

ENUMERATOR:
IN OFFICE:
COPY BELOW THE HOUSEHOLD IDENTIFICATION INFORMATION DIRECTLY FROM BLOCKS 1 AND 2 OF THE HOUSEHOLD INCOME & EXPENDITURE SURVEY (HIES) QUESTIONNAIRE. THE NUMBERS IN PARENTHESIS INDICATE THE CORRESPONDING QUESTION NUMBER ON BLOCKS 1 & 2 OF THE HIES QUESTIONNAIRE.

BUREAU OF STATISTICS

DATA ENTRY
OPERATOR

DATE

--	--	--

DAY MONTH YEAR

GUYANA LIVING STANDARDS MEASUREMENT SURVEY

DATE OF THE INTERVIEW

--	--	--

DAY MONTH YEAR

LENGTH OF INTERVIEW: _____

NUMBER OF VISITS: _____

REGION (4)	SECTOR (6)	STRATUM NUMBER (7)	MAJOR DIVISION NUMBER (8)	ENUMERATION DISTRICT		SUB- SAMPLE NUMBER (11)	SAMPLE HOUSEHOLD NUMBER (12)
				NUMBER (9)	SERIAL NO. (10)		

INTERVIEWER: _____

--

SUPERVISOR: _____

--

NAME OF HEAD (1)
OF HOUSEHOLD: _____

ADDRESS OF DWELLING (1)
BUILDING NO.: _____

LOT NO./STREET/ROAD NO. (1): _____

VILLAGE/WARD NAME (1): _____

TOWN NAME (1): _____

REGION (1): _____

ANTHROPOMETRIC VISIT REQUIRED?
(CHECK IF YES)

--

DATE OF ANTHROPOMETRIC

--	--	--

DAY MONTH YEAR

ANTHROPOMETRIST :

[illegible]

TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

[illegible]

I N D I V I D U A L N°	25 How many times have you filed for medical claims from the National Insurance Scheme over the past 12 months? (IF NONE, WRITE 0)	26 How many times have you received repayment for medical claims from the National Insurance Scheme over the past 12 months? (IF NONE, WRITE 0)	27 How much have you received in repayment for medical claims from the National Insurance Scheme over the past 12 months? AMOUNT G\$	28 Have you received any preventative health care during the past 12 months to avoid sickness, such as immunizations, (shots), a general medical check-up, or pre/post natal care? IMMUNIZATION..1 MEDICAL CHECK- UP.....2 PRE/POST NATAL CARE.....3 OTHER.....4 NONE.....5	29 Do you have a child under one year? YES....1 NO.....2	30 ASK TO ALL WOMEN 13-49 YEARS Are you currently pregnant or breast- feeding a child? PREGNANT..1 BREAST- FEEDING..2 NEITHER...3 NEXT PERSON
	NUMBER OF TIMES	NUMBER OF TIMES				
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

EDUCATION

TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGE 3 YEARS AND OLDER

[illegible][illegible][illegible][illegible][illegible]

TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGE 3 YEARS AND OLDER

INDIVIDUAL Nº	15 Does the school provide textbooks to go with the class curriculum for ..[NAME]..?	16 Did the household purchase textbooks for ..[NAME].. to use at school during the current school year?	17 How does ..[NAME]... get to school?	18 How long does it take ...[NAME]... to travel to this school from here?	19 How far away is this school from here?	20 How much does ..[NAME]. spend in transport to school per month?	21 How much does ..[NAME].. spend on lunch and snacks at school per day?	22 How much did the family pay during the last full school year (3 terms) for the following school expenses for ...[NAME]...?						
	YES, A FULL SET.....1 YES, A PARTIAL SET...2 NO, NONE...3	YES, A FULL SET.....1 YES, A PARTIAL SET...2 NO, NONE...3	WALK.....1 PUBLIC TRANSPORTATION....2 PRIVATE TRANSPORTATION....3 OTHER.....4	ONE WAY TRIP ONLY					TUITION AND CONTRIBUTIONS	UNIFORMS	BOOKS	OTHER SUPPLIES	BOARD AND LODGING	EXAM FEES NEXT PERSON
				MINUTES	MILES	G\$	G\$							

[illegible][illegible][illegible][illegible]

FERTILITY

ENUMERATOR: READ THE STICKER BELOW UNTIL YOU COME TO THE CODE OF A WOMAN WHO IS BETWEEN 13 AND 49 YEARS OLD IN THE HOUSEHOLD ROSTER. MARK WITH A CROSS EACH ID CODE WHICH DOES NOT CORRESPOND TO A WOMAN BETWEEN 13 AND 49. WHEN YOU REACH THE APPROPRIATE ID CODE, CIRCLE IT, AND INTERVIEW THAT WOMAN.

STICKER

WRITE NAME AND ID CODE OF THE WOMAN SELECTED FROM THE ROSTER

NAME: _____ ID CODE

ENUMERATOR, EXPLAIN TO THE RESPONDENT: The information collected is important for calculating an infant mortality rate and for better understanding sexually transmitted diseases such as aids. Some of the information will be somewhat sensitive, but is strictly confidential and important to the survey.

1. Have you ever given birth to a live child? EVEN THOUGH THE CHILD LIVED FOR ONLY A SHORT TIME, FOR EXAMPLE A FEW MINUTES.

YES.....1
NO.....2
(>5)

2. How many of your children are alive now?

LIVING IN HOUSEHOLD

LIVING OUTSIDE OF HOUSEHOLD

BOYS

GIRLS

BOYS

GIRLS

3. How many died even though they lived for a short time?

BOYS

GIRLS

[NUMBER OF...] children. Is this correct?

YES (WRITE THE NUMBER HERE)
NO (GO BACK TO 2 -3; TOTAL SHOULD EQUAL NUMBER HERE)

5. Are you currently pregnant?

YES.....1
NO.....2

6. Do you want to have more children/(or) a child?

YES.....1
NO.....2

7. Have you or your partner used any contraceptive methods in the last 12 months to avoid a pregnancy or to space births?

YES.....1
NO.....2
(>13)

8. Which method did you use most?

PILL.....1
CONDOM.....2
IUD.....3
INJECTABLES.....4
VAGINAL METHOD.....5
TRADITIONAL.....6
FEMALE STERILIZATION.....7
MALE STERILIZATION.....8
RYTHM.....9 (>13)
WITHDRAWAL.....10 (>13)
OTHER.....11

WRITE CODE HERE

(IF CODE 9 OR 10 >13)

get this contraceptive [METHOD USED MOST]?

DRUGSTORE.....1
FAMILY PLANNING COMMUNITY WORKER...2
PUBLIC FAMILY PLANNING CLINIC.....3
PRIVATE FAMILY PLANNING CLINIC.....4
PUBLIC HOSPITAL.....5
PRIVATE HOSPITAL.....6
PUBLIC CLINIC.....7
PRIVATE PHYSICIAN.....8
OTHER.....10
DON'T KNOW.....11

WRITE CODE HERE

10. Do/did you or your partner have to pay for this method?

YES.....1
NO.....2
DON'T KNOW...3

11. How often have you or your partner paid for this contraceptive method in the past 12 months?

TIMES

12. How much do/did you and your partner pay for this method each time?

G\$

13. Are you married or do you live with someone now?

YES.....1
NO.....2

14. How many "formal" unions or marriages have you had?

NUMBER

15. How old were you when you first married or started to live with someone?

AGE

C O N T I N U E D:

**ONLY FOR
CHILDREN THAT
HAVE DIED**

[illegible]

FOR ALL CHILDREN 0-59 MONTHS OLD [MAKE SURE TO KEEP THE LISTING AND IDENTIFICATION CODE FROM HOUSEHOLD ROSTER]

[illegible]

ANTHROPOMETRICS

(CONTINUED) FOR ALL CHILDREN 0-59 MONTHS OLD [MAKE SURE TO KEEP THE LISTING AND ID CODE FROM THE HOUSEHOLD ROSTER]

	15	16	17	18	19	20	21
	Is the child currently being breastfed exclusively?	At what age was the child weaned?	What was the first diet after weaning?	What is the child's present diet?	Does the child receive vitamin supplements?	What type of vitamin supplement?	Where does the child get the vitamin supplement?
I N D I V I D U A L			PLANTAIN FLOUR PORRIDGE..1 CORNMEAL.....2 BARLEY FLOUR....3 SAGO.....4 CRUSHED VEGETABLE.....5 POTATOES.....6 YAMS.....7 FRUIT.....8 OTHER.....9	FAMILY POT.....1 PORRIDGE...2 CRUSHED VEGETABLE.3 OTHER.....4			HEALTH FACILITY..1 RELATIVE...2 PRIVATE DRUGSTORE.3 OTHER.....4
N°	YES.....1 (>19) NO.....2	AGE IN MONTHS			YES....1 NO.....2 <div>NEXT PERSON</div>	LIQUID...1 TABLET...2 OTHER....3	

01							
02							
03							

04							
05							
06							

07							
08							
09							

10							
11							
12							

NUMERATOR:
N OFFICE:

(3)

**COPY BELOW THE NAME, SEX CODE, AGE, AND
RELATIONSHIP TO HOUSEHOLD PERSON IN THE
"HOUSEHOLD MEMBERSHIP AND COMPOSITION RECORD"
(FROM HIES QUESTIONNAIRE BLOCKS 6 AND 7. MAKE SURE
THAT EACH PERSON RETAINS HIS/HER INDIVIDUAL N°.)**

COPY BELOW THE NAME, SEX CODE, AGE, AND RELATIONSHIP TO HOUSEHOLD PERSON IN THE "HOUSEHOLD MEMBERSHIP AND COMPOSITION RECORD" (FROM HIES QUESTIONNAIRE BLOCKS 6 AND 7. MAKE SURE THAT EACH PERSON RETAINS HIS/HER INDIVIDUAL N°.)					(9)		6		7		
(1)	(2)	(3)	(11)	(12)	5	What is the membership status of ...[NAME]...?	6	What is the union status of house- hold member.	7	What is the religion of the household member?	
I N D I V I D U A L N°	NAME	2 RELATION- SHIP TO HEAD OF HOUSEHOLD	3 S E X MALE...1 FEMALE.2	4 AGE	5	What is the membership status of ...[NAME]...?	6	What is the union status of house- hold member. MARRIED.....1 COMMON LAW.....2 VISITING.....3 WIDOWED.....4 DIVORCED.....5 SEPARATED.....6 SINGLE.....7 OTHERS.....8 USE LOWEST CODE IF MORE THAN ONE APPLIES.	7	What is the religion of the household member? CHRISTIAN.....1 HINDU.....2 MUSLIM.....3 RASTAFARIAN.....4 OTHER.....5 NO RELIGION...6	
											USUAL MEMBER, PRESENT.....1
											USUAL MEMBER, ABSENT.....2
											NON-MEMBER....3

01							
02							
03							

04							
05							
06							

07							
08							
09							

10							
11							
12							

ASK THE REMAINING QUESTIONS FOR ALL HOUSEHOLD MEMBERS YOUNGER THAN 15.

8	9	10	11	12	13
Does the natural mother of this child live in this household?	COPY THE IDENTIFICATION CODE OF THE NATURAL MOTHER	What was the highest level of education completed by this child's mother? NURSERY.....1 PRIMARY.....2 PRIMARY WITH SECONDARY DEPT...3 GENERAL SECONDARY...4 COMMUNITY HIGH....5 TEACHER TRAINING...6 TECHNICAL/ VOCATIONAL POST-SECONDARY.....7 UNIVERSITY.....8 OTHER.....9 NONE.....10	Does the natural father of this child live in this household? YES....1 NO.....2 (>13)	COPY THE IDENTIFICATION CODE OF THE NATURAL FATHER	What was the highest level of education completed by this child's father? NURSERY.....1 PRIMARY.....2 PRIMARY WITH SECONDARY DEPT....3 GENERAL SECONDARY....4 COMMUNITY HIGH.....5 TEACHERS TRAINING...6 TECHNICAL/ VOCATIONAL POST-SECONDARY.....7 UNIVERSITY.....8 OTHER.....9 NONE.....10

