



ST VINCENT AND THE GRENADINES
Survey of Living Conditions and
Household Expenditure and Income 2007/08



Household Schedule

For optimum accuracy, please print carefully
and avoid contact with the edges of the box.
The following will serve as an example:

0 1 2 3 4 5 6 7 8 9

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

IMPORTANT!!! Place an X in the
box for multiple choice options

BUILDING NO

USE ONLY 2B PENCIL

Subsample No

Replicate letter

 -

IMPORTANT!!!
Transfer these codes to
the top of EACH
individual questionnaire
and Daily Diary

Constituency

ED NUMBER

HOUSEHOLD NO

Address of Household:

Telephonenumber

 -

InterviewerNo

INTERVIEWER'S NAME:

SUPERVISOR'S NAME:

No In Household

EDITOR/CODER'S NAME:

LISTING OF HOUSEHOLD MEMBERS

Confidential

	Surname	First Name				Surname	First Name	
01			<input type="checkbox"/>	11				<input type="checkbox"/>
02			<input type="checkbox"/>	12				<input type="checkbox"/>
03			<input type="checkbox"/>	13				<input type="checkbox"/>
04			<input type="checkbox"/>	14				<input type="checkbox"/>
05			<input type="checkbox"/>	15				<input type="checkbox"/>
06			<input type="checkbox"/>	16				<input type="checkbox"/>
07			<input type="checkbox"/>	17				<input type="checkbox"/>
08			<input type="checkbox"/>	18				<input type="checkbox"/>
09			<input type="checkbox"/>	19				<input type="checkbox"/>
10			<input type="checkbox"/>	20				<input type="checkbox"/>

INTERVIEWER RESULTS

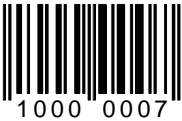
Confidential

Interview Calls	Date (DD/MM/YY)	Time Started	Duration	*Results
1	<div></div> <div></div> / <div></div> <div></div> / <div></div> <div></div>			<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>

*RESULTS CODES: 1 = Completed 2 = Partially Completed 3 = Refused 4 = No Suitable respondent at home 5 = No Contact 6= Vacant

Statistical Office, Financial Complex, Kingtown, St. Vincent and the Grenadines, Tel: 784 457 2921

Confidential



1000 0007

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H2.

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SECTION 1 - HOUSING

H2.1 What type of dwelling does this household occupy?

- ☐ 1 Undivided private house ☐ 5 Doublehouse/Duplex
☐ 2 Part of a private house ☐ 6 Combined business & dwelling
☐ 3 Flat, apartment, condominium ☐ 7 Barracks
☐ 4 Townhouse ☐ 8 Other

H2.2 What is the construction material of the outer walls?

- ☐ 1 Wood/Timber ☐ 5 Brick/Blocks
☐ 2 Concrete/Concrete Blocks ☐ 6 Plywood
☐ 3 Wood & Concrete ☐ 8 Other/Don't Know
☐ 4 Stone
☐ 7 Makeshift (Specify.....)

H2.3 What is the material used for roofing?

- ☐ 1 Sheet metal (galvanize, galvalume) ☐ 5 Tile
☐ 2 Shingle (asphalt) ☐ 6 Concrete
☐ 3 Shingle (wood) ☐ 7 Makeshift/thatched
☐ 4 Shingle (other) ☐ 9 Don't know
☐ 8 Other (Specify.....)

H2.4 Does the household own the land beneath the dwelling?

- ☐ 1 Owned with title ☐ 4 Leases the land
☐ 2 Family Owned ☐ 5 Squatting
☐ 3 Rents the land ☐ 6 Not Owned

H3.

H3.1 Does this household own, rent or lease this dwelling?

- ☐ 1 Owned (with mortgage) ☐ 5 Rented-Gov't
☐ 2 Owned (Without mortgage) ☐ 6 Rented-Private
☐ 3 Rented-Furnished ☐ 7 Leased
☐ 4 Rented-Unfurnished ☐ 8 Rent-free
☐ 9 Squatted
☐ 10 Other (please specify.....)

H3.2 What type of fuel does this household use most for cooking?

- ☐ 1 Coal ☐ 4 Kerosene
☐ 2 Wood ☐ 5 Electricity
☐ 3 Gas/LPG/Cooking gas ☐ 6 no cooking
☐ 7 Other (please specify.....)

H3.3 What type of toilet facilities does this household have?

- ☐ 1 W.C. (flush toilet) linked to sewer
☐ 2 W.C. (flush toilet) linked to Septic tank/Soak-away
☐ 3 Pit-latrine
☐ 4 Ventilated Pit-latrine
☐ 5 Other (please specify.....)
☐ 6 None

H3.4 Does your household share any of the following facilities with another household?

- ☐ 1 Kitchen ☐ 4 Any combination of 1, 2 or 3
☐ 2 Toilet/ Bathroom ☐ 5 None
☐ 3 Water ☐ 6 Other (please specify.....)

H3.5 What is the main source of your water supply?

- ☐ 1 Public, piped into dwelling ☐ 4 Public well/tank or truck
☐ 2 Public, piped into yard ☐ 5 Private, piped into dwelling
☐ 3 Public standpipe ☐ 6 Private catchment not piped
☐ 7 Private catchment piped
☐ 8 Other (please specify.....)

If response is 1 or 2 to H3.5 continue, otherwise skip to H3.7

H3.6 In the past twelve months, how many days on average per week do you have water in your pipe?

Days

enter 8 for "Don't Know" and 9 for "Not Stated"

H3.7 What type of lighting does this household use most?

- ☐ 1 Gas ☐ 4 Electricity - Private Generator
☐ 2 Kerosene ☐ 5 Other (please specify.....)
☐ 3 Electricity - Public ☐ 6 None

H3.8 In which year was this dwelling built?

- ☐ 1 Before 1970 ☐ 7 2002
☐ 2 1970 - 1979 ☐ 8 2003
☐ 3 1980 - 1989 ☐ 9 2004
☐ 4 1990 - 1995 ☐ 10 2005
☐ 5 1996 - 2000 ☐ 11 2006
☐ 6 2001 ☐ 12 2007
☐ 13 Don't Know

H3.9 How many rooms does your dwelling unit contain?

(Do not count bathrooms, porches, kitchens, laundry rooms, balcony, attic, corridor)

Number of Rooms

H3.10 How many are used

1. Solely as bedrooms?

3. Rented or sub-letted?

2. Used for business?

4. Vacant?

H3.11 How do you compare the overall economic situation of the household with one year ago?

- ☐ 1 Much worse now ☐ 4 A Little better now
☐ 2 A Little worse now ☐ 5 Much better now
☐ 3 Same ☐ 6 Don't know

H3.12 On a scale of 1 to 5, where 1 is poor and 5 is rich how would you rate your household?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

H4.

H4.1 Indicate **how many** of each of the following items is owned by all household members? (Write "0" where there is none)

	Number		Number
1. Telephone - Land Line	<input type="text"/>	15. Motor Vehicle	<input type="text"/>
2. Telephone - Cellular	<input type="text"/>	16. Computer (laptop, desktop)	<input type="text"/>
3. Television	<input type="text"/>	17. Sewing Machine	<input type="text"/>
4. Video/VCR	<input type="text"/>	18. Dryer	<input type="text"/>
5. Play station	<input type="text"/>	19. Dish washer	<input type="text"/>
6. Ipods/MP3	<input type="text"/>	20. Weed Eater /Lawn Mower	<input type="text"/>
7. DVD Player	<input type="text"/>	21. Air Conditioner	<input type="text"/>
8. Electric/Gas Stove	<input type="text"/>	22. Solar Water Heater	<input type="text"/>
9. Toaster oven	<input type="text"/>		
10. Micro-wave	<input type="text"/>		
11. Electric Iron	<input type="text"/>		
12. Refrigerator/Freezer	<input type="text"/>		
13. Radio/Stereo/CD Player	<input type="text"/>		
14. Washing Machine	<input type="text"/>		



1 000 0007



SECTION 2 - EXPENDITURE ON ACCOMMODATION

INTERVIEWER: For each of the following questions where an answer is not applicable leave blank. If an answer is applicable but unknown put 9's followed by 8 in the last position. For entries not stated make an effort to obtain an answer. If this is not possible put 9's in the boxes provided. All entries are annual unless otherwise stated and should be rounded to the nearest \$

FILTER: In the past twelve months did you own or rent your dwelling? 1 Own (Continue) 2 Both (Continue) 3 Rent (Go to PART 3)

PART 1 - OWNER OCCUPIED ACCOMMODATION	CODE	Amount (\$)
1.1 How much is due to be paid annually for the following:		
1 Land and House taxes -----	0423103	
2 Other property taxes -----	0423102	
1.2 What is the annual rent or lease for the land on which the house is built? -----	0411201	
1.3 How much Insurance premium is paid on this dwelling annually ? -----	1252101	
1.4 Is any part of this dwelling rented? ----- <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		if No, go to 1.6
1.5 What amount do you receive monthly for rental/sub-letting: for any or all of the following purposes:		
1 Furnished/Partly furnished (household accommodation) -----	1800501	
2 Unfurnished (household accommodation) -----	1800502	
3 Business -----	1800503	
1.6 How much rent would you charge monthly if you were to rent this accommodation	0421101	
1.7 What is the estimated market value of the dwelling unit currently occupied by this household? -----	1900104	
1.8 Do you make mortgage payments for this dwelling? ----- <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Check H3.1 then answer this question		if No, go to 2.1
1.9 What is the monthly mortgage payments for this dwelling? -----	1900105	

PART 2 PROPERTY BOUGHT/CONSTRUCTED IN SURVEY YEAR	Amount (\$)
2.1 Did you purchase/construct this dwelling unit during the past 12 months?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Yes, Continue If no, go to Q3.1
2.2 If purchased, was the dwelling unit bought new or was it previously occupied?	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used
Please state the following:	
2.3 Purchase price or construction cost -----	1900101
2.4 Duration of mortgage -----	1900102
2.5 Amount of mortgage ----- After Q2.5 go to Q3.1	1900103

PART 3 - RENTED ACCOMMODATION		
INTERVIEWER: If the family occupied a rented dwelling for all or part of the survey year, complete this section		
Ask question if household has been renting for all or part of the last twelve months		
3.1 State amount paid for monthly rent currently -----	0411100	
3.2 Is any part of this dwelling unit sub-letted? -----		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No if No, go to 4.1
3.3 State monthly receipts from sub-letting or renting		
Furnished/Partly furnished -----	1800801	
Unfurnished -----	1800802	
Business -----	1800803	
3.4 If rent includes meals, estimate approximately the monthly value of meals -----	1800901	





SECTION 2 - REPAIR AND MAINTENANCE OF DWELLING

4.1 During the past 12 months have you incurred any expenditure on any of the following items for the purpose of repairing and maintaining the accommodation occupied by your household.

Note: Exclude any expenditures on major additions and improvements which add to the value of the property, e.g. built a new wall, built a retaining wall, etc. Also, exclude expenditure on damages caused by extraordinary events, e.g. hurricane, fire, etc.

Even if rented, probe for repair and maintenance expenses.

1 Yes (Complete Q 4.1) 2 No (Go to Q 4.2)

Not applicable Not Known Amount too large Not Stated Leave Blank 9's ending in 8 9's ending in 7 Try harder, if not use all 9's

REPAIR AND MAINTENANCE	Y/N	CODE	\$ AMOUNT
Materials (excluding labor) 1. Painting e.g. paints, varnishes, brushes and scrapers	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431101	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Masonry e.g. Cement, sand, lime	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431201	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Carpentry e.g. Wooden planks, plywood etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431301	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Plumbing, repair and replacing e.g. replaced water pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431401	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Electrical (repair and replace) e.g. switches, wires, fuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431501	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Other materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431801	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Labor excluding materials costs 7. Painting, outside and inside (including roof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432101	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Plastering and Masonry, e.g. repairing walls, flooring etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432102	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Carpentry e.g. repairing of doors, windows, roofs and ceilings etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432103	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Plumbing, e.g. replaced water pump etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432104	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11. Electrical repairs and replacing, eg. replaced wiring etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432105	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12. Termite Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13. All other services	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432199	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. TOTAL EXPENDITURE	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4.2 In the past twelve months, did the physical structure of your dwelling suffer any damage caused by extra-ordinary events (e.g. Hurricane, fire, etc.?)
1 Yes 2 No (if no, go to 5.1)

4.3 Can you tell me the nature of the damage? (select all that apply)
1 Roof 2 Walls 3 Windows or Doors
4 Floors 5 Other

4.4 How much have you paid to repair these damages?

\$,

4.5 How were these repairs funded and at what cost (Select all that apply)?

1 Out of Pocket

\$,

2 Insurance Claim

\$,

3 Relatives and friends

\$,

4 Government Support

\$,

5 Other

\$,





SECTION 3 - MAJOR TYPES OF HOUSEHOLD EXPENSES

Not applicable	Leave Blank
Not Known	9's ending in 8
Amount too large	9's ending in 7
Not Stated	Try harder, if not use all 9's

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

PLEASE WRITE CLEARLY AND LEGIBLY

HOW MUCH WAS SPENT ON THE SERVICES LISTED BELOW		CODE	Amount (\$)
5.1	How much did you spend during the last 3 months on gas for cooking? e.g. propane, butane cylinders	0452101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.2	How much were you billed for water and sewerage in the last last month (exclude balances from previous bills from CWSA)	0441101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.3	How much were you billed for electricity in the last month (exclude balances from previous bills)	0451101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.4	How much were you billed for <u>fixed line telephone</u> in the last month (exclude balances from previous bills, including phone cards, caller ID, call waiting, etc)	0830201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.5	How much was paid by you in the last twelve months for other related household expenses n.e.s (Specify) e.g. Emptying of septic tank -----	0562601	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

HOW MUCH WAS SPENT <u>MONTHLY</u> ON THE SERVICES LISTED		CODE	Amount (\$)
5.6	Employed staff including maids, butlers, drivers, gardeners, etc.-----	0562100	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.7	Persons engaged temporarily for baby-sitting, housework, etc.-----	0562200	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.8	Child care outside of the home e.g. day nurseries, pre-schools, baby sitting and other child minding services -----	1240201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.9	Care of elderly relatives inside the home-----	1240102	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.10	Care of elderly relatives outside the home-----	1240103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.11	Care of the disabled -----	1240104	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.12	Gardening/lawn care services -----	0562203	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.13	Cable installation and/or Service -----	0830103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.14	Internet Services -----	0830401	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
HOW MUCH WAS SPENT <u>ANNUALLY</u> ON THE SERVICES LISTED			Amount (\$)
5.16	Amount spent last twelve months on other household services, moving, laundry, -----	4532199	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>





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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

Complete the schedule below for all items purchased or received as a gift by anyone in the household in the past 12 months.

- Note:
- I) If any item was bought on an installment plan, you should enter the cash price of the item and not the monthly repayment. If the cash price is not available or cannot be recalled then use the "regular price". However, if the respondent is not able to recall either the "cash price" or the "regular price" then use the total hire purchase price.
 - II) If any trade-in allowance was given, the purchase price represents the amount paid plus the value of any trade-in (the full purchase price of the new item before deducting trade-in value).
 - III) You should record all purchases including those bought abroad, through mail order catalogues, over the Internet and purchased in St Vincent and The Grenadines
 - IV) Include all home made furniture and equipment and indicate this by placing an X *in* the check box "HomeMade" next to the description of the item under the column "HAVE BOUGHT".

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)		GIFTS	
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Living or recreation room 3/ 5/ 7 piece suites	0511101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Space saver/Display cabinet	0511103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Couch or sofa	0511104	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Coffee /side table/centre table	0511107	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
TV / Stereo stand /entertainment center	0511108	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Playpens	0511111	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Book case/ book shelf	0511112	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other living room furniture not specified by type	0511199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Dining room furniture 5 piece Dinette / Dining Suites	0511203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
China cabinets	0511204	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Individual tables	0511207	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Individual chairs	0511208	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other dining room furniture not specified by type	0511299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Kitchen furniture Table	0511301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Chairs/Stools	0511302	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Trolleys	0511303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cabinets/ Cupboards (not built in)	0511304	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other kitchen furniture not specified by type	0511399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS		
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
Bedroom furniture Bedroom Suites	0511401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Double bed/bunk bed	0511402	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
King/Queen size bed	0511403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Single bed	0511404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mattress	0511406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chest of Drawers	0511408	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wardrobe	0511409	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cots, cribs	0511410	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Combination wardrobe	0511412	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dressing table	0511407	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other bedroom furniture not specified by type	0511499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Patio and outdoor furniture Table and chair	0511501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lounge chair	0511505	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other outdoor furniture not specified by type	0511599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Decorative furnishings Pictures and paintings	0511601	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Decorative clocks	0511605	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Floral Arrangements	0511602	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ornaments, Vases	0511603	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other decorative furniture not specified by type	0511699	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lighting equipment Standard Lamps/wall lamps	0511705	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Kerosene Lamp	0511701	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other lighting equipment not specified by type	0511799	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other furniture Computer desks	0511801	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bookcase/bookshelves		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ironing boards	0511803	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other furniture not specified by type	0511899	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>





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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS		
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
Carpets Fitted carpets	0512101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Non fitted carpets /rugs	0512102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Other floor covering Linoleum	0512201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Ceramic tiles	0512202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Vinyl tiles	0512203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Wooden floor covering	0512204	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Other floor covering not specified by type	0512299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Furnishing Material Furnishing Fabrics/ cushion fabrics	0520101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Curtain material (over lace)	0520102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Drape material	0520104	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Other furnishing material not specified by type	0520199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Ready made articles Curtains- panels, kitchen sets (not plastic)	0520201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Drapes	0520202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Other ready made articles not specified by type	0520299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Beddings Sheets and pillow cases	0520302	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
pillows	0520303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
cushions	0520307	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Comforters and Spreads	0520306	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Other ready made beddings not specified by type	0520399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Towels and Table Linen Towels-Bath	0520401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Kitchen towels	0520403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Table cloths, Table napkins	0520404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Bathroom mats	0520405	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Door mats	0520406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Other towels and table linen not specified by type	0520499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
Other household textiles Shopping bags	0520501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>



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PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?





PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?



SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Garden Tools (Cutlasses forks, Spades, hoes, rakes)	0552201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Wheelbarrows	0552201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Ladders and steps	0552301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Small Electrical Accessories Transformers	0552501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Electric bulbs, Fluorescent lighting tubes	0552502	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Flash -lights, Torches,	0552503	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>

SECTION 4 - REPAIRS AND SERVICING OF HOUSEHOLD ARTICLES

PART 2 - During the past twelve months have you or any other member of your household incurred any expenses for the repair and servicing of any of the following pieces of equipment?

☐ 1 Yes Continue

☐ 2 No Go to Section 5

REPAIRS TO APPLIANCES AND EQUIPMENT		CODE	AMOUNT (\$) SPENT LAST YEAR
Repair of furniture, furnishes and floor coverings Repair of furniture	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512301	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repair of floor covering (cost of labour plus material)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512303	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to major kitchen appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533001	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to major laundry appliances e.g washing machine	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533002	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to major cleaning appliances e.g vacuum cleaner	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533003	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to other major appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533004	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to small electric appliances e.g blender	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533005	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repair of telephone and telefax equipment	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0820201	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to audio -visual equipment (eg television set)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915101	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to photographic equipment e.g cameras	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915102	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to information processing equipment (computers)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915103	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Other repairs and servicing	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0534101	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>



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INTERVIEWER:

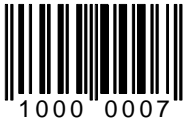
SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

Advise the household reference person that what is needed in this section is an estimate of the quantity in pounds (lbs), unless otherwise specified and the value of home grown produce consumed by his/her household LAST MONTH. **Note:** Coconut trees, fruit trees, tomatoes, lettuce, sweet pepper etc grown in the backyard garden should be recorded here as home grown produce if consumed in the past month.

What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

☐ 1 Yes Continue ☐ 2 No Go to Section 6

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Orange (Number)	0116101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Limes (Number)	0116124	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Other Citrus (Number)	0116104	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Ripe bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Watermelons (lbs.)	0116117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Other fresh fruits (pawpaw, plums, cherries, sour sop, golden apples, etc (lbs.)	0116199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Green bananas (lbs.)	0116128	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Plantains (lbs.)	0116129	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Avocadoes (Number)	0116125	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Water nuts (Number)	0116132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Cabbage (Green) (lbs.)	0117103	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div>	<div><div></div><div>,</div><div></div><div></div><div></div></div>

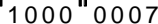


1000 0007



What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

Home Produced Meat and Poultry





What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

SECTION 6 - TRANSPORTATION

PART 1 - Do you or any member of this household own or had owned and operated any vehicle during the past 3 months?

NO	TYPE	AGE (in years from date of manufacture)	PURCHASED NEW OR USED?	PURCHASE PRICE	% PRIVATE 98 =100%	% BUSINESS 98 =100%
01	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
02	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
03	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
04	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
05	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>



SECTION 6 - TRANSPORTATION

Draft

PART 2 - VEHICLE MAINTENANCE AND REPAIR EXPENDITURE DURING THE PAST 3 MONTH PERIOD
INTERVIEWER: if vehicle is used entirely for business do not include its expenses in the list which follows. For each vehicle list the particular expense, then sum it up in the amount field provided.
Remember the vehicle number referred to is the number assigned to the vehicle from the previous

Maintenance expenditure during the past three months	CODE	Vehicle 01 No:_____	Vehicle 02 No:_____	Vehicle 03 No:_____	Vehicle 04 No:_____	\$ Amount	
Parts							
Tyres	0721101						
Oil Filters/Spark plugs	0721103						
Batteries	0721104						
Brakes	0721109						
Other parts	0721199						
Operation Costs							
Gasoline	0722101						
Diesel	0722102						
Oil	0722201						
License	0724404						
Insurance (vehicle)	1254100						
Driving permits/License	0724303						
Parking fines /Tickets	0724701						
Other operating cost	0723199						
Repairs and Servicing (including parts and labour) General servicing, Tune-ups, electrical/motor repairs	0723110						
Body work (straighten, paint)	0723108						
Upholstery	0723114						
Front end alignment and wheel balancing	0723104						
Exhaust system repairs	0723105						
Brake adjustments, repairs and service	0723103						
Air Condition	0723115						
Car Wash, polish etc.	0723101						
Other (Specify)	0723199						





Which was the main store/outlet used in the last twelve months by your household for purchasing the following items?

ITEM	CODE	REGULARITY OF PURCHASE		NAME OF OUTLET	Outlet Code (See below)	LOCATION OF OUTLET (Community, Street, District)
		FREQ	CODE			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Beef Pork/Mutton - Fresh / Frozen	0112401	<input type="text"/>	<input type="text"/>		<input type="text"/>	
2. Fish - Fresh / Frozen	0113199	<input type="text"/>	<input type="text"/>		<input type="text"/>	
3. Chicken - Fresh / Frozen	0112899	<input type="text"/>	<input type="text"/>		<input type="text"/>	
4. Vegetables	0117100	<input type="text"/>	<input type="text"/>		<input type="text"/>	
5. Ground Provisions	0117500	<input type="text"/>	<input type="text"/>		<input type="text"/>	
6. Bread and Cakes	0111100	<input type="text"/>	<input type="text"/>		<input type="text"/>	
7. Groceries	0119501	<input type="text"/>	<input type="text"/>		<input type="text"/>	
8. Household Supplies	0561000	<input type="text"/>	<input type="text"/>		<input type="text"/>	
9. Clothing Material	0311000	<input type="text"/>	<input type="text"/>		<input type="text"/>	
10. Clothing - Women	0312300	<input type="text"/>	<input type="text"/>		<input type="text"/>	
11. Clothing - Men	0312100	<input type="text"/>	<input type="text"/>		<input type="text"/>	
12. Clothing - Children	0313601	<input type="text"/>	<input type="text"/>		<input type="text"/>	
13. Furniture	0511000	<input type="text"/>	<input type="text"/>		<input type="text"/>	
14. Footwear	0321000	<input type="text"/>	<input type="text"/>		<input type="text"/>	

TYPE OF OUTLET-CODES

1. DAILY
2. WEEKLY
3. FORTNIGHTLY
4. MONTHLY
5. SEMI-ANNUALLY
6. ANNUALLY
9. OTHER

- | | | | |
|----------------------------------|----------------------------|--------------------------|----------------|
| 01. SUPERMARKET | 11. CLOTHING STORE | 19. ABROAD-USA | 20. ABROAD-T&T |
| 02. MINI MART/SUPERETTE | 12. TEXTILE STORE | 21. ABROAD-OTHER | |
| 03. SHOP | 13. SHOE STORE | 22. VEGETABLE MARKET | |
| 04. WHOLESALE OUTLET | 14. VARIETY STORE | 23. VAN | |
| 05. FISH MARKET | 15. PHARMACY | 24. SEA-FRONT | |
| 06. BAKERY | 16. HOSPITAL | 25.SPECULATOR/TRAFFICKER | |
| 07. RESTAURANT | 17. CLINIC (HEALTH CENTER) | 26. OTHER | |
| 08. HARDWARE STORE | 18. PRIVATE DOCTOR | | |
| 09. FURNITURE & APPLIANCES STORE | | | |
| 10. DEPARTMENT STORE | | | |





Which was the main store/outlet used in the last twelve months by your household for purchasing the following items?

REGULARITY OF PURCHASE CODES		TYPE OF OUTLET-CODES			
1. DAILY	5. SEMI-ANNUALLY	01. SUPERMARKET	11. CLOTHING STORE	19. ABROAD-USA	20. ABROAD-T&T
2. WEEKLY	6. ANNUALLY	02. MINI MART/SUPERETTE	12. TEXTILE STORE	21. ABROAD-OTHER	
3. FORTNIGHTLY	9. OTHER	03. SHOP	13. SHOE STORE	22. VEGETABLE MARKET	
4. MONTHLY		04. WHOLESALE OUTLET	14. VARIETY STORE	23. VAN	
		05. FISH MARKET	15. PHARMACY	24. SEA-FRONT	
		06. BAKERY	16. HOSPITAL	25. SPECULATOR/TRAFFICKER	
		07. RESTAURANT	17. CLINIC (HEALTH CENTER)	26. OTHER	
		08. HARDWARE STORE	18. PRIVATE DOCTOR		
		09. FURNITURE & APPLIANCES STORE			
		10. DEPARTMENT STORE			

8.1 How many members were there in the household in which you grew up?

--	--

8.2 What is the highest grade completed by father?

--	--

- | | | | |
|----------------------|-------------|----------|--------------------------|
| 00 none | 10 G1/Std 1 | 20 form1 | 30 CommCollege-A'Level |
| 01 Nursery | 11 G2/Std 2 | 21 form2 | 31 CommCollege - Tech |
| 02 Pre-school | 12 G3/Std 3 | 22 form3 | 32 CommCollege - Other |
| 03 Kindergarten | 13 G4/Std 4 | 23 form4 | 33 University-UWI |
| 04 Special Education | 14 G5/Std 5 | 24 form5 | 34 University-Other |
| 05 Don't know | 15 G6/Std 7 | 25 form6 | 35 CommCollege - Nursing |

8.3 What is the highest grade completed by mother?

--	--

- | | | | |
|----------------------|-------------|----------|--------------------------|
| 00 none | 10 G1/Std 1 | 20 form1 | 30 CommCollege-A Level |
| 01 Nursery | 11 G2/Std 2 | 21 form2 | 31 CommCollege - Tech |
| 02 Pre-school | 12 G3/Std 3 | 22 form3 | 32 CommCollege - Other |
| 03 Kindergarten | 13 G4/Std 4 | 23 form4 | 33 University-UWI |
| 04 Special Education | 14 G5/Std 5 | 24 form5 | 34 University-Other |
| 05 Don't know | 15 G6/Std 7 | 25 form6 | 35 CommCollege - Nursing |

8.4 Do(es) perceive yourself/himself/herself as being better off than..... parents?

- ☐ 1 Yes ☐ 3 Somewhat
- ☐ 2 No ☐ 4 Don't Know

8.5 How much did you spend on Food in the past week?

\$

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8.6 How much did you spend on Food in the past month?

\$

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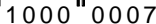
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SECTION 9 - TO BE COMPLETED FOR HOUSEHOLD MEMBERS WHO HAVE MOVED OUT OF THE HOUSEHOLD IN THE PAST FIVE YEARS

FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD									
INDIVIDUAL NO.	2 Sex Male.....1 Female..2	3 Age Years	4 What is..... Relationship to Head Spouse/partner.....1 Child.....2 Son/daughter in law.3 grand-child.....4 parent/parent-in-law.5 grand parent.....6 other relative.....7 brother /sister.....8 non-relative.....9	5 What was the grade level attained by..... prior to departure? 00 None 01 Nursery 02 Preschool 03 Kindergarten 04 Grade 1/std1 05 Grade2/std2 06 Grade3/std3 07 Grade4/std4 08 Grade5/std5 09 Grade6/std6 10 Project Strong 11 AVEC-tech voc 12 Form 1 13 Form 2 14 Form 3 15 Form 4 16 Form 5 22. A levels 17 CFBC A levels 18 CFBC Tech voc 19 CFB level I 20 University..... 21 Don't know	6 How long ago did... move away (in years) Less than 6 months0 6 months to 1 year1	7 Most important reason for leaving the household more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	8 Area former household member moved to FIRST Another part of the country.....1 Barbados.....2 Other CARICOM.3 UK.....4 USA.....5 Canada.....6 BVI.....7 T & T.....8 Rest of the World.....9	9 Does this former household member send any contributions to this household? Provide an annual estimate of amount sent in \$EC dollars in the last year. Provide a monetary value for in-kind contributions sent	
01	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
02	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
03	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
04	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
05	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
06	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
07	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
08	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
09	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
10	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	
11	<div><input type="checkbox"/> 1 M <input type="checkbox"/> 2 F</div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div>In EC Dollars <div><div></div><div></div></div>,<div><div></div><div></div><div></div><div></div></div></div>	





SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS

Draft	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child 5
1A. Individual Number	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
1B. Mother's Number	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
2. Date of Birth (dd/mm/yy)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
Age (in months)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
3. Where was child delivered?	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4. Who delivered the child?	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. In the past two weeks, has had running belly (diarrhea) i.e. three or more loose stools per day?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
6. During this last episode of diarrhea, did drink:(prompt and insert X for all items mentioned)					
1. Breast Milk	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Cereal-based gruel or gruel made from roots or soup	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Other locally-defined acceptable home fluids	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. ORS (oral rehydration solution) packet solution	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Water with feeding during some part of the day	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Water alone	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other milk or infant formula	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Defined "unacceptable" fluids	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
7. During 's diarrhea, did he/she drink much less, about the same, or more than usual?					
1. Much less	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. About the same (or somewhat less)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. More	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Don't know	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
8. Has ever been breast fed?					
1. Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. No (If no, go to Q10)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
9A. For how many months after birth did you feed on Breast milk ONLY?	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
9B. Is he/she still being breast fed?					
1. Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
10. Since this time yesterday, did he/she receive any of the following? (Prompt and insert X code for all					
1. Vitamins, mineral supplements or medicine	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Plain water.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Sweetened, flavoured water or fruit juice or tea or infusion	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Oral re-hydration solution (ORS)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Tinned, powdered or fresh milk or infant formula	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Solid or semi-solid (mushy) food.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Received ONLY breastmilk.....	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know.....	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
11. Was immunized against					
1. Polio.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Diphtheria.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. BCG.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. HIB.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Measles.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Hepatitis-B.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7.. MMR1.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7



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COMMENTS

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