

2010 HOUSEHOLD INCOME AND EXPENDITURE SURVEY

+

PERSON QUESTIONNAIRE FORM (PQF)

PLEASE PRINT CLEARLY IN CAPITAL LETTERS
AND NUMBERS USING A BLACK PEN

+

CONFIDENTIAL



Island

EA

Questionnaire

of

Village

Vilcode

Office use only

HH.No

Enum ID

Page

of

SECTION A: HEALTH Ask all questions of <u>every</u> person in the household	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	P14
Q1. Did you have a health problem in the <i>last 12 Months</i> ? 1) Yes, 2) No GO TO Q10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q2. Did you get help or care for the last health problem experienced? 1) Yes, 2) No GO TO Q6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q3. Where did you go to get help for the health problem last time you were sick? 1) Hospital 2) Health Center 3) Dispensary/Clinic 4) Aid post 6) Retired Nurse/Retired Doctor 7) Private Doctor 8) Traditional Healer 9) Use Prayer 10) Other If 1, 2, 3, 4 - GO TO Q5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q4. If you did <u>not</u> get help from a health facility, what was the main reason? 1) Facility too far 2) Facility staff not friendly 3) Facility not nice 4) Facility staff not available 5) Close relative works at facility 6) No drugs at facility 7) Sick at night 8) Bad weather 9) Can't pay for facility 10) Can't pay for transport 11) No transport available 12) Too busy to go to facility 13) Illness not serious 14) Use traditional healer first 15) Use prayer first 16) Other reason	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q5. What was the diagnosed health problem? 1) Skin sores 2) Diarrhea 3) Stomach Complaint 4) Cold/Flu 5) Conjunctivitis 6) Malaria, fever 7) High blood pressure 8) Diabetes 9) Asthma 10) Sexually Transmitted Infections (STI) 11) Accident/Injury 12) Psychological/mental 13) Other GO TO Q7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q6. If you did not seek care for the sickness/pain/health problem, what were the main reasons? 1) Facility too far 2) Facility staff not friendly 3) Facility not nice 4) Facility staff not available 5) Close relative works at facility 6) No drugs at facility 7) Sick at night 8) Bad weather 9) Can't pay for facility 10) Can't pay for transport 11) No transport available 12) Too busy to go to facility 13) Illness not serious 14) Use traditional healer first 15) Use prayer first 16) Other reason	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q7. How long were you sick? 1) 1 day 2) 2-3 days 3) 4-7 days 4) 1-4 weeks 5) > 4 weeks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q8. Did the health condition prevent you from undertaking your usual activities? 1) Yes, 2 No - GO TO Q10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q9. If currently working, does this health condition prevent you result in loss of earnings? 1) Yes, 2 No - GO TO Q10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q9B What is the estimate Value of Loss of Earnings 1) None 2) 1 - 5,000Vt, 3) 5,001Vt - 9,999 Vt 4) 10,001Vt - 14,999Vt, 5) 15,001Vt - 19,999Vt 6) > 20,000Vt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

+

+

Page 0 2 of 0 4		Island	EA	-	HH.No	Enumerator ID	+		Vilcode <small>Office use only</small>
SECTION B: EDUCATION. Ask all questions to every person age 6 years and over in the household		P.	P.	P.	P.	P.	P.	P.	P.
Q10. Are you <i>currently</i> attending school (full time and part time)? 1) Yes 2) No GO TO Q19									
Q11.What level of school are you currently attending? 1) Year 1-8 2) Year 9 -12 3) Trade School (incl vocational, GRTs) 4) Teachers College + 5) University 6) Other									
Q12. What type of school did you go to? 1) English 2) French 3) Bilingual 4) Other									
Q13.What is the name of the school? <i>Insert school code</i>									
Q14. What is your main <i>mode of traveling</i> to school? 1) Walk 2) Public Transport 3) Private Vehicle 4) Canoe 5) Other									
Q15. What is the estimated time to go to school? 1) < 5 minutes 2) 5 – 30 minutes 3) 30 - 60 minutes 4) 1-2 hours 5) > 2 hours									
Q16. How many <i>hours each week</i> do you attend school?									
Q17. Do you sometimes miss school in which you should be attending? 1) No, never GO TO Q20, 2) Yes, but rarely 3) Yes, sometimes 4) Yes, frequently									
Q18. What is the main reason for missing school? 1) School fees problem 2) Sick 3) Distance to travel 4) Suspended 5) Family problems 6) Bad weather 7) Absence of teacher 8) Disaster 9) Needed at home 10) Custome event 11) Have to work 12) Other									
Q19. Why are you <i>not</i> currently attending school? 1) 18 years and over, finished school 2) Less than 18 yrs, but finished 3) School fees problem 4) Distance to travel 5) Didn't pass exams 6) Expelled from school 7) Family related issues 8) Disability 9) Needed at home 10) Other									
Q20. What is the highest level of qualification you have obtained? 1) None 2) Primary leaving certificate 3) Year 9 leaving cert. 4) Year 10 leaving cert. 5) Yr 12 leaving certificate 6) University Entrance/Baccalaureate 7) Certificate 8) Diploma 9) Degree 10) Post Graduate (PhD, Masters, etc) 11) Other training Certificate									
+ + +									

--	--

7

--

--	--	--

hrs

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

7

11

--	--	--

--	--	--	--

--	--	--	--

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

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

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

month

7

7