	☐	☐	|__|
			72	Land line connection/reconnection fee	☐	☐	|__|
			73	Digifix	☐	☐	|__|
8	Other communication		81	Internet connection (at home) through modem (not dongol and mobile phone)	☐	☐	|__|
			82	PO box rental	☐	☐	|__|
			83	Cable TV subscription (eg Sky)	☐	☐	|__|
9	Others		91		☐	☐	|__|
			92		☐	☐	|__|
			93		☐	☐	|__|
			94		☐	☐	|__|

► **each expenditure identified in columns 2205 to 2206 must be detailed in Q2.2.2**

Observations	

Q2.2.2 - UTILITIES EXPENDITURE

► Provide expenditure details for every expense identified earlier (Q2.2.1)
► 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 No	exp code (2203)	Detailed Description	bene-ficiary	Last amount / bill paid **during the last 12 months**	Period covered		Provider (Name of the provider, shop, kind of shop, location...)	Pay-ment	Purpose of the payment	obs
					No.	Unit 1. Day 2. Week 3. Month 4. Year 5. Other casual				
	11 to 94		code 2211	ST				code 2216	code 2217	
2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218
01	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
02	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
03	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
04	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
05	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
06	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
07	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
08	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
09	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
10	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
11	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
12	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
13	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
14	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
15	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
16	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
17	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|
18	|__|__|		|___|	$|__|__|__|__|	|__|__|	|___|		|___|	|___|	|__|

|__|__| ◄ **Number of items**

$|__|__|__|__|__| ◄ **Total amount**

code 2211: beneficiary
1. Main dwelling of the HH
2. Dwelling of another hh

code 2216: payment
1. Cash, from household own fund
2. in - kind
3. Credit
4. Cash + in - kind
5. Lay by

2217: purpose of the payment
1. private use
2. business use
3. both

Observations	

Q2.3.1 - LAND AND HOUSING

Reference Period: 12 months
from: __ / __ / __
to: __ / __ / __

► Column 2304 ask if the household undertook such construction (for free or not) during the period

► Column 2305-2306, indicate with a 'X' if the hh spent money on the items during the past **12 months** for their main dwelling, another dwelling belonging to them or the dwelling of another household

			Did you undertake any of the following in the **past 12 months** ?	Did you pay in the last 12 month for :		obs
	▼Code	Kind of work		This Household	Dwelling of another HH	
			1=Yes / 2=No	'X' if pay	'X' if pay	
2301	2302	2303	2304	2305	2306	2307
1 - Housing Purchases and Alterations/ Additions	11	House purchase	|___|	☐	☐	|__|
	12	Land lease	|___|	☐	☐	|__|
	13	Land lease to own	|___|	☐	☐	|__|
	14	Purchase of lands	|___|	☐	☐	|__|
	15	Construct a house	|___|	☐	☐	|__|
	16	Undertake house extension	|___|	☐	☐	|__|
	17	Install new kitchen or bathroom	|___|	☐	☐	|__|
	18	Undertake outside work (e.g. build sitting area; fence; level ground....)	|___|	☐	☐	|__|
	19	Other major modification or reconstruction (ex: new roof...)	|___|	☐	☐	|__|
2 - Housing Maintenance - Materials	21	Plumbing (pipe, bathroom fitting, etc)	|___|	☐	☐	|__|
	22	Surfacing (tiles, floorboards etc)	|___|	☐	☐	|__|
	23	Painting (paint, sandpaper, etc)	|___|	☐	☐	|__|
	24	Small House Parts (spouting, roof tile)	|___|	☐	☐	|__|
	25	Other Small Maintenance Materials	|___|	☐	☐	|__|
3 - Housing Maintenance - Services	31	Electrician Services	|___|	☐	☐	|__|
	32	Plumbing Services	|___|	☐	☐	|__|
	33	Painting Services	|___|	☐	☐	|__|
	34	Carpentry Services	|___|	☐	☐	|__|
	35	Other Maintenance Services	|___|	☐	☐	|__|
4 - Other Housing Services Related Expenses	41	Home Insurance	|___|	☐	☐	|__|
	42		|___|	☐	☐	|__|
	43		|___|	☐	☐	|__|

Provide details for each expenditure identified in columns 2305 - 2306 in Section 2.3.2

Observations

Q2.3.2 - LAND AND HOUSING EXPENDITURE

► Provide expenditure details for every expense identified in the Q2.3.1
► 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 No	code (2302)	Detailed description	Beneficiary	Total amount paid in the last 12 months	Goods & Service Provider	Payment	Purpose of the payment	obs
	11 to 43		code 2311	ST		code 2314	code 2315	
2308	2309	2310	2311	2312	2313	2314	2315	2316
01	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
02	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
03	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
04	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
05	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
06	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
07	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
08	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
09	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
10	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
11	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
12	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
13	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
14	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
15	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
16	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
17	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|
18	|__|__|		|__|	$|__|__|__|__|__|__|		|__|	|__|	|_|

|__\|__\| ◄ **Number of items**

$|__\|__\|__\|__\|__\|__\| ◄ **Total amount**

code 2311: Beneficiary
1. This Household
2. Another Household

code 2314: Payment
1. Cash
2. In kind
3. Credit
4. Cash + in-kind
5. Lay by

code 2315: Purpose of Payment
1. Private use
2. Business use
3. Both

Observations	

Q2.4.1 - HOUSEHOLD ASSETS

Reference period: 12 months
from : _ _ / _ _ / _ _
to : _ _ / _ _ / _ _

➔Column 2403 indicate yes (1) or no (2) if the hh owns the items in the list **(in working order)**
➔Column 2404 to 2407 indicate with a 'X' if the hh bought, repaired or hired one of these items listed

	▼ Expenditure code	Do you have?	During the past 12 months did you				Obs
			Buy		Pay for		
			For this HH	For another HH	Hire	Repair	
		1 = Yes 2 = No	'X' if Yes		'X' if Yes		
2401	2402	2403	2404	2405	2406	2407	2408
1 - Furniture, furnishings and floor coverings	111 Beds & matresses	|__|	☐	☐	☐	☐	|__|
	112 Sofas, lounge chairs & dining chairs	|__|	☐	☐	☐	☐	|__|
	113 Table (dining, dressing, coffee, etc)	|__|	☐	☐	☐	☐	|__|
	114 Light fittings and lamps	|__|	☐	☐	☐	☐	|__|
	115 Other significant indoor furniture (eg, bookshelf)	|__|	☐	☐	☐	☐	|__|
	116 Outdoor furniture	|__|	☐	☐	☐	☐	|__|
	117 Tiles & Accessories	|__|	☐	☐	☐	☐	|__|
	118 Carpets / Vinyl	|__|	☐	☐	☐	☐	|__|
	119 Mats	|__|	☐	☐	☐	☐	|__|
	120 Other significant floor coverings	|__|	☐	☐	☐	☐	|__|
2 - Household textiles	211 Sheets & bed linen, blankets, pillow, pillow cases	|__|	☐	☐	☐	☐	|__|
	212 Curtains & Drapes	|__|	☐	☐	☐	☐	|__|
	213 Towels (bath towels, tea towels, etc)	|__|	☐	☐	☐	☐	|__|
	214 Other household textiles (eg, tarpaulin)	|__|	☐	☐	☐	☐	|__|
3 - Major household appliances	311 Water tanks	|__|	☐	☐	☐	☐	|__|
	312 Septic tanks	|__|	☐	☐	☐	☐	|__|
	313 Refridgerator or Freezer	|__|	☐	☐	☐	☐	|__|
	314 Electric Stove / electric plate	|__|	☐	☐	☐	☐	|__|
	315 Gas Stove / gas burner	|__|	☐	☐	☐	☐	|__|
	316 Kerosene Stove	|__|	☐	☐	☐	☐	|__|
	317 Microwave oven	|__|	☐	☐	☐	☐	|__|
	318 Washing Machine	|__|	☐	☐	☐	☐	|__|
	319 Air-conditioner	|__|	☐	☐	☐	☐	|__|
	320 Power Generator	|__|	☐	☐	☐	☐	|__|
	321 Solar Unit	|__|	☐	☐	☐	☐	|__|
	322 Other small electric appliances (rice cooker, vacuum, sewing machine, blender, toaster electric jug, iron, fan, deep fryer, etc)	|__|	☐	☐	☐	☐	|__|
4 - Major Tools & Outdoor Equipment	411 Lawn mower & weed eater	|__|	☐	☐	☐	☐	|__|
	412 Electric drill & Chainsaw	|__|	☐	☐	☐	☐	|__|
	413 Other major outdoor equipment	|__|	☐	☐	☐	☐	|__|
5 - Recreational Equipment	511 Television	|__|	☐	☐	☐	☐	|__|
	512 Radio & stereo system	|__|	☐	☐	☐	☐	|__|
	513 Video & DVD player	|__|	☐	☐	☐	☐	|__|
	514 Other Musical devices (MP3, IPOD, etc)	|__|	☐	☐	☐	☐	|__|
	515 Game Consoles (Play Station, Nintendo, Wii)	|__|	☐	☐	☐	☐	|__|
	516 Photographic equipment (camera - video or still)	|__|	☐	☐	☐	☐	|__|
	517 Other major recreational eqpt (exclude boats)	|__|	☐	☐	☐	☐	|__|
6 - Computer Equipment	611 Desktop or Laptop Computer	|__|	☐	☐	☐	☐	|__|
	612 Printer	|__|	☐	☐	☐	☐	|__|
	613 Software packages	|__|	☐	☐	☐	☐	|__|
	614 Portable hard drives (incl, flash drives)	|__|	☐	☐	☐	☐	|__|
	615 Others	|__|	☐	☐	☐	☐	|__|

Provide details for each expenditure identified in columns 2404 - 2407 in Section 2.4.2

Observations

Q2.4.2 - HOUSEHOLD ASSETS EXPENDITURE

➔ Please provide expenditure detail for every expense identified in Q2.4.1
➔ If you did not incur any expenditures on any of these items over the past **12 months** write zero in the "total amount" field

Line No	Expense code (2402) 111 to 615	Detailed description	Beneficiary code 2412	Total amount paid in the last 12 months ST	Provider	Payment code 2415	Purpose of the Payment code 2416	obs
2409	2410	2411	2412	2413	2414	2415	2416	2417
01	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
02	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
03	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
04	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
05	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
06	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
07	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
08	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
09	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
10	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
11	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
12	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
13	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
14	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
15	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
16	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
17	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
18	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
19	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|
20	|___|___|___|		|___|	$|___|___|___|___|		|___|	|___|	|___|

|___|___| ◀ **Number of items**

$|___|___|___|___|___| ◀ **Total amount**

code 2412: Beneficiary
1. This household
2. Another household
3. Hire
4. Repair

code 2415: Payment
1. Cash
2. In-kind
3. Credit
4. Cash + in-kind
5. Lay by

code 2416: Purpose of Payment
1. Private Use
2. Business Use
3. Both

Observations

Q2.5.1 - VEHICLES / BOATS

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

- Column 2503 indicate how many of each vehicle the hh owns ? **(in working order)**
- Column 2504 to 2506: Indicate with an 'X' if the hh bought or hired one of these items

	▼ Expenditure code			During the past 12 months			
			How many do you have (0,1…) ?	Did you purchase?		Did you hire ?	obs
				For this HH	For other HH		
				'X' if Yes		'X' if Yes	
2501	2502		2503	2504	2505	2506	2507
1. Vehicle / Boat Purchases	111	Car / Station Wagon	|___|	☐	☐	☐	|__|
	112	Utility / Pick-up	|___|	☐	☐	☐	|__|
	113	Truck / Bus / Van	|___|	☐	☐	☐	|__|
	114	Motorcycle	|___|	☐	☐	☐	|__|
	115	Bicycle	|___|	☐	☐	☐	|__|
	116	Boat with motor	|___|	☐	☐	☐	|__|
	117	Boat without motor (eg, canoe)	|___|	☐	☐	☐	|__|
	118	Any other vehicle	|___|	☐	☐	☐	|__|
2 - Accessories	211	Outboard Motor	|___|	☐	☐	☐	|__|
	212	Trailer	|___|	☐	☐	☐	|__|
	213	Other major accessories (eg, car battery, stereo, upholstery, tow bar)	|___|	☐	☐	☐	|__|
3 - Vehicle / Boat Maintenance & Repair	311	Standard vehicle service		☐	☐		|__|
	312	Vehicle repair service (include parts & labour)		☐	☐		|__|
	313	Boat repair service (include parts & labour)		☐	☐		|__|
	314	Purchase of vehicle parts (eg, tyre, spark plug)		☐	☐		|__|
4 - Other Vehicle / Boat Related Expenses	411	Vehicle Registration		☐	☐		|__|
	412	Boat Registration		☐	☐		|__|
	413	Drivers License		☐	☐		|__|
	414	Vehicle Insurance		☐	☐		|__|
	415	Boat Insurance		☐	☐		|__|
	416	Other vehicle expenses (eg, traffic ticket, car tow)		☐	☐		|__|
				During the last month			
5 - Fuel for Vehicles / Boats	511	Fuel for car / motorcycle / lawn mower		☐	☐		|__|
	512	Fuel for boat		☐	☐		|__|

Provide details for each expenditure identified in columns 2504 - 2506 in Section 2.5.2

Observations	

Q2.5.2 - VEHICLE / BOAT EXPENDITURE

➔ Please provide expenditure detail for every expense identified in Q2.5.1

➔ If you did not incur any expenditure on any of these items over the past **12 months** then write zero in the "total amount" field

Line No	Expense code (2502)	Detailled description	Condition when purchased	Benef-iciary	Total amount paid in the last 12 months	Provider	Payment	Purpose of the Payment	obs
	111 to 512		code 2511	code 2512	1 month for Fuel ST		code 2515	code 2516	
2508	2509	2510	2511	2512	2513	2514	2515	2516	2517
01	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
02	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
03	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
04	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
05	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
06	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
07	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
08	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
09	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
10	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
11	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
12	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
13	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
14	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
15	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
16	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
17	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
18	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
19	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|
20	|__|__|__|		|___|	|___|	$|__|__|__|__|__|		|___|	|___|	|__|

|___|___| ◄ **Number of items**

$|__|__|__|__|__| ◄ **Total amount**

code 2511: New
1. New
2. Used
3. Maintenance
4. Hire
5. Not Apllicable

code 2512: Beneficiary
1. This household
2. Another household
3. Hire

code 2515: Payment
1. Cash
2. In-kind
3. Credit
4. Cash + in-kind
5. Lay by

code 2516: Purpose of Payment
1. Private Use
2. Business Use
3. Both

Observations

Q2.6.1 - HOUSEHOLD SERVICES EXPENDITURE

Reference period: 12 months
from : _ _ / _ _ / _ _
to : _ _ / _ _ / _ _

- Please review different types of expenditure 2602 you may have incurred over the past 12 **months** and indicate if you spent money on (2603)
- For any relevant item, please provide detail in columns 2604 to 2606;
- If you did not incur any expenses on any of these items over the past 12 **months** write zero in the "total amount" field

Services		Did you pay?	Total amount paid in the last 12 months	Beneficiary	Provider	Purpose of the payment	obs
▼Expenditure code		'X' if Yes	ST	code 2605		code 2607	
2601	2602	2603	2604	2605	2606	2607	2608
Dwelling Related Service Expenses							
01	Caretaker services (multi-occupied building)	☐	$|__|__|__|__|	|__|		|__|	|__|
02	Security services	☐	$|__|__|__|__|	|__|		|__|	|__|
03	Other dwelling related services	☐	$|__|__|__|__|	|__|		|__|	|__|
Household Related Service Expenses			$|__|__|__|__|				
04	Gardening / lawn mowing services	☐	$|__|__|__|__|	|__|		|__|	|__|
05	Laundary services	☐	$|__|__|__|__|	|__|		|__|	|__|
06	Babysitting services	☐	$|__|__|__|__|	|__|		|__|	|__|
07	Housekeeping services	☐	$|__|__|__|__|	|__|		|__|	|__|
08	Other hhold services (eg, drivers, cooks, etc)	☐	$|__|__|__|__|	|__|		|__|	|__|
Other Service Expenses			$|__|__|__|__|				
09	Money Transfer Fees	☐	$|__|__|__|__|	|__|		|__|	|__|
10	Financial Institution Fees Overseas	☐	$|__|__|__|__|	|__|		|__|	|__|
11	Payment for Freight	☐	$|__|__|__|__|	|__|		|__|	|__|
12	Payment for birth/death / marriage / divorce certificates	☐	$|__|__|__|__|	|__|		|__|	|__|
13	Lawyers fees	☐	$|__|__|__|__|	|__|		|__|	|__|
14	Adoption fees	☐	$|__|__|__|__|	|__|		|__|	|__|
15	Matai Title Registration	☐	$|__|__|__|__|	|__|		|__|	|__|
16	Payment for Faamasinoga	☐	$|__|__|__|__|	|__|		|__|	|__|
17	Other fees	☐	$|__|__|__|__|	|__|		|__|	|__|

Total Amount► $|__|__|__|__|__|

code 2605: beneficiary	code 2607: payment
1. This household	1. Private Use
2. Another household	2. Business Use
	3. Both

Observations	

Q2.7.1 - PROVISIONS OF FINANCIAL SUPPORT

Reference period: 12 months
from : _ _ / _ _/ _ _
to : _ _ / _ _ / _ _

- Review different types of financial support you have provided to another household, your community, your church (2702)
- If you did not incur any expenditure on any of these items over the past **12 months** write zero in the "total amount" field

Financial Support		Total amount given during the last 12 months	Where beneficiary is located?	obs
▼Expenditure code		ST	code 2704	
2701	2702	2703	2704	2705
01	Cash Donations/Contributions to another household	$|__|__|__|__|__|	|__|	|__|
02	Cash Donations /Contributions to Church (weekly donation)	$|__|__|__|__|__|	|__|	|__|
03	Cash Donation/Contributions to Church (one-off donation)	$|__|__|__|__|__|	|__|	|__|
04	Cash Donations/Contributions to Community	$|__|__|__|__|__|	|__|	|__|
05	Cash Donations/contributions to School	$|__|__|__|__|__|	|__|	|__|
06	Cash Donations/Contributions to Other	$|__|__|__|__|__|	|__|	|__|

Total amount► $\|__\|__\|__\|__\|__\|

code 2704
1. Samoa
2. Overseas

Q2.8.1 - DONATIONS/CONTRIBUTION TO CEREMONIES OF ANOTHER HOUSEHOLD

Reference period : 3 months
from : _ _ / _ _/ _ _
to : _ _ / _ _ / _ _

- Please list all expenses paid for by this household towards the ceremonies list in 2802
- Make sure only ceremony expenses paid for by the household in the last **3 months** are included

Ceremony Contribution		Bene-ficiary	Total amount given during the last 3 months	Provider	Pay-ment	obs
▼Expenditure code		Code 2803	ST		code 2806	
2801	2802	2803	2804	2805	2806	2807
01	Funerals - materials (eg, coffin, etc)	|__|	$|__|__|__|__|__|		|__|	|__|
02	Funerals - cost of service	|__|	$|__|__|__|__|__|		|__|	|__|
03	Funerals - cash donation	|__|	$|__|__|__|__|__|		|__|	|__|
04	Funerals - in Kind	|__|	$|__|__|__|__|__|		|__|	|__|
05	Weddings - cash donation	|__|	$|__|__|__|__|__|		|__|	|__|
06	weddings - in kind	|__|	$|__|__|__|__|__|		|__|	|__|
07	Birthdays - cash donation	|__|	$|__|__|__|__|__|		|__|	|__|
08	Birthdays - in kind	|__|	$|__|__|__|__|__|		|__|	|__|
09	Saofai - cash donation	|__|	$|__|__|__|__|__|		|__|	|__|
10	Saofai - in kind	|__|	$|__|__|__|__|__|		|__|	|__|
11	Faaulufalega/Umusaga - cash donation	|__|	$|__|__|__|__|__|		|__|	|__|
12	Faaulufalega/Umusaga - in kind	|__|	$|__|__|__|__|__|		|__|	|__|
13	Reunion - cash donation	|__|	$|__|__|__|__|__|		|__|	|__|
14	Reunion - in-kind	|__|	$|__|__|__|__|__|		|__|	|__|
15	Other - cash donation	|__|	$|__|__|__|__|__|		|__|	|__|
16	Other - in - kind	|__|	$|__|__|__|__|__|		|__|	|__|

code 2803: Beneficiary
1. Another household
2. Village / Community
3. Church
4. School

Total amount► $\|__\|__\|__\|__\|__\|

code 2806: Payment
1. Cash
2. In kind
3. Credit
4. Cash + in-kind

Observations	

Q2.9.1 - EXPENDITURE FOR MAJOR EVENT BY THIS HOUSEHOLD

Reference period: 12 months
from : _ _ / _ _ / _ _
to : _ _ / _ _ / _ _

Did the household host a major event (refer to code 2903 below) in the last 12 months?

1	yes --> 2902	2	no--> End of Module 2

- ➔ Please list all expenses paid for by this household towards the ceremony/event
- ➔ Make sure only ceremony /event expenses paid for by the household in the last 12 months are included

Ceremony /Event		Event Code	Total amount given during the last 12 months	Payment	obs
		Code 2903	SAT	code 2905	
2901	2902	2903	2904	2905	2906
01		|___|	$|__|__|__|__|__|	|___|	|___|
02		|___|	$|__|__|__|__|__|	|___|	|___|
03		|___|	$|__|__|__|__|__|	|___|	|___|
04		|___|	$|__|__|__|__|__|	|___|	|___|
05		|___|	$|__|__|__|__|__|	|___|	|___|
06		|___|	$|__|__|__|__|__|	|___|	|___|
07		|___|	$|__|__|__|__|__|	|___|	|___|
08		|___|	$|__|__|__|__|__|	|___|	|___|
09		|___|	$|__|__|__|__|__|	|___|	|___|
10		|___|	$|__|__|__|__|__|	|___|	|___|

code 2903: Event Code

1. Funeral
2. Wedding
3. Birthday
4. Saofai
5. Faaulufalega/Umusaga
6. Others

Total amount► $|__|__|__|__|__|

code 2905: Payment Code

1. Cash
2. In kind
3. Credit
4. Cash + in-kind

OBSERVATION	

Q2.10.1 - RECEIPTS AFTER MAJOR EVENT BY THIS HOUSEHOLD

Reference period: 12 months
from : _ _ / _ _/ _ _
to : _ _ / _ _ / _ _

- Please list all receipts by this household after the ceremony/event
- Make sure only ceremony net receipts received by the household in the last 12 months are included

Ceremony /Event		Event Code	Total net amount received during the last 12 months	Payment	obs
		Code 9903	SAT	code 9905	
9901	9902	9903	9904	9905	9906
01		|___|	$|__|__|__|__|__|	|___|	|___|
02		|___|	$|__|__|__|__|__|	|___|	|___|
03		|___|	$|__|__|__|__|__|	|___|	|___|
04		|___|	$|__|__|__|__|__|	|___|	|___|
05		|___|	$|__|__|__|__|__|	|___|	|___|
06		|___|	$|__|__|__|__|__|	|___|	|___|
07		|___|	$|__|__|__|__|__|	|___|	|___|
08		|___|	$|__|__|__|__|__|	|___|	|___|
09		|___|	$|__|__|__|__|__|	|___|	|___|
10		|___|	$|__|__|__|__|__|	|___|	|___|

code 9903: Event Code

1. Funeral
2. Wedding
3. Birthday
4. Saofai
5. Faaulufalega/Umusaga
6. Others

Total amount► $|__|__|__|__|__|

code 9905: Receipt Code

1. Cash
2. In kind
3. Cash + in-kind

OBSERVATION	

SAMOA BUREAU OF STATISTICS

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
ENUMERATOR		|___|___|
SUPERVISOR		|___|
REGION		|___|
DISTRICT		|___|___|
VILLAGE		|___|___|

EA No. |___|___| Hhold No. |___|___|___| Phone 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 Q1.1, Column 1102, 1103, 1104

HH Mem-ber [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		

code 1103: Sex

1. Male
2. Female

Q3.1.1 - EDUCATIONAL STATUS

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

	All members	3102=1 Never attended	3102=2 Already left school		3102=3 Currently attending school		obs
HH Mem-ber [HM]	Have you ever attended a formal education institution? code 3102	Why have you never attended an educational institution (main reason)?	What was the highest level you completed?	Why have you left the educational institution (main reason)?	What level are you currently attending?	Name of the Educational Institution	
	2 ► 3104 3 ► 3106	code 3103 ► next [HM]	Level code 3104	code 3105 ► next [HM]	Level 3106		
3101	3102	3103	3104	3105	3106	3107	3108
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. Special Needs
6. Parents did not want
7. Other (obs)

code 3104/3106 : Level
31. ECE
32.Inclusive Education
1. Yr 1
2. Yr 2
3. Yr 3
4. Yr 4
5. Yr 5
6. Yr 6
7. Yr 7
8. Yr 8
9. Yr 9
10. Yr 10
11. Yr 11
12. Yr 12
13. Yr 13
14.Foundation=Fm 7
15. Tertiary
16. TVET
17. Other PSET Provider

code 3105: 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

Q3.1.2 - EDUCATION

Reference period: 12 months

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

➔ For each expenditure listed 3109 to 3119 ask if the household paid during the past

HH Member [HM]	Identify with an "X" for the beneficiary of the expenditure during the past 12 months											obs
	School fees						Private Tutoring	Text Books & Stationery	Boarding	School Uniform	Others PTA etc	
	ECE / Inclusive Education	Primary	Secondary	Tertiary	TVET	OPP						
	1	2	3	4	5	6	7	8	9	10	11	
3101	3109	3110	3111	3112	3113	3114	3115	3116	3117	3118	3119	3120
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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
91	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
92	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Provide details for each expenditure identified in columns 3109 - 3118 in Section 3.1.3

Observations

Q3.1.3 - EDUCATION EXPENDITURE

- Specify every education expenditure identified in question Q3.1.2
- Each single education expenditure must 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] from column 3101	Expense code	Detailed description	COICOP code (9 digit code)	Total amount paid in **the past 12 months**	Provider of Goods or Services	Payment	obs
		1 to 11			ST		code 3128	
3121	3122	3123	3124	3125	3126	3127	3128	3129
01	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
02	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
03	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
04	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
05	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
06	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
07	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
08	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
09	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
10	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
11	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
12	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
13	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
14	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
15	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
16	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
17	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
18	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
19	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
20	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
21	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
22	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
23	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|
24	|__|__|	|__|__|			$|__|__|__|__|		|__|	|__|

|___|___| ◄ **Number of items**

$|___|___|___|___|___| ◄ **Total amount**

Code 3128: Payment
1. Cash
2. In-kind
3. Credit

Observations

Q3.2.1 - HEALTH STATUS

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

➔ Health information must be completed for all HH members

	All members				
HH Mem-ber [HM]	Do you have any ongoing health problems (chronic illness)?	**Non - communicable disease** What is your main chronic illness?	Did you have any other health complaints in the last 3 months?	Did you get health care and advice from a health professional (medical Dr, nurse) or traditional healer (taulasea) for that problem?	Obs
	1 = Yes / 2 = No		1 = Yes / 2 = No	1 = Yes / 2 = No	
	if 2 ► 3204	code 3203	if 2 →Q3.2.2		
3201	3202	3203	3204		3206
01	|____|	|__|__|	|____|		|____|
02	|____|	|__|__|	|____|		|____|
03	|____|	|__|__|	|____|		|____|
04	|____|	|__|__|	|____|		|____|
05	|____|	|__|__|	|____|		|____|
06	|____|	|__|__|	|____|		|____|
07	|____|	|__|__|	|____|		|____|
08	|____|	|__|__|	|____|		|____|
09	|____|	|__|__|	|____|		|____|
10	|____|	|__|__|	|____|		|____|
11	|____|	|__|__|	|____|		|____|
12	|____|	|__|__|	|____|		|____|
13	|____|	|__|__|	|____|		|____|
14	|____|	|__|__|	|____|		|____|
15	|____|	|__|__|	|____|		|____|
16	|____|	|__|__|	|____|		|____|
17	|____|	|__|__|	|____|		|____|
18	|____|	|__|__|	|____|		|____|
19	|____|	|__|__|	|____|		|____|
20	|____|	|__|__|	|____|		|____|

code 3203: chronic illness

1. Hypertension
2. Diabetes
3. Heart Disease
4. Cancer
5. Stroke
6. Other non - communicable disease

Observations

Q3.2.2 - HEALTH

Reference period:	
12 months	**3 months**
from : _ _ / _ _ / _ _ to : _ _ / _ _ / _ _	from : _ _ / _ _ / _ _ to : _ _ / _ _ / _ _

➔ Identify with an 'X' in columns 3207 to 3209 the major medical activities each member had during the last 12 months and in columns 3210 to

HH Mem-ber [HM]	**Major Medical Activities (Last 12 months) (even if for free)**			**Other Health Related Activities (Last 3 months) *(even if for free)***						obs
	Hospital Accomm-odation	Specialist Services (eg, Surgeon, X-Ray, Chiropractor, etc)	Other Major Hospital Charges	Private Doctor or Outpatient Service	Doctor / Nurse Visit	Traditional Healer	Dental Fees	Pre/ante natal / Maternal care	Prescription Medications	
	1	2	3	4	5	6	7	8	9	
3201	3207	3208	3209	3210	3211	3212	3213	3214	3215	3216
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	☐	☐	☐	☐	☐	☐	☐	☐	☐	
91	☐	☐	☐	☐	☐	☐	☐	☐	☐	
92	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Provide details for each expenditure item ticked in columns 3207 - 3215 in Section 3.2.3

Observations

Q3.2.3 HEALTH EXPENDITURE

- ➔ Specify every health expenditure identified in question Q3.2.2
- ➔ Every health expenditure must be specified on one line
- ➔ If you did not incur any medical treatment (for free or not) write zero in the "total amount" field

Line N°	Benefi-ciary [HM]	Medical code 1 to 9	Detailed description	COICOP code (9 digit code)	Total amount paid *If free write "0"* ST	Which month? Write the month	Name of the provider	Payment code 3225	obs
3217	3218	3219	3220	3221	3222	3223	3224	3225	3226
01	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
02	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
03	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
04	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
05	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
06	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
07	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
08	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
09	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
10	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
11	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
12	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
13	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
14	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
15	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
16	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
17	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
19	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
18	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
20	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
21	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
22	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
23	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
24	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
25	|__|__|	|__|			$|__|__|__|__|			|__|	|__|
26	|__|__|	|__|			$|__|__|__|__|			|__|	|__|

|__\|__\| ◄ **Number of items**

$|__\|__\|__\|__\|__\| ◄ **Total amount**

code 3225: payment

1. Cash
2. In kind
3. Credit
4. Free
5. Other
6. Cash + in kind

Observations

Q3.3.1 - PRIVATE TRAVEL

Reference period: 12 months

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

➔ For each member identify:
- How many times did he/she travel
- How many times did he/she travel
(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 3306 to 3310)

HH Member [HM]	Did HM undertake any personal travel **overseas** in the last 12 months? 1 = Yes / 2 = No if 2	No. of private trips each member travelled in the last 12 months:	Did HM undertake any **domestic** travel in the last 3 months? 1 = Yes / 2 = No	No. of private trips each member travelled in the last 3 months:	During the travel did you spend on ('X' if yes) Airfares 1	Seafares 2	Accommodation 3	Food / Entertainment Activities 4	Transport 5	obs
3301	3302	3303	3304	3305	3306	3307	3308	3309	3310	3311
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					☐	☐	☐	☐	☐	
91					☐	☐	☐	☐	☐	
92					☐	☐	☐	☐	☐	

Note: If 3302 = 2 & 3304 = 2 --> Next HM

Provide details for each expenditure identified in columns 3306 - 3310 in Section 3.3.2

Observations

Q3.3.2 PRIVATE TRAVEL EXPENDITURE

- Each trip to be detailed separately
- Specify every payment identified on question Q3.3.1, columns 3306 to 3310
- 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]	Destination	Expense code	Expense detailled description	COICOP code (9 digit code)	Total amount paid	Which month?	Name of the provider	Payment	Obs
		code 3314	1 to 5			ST	Write the month		code 3321	
3312	3313	3314	3315	3316	3317	3318	3319	3320	3321	3322
01	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
02	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
03	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
04	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
05	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
06	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
07	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
08	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
09	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
10	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
11	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
12	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
13	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
14	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
15	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
16	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
17	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
18	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
19	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
20	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
21	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
22	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
23	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
24	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
25	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
26	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
27	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|
28	|__|__|	|__|	|__|			$|__|__|__|__|			|__|	|__|

\|__\|__\| ◀ **Number of items** $\|__\|__\|__\|__\|__\| ◀ **Total amount**

code 3314: destination
1. Australia
2. New Zealand
3. American Samoa
4. Hawaii
5. USA Mainland
6. Savaii, Manono, Apolima, Upolu
7. Other

code 3321: payment
1. Cash
2. In Kind
3. Credit

Observations

Q3.4.1 - CLOTHING

Reference period: 3 months

from: __ __ / __ __ / __ __
to: __ __ / __ __ / __ __

➔ For each member identify if he / she purchased any clothing, clothing materials or shoe items over the last

	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, jewelry, hat, cap, belt, etc)	Materials for making clothes	Tailor / Seamstress Services	Shoes	obs
expense code ►	1	2	3	4	5	6	
3401	3402	3403	3404	3405	3406	3407	3408
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	☐	☐	☐	☐	☐	☐	|__|
91	☐	☐	☐	☐	☐	☐	|__|
92	☐	☐	☐	☐	☐	☐	|__|

Provide details for each expenditure identified in columns 3402 - 3407 in Section 3.4.2

Observations

Q3.4.2 - CLOTHING EXPENDITURE

- Specify every payment identified on question Q3.4.1 columns 3402 to 3407
- 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] from 3401	Expense code 1 to 6	Expense detailed description	COICOP code (9 digit code)	Total amount paid in the last 3 months ST	Name of the provider	Payment code 3416	Purpose code 3417	obs
3409	3410	3411	3412	3413	3414	3415	3416	3417	3418
01	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
02	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
03	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
04	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
05	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
06	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
07	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
08	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
09	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
10	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
11	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
12	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
13	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
14	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
15	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
16	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
17	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
18	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
19	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
20	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
21	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
22	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
23	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
24	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|

|__\|__\| ◄ **Number of items**

$|__\|__\|__\|__\|__\| ◄ **Total amount**

code 3416: payment	code 3417: purpose
1. Cash	1. Private
2. In Kind	2. Business
3. Credit	3. Both

Observations

Q3.5.1 - COMMUNICATION

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

- ➔ For each memeber, idenitfy whether he / she used the internet during the **past month** (3502) and where (3503 - 3505).
- ➔ Identify if household member used a mobile phone to give or receive calls (3506) and if he / she currently owns a mobile phone (3507).
- ➔ Indicate with an "x" if household member spent money on any of the items in columns 3508 - 3511

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 calls?		Mobile phone top-up card	Mobile phone postpaid	Internet access away from home (internet cafe...)		
	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	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
02	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
03	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
04	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
05	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
06	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
07	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
08	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
09	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
10	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
11	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
12	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
13	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
14	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
15	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
16	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
17	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
18	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
19	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
20	|__|	|__|	|__|	|__|	|__|	|__|	☐	☐	☐	☐	|__|
21							☐	☐	☐	☐	|__|
22							☐	☐	☐	☐	|__|
23							☐	☐	☐	☐	|__|
24							☐	☐	☐	☐	|__|
90							☐	☐	☐	☐	|__|
91							☐	☐	☐	☐	|__|
92							☐	☐	☐	☐	|__|

code 3503: Source of Internet

1. Home	3. Internet cafe	5. Another household	7. Dongle
2. Work	4. Place of education	6. Mobile phone	8. Other (obs)

Provide details for each expenditure identified in columns 3508 - 3511 in Section Q3.5.2

Observations

Q3.5.2 - COMMUNICATION EXPENDITURE

- ➔ Specify every payment identified on Q3.5.1, column 3508 - 3511
- ➔ Each expenditure must be specified on one separate 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 4	Expense detailed description	COICOP code (9 digit code)	Total amount paid ST	Name of the provider	Payment code 3520	Purpose code 3521	obs
3513	3514	3515	3516	3517	3518	3519	3520	3521	3522
01	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
02	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
03	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
04	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
05	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
06	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
07	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
08	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
09	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
10	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
11	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
12	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
13	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
14	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
15	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
16	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
17	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
18	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
19	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|
20	|__|__|	|__|			$|__|__|__|__|		|__|	|__|	|__|

|__\|__\| ◄ **Number of items**

$|__|__|__|__|__| ◄ **Total amount**

code 3520: payment	code 3521: purpose
1. Cash	1. Private
2. In kind	2. Business
3. Credit	3. Both
4. None	

Observations

SAMOA BUREAU OF STATISTICS

HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 4 - INDIVIDUAL INCOME (15+ and older)

Questionnaire ID	Questionnaire label
Q4.1.1	Work for wage or salaries
Q4.1.2	Other Wages and Salaries from Secondary Activities
Q4.1.3	Irregular Income Earned
Q4.1.4	Tranfer Income
Q4.2.1	Personal Loans

IDENTIFICATION

ROUND |____|

Person Name from Mod 1. 1102 _____

Person No. from Mod 1 -1101 |___|___|

	NAME	CODE
ENUMERATOR		|___|___|
SUPERVISOR		|___|
REGION		|___|
DISTRICT		|__|__|
VILLAGE		|__|__|

EA No. |___|___| Hhold No. |___|___|___| Phone No. |__|__|__|__|__|__|__|__|

MODULE 4 - DATE	
INTERVIEW	_ _ / _ _ / _ _ (dd / mm / yy)
ENTRY	_ _ / _ _ / _ _ (dd / mm / yy)

MODULE 4 COMMENTS

_____

_____

_____

_____

_____

_____

_____

Reference Period: 12 months
from : _ _ / _ _ / _ _
to: _ _ / _ _ / _ _

Q4.1.1 - INCOME / Work for wages or salaries

➔ Have you worked for wage / salary in the last **12 months.** ☐ 1 = yes --> 4101 / 2 = no --> Q4.1.2

Main Activity				Amount of last Payment Received			
Job description	Employer	Sector 1. Private 2. Public	Wage Code	Cash (Gross pay) / ST	In Kind / ST(estimation)	PERIOD 1.Weekly 2.Fortnight 3.Monthly 4. Annual	Number of payments received in the last 12 months
4101	4102	4103	4104	4105	4106	4107	4108
		|___|	|___|	$ |__|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__|

4104 : Wage Code

1. Base Salary
2. Bonus
3. Housing
4. Electricity
5. Telephone
6. Transport
7. Clothes
8. Others (eg food)

Q4.1.2 - INCOME -OTHER WAGES AND SALARIES FROM SECONDARY ACTIVITIES

➔ Have you earned any secondary income in the last **3 months.** ☐ 1 = Yes --> 4109 / 2 = No --> Q4.1.3

Secondary Activity				Amount of last Payment Received			
Job description	Employer	Sector 1. Private 2. Public	Wage Code	Cash (Gross pay) / ST	In Kind / ST(estimation)	PERIOD 1.Weekly 2.Fortnight 3.Monthly 4. Annual	Total income received in the last 3 months
4109	4110	4111	4112	4113	4114	4115	4116
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|__|	$|__|__|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|__|	$|__|__|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|__|	$|__|__|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|__|	$|__|__|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|__|	$|__|__|__|__|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|__|	$|__|__|__|__|

4112 : Wage Code

1. Base Salary
2. Bonus
3. Housing
4. Electricity
5. Telephone
6. Transport
7. Clothes
8. Others (eg food)

Observations

Q4.1.3 INCOME - IRREGULAR INCOME EARNED IN THE LAST 3 MONTHS

➔ Have you received any irregular income in the last 3 months? (eg bottle collection, babysitting etc.) [ ] 1 = Yes → 4120 2 = No → Q4.1.4

Irregualar / One - off Activity				Amount of last Payment Received				obs
Description of activity (eg bottle collection, babysitting, gardening etc.)	Provider of income	Sector 1. Private 2. Public	Wage Code	Cash ST	In Kind ST(estimation)	Frequency in the last 3 months	Frequency in the last 12 months	
4120	4121	4122	4123	4124	4125	4126	4127	4128
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|___|	|___|___|	|___|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|___|	|___|___|	|___|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|___|	|___|___|	|___|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|___|	|___|___|	|___|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|___|	|___|___|	|___|
		|___|	|___|	$ |__|__|__|__|__|__|	|__|__|__|__|	|___|	|___|___|	|___|

4123 : Wage Code
1. Cash
2. in - kind
3. Cash + in - kind

Q4.1.4 TRANSFER INCOME

➔ Have you received any transfer income in the last 12 months? [ ] 1 = Yes → 4128 2 = No → Q4.2.1

Property / Transfer / other casual income			Did you receive any of the following during the last 12 months ? Do not leave it blank 1 = Yes / 2 = No	→ If yes ask 4130, 4131 and 4132 or 4133 Last amount received: Amount of the last payment received in the last 12 months	Period covered No.	Period covered Unit	Total last 12 months: Total amount received during the past 12 months	obs
				ST		code 4132	ST	
4128			4129	4130	4131	4132	4133	4134
Transfer Income	11	Old Age pension	|___|	$|__|__|__|__|__|	|___|	|___|	$|__|__|__|__|__|	|__|
	12	Child Maintenance	|___|	$|__|__|__|__|__|	|___|	|___|	$|__|__|__|__|__|	|__|
	13	Directors Fees	|___|	$|__|__|__|__|__|	|___|	|___|	$|__|__|__|__|__|	|__|
	14	NPF annuity	|___|	$|__|__|__|__|__|	|___|	|___|	$|__|__|__|__|__|	|__|
	15	Bank interest	|___|	$|__|__|__|__|__|	|___|	|___|	$|__|__|__|__|__|	|__|
	16	Other casual receipts	|___|	$|__|__|__|__|__|	|___|	|___|	$|__|__|__|__|__|	|__|

4132: period covered
1. Day
2. Week
3. Month
4. Year
5. Other or casual (>obs)

Observations

Q4.2.1 PERSONAL LOANS

Reference Period: 12 months

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

➔ Did you take out any personal loans in the last 12 months? [ ] **1 = Yes → 4202** **2 = No → End of Module 4**

➔ Provide details of different loans that you have had over the last **12 months**, even if they have been paid off already

▼Loan ID 4201	Purpose of the loan 4202	Loan code code 4203 4203	Lender code 4204 4204	Amount borrowed ST 4205	Latest payment ST 4206	Period covered 1. Year 2.Monthly 3. Fortnighly 4207	When borrowed Month – Year 4208	Interest Rate 4209	Term of Mortgage of Loan 4210	Obs 4211
1		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
2		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
3		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
4		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
5		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
6		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
7		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
8		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
9		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
10		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
11		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
12		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
13		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
14		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
15		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|
16		|__|__|	|__|	$|__|__|__|__|__|	$|__|__|__|__|	|__|	|__|__| - |__|__|__|__|	%	|__|__| yrs	|__|

\|__\|__\| ◄ **Number of loans** **Total amounts►** $\|__\|__\|__\|__\|__\|__\| $\|__\|__\|__\|__\|__\|

code 4203: Loan code

1. Car
2. Land
3. Family Event (wedding/saofai)
4. Church Events
5. Purchase of equipment
6. Building improvements
7. Education
8. Refinance
9. Travel
10. Other

code 4204: Lender

1. Development Bank
2. Samoa Housing Corp
3. NPF
4. SLAC
5. Commercial Banks(ANZ, SCB, Westpac etc....)
6. Private loan institutions (Federal Pacific, Rowlen etc..)
7. Others

Observations

SAMOA BUREAU OF STATISTICS

HOUSEHOLD INCOME AND EXPENDITURE SURVEY

MODULE 5 - HOUSEHOLD INCOME

Questionnaire ID	Questionnaire label
Q5.1.1	Income from non susistence business
Q5.1.2	Business Expenditures
Q5.2.1	Description of agricultural activities
Q5.2.2	Income from agriculture activities
Q5.3.1	Description of horticulture / floriculture activities
Q5.3.2	Income from horticulture / floriculture activities
Q5.4.1	Description of handicraft & home processed food activities
Q5.4.2	Income from handicraft & home processed food activities
Q5.5.1	Description of livestock activities
Q5.5.2	Income from livestock activities
Q5.6.1	Description of fishing activities
Q5.6.2	Income from fishing activities
Q5.7.1	Property & Transfer Income and Other Receipts
Q5.8.1	Remittances from overseas
Q5.9.1	Remittances sent overseas

IDENTIFICATION

ROUND |____|

	NAME	CODE
ENUMERATOR		|___|___|
SUPERVISOR		|___|
REGION		|___|
DISTRICT		|___|___|
VILLAGE		|___|___|

EA No. |___|___| H.hold No. |___|___|___| Phone No. |__|__|__|__|__|__|__|

MODULE 5 - DATE	
INTERVIEW	_ _ / _ _ / _ _ (dd / mm / yy)
ENTRY	_ _ / _ _ / _ _ (dd / mm / yy)

MODULE 5 COMMENTS

Q5.1.1 - INCOME / income from non subsistence business obtained by the household

Reference period: 12 months
from : _ _ / _ _/ _ _
to : _ _ / _ _ / _ _

➔ 5101: During the past **12 months**, was anyone in this household involved in running any non subsistence businesses?

Include

1) Running a small shop
2) Running a restaurant
3) Running any trade business
   - Mechanic
   - Electrician
   - Construction
4) Car rental / Taxi / Buses
5) Loan Business

Exclude

1) Producing and selling food (5.3.1)
2) Fishing activities (5.5.1)
3) Renting a house (5.7.1)

NB1: Only include if the household member was involved in running the business, not an employee of the business

Place appropriate code in corresponding box 1 = Yes 2 = No

Yes [ ] **Go to 5103** No [ ] **Go to Q5.2.1**

Characteristics of the business										
Business Code Number	Description of business *Examples: Small Store selling food* *Chinese Restaurant* *Car rental business* *Provide mechanice service*	Is this business registered? *yes = 1 / no = 2*	HM involved in this business (start with owner first) [HM] No	[HM] No	[HM] No	[HM] No	Where do you operate this business from? code 5109	For how long has the business been operating? Years	Months	o b s
5102	5103	5104	5105	5106	5107	5108	5109	5110	5111	5112
01		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
02		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
03		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
04		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
05		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
06		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
07		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
08		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
09		|___|	|___|___|	|___|___|	|___|___|	|___|___|	|___|	|___|___|	|___|___|	|___|
10		| |	|___|___|	|___|___|	|___|___|	|___|___|	| |	| | |	| | |	| |

Code 5109: Where operate business
1. At home
2. Other fixed location
3. Other changing location

Observations	

Q5.1.2 Business Expenditures in the last 12 months

Important Definitions

Gross Revenue:	"Raw" sales income; the amount customers actually pay the business when they make their purchases.
Expenses:	Covers all expenses incurred by the business
Net Profit:	Equates to the money taken home by the business owners (Gross Revenue - Expenses)

Rough estimate of "Gross Revenue", "Expenses" and "Net Profit"

Business Code Number	What share of the profits is kept by the household?	How many workers from outside the household also work in this business?	Gross Revenue *Include both cash and in-kind money received*	Expenses *Include both cash and in-kind payment made*	Net Profit *Should equal the Gross Revenue less Expenses*	Are these profits for the entire business (including other partners)? Yes = 1 No = 2	obs
	%						
5102	5113	5114	5115	5116	5117	5118	5119
01	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
02	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
03	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
04	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
05	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
06	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
07	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
08	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
09	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|
10	|___|___|___|	|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	$|___|___|___|___|___|___|	|___|	|___|

Breakdown of expenses

Business Code Number	Did this business report any expenses in 5116 above?	Expense 1		Expense2		Expense 3		Expense 4		Expense5		obs
	Yes=1 No=2	Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure	Expense Code	Rough estimate of total expenditure	
	No (--> Q5.2.1)	code 5121	$	code 5121	$	code 5121	$	code 5121	$	code 5121	$	
5102	5120	5121	5122	5121	5123	5121	5124	5121	5125	5121	5126	5127
01	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
02	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
03	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
04	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
05	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
06	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
07	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
08	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
09	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|
10	|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|___|	$|___|___|___|___|	|___|

Code 5121: Expense Codes

1. Salaries to staff	5. Communictions	9. Building - Rental
2. Goods for resale	6. Fuel	10. Equipment - Rental
3. Electricity	7. Raw Materials	11. Registration / Licenses
4. Water	8. Repair & Maintenance	12. Equipment

Observations

Q5.2.1 - Description of the agriculture activities

Reference period: 3 months	
from:	___ / ___ / ___
to:	___ / ___ / ___

5201: During the past **3 months**, was anyone in this household involved in any agriculture activities?

Place appropriate code in corresponding box 1 = Yes 2 = No

Yes [ ] **Go to 5202** No [ ] **Go to Q5.3.1**

Characteristics of the agricultural activities				Obs
5202	HM involved in this business (start with owner first)	Mod1- 1101		
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
5203	Apart from the hh members, have you paid anyone to work in this farm during the past 3 months?	1 = Yes / 2 = No	|____|	|___|

Expenditure on agricultural activities

5204	Over the past 3 months, did you spend money on the following items?	1 = Yes / 2 = No	|____|	Obs
	1. Transport	ST	$|__|__|__|__|__|	|___|
	2. Labor	ST	$|__|__|__|__|__|	|___|
	3. Purchase of equipment	ST	$|__|__|__|__|__|	|___|
	4. Rental of equipment(copra dryer/tractor...)	ST	$|__|__|__|__|__|	|___|
	5. Other (seeds, fertilizer, tools...)	ST	$|__|__|__|__|__|	|___|
	Total Amount	ST	$|__|__|__|__|__|	|___|

Observations	

Q5.2.2 - INCOME from Agricultural activities

Reference period: 3 months
from : _ _ / _ _ / _ _
to : _ _ / _ _ / _ _

➔ For the list of vegetables, fruits and root crops, specify if you collected and sold them during the past **3 months** (5207 & 5208)

➔ If you sold some of them during the past **3 months**, specify the units sold (5209) and how much money did you earn from these sales over the three month period (5211)

Vegetables		past 3 months					obs
		did you harvest?	did you sell ?	Specify Unit sold		If you sold your production or a part of it how much did you earn?	
		1 = Yes / 2 = No		No.	Units		
5205	5206	5207	5208	5209	5210	5211	5212
Vegetables							
01	Chinese Cabbage	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
02	Cucumber	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
03	Beans	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
04	Pumpkin	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
05	Head Cabbage	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
06	Lettuce	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
07	Tomatoes	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
08	Other (obs)	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
Fruits							
09	Mango	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
10	Drinking Nut	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
11	Banana	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
12	Breadfruit	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
13	Coconut	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
14	Lime	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
15	Pawpaw	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
16	Nonu	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
17	Other (obs)	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
Root Crops							
18	Taro	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
19	Talo Palagi	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
20	Taamu	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
21	Yam	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
22	Other (obs)	|____|	|____|	|___|___|		$|___|___|___|___|	|___|

code 5210 : Eg of Units

Bundle	Basket
Packet	Pile
Each	

Total amount ► $|___|___|___|___|___|

Observations	

Reference period: 3 months	
from:	___ / ___ / ___
to:	___ / ___ / ___

Q5.3.1 - Description of the horticulture / floriculture activities

5301: During the past **3 months**, was anyone in this household involved in any horticulture / floriculture activities?

Place appropriate code in corresponding box 1 = Yes 2 = No

Yes [ ] **Go to 5302** No [ ] **Go to Q5.4.1**

Characteristics of the horticulture / floriculture activities				Obs
5302	HM involved in this business (start with owner first)	Mod1- 1101		
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
5303	Apart from the hh members, have you paid anyone to work in this farm during the past 3 months?	1 = Yes / 2 = No	|____|	|___|

Expenditure on horticulture / floriculture activities

				Obs
5304	Over the past 3 months, did you spend money on the following items?	1 = Yes / 2 = No	|____|	
	1. Transport	ST	$|__|__|__|__|__|__|	|___|
	2. Labor	ST	$|__|__|__|__|__|__|	|___|
	3. Purchase of equipment	ST	$|__|__|__|__|__|__|	|___|
	4. Rental of equipment	ST	$|__|__|__|__|__|__|	|___|
	5. Other (seeds, fertilizer, tools...)	ST	$|__|__|__|__|__|__|	|___|
	Total Amount	ST	$|__|__|__|__|__|__|	|___|

Observations	

Q5.3.2 - INCOME from horticulture / floriculture activities

Reference period: 3 months
from : _ _ / _ _/ _ _
to : _ _ / _ _/ _ _

➔ For the list of plants, landscaping and ornamental plants, specify if you produced and / or sold them during the past **3 months** (5307 & 5308)

➔ If you sold some of them during the past **3 months**, specify the units sold (5309) and how much money you earned from these sales over the three month period (5311)

Description of horticulture activity		past 3 months					obs
		did you harvest / produce?	did you sell?	Specify Unit sold		If you sold your production or a part of it how much did you earn?	
		1 = Yes / 2 = No		No.	Units		
5305	5306	5307	5308	5309	5310	5311	5312
Horticulture							
01	Flowers	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
02	Potted plants	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
03	Floral arrangements (teu)	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
04	Cuttings	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
05	Other	|____|	|____|	|___|___|		$|___|___|___|___|	|___|
06		|____|	|____|	|___|___|		$|___|___|___|___|	|___|
07		|____|	|____|	|___|___|		$|___|___|___|___|	|___|
08		|____|	|____|	|___|___|		$|___|___|___|___|	|___|

Horticulture Services		did you provide service?	If yes, how much did you earn in the last 3 months?			
		1 = Yes / 2 = No				
09	Landscaping	|____|			$|___|___|___|___|	|___|
10	Other	|____|			$|___|___|___|___|	|___|
11		|____|			$|___|___|___|___|	|___|
12		|____|			$|___|___|___|___|	|___|
13		|____|			$|___|___|___|___|	|___|
14		|____|			$|___|___|___|___|	|___|
15		|____|			$|___|___|___|___|	|___|
16		|____|			$|___|___|___|___|	|___|
17		|____|			$|___|___|___|___|	|___|

Total amount ► $|___|___|___|___|___|

code 5310 : Eg of Units

Bundle	Basket
Packet	Pile
Each	

Observations	

Q5.4.1 - Description of handicraft and home processed food activities

Reference Period: 3 Months	
from:	___ / ___ / ___
to:	___ / ___ / ___

5401: During the past **3 months**, was anyone in this household involved in any production of handicraft or home processed food activities?

Place appropriate code in corresponding box 1 = Yes 2 = No

Yes [ ] **Go to 5402** No [ ] **Go to Q5.5.1**

Characteristics of the handicraft and home processed food activities				Obs
5402	HM involved in this business (manager first)	Mod 1-1101		
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
5403	Apart from the hh members, have you paid anyone to work with you in your handicraft or home processed food activities?	1 = Yes / 2 = No	|___|	|___|

Expenditure on handicraft and home processed food activities				
5404	Over the past 3 months, did you spend money on the following items?	1 = Yes / 2 = No	|___|	|___|
	1. Ingredients for making food produce	ST	$|___|___|___|___|___|	|___|
	2. Materials for making handicrafts	ST	$|___|___|___|___|___|	|___|
	3. Transport	ST	$|___|___|___|___|___|	|___|
	4. Labour	ST	$|___|___|___|___|___|	|___|
	5. Other	ST	$|___|___|___|___|___|	|___|
	Total Amount	ST	$|___|___|___|___|___|	|___|

Observations	

Q5.4.2 - INCOME / Handicrafts and Home Processed Food

Reference period: 3 months
from : ___ / ___ / ___
to : ___ / ___ / ___

➔ For this list of handicrafts and home processed foods, specify if you produced and sold them during the past **3 months** (5407 & 5408)

➔ If you sold some of them during the past **3 months**, specify how much money did you earn from these sales over the period (5409)

		past 3 months				Observations
		Did you produce?	Did you sell ?	If you sold your production or a part of it how much did you earn?	obs	
	Home Processed Food	1 = Yes / 2 = No				
5405	5406	5407	5408	5409	5410	
01	Faalifu (Talo, ufi, fai etc)	|____|	|____|	$|__|__|__|__|	|___|	
02	Umu (Talo, ulu, etc)	|____|	|____|	$|__|__|__|__|	|___|	
03	Faiai (Fee, pusi, matalelei…)	|____|	|____|	$|__|__|__|__|	|___|	
04	Kokoesi/Suafai/Vaisalo	|____|	|____|	$|__|__|__|__|	|___|	
05	Fagusea,fugafuga, gau, ape etc	|____|	|____|	$|__|__|__|__|	|___|	
06	BBQ on side of road	|____|	|____|	$|__|__|__|__|	|___|	
07	Cakes (inc, Pie, Scones)	|____|	|____|	$|__|__|__|__|	|___|	
08	Sandwiches	|____|	|____|	$|__|__|__|__|	|___|	
09	Coconut Oil	|____|	|____|	$|__|__|__|__|	|___|	
10	Faapapa	|____|	|____|	$|__|__|__|__|	|___|	
11	Faa'usi	|____|	|____|	$|__|__|__|__|	|___|	
12	Fast Food (eg: hot dog)	|____|	|____|	$|__|__|__|__|	|___|	
13	Eggs	|____|	|____|	$|__|__|__|__|	|___|	
14	Other	|____|	|____|	$|__|__|__|__|	|___|	
	Handicrafts					
15	Mats	|____|	|____|	$|__|__|__|__|	|___|	
16	Baskets	|____|	|____|	$|__|__|__|__|	|___|	
17	Fans	|____|	|____|	$|__|__|__|__|	|___|	
18	Wood Carving	|____|	|____|	$|__|__|__|__|	|___|	
19	Elei	|____|	|____|	$|__|__|__|__|	|___|	
20	Necklace/Earing/Bracelet	|____|	|____|	$|__|__|__|__|	|___|	
21	Hair Accessories	|____|	|____|	$|__|__|__|__|	|___|	
22	Other Art (eg, Painting)	|____|	|____|	$|__|__|__|__|	|___|	
23	Brooms (Straw)	|____|	|____|	$|__|__|__|__|	|___|	
24	Other Handicraft	|____|	|____|	$|__|__|__|__|	|___|	
	Other					
25	Copra	|____|	|____|	$|__|__|__|__|	|___|	
26	Coconut Oil - Faguu Samoa	|____|	|____|	$|__|__|__|__|	|___|	
27	Virgin Coconut Oil	|____|	|____|	$|__|__|__|__|	|___|	
28		|____|	|____|	$|__|__|__|__|	|___|	

Total amount ► $|__|__|__|__|__|__|

Reference period: 12 months
from: ___ / ___ / ___
to: ___ / ___ / ___

Q5.5.1 - Description of the livestock activities

5501: During the past **12 months**, was anyone in this household involved in any livestock activities?

Place appropriate code in corresponding box 1 = Yes / 2 = No

Yes [ ] **Go to 5502** No [ ] **Go to Q5.6.1**

Characteristics of the livestock activities				Obs
5502	HM involved in this business (manager first)	Mod 1 - 1101		
		[HM] No	|___|___|___|	|___|
		[HM] No	|___|___|___|	|___|
		[HM] No	|___|___|___|	|___|
		[HM] No	|___|___|___|	|___|
		[HM] No	|___|___|___|	|___|
5503	Apart from the hh members, have you paid anyone to work with you in your livestock activities?	1 = Yes / 2 = No	|___|	|___|
5504	Do you have?	1 = Yes / 2 = No ↓	How many? ↓	
	1. Pigs	|___|	|___|___|___|	|___|
	2. Chickens	|___|	|___|___|___|	|___|
	3.Cattle	|___|	|___|___|___|	|___|
	4. Sheep	|___|	|___|___|___|	|___|
	5. Others	|___|	|___|___|___|	|___|

Expenditure on livestock activities

5505	Over the past 12 months, did you spend money on the following items?	1 = Yes / 2 = No	|___|	Obs
	1. Feed	ST	$|___|___|___|___|___|	|___|
	2. Fencing and enclosure	ST	$|___|___|___|___|___|	|___|
	3. Transport	ST	$|___|___|___|___|___|	|___|
	4. Purchase of animals	ST	$|___|___|___|___|___|	|___|
	5. Labor	ST	$|___|___|___|___|___|	|___|
	6. Veterinary	ST	$|___|___|___|___|___|	|___|
	7. Other	ST	$|___|___|___|___|___|	|___|
	Total Amount	ST	$|___|___|___|___|___|	|___|

Observations	

Q5.5.2 - INCOME / Livestock activities

Reference period: 12 months
from : ___ / ___/ ___
to : ___ / ___/ ___

➔ For all this list of livestock, specify if you had sold them during the past **12 months** (5508)

➔ If you sold some of them during the past **12 months**, specify how much money did you earn from these sales over the period (5509)

		During the past 12 months		
		Did you sell?	If you sold livestock how much did you earn?	obs
	Livestock	1=Yes / 2=No	ST	
5506	5507	5508	5509	5510
1	Pig	|____|	$|__|__|__|__|__|	|___|
2	Chicken	|____|	$|__|__|__|__|__|	|___|
3	Cattle	|____|	$|__|__|__|__|__|	|___|
4	Sheep	|____|	$|__|__|__|__|__|	|___|
5	Other	|____|	$|__|__|__|__|__|	|___|

Total amount ► $|__|__|__|__|__|

Observations	

Reference period: 3 months
from: ___ / ___ / ___
to: ___ / ___ / ___

Q5.6.1 - Description of the fishing activities

5601: During the past **3 months**, was anyone in this household involved in any fishing activities?

Place appropriate code in corresponding box 1 = Yes / 2 = No

Yes [ ] **Go to 5602** No [ ] **Go to Q5.7.1**

Characteristics of the fishing and gathering activities				Obs
5602	HM involved in this business (manager first)	Mod 1-1101		
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
		[HM] No	|___|___|	|___|
5603	Apart from the hh members, have you paid anyone to work with you in your fishing and gathering activities?	1 = Yes / 2 = No	|___|	|___|

Expenditure on fishing and gathering activities

5604	Over the past 3 months, did you spend money on the following items?		1 = Yes / 2 = No	|___|	Obs
		1. Fuel	ST	$|___|___|___|___|___|	|___|
		2. Maintenance and repair (boat)	ST	$|___|___|___|___|___|	|___|
		3. Purchase of fishing equipment	ST	$|___|___|___|___|___|	|___|
		4. Transport of catch	ST	$|___|___|___|___|___|	|___|
		5. Labor	ST	$|___|___|___|___|___|	|___|
		6. Ice	ST	$|___|___|___|___|___|	|___|
		7. Other	ST	$|___|___|___|___|___|	|___|
		Total Amount	ST	$|___|___|___|___|___|	|___|

Observations	

Q5.6.2 - INCOME - Fishing/Gathering activities

Reference period: 3 months
from : ___ / ___/ ___
to : ___ / ___/ ___

➔ For all this list of fish, shellfish and seafood specify if you had collected and sold them during the past **3 months** (5607 & 5608)

➔ If you sold some of them during the past **3 months**, specify how much money did you earn from these sales over the period (5609)

Fish/Gathering Activities		past 3 months			obs
		did you catch?	did you sell?	If you sold your catches or a part of it how much did you earn?	
		1 = Yes / 2 = No			
5605	5606	5607	5608	5609	5610
Fishing and Gathering at Sea					
	Fish				
1	In Shore	|____|	|____|	$|____|____|____|____|	|___|
2	Off Shore				
	I. Skip jack	|____|	|____|	$|____|____|____|____|	|___|
	II. Tuna	|____|	|____|	$|____|____|____|____|	|___|
	III. Others	|____|	|____|	$|____|____|____|____|	|___|
	Crustaceans				
4	Lobster	|____|	|____|	$|____|____|____|____|	|___|
5	Sea Crab	|____|	|____|	$|____|____|____|____|	|___|
6	Mangrove Crab	|____|	|____|	$|____|____|____|____|	|___|
7	Others	|____|	|____|	$|____|____|____|____|	|___|
	Invertabrates & Molluscs				
8	Octopus	|____|	|____|	$|____|____|____|____|	|___|
9	Faisua	|____|	|____|	$|____|____|____|____|	|___|
10	Alili	|____|	|____|	$|____|____|____|____|	|___|
11	Aliao	|____|	|____|	$|____|____|____|____|	|___|
12	Others	|____|	|____|	$|____|____|____|____|	|___|
	Others				
11	Sea Urchin (TUITUI)	|____|	|____|	$|____|____|____|____|	|___|
12	Sea/fugafuga/fatuaua	|____|	|____|	$|____|____|____|____|	|___|
13	Gau	|____|	|____|	$|____|____|____|____|	|___|
14	Others (seaweed etc)	|____|	|____|	$|____|____|____|____|	|___|
	Fish Farming				
15	Tilapia	|____|	|____|	$|____|____|____|____|	|___|
16	Others	|____|	|____|	$|____|____|____|____|	|___|
		|____|	|____|	$|____|____|____|____|	|___|
		|____|	|____|	$|____|____|____|____|	|___|
		|____|	|____|	$|____|____|____|____|	|___|

Total amount ► $|____|____|____|____|____|

Observations

Reference period : 12 months	
from :	_ _ / _ _/ _ _
to :	_ _ / _ _/ _ _

Q5.7.1 - INCOME / Property income and other casual receipts

- List all sources of property and other casual income from list 5701 / 5702 and for each source of income complete 5703 with yes =1 if it was received by any hh member during the last **12 months** and no =2 if it was not

- If any hh member received one of these sources of income during the last **12 months**, specify the last amount received (5704) and the period covered (5705-5706) **or** the total amount received during the last **12 months** (5707)

Property / other casual income		Did any [HM] receive during the last 12 months ?	▶ If yes ask 5704, 5705 and 5706 or 5707				obs
			Last amount received	Period covered		Total last 12 months	
		Do not leave it blank	Amount of the last payment received in the last 12 months	No.	Unit	Total amount received during the past 12 months	
		1 = Yes / 2 = No	ST		code 5706	ST	
5701	5702	5703	5704	5705	5706	5707	5708
1.Property income	11 Rent - House	|____|	$|__|__|__|__|__|	|____|	|____|		|__|
	12 Rent - Lease for land	|____|	$|__|__|__|__|__|	|____|	|____|		|__|
	13 Royalties	|____|				$|__|__|__|__|__|	|__|
	14 Interest from lending (monthly)	|____|	$|__|__|__|__|__|	|____|	|____|		|__|
	15 Dividends	|____|				$|__|__|__|__|__|	|__|
	16 Other property income	|____|				$|__|__|__|__|__|	|__|
2. Other Casual Receipts	21 Funeral Allowance	|____|				$|__|__|__|__|__|	|__|
	22 Sale of Motor Vehicle	|____|				$|__|__|__|__|__|	|__|
	23 Sale of Other Assets	|____|				$|__|__|__|__|__|	|__|
	24 Sale of Land	|____|				$|__|__|__|__|__|	|__|
	25 Inheritance	|____|				$|__|__|__|__|__|	|__|
	26 Insurance	|____|				$|__|__|__|__|__|	|__|
	27 Other casual income	|____|				$|__|__|__|__|__|	|__|

5706: period covered
1. Day
2. Week
3. Month
4. Year
5. Other or casual (>obs)

Observations	

Q5.8.1 - INCOME / Remittances from Overseas

Reference period : 12 months
from : _ _ / _ _ / _ _
to : _ _ / _ _ / _ _

➔ **Did you receive any remittances from overseas in the last 12 months?** [ ] 1 = yes → 5802 / 2 = no → Q5.9.1

➔ List the money or goods your household received from overseas during the past **12 months** (exclude alimony)

➔ If you did not receive any remittance over the past **12 months** write zero in the "total amount" field

Remittance	Sender List sender in 5802 as Person 1 in first row then the next person will be Person 2 etc...	Is the sender an RSE worker? Yes=1 / No = 2	Relation-ship to the head of the hh code 5804	Resi-dence of the sender code 5805	Description of the use of the remittance code 5806	Remit-tance code code 5807	How much did you receive from the sender in the last 12 months? ST	Does this houshold receive this money on a regular basis? Yes =1 / No = 2	obs
5801	5802	5803	5804	5805	5806	5807	5808	5809	5810
01		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
02		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
03		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
04		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
05		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
06		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
07		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
08		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
09		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
10		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
11		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
12		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
13		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|
14		|____|	|____|____|	|____|	|____|	|____|	$|__|__|__|__|__|	|____|	|___|

|____|____| ◄ **Number of remittances received**

Total amount ► $|__|__|__|__|__|__|

code 5804: relationship	
1. Spouse	6. Uncle/Auntie
2. Son/daughter	7. Nephew/niece
3. Son/daughter-in-law	8. Cousin
4. Parent	9. Other relative
5. Spouse's parent	10. Other non relative

code 5805: residence of the sender
1. New Zealand
2. Australia
3. Am Samoa
4. USA
5. Hawaii
6. Other

code 5806: description of remittance
1. Faalavelave
2. Church
3. Community / Village
4. Education
5. Utility bills
6. Other

code 5807: remittance code
1. Money transfer in a bank account
2. Money tranfer Agencies
3. Cash received via friends/relatives
4. Goods received
5. Others

Observations	

Q5.9.1 - REMITTANCES SENT OVERSEAS FROM THIS HOUSEHOLD

Reference period : 12 months
from : _ _ / _ _ / _ _
to : _ _ / _ _ / _ _

➔ Did you send any remittances overseas in the last 12 months? [ ] 1 = yes → 5902 / 2 = no → End of Module 5

➔ List the money your household sent to another household overseas during the past **12 months** (exclude alimony)

➔ If you did not send any remittance overseas in the past **12 months** write zero in the "total amount" field

Remit-tance code	**Receiver**	Relation-ship to the head of the hh	Resi-dence of the receiver	Description of the remittance use	Remit-tance code	How much did you send to the receiver in the last 12 months?	Does this houshold send this money on a regular basis?	obs
	List receiver in 5902 as Person 1 in first row then the next person will be Person 2 etc...	code 5903	code 5904	code 5905	code 5906	ST	Yes =1 / No = 2	
5901	5902	5903	5904	5905	5906	5907	5908	5909
01		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
02		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
03		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
04		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
05		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
06		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
07		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
08		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
09		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
10		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
11		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
12		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
13		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|
14		|____|____|	|____|		|____|	$|__|__|__|__|__|	|____|	|___|

|____|____| ◄ **Number of remittances received**

Total amount ► $|__|__|__|__|__|__|

code 5903: relationship
1. Spouse
2. Son/daughter
3. Son/daughter-in-law
4. Parent
5. Spouse's parent
6. Uncle/Auntie
7. Nephew/niece
8. Cousin
9. Other relative
10. Other non relative

code 5904: residence of the receiver
1. New Zealand
2. Australia
3. Am Samoa
4. USA
5. Hawaii
6. Other

code 5905:description of remittance
1. Faalavelave
2. Church
3. Community
4. Education
5. Other

code 5906: remittances code
1. Money transfer in a bank account
2. Money tranfer Agencies
3. Cash sent via friends/relatives
4. Other

Observations	

SAMOA BUREAU OF STATISTICS

INCOME AND EXPENDITURE SURVEY

HOUSEHOLD DIARY

Questionnaire ID	Questionnaire Label
Q. 6.1.1	Food / Beverage items bought this day
Q. 6.2.1	Non-Food / beverage items bought this day
Q. 6.3.1	Items Received for free
Q. 6.4.1	Items Given away for free
Q. 6.5.1	Monetary Gifts Received and Given away
Q. 6.6.1	Gambling Wins & Losses

IDENTIFICATION

WEEK ☐ ROUND ► ☐

	NAME	ID CODE
ENUMERATOR		|___|___|
SUPERVISOR		|___|
REGION		|___|
DISTRICT		|__|__|
VILLAGE		|__|__|

EA No. |_____|_____| H.hold No. |___|___|___| Phone No. |___|___|___|___|___|___|___|

DIARY	
START -DAY 1	_ _ / _ _ / _ _ (dd / mm / yy)
END -DAY 7	_ _ / _ _ / _ _ (dd / mm / yy)
DATA ENTRY COMPLETED	_ _ / _ _ / _ _ (aa / mm / tt)

DIARY COMMENTS

Confidentiality of Information Supplied

All data supplied in this Questionnaire will remain strictly CONFIDENTIAL in accordance with the Samoa Bureau of Statistics Act of 1971

The information you give will be combined with the information from other households to produce accurate and up to date statistics on the income and expenditure patterns.

The information will be used soley for Statistical purposes ONLY

Currency to be used

Report all values in Samoan Tala

Survey Period

All information in this Questionnaire relates to the period of 14 days

Fortnightly Diary (14 Days)

This Questionnaire has 6 sections. You will be asked to provide the following information:

1. Daily Expenditure on Food Items

The first section of the dairy for each day will be for recording all food items bought in a store, street vendors or from any other place (including credit purchases)

2. Non-Food Daily Expenditure

The second section of the Diary for each day will be for recording all non food items purchased by the household (e.g: digicel top up, cigarettes, laundry bar soap, etc……)

3. Food Items Received for Free

This Third Component of the Diary will be recording all items acquired from own agriculture and fishing activities.

4.Food Items Given for Free

The F

5. Monetary Gifts - Received and Given for Free

The Fifth Component of the Diary will record all the money received for free from other households or given for free to another household or Organisation.

6. Gambling Winning & Losses

The l
horse

Day 1

Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐

Date |__|__|__|__|__|__| Day Month Year

Q6.1.1 Daily Expenditures on Food Items / Beverages

Food / Beverages Items		Commodity code COICOP	Quantity	Unit (kg,pieces, ltr)	Unit Code	Total Amount ST	Cash/Credit 1. cash 2. credit	Provider Name of the Supplier	Provider Supplier code	Destination of the Expenditure 1. Private Use 2. To another HH 3. Village/Community 4. Business Use 5. Church 6. School 7. Ceremonies
Write in this column all food items you bought cash/credit this day for you, a member of your household or for a person who does not belong to the household, including take away food, drinks, restaurants, bar….										
6101	# 6102	6103	6104	6105	6106	6107	6108	6109	6110	6111
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

|__|__| ◄ Number of food items bought this day

Total spent this day on food items ► $.

Day 1

Q6.2.1 Non Food Daily Expenditures.

Non-Food/beverages items, services bought this day and gift in cash.				Total Amount	cash/credit	Provider		Destination
Write in this column goods (non-food) you bought this day for you, a member of your household or to a person who does not belong to this household, to another household or Organisation Examples of non-food items:toilet paper,deodrant, matches, cutley, bath soap, moli tamea, pvc pipe Services - Top up, cashpower/school fees/hair cut etc.....		Quantity	Commodity Code COICOP	Tala Samoa	1.Cash 2.credit	Name of the supplier, recipient of the amount	Supplier Code	1. Private Use 2. To another HH 3. Village/Community 4. Business 5. Church 6. School 7. Ceremonies
6201	6202	6203	6204	6205	6206	6207	6208	6209
01					|___|			|___|
02					|___|			|___|
03					|___|			|___|
04					|___|			|___|
05					|___|			|___|
06					|___|			|___|
07					|___|			|___|
08					|___|			|___|
09					|___|			|___|
10					|___|			|___|
11					|___|			|___|
12					|___|			|___|
13					|___|			|___|
14					|___|			|___|
15					|___|			|___|
16					|___|			|___|
17					|___|			|___|
18					|___|			|___|
19					|___|			|___|
20					|___|			|___|
21					|___|			|___|
22					|___|			|___|
23					|___|			|___|
24					|___|			|___|
25					|___|			|___|

\|_\|_\| ◄ Number of Non Food Items bought this day

Total Spent this day on non food items ►

Day 1

Q6.3.1 Food / Beverages and Non- Food Items Received for Free

Food and non Food Items received for Free Specify here all the items you received for free this day according to its origin(garden,fishing,gift received)		Commodity Code	Origin Where did you get this item from	Quantity	Unit (kg, pieces, cup)	Unit Code	Estimated Amount (if you were to sell it) Tala Samoa	OBS
6301	6302	6303	6304	6305	6306	6307	6308	6309
1. From your own garden or plantation (root crops,fruits and vegetables)								
01								
02								
03								
04								
05								
06								
07								
08								
2. From your own Hunting and Livestock activities (pigeons, pigs, chickens)								
01								
02								
03								
04								
05								
3. From your own Fishing Activities (Fish, seafood etc…..)								
01								
02								
03								
04								
05								
4. Received as a gift (any kind of food / beverages or non food item)								
01								
02								
03								
04								

|__|__| ◄ Number of Food Items received this day for free

Origin: 6304
1. Another Household
2. Church
3. Village
4. Friend
5. Others

Total Estimated amount on food received for free ►

Day 1

Q6.4.1 Food / Beverage and Non Food Items given for Free

Food and Non Food items given away Specify here all the items you gave for free this day according to its origin (garden, fishing….)		Commodity Code COICOP	Beneficiaries	Quantity	Unit (kg, pieces, cup)	Unit Code	Estimated Amount if you were to sell it Tala Samoa	OBS
6401	6402	6403	6404	6405	6406	6407	6408	6409
1. From your own garden or plantation (fruits and vegetables, taro, etc…….)								
01			|__|					|__|
02			|__|					|__|
03			|__|					|__|
04			|__|					|__|
05			|__|					|__|
06			|__|					|__|
07			|__|					|__|
08			|__|					|__|
2. From your own Hunting and Livestock activities (Hunting pigs, bats, pigeon, cattle, chicken)								
01			|__|					|__|
02			|__|					|__|
03			|__|					|__|
04			|__|					|__|
05			|__|					|__|
3.From your own Fishing Activities (fish, seafood etc……)								
01			|__|					|__|
02			|__|					|__|
03			|__|					|__|
04			|__|					|__|
05			|__|					|__|
4.Given as a gift (any kind of food / beverages or non food item.)								
01			|__|					|__|
02			|__|					|__|
03			|__|					|__|
04			|__|					|__|

|__|__| ◄ Number of food and non food items given this day for free.

Beneficiries: 6404
1. Another Household
2. Church
3. Village
4. Friend
5. School
6. Others

Total estimated amount of food received for free ►

Day 1

Q6.5.1 Monetary Gifts Given Away & Received (Do not Include Remittances)

1. CASH GIVEN AWAY

No	Destination 1. Another HH 2. Community 3. Church 4. School 5. Friend 6. Others	AAMOUNT (Tala Samoa)
6501	6502	6503
01	|_____|	$|___|___|___|___|
02	|_____|	$|___|___|___|___|
03	|_____|	$|___|___|___|___|
04	|_____|	$|___|___|___|___|
05	|_____|	$|___|___|___|___|

Total Amount of Cash Given Away ► $.

2. CASH RECEIVED (Do not include Remittances)

No.	Provider 1. Another HH 2. Community 3. Church 4. School 5. Friend 6. Others	Amount (ST)
01	|_____|	$|___|___|___|___|
02	|_____|	$|___|___|___|___|
03	|_____|	$|___|___|___|___|
04	|_____|	$|___|___|___|___|
05	|_____|	$|___|___|___|___|

Total Amount of Cash Received ► $.

Day 1

Q6.6.1 GAMBLING - Winning & Losses

NUMERA	Type of Gambling 1. Tattslotto 2. Bingo 3. National Lotto 4. Bonus 5. Raffle 6. Poker (cards) 7. Others	Location	Amount Bet (a) ST	Amount Won (b) ST	Overall Winning /Losses =(b-a) (put a negative sign if it's a loss) ST
6601	6602	6603	6604	6605	6606
01	|_____|		$.	$.	$.
02	|_____|		$.	$.	$.
03	|_____|		$.	$.	$.
04	|_____|		$.	$.	$.
05	|_____|		$.	$.	$.
06	|_____|		$.	$.	$.
07	|_____|		$.	$.	$.
		Total Amount Bet and Won ►	$.	$.	$.