



# 2015–16 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

## HOUSEHOLD DIARY WEEK 1 AND 2

TOKELAU NATIONAL STATISTICS OFFICE

IN ACCORDANCE WITH THE TOKELAU STATISTICS RULES (2013), ALL PRIVATE INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

### QUESTIONNAIRE ID AND LABEL

|   |   |
|---|---|
| S5.1 WHAT DID YOUR HOUSEHOLD BUY TODAY (FOOD AND NON-FOOD ITEMS)? | S5.1a OVERFLOW SHEET FOR ITEMS BOUGHT THIS WEEK                           |
| S5.2 PAYMENTS FOR SERVICES MADE TODAY                             | S5.2a OVERFLOW SHEET FOR SERVICES PAID FOR THIS WEEK                      |
| S5.3 GAMBLING DONE TODAY  | S5.3a OVERFLOW SHEET FOR ITEMS RECEIVED FOR FREE THIS WEEK                |
| S5.4 FOOD, NON-FOOD AND SERVICES RECEIVED FOR FREE                | S5.4a OVERFLOW SHEET FOR HOME-PRODUCED ITEMS CONSUMED / SOLD / GIVEN AWAY |
| S5.5 HOME-PRODUCED ITEMS - BY WHOM WERE THEY USED TODAY           |   |

#### HOUSEHOLD DETAILS

|                              |                      |                      |                         |                      |                      |                      |                      |
|------------------------------|----------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|
| HIES HOUSEHOLD ID            | <input type="text"/> | SET A, B, C          | <input type="text"/>    | ROUND                | <input type="text"/> | WEEK (1 OR 2)        | <input type="text"/> |
| HOUSEHOLD HEAD (HH)          | First name           | <input type="text"/> | Phone Number (optional) | <input type="text"/> | Surname              | <input type="text"/> |                      |
| ISLAND                       | <input type="text"/> | Code                 | <input type="text"/>    | VILLAGE              | <input type="text"/> | Code                 | <input type="text"/> |
| Other information (optional) | <input type="text"/> |                      |                         |                      |                      |                      |                      |

#### FIELD STAFF

|                               |                      |                              |                      |                                      |                      |
|-------------------------------|----------------------|------------------------------|----------------------|--------------------------------------|----------------------|
| ENUMERATOR                    | <input type="text"/> | Code                         | <input type="text"/> |                                      |                      |
| SUPERVISOR                    | <input type="text"/> | Code                         | <input type="text"/> |                                      |                      |
| DATA ENTRY                    | <input type="text"/> | Code                         | <input type="text"/> |                                      |                      |
| FIRST DAY OF DIARY (dd/mm/yy) | <input type="text"/> | LAST DAY OF DIARY (dd/mm/yy) | <input type="text"/> | DATE DATA ENTRY COMPLETED (dd/mm/yy) | <input type="text"/> |

#### NOTES

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|  |
|  |
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|  |

# HOW TO FILL IN THESE FORMS

► Every day, for the duration of 2 weeks or 14 days, list all the food and non-food items you or another member of your household bought (5101). For each item identified, specify the type (5102), number of items, quantity of each item with the unit of measurement (5105), and the price combined for these items (5106); tick if locally produced (5107) and if bought for personal use, as a gift, for resale or professional / business purpose (5108)

|   |  |   |   |                                       |
|---|--|---|---|---------------------------------------|
| Provide here a detailed description of each food item bought this day, and the <b>type</b> or form it came in | Specify as much as possible the <b>total quantity</b> , and the <b>unit</b> in pounds, grammes (or case, pieces, litre, pack...) | For each food item identified, fill the amount spent on this day even if it is not paid yet (credit, store account) | Tick if item was produced or made locally | Enter code for how that item was used |
|---|--|---|---|---------------------------------------|

Example: DAY 0

|                          |                          |                          |                          |                          |                          |                                     |                 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------------|
| Mon                      | Tue                      | Wed                      | Thu                      | Fri                      | Sat                      | Sun                                 | Date (dd/mm/yy) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 05 15        |

## S5.1 What did your household buy today?

| List of items   |      | Type                                 | Total quantity | Unit                                | Total Amount (combined price) | Local                                       | Purpose  |
|---|------|--------------------------------------|----------------|-------------------------------------|-------------------------------|---|--|
| List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i> |      | Eg, fresh, cans, tin, frozen, cooked |                | Pounds, grammes, bundle, basket ... | NZD                           | Mark the box with a 'X' if locally produced | 1. Personal<br>2. Gift to another HH<br>3. Business<br>4. Other (eg, feed) |
| 5100  | 5101 | 5102                                 | 5104           | 5105                                | 5106                          | 5107  | 5108   |

### Section 1. Any FOOD and DRINK items your household bought today Tick if no items bought today

|     |             |         |         |    |                  |                                     |   |
|-----|-------------|---------|---------|----|------------------|-------------------------------------|---|
| 01  | Rice        |         | 40      | lb | \$ , 3 0 . 0 0 ¢ | <input type="checkbox"/>            | 1 |
| 02  | Fresh tuna  | Fresh   | 5       | kg | \$ , 2 7 . 0 0 ¢ | <input checked="" type="checkbox"/> | 1 |
| 03  | Beer        | Bottles | 6 x 750 | ml | \$ , 1 8 . 0 0 ¢ | <input type="checkbox"/>            | 1 |
| 04  | Flour       |         | 1       | kg | \$ , 1 . 2 0 ¢   | <input type="checkbox"/>            | 1 |
| 05  | Tinned tuna | Tin     | 185     | g  | \$ , 2 . 3 8 ¢   | <input type="checkbox"/>            | 1 |
| 06  | Corned beef | Tin     | 16      | oz | \$ , 8 . 5 0 ¢   | <input type="checkbox"/>            | 2 |
| ... |             |         |         |    | \$ , . ¢         | <input type="checkbox"/>            |   |
| 13  |             |         |         |    | \$ , . ¢         | <input type="checkbox"/>            |   |

### Section 2. Any NON-FOOD items your household bought today Tick if no items bought today

|     |                    |  |     |      |                  |                          |   |
|-----|--------------------|--|-----|------|------------------|--------------------------|---|
| 14  | Cigarettes         |  | 20  | pack | \$ , 5 . 2 7 ¢   | <input type="checkbox"/> | 1 |
| ... | T-shirt            |  | 1   |      | \$ , 1 3 . 6 1 ¢ | <input type="checkbox"/> | 1 |
| 18  | Dishwashing liquid |  | 400 | ml   | \$ , 1 . 3 9 ¢   | <input type="checkbox"/> | 1 |

## S5.2 Payments for services or donations made today? Tick if no payment/donation

| List of other payment for services  |                    | Total Amount (combined price) | Purpose   |
|---|--------------------|-------------------------------|---|
| Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... |                    | NZD                           | 1. Personal<br>2. Gift to another HH<br>3. Business |
| 5200  | 5201               | 5202                          | 5203  |
| 01  | Boat fare          | \$ , 2 0 0 . 0 0 ¢            | 1   |
| 02  | Haircut            | \$ , 5 . 0 0 ¢                | 1   |
| 03  | Donation to Church | \$ , 5 0 . 0 0 ¢              | 1   |

## S5.3 Gambling done today? Tick if no gambling today

| Item number | Gambling type                    | How much did you spend on gambling? | How much did you win on gambling? | Overall winnings/loses put a [-] negative for losses |
|-------------|----------------------------------|-------------------------------------|-----------------------------------|--|
|             | Bingo, cards, machine, others... | NZD                                 | NZD                               | NZD  |
| 5300        | 5301                             | 5302                                | 5303                              | 5304   |
| 01          | Bingo                            | \$ , 2 0                            | \$ , 1 0                          | -\$ , 1 0  |
| 02          |                                  | \$ ,                                | \$ ,                              | \$ ,   |

# HOW TO FILL IN THESE FORMS

► Every day, for the duration of 2 weeks or 14 days, list all the food and non-food items you or another member of your household received as gift from another household (5401). For each item identified, specify the type (5402), number of items, quantity of each item with the unit of measurement (5405), and the estimated amount combined for these items (5406)

Provide here a detailed description of the item in each column

Specify as much as possible the **total quantity**, and the **unit** in pounds, grammes (or case, pieces, litre, pack...)

For each food item identified, fill the amount estimated you would have to pay if you bought it

**Example: DAY 0**

| S5.4 Food, non-food and services received for free   |                                     |   |                |  | <input type="checkbox"/> Tick if none received   |
|--|-------------------------------------|---|----------------|--|--|
| List of items (food, non-food and services)<br><small>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) If more than 8 items, then add in a S5.4a overflow sheet</small> |                                     | Type<br><small>Eg, fresh, cans, tin, frozen, cooked</small> | Total quantity | Unit<br><small>Pounds, bundle, grammes, basket ...</small> | Estimated value if you were to buy it (combined value)<br><b>NZD</b>                                 |
| 5400   | 5401                                | 5402  | 5403           | 5404   | 5405   |
| 01   | Bag of ice cubes                    |   |                | bag  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 1 . 0 0 ¢   |
| 02   | Mangoes                             | Fresh   |                | bag  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 5 . 0 0 ¢   |
| 03   | Cigarettes                          |   | 20             | pack   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 5 . 0 0 ¢   |
| 04   | Man's T-shirt                       |   |                | each   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 1 5 . 0 0 ¢ |
| 05   | Food take-out from church gathering | Cooked  |                | tray   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 4 . 7 0 ¢   |
| 06   | Petrol                              |   | 10             | litres   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 1 5 . 3 0 ¢ |

| S5.5 Home-produced items - by whom they were used today   |      |      |                | <input type="checkbox"/> Tick if none applies              |  |
|---|------|------|----------------|--|--|
| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, todody, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. If more than 5 items in one of these sections, add in a S5.5a overflow sheet |      |      | Total quantity | Unit<br><small>Pounds, grammes, bundle, basket ...</small> | Estimated value if you were to sell it<br><b>NZD</b> |
| 5500  | 5501 | 5503 | 5504           | 5505   |  |

### Section 1. Which home-produced items did you consume/eat today?

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like todody or firewood.

|     |          |   |     |  |
|-----|----------|---|-----|--|
| 01  | Skipjack | 8 | lbs | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 1 . 0 0 ¢ |
| 02  | Masimasi | 2 | kg  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 5 . 0 0 ¢ |
| ... |          |   |     | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . ¢       |

### Section 2. Which home-produced or self-caught items did you sell today?

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use you best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|     |          |   |     |  |
|-----|----------|---|-----|--|
| 01  | Skipjack | 6 | lbs | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 1 1 . 0 0 ¢ |
| 02  | Mangoes  | 1 | bag | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 9 . 0 0 ¢   |
| ... |          |   |     | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . ¢         |

### Section 3. Which self-caught or home-produced items did you give away today?

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use you best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|     |          |   |     |  |
|-----|----------|---|-----|--|
| 01  | Skipjack | 3 | lbs | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 4 . 5 0 ¢   |
| 02  | Mat      | 1 |     | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 1 5 . 0 0 ¢ |
| ... |          |   |     | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . ¢         |

**S5.1**

**What did your household buy today?**

| List of items<br><small>List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i></small> |      | Type<br><small>Eg, fresh, cans, tin, frozen, cooked</small> | Total quantity | Unit<br><small>Pounds, grammes, bundle, basket ...</small> | Total Amount (combined price)<br><br>NZD | Local<br><small>Mark the box with a 'X' if locally produced</small> | Purpose<br><small>1. Personal<br/>2. Gift to another HH<br/>3. Business<br/>4. Other (eg, feed)</small> |
|---|------|---|----------------|--|--|---|---|
| 5100  | 5101 | 5102  | 5103           | 5104   | 5105                                     | 5106  | 5107  |

**Section 1. Any FOOD and DRINK items your household bought today**

Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 01 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 2. Any NON-FOOD items your household bought today**

Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 14 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**S5.2**

**Payments for services or donations made today?**

Tick if no payment/donation

| List of other payment for services<br><small>Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... <i>If more than 4 items, then add in a S5.1a overflow sheet</i></small> |      | Total Amount (combined price)<br><br>NZD  | Purpose<br><small>1. Personal<br/>2. Gift to another HH<br/>3. Business</small> |
|--|------|---|---|
| 5200   | 5201 | 5202  | 5203  |
| 01   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |
| 02   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |
| 03   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |
| 04   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |

**S5.3**

**Gambling done today?**

Tick if no gambling today

| Item number | Gambling type<br><small>Bingo, cards, machine, others...</small> | How much did you spend on gambling?<br><br>NZD  | How much did you win on gambling?<br><br>NZD  | Overall winnings/losses put a [-] negative for losses<br><br>NZD  |
|-------------|--|---|---|---|
| 5300        | 5301   | 5302  | 5303  | 5304  |
| 01          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 02          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 03          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 04          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

**S5.4**

**Food, non-food and services received for free**

Tick if none received

| List of items (food, non-food and services)<br>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) <i>If more than 8 items, then add in a S5.4a overflow sheet</i> |      | Type<br>Eg, fresh, cans, tin, frozen, cooked | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to buy it (combined value)<br>NZD  |
|--|------|--|----------------|---|--|
| 5400   | 5401 | 5402   | 5403           | 5404  | 5405   |
| 01   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 06   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 07   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 08   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.5**

**Home-produced items - by whom they were used today.**

Tick if none applies

| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, toddy, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. <i>If more than 5 items in one of these sections, add in a S5.5a overflow sheet.</i> |      | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to sell it<br>NZD |
|--|------|----------------|---|---|
| 5500   | 5501 | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume/eat today?**

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like toddy or firewood.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 2. Which home-produced or self-caught items did you sell today?**

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use your best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 3. Which self-caught or home-produced items did you give away today?**

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use your best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

DAY

|                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Mon                  | Tue                  | Wed                  | Thu                  | Fri                  | Sat                  | Sun                  |
| <input type="text"/> |

Date

**S5.1**

**What did your household buy today?**

| List of items   |      | Type                                 | Total quantity | Unit                                | Total Amount (combined price) | Local                                       | Purpose  |
|---|------|--------------------------------------|----------------|-------------------------------------|-------------------------------|---|--|
| List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i> |      | Eg, fresh, cans, tin, frozen, cooked |                | Pounds, grammes, bundle, basket ... | <b>NZD</b>                    | Mark the box with a 'X' if locally produced | 1. Personal<br>2. Gift to another HH<br>3. Business<br>4. Other (eg, feed) |
| 5100  | 5101 | 5102                                 | 5103           | 5104                                | 5105                          | 5106  | 5107   |

**Section 1. Any FOOD and DRINK items your household bought today**

Tick if no items bought today

|    |  |  |  |  |  |                          |                          |
|----|--|--|--|--|--|--------------------------|--------------------------|
| 01 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 2. Any NON-FOOD items your household bought today**

Tick if no items bought today

|    |  |  |  |  |  |                          |                          |
|----|--|--|--|--|--|--------------------------|--------------------------|
| 14 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**S5.2**

**Payments for services or donations made today?**

Tick if no payment/donation

| List of other payment for services  |      | Total Amount (combined price)  | Purpose   |
|---|------|--|---|
| Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... <i>If more than 4 items, then add in a S5.1a overflow sheet</i> |      | <b>NZD</b>   | 1. Personal<br>2. Gift to another HH<br>3. Business |
| 5200  | 5201 | 5202   | 5203  |
| 01  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 02  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 03  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 04  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |

**S5.3**

**Gambling done today?**

Tick if no gambling today

| Item number | Gambling type                    | How much did you spend on gambling?   | How much did you win on gambling?   | Overall winnings/losses put a [-] negative for losses   |
|-------------|----------------------------------|---|---|---|
|             | Bingo, cards, machine, others... | <b>NZD</b>  | <b>NZD</b>  | <b>NZD</b>  |
| 5300        | 5301                             | 5302  | 5303  | 5304  |
| 01          |                                  | \$ <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"/> |
| 02          |                                  | \$ <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"/> |
| 03          |                                  | \$ <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"/> |
| 04          |                                  | \$ <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"/> |

**S5.4**

**Food, non-food and services received for free**

Tick if none received

| List of items (food, non-food and services)<br>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) <i>If more than 8 items, then add in a S5.4a overflow sheet</i> |      | Type<br>Eg, fresh, cans, tin, frozen, cooked | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to buy it (combined value)<br>NZD  |
|--|------|--|----------------|---|--|
| 5400   | 5401 | 5402   | 5403           | 5404  | 5405   |
| 01   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 06   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 07   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 08   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.5**

**Home-produced items - by whom they were used today.**

Tick if none applies

| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, toddy, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. <i>If more than 5 items in one of these sections, add in a S5.5a overflow sheet.</i> |      | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to sell it<br>NZD |
|--|------|----------------|---|---|
| 5500   | 5501 | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume/eat today?**

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like toddy or firewood.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 2. Which home-produced or self-caught items did you sell today?**

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use your best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 3. Which self-caught or home-produced items did you give away today?**

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use your best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.1**

**What did your household buy today?**

| List of items<br><small>List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i></small> |      | Type<br><small>Eg, fresh, cans, tin, frozen, cooked</small> | Total quantity | Unit<br><small>Pounds, grammes, bundle, basket ...</small> | Total Amount (combined price)<br><br>NZD | Local<br><small>Mark the box with a 'X' if locally produced</small> | Purpose<br><small>1. Personal<br/>2. Gift to another HH<br/>3. Business<br/>4. Other (eg, feed)</small> |
|---|------|---|----------------|--|--|---|---|
| 5100  | 5101 | 5102  | 5103           | 5104   | 5105                                     | 5106  | 5107  |

**Section 1. Any FOOD and DRINK items your household bought today**

Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 01 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 2. Any NON-FOOD items your household bought today**

Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 14 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 |  |  |  |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**S5.2**

**Payments for services or donations made today?**

Tick if no payment/donation

| List of other payment for services<br><small>Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... <i>If more than 4 items, then add in a S5.1a overflow sheet</i></small> |      | Total Amount (combined price)<br><br>NZD  | Purpose<br><small>1. Personal<br/>2. Gift to another HH<br/>3. Business</small> |
|--|------|---|---|
| 5200   | 5201 | 5202  | 5203  |
| 01   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |
| 02   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |
| 03   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |
| 04   |      | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c | <input type="checkbox"/>  |

**S5.3**

**Gambling done today?**

Tick if no gambling today

| Item number | Gambling type<br><small>Bingo, cards, machine, others...</small> | How much did you spend on gambling?<br><br>NZD   | How much did you win on gambling?<br><br>NZD   | Overall winnings/losses put a [-] negative for losses<br><br>NZD   |
|-------------|--|--|--|--|
| 5300        | 5301   | 5302   | 5303   | 5304   |
| 01          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 02          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 03          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 04          |  | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

**S5.4**

**Food, non-food and services received for free**

Tick if none received

| List of items (food, non-food and services)<br>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) <i>If more than 8 items, then add in a S5.4a overflow sheet</i> |      | Type<br>Eg, fresh, cans, tin, frozen, cooked | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to buy it (combined value)<br>NZD  |
|--|------|--|----------------|---|--|
| 5400   | 5401 | 5402   | 5403           | 5404  | 5405   |
| 01   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 06   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 07   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 08   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.5**

**Home-produced items - by whom they were used today.**

Tick if none applies

| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, toddy, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. <i>If more than 5 items in one of these sections, add in a S5.5a overflow sheet.</i> |      | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to sell it<br>NZD |
|--|------|----------------|---|---|
| 5500   | 5501 | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume/eat today?**

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like toddy or firewood.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 2. Which home-produced or self-caught items did you sell today?**

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use your best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 3. Which self-caught or home-produced items did you give away today?**

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use your best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.1** What did your household buy today?

| List of items   |      | Type                                 | Total quantity | Unit                                | Total Amount (combined price) | Local                                       | Purpose  |
|---|------|--------------------------------------|----------------|-------------------------------------|-------------------------------|---|--|
| List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i> |      | Eg, fresh, cans, tin, frozen, cooked |                | Pounds, grammes, bundle, basket ... | <b>NZD</b>                    | Mark the box with a 'X' if locally produced | 1. Personal<br>2. Gift to another HH<br>3. Business<br>4. Other (eg, feed) |
| 5100  | 5101 | 5102                                 | 5103           | 5104                                | 5105                          | 5106  | 5107   |

**Section 1. Any FOOD and DRINK items your household bought today**  Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 01 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 2. Any NON-FOOD items your household bought today**  Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 14 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**S5.2** Payments for services or donations made today?  Tick if no payment/donation

| List of other payment for services  |      | Total Amount (combined price)   | Purpose   |
|---|------|---|---|
| Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... <i>If more than 4 items, then add in a S5.1a overflow sheet</i> |      | <b>NZD</b>  | 1. Personal<br>2. Gift to another HH<br>3. Business |
| 5200  | 5201 | 5202  | 5203  |
| 01  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 02  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 03  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 04  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |

**S5.3** Gambling done today?  Tick if no gambling today

| Item number | Gambling type                    | How much did you spend on gambling?   | How much did you win on gambling?   | Overall winnings/losses put a [-] negative for losses   |
|-------------|----------------------------------|---|---|---|
|             | Bingo, cards, machine, others... | <b>NZD</b>  | <b>NZD</b>  | <b>NZD</b>  |
| 5300        | 5301                             | 5302  | 5303  | 5304  |
| 01          |                                  | \$ <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"/> |
| 02          |                                  | \$ <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"/> |
| 03          |                                  | \$ <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"/> |
| 04          |                                  | \$ <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"/> |

**S5.4**

**Food, non-food and services received for free**

Tick if none received

| List of items (food, non-food and services)<br>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) <i>If more than 8 items, then add in a S5.4a overflow sheet</i> |      | Type<br>Eg, fresh, cans, tin, frozen, cooked | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to buy it (combined value)<br>NZD  |
|--|------|--|----------------|---|--|
| 5400   | 5401 | 5402   | 5403           | 5404  | 5405   |
| 01   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 06   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 07   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 08   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.5**

**Home-produced items - by whom they were used today.**

Tick if none applies

| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, toddy, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. <i>If more than 5 items in one of these sections, add in a S5.5a overflow sheet.</i> |      | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to sell it<br>NZD |
|--|------|----------------|---|---|
| 5500   | 5501 | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume/eat today?**

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like toddy or firewood.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 2. Which home-produced or self-caught items did you sell today?**

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use your best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 3. Which self-caught or home-produced items did you give away today?**

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use your best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.1**

**What did your household buy today?**

| List of items   |      | Type                                 | Total quantity | Unit                                | Total Amount (combined price) | Local                                       | Purpose  |
|---|------|--------------------------------------|----------------|-------------------------------------|-------------------------------|---|--|
| List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i> |      | Eg, fresh, cans, tin, frozen, cooked |                | Pounds, grammes, bundle, basket ... | <b>NZD</b>                    | Mark the box with a 'X' if locally produced | 1. Personal<br>2. Gift to another HH<br>3. Business<br>4. Other (eg, feed) |
| 5100  | 5101 | 5102                                 | 5103           | 5104                                | 5105                          | 5106  | 5107   |

**Section 1. Any FOOD and DRINK items your household bought today**

Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 01 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> c                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 2. Any NON-FOOD items your household bought today**

Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 14 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 |  |  |  |  | \$ <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"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**S5.2**

**Payments for services or donations made today?**

Tick if no payment/donation

| List of other payment for services  |      | Total Amount (combined price)   | Purpose   |
|---|------|---|---|
| Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... <i>If more than 4 items, then add in a S5.1a overflow sheet</i> |      | <b>NZD</b>  | 1. Personal<br>2. Gift to another HH<br>3. Business |
| 5200  | 5201 | 5202  | 5203  |
| 01  |      | \$ <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"/> c | <input type="checkbox"/>                            |
| 02  |      | \$ <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"/> c | <input type="checkbox"/>                            |
| 03  |      | \$ <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"/> c | <input type="checkbox"/>                            |
| 04  |      | \$ <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"/> c | <input type="checkbox"/>                            |

**S5.3**

**Gambling done today?**

Tick if no gambling today

| Item number | Gambling type                    | How much did you spend on gambling?   | How much did you win on gambling?   | Overall winnings/losses put a [-] negative for losses   |
|-------------|----------------------------------|---|---|---|
|             | Bingo, cards, machine, others... | <b>NZD</b>  | <b>NZD</b>  | <b>NZD</b>  |
| 5300        | 5301                             | 5302  | 5303  | 5304  |
| 01          |                                  | \$ <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"/> |
| 02          |                                  | \$ <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"/> |
| 03          |                                  | \$ <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"/> |
| 04          |                                  | \$ <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"/> |

**S5.4**

**Food, non-food and services received for free**

Tick if none received

| List of items (food, non-food and services)<br>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) <i>If more than 8 items, then add in a S5.4a overflow sheet</i> |      | Type<br>Eg, fresh, cans, tin, frozen, cooked | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to buy it (combined value)<br>NZD  |
|--|------|--|----------------|---|--|
| 5400   | 5401 | 5402   | 5403           | 5404  | 5405   |
| 01   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 06   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 07   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 08   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.5**

**Home-produced items - by whom they were used today.**

Tick if none applies

| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, toddy, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. <i>If more than 5 items in one of these sections, add in a S5.5a overflow sheet.</i> |      | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to sell it<br>NZD |
|--|------|----------------|---|---|
| 5500   | 5501 | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume/eat today?**

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like toddy or firewood.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 2. Which home-produced or self-caught items did you sell today?**

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use your best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 3. Which self-caught or home-produced items did you give away today?**

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use your best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mon                      | Tue                      | Wed                      | Thu                      | Fri                      | Sat                      | Sun                      |
| <input type="checkbox"/> |

Date

DAY

**S5.1** What did your household buy today?

| List of items   |      | Type                                 | Total quantity | Unit                                | Total Amount (combined price) | Local                                       | Purpose  |
|---|------|--------------------------------------|----------------|-------------------------------------|-------------------------------|---|--|
| List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i> |      | Eg, fresh, cans, tin, frozen, cooked |                | Pounds, grammes, bundle, basket ... | <b>NZD</b>                    | Mark the box with a 'X' if locally produced | 1. Personal<br>2. Gift to another HH<br>3. Business<br>4. Other (eg, feed) |
| 5100  | 5101 | 5102                                 | 5103           | 5104                                | 5105                          | 5106  | 5107   |

**Section 1. Any FOOD and DRINK items your household bought today**  Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 01 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 2. Any NON-FOOD items your household bought today**  Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 14 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**S5.2** Payments for services or donations made today?  Tick if no payment/donation

| List of other payment for services  |      | Total Amount (combined price)   | Purpose   |
|---|------|---|---|
| Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... <i>If more than 4 items, then add in a S5.1a overflow sheet</i> |      | <b>NZD</b>  | 1. Personal<br>2. Gift to another HH<br>3. Business |
| 5200  | 5201 | 5202  | 5203  |
| 01  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 02  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 03  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 04  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |

**S5.3** Gambling done today?  Tick if no gambling today

| Item number | Gambling type                    | How much did you spend on gambling?  | How much did you win on gambling?  | Overall winnings/losses put a [-] negative for losses                                    |
|-------------|----------------------------------|--|--|--|
|             | Bingo, cards, machine, others... | <b>NZD</b>   | <b>NZD</b>   | <b>NZD</b>   |
| 5300        | 5301                             | 5302   | 5303   | 5304   |
| 01          |                                  | \$ <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"/> |
| 02          |                                  | \$ <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"/> |
| 03          |                                  | \$ <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"/> |
| 04          |                                  | \$ <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"/> |

**S5.4**

**Food, non-food and services received for free**

Tick if none received

| List of items (food, non-food and services)<br>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) <i>If more than 8 items, then add in a S5.4a overflow sheet</i> |      | Type<br>Eg, fresh, cans, tin, frozen, cooked | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to buy it (combined value)<br>NZD  |
|--|------|--|----------------|---|--|
| 5400   | 5401 | 5402   | 5403           | 5404  | 5405   |
| 01   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 06   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 07   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 08   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**S5.5**

**Home-produced items - by whom they were used today.**

Tick if none applies

| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, toddy, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. <i>If more than 5 items in one of these sections, add in a S5.5a overflow sheet.</i> |      | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to sell it<br>NZD |
|--|------|----------------|---|---|
| 5500   | 5501 | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume/eat today?**

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like toddy or firewood.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 2. Which home-produced or self-caught items did you sell today?**

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use your best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

**Section 3. Which self-caught or home-produced items did you give away today?**

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use your best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|    |  |  |  |  |
|----|--|--|--|--|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> c |

|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mon                      | Tue                      | Wed                      | Thu                      | Fri                      | Sat                      | Sun                      |
| <input type="checkbox"/> |

Date

DAY

**S5.1** What did your household buy today?

| List of items   |      | Type                                 | Total quantity | Unit                                | Total Amount (combined price) | Local                                       | Purpose  |
|---|------|--------------------------------------|----------------|-------------------------------------|-------------------------------|---|--|
| List here all the items you bought today even if you pay later (eg, bread, soft drink, cigarettes, matches, soap, kerosene). <i>If more than 18 items, then add in a S5.1a overflow sheet</i> |      | Eg, fresh, cans, tin, frozen, cooked |                | Pounds, grammes, bundle, basket ... | <b>NZD</b>                    | Mark the box with a 'X' if locally produced | 1. Personal<br>2. Gift to another HH<br>3. Business<br>4. Other (eg, feed) |
| 5100  | 5101 | 5102                                 | 5103           | 5104                                | 5105                          | 5106  | 5107   |

**Section 1. Any FOOD and DRINK items your household bought today**  Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 01 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 2. Any NON-FOOD items your household bought today**  Tick if no items bought today

|    |  |  |  |  |   |                          |                          |
|----|--|--|--|--|---|--------------------------|--------------------------|
| 14 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/> | <input type="checkbox"/> |

**S5.2** Payments for services or donations made today?  Tick if no payment/donation

| List of other payment for services  |      | Total Amount (combined price)   | Purpose   |
|---|------|---|---|
| Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community... <i>If more than 4 items, then add in a S5.1a overflow sheet</i> |      | <b>NZD</b>  | 1. Personal<br>2. Gift to another HH<br>3. Business |
| 5200  | 5201 | 5202  | 5203  |
| 01  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 02  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 03  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |
| 04  |      | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c | <input type="checkbox"/>                            |

**S5.3** Gambling done today?  Tick if no gambling today

| Item number | Gambling type                    | How much did you spend on gambling?  | How much did you win on gambling?  | Overall winnings/looses put a [-] negative for losses                                    |
|-------------|----------------------------------|--|--|--|
|             | Bingo, cards, machine, others... | <b>NZD</b>   | <b>NZD</b>   | <b>NZD</b>   |
| 5300        | 5301                             | 5302   | 5303   | 5304   |
| 01          |                                  | \$ <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"/> |
| 02          |                                  | \$ <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"/> |
| 03          |                                  | \$ <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"/> |
| 04          |                                  | \$ <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"/> |

**S5.4**

**Food, non-food and services received for free**

Tick if none received

| List of items (food, non-food and services)<br>List all the good and services that you received for free as a gift from other HH, groups, or communities (eg, breadfruit, boat repair, beer, cooked pig, fish, soup, etc.) <i>If more than 8 items, then add in a S5.4a overflow sheet</i> |      | Type<br>Eg, fresh, cans, tin, frozen, cooked | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to buy it (combined value)<br>NZD   |
|--|------|--|----------------|---|---|
| 5400   | 5401 | 5402   | 5403           | 5404  | 5405  |
| 01   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 02   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 03   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 04   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 05   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 06   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 07   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 08   |      |  |                |   | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |

**S5.5**

**Home-produced items - by whom they were used today.**

Tick if none applies

| In regards to recent productive activities that your household does - Did your household:<br>1) Harvest anything from your own garden, farm or property such as cucumbers, coconuts, cabbage, toddy, firewood, etc.?<br>2) Go fishing and catch or harvest fish, seaweed, clams, etc.?<br>3) Give away for a ceremony or to another household's?<br>If you answered yes to any of these questions, please DESCRIBE the items in the sections below. <i>If more than 5 items in one of these sections, add in a S5.5a overflow sheet.</i> |      | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated value if you were to sell it<br>NZD |
|--|------|----------------|---|---|
| 5500   | 5501 | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume/eat today?**

Tick if none consumed today

List the items CONSUMED TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household consumed. DO NOT write meals like fish and cabbage soup, instead list fish and cabbage separately. If you only prepared half of the item like a fish, please estimate only the portion that was prepared. Don't forget items like toddy or firewood.

|    |  |  |  |   |
|----|--|--|--|---|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |

**Section 2. Which home-produced or self-caught items did you sell today?**

Tick if none sold today

List the items SOLD TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household sold. If you cooked parrot fish and sweet potato and sold it as meal at the market, please list the fish and potato separately. Use your best guess at the weight or number of pieces prepared or sold. Don't forget to include sold live animals.

|    |  |  |  |   |
|----|--|--|--|---|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |

**Section 3. Which self-caught or home-produced items did you give away today?**

Tick if none given away today

List the items GIVEN AWAY TODAY, that your household produced, caught or harvested. If it was a community activity please list only the portion that your household gave away. Please do not list prepared meals, list only the home-produced items that were used in the meal. Use your best guess at the weight or number of pieces that were given away. Remember, DO NOT include items that you bought.

|    |  |  |  |   |
|----|--|--|--|---|
| 01 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 02 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 03 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 04 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |
| 05 |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c |

# OVERFLOW SHEET

| <b>S5.1a</b> |   | <b>Bought items</b>  |                       |   |   |  |  |
|--------------|---|--|-----------------------|---|---|--|--|
| <b>DAY</b>   | <b>List of items</b><br><small>List here all the items you bought today even if you pay later (eg, Bread, soft drink, cigarettes, matches, soap, kerosene).</small> | <b>Type</b><br><small>Eg, fresh, cans, tin, frozen, cooked</small> | <b>Total quantity</b> | <b>Unit</b><br><small>Pounds, grammes, bundle, basket ...</small> | <b>Total Amount</b><br>(combined price)<br><br><b>NZD</b> | <b>Local</b><br><small>Mark the box with a 'X' if locally produced</small> | <b>Purpose</b><br><small>1. Personal<br/>2. Gift to another HH<br/>3. Business<br/>4. Other (eg, feed)</small> |
| <b>5100</b>  | <b>5101</b>   | <b>5102</b>  | <b>5103</b>           | <b>5104</b>   | <b>5105</b>   | <b>5106</b>  | <b>5107</b>  |

**Section 1. FOOD and DRINK items your household bought today**

|  |  |  |  |  |  |                      |                      |
|--|--|--|--|--|--|----------------------|----------------------|
|  |  |  |  |  | \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> c   | <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"/> c                      | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <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"/> c | <input type="text"/> | <input type="text"/> |

**Section 2. NON-FOOD items your household bought today**

|  |  |  |  |  |  |                      |                      |
|--|--|--|--|--|--|----------------------|----------------------|
|  |  |  |  |  | \$ <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"/> c                      | <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"/> c | <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"/> c | <input type="text"/> | <input type="text"/> |
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| <b>S5.2a</b> |  | <b>Payments for services or donations made today</b> |  |
|--------------|--|--|--|
|--------------|--|--|--|

| <b>DAY</b>  | <b>List of other payment for services</b><br><small>Eg, taxi fares, telephone cards, trash collection, haircut at beauty shop, dress alteration, and other paid services, donations to church, school, community...</small> | <b>Total Amount</b><br>(combined price)<br><br><b>NZD</b>  | <b>Purpose</b><br><small>1. Personal<br/>2. Gift to another HH<br/>3. Business</small> |
|-------------|---|--|--|
| <b>5200</b> | <b>5201</b>   | <b>5202</b>  | <b>5203</b>  |
|             |   | \$ <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"/> c                      | <input type="text"/>   |
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# OVERFLOW SHEET

| S5.5a | Home-produced items - by whom they were used today.   |                 |                |   |   |
|-------|---|-----------------|----------------|---|---|
| DAY   | In this section, please list only those items that were produced by the members of your household. This can be the vegetables from your garden, the fish that was caught today, or the eggs from your hens.<br>Eg, <u>Agriculture</u> : Taro, Mango, Cabbage, etc<br><u>Fishing</u> : Tuna, Reef fish, Crab, Sea cucumber<br><u>Livestock</u> : Pig, Chicken<br><u>Handicrafts</u> : Mats, Fans | Number of items | Total quantity | Unit<br>Pounds, grammes, bundle, basket ... | Estimated amount if you were to sell it (combined value)<br><br>NZD |
| 5500  | 5501  | 5502            | 5503           | 5504  | 5505  |

**Section 1. Which home-produced items did you consume today?**

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**Section 2. Which home-produced or self-caught items did you sell today?**

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**Section 3. Which self-caught or home-produced items did you give away today?**

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