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P.O. 629  
9th Street, Sinkor  
Monrovia, Liberia

# Income and Expenditure Questionnaire

( C W I Q )

## A - INTERVIEW INFORMATION

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

Q.1 INTERVIEWER'S NAME	
Q.2 NAME OF HEAD OF HOUSEHOLD	
Q.3 COUNTY NAME	
Q.4 DISTRICT NAME	
Q.5 CLAN/TOWNSHIP	
Q.6 CITY/TOWN/VILLAGE	
Q.7 CLUSTER (EA) NUMBER	
Q.8 STRUCTURE NUMBER	

**A.1 CLUSTER    A.2 HOUSEHOLD    A.3 INTERVIEWER    A.4 DATE    A.5 TIME    A.6 RESPONDENT**

			Day    Month    Year	Hour    Min.	Member No.
<input type="text"/>	<input type="text"/>				
				<input type="radio"/> AM <input type="radio"/> PM	<input type="text"/>

**IMPORTANT**

**Create the reference number from the household number.**

**Write this number NOW in the reference number boxes printed in the upper right hand corner of all pages.**

**Comments**

**A.7 RESULT**  
 Complete  
 Incomplete

**A.8 INTERVIEW END**  

Hour	Min.

 AM  
 PM

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### J - DURABLE GOODS

ITEM NAME	1		2	3	4	5				6				
	Does the household own any [....]? Yes/No If no next item		Yes <input type="radio"/> No <input type="radio"/>	How many of [....] does the household own?	What is the age of the last in years?	How much did the household pay (in L\$) for the last one?				What price (in L\$) would you get if you resold the last today?				
Table local	0	0	1	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Table imported	0	0	2	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Armchair/sofa	0	0	3	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chair local	0	0	4	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chair imported	0	0	5	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bed local	0	0	6	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bed imported	0	0	7	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cupboard, dresser	0	0	8	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Carpet, fitted carpet	0	0	9	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator/freezer	0	1	0	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gas/electric cooker	0	1	1	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Generator	0	1	2	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air conditioner	0	1	3	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water heater	0	1	4	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car	0	1	5	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor cycle	0	1	6	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bicycle	0	1	7	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radio/car radio/cassette/CD player	0	1	8	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Television/VCR/DVD	0	1	9	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Satellite antenna	0	2	0	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Camera	0	2	1	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Video camera	0	2	2	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile telephone	0	2	3	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal computer/printer	0	2	4	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## K - CONSUMPTION OF HOME PRODUCED FOOD AND GIFTS RECEIVED IN KIND

ITEM NAME	1	2	3	4			5	
	Did the household consume any home produced [...] or receive [...] as gifts or food aid in the last 12 months? Yes/No If no next item	During how many months in the last 12 months did the household consume home produced [...] or receive [...] as gifts or food aid?	How much home produced [...] on average was consumed during each of these months?			Number of units consumed from home production, gifts and food aid	Number of units consumed from food aid only	What would you pay (in L\$ per unit) if you bought [...] in the market today?
			Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other					
<b>Cereals</b>	●							
Rice	1 0 1	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Maize/corn	1 0 2	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Other cereals	1 0 3	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Maize/corn flour	1 0 4	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Other flours	1 0 5	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Bread	1 0 6	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Pastry/fritters	1 0 7	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
<b>Roots, tubers, bananas and plantain</b>	●							
Cassava roots	1 0 8	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Cassava flour (fufu, gari, etc.)	1 0 9	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Cassava sticks	1 1 0	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Other forms of cassava	1 1 1	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Yams	1 1 2	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Sweet potatoes	1 1 3	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Bananas, plantain	1 1 4	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Bitter balls	1 1 5	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Eddoes	1 1 6	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	
Other roots and tubers	1 1 7	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □	□ □ □ □ □	



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## K - CONSUMPTION OF HOME PRODUCED FOOD AND GIFTS RECEIVED IN KIND

ITEM NAME	1	2	3	4			5
	Did the household consume any home produced [...] or receive [...] as gifts or food aid in the last 12 months? Yes/No If no next item	During how many months in the last 12 months did the household consume home produced [...] or receive [...] as gifts or food aid?	How much home produced [...] on average was consumed during each of these months?	Unit	Number of units consumed from home production, gifts and food aid	Number of units consumed from food aid only	What would you pay (in L\$ per unit) if you bought [...] in the market today?
				1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other			
<b>Fresh vegetables</b>	●						
Tomatoes	1 3 2	Yes <input type="radio"/> No <input type="radio"/>					
Onions	1 3 3	Yes <input type="radio"/> No <input type="radio"/>					
Cassava leaves	1 3 4	Yes <input type="radio"/> No <input type="radio"/>					
Collard greens	1 3 5	Yes <input type="radio"/> No <input type="radio"/>					
Sweet potato leaves	1 3 6	Yes <input type="radio"/> No <input type="radio"/>					
Other leaves	1 3 7	Yes <input type="radio"/> No <input type="radio"/>					
Lettuce, cabbage	1 3 8	Yes <input type="radio"/> No <input type="radio"/>					
Okra	1 3 9	Yes <input type="radio"/> No <input type="radio"/>					
Eggplant	1 4 0	Yes <input type="radio"/> No <input type="radio"/>					
Carrots	1 4 1	Yes <input type="radio"/> No <input type="radio"/>					
Green beans	1 4 2	Yes <input type="radio"/> No <input type="radio"/>					
Other vegetables	1 4 3	Yes <input type="radio"/> No <input type="radio"/>					
Condiments (peppers, ginger, etc)	1 4 4	Yes <input type="radio"/> No <input type="radio"/>					
Green pepper	1 4 5	Yes <input type="radio"/> No <input type="radio"/>					





# L - FREQUENTLY PURCHASED ITEMS

Reference Number


ITEM NAME	1	2	3	4		5
	Did the household consume any purchased [...] in the last 12 months ? Yes/No If no next item		During how many months in the last 12 months did the household consume purchased [...]?	How much purchased [...] on average was consumed during each of these months?  Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other		Number of units
<b>Cereals</b>	●					
Local rice	2 0 1	Yes <input type="radio"/> No <input type="radio"/>				
Imported rice	2 0 2	Yes <input type="radio"/> No <input type="radio"/>				
Corn	2 0 3	Yes <input type="radio"/> No <input type="radio"/>				
Other cereals	2 0 4	Yes <input type="radio"/> No <input type="radio"/>				
Corn flour, semolina, wheat flour	2 0 5	Yes <input type="radio"/> No <input type="radio"/>				
Pasta products (macaroni, spaghetti)	2 0 6	Yes <input type="radio"/> No <input type="radio"/>				
Other flours	2 0 7	Yes <input type="radio"/> No <input type="radio"/>				
Bread	2 0 8	Yes <input type="radio"/> No <input type="radio"/>				
Pastries, cakes, biscuits	2 0 9	Yes <input type="radio"/> No <input type="radio"/>				
Fritters	2 1 0	Yes <input type="radio"/> No <input type="radio"/>				
<b>Roots, tubers, bananas and plantain</b>	●					
Cassava roots	2 1 1	Yes <input type="radio"/> No <input type="radio"/>				
Cassava flour (fufu)	2 1 2	Yes <input type="radio"/> No <input type="radio"/>				
Gari	2 1 3	Yes <input type="radio"/> No <input type="radio"/>				
Other forms of cassava (sticks, obamba)	2 1 4	Yes <input type="radio"/> No <input type="radio"/>				
Yams	2 1 5	Yes <input type="radio"/> No <input type="radio"/>				
Sweet potatoes	2 1 6	Yes <input type="radio"/> No <input type="radio"/>				
Potatoes	2 1 7	Yes <input type="radio"/> No <input type="radio"/>				
Bananas, plantain	2 1 8	Yes <input type="radio"/> No <input type="radio"/>				
Bitter balls	2 1 9	Yes <input type="radio"/> No <input type="radio"/>				
Eddoes	2 2 0	Yes <input type="radio"/> No <input type="radio"/>				

# L - FREQUENTLY PURCHASED ITEMS

Reference Number

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ITEM NAME	1	2	3	4		5						
	Did the household consume any purchased [...] in the last 12 months ? Yes/No If no next item		During how many months in the last 12 months did the household consume purchased [...]?	How much purchased [...] on average was consumed during each of these months?  Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other		Number of units	What would you pay (in L\$ per unit) if you bought (item name) in the market today?					
Other roots and tubers	2	2	1	Yes <input type="radio"/>	No <input type="radio"/>							
<b>Dried vegetables, nuts and oils</b>												
Dried beans	2	2	2	Yes <input type="radio"/>	No <input type="radio"/>							
Dried peas	2	2	3	Yes <input type="radio"/>	No <input type="radio"/>							
Other dried vegetables	2	2	4	Yes <input type="radio"/>	No <input type="radio"/>							
Groundnuts	2	2	5	Yes <input type="radio"/>	No <input type="radio"/>							
Other nuts	2	2	6	Yes <input type="radio"/>	No <input type="radio"/>							
Palm nuts	2	2	7	Yes <input type="radio"/>	No <input type="radio"/>							
Groundnut butter (paste)	2	2	8	Yes <input type="radio"/>	No <input type="radio"/>							
Palm oil	2	2	9	Yes <input type="radio"/>	No <input type="radio"/>							
Groundnut oil	2	3	0	Yes <input type="radio"/>	No <input type="radio"/>							
Margarine	2	3	1	Yes <input type="radio"/>	No <input type="radio"/>							
Other vegetable oils (cotton, soya)	2	3	2	Yes <input type="radio"/>	No <input type="radio"/>							
Animal fats	2	3	3	Yes <input type="radio"/>	No <input type="radio"/>							
<b>Fruits</b>												
Bananas	2	3	4	Yes <input type="radio"/>	No <input type="radio"/>							
Citrus (oranges, lemons, mandarins, etc)	2	3	5	Yes <input type="radio"/>	No <input type="radio"/>							
Mangoes	2	3	6	Yes <input type="radio"/>	No <input type="radio"/>							
Papayas	2	3	7	Yes <input type="radio"/>	No <input type="radio"/>							
Avocados	2	3	8	Yes <input type="radio"/>	No <input type="radio"/>							
Pineapples	2	3	9	Yes <input type="radio"/>	No <input type="radio"/>							
Coconuts	2	4	0	Yes <input type="radio"/>	No <input type="radio"/>							

# L - FREQUENTLY PURCHASED ITEMS

Reference Number

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ITEM NAME	1	2	3	4		5						
	Did the household consume any purchased [...] in the last 12 months ? Yes/No If no next item		During how many months in the last 12 months did the household consume purchased [...]?	How much purchased [...] on average was consumed during each of these months?  Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other		Number of units	What would you pay (in L\$ per unit) if you bought (item name) in the market today?					
Other fruits (guava, apples, watermelon, etc)	2	4	1	Yes <input type="radio"/>	No <input type="radio"/>							
<b>Fresh vegetables</b>	●											
Fresh tomatoes	2	4	2	Yes <input type="radio"/>	No <input type="radio"/>							
Onions	2	4	3	Yes <input type="radio"/>	No <input type="radio"/>							
Cassava leaves	2	4	4	Yes <input type="radio"/>	No <input type="radio"/>							
Other leaves (folong, oseille)	2	4	5	Yes <input type="radio"/>	No <input type="radio"/>							
Cabbage	2	4	6	Yes <input type="radio"/>	No <input type="radio"/>							
Okra	2	4	7	Yes <input type="radio"/>	No <input type="radio"/>							
Eggplant	2	4	8	Yes <input type="radio"/>	No <input type="radio"/>							
Carrots	2	4	9	Yes <input type="radio"/>	No <input type="radio"/>							
Green beans	2	5	0	Yes <input type="radio"/>	No <input type="radio"/>							
Green pepper	2	5	1	Yes <input type="radio"/>	No <input type="radio"/>							
Other vegetables	2	5	2	Yes <input type="radio"/>	No <input type="radio"/>							
<b>Meat and fish</b>	●											
Chicken	2	5	3	Yes <input type="radio"/>	No <input type="radio"/>							
Other domestic fowl	2	5	4	Yes <input type="radio"/>	No <input type="radio"/>							
Game birds	2	5	5	Yes <input type="radio"/>	No <input type="radio"/>							
Beef	2	5	6	Yes <input type="radio"/>	No <input type="radio"/>							
Lamb/goat	2	5	7	Yes <input type="radio"/>	No <input type="radio"/>							
Pork	2	5	8	Yes <input type="radio"/>	No <input type="radio"/>							
Meat from other domesticated animals	2	5	9	Yes <input type="radio"/>	No <input type="radio"/>							
Game and insects (porcupine gazelle)	2	6	0	Yes <input type="radio"/>	No <input type="radio"/>							

# L - FREQUENTLY PURCHASED ITEMS

Reference Number

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ITEM NAME	1	2	3	4		5
	Did the household consume any purchased [...] in the last 12 months ? Yes/No If no next item		During how many months in the last 12 months did the household consume purchased [...]?	How much purchased [...] on average was consumed during each of these months?  Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other		Number of units
Meat products (sausage, ham)	2 6 1	Yes <input type="radio"/> No <input type="radio"/>				
Preserved meat (paté, corned beef, etc)	2 6 2	Yes <input type="radio"/> No <input type="radio"/>				
Fresh or frozen fish	2 6 3	Yes <input type="radio"/> No <input type="radio"/>				
Smoked fish (dried or salted)	2 6 4	Yes <input type="radio"/> No <input type="radio"/>				
Crustaceans and mollusks (crab, etc)	2 6 5	Yes <input type="radio"/> No <input type="radio"/>				
Canned fish (sardines, tuna)	2 6 6	Yes <input type="radio"/> No <input type="radio"/>				
Shrimp and other crustaceans	2 6 7	Yes <input type="radio"/> No <input type="radio"/>				
Other aquatic products	2 6 8	Yes <input type="radio"/> No <input type="radio"/>				
<b>Milk and dairy products</b>	●					
Eggs	2 6 9	Yes <input type="radio"/> No <input type="radio"/>				
Fresh milk	2 7 0	Yes <input type="radio"/> No <input type="radio"/>				
Powdered milk	2 7 1	Yes <input type="radio"/> No <input type="radio"/>				
Cheese	2 7 2	Yes <input type="radio"/> No <input type="radio"/>				
Condensed milk	2 7 3	Yes <input type="radio"/> No <input type="radio"/>				
Butter	2 7 4	Yes <input type="radio"/> No <input type="radio"/>				
Yogurt	2 7 5	Yes <input type="radio"/> No <input type="radio"/>				
Other dairy products	2 7 6	Yes <input type="radio"/> No <input type="radio"/>				
<b>Condiments and spices</b>	●					
Hot/sweet pepper (fresh or dry)	2 7 7	Yes <input type="radio"/> No <input type="radio"/>				
Salt	2 7 8	Yes <input type="radio"/> No <input type="radio"/>				

# L - FREQUENTLY PURCHASED ITEMS

Reference Number

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ITEM NAME	1	2	3	4		5
	Did the household consume any purchased [...] in the last 12 months ? Yes/No If no next item		During how many months in the last 12 months did the household consume purchased [...]?	How much purchased [...] on average was consumed during each of these months?  Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other		Number of units
Tomato paste	2 7 9	Yes <input type="radio"/> No <input type="radio"/>				
Garlic	2 8 0	Yes <input type="radio"/> No <input type="radio"/>				
Bouillon cubes (maggi, jumbo, etc)	2 8 1	Yes <input type="radio"/> No <input type="radio"/>				
Other spices and condiments	2 8 2	Yes <input type="radio"/> No <input type="radio"/>				
<b>Coffee, tea, chocolate</b>	●					
Instant coffee	2 8 3	Yes <input type="radio"/> No <input type="radio"/>				
Chocolate drinks (ovaltine, etc)	2 8 4	Yes <input type="radio"/> No <input type="radio"/>				
Tea	2 8 5	Yes <input type="radio"/> No <input type="radio"/>				
Other herbal tea	2 8 6	Yes <input type="radio"/> No <input type="radio"/>				
<b>Prepared food</b>	●					
Breakfast outside of the household	2 8 7	Yes <input type="radio"/> No <input type="radio"/>				
Lunch/dinner outside of the household	2 8 8	Yes <input type="radio"/> No <input type="radio"/>				
Preparations for babies (cérélac, etc)	2 8 9	Yes <input type="radio"/> No <input type="radio"/>				
Other meals outside of the household	2 9 0	Yes <input type="radio"/> No <input type="radio"/>				
<b>Other food products</b>	●					
Sugar	2 9 1	Yes <input type="radio"/> No <input type="radio"/>				
Sweets (candies, etc)	2 9 2	Yes <input type="radio"/> No <input type="radio"/>				
Chocolate	2 9 3	Yes <input type="radio"/> No <input type="radio"/>				
Jams and jellies	2 9 4	Yes <input type="radio"/> No <input type="radio"/>				
Honey	2 9 5	Yes <input type="radio"/> No <input type="radio"/>				
Ice cream	2 9 6	Yes <input type="radio"/> No <input type="radio"/>				
Soft/carbonated drinks (coke, fanta, etc)	2 9 7	Yes <input type="radio"/> No <input type="radio"/>				

# L - FREQUENTLY PURCHASED ITEMS

Reference Number

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ITEM NAME	1	2	3	4		5	
	Did the household consume any purchased [...] in the last 12 months ? Yes/No If no next item		During how many months in the last 12 months did the household consume purchased [...]?	How much purchased [...] on average was consumed during each of these months?  Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other		Number of units	What would you pay (in L\$ per unit) if you bought (item name) in the market today?
Fruit juice	2 9 8	Yes <input type="radio"/> No <input type="radio"/>					
Mineral water	2 9 9	Yes <input type="radio"/> No <input type="radio"/>					
Cola nut	3 0 0	Yes <input type="radio"/> No <input type="radio"/>					
Other food expenditure	3 0 1	Yes <input type="radio"/> No <input type="radio"/>					
Milling charges	3 0 2	Yes <input type="radio"/> No <input type="radio"/>					
<b>Alcoholic drinks and tobacco</b>	●						
Beer (local or imported)	3 0 3	Yes <input type="radio"/> No <input type="radio"/>					
Industrial wines and apéritifs	3 0 4	Yes <input type="radio"/> No <input type="radio"/>					
Palm wine	3 0 5	Yes <input type="radio"/> No <input type="radio"/>					
Industrial liquors	3 0 6	Yes <input type="radio"/> No <input type="radio"/>					
Local alcoholic drinks	3 0 7	Yes <input type="radio"/> No <input type="radio"/>					
Cigarettes	3 0 8	Yes <input type="radio"/> No <input type="radio"/>					
Tobacco leaves or snuff	3 0 9	Yes <input type="radio"/> No <input type="radio"/>					
Other forms of tobacco	3 1 0	Yes <input type="radio"/> No <input type="radio"/>					
<b>Household fuels</b>	●						
Kerosene/paraffin	3 1 1	Yes <input type="radio"/> No <input type="radio"/>					
Bottled gas/propane	3 1 2	Yes <input type="radio"/> No <input type="radio"/>					
Charcoal	3 1 3	Yes <input type="radio"/> No <input type="radio"/>					
Wood and other solid fuels	3 1 4	Yes <input type="radio"/> No <input type="radio"/>					
Matches	3 1 5	Yes <input type="radio"/> No <input type="radio"/>					
Candles	3 1 6	Yes <input type="radio"/> No <input type="radio"/>					
Light bulbs	3 1 7	Yes <input type="radio"/> No <input type="radio"/>					

# L - FREQUENTLY PURCHASED ITEMS

Reference Number

--	--

	1	2	3	4		5
ITEM NAME	Did the household consume any purchased [...] in the last 12 months ? Yes/No If no next item		During how many months in the last 12 months did the household consume purchased [...]?	How much purchased [...] on average was consumed during each of these months?  Unit 1.Kg 2.Litre 3.Number 4.Sack/bag 5.Can/package 6.Heap/pile 7.Cup 8.Bottle 9.Other  Number of units		What would you pay (in L\$ per unit) if you bought (item name) in the market today?
Other energy sources (batteries, etc)	3 1 8	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
<b>Personal and household products</b>	●					
Hand soap	3 1 9	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Personal oils, creams and lotions	3 2 0	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Tooth paste	3 2 1	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Toilet paper	3 2 2	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Personal services (coiffure, manicure)	3 2 3	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Other personal articles	3 2 4	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Beauty aids (nail polish, lipstick)	3 2 5	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Laundry soap, detergent	3 2 6	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Bleach	3 2 7	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Other household products	3 2 8	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
<b>Repair and maintenance services</b>	●					
Clothing repairs	3 2 9	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Shoe shine or repair	3 3 0	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Furniture repair	3 3 1	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Household appliance repairs	3 3 2	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Other equipment repairs (camera, etc)	3 3 3	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □
Laundry and dry cleaning services	3 3 4	Yes <input type="radio"/> No <input type="radio"/>	□ □	□	□ □ □	□ □ □ □ □



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## M - LESS FREQUENTLY PURCHASED ITEMS

	1	2	3
ITEM NAME	During the reference period, did the household purchase [....]? Yes/No If no next product		Amount spent during the reference period (in L\$)
<b>Household maintenance expenses - last 3 months</b>			
●			
Rent	4 0 1	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Imputed rent for owned home	4 0 2	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Electricity	4 0 3	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Water	4 0 4	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Garbage collection	4 0 5	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Wages for household employees	4 0 6	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
<b>Transport and communications - last 3 months</b>			
●			
Postal fees	4 0 7	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Telecommunication charges (billed)	4 0 8	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Other communications charges	4 0 9	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Purchases of vehicle spare parts (tires, batteries, etc)	4 1 0	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Vehicle rental	4 1 1	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Moving and shipping expenses	4 1 2	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Travel expenses (other city or country, pilgrimage, etc)	4 1 3	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Other transport related expenses (vehicle inspection, driving school, etc.)	4 1 4	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
<b>Health expenditure - last 3 months</b>			
●			
Medical consultation	4 1 5	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Medical treatment (injection, bandages, rehabilitation, etc)	4 1 6	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Purchase of drugs	4 1 7	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Consultation and treatment by a traditional practitioner	4 1 8	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Purchase of traditional medications	4 1 9	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _

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## M - LESS FREQUENTLY PURCHASED ITEMS

	1	2	3
ITEM NAME	During the reference period, did the household purchase [....]? Yes/No If no next product		Amount spent during the reference period (in L\$)
<b>Health expenditure - last 12 months</b>	●		
Radiology, EKG, scanner, medical tests (urine, blood, etc)	4 2 0	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Therapeutic devices (prosthetic devices, glasses, wheel chairs, etc)	4 2 1	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Hospitalization	4 2 2	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Vaccination costs	4 2 3	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
<b>Household maintenance expenses - last 12 months</b>	●		
Purchase of household cleaning materials	4 2 4	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Wages for household cleaners	4 2 5	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Fan	4 2 6	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Iron	4 2 7	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Small appliances and tools (lamps, hammers, pails, etc)	4 2 8	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Cooking utensils (casserole, marmite, frying pan, bucket, etc)	4 2 9	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Dishes (plates, glasses), silverware (knives, etc)	4 3 0	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Textiles (drapes, blankets, mosquito nets, etc)	4 3 1	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Other small appliances (hot plate, oven, small water heater, etc)	4 3 2	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
<b>Clothing and shoes - last 12 months</b>	●		
Men's clothing	4 3 3	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Women's clothing	4 3 4	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Children's clothing	4 3 5	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Cloth wraps and fabrics	4 3 6	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Underwear	4 3 7	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Sewing costs	4 3 8	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _

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## M - LESS FREQUENTLY PURCHASED ITEMS

	1	2	3								
ITEM NAME	During the reference period, did the household purchase (product name)? Yes/No If no next product		Amount spent during the reference period (in \$units)								
Men's shoes	4 3 9	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Women's shoes	4 4 0	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Children's shoes	4 4 1	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Accessories (handkerchiefs, belts, hats, ties, etc)	4 4 2	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Other clothing articles (buttons, thread, etc)	4 4 3	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Jewelry	4 4 4	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
<b>Leisure activities - last 12 months</b>	●										
Photographic matériel/services (film, developing, etc)	4 4 5	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Recording devices (cassettes, CD, etc)	4 4 6	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Games and toys (chess, cards, dolls, etc)	4 4 7	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Books and magazines	4 4 8	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Writing and drawing materials (notebooks, envelopes, etc)	4 4 9	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Sports clothing and shoes	4 5 0	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Sports equipment (football, racquet, ping pong tables, etc)	4 5 1	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Plants and flowers	4 5 2	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Pets (purchase of cats, dogs, etc)/ veterinary and other services)	4 5 3	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Admission charges (stadium, swimming pool, cinema, concert, etc)	4 5 4	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Television subscription charges	4 5 5	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Games of chance (lottery, horse races, etc)	4 5 6	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Musical instruments (piano, guitar, etc)	4 5 7	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Other equipment (calculator, binoculars, etc)	4 5 8	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Other leisure services	4 5 9	Yes <input type="radio"/> No <input type="radio"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								



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## M - LESS FREQUENTLY PURCHASED ITEMS

	1	2	3
ITEM NAME	During the reference period, did the household purchase [....]? Yes/No If no next product		Amount spent during the reference period (in L\$s)
<b>Education expenditure - last 12 months</b>			
School fees - nursery school	4 7 3	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
School fees - primary school	4 7 4	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
School fees - general secondary school	4 7 5	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
School fees - technical secondary school	4 7 6	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
School fees - higher education	4 7 7	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Literacy course	4 7 8	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Professional/vocational training fees	4 7 9	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
School books	4 8 0	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
School uniforms	4 8 1	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Notebooks	4 8 2	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
School bags and knapsacks	4 8 3	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Raincoats	4 8 4	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Stationery for school	4 8 5	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Files and file folders	4 8 6	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _
Other school material	4 8 7	Yes <input type="radio"/> No <input type="radio"/>	_ _ _ _ _ _ _



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### N - HOUSEHOLD INCOME

SOURCE OF INCOME	1		2		3						4							
	Did the household earn any income from sales of [...] during the last 12 months? Yes/No If no next source		Yes <input type="radio"/>	No <input type="radio"/>	How much was earned from sales of [...] during the last 12 months (in L\$)?						How has the income from [...] changed since 12 months ago?							
Other leaves	5	1	7	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lettuce, cabbage	5	1	8	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Okra	5	1	9	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garden eggs	5	2	0	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots	5	2	1	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green beans	5	2	2	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vegetables	5	2	3	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condiments (pepper, ginger, etc)	5	2	4	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of other agricultural products	5	2	5	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of cattle	5	2	6	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of sheep	5	2	7	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of poultry	5	2	8	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of game (wild) birds or animals	5	2	9	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of other animals	5	3	0	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of other animal products	5	3	1	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of fish	5	3	2	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of crustaceans (crab, etc)	5	3	3	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sales of other aquatic products	5	3	4	Yes <input type="radio"/>	No <input type="radio"/>									+ Same - DK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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### O - HOUSEHOLD TRANSFERS

	1	2	3	4	5								
	<b>Did the household receive/send any money for [...] during the last 12 months?</b> Yes/No If no next item		<b>Relationship</b> 1 Parent 2 Child 3 Relative 4 Not related	<b>Origin or destination:</b> 1 Liberia 2 Outside	<b>How much was sent/received for [...] during the last 12 months</b>								
<b>Money received by the household</b>													
Education expenses	6 0 1	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Health care expenses	6 0 2	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Funeral expenses	6 0 3	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Celebration expenses	6 0 4	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Business investment	6 0 5	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Living expenses	6 0 6	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
<b>Money sent by the household</b>													
Education expenses	6 0 7	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Health care expenses	6 0 8	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Funeral expenses	6 0 9	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Celebration expenses	6 1 0	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Business investment	6 1 1	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Living expenses	6 1 2	Yes <input type="radio"/> Y No <input type="radio"/> N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								