59059

ST LUCIA
SURVEY OF LIVING CONDITIONS AND HOUSEHOLD BUDGETS 2005

Household Schedule

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

0 1 2 3 4 5 6 7 8 9

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

IMPORTANT!!! Place an X in the box for multiple ☒

BUILDING NO

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: _____

Confidential

LISTING OF HOUSEHOLD MEMBERS

	Surname	First Name			Surname	First Name	
01			☐	11			☐
02			☐	12			☐
03			☐	13			☐
04			☐	14			☐
05			☐	15			☐
06			☐	16			☐
07			☐	17			☐
08			☐	18			☐
09			☐	19			☐
10			☐	20			☐

Place X in box if person is under 5

Confidential

INTERVIEWER RESULTS

Interview Calls	Date (DD/MM/YY)	Time Started	Duration	*Results
1	/ /05 /			
2				
3				
4				

***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

Reset

H2.

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
- ☐ 8 Other/Don't Know
- ☐ 7 Makeshift (Specify.....)

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

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

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

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

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

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

- ☐ 1 Gas
- ☐ 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 <u>all household members</u>? *(Write "0" where there is none)*

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

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SECTION 2 - EXPENDITURE ON ACCOMMODATION

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

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

PART 1 - OWNER OCCUPIED ACCOMMODATION	CODE	Amount ($)
1.1 How much is paid annually for the following:		
1 House taxes	0423103	,
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? ☐ 1 Yes ☐ 2 No		**if No, go to 1.6**
1.5 What amount do you receive monthly for rental/sub-letting: for any or all of the following purposes:		
1 Furnished/Partly furnished (household accommodation)	1800501	,
2 Unfurnished (household accommodation)	1800502	,
3 Business	1800503	,
1.6 How much rent would you charge ***monthly*** if you were to rent this accommodation	0421101	,
1.7 What is the estimated market value of the dwelling unit currently occupied by this household?	1900104	,
1.8 Do you make mortgage payments for this dwelling? ☐ 1 Yes ☐ 2 No ***Check H3.1 then answer this question***		**if No, go to 2.1**
1.9 What is the monthly mortgage payments for this dwelling?	1900105	,

PART 2 PROPERTY BOUGHT/CONSTRUCTED IN SURVEY YEAR		Amount ($)
2.1 Did you purchase/construct this dwelling unit during the past 12 months?		☐ 1 Yes ☐ 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?		☐ 1 New ☐ 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 **After Q2.5 go to Q3.1**	1900103	, ,

PART 3 - RENTED ACCOMMODATION

INTERVIEWER: If the family occupied a rented dwelling for all or part of the survey year, complete this section

Ask question if household has been renting for all or part of the last twelve months		
3.1 State amount paid for monthly rent	0411100	,
3.2 Is any part of this dwelling unit sub-letted?		☐ 1 Yes ☐ 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	*Leave Blank*
Not Known	*9's ending in 8*
Amount too large	*9's ending in 7*
Not Stated	*Try harder, if not use all 9's*

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

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SECTION 3 - MAJOR TYPES OF HOUSEHOLD EXPENSES

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

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

PLEASE WRITE CLEARLY AND LEGIBLY

HOW MUCH WAS SPENT ON THE SERVICES LISTED BELOW	CODE	Amount ($)
5.1 How much did you spend during the **last 3 months** on gas for cooking? e.g. propane, butane cylinders	0452101	,
5.2 How much were you billed for water in the last **last month** (exclude balances from previous bills from WASCO)	0441101	,
5.3 How much were you billed for sewerage in the **last month** (exclude balances from previous bills)	0443000	,
5.4 How much were you billed for electricity in the **last month** (exclude balances from previous bills)	0451101	,
5.5 How much were you billed for fixed line telephone in the **last month** (exclude balances from previous bills, including phone cards, caller ID, call waiting, etc)	0830201	,
5.6 How much was paid by you in the **last twelve months** for other related household expenses n.e.s (Specify) e.g. Emptying of septic tank	0562601	,

HOW MUCH WAS SPENT **MONTHLY** ON THE SERVICES LISTED	CODE	Amount ($)
5.7 Employed staff including maids, butlers, drivers, gardeners, etc	0562100	,
5.8 Persons engaged temporarily for baby-sitting, housework, etc.	0562200	,
5.9 Child care outside of the home e.g. day nurseries, play schools and other child minding services	1240201	,
5.10 Care of elderly relatives inside the home	1240102	,
5.11 Care of elderly relatives outside the home	1240103	,
5.12 Care of the disabled	1240104	,
5.13 Care of Domestic Animals (Pets)	0935000	,
5.14 Gardening/lawn care services	0562203	,
5.15 Cablevision installation and/or Service	0830103	,
5.16 Internet Services	0830401	,

HOW MUCH WAS SPENT **ANNUALLY** ON THE SERVICES LISTED		Amount ($)
5.17 Amount spent **last twelve months** on other household services, moving, laundry,	4532199	,

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?

			PURCHASED (homemade)		GIFTS	
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST($)	QTY Received	TOTAL COST($)
Living or recreation room 3/ 5/ 7 piece suites	0511101	☐ Yes ☐ No ☐ HomeMade		,		,
Wall unit / Display cabinet	0511103	☐ Yes ☐ No ☐ HomeMade		,		,
couch or sofa	0511104	☐ Yes ☐ No ☐ HomeMade		,		,
Coffee /side table/centre table	0511107	☐ Yes ☐ No ☐ HomeMade		,		,
TV / Stereo stand /entertainment center	0511108	☐ Yes ☐ No ☐ HomeMade		,		,
Playpens	0511111	☐ Yes ☐ No ☐ HomeMade		,		,
Book case/ book shelf	0511112	☐ Yes ☐ No ☐ HomeMade		,		,
Other living room furniture not specified by type	0511199	☐ Yes ☐ No ☐ HomeMade		,		,
Dining room furniture 5 piece Dinette / Dining Suites	0511203	☐ Yes ☐ No ☐ HomeMade		,		,
China cabinets /Hutch back	0511204	☐ Yes ☐ No ☐ HomeMade		,		,
Individual tables	0511207	☐ Yes ☐ No ☐ HomeMade		,		,
Individual chairs	0511208	☐ Yes ☐ No ☐ HomeMade		,		,
Other dining room furniture not specified by type	0511299	☐ Yes ☐ No ☐ HomeMade		,		,
Kitchen furniture Table	0511301	☐ Yes ☐ No ☐ HomeMade		,		,
Chairs/Stools	0511302	☐ Yes ☐ No ☐ HomeMade		,		,
Trolleys	0511303	☐ Yes ☐ No ☐ HomeMade		,		,
Cabinets/ Cupboards (not built in)	0511304	☐ Yes ☐ No ☐ HomeMade		,		,
Other kitchen furniture not specified by type	0511399	☐ Yes ☐ No ☐ 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?

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

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

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

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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	☐ 1 Yes ☐ 2 No		,
Celery, parsley (bundle)	0117122	☐ 1 Yes ☐ 2 No		,
Other Fresh vegetables (lbs.)	0117199	☐ 1 Yes ☐ 2 No		,
Green pigeon peas (lbs.)	0117115	☐ 1 Yes ☐ 2 No		,
String Beans (lbs.)	0117117	☐ 1 Yes ☐ 2 No		,
Spices, cinnamon, nutmeg, ginger (lbs.)	0119223	☐ 1 Yes ☐ 2 No		,
Yams - white (lbs.)	0117503	☐ 1 Yes ☐ 2 No		,
Yams - yellow (lbs.)	0117501	☐ 1 Yes ☐ 2 No		,
Yams - Banja (lbs)	0117504	☐ 1 Yes ☐ 2 No		,
Tannias (lbs.)	0117508	☐ 1 Yes ☐ 2 No		,
Dasheen (lbs.)	0117505	☐ 1 Yes ☐ 2 No		,
Sweet potatoes (lbs.)	0117506	☐ 1 Yes ☐ 2 No		,
Farine / Tolomo (lbs.)	0117509	☐ 1 Yes ☐ 2 No		,
Nuts (cashews, peanuts etc.) (lbs.)	0116130	☐ 1 Yes ☐ 2 No		,
Other ground provisions (lbs.)	0117699	☐ 1 Yes ☐ 2 No		,
Home Produced Meat and Poultry				
Beef	0112107	☐ 1 Yes ☐ 2 No		,
Pork	0112207	☐ 1 Yes ☐ 2 No		,
Mutton/Goat	0112303	☐ 1 Yes ☐ 2 No		,
Rabbit	0112402	☐ 1 Yes ☐ 2 No		,
Other Meats	0112499	☐ 1 Yes ☐ 2 No		,
Chicken	0112701	☐ 1 Yes ☐ 2 No		,
Other Poultry	0112999	☐ 1 Yes ☐ 2 No		,

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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	☐ 1 Yes ☐ 2 No		,
Eggs (doz)	0114501	☐ 1 Yes ☐ 2 No		,
Fish caught (lbs.)	0113199	☐ 1 Yes ☐ 2 No		,
Talapia (lbs.)	0113113	☐ 1 Yes ☐ 2 No		,
Shrimps /Crayfish (lbs.)	0113115	☐ 1 Yes ☐ 2 No		,
Crabs (Number)	0113117	☐ 1 Yes ☐ 2 No		,

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	☐ Car ☐ Motorcycle ☐ Van ☐ Truck ☐ Jeep/SUV ☐ Other Vehicle no_____		,		
02	☐ Car ☐ Motorcycle ☐ Van ☐ Truck ☐ Jeep/SUV ☐ Other Vehicle no_____		,		
03	☐ Car ☐ Motorcycle ☐ Van ☐ Truck ☐ Jeep/SUV ☐ Other Vehicle no_____		,		
04	☐ Car ☐ Motorcycle ☐ Van ☐ Truck ☐ Jeep/SUV ☐ Other Vehicle no_____		,		
05	☐ Car ☐ Motorcycle ☐ Van ☐ Truck ☐ Jeep/SUV ☐ Other Vehicle no_____		,		

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

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

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SECTION 7 - REGULARITY OF PURCHASE AND *MAIN* TYPE OF OUTLET

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

ITEM	CODE	REGULARITY OF PURCHASE		NAME OF OUTLET	Outlet Code (See below)	LOCATION OF OUTLET (Community, Street, District)
		CODE	FREQ			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
15. Appliances	0531000					
16. Medical Expenses -prescriptions/Counter Medication	0611100					
17. Medical Expenses - Consultation	0621100					
18. Medical Expenses - Procedure	0630000					
19. Breakfast (responsible adult)	1111101					
20. Lunch (responsible adult)	1111201					
21. Dinner (responsible adult)	1111301					

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 ONLY

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

8.2 What is the highest grade completed by ..... father?

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

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

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

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

☐ 1 Yes ☐ 3 Somewhat

☐ 2 No ☐ 4 Don't Know

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

FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD

INDIVIDUAL NO.	2 Sex Male.....1 Female..2	3 Age Years	4 What is..... Relationship to Head Spouse/partner.....1 Child.....2 Son/daughter in law.3 grand-child.....4 parent/parent-in-law.5 grand parent.....6 other relative.....7 brother /sister.....8 non-relative.....9	5 What was the grade level attained by..... prior to departure? 00 None 01 Nursery 02 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	6 How long ago did... move away (in years) Less than 6 months .....0 6 months to 1 year 1	7 Most important reason for leaving the household more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	8 Area former household member moved to 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	9 Does this former household member send any contributions to this household? Provide an annual estimate of amount sent in $EC dollars in the last year. Provide a monetary value for in-kind contributions sent
01	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
02	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
03	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
04	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
05	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
06	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
07	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
08	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
09	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
10	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,
11	☐ 1 M ☐ 2 F		☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6			☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6	☐ 1 ☐ 4 ☐ 7 ☐ 2 ☐ 5 ☐ 8 ☐ 3 ☐ 6 ☐ 9	*In EC Dollars* ,

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SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS

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

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COMMENTS

We have recieved from the enumerator of our household the sum of (Number of Spenders by $15) as a result of our full participation in the St. Lucia Survey of Living Conditions and Household Budgets. We have supplied the enumerator with all the information required.

Spender(s)/Representative of Household