

SAINT LUCIA

Survey of Living Conditions and Household Budgets

2005 / 2006



Questionnaire and Survey Methodology



Economic Commission for Latin America and the Caribbean
Subregional Headquarters for the Caribbean

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INTRODUCTION

This manual documents some of the material related to the Survey of Living Conditions and Household Budgets (SLC/HBS) conducted in Saint Lucia by the Kairi Consultants Limited and National Assessment Team between 2005 and 2006.

The SLC/HBS is a sample survey which generates data on households and individuals in the country. The main objectives of this survey were (i) to collect information from households on their expenditure patterns, income and other characteristics and; (ii) to revise the 'average shopping basket' used in constructing the Consumer Price Index (CPI) for the country, and the relative weights of the items in the basket. The survey also provided valuable data for an assessment of the impact of socio-economic policies on the living conditions of the resident population in Saint Lucia. Further, data on households gathered in the survey also provide valuable inputs for the compilation of the country's National Accounts statistics relating to the household sector.

This manual was developed by the Economic Commission for Latin America and the Caribbean (ECLAC) – Subregional Headquarters in the Caribbean as a supplementary document for the Caribbean Household Surveys Database (CHSD). The main components of this manual include survey methodology and the questionnaires used for data collection. The latter are included in the annex at the end of the document. All information contained therein was provided by the Statistics Department in Saint Lucia.

The ECLAC Subregional Headquarters for the Caribbean is pleased to acknowledge the Saint Lucia Statistics Department for graciously consenting to the use of their surveys and metadata under the project *Improving Caribbean Household Surveys*. Due recognition must also be given to the Statistics and Economics Projection Division at ECLAC (Santiago) who provided guidance in the standardization of the datasets and the creation of the Caribbean Household Surveys Databank.

CHAPTER 1: SURVEY METHODOLOGY

The following text outlines the survey methodology used for the National Survey of Living Conditions and Household Budgets (SLC/HBS) 2005/ 2006 for Saint Lucia. The full text below was extracted from Chapter 2 of the Main Report – *Saint Lucia Country Poverty Assessment 2005/ 06* (Volume 1) which was prepared by Kairi Consultants Limited. The Statistics Department of Saint Lucia approved the use of this report by ECLAC under the project – *Improving Caribbean Household Surveys*.

The combined Survey of Living Conditions and Household Budgetary Survey (SLC/HBS) 2005/ 2006 was a comprehensive survey which combined a Survey of Living Conditions (SLC) with a survey of household income and expenditure.

This survey had two main objectives: first, it was designed to collect information from households on their buying habits (expenditures), income and other characteristics. The survey also allows data users to relate the expenditures and income of consumers to the characteristics of the consumers and their households. This type of survey may also be used for the purpose of revising the list and weighting patterns of the CPI (Consumer Price Index) basket, the price of which is monitored over time to estimate changes in overall prices in the economy¹.

In addition, this survey provided:

- Valuable data for an assessment of the impact of socio-economic policies on the conditions and levels of living of households;
- Inputs for the compilation of national accounts of the household sector which is useful in the process of calculating the growth rate of the economy;
- Statistics on the distribution of income and expenditure, which helps to determine the percentage of the wealth of St. Lucia which is owned by each income group.
- Information on the poor, their characteristics and expenditure patterns when compared to other groups in the society.
- Information on household consumption of various goods and services;
- Information to assess the cost of the provision of health services and the level of satisfaction of the population with it provision;
- Information to assess the cost of the provision and expenditure on education and the level of satisfaction obtained.

The sample for the SLC/HBS 2005/2006 in Saint Lucia was selected from a sample frame derived from the 2001 census of population and represents 2.78 percent of the population.

¹ A change in the Consumer Price Index (CPI) is sometimes referred to as “the inflation rate” and is a key macroeconomic indicator. The “inflation rate” measures the changes in the purchasing power of money and is closely monitored by economic planners, policy makers, the business community and labour unions.

For convenience, both in selecting the sample and for field enumeration, a two stage stratified systematic random sample selection process was used. At the first stage, Enumeration Districts (EDs) were selected based on a sampling frame constructed from Census Enumeration Districts; in the second stage, households were randomly selected from the EDs with interval and probability proportional to size.

The sample for the SLC/HBS 2005/2006 was large enough to allow the computation of poverty indicators (that is, the headcount and FGT indicators) by District. Detailed breakdowns of these indicators within the district would however not result in reliable estimates. The sample frame was divided into ten (10) domains of sub-populations based on demographic data of the distribution of the population in the 2001 Population and Housing Census. The “grand” sample was subdivided into ten areas for the purpose of the provision of estimates from samples selected from the frame.

The following list of the ten domains or sub-populations is based on the Districts which formed the basis for the collection of information on the population and housing census.

No.	District
1	Castries Urban
2	Castries Rural
3	Anse La Raye/ Canaries
4	Soufriere
5	Choiseul
6	Laborie
7	Vieux-Fort
8	Micoud
9	Dennery
10	Gros-Islet

**Table 1: Domains of Study in the
SLC/HBS 2005/06**

CHAPTER 2: COMPONENTS OF THE SURVEY QUESTIONNAIRES

The survey instrument for the SLC/HBS comprised two components:

- (i) the household schedule and;
- (ii) the individual questionnaire.

HOUSEHOLD SCHEDULE

The Household Questionnaire collected information from a sample of households drawn from a sample frame derived from the 2001 population census. This questionnaire was administered to the head of the household/ adult member of the household and gathered information on characteristics of the household as well as household income and expenditure. The questionnaire was sectioned out as follows:

Survey Information sheet

The survey information sheet was the first section of the questionnaire which recorded information about the household and technical information related to the interview. The specific items included:

- (i) household identification codes (enumeration number, household number);
- (ii) particulars of the household (address, telephone number, household size, household roster);
- (iii) particulars of the interviewer (name, number) and;
- (iv) information related to the interview (date, length of interview, duration).

Section 1: Housing Characteristics and physical living conditions

This section captured information on housing conditions and household assets. The questions in this section related specifically to the aspects of housing listed below:

- 2.1: Type of dwelling unit
- 2.2: Construction material of outer wall
- 2.3: Main roofing material
- 2.4: Tenancy of the dwelling
- 2.5: Main fuel for cooking
- 2.6: Type of toilet facility
- 2.7: Main water source
- 2.8: Lighting/ Main source of energy

Section 2: Expenditure on accommodation; repair and maintenance of dwelling

This section was subdivided into three parts and captured information on the household's expenditure on the dwelling. A filter question was used at the start of the section

to determine which sections applied for the household. [Filter: *In the past 12 months did you own or rent your dwelling?*]

- Questions in part 1 are related to owner occupied dwellings.
- Questions in part 2 are targeted at persons who purchased property or constructed in the survey year.
- Questions in part 3 are for households who rented a dwelling for all or part of the survey year.

This section also contained a series of questions to assess the expenditure incurred by the household on building materials and labour for the purpose of repairing or maintaining the dwelling.

Section 3: Major types of household expenses

The expenses recorded in this section pertain to major expenses that are incurred on monthly basis.

The first set of questions focused on expenses incurred by the household for basic amenities such as water, electricity, sewage, telephone etc. The questions in the next sub-section assessed expenses incurred for other services delivered to the household e.g. the costs associated with employment of maids, child care outside of the home, care of the disabled/ elderly and cable / internet services etc.

Section 4: Furniture, furnishings and household equipment

Part 1- Furniture, furnishings and household equipment

In this section, the questionnaire captured information on all items purchased or received as a gift by anyone in the household over the past 12 months. The broad categories of furniture and furnishings in that schedule included:

Living or recreation room	Dining room furniture
Kitchen furniture	Bedroom furniture
Patio and outdoor furniture	Decorative furnishings
Lighting equipment	Other furniture
Carpets	Other floor covering
Furnishing material	Beddings
Towels and table linen	Major kitchen appliances
Major laundry appliances	Major cleaning appliances
Other major household appliances	Small electronic household appliances
Telephone equipment	Cutlery, flatware, silverware
Miscellaneous equipment	Gas powered tools
Garden Tools	Small electrical accessories

Part 2 – Repairs and servicing of household articles

The questions in this subsection were centred on expenses incurred by any member of the household for the repair and servicing of pieces of equipment listed in the schedule.

Section 5: Agriculture products produced and consumed at home

The questions in this section captured data on home-grown produce for the last month. This produce included home grown vegetables, ground provisions, meat, poultry, fish and dairy product consumed by the household. The household reference person had to estimate the amount in pounds as well as the market value of the produce even if no monetary transactions would have taken place.

Section 6: Transportation

Part 1: The initial question in this section assessed ownership of and access to vehicles by members of the household. Respondents needed to declare the type of vehicle, its age and purchase price. In addition, for vehicles that had a dual purpose i.e. they were being used for both private and business purposes, respondents had to record the percentage of private or household use of the vehicle along with the percentage of business use.

Part 2: This subsection captured information on the operation costs associated with the maintaining the vehicle. Thus for each vehicle, respondents needed to estimate their expenses for a list of vehicle-related costs in the questionnaire.

Section 7: Regularity of purchase and main type of outlet

The aim of this section was to gather information on the main store or outlet used by the household to make purchases of goods and services. The reference period for this question was the last 12 months. For each item listed, respondents had to supply information on the regularity of the purchase along with the name and location of the outlet where the purchase was made.

Section 8: For heads of household only

The four questions in this section were all targeted at the head of the household and sought to make some connection between the between the present head of household and the household in which he/ she grew up. Questions assessed aspects such as:

- (i) the size of the household in which the respondent grew up;
- (ii) the highest level of education completed by his/ her mother and father and;
- (iii) the respondents' perception on whether or not he/ she is better off than his/ her parents.

Section 9: For household members who have moved out of the household in the past 5 years

The questions in this section captured information on migration from the household over the past 5 years. The key characteristics determined here were the person's age, sex, relationship to the head of the household and the highest grade attained prior to departure. The specific aspects of migration that were collected included how long ago the person left, the reason for leaving and the area to which the person moved. Additionally, information on

the amount of money sent (remittances) by the migrant as a contribution to the household was sought here.

Section 10: For children under the age of 5 years

This section was designed to capture information on children under the age of 5 years. Information sought here included the child's date of birth and particulars on the birth delivery, post-natal care and vaccination characteristics.

INDIVIDUAL QUESTIONNAIRE

The individual questionnaire collected data on all members of the household listed on the roster on some thematic areas. Not all items on the questionnaire applied to all members. Thus, the specific individual (s) to which each section was intended is indicated in brackets.

Section 1: Characteristics (for all persons)

This section captured details on members of the household listed on the roster. It sought primarily demographic information on the household members however two items that measure the use of ICTs were also included.

- 1.1 Relationship to the head of the household
- 1.2 Gender/ sex
- 1.3 Age (at last birthday) and date of birth
- 1.4 Ethnic/ racial or national group
- 1.5 Religion
- 1.6 Mobile phone and amount spent on phone bills in the past month
- 1.7 Access to the internet

Section 2: Migration (for all persons)

This section captured data on citizenship and migration. Specific items were used to pinpoint the citizenship of the respondent as well as the mother's citizenship and also sought information on the permanency of residency of both mother and respondent in Saint Lucia.

Section 3: Health (for all persons)

This section captured data on the health of the population in terms of their affliction to chronic illness and other lifestyle diseases. It also examined issues related to health care and services provided by both private and public health institutions in terms of the cost and quality of the services and satisfaction with the services provided.

- 3.1 – 3.4: Severity of Illness/ injury and nature of illness/ injury
- 3.5 – 3.7: Lifestyle diseases
- 3.8: Number of work days lost due to illness

- 3.9 – 3.14: Access and visits to health services/ facilities
- 3.15 -3.17: Satisfaction with health services
- 3.18 – 3.27: Amount spent on health care/ services
- 3.28: Health Insurance

Section 4: Education (for all persons)

The questions in this section were targeted primarily at children attending school or classes. It assessed the education services provided in terms of quality, access to education services and other support programmes such as book lending schemes and school feeding programmes. A few items in this section were targeted to adults over the age of 15 years. These questions examined the highest level of education completed by those respondents as well as the qualifications attained.

- 4.1 – 4.8: Enrolment and Attendance
- 4.9 – 4.10: Mode and distance travelled to school
- 4.12 – 4.18: School feeding and text book programmes

For persons not attending school at present

- 4.19 – 4.22: Reasons for not attending school and particulars about schooling
- 4.23 – 4.25: Educational Attainment

Section 5: Employment (for persons 15 years and over)

This section tried to determine the employment characteristics of persons 15 years of age and older. The questions assessed the respondent's economic activity status and categorized them as employed, unemployed or out of the labour force. The first question in that section was the filter question for that section [Filter: *How many months did he/ she work in the last 12 months?*]

- 5.1b – 5.4: Activity status
- 5.5 – 5.7: Employment Status
- 5.8: Occupation
- 5.9: Industry/ Sector of employment
- 5.10: Category of worker
- 5.11 – 5.12: Income/ earnings from informal work

- 5.13 – 5.18: For persons who did not work or do anything to earn an income in the last week

Section 6: Marital, union status and fertility (for persons 15 years and over)

This section contained questions on marital status, union status, fertility and family formation. The questions applied exclusively to persons 15 years and over.

- 6.1: Union Status

For females 15 – 49 years

6.2 – 6.9: Fertility, prenatal care, birth and deaths

Section 7: Crime

This section solicited information from the household on criminal activity and the impact of criminal activity on persons in the household.

- 7.1: Whether any member of the household had been a victim of crime in the last 12 Months
- 7.2: The nature of the crime and impact (financial) on the member of the household
- 7.3 – 7.5: Whether or not it was reported to the police and level of satisfaction with handling

Section 8: Clothing and footwear consumed during the past 3 months

This section required consumption information on articles of clothing and footwear for the past 3 months. For the list of items, respondents were required to supply details of the quantity purchased and the total cost incurred. Items under this section first had to be declared as either “purchased” or “homemade”. In the case of the latter, respondents had to also record the quantity and estimate the market value of the item.

The items listed in this section by broad categories were:

- Material for men and boy’s garments
- Material for women and children garments
- Men’s garments – outer wear
- Men’s underwear and hosiery
- Other articles of men’s clothing
- Boy’s outer wear
- Boy’s under garments and hosiery
- Boy’s school garments
- Other articles of boys clothing
- Women’s outer wear
- Women’s underwear
- Other women’s clothing and clothing accessories
- Girls outer wear
- Girl’ underwear and hosiery
- Girl’s school garments
- Infants (under 1 yea) clothing and clothing accessories
- Dry cleaning, laundering and drying of garments
- Repairs and alterations
- Men and boy’s shoes (16 years and over)
- Women and girls shoes (16 years and over)
- Infants and children shoes (up to 16 years)
- Shoe repair

Section 9: Other Expenses

The questions in this section were used to compile information on expenses on a range of items and services under the following broad categories:

- Medical expenses
- Educational expenses
- Entertainment expenses
- Transportation by air
- Transportation by boat
- Personal and other expenses

For all categories respondents had to indicate the amount of money spent. However, for some categories additional information on the quantity had to be specified. The reference period for this section was the last 3 months.

Section 10: Other disbursements

This section gathered information on disbursements made by the spender for non-consumption items over the last month. The major categories under non-consumption expenditures related to expenditure incurred on a monthly basis on income taxes, life insurance premiums, hire purchase instalments, allowances to children, national insurance payments etc. An additional subsection was included to cover disbursements on other consumption expenditures. As the categories under this subsection related to investment type items, the reference period was the last twelve months. The major categories included credit union shares, bank deposits, treasury bills, stocks etc.

Section 11: Income

This section required information on income. For this, the section was subdivided into two sub-sections. The first related to income from employment and the second sought information on income from other sources.

Part 1: Income from employment

Respondents were required to state gross income for the last pay period, before income tax or other deductions from both the main job and a secondary job if it applied. Additional questions in this section also attempted to determine how regularly that income was received.

Part 2: Other Income sources

Respondents were required to state the amount of income received from other income sources such as:

- Remittances from abroad
- Rental for house, land or other property
- Other entrepreneurial income e.g. self employment
- Dividends on local and foreign investments

- Interest on local and foreign bank deposits
- Government retirement pension
- Pension from other employer outside of Saint Lucia
- Pension from foreign employer
- Social security (excluding retirement pension)
- Insurance annuities
- Public assistance
- Child support
- Allowances – alimony, financial aid, scholarships
- Interest from stocks, shares, treasury bills and other investments
- All other income

ANNEX

SURVEY QUESTIONNAIRES



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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.

0 1 2 3 4 5 6 7 8 9

The following will serve as an example:

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

--	--	--

USE ONLY 2B PENCIL

Subsample No

Replicate letter

		-	

IMPORTANT!!!

Transfer these codes to the top of **EACH** individual questionnaire

ED NUMBER

HOUSEHOLD NO

Address of Household:

Telephone number

		-	

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"/>

Place X in box if person is under 5

Place X in box if person is under 5

INTERVIEWER RESULTS

Confidential

Interview Calls	Date (DD/MM/YY)	Time Started	Duration	*Results
1	/ / 0 5			<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

Confidential

Confidential

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 Double house/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 (Specify.....)
- 8 Other/Don't Know

H2.3 What is the material used for roofing?

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

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
- 8 Other (please specify.....)
- 5 Leased
- 6 Rent-free
- 7 Squatted

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

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
- 8 Other (please specify.....)
- 4 Public well/tank or truck
- 5 Private, piped into dwelling
- 6 Private catchment not piped

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 (please specify.....)
- 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

--	--

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)

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



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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		
2 Other property taxes, eg. Land Tax-----	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 <i>monthly</i> 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 <i>Check H3.1 then answer this question</i>			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		Years
2.5 Amount of mortgage----- <i>After Q2.5 go to Q3.1</i>	1900103		
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		
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		



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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	□□□□, □□□□
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	□□□□, □□□□
Labor excluding materials costs			
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: Description, CODE, Amount (\$). Rows include gas for cooking, water, sewerage, electricity, fixed line telephone, and other household expenses.

Table with 3 columns: Description, CODE, Amount (\$). Rows include employed staff, baby-sitting, child care, elderly care, disabled care, domestic animals, gardening, cablevision, internet services, and 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(\$)
Bedroom furniture 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				
Patio and outdoor furniture 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				
Decorative furnishings 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				
Lighting equipment 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				
Other furniture 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(\$)
Carpets 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				
Other floor covering 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				
Furnishing Material 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				
Ready made articles 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				
Beddings 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				
Towels and Table Linen 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				
Other household textiles 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						
Major kitchen appliances 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						
Major laundry appliances 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						
Major cleaning appliances 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						
Major air and water appliances 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						
Other major household appliances 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						
Small electronic household appliances 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				
Telephone equipment 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				
Recreation and culture 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				
China, Glass, Ceramic and Crystals Plates, teacups, saucers, mugs, bowls	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				
Cutlery, Flatware, Silverware 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				
Non - electric kitchen equipment 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				
Miscellaneous Equipment 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				
Gas Powered tool 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)			GIFTS		
			QTY BOUGHT	TOTAL COST(\$)		QTY Received	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 ARTICLESPART 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"/>
Celery, parsley (bundle)	0117122	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Green pigeon peas (lbs.)	0117115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
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"/>
Yams - white (lbs.)	0117503	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Yams - Banja (lbs)	0117504	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Dasheen (lbs.)	0117505	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Farine / Tolomo (lbs.)	0117509	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Other ground provisions (lbs.)	0117699	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Home Produced Meat and Poultry				
Beef	0112107	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Mutton/Goat	0112303	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Other Meats	0112499	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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"/>
Other Poultry	0112999	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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
Home Produced Dairy Products and Fish:				
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	
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						



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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"/>	
2. Fish - Fresh / Frozen	0113199	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3. Chicken - Fresh / Frozen	0112899	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4. Vegetables	0117100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5. Ground Provisions	0117500	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
6. Bread and Cakes	0111100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
7. Groceries	0119501	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
8. Household Supplies	0561000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
9. Clothing Material	0311000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
10. Clothing - Women	0312300	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
11. Clothing - Men	0312100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
12. Clothing - Children	0313601	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
13. Furniture	0511000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
14. Footwear	0321000	<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 |

**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="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
17. Medical Expenses - Consultation	0621100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
18. Medical Expenses - Procedure	0630000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
19. Breakfast (responsible adult)	1111101	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
20. Lunch (responsible adult)	1111201	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
21. Dinner (responsible adult)	1111301	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

REGULARITY OF PURCHASE CODES

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

TYPE OF OUTLET - CODES

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

SECTION 8 FOR HEADS OF HOUSEHOLD ONLY8.1 What was the size of the household in which you grew up? 8.2 What is the highest grade completed by father?

- 00 None
- 01 Nursery
- 02 Pre-school
- 03 Kindergarten/Stage 1
- 04 Special Education
- 98 Don't Know
- 11 G1/Stage 2
- 12 G2/Stage 3
- 13 G3/Std 1
- 14 G4/Std 2
- 15 G5/Std 3
- 16 G6/Std 4
- 20 G7/Std 5
- 21 G8/Std 6
- 22 G9/Std 7
- 25 Frm 1/SP1
- 26 Frm 2/SP2
- 27 Frm 3/SP3
- 28 Frm 4/G10
- 29 Frm 5/G11
- 30 Frm 6/G12
- 31 SALCC - A'Level
- 32 SALCC - Tech/Voc
- 33 SALCC - Yr1 or Yr2
- 34 University - UW1
- 35 University - Other
- 41 Vocational/Tech - other

8.3 What is the highest grade completed by mother?

- 00 None
- 01 Nursery
- 02 Pre-school
- 03 Kindergarten/Stage 1
- 04 Special Education
- 98 Don't Know
- 11 G1/Stage 2
- 12 G2/Stage 3
- 13 G3/Std 1
- 14 G4/Std 2
- 15 G5/Std 3
- 16 G6/Std 4
- 20 G7/Std 5
- 21 G8/Std 6
- 22 G9/Std 7
- 25 Frm 1/SP1
- 26 Frm 2/SP2
- 27 Frm 3/SP3
- 28 Frm 4/G10
- 29 Frm 5/G11
- 30 Frm 6/G12
- 31 SALCC - A'Level
- 32 SALCC - Tech/Voc
- 33 SALCC - Yr1 or Yr2
- 34 University - UW1
- 35 University - Other
- 41 Vocational/Tech - other

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

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



**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 months0 6 months to 1 year1	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"/>

SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS

	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child 5																				
59059 1A. Individual Number	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
1B. Mother's Number	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
2. Date of Birth (dd/mm/yy) Age (in months)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
3. Where was child delivered?	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																				
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. Durings diarrhea, did he/she drink much less, about the same, or more than usual?																									
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																				
8. Has ever been breast fed?	<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																				
9. Is he/she still being breast fed?	<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																				
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																				



34461

INDIVIDUAL QUESTIONNAIRE

IMPORTANT!!!

Transfer codes from front page of housing questionnaire

ED NUMBER				HOUSEHOLD NO			

INTERVIEWER:

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

SECTION 1: CHARACTERISTICS FOR ALL PERSONS	SECTION 2: MIGRATION FOR ALL PERSONS
---	---

1.1. Please fill in this person's assigned number from household roster

--	--

1.2 What iss relationship to the head of household?

- | | |
|--|---|
| <input type="checkbox"/> 1 Head | <input type="checkbox"/> 5 Grandchild |
| <input type="checkbox"/> 2 Spouse/partner | <input type="checkbox"/> 6 Parent/parent-in-law |
| <input type="checkbox"/> 3 Child | <input type="checkbox"/> 7 Other relative |
| <input type="checkbox"/> 4 Son/daughter-in-law | <input type="checkbox"/> 8 Non-relative |

1.3. INTERVIEWER: Fill the appropriate oval.
FOR PERSONS NOT SEEN ASK: Is.....male or female?

- 1 Male 2 Female

1.4 What is.....s date of birth?

		/			/		0		5
--	--	---	--	--	---	--	---	--	---

If not known, ask:
How old was.....on his/her last birthday?

--	--

If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age

use 97 for age over 96

1.5 To what ethnic, racial or national group do you think.....belongs?

- | | |
|---|--|
| <input type="checkbox"/> 1 African Descent/Negro/Black | <input type="checkbox"/> 6 Syrian/Lebanese |
| <input type="checkbox"/> 2 Indigenous People (Amerindian/Carib) | <input type="checkbox"/> 7 White/Caucasian |
| <input type="checkbox"/> 3 East Indian | <input type="checkbox"/> 8 Mixed |
| <input type="checkbox"/> 4 Chinese/Asian | <input type="checkbox"/> 10 Don't know/Not Stated |
| <input type="checkbox"/> 5 Portuguese | <input type="checkbox"/> 9 Other (please specify.....) |

1.6 What is.....s religion/denomination?

- | | |
|--|---|
| <input type="checkbox"/> 1 Anglican | <input type="checkbox"/> 11 Muslim |
| <input type="checkbox"/> 2 Baptist | <input type="checkbox"/> 12 Pentecostal |
| <input type="checkbox"/> 3 Bahai | <input type="checkbox"/> 13 Presbyterian |
| <input type="checkbox"/> 4 Brethren | <input type="checkbox"/> 14 Rastafarian |
| <input type="checkbox"/> 5 Church of God | <input type="checkbox"/> 15 Roman Catholic |
| <input type="checkbox"/> 6 Evangelical | <input type="checkbox"/> 16 Salvation Army |
| <input type="checkbox"/> 7 Hindu | <input type="checkbox"/> 17 Seventh Day Adventist |
| <input type="checkbox"/> 8 Jehovah Witnesses | <input type="checkbox"/> 18 None |
| <input type="checkbox"/> 9 Methodist | <input type="checkbox"/> 19 Not Stated |
| <input type="checkbox"/> 10 Moravian | <input type="checkbox"/> 20 Other (please specify.....) |

1.7A Do have a working mobile phone ?

- 1 Yes 2 No (skip to Q1.8) 3 Not Stated

1.7B How much did spend on cellular telephone (pre-paid and/or post-paid) in the last month (exclude balances from previous bills, include monthly package cost and additional cost for text messaging, caller ID, call waiting, etc)

\$

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 ,

--	--	--	--

Note that for post paid the amount required is the amount billed

1.8. Where is Internet access available to? X all that apply

- | | | | |
|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> 1 Home | <input type="checkbox"/> 2 Work | <input type="checkbox"/> 3 School | <input type="checkbox"/> 4 Internet Cafe |
| <input type="checkbox"/> 5 Cell Phone | <input type="checkbox"/> 6 Family Friend | <input type="checkbox"/> 7 Other | |
| <input type="checkbox"/> 8 None | | | |

2.1 Where was.....mother's place of usual residence when.....was born?

- 1 St. Lucia 2 Abroad (Another Country) Go to Q2.3

2.2 In which district/parish wass. mother living?

(All go to Q2.5)

2.3 In which country was.....mother living?

2.4 In which year didlast come to live in St. Lucia?

--	--	--	--

2.5 Is/are living abroad at present?

- 1 Yes 2 No (If no, go to Q2.10)

2.6 In which country does now live?

2.7 How long has/have..... lived there?

FROM MONTH / YEAR

		/				
--	--	---	--	--	--	--

2.8 Why didreturn/come to St. Lucia?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> 1 Regard it as home/Homesick | <input type="checkbox"/> 5 To start a business | <input type="checkbox"/> 9 Other |
| <input type="checkbox"/> 2 Family is here | <input type="checkbox"/> 6 The Weather | |
| <input type="checkbox"/> 3 Departed | <input type="checkbox"/> 7 To obtain employment | |
| <input type="checkbox"/> 4 Retired | <input type="checkbox"/> 8 Health Reasons | |

2.9 For how long does/do..... intend to stay?

--	--

 Years

--	--

 Months (ALL, go to Q2.12)

2.10 Has ever lived abroad in the past ten years?

- 1 Yes 2 No (go to 2.12)

2.11 Why didreturn/come to St. Lucia?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> 1 Regard it as home/Homesick | <input type="checkbox"/> 5 To start a business | <input type="checkbox"/> 9 Other |
| <input type="checkbox"/> 2 Family is here | <input type="checkbox"/> 6 The Weather | |
| <input type="checkbox"/> 3 Departed | <input type="checkbox"/> 7 To obtain employment | |
| <input type="checkbox"/> 4 Retired | <input type="checkbox"/> 8 Health Reasons | |

2.12 Does any member of household frequently engage in any of the following (X all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1 Drinking Alcohol | <input type="checkbox"/> 4 Sexual abuse |
| <input type="checkbox"/> 2 Smoking of Cigarettes | <input type="checkbox"/> 5 Physical abuse |
| <input type="checkbox"/> 3 Smoking/Ingestion of banned Substances | <input type="checkbox"/> 6 Physical abuse of children |
| <input type="checkbox"/> 7 Other | <input type="checkbox"/> 9 Don't Know |
| <input type="checkbox"/> 8 None of the above | |



SECTION 3: HEALTH FOR ALL PERSONS

3.1 Did..... have to be **confined to bed** during the past thirty (30) days due to any illness or injury? For example, cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident?
 1 Yes 2 No **If No, go to Q3.3**

3.2 What type of illness/injury was this?

list only the major illness/injury as clearly as possible

3.3 During the past 30 days, did suffer from cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident?
 1 Yes 2 No **If No, go to Q3.5**

3.4 What type of illness/injury was this?

list only the major illness/injury as clearly as possible

3.5 Does suffer from any of the following diseases, Diabetes, High Blood Pressure, Heart Condition, Cancer, HIV?
 1 Yes 2 No

*If yes to either Q3.1 or Q3.3 and No to Q3.5 go to Q3.7
if No to Q3.1, Q3.3 and Q3.5 go to Q3.28
Otherwise, answer Q3.6 and Continue*

3.6 If yes, which of these?
 1 Diabetes 2 High Blood Pressure 3 Heart Condition
 4 Cancer 5 HIV/AIDS 6 Other

3.7 Did's illness/injury begin within or before the last thirty (30) days?
 1 Within 2 Before

3.8 For how many days during the past thirty (30) days was/were unable to carry on his/her usual activities because of illness/injury?

1. Days How many of these were 2. Days days of work without pay?

3.9 Did visit a doctor, nurse, pharmacist, healer, spiritual healer, midwife or other health practitioner during the past thirty (30) days due to illness/injury?
 1 Yes (Go to Q 3.11) 2 No

3.10 If no, why not?
 1 No Need 2 Too expensive 3 Too far
 4 Un treatable 5 Other

After Q 3.10 go to Q3.28

3.11 How many visits did make in the past thirty (30) days to health practitioners?
 Visits

3.12 Where was first visit made?
 1 Public Hospital 6 Private Doctor/Dentist
 2 Private Hospital 7 Traditional Healer
 3 Community Health Clinic 8 Out of state hospital
 4 Polyclinic 9 Pharmacy / Chemist
 5 Family Planning Clinic 10 Other

3.13 Why did go there first?

3.14 Who attended to first visit?
 1 Nurse, health care worker 2 Pharmacist 3 Healer
 4 Doctor 5 Midwife 6 Other

SECTION 3: HEALTH con't FOR ALL PERSONS

3.15 How long did have to wait at this place before being attended to?
 Minutes

3.16 How satisfied were/was with the attention/treatment received?
 1 Very satisfied, Go to Q3.18 3 Dissatisfied
 2 Satisfied, Go to Q3.18 4 Very dissatisfied

3.17 Why were/was..... not satisfied?
 1 Drugs not available 3 Attitude of Staff 6 No Doctor/Trained staff available
 2 Drugs not affordable 4 Long waiting time
 5 Equipment not available or operational 7 To many revisits

3.18 How much did have to pay at public health facilities for all visits made during the past thirty (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$, EC

3.19 How much did have to pay at private/public health facilities for all visits made during the past thirty (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$, EC

3.20 Did spend the night in a public/private hospital or any other public establishment during the past thirty (30) days?
 1 Yes 2 No *If no to Q3.23*

3.21 How many nights during the past thirty (30) days did spend in the public/private hospital?
 Nights

3.22 How much did have to pay or have paid altogether for his/her stay in a public/Private hospital during the past (30) days? Do not include the cost of drugs or any cost paid by your insurance.
\$, EC

3.23 Did buy medicines during the past thirty (30) days?
 1 Yes 2 No *If no to Q3.28*

3.24 Did obtain medicines at a public facility?
 1 Yes 2 No

3.25 Did obtain medicines at a private facility or pharmacy?
 1 Yes 2 No

3.26 How much would have spent if he/she were to purchase the medicines obtained from a public facility at a private facility?
\$, EC

3.27 How much has spent for medicines at private/public sources in the past (30) days?
Private (in EC Dollars) ,
Public (in EC Dollars) ,

3.28 Is covered by Private Health Insurance, Employee Medical Plan, N.I.S. or Social Welfare?
 1 Yes 2 No

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SECTION 4: EDUCATION FOR ALL PERSONS

4.1 Can read and write? 1 Yes 2 No

4.2 Is attending school/classes? 1 Yes 2 No *If no to Q4.19*

4.3 Is it? 1 Full-time 2 Part-time 3 Not Stated

4.4 What is the current grade are/is attending at present?

- | | | | |
|-------------------------|---------------|----------------------------|-----------------------|
| 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 - UW1 |
| | 20 G7/Std 5 | 29 Frm 5/G11 | 35 University - Other |
| | | 41 Vocational/Tech - other | |

4.5 Does attend private school/classes?

1 Yes 2 No

4.6a Does live at home while attending school/classes?

1 Yes 2 No

4.6b Are/is enrolled in a distant education programme?

1 Yes 2 No *(If yes, go to Q4.23)*

For Part time and distant education persons, you should proceed to Q4.23

4.7 During the last five days of school how many days did actually go to school/classes?

Days *(If 5 days go to Q4.9)*

4.8 Why did not go to school during all of the last five school days?

- | | |
|--|--|
| <input type="checkbox"/> 1 Illness | <input type="checkbox"/> 6 Not worth going |
| <input type="checkbox"/> 2 Financial Problems | <input type="checkbox"/> 7 School closed/holidays |
| <input type="checkbox"/> 3 Transportation Problems | <input type="checkbox"/> 8 Truant/Delinquent (no reason) |
| <input type="checkbox"/> 4 Working | <input type="checkbox"/> 9 Pregnant/young mother |
| <input type="checkbox"/> 5 Home duties | <input type="checkbox"/> 10 Baby sitting |
| <input type="checkbox"/> 11 Apprenticeship | <input type="checkbox"/> 14 Menstrual Problems |
| <input type="checkbox"/> 12 Fear of Gangs | |
| <input type="checkbox"/> 15 Other (Specify _____) | |

4.9 How far away is school from here (in minutes based on his/her usual/normal means of getting there)?

Minutes

4.10 How does normally get to school?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1 Walking | <input type="checkbox"/> 4 Bus/Mini Bus |
| <input type="checkbox"/> 2 Cycling | <input type="checkbox"/> 5 Private transport |
| <input type="checkbox"/> 3 Taxi | <input type="checkbox"/> 6 Other (Specify _____) |

4.11 Is there a school feeding programme at.....'s school?

1 Yes 2 No *(if no, go to Q4.14)*

4.12 Do you pay for the school meal service?

1 Yes 2 No

4.13 Does.....receive meals or snack from this service?

1 Yes 2 No

4.14 Does.....have all textbooks required for his/her use at school?

- 1 Yes, has books for exclusive use
- 2 Yes, but shares with other family members
- 3 Has only some books
- 4 Has none *(if none, go to Q4.17)*

4.15 Were any of.....'s books provided by the school at no cost?

1 Yes 2 No

4.16 Were some of these books acquired by.....in any of the following ways? *(Select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> 1 Borrowed for use during year | <input type="checkbox"/> 6 Received from NGO |
| <input type="checkbox"/> 2 Received from relatives or friends | |
| <input type="checkbox"/> 3 Purchased New | <input type="checkbox"/> 5 Bought some/got some on loan or free |
| <input type="checkbox"/> 4 Purchased second hand | |

INTERVIEWER: for those answering 1 in Q. 4.14 go to Q.4.18

4.17 What are the reasons for.....not having required textbooks?

- | | |
|--|---|
| <input type="checkbox"/> 1 Books not available | <input type="checkbox"/> 4 Books were lost or destroyed |
| <input type="checkbox"/> 2 Could not afford | <input type="checkbox"/> 5 To be purchased |
| <input type="checkbox"/> 3 Books available in school library | <input type="checkbox"/> 6 Other (Specify _____) |

4.18 Has.....or.....'s parents ever made use of a book loan facility?

1 Yes 2 No

All go to Q. 4.25

FOR ALL PERSONS NOT ATTENDING SCHOOL AT PRESENT

4.19 For persons under sixteen (16) years of age, why is not attending?

- | | |
|---|---|
| <input type="checkbox"/> 1 Too young | <input type="checkbox"/> 9 Pregnant/young mother |
| <input type="checkbox"/> 2 Financial Problems | <input type="checkbox"/> 10 Baby sitting |
| <input type="checkbox"/> 3 Transportation Problems | <input type="checkbox"/> 11 Apprenticeship |
| <input type="checkbox"/> 4 Working | <input type="checkbox"/> 12 Not worth going to school |
| <input type="checkbox"/> 5 Illness | <input type="checkbox"/> 13 Expelled |
| <input type="checkbox"/> 6 Physically/mentally challenged | <input type="checkbox"/> 14 Suspended |
| <input type="checkbox"/> 7 No school available | <input type="checkbox"/> 15 Other (Specify _____) |
| <input type="checkbox"/> 8 No space in school | |
| <input type="checkbox"/> 16 Not applicable (if person > 15 years) | |

4.20 Has..... ever attended school?

1 Yes 2 No *(If no, go to Q4.24)*

4.21 What age did start?

4.22 What age did leave?

4.23 What is the highest grade completed?

- | | | | |
|-------------------------|---------------|--------------|----------------------------|
| 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 - UW1 |
| | 20 G7/Std 5 | 29 Frm 5/G11 | 35 University - Other |
| | | | 41 Vocational/Tech - other |



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4.24 What is the highest examination ever passed?

- 1 None
- 2 School leaving Certificate
- 3 CXC Basic
- 4 GCE "O"/CXC Gen Prof (1 or 2 subjects) Grade I, II, III
- 5 GCE "O"/CXC Gen Prof (3 or 4 subjects) Grade I, II, III
- 6 GCE "O"/CXC Gen Prof (5 and over subjects) Grade I, II, III
- 7 GCE "A"/HSC 1 or 2
- 8 GCE "A"/HSC 3 and over
- 9 Diploma or Equivalent Certificate
- 10 Associate Degree
- 11 Undergraduate Degree
- 12 Postgraduate Degree
- 13 Professional Qualifications - Computer
- 14 Professional Qualifications - Accounting
- 15 Professional Qualifications - Other
- 16 Other

4.25 Did have any vocational or technical training?

- 1 Vocational 3 Both
- 2 Technical 4 None *If under 15, go to Section 7*

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.1a How many months did you/he/she work in the past 12 months?

- | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5.1b Did do any type of work in the last 7 days?

- 1 Yes 2 No *(If Yes go to Q5.5)*

5.2 Was absent from work in the last 7 days?

- 1 Yes 2 No *(If Yes go to Q5.5)*

5.3 Has been looking for work and ready for work in the last 2 months?

- 1 Yes 2 No *(If yes, go to Q5.13)*

5.4 What was the main reason was not working in the last 7 days?

- | | |
|--|---|
| <input type="checkbox"/> 1 No work available | <input type="checkbox"/> 6 Infirmity/Disabled |
| <input type="checkbox"/> 2 Seasonal inactivity | <input type="checkbox"/> 7 Did not want to work |
| <input type="checkbox"/> 3 Student | <input type="checkbox"/> 8 Maternity Leave |
| <input type="checkbox"/> 4 Household/family duties | <input type="checkbox"/> 9 Other _____ |
| <input type="checkbox"/> 5 Retired | (All go to Q5.13) |

5.5 How many years have been in this job? Years *00 for under 6 mths*

5.6 How many hours did/does normally work in a week?

(if greater than 35 hours, go to Q5.8)

5.7 What is the reason for working less than 35 hours?

- | | |
|---|---|
| <input type="checkbox"/> 1 Own illness/injury | <input type="checkbox"/> 6 Job ended in reference week |
| <input type="checkbox"/> 2 Holiday/vacation | <input type="checkbox"/> 7 Firm not getting enough work |
| <input type="checkbox"/> 3 Personal/family responsibilities | <input type="checkbox"/> 8 Could not find more work |
| <input type="checkbox"/> 4 In school/training | <input type="checkbox"/> 9 Part Time Work |
| <input type="checkbox"/> 5 Strike/lock out | <input type="checkbox"/> 10 Pregnancy |
| <input type="checkbox"/> 11 Other | |

5.8 What is your occupation, that is what activities do you do in your work? e.g. sales manager or sales clerk, mason etc

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.9 What is the main activity at the place of 's main job? Is it Tourism Related?

- | | |
|---|---|
| <input type="checkbox"/> 1 Agriculture/fishing - Other | <input type="checkbox"/> 2 Agric/fish - Tourism Related |
| <input type="checkbox"/> 3 Manufacturing - Other | <input type="checkbox"/> 4 Manu - Tourism Related |
| <input type="checkbox"/> 5 Construction - Other | <input type="checkbox"/> 6 Const - Tourism Related |
| <input type="checkbox"/> 7 Wholesale and Retail - Other | <input type="checkbox"/> 8 W&R - Tourism Related |
| <input type="checkbox"/> 9 Hotel and Restaurant | |
| <input type="checkbox"/> 10 Transportation - Other | <input type="checkbox"/> 11 Transp - Tourism Related |
| <input type="checkbox"/> 12 Services - Other | <input type="checkbox"/> 13 Services - Tourism related |
| <input type="checkbox"/> 14 Admin/social security | <input type="checkbox"/> 15 Admin - Tourism related |
| <input type="checkbox"/> 16 Educ/social work | <input type="checkbox"/> 17 educ/social - tourism related |
| <input type="checkbox"/> 18 Other | <input type="checkbox"/> 19 Other - Tourism related |

5.10 What is..... status in the main job?

- | | |
|--|---|
| <input type="checkbox"/> 1 Paid Employee - Government | <input type="checkbox"/> 5 Self employed with employees |
| <input type="checkbox"/> 2 Paid Employee - Statutory | <input type="checkbox"/> 6 Unpaid family worker |
| <input type="checkbox"/> 3 Paid Employee - private | <input type="checkbox"/> 7 Other |
| <input type="checkbox"/> 4 Self employed without employees | (If 1,2 or 3 go to Q5.12) |

5.11 If worked for self without paid help or did any informal work, please provide the following information for the last twelve months?

- Location 1 Fixed 2 Moved from place to place
- Average value of sales/service \$, EC
- Product/service provided _____
- Total Capital Invested \$, EC

5.12 What has been the major problem preventing you from earning a higher income in the past twelve months?

For all persons who are employed go to Q6.1

FOR ALL PERSONS WHO DID NOT WORK OR DO ANYTHING TO EARN AN INCOME LAST WEEK

5.13 When last did work?

- | | |
|--|--|
| <input type="checkbox"/> 1 Never Worked (Go to Q 5.15) | <input type="checkbox"/> 4 3 > 6 months |
| <input type="checkbox"/> 2 Less than one month | <input type="checkbox"/> 5 6 > 12 months |
| <input type="checkbox"/> 3 1 > 3 months | <input type="checkbox"/> 6 1 year and more |

5.14 What was the main reason why left last job?

- | | |
|--|---|
| <input type="checkbox"/> 1 New Job | <input type="checkbox"/> 7 Did not want to work |
| <input type="checkbox"/> 2 Fired | <input type="checkbox"/> 8 No more work available |
| <input type="checkbox"/> 3 Illness/Injury | <input type="checkbox"/> 9 Wages too low |
| <input type="checkbox"/> 4 Retired | <input type="checkbox"/> 10 Seasonal job |
| <input type="checkbox"/> 5 To return to school | <input type="checkbox"/> 11 Home Duties |
| <input type="checkbox"/> 6 Retrenched/laid off | <input type="checkbox"/> 12 Sexual Harassment |
| <input type="checkbox"/> 14 Other (Specify) | <input type="checkbox"/> 13 Pregnancy |

5.15 Did look for work or do anything to earn income last week?

- 1 Yes 2 No *(If yes, go to Q5.17)*

5.16 Why did not seek work or do anything to earn income last week?

- | | |
|---|---|
| <input type="checkbox"/> 1 At school | <input type="checkbox"/> 7 Awaiting results or applications |
| <input type="checkbox"/> 2 Housekeeping | <input type="checkbox"/> 8 Knew of no vacancy |
| <input type="checkbox"/> 3 Retired | <input type="checkbox"/> 9 Discouraged |
| <input type="checkbox"/> 4 Disabled | <input type="checkbox"/> 10 Caring for someone |
| <input type="checkbox"/> 5 Temporary illness | <input type="checkbox"/> 11 Pregnancy |
| <input type="checkbox"/> 6 Did not want work | |
| <input type="checkbox"/> 12 Other (specify) _____ | |

(All, go to Q5.18)



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5.17 What kind of work are you looking for?

INTERVIEWER: What is required is a description of the work you are looking for e.g. sales manager or sales clerk, mason etc

5.18 What would have prevented from doing a job if one were available during the last three weeks?

- 1 At school
- 2 Housekeeping
- 3 Retired
- 4 Disabled
- 5 Temporary illness
- 6 Did not want work
- 7 Have to stay home with children
- 8 Pregnancy
- 10 Caring for someone
- 11 Other (specify)
- 12 Don't know
- 13 Nothing

SECTION 6: MARITAL, UNION STATUS AND FERTILITY FOR PERSONS 15 YEARS AND OVER

6.1 What is your/.....'s present union status?

- 1 Legally married
- 2 Common Law union
- 3 Visiting partner
- 4 Married but not in union
- 5 Legally separated and not in a union
- 6 Widowed and not in union
- 7 Divorced and not in union
- 8 Not in a union
- 9 Don't know/Not stated

All males go to Q7.1

FOR FEMALES 15 TO 49 YEARS

6.2 Is/Are currently pregnant?

- 1 Yes
- 2 No *(If no, go to Q6.4)*

6.3 Is/Are attending a public health clinic?

- 1 Yes
- 2 No

6.4 How many live births has ever had? (if Zero, enter 00 and skip to Q7.1)

6.5 How many died?

Before first birthday

After first birthday

6.6 How old were you/was she when you/she had the first live born child?

6.7 How many live births did you/she have in the last 12 months?

- 1 None *(If no, go to Q7.1)*
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more

6.8 Of these, have any of the babies died?

- 1 Yes
- 2 No *(If no, go to Q7.1)*

6.9 How many have died?

Within the first 30 days of life

After 30 days but before one year

SECTION 7 CRIME

7.1 In the last 12 months have you/he/she.....been a victim of crime?

- 1 Yes
- 2 No
- 3 Not Stated

***If No, go to Section 8 for all spenders
Otherwise end the interview***

7.2 A. Describe the nature of the main crime (inclusive of domestic violence)?

7.2 b What did the crime cost you:

Days without pay:

Days

Other economic loss: \$

7.3 Was the crime reported to the police?

- 1 Yes ***Go to Q 7.5***
- 2 No
- 3 Not Stated

7.4 Why was the crime not reported to the police?

- 1 No confidence in the administration of justice
- 2 Afraid of the perpetrator
- 3 Perpetrator household member/relative
- 4 Not serious enough
- 5 Other (Specify).....

***Spenders skip to Section 8
For all others end interview***

7.5 How satisfied was/were with the handling of the matter by the police?

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

End of Interview for all non- spenders

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



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Material for men and boy's garments Suiting Material	0311101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tweed	0311102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Khaki	0311103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for school Trousers	0311104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tailoring for Suit	0311105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tailoring for Trousers	0311106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for women and children garments Crepe back Satin	0311201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Satin	0311202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Chiffon	0311203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Linen	0311204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Madras	0311205	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Poplin	0311206	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Flowered	0311207	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Cotton	0311208	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Silk	0311209	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polyester	0311310	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for school overall	0311311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for school shirts	0311312	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Suiting material	0311313	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Over	0311314	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Seamstress fees for suit	0311315	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Seamstress fees for uniform	0311316	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Seamstress fees for formal wear	0311317	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men's Garments -Outer wear Complete Suits - 2 piece	0312101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jackets	0312102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sweaters	0312103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Waistcoats/pullovers	0312104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Trousers/ pants for dress and office	0312105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Trousers/ pants casual wear	0312106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Jeans pants	0312107	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (casual)	0312108	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (Jeans)	0312109	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants(house wear)	0312110	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts - long sleeves (dress)	0312111	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts (casual, working)	0312112	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys (dress, working)	0312113	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports wear /vests	0312114	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polo Shirts	0312115	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- Shirts	0312116	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Track suits /Jogging suits	0312117	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Pyjamas	0312118	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bath robes /housecoats	0312119	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Costumes	0312120	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Overcoat/ raincoat	0312121	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Work overalls	0312122	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men's outerwear not specified by type	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men's underwear and Hosiery Vests	0312124	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boxer shorts	0312125	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Underwear /underpants	0312126	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks	0312127	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
All other men's outer wear	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other articles of Men's clothing Ties & Scarves	0313101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Hats and caps	0313102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Belts	0313103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Beachwear	0313104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Braces	0313105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Handkerchiefs	0313106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sewing thread, buttons, zips, buckles	0313107	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Helmets	0313008	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other men's clothing	0313199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Boy's outer wear Complete Suits -2/3 piece	0312201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jackets	0312202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sweaters	0312203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Waistcoats / pullovers	0312204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Trousers /pants (dress)	0312205	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long trousers / pants (casual wear)	0312206	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Jeans pants	0312207	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (casual)	0312208	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (Jeans)	0312209	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (house wear)	0312210	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts -dress(Long sleeves)	0312211	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts (casual)	0312212	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys (dress)	0312213	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports wear/ vests	0312214	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polo Shirts	0312215	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- Shirts	0312216	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Track suits/ Jogging suits	0312217	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Pyjamas	0312218	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bath robes /housecoats	0312219	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Costumes	0312220	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Overcoat/ raincoat	0312221	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boy's outer wear not specified by type	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boy's underwear and Hosiery Vests	0312224	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boxer shorts	0312225	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Underwear / underpants	0312226	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks	0312227	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
All other boy's outer wear	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boy's school garments Long Pants (school)	0312228	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short Pants (school)	0312229	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirt (school)	0312230	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports uniform	0312231	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other articles of Boy's clothing Ties & Scarves	0313201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Hats and caps	0313202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Belts	0313203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Beachwear	0313204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other boy's clothing	0313299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women's outer wear Skirt Suits (2 or 3 piece)	0312301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Pants suits	0312302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Dresses (evening formal)	0312303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Dresses (office)	0312304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Dresses (casual)	0312305	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts /blouses (formal)	0312306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts / blouses (casual)	0312307	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Skirts (long)	0312308	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Skirts (short)	0312309	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slacks / trousers	0312310	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans (Long)	0312311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans (short)	0312312	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- shirts	0312313	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys with sleeves	0312314	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys without sleeves	0312315	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polo -shirts	0312316	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Overalls	0312317	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Track suits / Jogging suits	0312318	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports clothes (netball)	0312319	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sweaters / Jumpers	0312320	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
House clothes	0312321	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sleep	0312322	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Robes/ Housecoats	0312323	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Raincoats / overcoats	0312324	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
All other women's outer wear	0312399	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women's Underwear Slips- half or full	0312325	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bras	0312326	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Vests	0312327	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Panties	0312328	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tights / Panty hose	0312329	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girdles	0312330	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks	0312331	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Stockings	0312332	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other Women's Clothing and Clothing Accessories Hats	0313301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bathing suits / Beachwear	0313302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Scarves / belts	0313303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bags	0313304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Purses	0313305	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Watches	0313306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Necklaces and earrings (Gold, silver, precious stones)	0313307	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Necklaces and earrings (cosmetics)	0313308	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girls Outer wear Dresses (formal/ evening)	0312401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts/ blouses (casual)	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- shirts	0312403	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Skirts (casual)	0312404	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slacks / trousers	0312405	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans pants (long/short)	0312406	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans skirts	0312407	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Pants suits (casual)	0312408	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys	0312409	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
House clothes	0312410	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sleep wear / pajamas	0312411	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Raincoats	0312412	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other girls outer wear not specified by type	0312499	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girl's underwear and hosiery Bras	0312424	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Panties	0312425	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Vests	0312426	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tights	0312427	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks/ stockings	0312428	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girl's school garments School Overall	0312430	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
School blouses/ shirts	0412431	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
School Skirts	0412432	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports uniform	0412433	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other girl's clothing Hats	0313401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Bathing suits	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Infants (under 1 year) Clothing and clothing accessories Dresses/ Suits	0313501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Play suits	0313502	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Baby shirts /vests	0313503	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Diapers	0313504	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks/ booties	0313505	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Hats /bonnets	0313506	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other infant clothing not specified by type	0313599	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Dry- cleaning, laundering and dyeing of garments Men and boy's clothing	0314101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women, girls and infants clothing	0314102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Repairs and alterations Men and boys clothing	0314201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls clothing	0314202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Infants clothing	0314203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Hire of garments Men and boys garments (Jackets, suits)	0314301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls garments (Wedding out fits, evening gowns)	0314302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men and Boy's shoes (16yrs. and over) Shoes - dress (man-made)	0321101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes - dress (Leather)	0321102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes - casual	0321103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sandals	0321104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sneakers /sports shoes/ gym shoes	0321105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Boots -work	0321106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boots-casual	0321107	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers -house	0321108	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls (16 years and over) Shoes -dress (man - made)	0321201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -dress (Leather)	0321202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -casual	0321203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sandals	0321204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sneakers/ sports shoes /gym shoes	0321205	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boots	0321206	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers- fashion	0321207	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers- house	0321208	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Infants and children (up to 16 years) Shoes -school	0321301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -dress	0321302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sandals	0321303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sneakers / Sports shoes	0321304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -fashion	0321305	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers -house	0321306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoe Repair Men and boys shoe repair	0322101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls shoe repair	0322201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 9 - OTHER EXPENSES

(Always indicate value, Include Quantity where requested)

9. Did spend money on any of the following in the past 3 months?

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
MEDICAL EXPENSES				
Doctors Fees (Number of visits)	0621101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dentist Fees (Number of visits)	0622101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Child Bearing Fees	0621106	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Optician Fees	0621104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Private hospital care (number of nights)	0630108	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lab Tests and X-rays (number of lab test)	0623101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Hypertension	0611102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Cancer	0611103	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Diabetes	0611104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Cold/Flu	0611112	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other Drugs and Prescriptions, Medical	0611199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Spectacles, hearing aids, dentures, etc	0613101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Health and Accident Insurance	1253001	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other Medical Expenses	0623199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
EDUCATIONAL EXPENSES				
Tuition - For pre-school/Day Care	1010101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Tuition - Correspondence Courses (all levels)	1040202	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lessons for Children Primary/Secondary	1050101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lessons/Night Classes for Adults	1050102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Tuition - Primary, Secondary School	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Tuition - Tertiary, University and Other	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Boarding and lodging	1120101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
School and technical books	0951101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Exam fees	1040203	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>



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SECTION 9 - OTHER EXPENSES

(Always indicate value, Include Quantity where requested)

9. Did spend money on any of the following in the past 3 months?

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
EDUCATIONAL EXPENSES (Cont'd)				
Computer software and accessories	0913105	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Transportation fees	0737101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Meals	0119423	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other	1050101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
ENTERTAINMENT EXPENSES				
Carnival	0942105	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Cinemas/video/DVD rentals/video clubs	0914101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Concerts, plays, fetes and other admissions	0942101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Spectator sports, football, cricket	0941102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Night clubs, dances, parties	0942104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Participant sports	0942198	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Dues, subscriptions and memberships	0942105	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lottery games	1270104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Newspapers	0952101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Toys for Children	0931100	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Books, magazines (non-technical and not for school)	0952102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other Entertainment, Hobby Specify.....	0942199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
TRANSPORTATION BY AIR (for Quantity indicate number of visits)				
Caribbean - Martinique	0733101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Barbados	0733102	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Other	0733103	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
USA - New York, Miami, etc..	0733104	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
England - London, etc	0733105	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Foreign Travel by Air	0733106	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>



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SECTION 9 - OTHER EXPENSES**9. Did spend money on any of the following in the past 3 months?**

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
TRANSPORTATION BY BOAT (for Quantity indicate number of trips)				
Martinique	0734101	<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"/>
Other	0734102	<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"/>
PERSONAL AND OTHER EXPENSES				
Taxi Transportation	0732400	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Bus Transportation	0732100	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Weddings	1270103	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Legal and accounting expenses (non-business)	1270101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Funerals	1270102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Local accommodation expenses	1120104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Barbershop	1211201	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Hairdresser	1211101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Beauty Salon (manicures, pedicures, facials etc..)	1211102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Laundry/Dry cleaners	0562205	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Photo studios	0942106	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Driving Lessons	0724301	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other personal services	1211300	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other travelling expenses	0738102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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SECTION 10 - OTHER DISBURSEMENTS**10. Did spend money on any of the following last month?**

Expenditure During Last Month Some of the more common expenditures are in bold	CODE	(Y/N)	AMOUNT (\$)
NON-CONSUMPTION EXPENDITURES			
Income Taxes	2010001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Other taxes, duties, fees and other compulsory charges e.g. Customs duties, departure tax, stamp duty etc.	2010002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Life insurance premium	1251001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Annuities	2020001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Interest on consumer loans	2020002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Credit Card Payments	2020003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Hire-purchase installments	2020004	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Gifts (Cash and financial)	2030001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Allowances to children	2040001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Alimony/Child maintenance	2040002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Remittance sent to persons abroad	2030002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Donations and charities	2040003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Subscriptions and contributions to trade unions and other organizations	2050001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Loans given out	2060001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
National Insurance payments	1255102	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Other Non Consumption Expenditure	2060099	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
DISBURSEMENTS OTHER THAN CONSUMPTION EXPENDITURES LAST TWELVE MONTHS			
Sou Sou, box	2110001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Credit Union Shares	2110002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Bank Deposits	2110003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Treasury Bills / Government Bonds	2120001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Stocks and shares in local companies	2120002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Stocks and shares in foreign companies	2120003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Investment in real estate (Land)	2130001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□
Other Disbursements	2130099	<input type="checkbox"/> Yes <input type="checkbox"/> No	□□□□, □□□□

SECTION 11 - INCOME

34461

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

CODE	PERIOD
1	Daily
2	Weekly
3	Fortnightly
4	Monthly
5	Semi-Annually
6	Annually

11. Did receive money from any of the following sources?

INCOME SOURCES - EMPLOYMENT	CODE	PERIOD	AMOUNT (\$)
1A. What was...s gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)	Income Group	<input type="text"/>	<input type="text"/>
1B. How much did you receive in wages and salary LAST PAY PERIOD FROM MAIN JOB (GROSS PAY) . Include Overtime, tips and bonuses, Income tax and NIS	2231001		<input type="text"/> , <input type="text"/>
2. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
3. How much did you receive in wages and salary LAST PAY PERIOD FROM OTHER JOB (GROSS PAY) . Include Overtime, tips and bonuses, Income tax and NIS	2231002	<input type="text"/>	<input type="text"/> , <input type="text"/>
4. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
INCOME SOURCES - OTHER, RECEIVED ANNUALLY			
5. Money sent by relatives and friends overseas - Remittances from abroad	2331001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
6. Rental income received by you for house, land and other property	2341001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
7. Other entrepreneurial income, example from self employment	2231003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
8. Dividends on local and foreign investments (e.g Credit union dividends)	2351001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
9. Interest on local and foreign bank deposits, bonds	2361001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
10. Government retirement pension	2371001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
11. Pension from other former St. Lucian employer	2371002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
12. Pension from former foreign employer	2371003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
13. Social Security (NIS), excluding old age/retirement pension	2371004	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
14. Insurance Annuities	2381001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
15. Public assistance	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
16. Child support	2381003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
17. Allowances - alimony	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
18. Allowances - financial aid	2391002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
19. Allowances - scholarships	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
20. Interest from stocks, shares, Treasury bills and other investments	2361002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
21. All Other Income, nes	2391099	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>