

ENUMERATOR:  
 IN OFFICE:  
 COPY BELOW THE HOUSEHOLD IDENTIFI-  
 CATION INFORMATION DIRECTLY FROM  
 BLOCKS 1 AND 2 OF THE HOUSEHOLD  
 INCOME & EXPENDITURE SURVEY (HIES)  
 QUESTIONNAIRE. THE NUMBERS IN PA-  
 RENTHESIS INDICATE THE CORRESPOND-  
 ING 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

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)		

LENGTH OF INTERVIEW: \_\_\_\_\_

NUMBER OF VISITS: \_\_\_\_\_

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 :

\_\_\_\_\_





I N D I V I D U A L	25	26	27	28	29	30
	How many times have you filed for medical claims from the National Insurance Scheme over the past 12 months?  (IF NONE, WRITE 0)	How many times have you received repayment for medical claims from the National Insurance Scheme over the past 12 months?  (IF NONE, WRITE 0)	How much have you received in repayment for medical claims from the National Insurance Scheme over the past 12 months?  AMOUNT G\$	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	Do you have a child under one year?  YES....1 NO.....2	ASK TO ALL WOMEN 13-49 YEARS  Are you currently pregnant or breast-feeding a child?  PREGNANT..1 BREAST-FEEDING..2 NEITHER...3
N°	NUMBER OF TIMES	NUMBER OF TIMES				NEXT PERSON

01						
02						
03						

04						
05						
06						

07						
08						
09						

10						
11						
12						





**M I G R A T I O N**

TO BE COMPLETED FOR ALL FORMER HOUSEHOLD MEMBERS LIVING AWAY FROM HOUSEHOLD FOR MORE THAN SIX MONTHS

1 ADD TO HOUSEHOLD ROSTER ALL FORMER HOUSEHOLD MEMBERS WHO HAVE MOVED AWAY FROM GUYANA FOR MORE THAN 6 MONTHS [MAKE SURE THAT EACH ADDITIONAL PERSON GETS HIS/HER NEW INDIVIDUAL NUMBER AT THE END OF THE HOUSEHOLD ROSTER, CONTINUING THE SERIES]	FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD							
	2 SEX	3 AGE	4 What was the education level attained by ... [NAME]... prior to departure? NURSERY.....1 PRIMARY.....2 PRIMARY WITH SECONDARY DEPT.3 GENERAL SECONDARY.....4 COMMUNITY HIGH SCHOOL.....5 TEACHERS TRAINING.....6 TECHNICAL/VOCATIONAL POST-SECONDARY.....7 UNIVERSITY.....8 OTHER.....9 NONE.....10	5 How long ago did ...[NAME] ... move away?  YEARS	6 Most important reason for leaving the household.  more income....1 work.....2 study.....3 marriage.....4 other family reason.....5 other.....6	7 Area former household member moved to.  CARIBBEAN.....1 SOUTH AMERICA..2 USA.....3 CANADA.....4 EUROPE.....5 ASIA.....6 AFRICA.....7 OTHER.....8	8 Does this former member send any contributions to this household?  YES - CASH CONTRIBUTION.1 YES - IN-KIND CONTRIBUTION.2 MAKES NO CONTRIBUTION.3	9 Does this former household member send contributions  REGULARLY...1 IRREGULARLY.2
I N D I V I D U A L N°	MALE...1 FEMALE..2	YEARS		YEARS				

NEXT PERSON

01								
02								
03								

04								
05								
06								

07								
08								
09								

10								
11								
12								

**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?

GS

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





**ANTHROPOMETRICS**

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

INDIVIDUAL N°	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?
	YES.....1 (>19) NO.....2	AGE IN MONTHS	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	YES....1 NO.....2	LIQUID...1 TABLET...2 OTHER...3	HEALTH FACILITY..1 RELATIVE...2 PRIVATE DRUGSTORE.3 OTHER.....4
					NEXT PERSON		

01							
02							
03							

04							
05							
06							

07							
08							
09							

10							
11							
12							

