



CONFIDENTIAL

Palau

2006

Household Income & Expenditure Survey

Please tick the form when completed and fill in the date

Household Control Form	<input type="checkbox"/>/...../.....
Expenditure Q	<input type="checkbox"/>/...../.....
Income Q	<input type="checkbox"/>/...../.....
Diary - Week 1	<input type="checkbox"/>/...../.....
Diary - Week 2	<input type="checkbox"/>/...../.....

State	<input type="checkbox"/>	<input type="checkbox"/>
Hamlet	<input type="checkbox"/>	<input type="checkbox"/>
Enumeration Area	<input type="checkbox"/>	<input type="checkbox"/>
Household Number:	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer :

***Palau National Statistics Office,
 Bureau of Budget and Planning
 PO Box 6011
 Telephone: (680) 488-2738/6057***

Final Household Status Report

Interviewer to complete

a) Household fully responded to all aspects of the survey

b) Household partially responded (Complete the table below)

	Fully completed	Partially completed	Not completed
Household Control Form	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Expenditure Q	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Income Q	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Diary - Week 1	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Diary - Week 2	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

c) Household did not respond (Tick the appropriate box below)

- i) Household out of scope of survey
- ii) Dwelling not being lived in
- iii) Could not contact household after 5 attempts
- iv) Household excluded for other reasons
(eg, death, refusal, etc)

Specify

Supervisor to complete

- Checked Household Control Form
- Checked Expenditure Q
- Checked Income Q
- Checked Diary - Week 1
- Checked Diary - Week 2

Signed:

Date/...../.....