


Attachment C. HIES Questionnaire


Ministry of Planning and National Development Male', Maldives Household Income and Expenditure Survey			 Listing Form Form 1		Confidentiality: The use of the information obtained from this survey on individual's or specific household's in manner that will disclose the identity of any person or institution is prohibited. The information obtained will be published to represent the whole population.			
1. Atoll and Island (Ward for Male') 			Month: 1. September '02 3. March '03 2. December '02 4. June '03					
2. Block Number Number of forms filled for the block of 								
Serial number of unit	Name of unit	Is the unit in use	Is there any household living in this structure	Number of households living in this unit	Household serial number	Number of persons living in the household (Including foreigners)	Name of the household head	Serial number of sample drawn (To be filled by team leader)
(1)	(2)	1. Yes 2. No (END)	1. Yes 2. No (END)	(5)	(6)	(7)	(8)	(9)
		1 2	1 2					
		1 2	1 2					
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		1 2	1 2					
		1 2	1 2					
		1 2	1 2					
		1 2	1 2					
Total								
Name of the enumerators (1).....(2)..... Signature: (1)..... (2)..... Date:.....								

Ministry of Planning and National Development Male', Maldives Household Income and Expenditure Survey				Household Form Form 2		Confidentiality: The use of the information obtained from this survey on individual's or specific household's in manner that will disclose the identify of any person or institution is prohibited. The information obtain will be published to represent the whole population.																						
Identification:																												
1. Atoll and Island (Ward for Male')		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div></div>		5. Name of the household head		Month: <div style="display: flex; justify-content: space-between;"> <div>1. September '02</div> <div>3. March '03</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2. December '02</div> <div>4. June '03</div> </div>																						
2. Block number		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div></div>		6. Name of the respondent																								
3. Name of the house		7. Contact phone number		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 10px;"></div><div style="width: 20px; height: 10px;"></div><div style="width: 20px; height: 10px;"></div><div style="width: 20px; height: 10px;"></div><div style="width: 20px; height: 10px;"></div></div>																								
4. Serial number of household (as in listing form of col. 6)		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div></div>																										
LIVING CONDITION																												
1. Type of dwelling unit occupied by the household <div style="margin-left: 20px;"> 1. House 2. Flat/ Apartment complex </div>				5. What is the type of tenure of the housing unit occupied by the household? <div style="margin-left: 20px;"> 1. Owner occupied (Skip to Q.7) 2. Rent free (Skip to Q.7) 3. Rented (Note : If rent is paid by the employer, code should be 3) </div>																								
2. Number of levels in the building <div style="float: right; border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div></div>																												
3. How many rooms are used for living by the occupants of the household? (Total : including the living room, dinning room and kitchen, storage, sitting room etc.) <div style="text-align: right; margin-right: 20px;">Total</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div></div> <div style="text-align: right; margin-right: 20px;">No. of rooms used for sleeping</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div></div>				6. Rent paid for the past month (in Rufiyya) <div style="float: right; border: 1px solid black; width: 60px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 10px;"></div><div style="width: 15px; height: 10px;"></div><div style="width: 15px; height: 10px;"></div><div style="width: 15px; height: 10px;"></div></div>																								
4. How many nuclear families live in the household now? (including couples without children) <div style="float: right; border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 10px; height: 10px;"></div><div style="width: 10px; height: 10px;"></div></div>				7. During the past 12 months, has there been any alteration or new construction made to the housing premise of the household? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Amount (RF)</th> </tr> </thead> <tbody> <tr> <td>1. Any construction work carried out in the household? (Eg; rooms , toilets etc)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td><div style="border: 1px solid black; width: 60px; height: 20px;"></div></td> </tr> <tr> <td>2. Minor work done on existing household?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td><div style="border: 1px solid black; width: 60px; height: 20px;"></div></td> </tr> <tr> <td>3. Building of wells</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td><div style="border: 1px solid black; width: 60px; height: 20px;"></div></td> </tr> <tr> <td>4. Clearing / reclaiming of land for construction purpose?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td><div style="border: 1px solid black; width: 60px; height: 20px;"></div></td> </tr> </tbody> </table>						Yes	No	Amount (RF)	1. Any construction work carried out in the household? (Eg; rooms , toilets etc)	1	2	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	2. Minor work done on existing household?	1	2	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	3. Building of wells	1	2	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	4. Clearing / reclaiming of land for construction purpose?	1	2	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
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Official use																												
Enumerator (1): Enumerator (2): Signature (1) Signature (2): Date: ... / ... / ... Editor : Signature Date ... / ... / ... Coder : Signature Date ... / ... / ... Key operator Signature Date ... / ... / ... Verifier: Signature Date ... / ... / ...																												

2. CONSUMER DURABLES																				
Note: Exclude any transaction within the household.																				
I. Do you have the following items used in the household?						II. Do you have or purchased any transport and communication equipment?						III. Do you have any audiovisual equipment?								
Items		Availability		Purchased 12 months			Items		Availability		Purchased 12 months			Items		Availability		Purchased 12 months		
		Yes	No	No of items	New	Second hand			Value in Rf	Yes	No	No of items	New			Second hand	Value in Rf	Yes	No	No of items
1. Washing machine	1	2					1. Bicycle	1	2					1. Radio	1	2				
2. Electric Sewing machine	1	2					2. Cycle	1	2					2. TV	1	2				
3. Electric Iron	1	2					3. Car	1	2					3. VCR/ VCP/ VCDP	1	2				
4. Fan	1	2					4. Pickup / Lorry	1	2					4. Compact set	1	2				
5. Gas cooker	1	2					5. Dhoani / Speed boat	1	2					5. TV Game	1	2				
6. Refrigerator / Fridge	1	2					6. Telephone	1	2					6. Computer	1	2				
7. Water Pump	1	2					7. Mobile phone	1	2					7. Dish Antennae	1	2				
8. Electric Oven	1	2					8. Fax machine	1	2					8. Cable TV	1	2				
9. Mixture/ Grinder	1	2					9.	1	2					9. Camera	1	2				
10. Rice cooker	1	2					10.	1	2					10.	1	2				
11. Genertor	1	2					11.	1	2					11.	1	2				
12. Air condition	1	2											12.	1	2					
13.	1	2																		
14.	1	2																		
15.	1	2																		
Column Total (A)						Column Total (B)						Column Total (C)								
												Annual total (A+B+C)								
During the past year , was any of this above items;						During the past year , was any of this above items;						During the past year , was any of this above items;								
1.1 Sold			1.2 Repair and maintance (D)			2.1 Sold			2.2 Repair and maintance (E)			3.1 Sold			3.2 Repair and maintance (F)					
Yes	No	Amount received (RF)	Yes	No	Expenses (RF)	Yes	No	Amount (RF)	Yes	No	Expenses (RF)	Yes	No	Amount (RF)	Yes	No	Expenses (RF)			
1	2		1	2		1	2		1	2		1	2		1	2				

3. TRAVEL ABROAD							
9. Did any member of the household travel abroad within the past 12 months under the following circumstances?							
Purpose of travelling (If the purpose of travelling is more than one, per trip, then note the expenses under the main purpose)	Did anybody travel?		Total number of trips	Were the travel expenses fully covered by others? (Other than from household members)		Own Expenses (Rf.) (Excluding money spent on capital goods and business)	
	1. Yes	2. No		1. Yes	2. No	Purchase of air ticket	Other Costs
1. Medical	1	2	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
2. Holiday / Leisure	1	2	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
3. Education / Training	1	2	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
4. Hajj / Umra	1	2	<input type="text"/>	1	2	<input type="text"/>	<input type="text"/>
Total						(A) <input type="text"/>	(B) <input type="text"/>
Grand Total (A) + (B)						<input type="text"/>	
10. Did any member of the household send any amount of money abroad within the past 12 months? (In addition to expenditure on travel abroad mention in Q.9)							
1. Yes 2. No (Skip to Q.12)							
11. What was the purpose and amount of money? (Business expenditure will not be included)							
1- Studies				Rf.	<input type="text"/>		
2- Medical treatment				Rf.	<input type="text"/>		
3- Other purpose (Specify)				Rf.	<input type="text"/>		
4- Money Transferred abroad for any purpose by paid foreign domestic servants				Rf.	<input type="text"/>		
					<input type="text"/>		
4. PERCEPTION OF ECONOMIC STATUS AND WELL BEING							
ONLY FOR HOUSEHOLD HEAD							
12. Over the past five years how did your household income changed?							
1. Increased							
2. Decreased							
3. Remained same							
13. Compare to other household in the community, how do you consider your household?							
1. Well below average							
2. Below average							
3. Average							
4. Well off							
5. Very well off							
REMARKS							

Attachment C. HIES Questionnaire

Ministry of Planning and National Development Male', Maldives Household Income and Expenditure Survey				Individual Form Form 3				Confidentiality The use of the information obtained from this survey on individual's or specific household's in manner that will disclose the identity of any person or institution is prohibited. The information obtained will be published to represent the whole population.																														
		Number of forms filled for the household <input type="text"/> of <input type="text"/>		Month: <div style="display: flex; justify-content: space-between;"> <div> 1. September '02 2. December '02 </div> <div> 3. March '03 4. June '03 </div> </div>																																		
IDENTIFICATION OF UNIT																																						
1. Atoll and Island (Ward for Male).....		<input type="text"/>																																				
2. Block number		<input type="text"/>																																				
3. Name of the house.....		<input type="text"/>																																				
4. Serial No of household		<input type="text"/>																																				
5. Name of the household head		<input type="text"/>																																				
				Last week 6. Total number of persons in the household (taking meals from different places, taking meals from hotels and yet sleeping in the household)																																		
				7. Number of persons less than 15 years																																		
				8. Number of persons 15 years and above																																		
				9. Number of household members who are working outside the island (resort/ seamen)																																		
				10. Number of household members studying in other islands																																		
				11. Number of household members studying in abroad																																		
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Female</th> <th style="width: 33%;">Male</th> <th style="width: 33%;">Total</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>														Female	Male	Total	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	Male	Total																																				
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<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
INDIVIDUAL INFORMATION				ALL AGES																																		
1. Name and the Person Number:		<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
2. Sex :		<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
3. Age in complete years, (enter 00 if less than one year)		<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
4. Nationality :		<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
5. Membership status in the household?		<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
1. Household head		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																						
2. Paying guest		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2																						
3. Foreign domestic servant		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3																						
4. Local domestic servant		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4																						
5. Guest		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5																						
6. Other household member		6	6	6	6	6	6	6	6	6	6	6	6	6	6	6																						

Person Number:																
6. Did you take meals from the household during the last week? 1. Yes 2. No																
7. Did you normally spend the night in the household during the last week? 1. Yes 2. No																
LABOUR FORCE								FOR PERSONS 15 YEARS AND OVER								
8. What type of activity were you engaged in most of the time during the past month? 1. Economic activity (those income earners on leave are included) (skip to Q.11) 2. Studying/ on training 3. Doing house work 4. Doing nothing specific																
9. At any time during the past month, were you engaged in any activity that generated income (eg: giving tuition, growing trees, sewing, making shorts eats, unpaid family workers)? 1. Yes (Skip to Q.11) 2. No																
10. During the past month did you receive any money from rent or from a person who is not a household member? 1. Yes 2. No	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11. Identification of person who should be given the employment and income questionnaire: 1. Identifying the persons who should be given the form (If circled in Code 1 of Q.8 or Q.9 or Q.10) 2. Identify the person who should not be given the form (If circled in Code 2 of Q.10)	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

Attachment C. HIES Questionnaire


Ministry of Planning and National Development Male', Maldives Household Income and Expenditure Survey		 Employment and income Form Form 4		Confidentiality The use of the information obtained from this survey on individual's or specific household's in manner that will disclose the identity of any person or institution is prohibited. The information obtained will be published to represent the whole population.													
IDENTIFICATION OF THE UNIT		Month: 1. September '02 3. March '03 2. December '02 4. June '03															
1. Atoll and island (Ward for Male)..... <input type="text"/>		4. Serial number of household <input type="text"/>															
2. Block number <input type="text"/>		5. Name of the person:		<input type="text"/>													
3. Name of the house		6. Persons No:		<input type="text"/>													
EMPLOYMENT																	
FOR PERSONS 15 YEARS AND OVER																	
1. Primary occupation			Production														
1. During the past month what kind of activity were you engaged in the establishment? (Industry)			11. Commodities produced for past month														
ISIC <input type="text"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item</th> <th style="width: 30%;">C.P.C. Code</th> <th style="width: 40%;">Amount received</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td><input type="text"/></td> <td><input type="text"/> Rf</td> </tr> <tr> <td>2.</td> <td><input type="text"/></td> <td><input type="text"/> Rf</td> </tr> <tr> <td>3.</td> <td><input type="text"/></td> <td><input type="text"/> Rf</td> </tr> </tbody> </table>			Item	C.P.C. Code	Amount received	1.	<input type="text"/>	<input type="text"/> Rf	2.	<input type="text"/>	<input type="text"/> Rf	3.	<input type="text"/>	<input type="text"/> Rf
Item	C.P.C. Code	Amount received															
1.	<input type="text"/>	<input type="text"/> Rf															
2.	<input type="text"/>	<input type="text"/> Rf															
3.	<input type="text"/>	<input type="text"/> Rf															
2. Describe the specific type of job or designation of this job? (Occupation)																	
ISCO CODE <input type="text"/>																	
3. Name of the place of work?																	
4. What type of establishment was that 1. Government office 4. National Security Services (NSS) 2. Public enterprise/ Private enterprise 5. Private house/ own home/ private farmer 3. Shop/ tuition class and the likes 6. Non permanent location			12. Production cost per month 1. Input materials <input type="text"/> Rf 2. Repairs/ maintenance <input type="text"/> Rf 3. Hired labour <input type="text"/> Rf 4. Transportation <input type="text"/> Rf 5. Others <input type="text"/> Rf														
5. During the past 12 months on an average how many hours did you work per week? <input type="text"/>			13. Where do you sell the products to 1. To Male' 2. To resort 3. To residents of the islands 4. To other Atoll/ islands														
6. During the past 12 months how many months did you work? <input type="text"/>																	
7. What was your employment status of the primary occupation? 1. Employer (with employees) (Skip to Secondary occupation) 2. Employee (Skip to Secondary occupation) 3. Own account worker (Skip to Q. 10) 4. Unpaid family worker / Group worker			Service														
			14. Services provided for past month														
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item</th> <th style="width: 30%;">C.P.C. Code</th> <th style="width: 40%;">Amount received</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2.</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3.</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>			Item	C.P.C. Code	Amount received	1.	<input type="text"/>	<input type="text"/>	2.	<input type="text"/>	<input type="text"/>	3.	<input type="text"/>	<input type="text"/>
Item	C.P.C. Code	Amount received															
1.	<input type="text"/>	<input type="text"/>															
2.	<input type="text"/>	<input type="text"/>															
3.	<input type="text"/>	<input type="text"/>															
8. How many members are in the group? <input type="text"/>			15. Production cost per month 1. Input materials <input type="text"/> Rf 2. Repairs/ maintenance <input type="text"/> Rf 3. Hired labour <input type="text"/> Rf 4. Transportation <input type="text"/> Rf 5. Others <input type="text"/> Rf														
9. Are you the in-charge of the group? 1. Yes 2. No (Skip to Secondary Occupation)																	
10. Whether the work is mainly related to producing commodities or providing services? 1. Production (Skip to Q.11) 2. Services (Skip to Q.14)																	

<div style="border: 1px solid black; display: inline-block; padding: 2px;">2. Secondary occupation</div>		Survey month: 1. September 2. December 3. March 4. June													
* Are you involved in any secondary occupation 1. Yes 2. No (Skip to Q. 16)		<div style="background-color: #cccccc; padding: 2px;">Production</div>													
1. What kind of activity (except primary occupation) were you engaged in the establishment during the past month? (Industry)		11. Commodities produced for past month													
ISIC CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item</th> <th style="width: 40%;">C.P.C Code</th> <th style="width: 30%;">Amount Recieved</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf</td> </tr> <tr> <td>2.</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf</td> </tr> <tr> <td>3.</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf</td> </tr> </tbody> </table>	Item	C.P.C Code	Amount Recieved	1.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf	2.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf	3.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf	C.P.C Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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3.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf													
2. Describe the specific type of job or designation of this job? (Occupation)		ISCO <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>													
3. Name of the place of work?		12. Production cost per month 1. Input materials <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 2. Repairs/ maintenance <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 3. Hired labour <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 4. Transportation <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 5. Other <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf													
4. What type of establishment was that <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. Government office 2. Public enterprise/ Private enterprise 3. Shop/ tuition class and the likes </div> <div style="width: 45%;"> 4. National Security Services (NSS) 5. Private house/ own home/ private farmer 6. Non permanent location </div> </div>		13. Where do you sell the products to 1. To Male' 2. To resort 3. To residents of the islands 4. To other Atoll/ islands													
5. During the past 12 months on an average how many hours did you work per week? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		<div style="background-color: #cccccc; padding: 2px;">Service</div>													
6. During the past 12 months how many months did you work? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		14. Services provided for past month													
7. What was your employment status of the Secondary occupation? 1. Employer (with employees) (Skip to Q. 16) 2. Employee (Skip to Q. 16) 3. Own account worker (Skip to Q. 10) 4. Unpaid family worker / Group worker		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item</th> <th style="width: 40%;">C.P.C Code</th> <th style="width: 30%;">Amount Recieved</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td>2.</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td>3.</td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> </tbody> </table>		Item	C.P.C Code	Amount Recieved	1.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	2.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	3.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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3.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>													
8. How many members are in the group? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		15. Production cost per month 1. Input materials <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 2. Repairs/ maintenance <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 3. Hired labour <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 4. Transportation <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf 5. Others <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Rf													
9. Are you the incharge of the group? 1. Yes 2. No (Skip to Q. 17)		10. Whether the work is mainly related to producing commodities or providing services? 1. Production (Skip to Q. 11) 2. Services (Skip to Q. 14)													

3 - Income			
ONLY FOR EMPLOYEE			
16. * Income earned during the past month depending on the job from the primary and other occupation	Primary occupation	Other occupation	Total
16.1 Wages and salaries including medical allowances (total amount deducted from credit, scholarship scheme)	_____ Rufiyaa	_____ Rufiyaa	
16.2 Overtime, bonus, commission, living allowances	_____ Rufiyaa	_____ Rufiyaa	
16.3 Uniform, laundry allowance and the like	_____ Rufiyaa	_____ Rufiyaa	
16.4 Travel (on official purposes)	_____ Rufiyaa	_____ Rufiyaa	
16.5 Services in kind (medical care, accomodation)	_____ Rufiyaa	_____ Rufiyaa	
16.6 Goods in kind (clothing, food, other goods)	_____ Rufiyaa	_____ Rufiyaa	
Total	_____ Rufiyaa	_____ Rufiyaa	_____ Rf
* Specify the goods and services received in kind from primary occupation (detail of 16.5 and 16.6): * Specify the goods and services received in kind from secondary occupation (details of 16.5 and 16.6):			
17. How much income did you receive as profits from own-account or family business during the past month?	_____ Rf	→	_____ Rf
18. How much did you receive as property income during the past month?			
1. Dividends	_____ Rf	→	_____ Rf
2. Renting of goods	_____ Rf		
3. Rent of building	_____ Rf		
4. Rent of land	_____ Rf		
* Specify types of goods and places rented....			
19. How much did you receive as current transfers and other benefits during the past month?			
1. Assistance from government	_____ Rf	→	_____ Rf
2. Pension	_____ Rf		
3. Assistance from family or friends in Maldives, outside the household	_____ Rf		
4. Assistance from family or friends abroad	_____ Rf		
5. Other sources (excluding the amount recieved from household members)	_____ Rf		
Total Income			_____ Rf

4. Expenditure																																								
20. Out of the income you received last month, how much did you contribute to household use?																																								
Rf	<input style="width: 100px;" type="text"/>																																							
21. During the past month how much money did you spend for your personal use?																																								
Rf	<input style="width: 100px;" type="text"/>																																							
22. During the past month how much did you spend for other use, excluding money contributed to household use and personal use?																																								
Rf	<input style="width: 100px;" type="text"/>																																							
Total Expenditure (Individual) RF. <input style="width: 100px;" type="text"/>																																								
*. Difference in Income and Expenditure																																								
Total Income	<u>A</u>	RF. <input style="width: 100px;" type="text"/>	-	Total Expenditure (Individual)																																				
		<u>B</u>	RF. <input style="width: 100px;" type="text"/>	=																																				
			RF. <input style="width: 100px;" type="text"/>	(If profit, Skip to Q. 24) (If no difference, Skip to Q. 26)																																				
23. If Expenses exceeds Income how do you overcome the additional expenses? 1. Savings 2. Selling belongings 3. Loans 4. Others (Specify)		26. During the past year have you done any of the following financial transactions? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 20%;">Amount (Rf)</th> </tr> </thead> <tbody> <tr><td>1. Lend as loans</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> <tr><td>2. Repaying loans (with interest)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> <tr><td>3. Borrowing loans</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> <tr><td>4. Interest received on loans</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> <tr><td>5. Credit Scheme/ Installment on capital goods received</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> <tr><td>5. Credit Scheme/ Installment on capital goods paid</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> <tr><td>6. Repaying Scholarships Schemes</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> <tr><td>7. Others (Specify)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td><input style="width: 100px;" type="text"/></td></tr> </tbody> </table>				Yes	No	Amount (Rf)	1. Lend as loans	1	2	<input style="width: 100px;" type="text"/>	2. Repaying loans (with interest)	1	2	<input style="width: 100px;" type="text"/>	3. Borrowing loans	1	2	<input style="width: 100px;" type="text"/>	4. Interest received on loans	1	2	<input style="width: 100px;" type="text"/>	5. Credit Scheme/ Installment on capital goods received	1	2	<input style="width: 100px;" type="text"/>	5. Credit Scheme/ Installment on capital goods paid	1	2	<input style="width: 100px;" type="text"/>	6. Repaying Scholarships Schemes	1	2	<input style="width: 100px;" type="text"/>	7. Others (Specify)	1	2	<input style="width: 100px;" type="text"/>
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7. Others (Specify)	1	2	<input style="width: 100px;" type="text"/>																																					
24. How do you treat your savings? 1. Deposit in Banks (Skip to Q. 26) 2. Spend money on other uses 3- Deposited within the house (Skip to Q. 26) 4. Send money abroad (Skip tp Q.26) 5. Others (Specify)..... (Skip to Q.26)		Remarks <input style="width: 100%; height: 100px;" type="text"/>																																						
25. How do you spend your savings of the past month? (numbered according to the main needs) Nutritious Food Children's Education <input type="checkbox"/> Medical <input type="checkbox"/> Buying jewelries and other cosmetics <input type="checkbox"/> Building/ Repair and improving (home) <input type="checkbox"/> Religious purpose and Donations <input type="checkbox"/> As capital for business purposes <input type="checkbox"/> Lending money on interest basis <input type="checkbox"/> Other (specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		(Skip to Q. 26)																																						

Attachment C. HIES Questionnaire

Ministry of Planning and National Development Male', Rep. Of Maldives		Expenditure Form
Household Income & Expenditure Survey	Form 5	Confidentiality The use of the information obtained from this survey on individual or specific household's in a manner that will disclose the identity of any person or institution is prohibited. The information will be published to represent the whole population
Atoll and Island	<input type="text"/>	
Name of house:	<input type="text"/>	
Household Serial No:	<input type="text"/>	
Block No:	<input type="text"/>	

Transfer of Money in between household members are not recorded in this form.

[illegible]

Attachment C. HIES Questionnaire

[illegible]

Attachment C. HIES Questionnaire

1.3 FISH AND FISH PRODUCTS											PAST WEEK	
CPC code	Item	Unit	Means of Acquiring								Place of Purchase 1. Island 2. Another Island 3. Male' 4. Abroad	Value (Rufiyaa)
			Purchased		Own Production		Salaries in kind		As Gifts			
			1. Yes 2. No	Quantity	1. Yes 2. No	Quantity	1. Yes 2. No	Quantity	1. Yes 2. No	Quantity		
0 4 1 2 0 0 1	Fish	Piece	1 2		1 2		1 2		1 2		1 2 3 4	
0 4 1 2 0 0 3	Reef fish	Piece	1 2		1 2		1 2		1 2		1 2 3 4	
2 1 2 4 0 0 1	Felivaru mas	Gram	1 2		1 2		1 2		1 2		1 2 3 4	
0 4 1 2 0 0 2	Mushimas	Piece	1 2		1 2		1 2		1 2		1 2 3 4	
2 1 2 3 0 0 1	Dried fish	Kiba	1 2		1 2		1 2		1 2		1 2 3 4	
2 1 2 3 0 0 2	Valhomas	Kiba	1 2		1 2		1 2		1 2		1 2 3 4	
2 1 2 4 0 0 3	Fish paste	Laahi	1 2		1 2		1 2		1 2		1 2 3 4	
2 1 2 3 0 0 3	Fish Packet	Gram	1 2		1 2		1 2		1 2		1 2 3 4	
			1 2		1 2		1 2		1 2		1 2 3 4	
			1 2		1 2		1 2		1 2		1 2 3 4	
			1 2		1 2		1 2		1 2		1 2 3 4	
			1 2		1 2		1 2		1 2		1 2 3 4	
			1 2		1 2		1 2		1 2		1 2 3 4	
			1 2		1 2		1 2		1 2		1 2 3 4	
Weekly Total												
Monthly Total = Weekly total * 52 / 12												
Page Total												

1.4 FOOD ITEMS				PAST WEEK		
CPC code	Item	Means of Aquiring	Place of purchase	Quantity	Unit (in Kg, Piece, gram, Vah, etc)	Value (Rufiyaa)
		1. Purchased 2. Own production 3. As salaries in kind 4. As gifts	1. Own Island 2. Another Island 3. Male' 4. Abroad			
2 3 1 6 0 0 1	Rice	1 2 3 4	1 2 3 4		Kg	
2 3 1 1 0 0 1	Flour	1 2 3 4	1 2 3 4		Kg	
2 3 5 2 0 0 1	Sugar	1 2 3 4	1 2 3 4		Kg	
2 3 7 1 0 0 2	Noodles	1 2 3 4	1 2 3 4		Gram	
2 3 7 1 0 0 1	Spaghetti	1 2 3 4	1 2 3 4		Gram	
2 3 4 2 0 0 1	Biscuits	1 2 3 4	1 2 3 4		Gram	
2 3 1 5 0 9 9	Corn Flex	1 2 3 4	1 2 3 4		Gram	
2 1 1 2 2 0 1	Frozen Chicken	1 2 3 4	1 2 3 4		Kg	
2 1 1 1 2 0 1	Meat	1 2 3 4	1 2 3 4		Kg	
2 1 1 2 2 0 2	Sausage	1 2 3 4	1 2 3 4		Gram	
2 2 9 1 0 0 3	Milk Powder	1 2 3 4	1 2 3 4		Litre	
2 2 9 1 0 0 5	Milo Can	1 2 3 4	1 2 3 4		Gram	
2 2 9 2 0 9 9	Liquid Milk	1 2 3 4	1 2 3 4		Litre	
2 2 9 2 0 0 1	Condensed Milk	1 2 3 4	1 2 3 4		Gram	
2 2 9 5 0 9 9	Cheese	1 2 3 4	1 2 3 4		Gram	
2 3 6 6 0 0 1	Crumpy, Chocolate spread	1 2 3 4	1 2 3 4		Gram	
2 1 6 5 0 0 1	Cooking Oil	1 2 3 4	1 2 3 4		Litre	
2 2 9 4 0 9 9	Butter/ Marjerine	1 2 3 4	1 2 3 4		Gram	
0 1 3 1 0 0 8	Pineapple	1 2 3 4	1 2 3 4		Kg	
0 1 3 3 0 9 9	Grapes	1 2 3 4	1 2 3 4		Gram	
0 1 3 5 0 0 1	Raisins	1 2 3 4	1 2 3 4		Gram	
0 1 3 4 9 0 1	Apple	1 2 3 4	1 2 3 4		Piece	
0 1 3 2 0 0 2	Orange	1 2 3 4	1 2 3 4		Piece	
2 1 5 3 0 0 3	Dates	1 2 3 4	1 2 3 4		Gram	
1 6 2 0 0 0 1	Salt	1 2 3 4	1 2 3 4		Gram	
0 1 2 1 0 0 1	Potato	1 2 3 4	1 2 3 4		Kg	
0 1 2 2 0 0 2	Dhal	1 2 3 4	1 2 3 4		Kg	
0 1 2 2 0 0 2	Carrot(bought seperately)	1 2 3 4	1 2 3 4		Kg	
0 1 2 4 0 0 5	Beans(bought seperately)	1 2 3 4	1 2 3 4		Kg	
0 1 2 4 0 0 9	Cabbage(bought seperately)	1 2 3 4	1 2 3 4		Kg	
0 1 2 3 9 1 0	Cucumber	1 2 3 4	1 2 3 4		Kg	
0 1 2 3 9 2 6	Fresh vegetables	1 2 3 4	1 2 3 4		Kg	
2 1 5 4 0 0 2	Fruit Cocktail	1 2 3 4	1 2 3 4		Gram	
2 3 9 1 1 9 9	Coffee	1 2 3 4	1 2 3 4		Gram	
2 3 9 1 3 9 9	Tea Leaves	1 2 3 4	1 2 3 4		Gram/Kg	
2 1 4 0 0 0 1	Juice	1 2 3 4	1 2 3 4		ML/Gram	
Page Total						

Attachment C. HIES Questionnaire

[illegible]

1.5 TOBACCO / CHEWING PRODUCTS								PAST WEEK
CPC code	Item	Means of Aquiring 1. Purchased 2. Own production 3. As salaries in kind 4. As gifts	Place of purchase 1. Own Island 2. Another Island 3. Male' 4. Abroad	Quantity	Unit	Value (Rufiyaa)		
[2][5][0][1][0][0][1]	Cigarette	1 2 3 4	1 2 3 4		Piece			
[2][5][0][1][0][0][2]	Bidi	1 2 3 4	1 2 3 4		Piece			
[2][5][0][9][0][0][3]	Tobacco leaves	1 2 3 4	1 2 3 4		Kg			
[2][1][5][3][0][0][1]	Suparee/ killi	1 2 3 4	1 2 3 4		Piece			
[0][1][3][6][0][0][3]	Aracanut	1 2 3 4	1 2 3 4		Kg			
[2][1][5][3][0][0][1]	Beetle leaves	1 2 3 4	1 2 3 4		Gandu			
[2][1][5][3][0][0][1]	Other chewing & tobacco	1 2 3 4	1 2 3 4					
				Weekly Total				
				Monthly Total = Weekly Total *52/12				

2. FURNISHING AND FURNITURE							PAST YEAR
C.P.C Code	Item	Means of Aquiring 1. Purchased 2. Own production 3. As salaries in kind 4. As gifts	Place of purchase 1. Own Island 2. Another Island 3. Male' 4. Abroad	Quantity	Unit	Value (Rufiyaa)	
[3][8][1][4][0][][]	Sofa set	1 2 3 4	1 2 3 4		Set		
[3][8][1][4][0][][]	Bedroom Set	1 2 3 4	1 2 3 4		Set		
[3][8][1][5][0][][]	Matress	1 2 3 4	1 2 3 4		Piece		
[8][7][2][4][0][][]	Repair to Furniture	1 2 3 4	1 2 3 4		Piece		
[2][7][1][2][0][][]	Bed sheet	1 2 3 4	1 2 3 4		Piece		
[2][7][1][3][0][][]	Curtains	1 2 3 4	1 2 3 4		Gandu		
[4][2][9][1][6][][]	Spoon, Fork etc	1 2 3 4	1 2 3 4		Piece		
[4][2][9][1][3][][]	Knife	1 2 3 4	1 2 3 4		Piece		
[4][2][9][1][3][][]	Can opener	1 2 3 4	1 2 3 4		Piece		
[4][4][6][2][1][][]	Ironing Board	1 2 3 4	1 2 3 4		Piece		
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
[][][][][][][]		1 2 3 4	1 2 3 4				
Yearly Total (A)							
Monthly Total = (A / 12)							
Page Total							

Attachment C. HIES Questionnaire

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Attachment C. HIES Questionnaire

5. MEDICAL AND HEALTH EXPENSES										PAST MONTH			
C.P.C Code			Item			Place of Purchase				Value (Rufiyaa)		1. Manufactured locally 2. Imported	
						1. Own Island 2. Another Island 3. Male 4. Abroad							
3 5 2 6 0			Panadol			1 2 3 4				_ _ _ _ _ _ _		1 2	
3 5 2 6 0			Forceival			1 2 3 4				_ _ _ _ _ _ _		1 2	
4 8 2 5 3			Thermometer			1 2 3 4				_ _ _ _ _ _ _		1 2	
9 3 1 2 2			Laboratory test			1 2 3 4				_ _ _ _ _ _ _		1 2	
9 3 1 2 1			Consultation fee			1 2 3 4				_ _ _ _ _ _ _		1 2	
9 3 1 2 2			Scan (X-ray, MRI)			1 2 3 4				_ _ _ _ _ _ _		1 2	
9 3 1 2 3			Dental consultation			1 2 3 4				_ _ _ _ _ _ _		1 2	
9 3 1 2 2			Ophthalmology (Eye)			1 2 3 4				_ _ _ _ _ _ _		1 2	
9 3 1 1 0			Admit			1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
						1 2 3 4				_ _ _ _ _ _ _		1 2	
Monthly Total										_ _ _ _ _ _ _			
6. TRANSPORT AND COMMUNICATION										PAST MONTH			
C.P.C Code			Item							Value		1. Manufactured locally	
6 4 2 2 1			Taxi fare							(Rufiyaa) _ _ _ _ _ _ _		1 2	
6 5 1 1 1			Ferry Fare							_ _ _ _ _ _ _		1 2	
6 5 1 1 9			Other sea travelling expenses							_ _ _ _ _ _ _		1 2	
3 3 3 2 0			Adeethoyo							_ _ _ _ _ _ _		1 2	
8 4 1 1 0			Telephone bill							_ _ _ _ _ _ _		1 2	
8 4 1 2 0			Mobile bill							_ _ _ _ _ _ _		1 2	
8 4 1 1 0			Internet (cyber café)							_ _ _ _ _ _ _		1 2	
6 8 1 1 1			postage of letters							_ _ _ _ _ _ _		1 2	
6 8 1 1 2			postage of parcel							_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
										_ _ _ _ _ _ _		1 2	
Monthly Total										_ _ _ _ _ _ _			
Page Total										_ _ _ _ _ _ _			

[illegible]

Attachment C. HIES Questionnaire

[illegible]

[illegible]

[illegible]

Attachment C. HIES Questionnaire

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Attachment C. HIES Questionnaire

Ministry of Planning and National Development Male', Maldives Household Income and Expenditure Survey		 Summary Sheet Form 7		Confidentiality The use of the information obtained from this survey on individual's or specific household's in manner that will disclose the identity of any person or institution is prohibited. The information obtained will be published to represent the whole population.	
1. Atoll and Island (<i>Ward for Male'</i>) <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>		Month:			
2. Block Number <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>		1. September '02 3. March '03			
3. Name of household <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>		2. December '02 4. June '03			
4. Serial Number of house <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>					

Person Number	Income (Month) <u>A</u>	Personal Expenditure Diary (Week)	Multiplier	Personal Expenditure Diary (Month) <u>(3)x(4)=(5)</u>	
(1)	(2)	(3)	(4)	(5)	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<div style="border: 1px solid black; width: 40px; text-align: center;">04.29</div>	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
Total A		Total 5			
					Income (X)
		INCOME			Total A * 12
Total 5 * 12					
Expenditure on rent (should be equal to in household form)		Total R * 12			
Expenditure on durable consumer goods (should be equal to in household form)		Total D			
Expenditure on Travel abroad (should be equal to in household form)		Total T			
DIFFERENCE					Difference (X) - (Y) =
1. Does your income meets expenses? 1. Always does (END) 2. Most of the time 3. Sometimes/ Rarely 4. Never					
2. If your expenses exceeds, how do you overcome the excess expenses? 1. By savings 3. Loans (exclude loans taken from household members) 5. On credit 2. Selling goods 4. Grants/ Aids from neighboars, friends, & relatives 6. Other (Specify)					