

15. How many toilets are available for use within the housing unit?

1. For exclusive use of members of this household toilets

2. Total toilets toilets

If Male'  **Skip to Q19**

16. Who provides electricity for this household?

1. STELCO
2. Feneka corporation
3. Community electricity
4. Private electricity
5. Own generator
6. Other

17. How many hours of electricity is available for this household per day? hours

18. How do you dispose of the household waste?

1. Garbage compound (set waste disposal site)
2. Dump in beach area
3. Land reclamation site
4. Throwing into the bushes
5. Burying in the housing unit
6. Burning in the housing unit
7. Using a waste disposal machine

19. What is the main source of drinking water used by most of the occupants of this household?

1. Piped water
 - 1.1. Piped into dwelling
 - 1.2. Public tap/standpipe
2. Well
 - 2.1. Protected well (Covered with lid)
 - 2.2. Unprotected well
3. Rainwater
 - 3.1. Tank in compound
 - 3.2. Public or community tank
4. Bottled water  **Skip to Q21**
5. Other

20. Do you use any method of purification prior to drinking?

1. Boiling
2. Chlorinating
3. Filtering
4. Without any treatment
5. Other

21. What purposes does the water piped into this dwelling serve?

1. For all purpose (bathing, washing cloths and plate, flushing)
2. For some purposes but not all
3. Not available

22. What type of kitchen is available for household use in this housing unit?

1. Separate kitchen/kitchen with sitting room
2. Cooking facilities within the bed room  **Skip to Q24**
3. Not using
4. No kitchen }  **Skip to Q26**

23. Is there a kitchen in this housing unit exclusively used by members of this household?

1. Yes 2. No

24. What is the main source of water used for cooking in this household?

1. Piped water	3. Rainwater
1.1. Piped into dwelling	3.1. Tank in compound
1.2. Public tap/standpipe	3.2. Public or community tank
2. Well	4. Bottled water
2.1. Protected well (Covered with lid)	5. Other
2.2. Unprotected well	

25. What is the main type of fuel used for cooking in this household?

1. Firewood
2. Kerosine
3. Gas
4. Electricity
5. Other

26. Is this dwelling unit owned by a member of this household?

1. Owned by a member of this HH/own place
2. Owned by a relative not living in this household
3. Arranged by the employer
4. Other

27. Is the dwelling unit of this household Rented?

1. Yes  **Skip to Q29**

2. No

28. How much would you expect to receive each month for this house if you rented it out to someone?

MVR  **Skip to Q30**

! Estimate the rent of unfurnished dwelling

29. How much is the monthly rent?

MVR

! Do not include electricity/water bills or any other service expenditure in the rent amount. If a non-house member pay the rent, make sure to include that rent.

2.Consumer durables (items that last for more than 1 year)

30. Do you own or have regular access to the following consumer durables in the household?

! Items purchased on credit must be included as purchased items and record their total price.

Code	Item	Have access? 1. Yes 2. No (Skip to next item)		Total # of items	Self-owned goods only							Item	
					Owned by this HH (If does not have enter "0" and skip to next item)	During the past 12 months: no. of items purchased/ received as a gift. (If no items enter "0")		Last purchased/received					Estimated price of good if sold now Value in MVR
								# of complete years owned of the goods last purchased /received (If less than a year enter "0")	How was this item acquired? 1. Purchased 2. As a gift 9. Other	Cost of good last purchased or received Value in MVR	If unable to mention only <input checked="" type="checkbox"/>		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)		
0531701	Fan	1 2						1 2 9				Fan	
0532102	Iron	1 2						1 2 9				Iron	
0532101	Rice cooker	1 2						1 2 9				Rice cooker	
0531201	Washing machine	1 2						1 2 9				Washing machine	
0531101	Refrigerator	1 2						1 2 9				Refrigerator	
0531402	Air condition	1 2						1 2 9				Air condition	
0551101	Water pump	1 2						1 2 9				Water pump	
0713101	Bicycle	1 2						1 2 9				Bicycle	
0821102	Telephone	1 2						1 2 9				Telephone	
0821101	Mobile phone	1 2						1 2 9				Mobile phone	
0911105	Radio/Set	1 2						1 2 9				Radio/Set	
0911201	Tv	1 2						1 2 9				Tv	
0913101	Computer/Laptop	1 2						1 2 9				Computer/Laptop	
0712101	Motor cycle	1 2						1 2 9				Motor cycle	
0711101	Car/Jeep	1 2						1 2 9				Car/Jeep	
0921101	Dhoni/ speed boat	1 2						1 2 9				Dhoni/ speed boat	

2. Consumer durables (items that last for more than 1 year)

31. During the **past 12 months**, did you or any household member purchased/ received any consumer durables apart from the goods mentioned previously in Q30?

! Do not include semi-durables such as furniture and alike

Code	Item	Past 12 months				
		During the past year did you purchase/receive any item? 1. Yes 2. No  (Skip to next item)		During the past 12 months: no. of items purchased/ received as a gift. (If no items enter "0")		Total amount spend in the past 12 months Value in MVR
		Purchased	Received	Purchased	Received	
(1)	(2)	(3)	(4)	(5)	(6)	
0532105	Mixer/ Blender	1	2			
0531401	Oven/microwave	1	2			
0532106	Toaster	1	2			
0531301	Stove	1	2			
0532103	Electric Kettle	1	2			
	Other (Specify)	1	2			

32. During the **past 12 months**, did you spend for any repairs/ maintenance of air-condition, motorcycle, grinder or alike? If so, how much did you spend? (items of Q30 and Q31)

1. Yes  (specify total expenses) _____ MVR

2. No

3. Repair and maintenance of house (past 12 months)

33. During the **past 12 months**, did you purchase or receive any items for the alterations/ maintenance activities carried out in the housing premises of this household?

! Do not include newly constructed buildings

! Do not include the price of individual item if the work was carried out by a contractor

Code	Item	Purchased/ taken credit/ received?		Unit	During the past 12 months, what was the amount purchased, taken credit and received as gifts? (If no items enter "0")		Total amount spend in the past 12 months Value in MVR
		1. Yes	2. No  (next item)		purchased/ taken credit	received	
		(1)	(2)	(3)	(4)	(5)	(6)
0431101	Plywood sheets	1	2	1 2 3 9			
0431103	Cement	1	2	1 2 3 9			
0431113	Sand	1	2	1 2 3 9			
0431114	Building blocks	1	2	1 2 3 9			
0431104	Tiles	1	2	1 2 3 9			
0431115	Wall Sealer (puti)	1	2	1 2 3 9			
0431102	Oil-based paint\varnish	1	2	1 2 3 9			
0431116	Water-based paint	1	2	1 2 3 9			
0431106	Toilet bowl	1	2	1 2 3 9			
0431107	Wash basin	1	2	1 2 3 9			
0431108	Shower\Water tap	1	2	1 2 3 9			
0512101	Carpet\Linoleum (Tharufaalu)	1	2	1 2 3 9			
0431109	Parke (Parquet)	1	2	1 2 3 9			
0431105	Roofing tin sheets	1	2	1 2 3 9			
0431110	Plastic pipe & alike	1	2	1 2 3 9			
0552109	Electric wire & alike	1	2	1 2 3 9			
	Others (Specify)	1	2	1 2 3 9			
0431117	Cost of items used for the alterations/maintenance (If cannot specify for individual item, write total amount spent)						
0431118	Labor cost						
0432101	Total of Labor cost and cost of items used for the alterations\maintenance						

4. Furniture (past 12 months)

34. During the **past 12 months**, did you or any household member purchase, or receive any of the furniture items for household usage?

Code	Item	Purchased/ received?		Unit 1. Piece 2. Set 3. Case 9. Others	During the past 12 months: no. of items purchased/ received as a gift.		Total amount spend in the past 12months			
		1. Yes	2. No 		(If no items enter "0")		Value in MVR			
		(Skip to next item)			Purchased	Received				
(1)	(2)	(3)		(4)	(5)	(6)	(7)			
0511105	Sofa set	1	2	1	2	3	9			
0511113	TV rack	1	2	1	2	3	9			
0511107	Kitchen cupboard set	1	2	1	2	3	9			
0511106	Dining table set	1	2	1	2	3	9			
0511109	Table	1	2	1	2	3	9			
0511110	Chair	1	2	1	2	3	9			
0511108	Bed room set	1	2	1	2	3	9			
0511101	Bed	1	2	1	2	3	9			
0511104	Mattress	1	2	1	2	3	9			
0511102	Wardrobe	1	2	1	2	3	9			
0511111	Dressing table	1	2	1	2	3	9			
0541304	Ironing board	1	2	1	2	3	9			
0511114	Book Shelf	1	2	1	2	3	9			
	Other (specify)	1	2	1	2	3	9			

5. Kitchen utensils and household furnishing items (past 3 months)

35. During the **past 3 months**, did you or any household member purchase or receive any kitchen utensils and household furnishing items?

Code	Item	Purchased / received?		Unit 1. Piece 2. Set 3. Case 9. Others	During the past 3 months: no. of items purchased/ received as a gift.		Total amount spend in the past 3months			
		1. Yes	2. No 		(If no items enter "0")		Value in MVR			
		(Skip to next item)			Purchased	Received				
(1)	(2)	(3)		(4)	(5)	(6)	(7)			
0541302	Drinking Glass	1	2	1	2	3	9			
0541301	Plates	1	2	1	2	3	9			
0541303	Cups including Saucers	1	2	1	2	3	9			
0541201	Spoon/fork	1	2	1	2	3	9			
0541202	Knife	1	2	1	2	3	9			
0541203	Can opener	1	2	1	2	3	9			
0541310	Ladle and alike	1	2	1	2	3	9			
0541307	Pots /pans	1	2	1	2	3	9			
0541305	Cutting board	1	2	1	2	3	9			
0541306	Plastic bowls (which is used to mix stuff)	1	2	1	2	3	9			
0541308	Plastic storage containers (excluding interval and lunch box)	1	2	1	2	3	9			
0521104	Bedsheet / Bedsheet materials	1	2	1	2	3	9			
0521103	Curtain / Blinds	1	2	1	2	3	9			
0521105	Doormat	1	2	1	2	3	9			
	Other (specify)	1	2	1	2	3	9			

6. Health expenses (past 12 months)

36. **During the past 12 months**, was any member of this household admitted in a hospital, health centre in Maldives or abroad?

1. Yes ➡ How many people? Person(s) (specify the details)

2. No 🖱️ Skip to Q37

In-patient services	Service received	Main expense were borne by:	Was any health exp. paid by a member of this HH?	Total amount spent in the past 12 months, only by a members of this HH
Place and type of health service obtained	1. Yes 2. No 🖱️ (skip to next item)	1. Aasandha/ insurance 2. Non-Household member 3. Household member 🖱️ (Skip to col. 5)	1. Yes 2. No 🖱️ (Skip to next item)	Value in MVR
(1)	(2)	(3)	(4)	(5)

36.1 Maldives	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/> 🖱️ Skip to 36.2	
1. Lab / diagnostic expenses (only for in-patient services)	1 2	1 2 3	1 2 <input type="text"/>
2. Cost of medicine during stay (only for in-patient services)	1 2	1 2 3	1 2 <input type="text"/>
3. Hospital stay / Other costs inccure while admitted	1 2	1 2 3	1 2 <input type="text"/>
Total Expenditure	If any of 1 to 3 are missing, report the total		<input type="text"/>

36.2 Abroad	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/> 🖱️ Skip to 37	
1. Lab / diagnostic expenses (only for in-patient services)	1 2	1 2 3	1 2 <input type="text"/>
2. Cost of medicine during stay (only for in-patient services)	1 2	1 2 3	1 2 <input type="text"/>
3. Hospital stay / Other costs inccure while admitted	1 2	1 2 3	1 2 <input type="text"/>
Total Expenditure	If any of 1 to 3 are missing, report the total		<input type="text"/>

6. Health expenses (past month)

37. **During the past month**, has any member of this household made an out-patient visit? (In-home medication services are included)

Example: Psycho-therapy, Consulting doc, Under observation, Minor surgery without admit, medical check up and alike

1. Yes ➡ How many people? Person(s) (specify the details)

2. No 🖱️ Skip to Q38

Out-patient services	Service received	Main expense were borne by:	Was any Health exp. paid by a member of this HH?	Total amount spent in the past month, only by a member of this HH
Place and type of health service obtained	1. Yes 2. No 🖱️ (skip to next item)	1. Aasandha/ insurance 2. Non-Household member 3. Household member 🖱️ (Skip to col. 5)	1. Yes 2. No 🖱️ (Skip to next item)	Value in MVR
(1)	(2)	(3)	(4)	(5)

37.1 Maldives	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/> 🖱️ Skip to 37.2	
1. Lab / diagnostic expenses	1 2	1 2 3	1 2 <input type="text"/>
2. Cost of medicine	1 2	1 2 3	1 2 <input type="text"/>
3. General Doctor Consultation charges	1 2	1 2 3	1 2 <input type="text"/>
4. Specialist Doctor Consultation charges	1 2	1 2 3	1 2 <input type="text"/>
5. Other hospital charges (out-patient expenses only)	1 2	1 2 3	1 2 <input type="text"/>
6. Traditional Medicine (Including Consultation)	1 2	1 2 3	1 2 <input type="text"/>
Total Expenditure	If any of 1 to 6 are missing, report the total		<input type="text"/>

37.2 Abroad	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/> 🖱️ Skip to 38	
1. Lab / diagnostic expenses	1 2	1 2 3	1 2 <input type="text"/>
2. Cost of medicine	1 2	1 2 3	1 2 <input type="text"/>
3. General Doctor Consultation charges	1 2	1 2 3	1 2 <input type="text"/>
4. Specialist Doctor Consultation charges	1 2	1 2 3	1 2 <input type="text"/>
5. Other hospital charges (out-patient expenses only)	1 2	1 2 3	1 2 <input type="text"/>
6. Traditional Medicine (Including Consultation)	1 2	1 2 3	1 2 <input type="text"/>
Total Expenditure	If any of 1 to 6 are missing, report the total		<input type="text"/>

6. Health expenses *(past month)*

38. **During the past month**, has any member of this household paid for or received medicines for a household member without consulting a doctor?

Item	Purchased / received?		Main expense were borne by:			Was any of this paid by a HH member?		Total amount spent in the past month, only by members of this HH Value in MVR
	1. Yes	2. No	1. Aasandha/ insurance	2. Non-Household member	3. Household member	1. Yes	2. No	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. Medicines bought without prescription (Such as: Balms, Pain relievers)	1 2		1 2 3			1 2		
2. Medicines bought by using previous prescriptions (including Medicines brought from abroad)	1 2		1 2 3			1 2		
3. Contact lenses and solution and spectacles	1 2		1 2 3			1 2		

7. Other Expenses *(past month)*

39. During the past month, did any member of the household pay for any of the following items / services? If so, how much?

(if any of the following payments is included in the rent, please give an estimated figure)

Code	Item / Service	Purchased or received?		Total cost (Estimate the price of the gift) Value in MVR
		1. Yes	2. No  (Skip to next item)	
(1)	(2)	(3)	(4)	(5)
0451101	Electricity bill	1 2		
0441101	Water bill	1 2		
0442101	Waste Disposal	1 2		
0831103	Land line bill	1 2		
0452101	Gas	1 2		
0453101	Kerosene	1 2		
0542101	Domestic Servant (Casual and full-time)	1 2		

9. Travel inbound *(exceeding a day, and less than 6 months)*

41. **During the past 6 months**, have any of the members in this household paid for any trip (exceeding a day, and less than 6 months) to an island in the Maldives?

1. Yes **(provide details below)**

2. No Skip to Q42

Main purpose	1. Yes	2. No (skip to next category)	How many Trips?
(1)	(2)		(3)
1. Medical treatment	1	2	
2. Holiday, leisure & recreation	1	2	
3. Education and training	1	2	
4. Shopping	1	2	
5. Visiting friends and relatives	1	2	
6. Other (Specify)	1	2	

41.1 Out of the trips that you have just mentioned, specify details of expenditure for the **last trip** made in each purpose

! If the trip is Business/ Official, include personal expenses only

Trips during past 6 months			Details of the most recent Trip											
! Do not include Pilgrimage Trips			Expenses incurred for Household members by Household (If no costs enter "0")											
Main purpose	Number of persons from this HH	How many days?	Was any expense paid by a member of this HH? (Do not include the expenses paid by a non-HH member)		Air Transportation cost	Sea Transportation cost	Land Transportation cost	Food cost	Accommodation cost	Type of Accommodation	Leisure and Entertainment	Education and Training	Shopping	Total
			1. Yes	2. No (Skip to next item)	(MVR)	(MVR)	(MVR)	(MVR)	(MVR)	(Specify the code given below)	(MVR)	(MVR)	(MVR)	(MVR)
(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1. Medical treatment			1	2										
2. Holiday, leisure & recreation			1	2										
3. Education and training			1	2										
4. Shopping			1	2										
5. Visiting friends and relatives			1	2										
6. Other (Specify)			1	2										

Type of accommodation: 1. Residential home(relative/friend), 2. Room rented, 3. Guest house, 4. Hotel/ Tourist resort/Safari boat

10. Housing Loans

42. Does any member of this household have any outstanding payment under housing loan? **! Include loans taken from household members and family members**

1. Yes **! Request for details of each loan separately**

2. No **☞ Skip to Q55**

43. Loan Number (Give a serial number for each loan)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
44. Is this loan taken jointly with another person?	1	1	1	1	1
1. Yes	2	2	2	2	2
2. No ☞ Skip to Q46					
45. How many members are they?					
1. Total members from this HH	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2. Total non-household members	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
46. Source of loan / borrowing	1	1	1	1	1
1. Bank	2	2	2	2	2
2. Government	3	3	3	3	3
3. Private party / friend	4	4	4	4	4
4. Household member / realtive					
47. Type of borrowing	1	1	1	1	1
1. Cash	2	2	2	2	2
2. Kind	3	3	3	3	3
3. Both					
48. When was the loan taken?					
1. Year	<input style="width: 20px; height: 20px;" type="text"/> Year	<input style="width: 20px; height: 20px;" type="text"/> Year	<input style="width: 20px; height: 20px;" type="text"/> Year	<input style="width: 20px; height: 20px;" type="text"/> Year	<input style="width: 20px; height: 20px;" type="text"/> Year
2. Month	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month
49. What is the total amount of loan/borrowing?	<input style="width: 100%; height: 20px;" type="text"/> MVR				
50. What is the current outstanding amount?	<input style="width: 100%; height: 20px;" type="text"/> MVR				
51. What is the duration of the term in which the loan/ borrowed amount must be repaid? (Enter "00" for less than a year) (Enter "98" for no term)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
52. What is the interest rate for the loan/borrowing? (Percent per year) (Enter 00 if no interest rate)					
1. Interest Rate	1. <input style="width: 40px; height: 20px;" type="text"/> %	1. <input style="width: 40px; height: 20px;" type="text"/> %	1. <input style="width: 40px; height: 20px;" type="text"/> %	1. <input style="width: 40px; height: 20px;" type="text"/> %	1. <input style="width: 40px; height: 20px;" type="text"/> %
! if interest rate not known then write the value					
2.Amount of interest for the Loan	2. <input style="width: 40px; height: 20px;" type="text"/> MVR	2. <input style="width: 40px; height: 20px;" type="text"/> MVR	2. <input style="width: 40px; height: 20px;" type="text"/> MVR	2. <input style="width: 40px; height: 20px;" type="text"/> MVR	2. <input style="width: 40px; height: 20px;" type="text"/> MVR

10. Housing Loans

53. Type of property secured against the loan/borrowing (If there is no security, Circle code "6.none")	1	1	1	1	1
1. House \ building	2	2	2	2	2
2. Land	3	3	3	3	3
3. Resort/Safari	4	4	4	4	4
4. Boat	5	5	5	5	5
5. Others	6	6	6	6	6
6. None	6	6	6	6	6
54. Have you been repaying the loan until now?	1	1	1	1	1
1. Yes	2	2	2	2	2
2. No	3	3	3	3	3
3. Not Started					

11. Money transfer abroad / another island

(Money transfer made only by Maldivians)

55. During **past 12 months** did any member of this Household transfer money to another household for education or medical purpose or fo any other purpose or did you spent any money to a family member living in other household?

! DO NOT include transfers made for business purposes

1. Yes (specify)

2. No Skip to Q56

Purpose (item)	Was money transferred? 1. Yes 2. No (Skip to next item)	Total cost (Money spent by members of this household to members living outside this household) Value in MVR
(1)	(2)	(3)
Members living in Maldives NOT included in this household		
1. Student studying	1 2	
2. Medical treatment	1 2	
3. Family members living in another island	1 2	
4. Other purposes (specify)	1 2	

56. During **past 12 months** did any member of this household transfer money abroad for education or medical purpose or fo any other purpose?

! DO NOT include transfers made for business purposes

1. Yes (specify)

2. No **Skip to Expenditure unit form: Form 3**

Purpose (item)	Was money transferred? 1. Yes 2. No (Skip to next item)	Total cost (Money spent by members of this household to members living outside this household) Value in MVR
(1)	(2)	(3)
Members living abroad NOT included in this household		
1. Student studying	1 2	
2. Medical treatment	1 2	
3. Family members living in another island	1 2	
4. Other purposes (specify)	1 2	

Remarks
