

**INTERVIEWER SAY**

I am the interviewer assigned to this area and I should like to get some information about the household and its members. Here is my identification card. (SHOW PRECEPT)

**RECORD OF VISITS**

	1	2	3	4
DATE				
TIME STARTED				
TIME ENDED				
DURATION				
RESULT*				

\* Result codes: 1 = Completed  
 2 = Partially completed, call back  
 5 = Address not found or non-existent  
 6 = No suitable respondent at home

3 = Dwelling vacant  
 4 = Address not a dwelling

7 = Other  
 (Please specify)

**INTERVIEWER**

NAME

DATE

**SUPERVISOR**

NAME

DATE

**FIELD CHECK**

NAME

DATE

**EDITOR**

NAME

DATE

**CODER**

NAME

DATE

**INTERVIEWER SAY:**

Please give me the names of all the persons who usually live and share one daily meal with your household.

**Note to InterviewMw: Please refer to concepts and definitions in your manual.**

1	SURNAME	FIRST NAME
2	SURNAME	FIRST NAME
3	SURNAME	FIRST NAME
4	SURNAME	FIRST NAME
5	SURNAME	FIRST NAME
6	SURNAME	FIRST NAME
7	SURNAME	FIRST NAME
8	SURNAME	FIRST NAME
9	SURNAME	FIRST NAME
10	SURNAME	FIRST NAME
11	SURNAME	FIRST NAME
12	SURNAME	FIRST NAME
13	SURNAME	FIRST NAME
14	SURNAME	FIRST NAME
15	SURNAME	FIRST NAME
16	SURNAME	FIRST NAME
17	SURNAME	FIRST NAME
18	SURNAME	FIRST NAME

**SECTION 1. HOUSING: TO BE ANSWERED BY HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT**

1. What type of dwelling does this household occupy?

- 1  Undivided private house
- 2  Part of a private house
- 3  Flat/apartment/condominium
- 4  Double house/duplex
- 5  Combined business & dwelling
- 6  Barracks
- 7  Other (Specify \_\_\_\_\_ )
- 9  Don't know/Not stated

2a. Does this household own, rent or lease this dwelling?

- 1  Owned -----> Go to Q.2b
- 2  Hire-purchase
- 3  Rented-Private            Go to Q.2c
- 4  Rented-Government
- 5  Leased
- 6  Squatted
- 7  Rent-free
- 8  Other (Specify \_\_\_\_\_ )
- 9  Don't know/Not stated

**INTERVIEWER: If owned, ask 2b; if rented (3 or 4) go to 2c, else go to 3a**

2b. If owned, was it

- 1  Purchased
- 2  Inherited
- 3  Constructed by owner
- 4  Other (Specify \_\_\_\_\_ )

2c. If rented/leased/hire purchase, how much do you pay per \_\_\_\_\_ month?

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- 9  DK/NS

3a. What about the land - is it owned, leasehold, or some other type of occupancy?

- 1  Owned
- 2  Leasehold
- 3  Rented
- 4  Permission to work land
- 5  Sharecropping
- 6  Squatted
- 7  Other(Specify \_\_\_\_\_ )
- 9  Don't know/Not stated

**INTERVIEWER, if owned ask 3b; if rented, go to 3c; else go to 4**

**3b. If owned, was it**

- 1  Purchased
- 2  Inherited
- 3  Other(Specify \_\_\_\_\_ )

**3c. If leased, how much do you pay per year?**

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- 9  DK/NS

**4. What is the approximate size of the dwelling you occupy?**

\_\_\_\_\_ ft. long

\_\_\_\_\_ ft wide

**5. What is the main construction material of the outer walls?**

- 1  Wood
- 2  Concrete
- 3  Wood & Concrete
- 4  Stone
- 5  Brick
- 6  Stucco
- 7  Makeshift
- 8  Other(Specify \_\_\_\_\_ )

**6. What is the main material of the flooring?**

- 1  Wood
- 2  Concrete
- 3  Wood & Concrete
- 4  Mud
- 5  Other (Specify \_\_\_\_\_ )

**7. What is the main material used for roofing?**

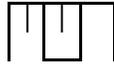
- 1  Galvanize
- 2  Shingle (asphalt)
- 3  Shingle (wood)
- 4  Shingle (other)
- 5  Tile
- 6  Concrete
- 7  Thatched
- 8  Other (Specify \_\_\_\_\_ )

**8. How many rooms does this dwelling have?**

(Include bedrooms, living rooms and dining rooms only)



9. **How many bedrooms does this dwelling have?**



10. **Is your kitchen indoors or outdoors?**

- 1  Indoors
- 2  Outdoors
- 3  Both
- 4  None -----> **Go to Q. 12**

11. **Is it shared with another person not of this household?**

- 1  Yes
- 2  No

12. **What is the main type of fuel used for cooking?**

- 1  Coals/Charcoal
- 2  Wood
- 3  Gas
- 4  Kerosene
- 5  Electricity
- 6  Other (Specify \_\_\_\_\_ )

13. **What type of toilet does this dwelling have?**

- 1  W.C. linked to sewer
- 2  W.C. Cesspit or septic tank
- 3  Pit-latrine
- 4  Ventilated Pit Latrine
- 5  None -----> **Go to Q. 15**
- 6  Other (Specify \_\_\_\_\_ )

14. **Is the toilet shared with .....?**

- 1  No one else
- 2  Another household
- 3  Community

15. **What is the main source of water supply?**

- 1  Private, piped into dwelling
- 2  Private catchment, not piped
- 3  Public, piped into dwelling
- 4  Public, piped into yard
- 5  Public standpipe
- 6  Public well or tank
- 7  River/Stream/Creek
- 8  Other (Specify \_\_\_\_\_ )

**16. What type of bathing facility does this household have?**

- 1  Indoors
- 2  Outdoors
- 3  None

**17. Is the bathing facility shared with another household?**

- 1  Yes
- 2  No

**18. What is the main source of lighting?**

- 1  Gas
- 2  Kerosene
- 3  Electricity
- 4  Other (Specify \_\_\_\_\_ )

**19. Does this household have any of the following?**

**a. Telephone**

- 1  Yes 2  No

**b. Television**

- 1  Yes 2  No

**c. Video (V.C.R.)**

- 1  Yes 2  No

**d. Radio/Stereo**

- 1  Yes 2  No

**e. Gas/Electric Stove**

- 1  Yes 2  No

**f. Refrigerator/Freezer**

- 1  Yes 2  No

**g. Washing Machine**

- 1  Yes 2  No

**h. Sewing Machine**

- 1  Yes 2  No

**i. Motor-Vehicle**

- 1  Yes 2  No

**PART 1 - ANNUAL EXPENDITURE - TO BE ANSWERED BY HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT**

	22 (a) Did this household spend any money on..... during the last twelve months?			22(b) How much did you spend?
		Yes	No	Amount
				\$
101	Life Insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
102	House Insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
103	Automobile Insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
104	Mortgage loans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
105	Motor vehicle loans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
106	Other loans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
107	Income Tax	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
108	Land/House Tax	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
109	Water Rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
110	Electricity Rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
111	Other Taxes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
112	Vehicle repairs and maintenance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
113	Repairs to house	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
114	Medical Expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
115	Legal Services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
116	Club membership	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
117	Vacation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
118	Domestic help	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
201	Credit Union Shares	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
202	Shares in Companies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
203	Savings or other forms of financial asset	1 <input type="checkbox"/>	2 <input type="checkbox"/>	

**PART 1 - ANNUAL EXPENDITURE - TO BE ANSWERED BY HEAD OF HOUSEHOLD OR RESPONSIBLE ADULT**

23 (a) Did this household spend or received as gifts ..... during the past twelve months?		23 (b) How much did you spend		23(c) How much did you receive as gifts	
		Yes	No		
301	Adult Shoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
302	Adult Clothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
303	Children Shoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
304	Children Clothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
305	Clothing Materials	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
306	Furniture and Furnishings	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
307	Household Appliances and Equipment	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
308	Kitchen Utensils and Cutlery, etc	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
309	School books	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
310	School uniforms	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
311	School fees	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
312	Examination fees	1 <input type="checkbox"/>	2 <input type="checkbox"/>		
313	Fees for lessons	1 <input type="checkbox"/>	2 <input type="checkbox"/>		

### HOME PRODUCED ITEMS

	Have you produced any ..... in the last week/month?				Approximately how much did you use on ..... during the last seven days? AMT (\$)	Approximately how much did you use on ..... during the last thirty days? AMT (\$)
		1 Yes	2 No	9 NR		
01	Poultry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
02	Other Fresh/Cured Meats	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
03	Fresh/Cured Fish	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
04	Eggs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
05	Rice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
06	Cornmeal/flour	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
07	Cassava flour	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
08	Ground provisions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
09	Green figs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
10	Plantain	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
11	Other Starchy Foods	1	2	9		
12	Coconut oil	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
13	Beans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
14	Vegetables (Tomatoes, carrots, lettuce etc)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
15	Fresh seasoning including pepper sauce	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
16	Milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
17	Fresh fruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
18	Alcoholic beverages & tobacco	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		
19	Other home grown food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>		

**FOOD EXPENDITURE**

	Have you purchased or received as gifts any ..... in the last week/month?	1 Yes 2 No 9 NR	How much did you spend on ..... during the last seven days?	How much did you spend on ..... during the last thirty days?	How much did you receive as gifts in the last seven days?	How much did you receive as gift in the last thirty days?
			AMT (\$)	AMT (\$)	AMT (\$)	AMT (\$)
20	Whole Chicken/ Chicken legs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
21	Chicken neck and back	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
22	Turkey meat	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
23	Other fresh and frozen meats	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
24	Smoked/Salted Meats	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
25	Fresh and frozen fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
26	Smoked/Salted/ Dried fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
27	Sardines and other canned fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
28	Other sea foods	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
29	Eggs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
30	Powdered milk	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
31	Evaporated or skimmed milk	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				

**FOOD EXPENDITURE**

	Have you purchased or received as gifts any ..... in the last week/month?	1 Yes 2 No 9 NR	How much did you spend on ..... during the last seven days?	How much did you spend on ..... during the last thirty days?	How much did you receive as gifts in the last seven days?	How much did you receive as gifts in the last thirty days?
			AMT (\$)	AMT (\$)	AMT (\$)	AMT (\$)
32	Fresh Milk	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
33	Condensed milk	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
34	Other dairy products (Yogurt etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
35	Baby foods (Cereal, milk, semi-solids)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
36	Rice	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
37	Other cereal (oats, sego etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
38	Cornmeal/Corn- Flour	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
39	Cassava Flour	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
40	Flour	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
41	Bread	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				

**FOOD EXPENDITURE**

	Have you purchased or received as gifts any ..... in the last week/month?		How much did you spend on ..... during the last seven days?	How much did you spend on ..... during the last thirty days?	How much did you receive as gifts in the last seven days?	How much did you receive as gifts in the last thirty days?
		1 Yes 2 No 9 NR	AMT (\$)	AMT (\$)	AMT (\$)	AMT (\$)
43	Other baked products (pastries)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
44	Potatoes (White Irish)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
45	Green Bananas	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
46	Plantain	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
47	Other starchy foods/goound food	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
48	Vegetables (tomatoes, carrots, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
49	Fresh seasonings (celery, chive, etc) onion, garlic	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
50	Spices and herbs (curry, yeast, ginger)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
51	Citrus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
52	Mangoes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				

**FOOD EXPENDITURE**

	Have you purchased or received as gifts any ..... in the last week/month?	1 Yes 2 No 9 NR	How much did you spend on ..... during the last seven days?	How much did you spend on ..... during the last thirty days?	How much did you receive as gifts during the last seven days?	How much did you receive as gifts in the last thirty?
			AMT (\$)	AMT (\$)	AMT (\$)	AMT (\$)
53	Other fresh fruits	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
54	Canned Fruits	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
55	Dried Fruits (raisins, prunes)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
56	Cigarettes, tobacco	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
57	Alcoholic beverages	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
58	Non-alcoholic beverages/fruit drink	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
59	Sugar	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
60	Other syrups & sweeteners (Honey etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
61	Sweets, Mints, Candies and Chocolate	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
62	Edible oils (Corn, soya, coconut, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
63	Margarine	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
64	Dried peas and beans	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				

**FOOD EXPENDITURE**

	Have you purchased or received as gifts any ..... in the last week/month?	1 Yes 2 No 9 NR	How much did you spend on ..... during the last seven days?	How much did you spend on ..... during the last thirty days?	How much did you receive as gifts during the last seven days?	How much did you receive as gifts in the last thirty?
			AMT (\$)	AMT (\$)	AMT (\$)	AMT (\$)
65	Canned peas and beans	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
66	Relishes (mayonnaise, ketchup, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
67	Other canned and prepared foods	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
68	Snacks (corn curls, chips, popcorn, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
69	Nuts, peanuts	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
70	Cashew nuts,	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
71	Meals out (pizza, burgers, chinese, fried chicken, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
72	Dried packaged foods (macaroni..)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
73	Other foods or meals (Specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				
74	What is your total expenditure on food?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>				

MONTHLY NON FOOD EXPENDITURE				
	Has this household purchased or received as gifts any ..... during the last thirty days? 1 Yes 2 No 9 Not stated		How much did you spend on ..... during the last thirty days? AMT (\$)	How much would it cost to buy the items recieved as gift during the last thirty days? AMT (\$)
75	Laundry supplies (bleach, soap, starch...)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
76	Toiletries and personal care items (toilet paper, soaps, deodorant)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
77	Cooking gas and related items	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
78	Kitchen supplies (matches, garbage bags, paper towels, dishwashing material)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
79	Reading material (magazines, newspapers, novels...)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
80	Gasoline, motor oil etc.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
81	Recreation (concerts, parties, dances, discoteques & other entertainment)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
82	Lottery/Lotto	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
83	Telephone, telegram, cable and stamps.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
84	Hired transport (bus, taxi, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
85	Other Non-food (Specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		

SOURCES OF INCOME	
During the past 12 months, has any member of your household received income in cash or in kind from the following sources?	What is the value of all income received by the members of your household in cash or in kind from

	Mark the appropriate box  Ask question 1 for all items before going to 2	..... during the past 12 months?		
		Yes	No	Amount \$
86	Support for children from parents who live elsewhere in country			
87	Support for children from parents who live abroad			
88	Other relatives or friends who live in the country			
89	Other relatives or friends who live abroad			
90	Rental payments for use of land or other property owned by household members			
91	Social Security (NIS)			
92	Private pension fund			
93	Government Pension			
94	Old Age (Non-contributory pension)			
95	Other pension			
96	Public Assistance			
97	Interest from loans made by household members or from money deposited in a bank or other financial institutions			
98	Other sources of Income (Specify			

100. Of those listed above, which is the most reliable source of income?

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101. What is the minimum income your household need per month for a comfortable living?

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## PART TWO - INDIVIDUAL QUESTIONNAIRE

**DISTRICT**

**E.D.**

**HOUSEHOLD**

**URBAN/RURAL**

### INDIVIDUAL NAME:

INTERVIEWER

Whenever a dotted line (...) appears, call the name of the person to whom the information relates, if it is not the respondent him/herself. Else say "YOU"/"YOUR". Mark the appropriate box. Please do not write over the responses.

### SECTION 2. CHARACTERISTICS

FOR ALL PERSONS

**2.1 Please fill in this person's assigned number.**

**2.2 What is ..... 's relationship to the head of household?**

- 1  Head
- 2  Spouse/partner
- 3  Child
- 4  Son/daughter-in-law
- 5  Grandchild
- 6  Parent/parent-in-law
- 7  Other Relative
- 8  Non-relative
- 9  DK/NS

**2.3 INTERVIEWER: Mark the appropriate box**

FOR PERSONS NOT SEEN ASK:

Is ..... male or female?

- 1  Male
- 2  Female

**2.4 What is ..... 's date of birth?**

Day      Month      Year

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

If not known, ask:

**How old was ..... on his/her last birthday?**

Age \_\_\_\_

--

99  Don't know/Not stated

**2.5 To what ethnic, group do you/ ..... belong?**

- 1  African/Negro/Black
- 2  Amerindian/Carib
- 3  East Indian
- 4  Chinese
- 5  Portuguese
- 6  Syrian/Lebanese
- 7  White
- 8  Mixed
- 9  Other (Please Specify)

99  Don't know/Not stated

**2.6 To what religion does ..... presently belong?**

- 01  Anglican
- 02  Baptist (spiritual)
- 03  Hindu
- 04  Jehovah Witness
- 05  Methodist
- 06  Roman Catholic
- 07  Seventh Day Adventist
- 08  Other (Specify \_\_\_\_\_)
- 09  None
- 99  DK/NS

**2.7 How often does ..... practise this religion?**

- 1  Very often
- 2  Often
- 3  Now and then
- 4  Seasonally
- 5  Not at all
- 9  DK/NS

**SECTION 3. BIRTHPLACE AND RESIDENCE**

**FOR ALL PERSONS**

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

- 1  Belize
- 2  Abroad (Another country) Go to Q.3.3

3.2 In what part of the country was that?

999  Don't know

INTERVIEWER: All Go to Q. 4.1

3.3 In what country was that?

99  Don't know

3.4 In what year did ..... last come to live in this country?

999  Don't know

SECTION 4. HEALTH

FOR ALL PERSONS

4.1 Did ..... have any illness or injury during the past thirty (30) days? e.g. cold, diarrhoea, or other illness/injury due to accident?

- 1  Yes
- 2  No -----> Go to Q.4.17
- 9  DK/NS----> Go to Q.4.17

4.2 What type of illness/injury was this?  
See list supplied. If more than one only major illness/injury to be picked up.

4.3 Did ..... 's illness/injury begin within or before the last thirty (30) days?

- 1  Within
- 2  Before
- 9  DK/NS

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

\_\_\_\_\_ days



9  DK/NS

**4.5a Did ..... visit a doctor, nurse, pharmacist, healer, midwife or other health practitioner during the past thirty (30) days due to this illness or injury?**

1  Yes --> Go to Q. 4.6

2  No

9  DK/NS --> Go to Q. 4.6 or 4.17???

**4.5b Why not?**

**INTERVIEWER: After Q. 4.5b is answered Go to Q. 4.17**

**4.6 Where did .....first visit?**

1  Public hospital

2  Public Health Centre

3  Pharmacy

4  Private Clinic/Hospital

5  Private Doctor's Office

6  Herbalist/Traditional Healer

7  Other (Specify)

9  DK/NS

**4.7 Why did ..... go there first?**

9  DK/NS

**4.8 Who attended to ..... on the first visit?**

1  Nurse

2  Health Care Worker

3  Pharmacist

4  Doctor

5  Healer

6  Midwife

7  Other (Specify \_\_\_\_\_)

9  DK/NS

**4.9 How long did ..... have to wait at this place before being treated?**

1  Less than 15 mins

2  15 mins to half hour

3  Between half and one hour

4  Between one and two hours

5  More than two hours



9  DK/NS

**4.10 How satisfied was ..... with the treatment received?**

- 1  Very satisfied
- 2  Satisfied
- 3  Dissatisfied
- 4  Very Dissatisfied
- 9  DK/NS

**4.11 How far was this first place from ..... 's home?**

\_\_\_\_\_ miles



9  DK/NS

**4.12 How did ..... get there?**

- 1  Walk
- 2  Friend's vehicle
- 3  Bus/Passenger Truck
- 4  Cycling
- 5  Taxi
- 6  Own car
- 7  Other (Specify)
- 9  DK/NS

**4.13 Did ..... 's visit involve an overnight stay at a Health Centre or Hospital?**

- 1  Yes
- 2  No
- 9  DK/NS

**4.14 Did ..... require medication for this illness/injury?**

- 1  Yes
- 2  No -----> Go to Q.4.17
- 9  DK/NS

**4.15 Was the required medication obtained?**

- 1  Yes -----> Go to Q.4.17
- 2  No
- 9  DK/NS ---> Go to Q.4.17

**4.16 Why was the required medication not obtained?**

- 1  Not available in Public Health Facility
- 2  Not available in Private Facility/Pharmacy
- 3  Could not afford/too expensive
- 4  Felt recovery was possible without medication
- 5  Other (Specify)

9  DK/NS

**4.17 Is ..... covered by Private Health Insurance, Employee Medical Plan, N.I.S. or Social Welfare?**

1  Yes

2  No

9  DK/NS

**5.1a Is ..... attending school/classes?**

- 1  Yes  
2  No -----> Go to Q.5.17  
9  DK/NS

**5.1b Is it**

- 1  Full-time  
2  Part-time  
9  DK/NS

**5.2a What type of school is ..... attending at present?**

- 01  Pre-school/Nursery/Kindergarten  
10  Private primary  
11  Government and Assisted Primary  
31  Private Secondary  
32  Government and Assisted Secondary  
34  Technical/vocational  
40  Adult Literacy Classes  
60  University  
61  Tertiary Institution  
98  Other(Specify \_\_\_\_\_ )  
99  Not stated

**5.2b In what class/standard /year/form is .....?****5.3 Are fees paid for ..... 's attendance at school/classes?**

- 1  Yes  
2  No  
9  DK/NS

**5.4 Does ..... live at home while attending school/classes?**

- 1  Yes  
2  No  
9  DK/NS

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

\_\_\_\_ days If 5 days Go to Q.5.7

- 9  DK/NS

**5.6 Why did ..... not go to school during all of the last five school days?**

- 01  Illness
- 02  Financial problem
- 03  Transport problem
- 04  Working
- 05  Home duties
- 06  Not worth going
- 07  School closed/holidays
- 08  Truant
- 09  Pregnant/young mother
- 10  Baby sitting
- 11  Apprenticeship
- 12  Other (Specify \_\_\_\_\_ )
- 99  DK/NS

**5.7 How far away is ..... school from here?**



- 1  Less than one mile
- 2  1 < 2 miles
- 3  2 < 3 miles
- 4  3 < 5 miles
- 5  5 < 10 miles
- 6  10+ miles

**5.8 How does ..... normally go to school?**

- 1  Walking
- 2  Cycling
- 3  Taxi
- 4  Bus/passenger Truck
- 5  Private transport
- 6  Other (Specify \_\_\_\_\_ )
- 9  DK/NS

**5.9 Is there a school feeding programme at ..... 's school?**

- 1  Yes
- 2  No -----> Go to Q.5.12
- 9  DK/NS

**5.10 Is it a free meal service?**

- 1  Yes
- 2  No -----> Go to Q.5.12
- 9  DK/NS

**5.11 Does ..... receive meals or snack from this service?**

- 1  Yes
- 2  No
- 9  DK/NS

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

- 1  Yes, has books for exclusive use

- 2  Yes, but shares with others
- 3  Has only some books
- 4  Has none -----> Go to Q.5.15
- 9  DK/NS

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

- 1  Yes
- 2  No
- 9  DK/NS

**5.14 Were some of these books acquired by ..... in any of the following ways?**

- 1  Borrowed for use during year
- 2  Received from relatives or friends
- 3  Purchased new
- 4  Purchased second hand
- 5  Bought some/Go some on loan or free
- 6  Other (Specify \_\_\_\_\_ )

**INTERVIEWER: For those answering '1' or '2' in Q. 5.12, go to Q. 5.16**

**5.15 What are the reasons for ..... not having required textbooks?**

- 1  Books not available
- 2  Could not afford
- 3  Book available in School Library
- 4  Books were lost or destroyed
- 5  To be purchased
- 6  Other (Specify \_\_\_\_\_ )
- 9  DK/NS

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

- 1  Yes
- 2  No
- 9  DK/NS

**INTERVIEWER: All go to Q. 5.22**

**FOR ALL PERSONS NOT ATTENDING SCHOOL AT PRESENT**

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

- 01  Too young (Go to Section 6)
- 02  Financial Problem
- 03  Transport problems
- 04  Working
- 05  Illness
- 06  No school available
- 07  No space in school
- 08  Pregnant/young mother
- 09  Babysitting
- 10  Apprenticeship
- 11  Not worth going
- 12  Other (Specify \_\_\_\_\_ )
- 99  DK/NS

**5.18a Has ..... ever attended school?**

- 1  Yes
- 2  No (Go to Q. 5.22)
- 9  DK/NS

**5.18b Age at which started**

\_\_\_\_\_ YEARS

- 9  DK/NS

**5.18c Age at which left**

\_\_\_\_\_ YEARS

- 9  DK/NS

**5.19 What is the highest level of education reached by .....?**

- 1  Nursery/Kindergarten/Infant
- 2  Primary
- 3  Secondary
- 4  Post Secondary
- 5  University
- 6  Other (Specify \_\_\_\_\_ )
- 9  DK/NS

**5.20 How many years did ..... complete at this level?**

\_\_\_\_\_ YEARS



9  DK/NS

**5.21 What is the highest examination ever passed?**

- 01  None
- 02  School leaving/Standard 6
- 03  CXC basic
- 04  G.C.E. "O"/C.X.C. Gen. Prof 1 or 2
- 05  G.C.E. "O"/C.X.C. Gen. Prof 3 or 4; S.C. Grade III
- 06  G.C.E. "O"/C.X.C. Gen. Prof 5 and over; S.C. Grade I and II
- 07  G.C.E. "A"/HSC 1 or 2
- 08  G.C.E. "A"/HSC 3 or over
- 09  Diploma/or Equivalent; Certificate of Achievement
- 10  Degree
- 98  Other (Specify \_\_\_\_\_ )

**5.22 Did ..... have any vocational or technical training?**

- 1  Vocational
- 2  Technical
- 3  Both
- 4  None
- 9  DK/NS

**6.1 Did ..... ever work, have a job, or do anything to earn an income?**

- 1  Yes  
 2  No - Go to Q. 6.16  
 9  DK/NS

**6.2 Did ..... ever do any of the following during the past 12 months?**

- | 1-Yes                    | 2-No  |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Work in the Government Service                                   |
| <input type="checkbox"/> | <input type="checkbox"/> Work in a Statutory Body or State Enterprise                     |
| <input type="checkbox"/> | <input type="checkbox"/> Work in a private company or organisation                        |
| <input type="checkbox"/> | <input type="checkbox"/> Work in a family business or farm                                |
| <input type="checkbox"/> | <input type="checkbox"/> Work as apprentice or learner                                    |
| <input type="checkbox"/> | <input type="checkbox"/> Work in your own business with paid help                         |
| <input type="checkbox"/> | <input type="checkbox"/> Work for self without paid help                                  |
| <input type="checkbox"/> | <input type="checkbox"/> or any of the following ( <b>READ LIST and if yes, SPECIFY</b> ) |

**INTERVIEWER: If no to all, go to Q. 6.4**

**6.3 How many months did ..... work during the past 12 months?**

\_\_\_\_\_ MONTHS

- 9  DK/NS

**6.4 What did .... do most during the past week?**

- 1  Worked -----> Go to Q. 6.6  
 2  Had a job but was not at work---> Go to Q. 6.6  
 3  Looked for work  
 4  Wanted work and was available  
 5  Housework/Home duties  
 6  Attended School  
 7  Nothing  
 8  Other (Specify \_\_\_\_\_ )  
 9  DK/NS

**6.5 Did ..... do any of the following activities for pay, profit or family gain during the past week? (READ LIST)**

Interviewer: Read the list provided and if yes to any, TICK 'Yes' and write what the respondent was doing in Q.16.

- a Babysitting  
 b Sell pastries/food from home/  
 market/bus stop or school  
 c Domestic duties for pay (laundry,  
 ironing, cleaning)  
 d Sell sweets from the home  
 (tableta, fudge etc.)  
 e Cleaning yard or cutting grass

- f Sewing for pay
- g Nurses' aid for pay
- h Clean offices
- i Subsistence farming
- j Car washing for pay
- k Taxi-driving
- l Barbing or hairdressing
- m Sell lottery/boledo
- n Sell newspaper
- o Any other activity for pay,  
profit or family gain
- 1  Yes
- 2  No ———— --> Goto Q6.14
- 9  Not stated—

**6.6 How many hours did/does ..... work last week/normally work in a week?**

- 00  None
- 01  Under 1 hr.
- 02  1 - 8 hrs
- 03  9 - 16 hrs
- 04  17 - 24 hrs
- 05  25 - 32 hrs
- 06  33 - 40 hrs
- 07  41 - 50 hrs
- 08  51 - 60 hrs
- 09  61 - 70 hrs
- 10  71 PLUS hrs
- 99  DK/NS

**6.7 What is the reason for working for less than 35 hours?**

- 1  No more work available
- 2  New job
- 3  Illness
- 4  Temporary laid off
- 5  Own choice
- 6  Vacation
- 7  Other (Specify \_\_\_\_\_ )
- 8  Not applicable
- 9  DK/NS

**6.8 What is ...../your occupation?**

Interviewer: What is required is a description of the work the person is doing ( eg. Sales Manager or Sales Clerk, Mason etc.)

--

**6.9 What type of business/activity is carried on where ..... is working?**

--

**6.10 What is the name and address of where ..... works?**

NAME:

ADDRESS:

**6.11 Did ..... carry on your/his/her own business, or work for a wage or salary or as an unpaid worker in a family business?**

- 1  Paid employee - Government
- 2  Paid employee - Private
- 3  Unpaid Worker
- 4  Own business - with paid help
- 5  Own business - without paid help
- 9  Don't know/Not Stated

**6.12 If worked for self without paid help or did any activity from list provided, please provide the following information. Others goto Q7.1**

Location:

- 1  Fixed
- 2  Moved from place to place

Average value of sales per week:

--

Product/Service provided:



Capital invested:

Average number of hours worked per week:

**ALL SKIP TO 7.1**

**FOR ALL PERSONS WHO DID NOT WORK LAST WEEK**

**6.13 When last did ..... work?**

- 1  Less than 1 month
- 2  1 < 3 months
- 3  3 < 6 months
- 4  6 < 12 months
- 5  1 year and more
- 6  Never Worked
- 9  DK/NS

**6.14 What was the main reason why ..... left last job?**

- 01  New job
- 02  Illness/Injury
- 03  Fired
- 04  Retired
- 05  To return to school
- 06  Laif off
- 07  Did not want to work
- 08  No more work
- 09  Wages to low
- 10  Seasonal job
- 11  Home Duties
- 12  Other (Specify \_\_\_\_\_ )
- 99  DK/NS

**6.15 Did ..... look for work or do anything to earn income last week?**

- 1  Yes
- 2  No-----> Go to Q.6.17
- 9  DK/NS

**6.16 What kind of work was ..... looking for?**

--	--	--	--

**6.17 Why did ..... not seek work or do anything to earn income last week?**

- 01  At school
- 02  Housekeeping
- 03  Retired
- 04  Disabled
- 05  Temporary illness
- 06  Did not want work
- 07  Awaiting results or applications
- 08  Knew of no vacancy
- 09  Presently employed
- 10  Discouraged
- 11  Other (Specify \_\_\_\_\_ )
- 99  DK/NS

6.19 For persons who have worked but did not have a job last week, please indicate occupation last held?

--	--	--	--

7.1 What is ..... 's gross monthly income (nearest dollar?)

--	--	--	--

**INTERVIEWER:**

(a) For own account workers and Employers --> Income = Income less business expenses.

(b) Enter income e.g. \$500 is 00500

7.2 What have been the major problems preventing you from earning a higher income?

## SECTION 8. MARITAL, UNION STATUS AND FERTILITY FOR PERSONS 15 YEARS AND OVER

8.1 What is ..... 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1  Married
- 2  Widowed
- 3  Divorced
- 4  Legally separated
- 5  Never married
- 9  DK/NS

8.2 What is ..... 's current union status?

- 1  Married
- 2  Living common-law
- 3  Visiting
- 4  Single
- 9  DK/NS

**FOR FEMALES 14 TO 49 YEARS**

8.3 How many livebirths has ..... ever had?

--

- 9  DK/NS

**IF ZERO, ENTER 00 AND END INTERVIEW**

**8.4 How many died?**

Before first birthday

After first birthday

9  DK/NS

**8.5 How old were you /was she when you/she had the first liveborn child?**

1
---

9  DK/NS

**8.6 How many livebirths did you/she have in the last 12 months?**

1  None -----> Go to 9.1

2  One

3  Two separate births

4  Twins

5  Three or more

9  DK/NS

**8.7 Of these, have any of the babies died?**

1  Yes

2  No

9  DK/NS

**8.8 How many have died?**

1  2  3  4  5  9  DK/NS

1 Within the first 30 days of life

2 After 30 days but before one year

**FOR HEADS OF HOUSEHOLD ONLY**

**9.1 What was the size of the household in which you grew up?**

9  DK/NS

**9.2 What was the highest level of education attained by your father?**

- 1  None ----> Go to Q. 9.4
- 2  Nursery/Kindergarten/Infant
- 3  Primary
- 4  Secondary
- 5  Post Secondary
- 6  University
- 7  Other (Specify)
- 9  DK/NS

**9.3 How many years did he have at the highest level?**

9  DK/NS

**9.4 What is the highest level of education attained by your mother?**

- 1  None ----> Go to Q. 9.6
- 2  Nursery/Kindergarten/Infant
- 3  Primary
- 4  Secondary
- 5  Post Secondary
- 6  University
- 7  Other (Specify)
- 9  DK/NS

**9.5 How many years did she have at the highest level?**

9  DK/NS

**9.6 Do you perceive yourself as being better off than your parents?**

- 1  Yes
- 2  No
- 3  Somewhat
- 9  DK/NS