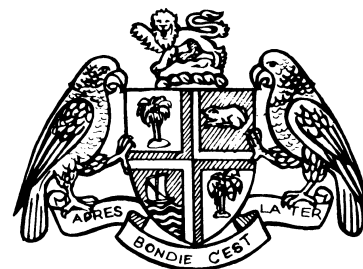


**SURVEY OF LIVING CONDITIONS – 2002**  
**GOVERNMENT OF DOMINICA**  
**CENTRAL STATISTICAL OFFICE**



**CONFIDENTIAL WHEN COMPLETED**

This survey is being conducted under the Provisions of the Statistics Act No.17 of 1986

PARISH  SD  ED  BLD#  HHld#

Name of Supervisor : \_\_\_\_\_

Name of Interviewer : \_\_\_\_\_

Household Contact Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address of Household : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	RECORD OF VISITS			
	1.	2.	3.	4.
DATE				
TIME STARTED				
TIME ENDED				
DURATION				
RESULT				

**Result Codes:** 1. Fully Completed   2. Partially Completed   3. Refusal   4. No Contact   5. Vacant   6. Closed

**INTERVIEWER SAYS:**

I am the interviewer assigned to this area and I would like to get some information about the household and its members. This survey is being carried out under the Statistics Act of Dominica, which obliges you to provide the information and also guarantees confidentiality.

Were you and the household members living in this home on May 12, 2001 last year when the census was conducted? 1. **ن**No 2. **ن**Yes

## SECTION 1: HOUSING & HOUSEHOLD INFORMATION

### Part 1 – Housing (To Be Answered By Head of Household or Responsible Adult)

1.1 What type of dwelling does this household occupy?

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Undivided private house    | 2 <input type="checkbox"/> Part of a private house      |
| 3 <input type="checkbox"/> Flat/apartment/condominium | 4 <input type="checkbox"/> Townhouse                    |
| 5 <input type="checkbox"/> Double house/duplex        | 6 <input type="checkbox"/> Combined business & dwelling |
| 7 <input type="checkbox"/> Barracks                   | 8 <input type="checkbox"/> Other (Specify)              |

1.2 Does this household own, rent or lease this dwelling?

- |  |                                       |   |
|--|---------------------------------------|---|
| 1 <input type="checkbox"/> Owned           | 2 <input type="checkbox"/> Squatted   | 3 <input type="checkbox"/> Rented-Private |
| 4 <input type="checkbox"/> Rented-Govt     | 5 <input type="checkbox"/> Leased     | 6 <input type="checkbox"/> Rent-free      |
| 7 <input type="checkbox"/> Other (specify) | 8 <input type="checkbox"/> Don't know |   |

1.3 What about the land, is it owned, leasehold, or some other type of occupancy?

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Owned/Freehold        | 2 <input type="checkbox"/> Leasehold/ rented     |
| 3 <input type="checkbox"/> Rent free             | 4 <input type="checkbox"/> Squatted              |
| 5 <input type="checkbox"/> Other (Specify) _____ | 6 <input type="checkbox"/> Don't know/Not stated |

1.4 Apart from your house plot, do you cultivate any land on your own behalf?

- |  |   |
|--|---|
| 1 <input type="checkbox"/> YES - owned | 2 <input type="checkbox"/> YES - rented     |
| 3 <input type="checkbox"/> YES – other | 4 <input type="checkbox"/> NO (Go to Q 1.5) |

1.4a. If YES, how much do you cultivate and how much do you not cultivate at present?

Cultivate:.....acres

Do not cultivate: .....acres

1.5 What is the main construction material of the outer walls?

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Wood                  | 2 <input type="checkbox"/> Bricks/Blocks/Concrete |
| 3 <input type="checkbox"/> Wood and Concrete     | 4 <input type="checkbox"/> Plywood                |
| 5 <input type="checkbox"/> Other (Specify) _____ |   |

1.6 How many rooms does this dwelling have? (This excludes galleries/veranda, toilets, pantries, corridors, and kitchens)

--	--

1.7 Is your kitchen indoors or outdoors?

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 1 <input type="checkbox"/> Indoors | 2 <input type="checkbox"/> Outdoors |
| 3 <input type="checkbox"/> Both    | 4 <input type="checkbox"/> None     |

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

- |   |  |  |
|---|--|--|
| 1 <input type="checkbox"/> Coals/Charcoal | 2 <input type="checkbox"/> Wood        | 3 <input type="checkbox"/> Gas             |
| 4 <input type="checkbox"/> Kerosene       | 5 <input type="checkbox"/> Electricity | 6 <input type="checkbox"/> Other (Specify) |

**1.9 What type of toilet does this dwelling have?**

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Flush Toilet linked to sewer | 2 <input type="checkbox"/> Flush Toilet with septic tank |
| 3 <input type="checkbox"/> Pit-latrine                  | 4 <input type="checkbox"/> None                          |
| 5 <input type="checkbox"/> Other (Specify) _____        |  |

**1.10 What is the main source of water supply?**

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Piped into dwelling   | 2 <input type="checkbox"/> Piped into yard |
| 3 <input type="checkbox"/> Public standpipe      | 4 <input type="checkbox"/> River/ Stream   |
| 5 <input type="checkbox"/> Other (Specify) _____ |  |

**1.11 What type of bathing facility does this household have?**

- |                                    |                                     |                                 |
|------------------------------------|-------------------------------------|---------------------------------|
| 1 <input type="checkbox"/> Indoors | 2 <input type="checkbox"/> Outdoors | 3 <input type="checkbox"/> None |
|------------------------------------|-------------------------------------|---------------------------------|

**1.12 What is the main source of lighting?**

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Gas         | 2 <input type="checkbox"/> Kerosene              |
| 3 <input type="checkbox"/> Electricity | 4 <input type="checkbox"/> Other (Specify) _____ |

**1.13 What is the main method of garbage disposal used by this household?**

- |  |  |  |
|--|--|--|
| 1 <input type="checkbox"/> Dumping/compost | 2 <input type="checkbox"/> Burying           | 3 <input type="checkbox"/> Burning         |
| 4 <input type="checkbox"/> Garbage Truck   | 5 <input type="checkbox"/> Dumping river/sea | 6 <input type="checkbox"/> Other (Specify) |

**1.14 Does this household have any of the following?**

**a. Telephone**

- |                                |                               |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

**b. Television**

- |                                |                               |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

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

- |                                |                               |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

**e. Gas/Electric Stove**

- |                                |                               |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

**f. Refrigerator/Freezer**

- |                                |                               |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

**g. Washing Machine**

- |                                |                               |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

**i. Motor Vehicle**

- |                                |                               |
|--------------------------------|-------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

**Part 2 – Household: (To Be Answered By Head Of Household Or Responsible Adult)****2.1 How many people normally live in this household?** \_\_\_\_\_**2.2 Who is the major earner in the household?**

1. ☐ Head of Household                      2. ☐ Spouse/ Partner                      3. ☐ Sibling  
 4. ☐ Child    5. ☐ Parent

**2.3 How long have you lived in this house?**

1. ☐ Under 3 yrs                                      2. ☐ 3-5 years                                      3. ☐ 6-10 years (Go to Q 2.4)  
 4. ☐ Over 10 years (Go to Q 2.4)

**2.3a If 5 YEARS OR LESS, where did you live before (country or parish)?**

What Country \_\_\_\_\_ (if overseas)

What village \_\_\_\_\_ (if in Dominica)

**2.4 Does any close relative (parent, sibling, child) of any household member live permanently outside Dominica?**

1. ☐ Yes                                      2. ☐ No (Go to Q 2.5)

**2.4a If YES, please tell us?**

Person	Relationship to Head of Hhold 1. Parent 2. Spouse/ partner 3. Brother/sister 4. Child	Where do they live? 1. USA/Canada 2. UK 3. Caribbean 4. Other	What are they doing there? 1. Working 2. Studying 3. Other	When did they leave Dominica? 1. Under 5 years 2. 5-10 years 3. Over 10 years
Person 1				
Person 2				
Person 3				

**2.4b If YES, do they contribute to money or goods to the upkeep of the family?**

1. ☐ No    2. ☐ Monthly    3. ☐ Once a year  
 4. ☐ 2-4 times/yr                                      5. ☐ 5-10 times/ yr

**2.5 Does anybody in this household suffer a disability that prevents them from working or studying?**

1. ☐ Yes    2. ☐ No (Go to Q 2.6)

**2.5a If YES, please tell us?**

Disabled Person	Relationship to Head of Household 1. Parent 2. Brother/Sister 3. Child 4. Other	Age (years)	What is the disability? 1. Limbs/ back 2. Eyes/ ears 3. Mental 4. Other	Does their disability prevent them from working? 1. Yes 2. No	Does their disability require constant care? 1. Yes 2. No
Person 1					
Person 2					
Person 3					

**2.6 Has anybody in the household been confined to bed with illness during the last month?**

1. ☐ Yes      2. ☐ No (Go to Q 2.7)

**2.6a If YES, please tell us?**

Sick Person	Relationship to Head of Household <i>1. Parent 2. Brother/Sister 3. Child 4. Other</i>	Age (years)	What is the illness?	How many days of school/work did they miss?
Person 1				
Person 2				
Person 3				

**2.7 Does anybody in the household suffer from diabetes, high blood pressure, a heart condition, cancer?**

1. ☐ Yes      2. ☐ No

**2.8 Did any child aged 5-15 years NOT attend school regularly last term?**

1. ☐ Yes      2. ☐ No (Go to Q 3.1)

**2.8a If YES, please tell us?**

Child	Age (years)	Sex <i>1. Male 2. Female</i>	How many days/ weeks of school did they miss?	What was the main reason that they did not attend school? <i>1. Illness/ disability 2. Financial problems 3. Failed exams 4. Problems at school 5. Other</i>
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

**Part 3. Personal Information****3.1 General Information (*all household members*)**

Person	Age (years)	Sex 1. Male 2. Female	Relationship to Head of Household 1. HoH 2. Spouse 3. Child 4. Brother/Sister 3. Parent 4. Other	Ethnicity 1. African 2. Carib 3. Chinese 4. Other	Educational attainment 1. None 2. Primary 3. Secondary 4. Vocational 5. University 6. Other	Economic Status 1. Working 2. Student/Child 3. Homemaker 4. Retired 5. Unemployed 6. Sick/Disabled 7. Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**3.2 Employment (*all working household members*)**

Person Use no. from previous section	MAIN JOB/ OCCUPATION			OTHER JOB/ OCCUPATION		
	Occupation 1. Professional/ Managerial/ Technician 2. Sales/services 3. Farmers 4. Craft etc. 5. Skilled manual 6. Elementary	Industry 1. Agriculture (bananas) 2. Agriculture (other) 3. Government 4. Construction 5. Hotels/restaurants 6. Manufacturing 7. Wholesale/ retail 8. Transport/ Communications 9. Other services	No. of hours worked last week	Occupation 1. Professional/ Managerial/ Technician 2. Sales/services 3. Farmers 4. Craft etc. 5. Skilled manual 6. Elementary	Industry 1. Agriculture (bananas) 2. Agriculture (other) 3. Government 4. Construction 5. Hotels/restaurants 6. Manufacturing 7. Wholesale/ retail 8. Transport/ Communications 9. Other services	No. of hours worked last week

## SECTION B: HOUSEHOLD EXPENDITURE

### PART 1: FOOD EXPENDITURE

Have you purchased or received as gifts any .... in the last week/month? (Record answers for 7 days only if the household generally purchases the same items weekly)		1 Yes 2 No 9 NR	How much did you spend on .... during the last 7 days?		How much did you spend on .... during the last 30 days?		How much.. did you receive as gifts in the last 7 days?		How much ..did you receive as gifts in the last 30 days?	
			Qty	EC\$	Qty	EC\$	Qty	EC\$	Qty	EC\$
01	What was your total expenditure on food for the last 30 days?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
02	Whole Chicken/Chicken Parts	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
03	Turkey Meat	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
04	Other Meats (Fresh, Frozen, Smoked, Salted)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
05	Fresh and Frozen Fish/Sea foods	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
06	Smoked/Salted/ Dried Fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
07	Sardines, Tuna, Mackerel and Other Canned fish	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
08	Eggs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
09	Milk, cheese, margarine, butter, yoghurt and other dairy products	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
10	Baby Foods (Formula, Cereals, Juice etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
11	Rice, Macaroni, Oats, corn flakes and other cereals	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
12	Flour (all types), bread, biscuits and other bakery products	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
13	Ground Provisions, Irish Potatoes and other root crops	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
14	Green Bananas, Plantains, Cocoy	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								

FOOD EXPENDITURE Contd.										
Have you purchased or received as gifts any .... in the last week/month? (Record answers for 7 days only if the household generally purchases the same items weekly)		1 Yes 2 No 9 NR	How much did you spend on .... during the last 7 days?		How much did you spend on .... during the last 30 days?		How much... did you receive as gifts in the last 7 days?		How much ...did you receive as gifts in the last 30 days?	
			Qty	EC\$	Qty	EC\$	Qty	EC\$	Qty	EC\$
15	Vegetables (tomatoes, cabbages, carrots, etc.)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
16	Fresh Seasonings and Spices (celery, chive, onion, garlic, curry etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
17	Fresh Fruits, Dried and Canned fruits	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
18	Cigarettes, Tobacco, Alcoholic Beverages	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
19	Non-alcoholic Beverages (Fruit drinks, soft drinks, malt, water etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
20	Tea, coffee, cocoa, drinking chocolate and other similar beverages	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
21	Sugars, Syrups and Sweeteners (honey, jams, jellies etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
22	Sweets, Mints, Candies and Chocolate	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
23	Edible Oils (cooking oil, corn oil, soya oil, coconut, etc),	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
24	Peas, Green peas and Beans (Dried and canned)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
25	Nuts, peanuts, cashews etc	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
26	Relishes (mayonnaise, ketchup, vinegar, mustard etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
27	Snacks (corn curls, potato chips, popcorn, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								
28	Meals out, takeaway (pizza, roti, chinese, KFC, etc)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>								



**PART 2: HOME PRODUCED ITEMS**

Did your household produce any food for consumption ... in the last month? 1. <b>ق</b> No      2. <b>ق</b> Yes (Record answers for 7 days OR for 30 days) If No, GOTO the next section.					How much would it cost to buy the amount of home produced....you ate in the last 7 days?		How much would it cost to buy the amount of home produced....you ate in the last 30 days?	
		Yes	No	NR	Qty	EC\$	Qty	EC\$
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	Cornmeal/Flour	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
06	Toloma/Farine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
07	Dasheens	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
08	Tannias	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
09	Sweet Potatoes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
10	Other Ground Provisions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
11	Green Figs/banana	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
12	Plantain	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
13	Other Starchy Foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
14	Coconut Oil	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
15	Beans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
16	Vegetables (tomatoes,carrots, lettuce, etc)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
17	Fresh Seasoning Including Pepper Sauce	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
18	Milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
19	Fresh Fruits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
20	Alcoholic Beverages and Tobacco	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				
21	Other Home Grown Food	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>				

**PART 3: MONTHLY NON-FOOD EXPENDITURE**

Has this household purchased or received as gifts any .... during the last thirty days?		1 Yes 2 No 9 NR	How much did you spend on .... during the last thirty days?	How much would it costs to buy the.... received as gifts during the last thirty days?
			EC\$	EC\$
01	Mortgage Repayment	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
02	Rent of dwelling	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
03	Water	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
04	Electricity	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
05	Cable TV (Marpin, SAT)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
06	Telephone, telegram, Fax and stamps, internet, cellular	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
07	Cooking Gas	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
08	Kerosene	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
09	Charcoal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
10	Laundry Supplies (detergent, bleach, soap, starch, blue, fabric softener, etc )	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
11	Toiletries and Personal Care Items (toilet paper, bath soaps, deodorant, hair care, toothpaste)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
12	Kitchen Supplies (matches, garbage bags, paper towels, dishwashing materials)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
13	Hairdressing, barbershop, beauty care	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
14	Gasoline, Motor Oil, etc.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		

Has this household purchased or received as gifts any .... during the last thirty days?		1 Yes 2 No 9 NR	How much did you spend on .... during the last thirty days?	How much would it costs to buy the.... received as gifts during the last thirty days?
			EC\$	EC\$
15	Hired transport (bus, taxi, etc.)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		
16	Other Non-Food (specify)_____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/>		

I am going to ask you first how much your household spends on other items in a year .Let us start with CLOTHING AND FOOTWEAR items.

#### PART 4: CLOTHING & FOOTWEAR

- 4.1 Approximately how much did your household spend in the last 12 months on ALL Clothing? This includes clothing for all persons within the household, men's, women's and children's wear, school uniforms, readymade clothes or made by tailors/dressmakers. Include the cost of the material, buttons, zips etc. and the tailors/dressmakers fees. EC\$\_\_\_\_\_
- 4.2 Approximately how much did your household spend on Dry Cleaning and Laundry Services in the last 12 months? This includes alterations and repairs to clothing, patching, hemming and replacement cost of buttons, zips etc. EC\$\_\_\_\_\_
- 4.3 What amount did the household spend on footwear in the last 12 months? Include the cost of repairs to shoes as well. EC\$\_\_\_\_\_
- 4.4 What amount did the household spend on accessories in the last 12 months? These include items as jewelry, scarves, brooches, ties, cufflinks etc. EC\$\_\_\_\_\_
- 4.5 Are there any other items relating to clothing and footwear that your household bought in the last 12 months? 1. **ق**No 2. **ق**Yes → If Yes, what is the value? EC\$\_\_\_\_\_

Interviewer says: Next let us move on to TRAVEL & TRANSPORT

#### PART 5: TRAVEL & TRANSPORT

- 5.1 Does any member in the household own a motor vehicle? This includes a car, van pick-up etc.  
1. **ق**No (Ask Q2.2) 2. **ق**One vehicle 3. **ق**Two vehicles 4. **ق**Three or more vehicles

**5.2 Does any member in the household have access to a motor vehicle? This includes a car, van pick-up etc.**

1. **ن**No (Go to Q 2.7)    2. **ن**One vehicle    3. **ن**Two vehicles    4. **ن**Three or more vehicles

### Private Transportation

**5.3 Did any member of your household make any payments on the purchase of a motor vehicle during the last 12 months?** 1. **ن**No (go to Q 2.5)    2. **ن**Yes

**5.4 Approximately, what are the total payments made by all household members for all vehicles in the last 12 months? Incl. loan payments, total paid if bought with cash or the combination of cash and loan.**    Cash Payments: EC\$\_\_\_\_\_    Annual Loan Payments: EC\$\_\_\_\_\_

**5.5 How much did your household spend in repairs and maintenance, improvements or modifications of vehicles in the last 12 months? This includes repairs and maintenance including servicing, tune-ups, replacement of tyres, repainting, addition of spoilers or hubcaps, oil changes including the cost of the oil and the mechanics fees.**    EC\$\_\_\_\_\_

**5.6 How much did your household spend on car insurance and vehicle license for the last 12 months?**  
Car insurance: EC\$\_\_\_\_\_    Vehicle License: EC\$\_\_\_\_\_

**5.7 How much did your household spend on drivers' and learners' licenses in the last 12 months?**  
Drivers' License: EC\$\_\_\_\_\_    Learners' License: EC\$\_\_\_\_\_

**Interviewer says: Let us move onto EDUCATION AND HEALTH:**

### PART 6: EDUCATION & HEALTH

**6.1 How much did your household spend on school fees and extra lessons in the last 12 months? This includes preschool fees, primary, secondary, college, university fees, fees for extra classes etc.**

Pre-School	: EC\$_____	College	: EC\$_____
Primary School	: EC\$_____	University	: EC\$_____
Secondary School:	EC\$_____	Other classes :	EC\$_____

**6.2 How much did your household spend on exam fees in the last 12 months?**    EC\$\_\_\_\_\_

**6.3 How much did your household spend on schoolbooks in the last 12 months?**    EC\$\_\_\_\_\_

**6.4 How much did your household spend on other school supplies? This includes exercise books, stationery, geometry sets etc.**    EC\$\_\_\_\_\_

**6.5 How much did your household spend on medical fees and medicines, within the last 12 months? These include doctors, physiotherapists, foot doctor, dentist, optician etc.; medicines including prescribed medicines, pills, spectacles, aspirins, cough syrups; bandages and plasters etc.**    EC\$\_\_\_\_\_

**6.6 Does any member of the household have Life and/or Health insurance?**

1. **ن**No (Go to Q 3.8)      2. **ن**Yes

**6.7 How much has been paid in life and health insurance premiums by all the members of your household in the last 12 months?**

Life Insurance: EC\$ \_\_\_\_\_ Health Insurance: EC\$ \_\_\_\_\_

**6.8 Are there any other items relating to education or health that your household bought in the last 12 months?**      1. **ن**No      2. **ن**Yes → If Yes, what is the value? EC\$ \_\_\_\_\_

**Interviewer says: We have finished Education and Health, so let us move on to RECREATION, LEISURE AND HOBBIES:**

## **PART 7: RECREATION, LEISURE & HOBBIES**

**7.1 Is any member of your household a member of any club, organizations or groups? This includes a youth group, church group, sports clubs, gyms etc.**      1. **ن**No (go to Q 4.3)      2. **ن**Yes

**7.2 In total, approximately how much did your household pay in membership fees, gym fees, dues, tithes etc. in the last 12 months?** EC\$ \_\_\_\_\_

**7.3 How much did your household spend on toys, games and hobby and other recreational equipment in the last 12 months? Include skipping ropes, tennis balls, rackets, dominoes, cameras, film including processing cost, knitting needles etc.** EC\$ \_\_\_\_\_

**7.4 How much did your household spend on home entertainment equipment and services in the last 12 months? This includes videos, DVDs etc.** EC\$ \_\_\_\_\_

**7.5 How much did your household spend on other leisure activities in the last 12 months? This includes concert tickets, carnival and creole festival tickets, theatre and cinema tickets, lottery tickets, cricket tickets, disco, parties etc.** EC\$ \_\_\_\_\_

**7.6 How much did your household spend on reading material and other printed matter, excl. school books and incl. newspapers, novels, magazines etc. in the last 12 months?** EC\$ \_\_\_\_\_

**7.7 How much did your household spend on special occasions e.g. Christmas decorations, greeting cards?** EC\$ \_\_\_\_\_

**7.8 How much did your household spend on overseas travel in the last 12 months? This incl. tickets for planes, boats etc. for holiday travel, personal business, medical etc.** EC\$ \_\_\_\_\_

**7.9 How much did your household spend on holiday excluding the cost of travel (tickets)? Include cost of accommodation, shopping, meals, sightseeing tours etc.** EC\$ \_\_\_\_\_

**7.10** Are there any other items relating to recreation, leisure and hobbies that your household bought in the last 12 months? 1. **ق**No 2. **ق**Yes → If Yes, what is the value? EC\$ \_\_\_\_\_

**Interviewer says: Let us move onto HOUSING AND HOUSEHOLD FURNISHING**

## **PART 8: HOUSING AND HOUSEHOLD FURNISHING**

### **Housing**

**8.1** Approximately, how much did your household spend on repairs, maintenance and replacements (labour and material cost) in the last 12 months? This incl. repairs to roof, floorboards, replacements of pipes, faucets gardeners' fees and plumbers', and carpenters' fees etc. EC\$ \_\_\_\_\_

**8.2** How much did your household spend on property/house tax in the last 12 months? EC\$ \_\_\_\_\_

**8.3** How much did your household spend on homeowners' insurance in the last 12 months? EC\$ \_\_\_\_\_

**8.4** Are there any other items relating to housing that your household bought in the last 12 months? 1. **ق**No (go to Q 5.7) 2. **ق**Yes → If Yes, what is the value? EC\$ \_\_\_\_\_

### **Household Furnishing**

**8.5** How much did your household spend on furnishing in the last 12 months? Incl. tables chairs, sofas, suites, TVs, VCR, DVD players, stereos, radios, computers etc.

Cash Purchases : EC\$ \_\_\_\_\_

Hire Purchase : EC\$ \_\_\_\_\_

Bank Loan Payments: EC\$ \_\_\_\_\_

**8.6** How much did your household spend on household electrical appliances e.g. stoves/cookers, ACs, fridges, microwaves and other similar goods, in the last 12 months? EC\$ \_\_\_\_\_

**8.7** How much did your household spend on cutlery, crockery, dining ware, linen, tea towels and other similar goods, in the last 12 months? EC\$ \_\_\_\_\_

**8.8** Are there any other items relating to household furnishing that your household bought in the last 12 months? 1. **ق**No (Go to Q 6.1) 2. **ق**Yes→If Yes, what is the value? EC\$ \_\_\_\_\_

**PART 9: MISCELLANEOUS**

**9.1** How much did your household spend on daycare or babysitting services and home-help services in the last 12 months?

Day Care/Baby-sitting : EC\$\_\_\_\_\_ Home-Help: EC\$\_\_\_\_\_

**9.2** How much did your household spend on house cleaning services in the last 12 months?

EC\$\_\_\_\_\_

**9.3** How much did your household send to relatives/children not living with you in the last 12 months?

EC\$\_\_\_\_\_

**9.4** How much did your household spend on pets in the last 12 months? Incl. vet cost, medicines, houses/cages as well as food etc.

EC\$\_\_\_\_\_

**9.5** Are there any other items on expenditure (e.g. membership of funeral association etc) that your household made in the last 12 months?

1. **ف**No      2. **ف**Yes →      If Yes, what is the value?      EC\$\_\_\_\_\_

## SECTION 3: INCOME

1. How many persons in this household worked during the last 12 months? \_\_\_\_\_
2. How much employment income did your household earn in the last 12 months after deduction of income tax income earned in the last 12 months. (Show flash cards)

<u>Person</u>	<u>Occupation</u>	<u>Annual Income Group</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

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 .... during the past 12 months? EC\$
		Yes	No
03	Support from parents/relatives and friends who live elsewhere in country	1 <input type="checkbox"/>	2 <input type="checkbox"/>
04	Support from parents/relatives and friends who live abroad	1 <input type="checkbox"/>	2 <input type="checkbox"/>
05	Support from Government of Dominica	1 <input type="checkbox"/>	2 <input type="checkbox"/>
06	Rental payments for use of land or other property owned by household members	1 <input type="checkbox"/>	2 <input type="checkbox"/>
07	Social Security (NIS)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
08	Local Private pension fund	1 <input type="checkbox"/>	2 <input type="checkbox"/>
09	Local Government Pension	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10	Overseas Pension	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11	Public Assistance (Welfare)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12	Interest from loans made by household members or from money deposited in a bank or other financial institutions, dividends	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13	Other <u>local</u> source of Income (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14	Other <u>overseas</u> source of Income (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

15. What was your total household income for the last 12 months? (show flash card) Income Group

16. Does the household include children for which no child support is received?

1. **ث**No (END)      2. **ث**Yes → If Yes, how many children? \_\_\_\_\_



## COMMENTS

[illegible]