



# ST LUCIA

## SURVEY OF LIVING CONDITIONS AND HOUSEHOLD BUDGETS 2005



### 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



BUILDING NO

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**USE ONLY 2B PENCIL**

Subsample No

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Replicate letter

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**IMPORTANT!!!**

Transfer these codes to the top of EACH individual questionnaire

ED NUMBER

--	--	--	--

HOUSEHOLD NO

--	--	--

Address of Household:

\_\_\_\_\_

\_\_\_\_\_

Telephonenumber

--	--	--	--	--	--	--	--	--	--

Interviewer No

--	--

INTERVIEWER'S NAME: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

Household(HH) size

--	--

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	/ / 05			<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

St. Lucia Statistical Department, Chreiki Bldg. Micoud Street, Castries, St. Lucia: Tel: 758-453-7670 Fax: 758-451-8254

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H2. 59059

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

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

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

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

H2.3 What is the material used for roofing?

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

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

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

H3.

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

- 1 Owned (with mortgage), 2 Owned (Without mortgage), 3 Rented-Furnished, 4 Rented-Unfurnished, 5 Leased, 6 Rent-free, 7 Squatted, 8 Other

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

- 1 Coal, 2 Wood, 3 Gas/LPG/Cooking gas, 4 Kerosene, 5 Electricity, 6 Other

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, 6 None

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

- 1 Kitchen, 2 Toilet / Bathroom, 3 Water, 4 Any combination of 1, 2 or 3, 5 None, 6 Other

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

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

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, 2 Kerosene, 3 Electricity - Public, 4 Electricity - Private Generator, 5 Other, 6 None

H3.8 In which year was this dwelling built?

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

H3.9 How many rooms does your dwelling unit contain? (Do not count bathrooms, porches, kitchens, laundry rooms etc.)

Number of Rooms

Two boxes for room count

H3.10 How many are used

1. Solely as bedrooms?, 2. Used for business?, 3. Rented or sub-letted?, 4. Vacant?

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

- 1 Much worse now, 2 A Little worse now, 3 Same, 4 A Little better now, 5 Much better now, 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)

- 1. Telephone - Land Line, 2. Telephone - Cellular, 3. Television, 4. Video/VCR, 5. DVD Player, 6. Electric/Gas Stove, 7. Electric Iron, 8. Refrigerator/Freezer, 9. Radio/Stereo/CD Player, 10. Washing Machine, 11. Motor Vehicle, 12. Computer (laptop, desktop), 13. Sewing Machine, 14. Water Tank, 15. Cisterns, 16. Weed Eater/Lawn Mower





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### 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 paid annually for the following:		
1 House taxes -----	0423103	<input type="text"/> , <input type="text"/>
2 Other property taxes, eg. Land Tax -----	0423102	<input type="text"/> , <input type="text"/>
1.2 What is the annual rent or lease for the land on which the house is built? -----	0411201	<input type="text"/> , <input type="text"/>
1.3 How much Insurance premium is paid on this dwelling annually? -----	1252101	<input type="text"/> , <input type="text"/>
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	<input type="text"/> , <input type="text"/>
2 Unfurnished (household accommodation) -----	1800502	<input type="text"/> , <input type="text"/>
3 Business -----	1800503	<input type="text"/> , <input type="text"/>
1.6 How much rent would you charge <b>monthly</b> if you were to rent this accommodation	0421101	<input type="text"/> , <input type="text"/>
1.7 What is the estimated market value of the dwelling unit currently occupied by this household? -----	1900104	<input type="text"/> , <input type="text"/> , <input type="text"/>
1.8 Do you make mortgage payments for this dwelling? ----- <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <b>Check H3.1 then answer this question</b>		if No, go to 2.1
1.9 What is the monthly mortgage payments for this dwelling? -----	1900105	<input type="text"/> , <input type="text"/>

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 <b>Yes, Continue</b> <b>If no, go to Q3.1</b>
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 <input type="text"/> , <input type="text"/> , <input type="text"/>
2.4 Duration of mortgage -----	1900102 <input type="text"/> Years
2.5 Amount of mortgage ----- <b>After Q2.5 go to Q3.1</b>	1900103 <input type="text"/> , <input type="text"/> , <input type="text"/>

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



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**SECTION 2 - REPAIR AND MAINTENANCE OF DWELLING**

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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*    *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*

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

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

Table with 3 columns: HOW MUCH WAS SPENT ON THE SERVICES LISTED BELOW, CODE, Amount (\$). Rows include gas for cooking, water, sewerage, electricity, fixed line telephone, and other household expenses.

Table with 3 columns: HOW MUCH WAS SPENT MONTHLY ON THE SERVICES LISTED, CODE, Amount (\$). Rows include employed staff, baby-sitting, child care, care of elderly relatives, care of disabled, care of domestic animals, gardening, cablevision, internet services, and annual amount spent on other household services.





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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. Lucia
- 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?**

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			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"/> No <input type="checkbox"/> HomeMade				
Wall unit / Display cabinet	0511103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
couch or sofa	0511104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Coffee /side table/centre table	0511107	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
TV / Stereo stand /entertainment center	0511108	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Playpens	0511111	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Book case/ book shelf	0511112	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other living room furniture not specified by type	0511199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Dining room furniture 5 piece Dinette / Dining Suites	0511203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
China cabinets /Hutch back	0511204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Individual tables	0511207	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Individual chairs	0511208	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other dining room furniture not specified by type	0511299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Kitchen furniture Table	0511301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Chairs/Stools	0511302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Trolleys	0511303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Cabinets/ Cupboards (not built in)	0511304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other kitchen furniture not specified by type	0511399	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				



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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?

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)			GIFTS		
			QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
<b>Bedroom furniture</b> Bedroom Suites	0511401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Double bed/bunk bed	0511402	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
King/Queen size bed	0511403	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Single bed	0511404	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Mattress	0511406	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Chest of Drawers	0511408	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Wardrobe	0511409	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Cots, cribs	0511410	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Combination wardrobe	0511412	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Dressing table	0511407	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Other bedroom furniture not specified by type	0511499	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
<b>Patio and outdoor furniture</b> Table and chair	0511501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Lounge chair	0511505	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Other outdoor furniture not specified by type	0511599	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
<b>Decorative furnishings</b> Pictures and paintings	0511601	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Decorative clocks	0511605	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Floral Arrangements	0511602	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Ornaments, Vases	0511603	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Other decorative furniture not specified by type	0511699	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
<b>Lighting equipment</b> Standard Lamps/wall lamps	0511705	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Kerosene Lamp	0511701	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Other lighting equipment not specified by type	0511799	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
<b>Other furniture</b> Computer desks	0511801	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Ironing boards	0511803	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Strollers	0511805	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						
Other furniture not specified by type	0511899	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade						





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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?**

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
<b>Carpets</b> Fitted carpets	0512101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Non fitted carpets /rugs	0512102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Other floor covering</b> Linoleum	0512201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Ceramic tiles	0512202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Vinyl tiles	0512203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Wooden floor covering	0512204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other floor covering not specified by type	0512299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Furnishing Material</b> Furnishing Fabrics/ cushion fabrics	0520101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Curtain material (over lace)	0520102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Drape material	0520104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other furnishing material not specified by type	0520199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Ready made articles</b> Curtains- panels, kitchen sets (not plastic)	0520201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Drapes	0520202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other ready made articles not specified by type	0520299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Beddings</b> Sheets and pillow cases	0520302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
pillows	0520303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
cushions	0520307	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Travelling bags	0520306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other ready made beddings not specified by type	0520399	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Towels and Table Linen</b> Towels-Bath	0520401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Kitchen towels	0520403	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Table cloths, Table napkins	0520404	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Bathroom mats	0520405	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Door mats	0520406	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other towels and table linen not specified by type	0520499	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Other household textiles</b> Shopping bags	0520501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				



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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?

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Other household textiles not specified by type	0520599	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Major kitchen appliances</b> Cooking stove (gas/electric)	0531101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Microwave Ovens	0531102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Refrigerator and Freezer	0531103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Home deep freezer	0531105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other major kitchen appliances not specified by type	0531199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Major laundry appliances</b> Clothes washer fully automatic	0531201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Clothes washer semi- automatic	0531202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Clothes dryer (electric)	0531205	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other major laundry appliances not specified by type	0531299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Major cleaning appliances</b> Vacuum cleaner	0531301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other major cleaning appliances not specified by type	0531399	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Major air and water appliances</b> Air conditioning unit	0531401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Water heater(solar/electric)	0531404	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other major air and water appliances not specified by type	0531499	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Other major household appliances</b> Sewing machines	0531501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Computers	0913101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Fax machines	0531503	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Other major household appliances not specified by type	0531599	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
<b>Small electronic household appliances</b> Mixer	0532001	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Toaster	0532002	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Sandwich maker	0532004	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Blender	0532005	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Electric fan	0532007	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				
Electric Iron	0532008	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade				



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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?

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)			GIFTS	
			QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)
Electric kettle	0532009	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Food processors	0532014	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Small electronic household appliances not specified by type	0532099	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
<b>Telephone equipment</b> Telephones	0820102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Cell phones	0820101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
<b>Recreation and culture</b> Television sets	0911101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Personal	0911304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Radios	0911201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
CD players	0911303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
<b>China, Glass, Ceramic and Crystals Plates, teacups, saucers, mugs, bowls</b>	0540101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Glasses, Jug, -(Glass, ceramic)	0540102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Pottery, Oven ware-(glass, ceramic)	0540103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
<b>Cutlery, Flatware, Silverware</b> Forks, Knives, Spoons	0540201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Cooking Utensils-Knives, Serving spoons, Openers, Scissors, graters	0540202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
<b>Non - electric kitchen equipment</b> Pressure cookers Saucepans, Stew pots,	0540301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Sterilizers/Filters	0540303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Feeding bottles, Thermos flasks, Bottles	0540305	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Ice boxes, coolers	0540306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
<b>Miscellaneous Equipment</b> Laundry baskets, Waste	0540401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Pails, Basins, Potty, Tubs, Bath Tubs	0540403	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Mops, brooms, brushes	0540404	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Other miscellaneous equipment not specified by type	0540499	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
<b>Gas Powered tool</b> Lawn Mower	0551202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Weed Eaters	0551203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Other gas powered tools	0551299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					



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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?

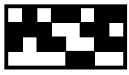
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		QTY Received	GIFTS	
			QTY BOUGHT	TOTAL COST(\$)		TOTAL COST(\$)	
Garden Tools Spades, shovels, rakes	0552201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Wheelbarrows	0552201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Ladders and steps	0552301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Small Electrical Accessories Transformers	0552501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Electric bulbs, Fluorescent lighting tubes	0552502	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					
Flash -lights, Torches.	0552503	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HomeMade					

**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?

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	
Repair of floor covering (cost of labour plus material)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512303	
Repairs to major kitchen appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533001	
Repairs to major laundry appliances e.g washing machine	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533002	
Repairs to major cleaning appliances e.g vacuum cleaner	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533003	
Repairs to other major appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533004	
Repairs to small electric appliances e.g blender	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533005	
Repair of telephone and telefax equipment	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0820201	
Repairs to audio -visual equipment (eg television set)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915101	
Repairs to photographic equipment e.g cameras	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915102	
Repairs to information processing equipment (computers)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915103	
Other repairs and servicing	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0534101	



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**SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME**

INTERVIEWER:

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.

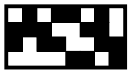
What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

 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	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Limes (Number)	0116124	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Citrus (Number)	0116104	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Ripe bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Watermelons (lbs.)	0116117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other fresh fruits (pawpaw, plums, cherries, sour sop, golden apples, etc (lbs.))	0116199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Green bananas (lbs.)	0116128	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Plantains/Macambou (lbs.)	0116129	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Avocados (Number)	0116125	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Jelly coconuts (Number)	0116132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cabbage (Green) (lbs. )	0117103	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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**SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME**

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

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Lettuce, water cress (Head / bundles)	0117106	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Celery, parsley (bundle)	0117122	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Fresh vegetables (lbs.)	0117199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Green pigeon peas (lbs.)	0117115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
String Beans (lbs.)	0117117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Spices, cinnamon, nutmeg, ginger (lbs.)	0119223	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Yams - white (lbs.)	0117503	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Yams - yellow (lbs.)	0117501	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Yams - Banja (lbs)	0117504	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Tannias (lbs.)	0117508	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Dasheen (lbs.)	0117505	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Sweet potatoes (lbs.)	0117506	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Farine / Tolomo (lbs.)	0117509	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Nuts (cashews, peanuts etc.) (lbs.)	0116130	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other ground provisions (lbs.)	0117699	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<b>Home Produced Meat and Poultry</b>				
Beef	0112107	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Pork	0112207	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Mutton/Goat	0112303	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Rabbit	0112402	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Meats	0112499	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Chicken	0112701	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Poultry	0112999	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME**

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

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
<b>Home Produced Dairy Products and Fish:</b>				
Milk (quarts)	0114101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Eggs (doz)	0114501	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Fish caught (lbs.)	0113199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Talapia (lbs.)	0113113	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shrimps /Crayfish (lbs.)	0113115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Crabs (Number)	0113117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>

**SECTION 6 - TRANSPORTATION**

- Note:** 1. List on a separate line each motor vehicle, motor cycle, bicycle etc. and any other vehicle owned and operated in the past 3 months
2. When trade-ins occur the purchase price represents cash plus amount credited towards traded vehicle, ***always clarify this***

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

 1 Yes Continue 2 No Go to Section 7

NO	TYPE	AGE (in years from date of manufacture)	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 _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
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 _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
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 _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
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 _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
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 _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>



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**SECTION 6 - TRANSPORTATION****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	
<b>Parts</b>							
Tyres	0721101						
Oil Filters/Spark plugs	0721103						
Batteries	0721104						
Brakes	0721109						
Other parts	0721199						
<b>Operation Costs</b>							
Gasoline	0722101						
Diesel	0722102						
Oil	0722201						
License	0724404						
Insurance (vehicle)	1254100						
Driving permits/License	0724303						
Parking fines /Tickets	0724701						
Other operating cost	0723199						
<b>Repairs and Servicing</b> (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						



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**SECTION 7 - REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET***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)
		CODE	FREQ			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Beef Pork/Mutton - Fresh / Frozen	0112401	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
2. Fish - Fresh / Frozen	0113199	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
3. Chicken - Fresh / Frozen	0112899	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
4. Vegetables	0117100	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
5. Ground Provisions	0117500	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
6. Bread and Cakes	0111100	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
7. Groceries	0119501	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
8. Household Supplies	0561000	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
9. Clothing Material	0311000	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
10. Clothing - Women	0312300	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
11. Clothing - Men	0312100	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
12. Clothing - Children	0313601	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
13. Furniture	0511000	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
14. Footwear	0321000	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	

**REGULARITY OF PURCHASE CODES**

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

**TYPE OF OUTLET - CODES**

- |                                   |                                    |                            |
|-----------------------------------|------------------------------------|----------------------------|
| 01. SUPERMARKET                   | 10. MEAT MARKET                    | 19. SHOE STORE             |
| 02. MINI-MART                     | 11. BAKERY                         | 20. ARCADE                 |
| 03. GROCERY SHOP                  | 12. RESTAURANT                     | 21. VARIETY STORE          |
| 04. WHOLESALE OUTLET              | 13. HARDWARE STORE                 | 22. PHARMACY               |
| 05. CASTRIES MARKET(VEG.)         | 14. FURNITURE AND APPLIANCES STORE | 23. HOSPITAL               |
| 06. VEGETABLE                     | 15. DEPARTMENTAL STORE             | 24. CLINIC (HEALTH CENTRE) |
| 07. WAYSIDE MARKET MARKET         | 16. CLOTHING STORE                 | 25. PRIVATE DOCTOR         |
| 08. FISH MARKET                   | 17. SPECULATOR                     | 26. ABROAD -USA            |
| 09. CASTRIES FISH MARKETING CORP. | 18. TEXTILE STORE                  | 27. ABROAD -OTHER          |
|                                   |                                    | 28. OTHER                  |



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**SECTION 7 - REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET***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)
		CODE	FREQ			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
15. Appliances	0531000	<input type="text"/>	<input type="text"/>		<input type="text"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="text"/>	<input type="text"/>		<input type="text"/>	
17. Medical Expenses - Consultation	0621100	<input type="text"/>	<input type="text"/>		<input type="text"/>	
18. Medical Expenses - Procedure	0630000	<input type="text"/>	<input type="text"/>		<input type="text"/>	
19. Breakfast (responsible adult)	1111101	<input type="text"/>	<input type="text"/>		<input type="text"/>	
20. Lunch (responsible adult)	1111201	<input type="text"/>	<input type="text"/>		<input type="text"/>	
21. Dinner (responsible adult)	1111301	<input type="text"/>	<input type="text"/>		<input type="text"/>	

**REGULARITY OF PURCHASE CODES**

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

**TYPE OF OUTLET - CODES**

- |                                   |                                    |                            |
|-----------------------------------|------------------------------------|----------------------------|
| 01. SUPERMARKET                   | 10. MEAT MARKET                    | 19. SHOE STORE             |
| 02. MINI-MART                     | 11. BAKERY                         | 20. ARCADE                 |
| 03. GROCERY SHOP                  | 12. RESTAURANT                     | 21. VARIETY STORE          |
| 04. WHOLESALE OUTLET              | 13. HARDWARE STORE                 | 22. PHARMACY               |
| 05. CASTRIES MARKET(VEG.)         | 14. FURNITURE AND APPLIANCES STORE | 23. HOSPITAL               |
| 06. VEGETABLE                     | 15. DEPARTMENTAL STORE             | 24. CLINIC (HEALTH CENTRE) |
| 07. WAYSIDE MARKET MARKET         | 16. CLOTHING STORE                 | 25. PRIVATE DOCTOR         |
| 08. FISH MARKET                   | 17. SPECULATOR                     | 26. ABROAD -USA            |
| 09. CASTRIES FISH MARKETING CORP. | 18. TEXTILE STORE                  | 27. ABROAD -OTHER          |
|                                   |                                    | 28. OTHER                  |

**SECTION 8 FOR HEADS OF HOUSEHOLD ONLY**8.1 What was the size of the household in which you grew up? 8.2 What is the highest grade completed by ..... father? 

- |                         |               |              |                            |
|-------------------------|---------------|--------------|----------------------------|
| 00 None                 | 11 G1/Stage 2 | 21 G8/Std 6  | 30 Frm 6/G12               |
| 01 Nursery              | 12 G2/Stage 3 | 22 G9/Std 7  | 31 SALCC - A'Level         |
| 02 Pre-school           | 13 G3/Std 1   | 25 Frm 1/SP1 | 32 SALCC - Tech/Voc        |
| 03 Kindergarten/Stage 1 | 14 G4/Std 2   | 26 Frm 2/SP2 | 33 SALCC - Yr1 or Yr2      |
| 04 Special Education    | 15 G5/Std 3   | 27 Frm 3/SP3 | 33 SALCC - Other           |
| 98 Don't Know           | 16 G6/Std 4   | 28 Frm 4/G10 | 34 University - UWI        |
|                         | 20 G7/Std 5   | 29 Frm 5/G11 | 35 University - Other      |
|                         |               |              | 41 Vocational/Tech - other |

8.3 What is the highest grade completed by ..... mother? 

- |                         |               |              |                            |
|-------------------------|---------------|--------------|----------------------------|
| 00 None                 | 11 G1/Stage 2 | 21 G8/Std 6  | 30 Frm 6/G12               |
| 01 Nursery              | 12 G2/Stage 3 | 22 G9/Std 7  | 31 SALCC - A'Level         |
| 02 Pre-school           | 13 G3/Std 1   | 25 Frm 1/SP1 | 32 SALCC - Tech/Voc        |
| 03 Kindergarten/Stage 1 | 14 G4/Std 2   | 26 Frm 2/SP2 | 33 SALCC - Yr1 or Yr2      |
| 04 Special Education    | 15 G5/Std 3   | 27 Frm 3/SP3 | 33 SALCC - Other           |
| 98 Don't Know           | 16 G6/Std 4   | 28 Frm 4/G10 | 34 University - UWI        |
|                         | 20 G7/Std 5   | 29 Frm 5/G11 | 35 University - Other      |
|                         |               |              | 41 Vocational/Tech - other |

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

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



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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	3 Age	4 What is..... Relationship to Head	5 What was the grade level attained by..... prior to departure?	6 How long ago did... move away	7 Most important reason for leaving the household	8 Area former household member moved to	9 Does this former household member send any contributions to this household?
	Male.....1 Female..2	Years	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 .....	00 None 01 Nursery 02 Pre-school 03 Kindergarten/Stage 1 11 G1/Stage 2 12 G2/Stage 3 13 G3/Std 1 14 G4/Std 2 15 G5/Std 3 16 G6/Std 4 21 G7/Std 5/Frm 1/SP1 22 G8/Std 6/Frm 2/SP2 23 G9/Std 7/Frm 3/SP3 24 G10/Frm 4 25 G11/Frm 5 26 G12/Frm 6 31 Tertiary 32 University 41 Vocational/Technical	(in years)  Less than 6 months .....0  6 months to 1 year .....1	more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	Another part of the country.....1 Barbados.....2 Other CARICOM.3 UK.....4 USA.....5 Canada.....6 Martinique.....7 Rest of World.....8 don't know.....9	Provide an annual estimate of amount sent in \$EC dollars in the last year. Provide a monetary value for in-kind contributions sent
01	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
02	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
03	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
04	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
05	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
06	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
07	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
08	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
09	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
10	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>
11	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<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="text"/>	<input type="text"/>	<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"/> 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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>



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**SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS**



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	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child 5
<b>1A. Individual Number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>1B. Mother's Number</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2. Date of Birth (dd/mm/yy)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age (in months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3. Where was child delivered?</b>	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 <input type="checkbox"/> 4	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 <input type="checkbox"/> 4	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 <input type="checkbox"/> 4	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>4. Who delivered the child?</b>	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
<b>5. In the past two weeks, has ..... had running belly (diarrhea) i.e. three or more loose stools per day?</b>	<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
<b>6. During this last episode of diarrhea, did ..... drink:(prompt and insert X for all items mentioned)</b>					
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
<b>7. During .....s diarrhea, did he/she drink much less, about the same, or more than usual?</b>					
1. Much less or more	<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
<b>8. Has .... ever been breast fed?</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>9. Is he/she still being breast fed?</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>10. Since this time yesterday, did he/she receive any of the following? (Prompt and insert X code for all</b>					
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
<b>11. Was ..... immunized against</b>					
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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