



**REPUBLIC OF TRINIDAD AND TOBAGO
Ministry of the People and Social Development
and Central Statistical Office**

**TT SURVEY OF LIVING CONDITIONS QUESTIONNAIRE
2014**

INSTRUCTIONS

1. CROSS OUT CLEARLY ANY CHANGES YOU MAKE.
2. MAKE NO STRAY MARKS ON THIS FORM.
3. ANSWER ALL APPLICABLE QUESTIONS.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

1 2 3 4 5 6 7 8 9 0

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

Municipality I.D.	Community Code	PSU I.D.	E.D. Number	Building Number	Dwelling Unit Number	Hhold Number	Questionnaire Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> of <input type="text"/>

Respondent's Name: _____

Address of Household: _____

Town/Village _____

Municipality _____

Telephone Number 1: - Telephone Number 2: -

Number of persons in household:

VISIT	DATE			TIME ARRIVED	TIME LEFT	RESULT CODE
	DD	MM	YYYY			
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 7
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 7
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 7
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 7

Result Code: 1 Completed 2 Partially completed 3 Not at home 4 Refused 5 Closed dwelling 7 Other: _____ (SPECIFY)

Interviewer's Name: _____ Signature: _____ Date: _____

Supervisor's Name: _____ Signature: _____ Date: _____

Field Editor's Name: _____ Signature: _____ Date: _____



PERSONAL IDENTIFICATION

INSTRUCTIONS

Record the Last name and First Name of each person identified on the lines below.
If there are more than seven(7) persons in the household please use an additional questionnaire.
Explain that the names would not be utilised in the processing of the data and will be kept confidential
Remember to probe for new born babies and elderly persons who tend to be omitted when the information is given
When preparing the documents for processing the data for members belonging to a particular household must be kept together.

INTERVIEWER :

Starting with the Head of Household, will you give me the names of all persons who sleep at this residence most nights of the week and share at least one daily meal

START WITH THE HEAD OF HOUSEHOLD

I
N
D
I
V
I
D
U
A
L

N
O

01

LAST NAME _____
FIRST NAME _____

02

LAST NAME _____
FIRST NAME _____

03

LAST NAME _____
FIRST NAME _____

04

LAST NAME _____
FIRST NAME _____

05

LAST NAME _____
FIRST NAME _____

06

LAST NAME _____
FIRST NAME _____

07

LAST NAME _____
FIRST NAME _____



HEAD OF HOUSEHOLD/MAIN PROVIDER

Interviewer: First ask the following questions, as we would like to establish who is the head of the household and main income provider. The main income provider is the person who takes care of most of the household financial needs. The main provider might be different from the one declared as the head of household.

Q1. Please confirm who from amongst members of this household is considered to be the Head?

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Q2. Why is (N) considered to be the head of this household?

1 Main income provider

7 Other (Specify) _____
Specify

2 Oldest Person

Q3. What is (N's) occupation ?

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(Go to Section 1 if Q2. is 1)

(Only ask if the Head of household is not the main provider for the household)

Q4. Where does the main provider for this household reside?

Within Household

Elsewhere in Trinidad/Tobago

Abroad

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SECTION 1

HOUSING AND AMENITIES SCHEDULE

(Information to be supplied by Head of Household or person providing information)

INTERVIEWER, you must now record the information about the building. Buildings may contain dwellings in which households are found. Refer to the *Concepts and Definitions Manual* to refresh your memory with the correct definition of a building. Kindly shade the circle with the number that describes the building. Record the characteristics of the building as follows:

(Shade the circle with the number that describes the building)

BUILDINGS

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q1. Type of building
<input type="radio"/> 1 Residential
<input type="radio"/> 2 Residential/Commercial
<input type="radio"/> 3 Residential/Professional
<input type="radio"/> 4 Commercial
<input type="radio"/> 5 Industrial
<input type="radio"/> 6 Community Service/Private/Government
<input type="radio"/> 7 Other (specify) _____
<input type="radio"/> 9 Not stated | Q2. Materials of outer walls
<input type="radio"/> 1 Brick/Concrete
<input type="radio"/> 2 Wood
<input type="radio"/> 3 Wood/Brick/Concrete
<input type="radio"/> 4 Wood/Galvanize
<input type="radio"/> 5 Wattle/Adobe/Tapia
<input type="radio"/> 6 Box Board/Plywood
<input type="radio"/> 7 Other (Specify) _____ | Q3. Year built
<input type="radio"/> 1 2014
<input type="radio"/> 2 2013
<input type="radio"/> 3 2012
<input type="radio"/> 4 2011
<input type="radio"/> 5 2010
<input type="radio"/> 6 2000 - 2009
<input type="radio"/> 7 1990 - 1999
<input type="radio"/> 8 1980 - 1989
<input type="radio"/> 9 1970 - 1979
<input type="radio"/> 10 1960 - 1969
<input type="radio"/> 11 1959 or earlier
<input type="radio"/> 98 Don't Know |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Interviewer: Now, I would like to ask some questions about the dwelling in which you live

DWELLINGS

- | Q4. What type of Dwelling unit is this?
<input type="radio"/> 1 Separate House
<input type="radio"/> 2 HDC apartment
<input type="radio"/> 3 Private apartment
<input type="radio"/> 4 HDC Townhouse
<input type="radio"/> 5 Private Townhouse
<input type="radio"/> 6 Condominium
<input type="radio"/> 7 Part of commercial building
<input type="radio"/> 8 Out room
<input type="radio"/> 9 Group Dwelling
<input type="radio"/> 10 HDC Duplex
<input type="radio"/> 11 HDC Wafter
<input type="radio"/> 98 Don't Know | Q5. Can you indicate the present condition of the dwelling? <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Good</th> <th>In need of repair</th> </tr> </thead> <tbody> <tr> <td>Roof</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> </tr> <tr> <td>Flooring</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> </tr> <tr> <td>Outer walls</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> </tr> <tr> <td>Plumbing</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> </tr> <tr> <td>Dwelling/Building (Overall)</td> <td><input type="radio"/> 1</td> <td><input type="radio"/> 2</td> </tr> </tbody> </table> | | Good | In need of repair | Roof | <input type="radio"/> 1 | <input type="radio"/> 2 | Flooring | <input type="radio"/> 1 | <input type="radio"/> 2 | Outer walls | <input type="radio"/> 1 | <input type="radio"/> 2 | Plumbing | <input type="radio"/> 1 | <input type="radio"/> 2 | Dwelling/Building (Overall) | <input type="radio"/> 1 | <input type="radio"/> 2 | Q6. Do you own, rent or lease the dwelling
<input type="radio"/> 1 Own
<input type="radio"/> 2 Rent Private
<input type="radio"/> 3 Rent HDC
<input type="radio"/> 4 Lease Private
<input type="radio"/> 5 Lease HDC
<input type="radio"/> 6 Rent Free
<input type="radio"/> 7 Squatted
<input type="radio"/> 77 Other (Specify) _____
<input type="radio"/> 99 Not Stated |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|-------------------|------|-------------------------|-------------------------|----------|-------------------------|-------------------------|-------------|-------------------------|-------------------------|----------|-------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Good | In need of repair | | | | | | | | | | | | | | | | | | |
| Roof | <input type="radio"/> 1 | <input type="radio"/> 2 | | | | | | | | | | | | | | | | | | |
| Flooring | <input type="radio"/> 1 | <input type="radio"/> 2 | | | | | | | | | | | | | | | | | | |
| Outer walls | <input type="radio"/> 1 | <input type="radio"/> 2 | | | | | | | | | | | | | | | | | | |
| Plumbing | <input type="radio"/> 1 | <input type="radio"/> 2 | | | | | | | | | | | | | | | | | | |
| Dwelling/Building (Overall) | <input type="radio"/> 1 | <input type="radio"/> 2 | | | | | | | | | | | | | | | | | | |

Go to Q11

Go to Q13

Q7. (Interviewer, if response is 1 (Own) ask

Are you currently making monthly mortgage payments for the dwelling? 1 Yes 2 No
 Go to Q9

NEXT, ASK:

Q8. How much do you pay each month towards this mortgage?

Amount				

Q9. What is the current market value of this Dwelling/Building?

Value						

Q10. In the present market conditions, if this dwelling unit were to be rented or leased unfurnished how much would it fetch monthly?

Amount				

Go to Q12



SECTION 1 - Continued

Q11. For those renting/leasing, what is the monthly rent/lease of this dwelling?

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Go to Q14

Amount

Q12. What is the tenure of this land?

- 1 Owned
- 2 Rented-Private
- 3 Rented - Other
- 4 Leased
- 5 Rent Free
- 6 Squatted - Regulated
- 7 Squatted
- 77 Other (Specify) _____
Specify
- 98 Don't Know
- 99 Not Stated

Q13. How long have you been occupying this land?

		/		
Years			Months	

Main Source of Water Supply

ASK:

Q14. What is the main source of water supply for this household?

- 1 Public piped into dwelling
 - 2 Public piped into yard
 - 3 Public Standpipe _____
 - 4 Private piped into dwelling
 - 5 Private catchment not piped
 - 6 Truck borne
 - 7 Spring/river
 - 77 Other (Specify) _____
 - 99 Not Stated
- Go to Q16
- Go to Q16
- Specify

FREQUENCY OF SUPPLY

Q15. How often do you receive a supply of water from this source?

- 1 Continuous supply
 - 2 Three (3) or more times weekly
 - 3 Twice (2) weekly
 - 4 Less than twice (2) week
 - 7 Other (Specify) _____
 - 97 None
- Specify

Q16. Does this household store water? 1 Yes 2 No If No(2) Go to Q18

Q17. How does this household store water? 1 Water tank 2 Barrel 7 Other (Specify)

(More than one can be shaded)

Specify

Q18. Do you receive bills for water being used? 1 Yes 2 No

TOILET FACILITIES

Q19. What type of toilet facilities does this dwelling have?

- 1 WC linked to sewer
 - 2 Septic tank/Soak away
 - 3 Pit/ Latrine
 - 7 Other (Specify) _____
 - 9 None
 - 99 Not Stated
- Specify

SHARED TOILET FACILITIES

Q20. Are the toilet facilities shared with another household?

- 1 Yes
- 2 No
- 8 Not Applicable
- 9 Not Stated

Q21. Does this dwelling have a bathroom? 1 Yes 2 No If No(2) Go to Q24



SECTION 1 - Continued

LOCATION OF BATHROOM

ASK:

Q22. Where is the bathroom for this dwelling located?

- 1 Inside of dwelling
- 2 Outside of dwelling

SHARED BATHROOM

Q23. Is the bathroom for this dwelling shared with another household?

- 1 Yes
- 2 No

TYPE OF LIGHTING MOST USED

Q24. What type of lighting does this household usually use?

- 1 Electricity
- 2 Gas
- 3 Kerosene
- 7 Other (Specify) _____
- 9 Not Stated

TYPE OF FUEL MOST USED FOR COOKING

Q25. What is the main type of fuel used by this household for cooking?

- 1 None
- 2 Electricity
- 3 LPG/Cooking Gas
- 4 Kerosene
- 5 Wood/Charcoal
- 7 Other (Specify) _____
- 9 Not Stated

SINGLE/MULTIPLE OCCUPANCY

Q26. How many households occupy this dwelling?

- 1 One
- 2 Two
- 3 Three
- 4 Four and more

NUMBER OF ROOMS

Q27. How many rooms are there in this dwelling?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six and more

NUMBER OF BEDROOMS

Q28. How many bedrooms are there in this dwelling?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- None



SECTION 1 - Continued

HOUSING AMENITIES

(Interviewer, kindly shade the circles that will indicate the items and number of owned by the household)

PLEASE ASK:

Q29. Does your household have any of the following items?

	YES	NO	Number
1. Telephone - Fixed line -----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
2. Mobile phone -----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
3. Radio/Stereo/CD player -----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
4. DVD player/Video -----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
5. Desktop With Internet Access-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
6. Desktop With No Internet Access-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
7. Laptop With Internet Access-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
8. Laptop With No Internet Access-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
9. Smart Devices - Hand Held-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
Television-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
Other smart device-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
10. Television-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
11. Cable/Direct TV-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
12. Home Security System-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
13. Motor Vehicle-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
14. Refrigerator-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
15. Deep Freeze-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
16. Exercise Equipment-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
17. Electric Polisher-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
18. Sewing Machine-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
19. Washing Machine-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
20. Clothes Dryer-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
21. Vacuum Cleaner-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
22. Water Heater-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
23. Water Tank-----	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>
24. Grass Cutting Equipment e.g. weed-eater, wacker, lawn mower	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>

Q29. Continued...



SECTION 1 - Continued
HOUSING AMENITIES

(Interviewer, kindly shade the circles that will indicate the items and number of owned by the household)

PLEASE ASK:

Q29. Does your household have any of the following items?

	YES	NO	Number		
25. Stove-----	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
26. Air Conditioner-----	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
27. Library-Book-----	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
28. Library Music-----	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
29. Beds, sofas used for sleeping-----	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
30. Boat-Pleasure-----	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
31. Boat-Fishing-----	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
32. Other (Specify) _____	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>		
Specify					



SECTION 1 - Continued

Q30. How does this household mainly dispose of garbage?

- 1 Collected by garbage truck
- 2 Walk to dump/bin close by
- 7 Other (Specify)

_____ Specify

Q31. How often is garbage collected in your area?

- 1 Daily
- 2 Every other day
- 3 Weekly
- 7 Other times (Specify) _____
- 97 Never

Q32. Does the household use any recycling facility?

- 1 Yes
- 2 No

_____ Specify

Q33. Does the household receive water bills?

- 1 Yes
- 2 No If No(2) Go to Q35

Q34. What was the amount at the last billing (exclude arrears)?

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

Amount Period in months

Q35. Does the household receive electricity bills?

- 1 Yes
- 2 No If No(2) Go to Q39

Q36. What was the amount at the last billing?

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

Amount Period in months

Q37. How much is/are your telephone bill/charges on average monthly?

Fixed line

--	--	--	--

Amount

Cell Phone (Post paid)

--	--	--	--

Amount

Cell Phone (Pre paid)

--	--	--	--

Amount

Other Charges (Specify) _____
Specify

--	--	--	--

Amount

FOR HOUSEHOLDS WITH A COMPUTER AND/OR ACCESS TO INTERNET SERVICES

Q38. For what purpose is the computer/internet service used?

(More than one circle can be shaded)

- 1 E-mailing
- 2 Games
- 3 Business
- 4 Internet surfing
- 5 Online shopping
- 6 Music recording
- 7 Academic pursuit
- 77 Other (Specify) _____

Specify

Q39. Is use made of internet services outside the household?

- 1 Yes
- 2 No If No(2) Go to Q41

(This includes mobile data packages)

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SECTION 1 - Concluded

Q40. Why is this service used?

- 1 Does not have internet service Go to Q42
- 2 For convenience
- 3 To obtain better service
- 7 Other(Specify) _____

Specify

Q41. What are your monthly internet charges on average?

--	--	--	--	--

Amount

HOME GROWN FOOD

(The following questions seek to find out whether there are households that grow crops/rear livestock or poultry)

Q42. Is/are any member/s of this household engaged in growing/rearing any of the following? (Shade whichever apply)

- Livestock, poultry and aqua culture 1 Yes 2 No
- Tree/root crops 1 Yes 2 No
- Vegetables 1 Yes 2 No
- Other(Specify) 1 Yes 2 No _____

Specify

Only if "No" to all
Go to Section 2

Q43. How is the home grown food utilised by the household?

- (a) Used for home consumption? 1 Yes 2 No
- (b) Sold? 1 Yes 2 No

Q44. Do you or any member of your household process your agricultural produce for any of the following

- (a) Home use 1 Yes 2 No
- (a) For sale 1 Yes 2 No

Go to Q46
if "No" to both

Q45. If yes, what kind of product/s is/are made?

Q46. Do you own, lease or rent the land on which you cultivate crops/rear livestock?

- 1 Yes 2 No

**SECTION 2
CHARACTERISTICS OF HOUSEHOLD MEMBERS**

(Interviewer: You must now ask questions about individuals who belong to and who live with the household. It is unlikely that every member will be at home when you visit. You will therefore ask the person who has been providing information about the dwelling and amenities to do so for each member of the household. If there are questions that he or she is unable to answer, efforts should be made to obtain such information on another visit to the household.

I N D I V I D U A L N O	Q1. RELATIONSHIP TO HEAD OF HOUSEHOLD What is (N's) relationship to the head of the household? 1.....Head (H) 2.....Spouse/Partner of head (S/P) 3.....Child of head and spouse/partner (CHS/P) 4.....Parent of head/spouse/partner (PH/S/P) 5.....Other relative (OR) 6.....Other non-relative (ONR) 7.....Household help (Hh)	Q2. SEX Is (N) male or female? 1 Male (M) 2 Female (F)	Q3. DATE OF BIRTH AND AGE (a) What is (N's) date of birth? If this is not known , ASK: Q4. AGE AT LAST BIRTHDAY (b) What was (N's) age at last birthday?
01	<input type="radio"/> 1 H <input type="radio"/> 5 OR <input type="radio"/> 2 S/P <input type="radio"/> 6 ONR <input type="radio"/> 3 CHSP <input type="radio"/> 7 Hh <input type="radio"/> 4 PHSP	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	(a) Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY (b) Age at last birthday <input type="text"/> <input type="text"/> <input type="text"/>
02	<input type="radio"/> 1 H <input type="radio"/> 5 OR <input type="radio"/> 2 S/P <input type="radio"/> 6 ONR <input type="radio"/> 3 CHSP <input type="radio"/> 7 Hh <input type="radio"/> 4 PHSP	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	(a) Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY (b) Age at last birthday <input type="text"/> <input type="text"/> <input type="text"/>
03	<input type="radio"/> 1 H <input type="radio"/> 5 OR <input type="radio"/> 2 S/P <input type="radio"/> 6 ONR <input type="radio"/> 3 CHSP <input type="radio"/> 7 Hh <input type="radio"/> 4 PHSP	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	(a) Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY (b) Age at last birthday <input type="text"/> <input type="text"/> <input type="text"/>
04	<input type="radio"/> 1 H <input type="radio"/> 5 OR <input type="radio"/> 2 S/P <input type="radio"/> 6 ONR <input type="radio"/> 3 CHSP <input type="radio"/> 7 Hh <input type="radio"/> 4 PHSP	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	(a) Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY (b) Age at last birthday <input type="text"/> <input type="text"/> <input type="text"/>
05	<input type="radio"/> 1 H <input type="radio"/> 5 OR <input type="radio"/> 2 S/P <input type="radio"/> 6 ONR <input type="radio"/> 3 CHSP <input type="radio"/> 7 Hh <input type="radio"/> 4 PHSP	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	(a) Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY (b) Age at last birthday <input type="text"/> <input type="text"/> <input type="text"/>
06	<input type="radio"/> 1 H <input type="radio"/> 5 OR <input type="radio"/> 2 S/P <input type="radio"/> 6 ONR <input type="radio"/> 3 CHSP <input type="radio"/> 7 Hh <input type="radio"/> 4 PHSP	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	(a) Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY (b) Age at last birthday <input type="text"/> <input type="text"/> <input type="text"/>
07	<input type="radio"/> 1 H <input type="radio"/> 5 OR <input type="radio"/> 2 S/P <input type="radio"/> 6 ONR <input type="radio"/> 3 CHSP <input type="radio"/> 7 Hh <input type="radio"/> 4 PHSP	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	(a) Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD MM YYYY (b) Age at last birthday <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 2 - Concluded

		PERSONS 15 YEARS AND OLDER		INDIVIDUAL NO
		FEMALES 14 YEARS AND OLDER		
Q5. ETHNIC ORIGIN What is (N's) Ethnic Origin? 1 African (A) 2 Indian (I) 3 Chinese (Ch) 4 Syrian/Lebanese (S) 5 Caucasian (Cau) 6 Mixed (M) 7 Other(Specify) (O) 9 Not stated (NS)	Q6. RELIGION To which religion does (N) belong? 1 Anglican (Ang) 2 Baptist (Spiritual) (Bap) 3 Baptist Other (OBp) 4 Hinduism (Hin) 5 Muslim (Mus) 6 Jehovah Witness (Jev) 7 Methodist (Met) 8 Moravian (Mov) 9 Pentecostal (Pen) 10 Evangelical (Eva) 11 Presbyterian (Pres) 12 Roman Catholic (RC) 13 Seventh Day Adventist (SDA) 77 Other (Specify) (OSp) 97 None 99 Not stated (NS)	Q7. MARITAL STATUS What is (N's) Marital Status? 1 Never Married(NM) 2 Married(M) 3 Widowed (W) 4 Legally separated (LS) 5 Divorced (D) 9 Not stated (NS)	Q8. What is (N's) Union Status (Females 14 and over only) What is (N's) Union Status? 1 Married (M) 2 Common-Law (CL) 3 Visiting (V) 4 No longer living with Husband (NLH) 5 No longer living with Common Law partner(NLC) 6 Never had a husband or partner (NH) 9 Not stated (NS)	
<input type="radio"/> 1 A <input type="radio"/> 5 Cau <input type="radio"/> 2 I <input type="radio"/> 6 M <input type="radio"/> 3 Ch <input type="radio"/> 7 O <input type="radio"/> 4 S <input type="radio"/> 9 NS <hr/> Specify	<input type="radio"/> 1 Ang <input type="radio"/> 7 Met <input type="radio"/> 13 SDA <input type="radio"/> 2 Bap <input type="radio"/> 8 Mor <input type="radio"/> 77 OSp <input type="radio"/> 3 OBp <input type="radio"/> 9 Pent <input type="radio"/> 97 None <input type="radio"/> 4 Hin <input type="radio"/> 10 Eva <input type="radio"/> 99 NS <input type="radio"/> 5 Mus <input type="radio"/> 11 Pres <input type="radio"/> 6 Jev <input type="radio"/> 12 RC	<input type="radio"/> 1 NM <input type="radio"/> 4 LS <input type="radio"/> 2 M <input type="radio"/> 5 D <input type="radio"/> 3 W <input type="radio"/> 9 NS	<input type="radio"/> 1 M <input type="radio"/> 5 NLC <input type="radio"/> 2 CL <input type="radio"/> 6 NH <input type="radio"/> 3 V <input type="radio"/> 9 NS <input type="radio"/> 4 NLH	01
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SECTION 3

SOCIO-DEMOGRAPHIC SITUATION OF HOUSEHOLDS

FERTILITY AND INFANT MORTALITY

(Interviewer, ask these questions of female members of the household 14 years and over)

Female household members aged of 14 years and over		Female household members aged of 14 - 49 years		
I N D I V I D U A L N O	<p>Q1. How many live births has (N) ever had?</p> <p>None (N) (Go to Q3)</p> <p>1 One (O)</p> <p>2 Two (T)</p> <p>3 Three (Th)</p> <p>4 Four (Fo)</p> <p>5 Five (Fi)</p> <p>6 Six plus (S+)</p> <p>9 Not Stated (NS)</p>	<p>Q2. What was (N's) age when she had her first live born child?</p>	<p>Q3. How many Live Births/Still Births did (N) have during the last 12 months?</p> <p>None (N)</p> <p>1 One (O)</p> <p>2 Two (T)</p> <p>3 Three plus (Th+)</p> <p>Live Still</p>	<p>Q4. From among the live births that (N) has had in the last 12 months, how many have died ?</p> <p>None (N)</p> <p>1 One (O)</p> <p>2 Two (T)</p> <p>3 Three (Th+)</p>
01	<input type="radio"/> N (Go to Q3) <input type="radio"/> 4 Fo <input type="radio"/> 1 O <input type="radio"/> 5 Fi <input type="radio"/> 2 T <input type="radio"/> 6 S+ <input type="radio"/> 3 Th <input type="radio"/> 9 NS (Go to Q5)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<input type="radio"/> N (=>Q5) <input type="radio"/> N (=>Q5) <input type="radio"/> 1 O <input type="radio"/> 1 O (=>Q5) <input type="radio"/> 2 T <input type="radio"/> 2 T (=>Q5) <input type="radio"/> 3 Th+ <input type="radio"/> 3 Th+ (=>Q5)	<input type="radio"/> N <input type="radio"/> 1 O <input type="radio"/> 2 T <input type="radio"/> 3 Th+
02	<input type="radio"/> N (Go to Q3) <input type="radio"/> 4 Fo <input type="radio"/> 1 O <input type="radio"/> 5 Fi <input type="radio"/> 2 T <input type="radio"/> 6 S+ <input type="radio"/> 3 Th <input type="radio"/> 9 NS (Go to Q5)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<input type="radio"/> N (=>Q5) <input type="radio"/> N (=>Q5) <input type="radio"/> 1 O <input type="radio"/> 1 O (=>Q5) <input type="radio"/> 2 T <input type="radio"/> 2 T (=>Q5) <input type="radio"/> 3 Th+ <input type="radio"/> 3 Th+ (=>Q5)	<input type="radio"/> N <input type="radio"/> 1 O <input type="radio"/> 2 T <input type="radio"/> 3 Th+
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SECTION 3 - Concluded

MORTALITY

(Information given about events occurring in household)

ASK the following

Q5. Have any deaths occurred within this household over the past twelve(12) months?

- 1 Yes 2 No (Go to Q8)

Q6. If yes how many?

--	--

Number

Q7. What was/were the age/s of the persons who died ?
(More than one circle can be shaded)

- 1 Under 12 months
 2 1 to 4 years
 3 5 to 14 years
 4 15 to 24 years
 5 25 to 49 years
 6 50 years and older
 9 Not Stated

MIGRATION

(Information given about events occurring in household)

Q8. How many persons who were members of this household have left to reside abroad?

- None (Go to Section 4)
 1 One
 2 Two
 3 Three
 4 Four
 5 Five and more

Q9. Of those who left, how many were males, how many were females and what was their respective ages?

Number of Males		Number of Females	
	<input type="radio"/> 1 0 - 4 Yrs		<input type="radio"/> 0 - 4 Yrs
	<input type="radio"/> 2 5 - 9 Yrs		<input type="radio"/> 5 - 9 Yrs
	<input type="radio"/> 3 10 - 14 Yrs		<input type="radio"/> 10 - 14 Yrs
	<input type="radio"/> 4 15 - 19 Yrs		<input type="radio"/> 15 - 19 Yrs
	<input type="radio"/> 5 20 - 24 Yrs		<input type="radio"/> 20 - 24 Yrs
	<input type="radio"/> 6 25 - 35 Yrs		<input type="radio"/> 25 - 35 Yrs
	<input type="radio"/> 7 36 - 50 Yrs		<input type="radio"/> 36 - 50 Yrs
	<input type="radio"/> 8 51 - 65 Yrs		<input type="radio"/> 51 - 65 Yrs
	<input type="radio"/> 9 66 Years and Over		<input type="radio"/> 66 Years and Over
	<input type="radio"/> 99 Not Stated		<input type="radio"/> Not Stated

Q10. In which country is/are the person/s who left the household to reside abroad now living?

- 1 USA
 2 Canada
 3 United Kingdom
 4 Other Caribbean
 7 Other(Specify) _____
Specify

Q11. What was the major reason for leaving to go abroad?

- 1 Obtain Employment
 2 Continue Education
 3 Join Family/Relative
 7 Other(Specify) _____
Specify

Q12. How long was it since this/these person/s left the household to go away?

- 1 Three months ago
 2 Six months ago
 3 One year ago
 4 Two to four years ago
 5 Five and more years ago
 98 Don't Know
 99 Not Stated

Q13. Are there any children under the age of 18 years in this household belonging to the person who left to live abroad?

- 1 Yes 2 No (Go to Q16)

Q14. What kind of support, if any, does this person send back to take care of these children?
(Multiple can be shaded)

- 1 Money support
 2 Food
 3 Clothes
 7 Other(Specify) _____
 8 No support

Q15. Is the support adequate to take care of the child/children?

- 1 Yes 2 No

Q16. Which member/s who left this household to live abroad returned within the past five(5) years?

- 1 Head
 2 Spouse/partner
 3 Child
 7 Other(Specify) _____
 97 None
Specify



SECTION 4
HEALTH/NUTRITION/INJURY/DISABILITY
 (To be asked of all members of the household)

INJURY - ALL MEMBERS OF THE HOUSEHOLD		ILLNESS - ALL MEMBERS OF THE HOUSEHOLD				
I N D I V I D U A L N O	Q1. In the past 4 weeks, did (N) receive injury from any of the following? (More than one can be shaded) 1 Motor Vehicle (MV) 2 Home Accident (HA) 3 Industrial Accident (IA) 4 Criminal Act (CA) 7 Other (Specify) (O) 97 No Injury (N)(Go to Q3)	Q2. To which place did (N) go to seek medical attention? (More than one can be shaded) 1 Public Hospital (PH) 2 Private Hospital (PVH) 3 Health Centre (HC) 4 Private Clinic (PC) 7 Other (Specify) (O) 97 None (N)	Q3. Did (N) have any of the following illnesses during the past four weeks? (More than one can be shaded) 1 Cold (C) 2 Diarrhea (D) 3 Asthma (A) 4 Diabetes (Di) 5 Mental Disorder (MD) 7 Other (Specify) (O) 97 None (N)(Go to Q16)	Q4. For how many days during the last four weeks was (N) unable to carry out his/her normal functions?	Q5. How long did this illness last?	Q6. Did this illness occur before now? 1 YES 2 NO
	<input type="radio"/> 1 MV <input type="radio"/> 2 HA <input type="radio"/> 3 IA <input type="radio"/> 4 CA <input type="radio"/> 7 O _____ <input type="radio"/> 97 None (Go to Q3)	<input type="radio"/> 1 PH <input type="radio"/> 2 PVH <input type="radio"/> 3 HC <input type="radio"/> 4 PC <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<input type="radio"/> 1 C <input type="radio"/> 2 D <input type="radio"/> 3 A <input type="radio"/> 4 Di <input type="radio"/> 5 MD <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<input type="radio"/> 1 Yes <input type="radio"/> 2 No
	<input type="radio"/> 1 MV <input type="radio"/> 2 HA <input type="radio"/> 3 IA <input type="radio"/> 4 CA <input type="radio"/> 7 O _____ <input type="radio"/> 97 None (Go to Q3)	<input type="radio"/> 1 PH <input type="radio"/> 2 PVH <input type="radio"/> 3 HC <input type="radio"/> 4 PC <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<input type="radio"/> 1 C <input type="radio"/> 2 D <input type="radio"/> 3 A <input type="radio"/> 4 Di <input type="radio"/> 5 MD <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<input type="radio"/> 1 Yes <input type="radio"/> 2 No
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	<input type="radio"/> 1 MV <input type="radio"/> 2 HA <input type="radio"/> 3 IA <input type="radio"/> 4 CA <input type="radio"/> 7 O _____ <input type="radio"/> 97 None (Go to Q3)	<input type="radio"/> 1 PH <input type="radio"/> 2 PVH <input type="radio"/> 3 HC <input type="radio"/> 4 PC <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<input type="radio"/> 1 C <input type="radio"/> 2 D <input type="radio"/> 3 A <input type="radio"/> 4 Di <input type="radio"/> 5 MD <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<input type="radio"/> 1 Yes <input type="radio"/> 2 No
	<input type="radio"/> 1 MV <input type="radio"/> 2 HA <input type="radio"/> 3 IA <input type="radio"/> 4 CA <input type="radio"/> 7 O _____ <input type="radio"/> 97 None (Go to Q3)	<input type="radio"/> 1 PH <input type="radio"/> 2 PVH <input type="radio"/> 3 HC <input type="radio"/> 4 PC <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<input type="radio"/> 1 C <input type="radio"/> 2 D <input type="radio"/> 3 A <input type="radio"/> 4 Di <input type="radio"/> 5 MD <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<input type="radio"/> 1 Yes <input type="radio"/> 2 No
	<input type="radio"/> 1 MV <input type="radio"/> 2 HA <input type="radio"/> 3 IA <input type="radio"/> 4 CA <input type="radio"/> 7 O _____ <input type="radio"/> 97 None (Go to Q3)	<input type="radio"/> 1 PH <input type="radio"/> 2 PVH <input type="radio"/> 3 HC <input type="radio"/> 4 PC <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<input type="radio"/> 1 C <input type="radio"/> 2 D <input type="radio"/> 3 A <input type="radio"/> 4 Di <input type="radio"/> 5 MD <input type="radio"/> 7 O _____ <input type="radio"/> 97 None Specify	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Number of Days	<input type="radio"/> 1 Yes <input type="radio"/> 2 No



SECTION 4 - Continued

ILLNESS - ALL MEMBERS OF THE HOUSEHOLD

I N D I V I D U A L N O	ILLNESS - ALL MEMBERS OF THE HOUSEHOLD				
	Q7. Was the services of any of the following persons sought on account of this illness? (Multiple can be shaded) 1 Doctor (D) 2 Nurse (N) 3 Pharmacist (P) 4 Midwife (M) 7 Other Person (OP) 97 None (N)(=> Q16)	Q8. To which of the following places did (N) go to receive care for the illness? (Multiple can be shaded) 1 Public Hospital (PH) 2 Private Hospital (PVH) 3 Public Health Centre (PHC) 4 Private medical Centre (PMC) 5 Private Doctor (PD) 6 Pharmacy (Ph) 7 Maternity Clinic (MC) 77 Other (Specify) (O) 97 None (N)(=> Q16)	Q9. Who attended to (N) on first visit? (Multiple can be shaded) 1 Nurse/health worker (N/H) 2 Pharmacist (P) 3 Herbalist (Hrb) 4 Healer (He) 5 Doctor (D) 6 Midwife (M) 7 Paramedic (Pa) 77 Other (O) Specify 97 None (N) (=> Q16)	Q10. Was (N) satisfied with the care received at health facility? 1 Satisfied (=> Q12) 2 Not Satisfied	Q11. Why was (N) not satisfied with the care received? 1 Poor Quality service (PQS) 2 Too long waiting (TLW) 3 Doctor not available (DNA) 4 Too many revisits (TMR) 7 Other reason (Specify) (O)
01	<input type="radio"/> 1 D <input type="radio"/> 2 N <input type="radio"/> 3 Pa <input type="radio"/> 4 M <input type="radio"/> 7 OP <input type="radio"/> 97 N=> Q16)	<input type="radio"/> 1 PH <input type="radio"/> 4 PMCO <input type="radio"/> 7 MC <input type="radio"/> 2 PVH <input type="radio"/> 5 PD <input type="radio"/> 77 O <input type="radio"/> 3 PHC <input type="radio"/> 6 Ph <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 N/H <input type="radio"/> 4 He <input type="radio"/> 7 Pa <input type="radio"/> 2 P <input type="radio"/> 5 D <input type="radio"/> 77 O <input type="radio"/> 3 Hb <input type="radio"/> 6 M <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 Satisfied (=> Q12) <input type="radio"/> 2 Not Satisfied	<input type="radio"/> 1 PQS <input type="radio"/> 2 TLW <input type="radio"/> 3 DNA <input type="radio"/> 4 TMR <input type="radio"/> 7 O _____ Specify
02	<input type="radio"/> 1 D <input type="radio"/> 2 N <input type="radio"/> 3 Pa <input type="radio"/> 4 M <input type="radio"/> 7 OP <input type="radio"/> 97 N=> Q16)	<input type="radio"/> 1 PH <input type="radio"/> 4 PMCO <input type="radio"/> 7 MC <input type="radio"/> 2 PVH <input type="radio"/> 5 PD <input type="radio"/> 77 O <input type="radio"/> 3 PHC <input type="radio"/> 6 Ph <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 N/H <input type="radio"/> 4 He <input type="radio"/> 7 Pa <input type="radio"/> 2 P <input type="radio"/> 5 D <input type="radio"/> 77 O <input type="radio"/> 3 Hb <input type="radio"/> 6 M <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 Satisfied (=> Q12) <input type="radio"/> 2 Not Satisfied	<input type="radio"/> 1 PQS <input type="radio"/> 2 TLW <input type="radio"/> 3 DNA <input type="radio"/> 4 TMR <input type="radio"/> 7 O _____ Specify
03	<input type="radio"/> 1 D <input type="radio"/> 2 N <input type="radio"/> 3 Pa <input type="radio"/> 4 M <input type="radio"/> 7 OP <input type="radio"/> 97 N=> Q16)	<input type="radio"/> 1 PH <input type="radio"/> 4 PMCO <input type="radio"/> 7 MC <input type="radio"/> 2 PVH <input type="radio"/> 5 PD <input type="radio"/> 77 O <input type="radio"/> 3 PHC <input type="radio"/> 6 Ph <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 N/H <input type="radio"/> 4 He <input type="radio"/> 7 Pa <input type="radio"/> 2 P <input type="radio"/> 5 D <input type="radio"/> 77 O <input type="radio"/> 3 Hb <input type="radio"/> 6 M <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 Satisfied (=> Q12) <input type="radio"/> 2 Not Satisfied	<input type="radio"/> 1 PQS <input type="radio"/> 2 TLW <input type="radio"/> 3 DNA <input type="radio"/> 4 TMR <input type="radio"/> 7 O _____ Specify
04	<input type="radio"/> 1 D <input type="radio"/> 2 N <input type="radio"/> 3 Pa <input type="radio"/> 4 M <input type="radio"/> 7 OP <input type="radio"/> 97 N=> Q16)	<input type="radio"/> 1 PH <input type="radio"/> 4 PMCO <input type="radio"/> 7 MC <input type="radio"/> 2 PVH <input type="radio"/> 5 PD <input type="radio"/> 77 O <input type="radio"/> 3 PHC <input type="radio"/> 6 Ph <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 N/H <input type="radio"/> 4 He <input type="radio"/> 7 Pa <input type="radio"/> 2 P <input type="radio"/> 5 D <input type="radio"/> 77 O <input type="radio"/> 3 Hb <input type="radio"/> 6 M <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 Satisfied (=> Q12) <input type="radio"/> 2 Not Satisfied	<input type="radio"/> 1 PQS <input type="radio"/> 2 TLW <input type="radio"/> 3 DNA <input type="radio"/> 4 TMR <input type="radio"/> 7 O _____ Specify
05	<input type="radio"/> 1 D <input type="radio"/> 2 N <input type="radio"/> 3 Pa <input type="radio"/> 4 M <input type="radio"/> 7 OP <input type="radio"/> 97 N=> Q16)	<input type="radio"/> 1 PH <input type="radio"/> 4 PMCO <input type="radio"/> 7 MC <input type="radio"/> 2 PVH <input type="radio"/> 5 PD <input type="radio"/> 77 O <input type="radio"/> 3 PHC <input type="radio"/> 6 Ph <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 N/H <input type="radio"/> 4 He <input type="radio"/> 7 Pa <input type="radio"/> 2 P <input type="radio"/> 5 D <input type="radio"/> 77 O <input type="radio"/> 3 Hb <input type="radio"/> 6 M <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 Satisfied (=> Q12) <input type="radio"/> 2 Not Satisfied	<input type="radio"/> 1 PQS <input type="radio"/> 2 TLW <input type="radio"/> 3 DNA <input type="radio"/> 4 TMR <input type="radio"/> 7 O _____ Specify
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07	<input type="radio"/> 1 D <input type="radio"/> 2 N <input type="radio"/> 3 Pa <input type="radio"/> 4 M <input type="radio"/> 7 OP <input type="radio"/> 97 N=> Q16)	<input type="radio"/> 1 PH <input type="radio"/> 4 PMCO <input type="radio"/> 7 MC <input type="radio"/> 2 PVH <input type="radio"/> 5 PD <input type="radio"/> 77 O <input type="radio"/> 3 PHC <input type="radio"/> 6 Ph <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 N/H <input type="radio"/> 4 He <input type="radio"/> 7 Pa <input type="radio"/> 2 P <input type="radio"/> 5 D <input type="radio"/> 77 O <input type="radio"/> 3 Hb <input type="radio"/> 6 M <input type="radio"/> 97 N(>Q16) _____ Specify	<input type="radio"/> 1 Satisfied (=> Q12) <input type="radio"/> 2 Not Satisfied	<input type="radio"/> 1 PQS <input type="radio"/> 2 TLW <input type="radio"/> 3 DNA <input type="radio"/> 4 TMR <input type="radio"/> 7 O _____ Specify



SECTION 4 - Continued

ILLNESS - ALL MEMBERS OF THE HOUSEHOLD								
I N D I V I D U A L N O	Q12. How far was the health care facility from (N's) home?	Q13. How much did you spend on each of the following in the past four(4) weeks?		Q14. Was the prescribed medication obtained?	Q15. What was the reason for not obtaining the medication?			
		1 Doctor's fee (DF)	2 Hospital fee (HF)	3 Transport (T)	4 Medicine (M)	7 Other (Specify) (O)		
01	<input type="text"/> Kilometres	1 DF <input type="text"/>	2 HF <input type="text"/>	3 T <input type="text"/>	4 M <input type="text"/>	7 O <input type="text"/>	<input type="radio"/> 1 Yes (=> Q16) <input type="radio"/> 2 No	<input type="radio"/> 1 MNA <input type="radio"/> 2 UP <input type="radio"/> 7 O _____ Specify
02	<input type="text"/> Kilometres	1 DF <input type="text"/>	2 HF <input type="text"/>	3 T <input type="text"/>	4 M <input type="text"/>	7 O <input type="text"/>	<input type="radio"/> 1 Yes (=> Q16) <input type="radio"/> 2 No	<input type="radio"/> 1 MNA <input type="radio"/> 2 UP <input type="radio"/> 7 O _____ Specify
03	<input type="text"/> Kilometres	1 DF <input type="text"/>	2 HF <input type="text"/>	3 T <input type="text"/>	4 M <input type="text"/>	7 O <input type="text"/>	<input type="radio"/> 1 Yes (=> Q16) <input type="radio"/> 2 No	<input type="radio"/> 1 MNA <input type="radio"/> 2 UP <input type="radio"/> 7 O _____ Specify
04	<input type="text"/> Kilometres	1 DF <input type="text"/>	2 HF <input type="text"/>	3 T <input type="text"/>	4 M <input type="text"/>	7 O <input type="text"/>	<input type="radio"/> 1 Yes (=> Q16) <input type="radio"/> 2 No	<input type="radio"/> 1 MNA <input type="radio"/> 2 UP <input type="radio"/> 7 O _____ Specify
05	<input type="text"/> Kilometres	1 DF <input type="text"/>	2 HF <input type="text"/>	3 T <input type="text"/>	4 M <input type="text"/>	7 O <input type="text"/>	<input type="radio"/> 1 Yes (=> Q16) <input type="radio"/> 2 No	<input type="radio"/> 1 MNA <input type="radio"/> 2 UP <input type="radio"/> 7 O _____ Specify
06	<input type="text"/> Kilometres	1 DF <input type="text"/>	2 HF <input type="text"/>	3 T <input type="text"/>	4 M <input type="text"/>	7 O <input type="text"/>	<input type="radio"/> 1 Yes (=> Q16) <input type="radio"/> 2 No	<input type="radio"/> 1 MNA <input type="radio"/> 2 UP <input type="radio"/> 7 O _____ Specify
07	<input type="text"/> Kilometres	1 DF <input type="text"/>	2 HF <input type="text"/>	3 T <input type="text"/>	4 M <input type="text"/>	7 O <input type="text"/>	<input type="radio"/> 1 Yes (=> Q16) <input type="radio"/> 2 No	<input type="radio"/> 1 MNA <input type="radio"/> 2 UP <input type="radio"/> 7 O _____ Specify



SECTION 4 - Continued

INDIVIDUAL NO	ILLNES - ALL MEMBERS OF THE HOUSEHOLD		CHILDREN'S HEALTH - <i>ONLY Children under five (5) years old</i>				
	Q16. Is (N) covered by health insurance?	Q17. In the past three months, has (N) made any claim from health insurance?	Q18. What was (N's) weight at birth (kilograms) ?	Q19. At which place did (N's) birth take place?	Q20. Was (N's) birth registered?	Q21. Has (N) had any of the following illnesses during the past 2 weeks?	Q22. Was the (N) taken to any of the following when the illness occurred?
	1 YES 2 NO (Go to Q18)	1 Yes 2 No 97 Don't Know Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	1 Public Hospital (PH) 2 Private Hospital (PVH) 3 At Home (H) 7 Other place(specify) (O)	1 YES 2 NO	(Multiple can be shaded) 1 Diarrhea (D) 2 Cough/Cold (C) 3 Fever (F) 4 Vomiting (V) 7 Other(Specify) (O) 97 No illness (N) (Go to Q23)	(Multiple can be shaded) 1 Public Health Facility (PHF) 2 Private Hospital (PVH) 3 Private Doctor (PD) 4 Home Remedy (HR) 7 Other place(specify) (O) 97 Nowhere (N)
01	<input type="radio"/> 1 Yes <input type="radio"/> 2 No (Go to Q18)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 97 DK Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	<input type="radio"/> 1 PH <input type="radio"/> 3 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <hr/> Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 D <input type="radio"/> 4 V <input type="radio"/> 2 C <input type="radio"/> 7 O <input type="radio"/> 3 F <input type="radio"/> 97 N(=> Q23) <hr/> Specify	<input type="radio"/> 1 PHF <input type="radio"/> 4 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <input type="radio"/> 3 PD <input type="radio"/> 97 N <hr/> Specify
02	<input type="radio"/> 1 Yes <input type="radio"/> 2 No (Go to Q18)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 97 DK Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	<input type="radio"/> 1 PH <input type="radio"/> 3 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <hr/> Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 D <input type="radio"/> 4 V <input type="radio"/> 2 C <input type="radio"/> 7 O <input type="radio"/> 3 F <input type="radio"/> 97 N(=> Q23) <hr/> Specify	<input type="radio"/> 1 PHF <input type="radio"/> 4 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <input type="radio"/> 3 PD <input type="radio"/> 97 N <hr/> Specify
03	<input type="radio"/> 1 Yes <input type="radio"/> 2 No (Go to Q18)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 97 DK Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	<input type="radio"/> 1 PH <input type="radio"/> 3 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <hr/> Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 D <input type="radio"/> 4 V <input type="radio"/> 2 C <input type="radio"/> 7 O <input type="radio"/> 3 F <input type="radio"/> 97 N(=> Q23) <hr/> Specify	<input type="radio"/> 1 PHF <input type="radio"/> 4 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <input type="radio"/> 3 PD <input type="radio"/> 97 N <hr/> Specify
04	<input type="radio"/> 1 Yes <input type="radio"/> 2 No (Go to Q18)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 97 DK Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	<input type="radio"/> 1 PH <input type="radio"/> 3 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <hr/> Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 D <input type="radio"/> 4 V <input type="radio"/> 2 C <input type="radio"/> 7 O <input type="radio"/> 3 F <input type="radio"/> 97 N(=> Q23) <hr/> Specify	<input type="radio"/> 1 PHF <input type="radio"/> 4 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <input type="radio"/> 3 PD <input type="radio"/> 97 N <hr/> Specify
05	<input type="radio"/> 1 Yes <input type="radio"/> 2 No (Go to Q18)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 97 DK Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	<input type="radio"/> 1 PH <input type="radio"/> 3 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <hr/> Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 D <input type="radio"/> 4 V <input type="radio"/> 2 C <input type="radio"/> 7 O <input type="radio"/> 3 F <input type="radio"/> 97 N(=> Q23) <hr/> Specify	<input type="radio"/> 1 PHF <input type="radio"/> 4 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <input type="radio"/> 3 PD <input type="radio"/> 97 N <hr/> Specify
06	<input type="radio"/> 1 Yes <input type="radio"/> 2 No (Go to Q18)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 97 DK Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	<input type="radio"/> 1 PH <input type="radio"/> 3 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <hr/> Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 D <input type="radio"/> 4 V <input type="radio"/> 2 C <input type="radio"/> 7 O <input type="radio"/> 3 F <input type="radio"/> 97 N(=> Q23) <hr/> Specify	<input type="radio"/> 1 PHF <input type="radio"/> 4 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <input type="radio"/> 3 PD <input type="radio"/> 97 N <hr/> Specify
07	<input type="radio"/> 1 Yes <input type="radio"/> 2 No (Go to Q18)	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 97 DK Go to Q31 if age > 5 yrs	<input type="text"/> <input type="text"/> <input type="text"/> Kilograms	<input type="radio"/> 1 PH <input type="radio"/> 3 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <hr/> Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 D <input type="radio"/> 4 V <input type="radio"/> 2 C <input type="radio"/> 7 O <input type="radio"/> 3 F <input type="radio"/> 97 N(=> Q23) <hr/> Specify	<input type="radio"/> 1 PHF <input type="radio"/> 4 AH <input type="radio"/> 2 PVH <input type="radio"/> 7 O <input type="radio"/> 3 PD <input type="radio"/> 97 N <hr/> Specify



SECTION 4 - Continued

CHILDREN'S HEALTH - ONLY Children under five (5) years old

I N D I V I D U A L N O					BREAST FEEDING			
	Q23. Was (N) immunized against any of the following? 1 Yellow Fever (Y) 2 Measles (Ms) 3 Mumps (Mu) 4 Rubella (R) 5 DPT (1st dose) (D1) 6 DPT (2nd dose) (D2) 7 DPT (3rd dose) (D3) 8 Pneumococcal (P)	Q24. Did (N's) mother see a health professional at least five(5) times during pregnancy? 1 Yes 2 No 9 Don't Know	Q25. Did (N's) mother see a health professional at least once six(6) weeks after delivery? 1 Yes 2 No 9 Don't Know	Q26. Is (N) the last child of his/her mother? 1 Yes 2 No 9 Don't Know	Q27. Is (N) being breast fed now? 1 Yes 2 No	Q28. Which of the following apply/applied? 1 Breast milk only (BO) 2 Breast milk and water (BWO) 3 Breast milk and other foods (BOF) 97 Never Breast fed (Go to Q31)	Q29. How long was the child exclusively breast fed? 1 Less than 1 month 2 1-3 months 3 4-6 months 4 7 months and more 9 Not Stated	Q30. If (N) is not now being breast fed, how long ago did (N) stop breast feeding? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months ago Weeks ago
01	1 Y <input type="radio"/> 1 Yes <input type="radio"/> 2 No 2 Ms <input type="radio"/> 1 Yes <input type="radio"/> 2 No 3 Mu <input type="radio"/> 1 Yes <input type="radio"/> 2 No 4 R <input type="radio"/> 1 Yes <input type="radio"/> 2 No 5 D1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No 6 D2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No 7 D3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No 8 P <input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 9 Don't Know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 9 Don't Know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 9 Don't Know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 BO <input type="radio"/> 2 BWO <input type="radio"/> 3 BOF <input type="radio"/> 8 NB	<input type="radio"/> 1 Less than 1 month <input type="radio"/> 2 1-3 months <input type="radio"/> 3 4-6 months <input type="radio"/> 4 7 months and more <input type="radio"/> 9 Not Stated	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months ago Weeks ago
02	1 Y <input type="radio"/> 1 Yes <input type="radio"/> 2 No 2 Ms <input type="radio"/> 1 Yes <input type="radio"/> 2 No 3 Mu <input type="radio"/> 1 Yes <input type="radio"/> 2 No 4 R <input type="radio"/> 1 Yes <input type="radio"/> 2 No 5 D1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No 6 D2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No 7 D3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No 8 P <input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 9 Don't Know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 9 Don't Know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 9 Don't Know	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 BO <input type="radio"/> 2 BWO <input type="radio"/> 3 BOF <input type="radio"/> 8 NB	<input type="radio"/> 1 Less than 1 month <input type="radio"/> 2 1-3 months <input type="radio"/> 3 4-6 months <input type="radio"/> 4 7 months and more <input type="radio"/> 9 Not Stated	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Months ago Weeks ago
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RISKY BEHAVIOR

Shade responses as given by respondent about the household

Q31. Does any member of the household engage in any of the following behaviors?

(Multiple can be shaded)

- 1 Use of tobacco and tobacco products
- 2 Excessive drinking of alcohol
- 3 Smoking/ingestion of banned substances such as marijuana/ganga
- 4 Sexual abuse
- 5 Domestic violence
- 6 Excessive beatings of children
- 7 Other (Specify) _____ Specify
- 8 None of the above (Go to Q33)

Q32. How does the household deal with this?

(Multiple can be shaded)

- 1 Make reports to the police in the area
- 2 Tell no one about it
- 3 Speak to the individual about his/her behavior
- 7 Other (Specify) _____ Specify

DIET AND EXERCISE

Shade responses as given by respondent about the household as applicable

Q33. Has any member of this household been diagnosed with any of the following?

(Multiple can be shaded)

- 1 Obesity
- 2 Underweight
- 3 Severe malnutrition
- 7 Other (Specify) _____ Specify

Q34. Does any member of this household engage in the following?

- Attend a gym at least once per week 1 Yes 2 No
- Engage in a sport once a week 1 Yes 2 No
- Go jogging at least once a week 1 Yes 2 No
- Ride with a riding club/group at least once a week 1 Yes 2 No
- Take regular walks at least three days per week 1 Yes 2 No
- Other activity (Specify) 1 Yes 2 No _____ Specify
- Engage in no activity 9 No activity

FOOD AND NUTRITION

Q35. Which of the following food items do you include in your daily diet?

FOOD TYPE

- Red Meat 1 Yes 2 No
- Poultry 1 Yes 2 No
- Liver 1 Yes 2 No
- Milk 1 Yes 2 No
- Cheese 1 Yes 2 No
- Butter/Margarine 1 Yes 2 No
- Eggs 1 Yes 2 No
- Fish 1 Yes 2 No
- Cereal 1 Yes 2 No
- Bread 1 Yes 2 No
- Green vegetables 1 Yes 2 No
- Root vegetables 1 Yes 2 No
- Pulses/Legumes 1 Yes 2 No
- Nuts 1 Yes 2 No
- Fruit 1 Yes 2 No

(if all answers = YES, then Go to Q37)

Q36. What is the reason for not having the food items?

(Multiple can be shaded)

- 1 Unavailable
- 2 Cannot afford
- 3 By choice
- 7 Other (Specify)

Specify

Q37. From which place do you mostly obtain each of the following meals?

- Breakfast** 1 Home prepared 2 From outside of home
- Lunch** 1 Home prepared 2 From outside of home
- Dinner** 1 Home prepared 2 From outside of home



SECTION 4 - HEALTH Concluded

DISABILITY - ALL PERSONS

Shade responses for all persons in the household with a disability

Q38. Is/are there anyone in this household who has/have a disability? 1 Yes 2 No (Go to Section 5)

I N D I V I D U A L N O	DISABILITY - ALL PERSONS				
	<i>Shade responses for all persons in the household with a disability</i>				
	<p>Q39. What kind of disability does (N) have?</p> <p>(More than one circle can be shaded)</p> <p>1 Seeing (even with glasses) (S) 2 Hearing (H) 3 Speaking (SP) 4 Mobility (walking,standing, climbing stairs) (M) 5 Body movements (reaching, crouching, kneeling) (BM) 6 Gripping with fingers (G) 7 Learning (L) 8 Behavioral (B) 9 Uses a wheelchair (UW) 77 Other (Specify) (O)</p>			<p>Q40. How long has (N) had this disability?</p> <p>1 From Birth (FB) 2 Less than one year (LIY) 3 One year (Y1) 4 2 - 4 years (Y2) 5 Five years and more (Y5+) 9 Not Stated (NS)</p>	<p>Q41. Does this disability prevent (N) from doing any of the following?</p> <p>1 Going to work (GW) 2 Going to school (GS) 3 Moving around the house (MH) 4 Engaging in social activities (ES) 7 Other (Specify) (O)</p>
01	<p>1 S <input type="radio"/> 5 BM <input type="radio"/> 9 UW <input type="radio"/> 2 H <input type="radio"/> 6 G <input type="radio"/> 77 O <input type="radio"/> 3 SP <input type="radio"/> 7 L <input type="radio"/> 4 M <input type="radio"/> 8 B <input type="radio"/></p> <p>_____</p> <p align="center">Specify</p>	<p><input type="radio"/> 1 FB <input type="radio"/> 4 Y2 <input type="radio"/> 2 LIY <input type="radio"/> 5 Y5+ <input type="radio"/> 3 Y1 <input type="radio"/> 9 NS</p>	<p>1 (GW) <input type="radio"/> 1 Yes <input type="radio"/> 2 No 2 (GS) <input type="radio"/> 1 Yes <input type="radio"/> 2 No 3 (MH) <input type="radio"/> 1 Yes <input type="radio"/> 2 No 4 (ES) <input type="radio"/> 1 Yes <input type="radio"/> 2 No 7 (O) <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>_____</p> <p align="center">Specify</p>		
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SECTION 5 - EDUCATION

I N D I V I D U A L N O	ALL PERSONS	ALL PERSONS ATTENDING SCHOOL																																						
	Q1. Is (N) attending school? 1 Yes 2 No 9 Not Stated If No Go to Q25	Q2. Is (N) attending school Full time or Part time?	Q3. What type of school/educational institution is (N) attending? <table border="0"> <tr> <td>01 Nursery/Kindergarten (N/K)</td> <td>Go to Q7</td> <td>31 Trade/Vocational (T/V)</td> </tr> <tr> <td>02 Government Pre-School (GPS)</td> <td></td> <td>32 Commercial/Secretarial (C/S)</td> </tr> <tr> <td>03 Private Assisted Pre-School (PAS)</td> <td></td> <td>33 Business/Computer Science (B/CS)</td> </tr> <tr> <td>04 Private Pre-School (PPS)</td> <td></td> <td>40 Technical Institute (TI)</td> </tr> <tr> <td>10 Private Primary (PP)</td> <td></td> <td>41 Adult/Continuing studies (ACS)</td> </tr> <tr> <td>11 Government Primary (GP)</td> <td></td> <td>42 Distance Learning (DL)</td> </tr> <tr> <td>12 Assisted Primary (AP)</td> <td></td> <td>43 Community College (CC)</td> </tr> <tr> <td>20 Government Secondary (GS)</td> <td></td> <td>44 Theological College (TC)</td> </tr> <tr> <td>21 Government Assisted Secondary (GAS)</td> <td></td> <td>60 University (U)</td> </tr> <tr> <td>22 Private Secondary (PS)</td> <td></td> <td>70 Special School (SS)</td> </tr> <tr> <td>23 SERVOL Life Centre (SLC)</td> <td></td> <td>77 Other (Specify) (O)</td> </tr> <tr> <td>24 Home Schooling (HS)</td> <td></td> <td>99 Not Stated (NS)</td> </tr> </table> <p align="center">IF 23 - 99 Go to Q22</p>			01 Nursery/Kindergarten (N/K)	Go to Q7	31 Trade/Vocational (T/V)	02 Government Pre-School (GPS)		32 Commercial/Secretarial (C/S)	03 Private Assisted Pre-School (PAS)		33 Business/Computer Science (B/CS)	04 Private Pre-School (PPS)		40 Technical Institute (TI)	10 Private Primary (PP)		41 Adult/Continuing studies (ACS)	11 Government Primary (GP)		42 Distance Learning (DL)	12 Assisted Primary (AP)		43 Community College (CC)	20 Government Secondary (GS)		44 Theological College (TC)	21 Government Assisted Secondary (GAS)		60 University (U)	22 Private Secondary (PS)		70 Special School (SS)	23 SERVOL Life Centre (SLC)		77 Other (Specify) (O)	24 Home Schooling (HS)	
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SECTION 5 - Continued

ALL PERSONS ATTENDING PRIMARY AND SECONDARY SCHOOLS

I N D I V I D U A L N O	Q4. What is the name of the school that (N) is attending?			Q5. Does (N) live with this household whilst attending school?			Q6. What Class/Standard/Grade is (N) in this year?			Q7. How far does (N) travel to go to school each day?																																												
	_____ Name of school			<input type="radio"/> 1 Yes <input type="radio"/> 2 No			<table border="0"> <tr> <td>01</td><td>Infants I</td><td>Kindergarten (I)</td></tr> <tr> <td>02</td><td>Infants II</td><td>Grade 1 (II)</td></tr> <tr> <td>11</td><td>Standard 1</td><td>Grade 2 (Std1)</td></tr> <tr> <td>12</td><td>Standard 2</td><td>Grade 3 (Std2)</td></tr> <tr> <td>13</td><td>Standard 3</td><td>Grade 4 (Std3)</td></tr> <tr> <td>14</td><td>Standard 4</td><td>Grade 5 (Std4)</td></tr> <tr> <td>15</td><td>Standard 5</td><td>Grade 6 (Std5)</td></tr> <tr> <td>21</td><td>Form 1</td><td>Grade 7 (Frm1)</td></tr> <tr> <td>22</td><td>Form 2</td><td>Grade 8 (Frm2)</td></tr> <tr> <td>23</td><td>Form 3</td><td>Grade 9 (Frm3)</td></tr> <tr> <td>24</td><td>Form 4</td><td>Grade 10 (Frm4)</td></tr> <tr> <td>25</td><td>Form 5</td><td>Grade 11 (Frm5)</td></tr> <tr> <td>26</td><td>Form 6a</td><td>Grade 12 (Frm6a)</td></tr> <tr> <td>27</td><td>Form 6b</td><td>(Frm6b)</td></tr> <tr> <td>99</td><td>Not Stated</td><td>(NS)</td></tr> </table>				01	Infants I	Kindergarten (I)	02	Infants II	Grade 1 (II)	11	Standard 1	Grade 2 (Std1)	12	Standard 2	Grade 3 (Std2)	13	Standard 3	Grade 4 (Std3)	14	Standard 4	Grade 5 (Std4)	15	Standard 5	Grade 6 (Std5)	21	Form 1	Grade 7 (Frm1)	22	Form 2	Grade 8 (Frm2)	23	Form 3	Grade 9 (Frm3)	24	Form 4	Grade 10 (Frm4)	25	Form 5	Grade 11 (Frm5)	26	Form 6a	Grade 12 (Frm6a)	27	Form 6b	(Frm6b)	99	Not Stated
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SECTION 5 - Continued

ALL PERSONS ATTENDING PRIMARY AND SECONDARY SCHOOLS

I N D I V I D U A L N O	Q8. How does (N) usually go to school?	Q9. How much is spent on transport to and from school each week?	Q10. Which days did (N) miss in the last five(5) day school week?	Q11. Why did (N) not go to school on the days missed? (More than one circle can be shaded)	Q12. Are free meals provided at (N's) school?	Q13. Which of the meals does (N) take?
	1 PTSC (Bus) 2 School bus/ maxi taxi (B/MT) 3 Taxi (T) 4 Regular maxi taxi (RMT) 5 Private car/vehicle (PV) 6 Walking (W) 7 Other (Specify) (O) 9 Not Stated (NS)	Amount <input type="text"/> <input type="text"/> <input type="text"/>	1 Monday (M) 2 Tuesday (T) 3 Wednesday (W) 4 Thursday (Th) 5 Friday (F) 97 None (N) (If None Go to Q12) Multiple days can be shaded	1 Illness (I) 2 Truancy (Tr) 3 Working away from home (WAH) 4 Stayed home to take care of baby sister/brother (SH) 5 Problems at home (PH) 6 Financial problem (FP) 7 School closed for holidays (SCH) 8 School closed for repairs (SCR) 9 Pregnant/Young mother (P/YM) 10 Apprenticeship (A) 11 Transport problem (TP) 12 Bored and fed-up with school (BFS) 77 Other (Specify) (O) 99 Not Stated (NS)	1 Yes (Y) 2 No (N) 9 Not Stated (NS) If N,NS go to Q15	1 Breakfast (B) 2 Lunch (L) 97 None (N) If B,L go to Q16
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SECTION 5 - Continued

ALL PERSONS ATTENDING PRIMARY AND SECONDARY SCHOOLS

I N D I V I D U A L N O	Q14. Why does (N) not take any of the free meals?	Q15. How much is spent weekly for meals carried to school from home?	Q16. Are textbooks provided by the school that (N) attends?	Q17. Does (N) receive any of these school books?	Q18. Which of the following text books does (N) receive from the school?	Q19. From where does (N) receive his/her school text books?	Q20. How many of the required books did (N) have this school year?	Q21. What was the reason for not having all required Text books?			
	1 Takes breakfast/lunch to school (TMS) 2 Not in need (NN) 3 Does not eat out (DN) 7 Other (Specify) (O)		1 Yes 2 No If N go to Q19	1 Yes 2 No If N go to Q19	1 Mathematics (M) 2 English (E) 7 Other (Specify)(O)	1 Purchased new (PN) 2 Borrowed (B) 3 Bought second hand (BSH) 4 Received from brother/sister (R/BS) 5 Received from other relative (RO) 7 Other (Specify) (O) 8 Nowhere (NW)	1 All (Go to Q22) 2 One 3 Two 4 Three 5 Four 6 Five+	1 Books unavailable 2 Could not afford 7 Other (Specify)			
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06	<input type="radio"/> 1 TMS <input type="radio"/> 2 NN <input type="radio"/> 3 DN <input type="radio"/> 7 O _____ Specify	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Amount				<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Maths <input type="radio"/> 2 English <input type="radio"/> 7 Other _____ Specify	<input type="radio"/> 1 PN <input type="radio"/> 5 RO <input type="radio"/> 2 B <input type="radio"/> 7 O <input type="radio"/> 3 BSH <input type="radio"/> 8 NW <input type="radio"/> 4 R/BS	<input type="radio"/> 1 All <input type="radio"/> 2 One <input type="radio"/> 3 Two <input type="radio"/> 4 Three <input type="radio"/> 5 Four <input type="radio"/> 6 Five+	<input type="radio"/> 1 BU <input type="radio"/> 2 CNA <input type="radio"/> 7 O _____ Specify
07	<input type="radio"/> 1 TMS <input type="radio"/> 2 NN <input type="radio"/> 3 DN <input type="radio"/> 7 O _____ Specify	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Amount				<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Yes <input type="radio"/> 2 No	<input type="radio"/> 1 Maths <input type="radio"/> 2 English <input type="radio"/> 7 Other _____ Specify	<input type="radio"/> 1 PN <input type="radio"/> 5 RO <input type="radio"/> 2 B <input type="radio"/> 7 O <input type="radio"/> 3 BSH <input type="radio"/> 8 NW <input type="radio"/> 4 R/BS	<input type="radio"/> 1 All <input type="radio"/> 2 One <input type="radio"/> 3 Two <input type="radio"/> 4 Three <input type="radio"/> 5 Four <input type="radio"/> 6 Five+	<input type="radio"/> 1 BU <input type="radio"/> 2 CNA <input type="radio"/> 7 O _____ Specify



SECTION 5 - Continued

I N D I V I D U A L N O	ALL PERSONS ATTENDING SCHOOL			ALL PERSONS NOT CURRENTLY ATTENDING SCHOOL		
	Q22. Was an education loan ever taken by anyone from the household? 1 Yes 2 No Go to Q30	Q23. If yes, what use was made of the loan? (More than one circle can be shaded) 1 Purchased books (PB) 2 Pay school fees (PSF) 3 Purchase school uniforms (PSU) 4 Pay for school transport (PST) 5 Pay for accommodations (PA) 7 Other (Specify) (O)	Q24. From what source was the education loan obtained? (More than one circle can be shaded) 1 Bank (B) 2 Insurance Company (IC) 3 Credit Union (CU) 4 Family Members (FM) 7 Other (Specify) (O)	Q25. Has (N) ever attended school? 1 Yes Go to Q28 2 No	Q26. Why has (N) never attended school? 1 Not as yet of school age (NSA) 2 Illness/disability (I/D) 3 Parent/Guardian did not think school was important (P/G) 4 Parent/Guardian could not afford to send him/her to school (P/GNS) 5 School was too far (STF) 7 Other (Specify) (O) 9 Not Stated (NS) Code 1 Go to Q27 Codes 2-9 Go to Q33	Q27. What arrangement is made to take care of him/her during the day? 1 Child left at nursery/day care centre (C/ND) 2 Child looked after by older sibling at home (CAH) 3 Child left with other relative elsewhere (CWO) 4 Child left with non relative at home (CWNRH) 5 Child left home alone (CA) 7 Other (Specify) (O)
01	<input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q30	<input type="radio"/> 1 PB <input type="radio"/> 4 PST <input type="radio"/> 2 PSF <input type="radio"/> 5 PA <input type="radio"/> 3 PSU <input type="radio"/> 7 O Specify	<input type="radio"/> 1 B <input type="radio"/> 4 FM <input type="radio"/> 2 IC <input type="radio"/> 7 O <input type="radio"/> 3 CU Specify	<input type="radio"/> 1 Yes Go to Q28 <input type="radio"/> 2 No	<input type="radio"/> 1 NSA <input type="radio"/> 5 STF <input type="radio"/> 2 I/D <input type="radio"/> 7 O <input type="radio"/> 3 P/G <input type="radio"/> 9 NS <input type="radio"/> 4 P/GNS Specify	<input type="radio"/> 1 C/ND <input type="radio"/> 4 CWNRH <input type="radio"/> 2 CAH <input type="radio"/> 5 CHA <input type="radio"/> 3 CWO <input type="radio"/> 7 O Specify
02	<input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q30	<input type="radio"/> 1 PB <input type="radio"/> 4 PST <input type="radio"/> 2 PSF <input type="radio"/> 5 PA <input type="radio"/> 3 PSU <input type="radio"/> 7 O Specify	<input type="radio"/> 1 B <input type="radio"/> 4 FM <input type="radio"/> 2 IC <input type="radio"/> 7 O <input type="radio"/> 3 CU Specify	<input type="radio"/> 1 Yes Go to Q28 <input type="radio"/> 2 No	<input type="radio"/> 1 NSA <input type="radio"/> 5 STF <input type="radio"/> 2 I/D <input type="radio"/> 7 O <input type="radio"/> 3 P/G <input type="radio"/> 9 NS <input type="radio"/> 4 P/GNS Specify	<input type="radio"/> 1 C/ND <input type="radio"/> 4 CWNRH <input type="radio"/> 2 CAH <input type="radio"/> 5 CHA <input type="radio"/> 3 CWO <input type="radio"/> 7 O Specify
03	<input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q30	<input type="radio"/> 1 PB <input type="radio"/> 4 PST <input type="radio"/> 2 PSF <input type="radio"/> 5 PA <input type="radio"/> 3 PSU <input type="radio"/> 7 O Specify	<input type="radio"/> 1 B <input type="radio"/> 4 FM <input type="radio"/> 2 IC <input type="radio"/> 7 O <input type="radio"/> 3 CU Specify	<input type="radio"/> 1 Yes Go to Q28 <input type="radio"/> 2 No	<input type="radio"/> 1 NSA <input type="radio"/> 5 STF <input type="radio"/> 2 I/D <input type="radio"/> 7 O <input type="radio"/> 3 P/G <input type="radio"/> 9 NS <input type="radio"/> 4 P/GNS Specify	<input type="radio"/> 1 C/ND <input type="radio"/> 4 CWNRH <input type="radio"/> 2 CAH <input type="radio"/> 5 CHA <input type="radio"/> 3 CWO <input type="radio"/> 7 O Specify
04	<input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q30	<input type="radio"/> 1 PB <input type="radio"/> 4 PST <input type="radio"/> 2 PSF <input type="radio"/> 5 PA <input type="radio"/> 3 PSU <input type="radio"/> 7 O Specify	<input type="radio"/> 1 B <input type="radio"/> 4 FM <input type="radio"/> 2 IC <input type="radio"/> 7 O <input type="radio"/> 3 CU Specify	<input type="radio"/> 1 Yes Go to Q28 <input type="radio"/> 2 No	<input type="radio"/> 1 NSA <input type="radio"/> 5 STF <input type="radio"/> 2 I/D <input type="radio"/> 7 O <input type="radio"/> 3 P/G <input type="radio"/> 9 NS <input type="radio"/> 4 P/GNS Specify	<input type="radio"/> 1 C/ND <input type="radio"/> 4 CWNRH <input type="radio"/> 2 CAH <input type="radio"/> 5 CHA <input type="radio"/> 3 CWO <input type="radio"/> 7 O Specify
05	<input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q30	<input type="radio"/> 1 PB <input type="radio"/> 4 PST <input type="radio"/> 2 PSF <input type="radio"/> 5 PA <input type="radio"/> 3 PSU <input type="radio"/> 7 O Specify	<input type="radio"/> 1 B <input type="radio"/> 4 FM <input type="radio"/> 2 IC <input type="radio"/> 7 O <input type="radio"/> 3 CU Specify	<input type="radio"/> 1 Yes Go to Q28 <input type="radio"/> 2 No	<input type="radio"/> 1 NSA <input type="radio"/> 5 STF <input type="radio"/> 2 I/D <input type="radio"/> 7 O <input type="radio"/> 3 P/G <input type="radio"/> 9 NS <input type="radio"/> 4 P/GNS Specify	<input type="radio"/> 1 C/ND <input type="radio"/> 4 CWNRH <input type="radio"/> 2 CAH <input type="radio"/> 5 CHA <input type="radio"/> 3 CWO <input type="radio"/> 7 O Specify
06	<input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q30	<input type="radio"/> 1 PB <input type="radio"/> 4 PST <input type="radio"/> 2 PSF <input type="radio"/> 5 PA <input type="radio"/> 3 PSU <input type="radio"/> 7 O Specify	<input type="radio"/> 1 B <input type="radio"/> 4 FM <input type="radio"/> 2 IC <input type="radio"/> 7 O <input type="radio"/> 3 CU Specify	<input type="radio"/> 1 Yes Go to Q28 <input type="radio"/> 2 No	<input type="radio"/> 1 NSA <input type="radio"/> 5 STF <input type="radio"/> 2 I/D <input type="radio"/> 7 O <input type="radio"/> 3 P/G <input type="radio"/> 9 NS <input type="radio"/> 4 P/GNS Specify	<input type="radio"/> 1 C/ND <input type="radio"/> 4 CWNRH <input type="radio"/> 2 CAH <input type="radio"/> 5 CHA <input type="radio"/> 3 CWO <input type="radio"/> 7 O Specify
07	<input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q30	<input type="radio"/> 1 PB <input type="radio"/> 4 PST <input type="radio"/> 2 PSF <input type="radio"/> 5 PA <input type="radio"/> 3 PSU <input type="radio"/> 7 O Specify	<input type="radio"/> 1 B <input type="radio"/> 4 FM <input type="radio"/> 2 IC <input type="radio"/> 7 O <input type="radio"/> 3 CU Specify	<input type="radio"/> 1 Yes Go to Q28 <input type="radio"/> 2 No	<input type="radio"/> 1 NSA <input type="radio"/> 5 STF <input type="radio"/> 2 I/D <input type="radio"/> 7 O <input type="radio"/> 3 P/G <input type="radio"/> 9 NS <input type="radio"/> 4 P/GNS Specify	<input type="radio"/> 1 C/ND <input type="radio"/> 4 CWNRH <input type="radio"/> 2 CAH <input type="radio"/> 5 CHA <input type="radio"/> 3 CWO <input type="radio"/> 7 O Specify



SECTION 5 - Continued

ALL PERSONS NOT CURRENTLY ATTENDING SCHOOL

I N D I V I D U A L N O	<p>Q28. Why is (N) not currently attending school?</p> <p>1 Working (W) 2 Seeking Work (SW) 3 Undertakes home duties (HD) 4 Due to Illness/Injury (I) 5 Unable to afford cost (UAC) 6 Difficulty obtaining transportation (TD) 7 Required to stay at home to look after siblings (SHS) 77 Other (Specify) (O)</p>		<p>Q29. What type of school/educational institution did (N) last attend?</p> <p>01 Nursery/Kindergarten (N/K) 31 Trade/Vocational (T/V) 02 Government Pre-School (GPS) 32 Commercial/Secretarial (C/S) 03 Private Assisted Pre-School (PAS) 33 Business/Computer Science (B/CS) 04 Private Pre-School (PPS) 40 Technical Institute (TI) 10 Private Primary (PP) 41 Adult/Continuing Studies (ACS) 11 Government Primary (GP) 42 Distance Learning (DL) 12 Assisted Primary (AP) 43 Community College (CC) 20 Government Secondary (GS) 44 Theological College (TC) 21 Government Assisted Secondary (GAS) 60 University (U) 22 Private Secondary (PS) 70 Special School (SS) 23 SERVOL Life Centre (SLC) 77 Other (Specify) (O) 24 Home Schooling (HS) 99 Not Stated (NS)</p>			
	01	<input type="radio"/> 1 W <input type="radio"/> 5 UAC <input type="radio"/> 2 SW <input type="radio"/> 6 TD <input type="radio"/> 3 HD <input type="radio"/> 7 SHS <input type="radio"/> 4 I <input type="radio"/> 77 O _____ Specify	<input type="radio"/> 01 N/K <input type="radio"/> 21 GAS <input type="radio"/> 41 ACS <input type="radio"/> 02 GPS <input type="radio"/> 22 PS <input type="radio"/> 42 DL <input type="radio"/> 03 PAS <input type="radio"/> 23 SLC <input type="radio"/> 43 CC <input type="radio"/> 04 PPS <input type="radio"/> 24 HS <input type="radio"/> 44 TC <input type="radio"/> 10 PP <input type="radio"/> 31 T/V <input type="radio"/> 60 U <input type="radio"/> 11 GP <input type="radio"/> 32 C/S <input type="radio"/> 70 SS <input type="radio"/> 12 AP <input type="radio"/> 33 B/CS <input type="radio"/> 77 O _____ <input type="radio"/> 20 GS <input type="radio"/> 40 TI <input type="radio"/> 99 NS Specify			
	02	<input type="radio"/> 1 W <input type="radio"/> 5 UAC <input type="radio"/> 2 SW <input type="radio"/> 6 TD <input type="radio"/> 3 HD <input type="radio"/> 7 SHS <input type="radio"/> 4 I <input type="radio"/> 77 O _____ Specify	<input type="radio"/> 01 N/K <input type="radio"/> 21 GAS <input type="radio"/> 41 ACS <input type="radio"/> 02 GPS <input type="radio"/> 22 PS <input type="radio"/> 42 DL <input type="radio"/> 03 PAS <input type="radio"/> 23 SLC <input type="radio"/> 43 CC <input type="radio"/> 04 PPS <input type="radio"/> 24 HS <input type="radio"/> 44 TC <input type="radio"/> 10 PP <input type="radio"/> 31 T/V <input type="radio"/> 60 U <input type="radio"/> 11 GP <input type="radio"/> 32 C/S <input type="radio"/> 70 SS <input type="radio"/> 12 AP <input type="radio"/> 33 B/CS <input type="radio"/> 77 O _____ <input type="radio"/> 20 GS <input type="radio"/> 40 TI <input type="radio"/> 99 NS Specify			
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SECTION 5 - Continued

ALL PERSONS WHO EVER ATTENDED SCHOOL

INDIVIDUAL NO	Q30. How many years in total did (N) attend school?				Q31. What is the highest examination TAKEN by (N) and PASSED?				Q32. Number of Subjects/ Passes obtained? (Passes in CXC Basic/General and GCE O/A Levels <u>only</u>)				Q33. Is (N) pursuing any continuing Education studies?			
					1 None (N) (Go to Q34) 2 Common Entrance (CE) <input type="text"/> <input type="text"/> Go to Q33 3 SEA <input type="text"/> <input type="text"/> 4 School Leaving (SL) <input type="text"/> <input type="text"/> 5 CXC Basic (CXCB) 6 CXC General (CXCG) 7 GCE O Level /SC (GceO) 8 GCE A Level/CAPE/HSC (GceA) 9 Diploma or Equivalent Certificate (D) <input type="text"/> <input type="text"/> 10 Associate degree/Higher Diploma(AD) 11 Bachelor Degree (BD) 12 Master's Degree (MD) 13 Postgraduate Diploma/ Professional Qualification (PGD) 14 Ph. D Degree (PHD) 77 Other (Specify) (O) <input type="text"/> <input type="text"/> Go to Q33 99 Not Stated (NS) <input type="text"/> <input type="text"/>								1 Continuing Education studies programme (CESP) 2 UWI Open Campus Training and Enrichment (OCTE) 7 Other (Specify) (O) <input type="text"/> <input type="text"/>			
	01 <input type="text"/> <input type="text"/> Number of Years				<input type="radio"/> 1 N <input type="radio"/> 7 GceO <input type="radio"/> 13 PGD <input type="radio"/> 2 CE <input type="radio"/> 8 GceA <input type="radio"/> 14 PHD <input type="radio"/> 3 SEA <input type="radio"/> 9 D <input type="radio"/> 77 O <input type="radio"/> 4 SL <input type="radio"/> 10 AD <input type="radio"/> 99 NS <input type="radio"/> 5 CXCB <input type="radio"/> 11 BD <input type="radio"/> 6 CXCG <input type="radio"/> 12 MD _____ Specify				CXC Basic <input type="text"/> <input type="text"/> GCE O' <input type="text"/> <input type="text"/> CXC Gen <input type="text"/> <input type="text"/> GCE A' <input type="text"/> <input type="text"/>				1 CESP <input type="radio"/> 1 Yes <input type="radio"/> 2 No 2 OCTE <input type="radio"/> 1 Yes <input type="radio"/> 2 No _____ Specify			
	02 <input type="text"/> <input type="text"/> Number of Years				<input type="radio"/> 1 N <input type="radio"/> 7 GceO <input type="radio"/> 13 PGD <input type="radio"/> 2 CE <input type="radio"/> 8 GceA <input type="radio"/> 14 PHD <input type="radio"/> 3 SEA <input type="radio"/> 9 D <input type="radio"/> 77 O <input type="radio"/> 4 SL <input type="radio"/> 10 AD <input type="radio"/> 99 NS <input type="radio"/> 5 CXCB <input type="radio"/> 11 BD <input type="radio"/> 6 CXCG <input type="radio"/> 12 MD _____ Specify				CXC Basic <input type="text"/> <input type="text"/> GCE O' <input type="text"/> <input type="text"/> CXC Gen <input type="text"/> <input type="text"/> GCE A' <input type="text"/> <input type="text"/>				1 CESP <input type="radio"/> 1 Yes <input type="radio"/> 2 No 2 OCTE <input type="radio"/> 1 Yes <input type="radio"/> 2 No _____ Specify			
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HEAD OF HOUSEHOLD

Q34. In what order (On a scale of 1-8) would you RANK the following when spending money?

NOTE: One (1) is the highest rank and Eight (8) is lowest rank

	Ranks	
1 Food	<input type="text"/>	
2 Housing	<input type="text"/>	
3 Clothes	<input type="text"/>	
4 Child's Education	<input type="text"/>	
5 Health	<input type="text"/>	
6 Entertainment	<input type="text"/>	
7 Sports	<input type="text"/>	
8 Other Things (Specify)	<input type="text"/>	_____ Specify

Q35. Do you agree that it is important that all children attend school?

- 1 Agree 2 Disagree

Q36. If circumstances did not allow you to send all your children to school, who would you choose to send?

- 1 Girl Child
 2 Boy Child
 3 Neither
 7 Other _____ Specify

Q37. Please give reasons for your answer.

Start writing on this line

FUNCTIONAL LITERACY

(Applicable to adults 18 years and over)

Q38. Is there anyone in this household who is unable to do the following?

- 1) Read a short text such as from the daily newspaper? 1 Yes 2 No
- 2) Write a few sentences on a simple topic 1 Yes 2 No
- 3) Write or sign his or her 1 Yes 2 No
- 4) Read the words on a road sign, such as "DO NOT ENTER" 1 Yes 2 No



SECTION 5 - Continued

TRAINING (ALL PERSONS 15 YEARS AND OVER)

I N D I V I D U A L N O	TRAINING (ALL PERSONS 15 YEARS AND OVER)		
	Q39. Has (N) ever attended any skills training programme? 1 Currently attending (CA) 2 Completed skills training (CST) 3 Dropped out of training (DOT) 4 Never attended (NA) 7 Other (Specify) (O) 98 Don't Know (DK) If 3,4 or 98 Go to Q44	Q40. If yes, which of the following programme did (N) last attend? 1 YTEPP 2 NESC 3 Civilian Conservation Corp (CCC) 4 SERVOL (S) 5 HYPE 6 YAPA 7 Re-afforestation (RF) 8 MUST 9 Skills Retraining (SR) 10 Non-traditional Skills for Women (NSW) 77 Other (Specify) (O)	Q41. What skill has (N) learnt from attending this programme? 1 Wood-working (WW) 2 Plumbing (P) 3 Masonry (M) 4 Carpentry (C) 5 Welding (W) 6 Fabricating (F) 7 Tile laying (TL) 8 Painting (P) 9 Garment Construction (GC) 10 Hairdressing (H) 11 Food Preparation (FP) 12 Cosmetology (Co) 77 Other (Specify) (O)
01	<input type="radio"/> 1 CA <input type="radio"/> 4 NA <input type="radio"/> 2 CST <input type="radio"/> 7 O _____ Specify <input type="radio"/> 3 DOT <input type="radio"/> 98 DK	<input type="radio"/> 1 YTEPP <input type="radio"/> 7 RF <input type="radio"/> 2 NESC <input type="radio"/> 8 MUST <input type="radio"/> 3 CCC <input type="radio"/> 9 SR <input type="radio"/> 4 S <input type="radio"/> 10 NSW <input type="radio"/> 5 HYPE <input type="radio"/> 77 O <input type="radio"/> 6 YAPA _____ Specify	<input type="radio"/> 1 WW <input type="radio"/> 6 F <input type="radio"/> 11 FP <input type="radio"/> 2 P <input type="radio"/> 7 TL <input type="radio"/> 12 Co <input type="radio"/> 3 M <input type="radio"/> 8 P <input type="radio"/> 77 O <input type="radio"/> 4 C <input type="radio"/> 9 GC <input type="radio"/> 5 W <input type="radio"/> 10 H _____ Specify
02	<input type="radio"/> 1 CA <input type="radio"/> 4 NA <input type="radio"/> 2 CST <input type="radio"/> 7 O _____ Specify <input type="radio"/> 3 DOT <input type="radio"/> 98 DK	<input type="radio"/> 1 YTEPP <input type="radio"/> 7 RF <input type="radio"/> 2 NESC <input type="radio"/> 8 MUST <input type="radio"/> 3 CCC <input type="radio"/> 9 SR <input type="radio"/> 4 S <input type="radio"/> 10 NSW <input type="radio"/> 5 HYPE <input type="radio"/> 77 O <input type="radio"/> 6 YAPA _____ Specify	<input type="radio"/> 1 WW <input type="radio"/> 6 F <input type="radio"/> 11 FP <input type="radio"/> 2 P <input type="radio"/> 7 TL <input type="radio"/> 12 Co <input type="radio"/> 3 M <input type="radio"/> 8 P <input type="radio"/> 77 O <input type="radio"/> 4 C <input type="radio"/> 9 GC <input type="radio"/> 5 W <input type="radio"/> 10 H _____ Specify
03	<input type="radio"/> 1 CA <input type="radio"/> 4 NA <input type="radio"/> 2 CST <input type="radio"/> 7 O _____ Specify <input type="radio"/> 3 DOT <input type="radio"/> 98 DK	<input type="radio"/> 1 YTEPP <input type="radio"/> 7 RF <input type="radio"/> 2 NESC <input type="radio"/> 8 MUST <input type="radio"/> 3 CCC <input type="radio"/> 9 SR <input type="radio"/> 4 S <input type="radio"/> 10 NSW <input type="radio"/> 5 HYPE <input type="radio"/> 77 O <input type="radio"/> 6 YAPA _____ Specify	<input type="radio"/> 1 WW <input type="radio"/> 6 F <input type="radio"/> 11 FP <input type="radio"/> 2 P <input type="radio"/> 7 TL <input type="radio"/> 12 Co <input type="radio"/> 3 M <input type="radio"/> 8 P <input type="radio"/> 77 O <input type="radio"/> 4 C <input type="radio"/> 9 GC <input type="radio"/> 5 W <input type="radio"/> 10 H _____ Specify
04	<input type="radio"/> 1 CA <input type="radio"/> 4 NA <input type="radio"/> 2 CST <input type="radio"/> 7 O _____ Specify <input type="radio"/> 3 DOT <input type="radio"/> 98 DK	<input type="radio"/> 1 YTEPP <input type="radio"/> 7 RF <input type="radio"/> 2 NESC <input type="radio"/> 8 MUST <input type="radio"/> 3 CCC <input type="radio"/> 9 SR <input type="radio"/> 4 S <input type="radio"/> 10 NSW <input type="radio"/> 5 HYPE <input type="radio"/> 77 O <input type="radio"/> 6 YAPA _____ Specify	<input type="radio"/> 1 WW <input type="radio"/> 6 F <input type="radio"/> 11 FP <input type="radio"/> 2 P <input type="radio"/> 7 TL <input type="radio"/> 12 Co <input type="radio"/> 3 M <input type="radio"/> 8 P <input type="radio"/> 77 O <input type="radio"/> 4 C <input type="radio"/> 9 GC <input type="radio"/> 5 W <input type="radio"/> 10 H _____ Specify
05	<input type="radio"/> 1 CA <input type="radio"/> 4 NA <input type="radio"/> 2 CST <input type="radio"/> 7 O _____ Specify <input type="radio"/> 3 DOT <input type="radio"/> 98 DK	<input type="radio"/> 1 YTEPP <input type="radio"/> 7 RF <input type="radio"/> 2 NESC <input type="radio"/> 8 MUST <input type="radio"/> 3 CCC <input type="radio"/> 9 SR <input type="radio"/> 4 S <input type="radio"/> 10 NSW <input type="radio"/> 5 HYPE <input type="radio"/> 77 O <input type="radio"/> 6 YAPA _____ Specify	<input type="radio"/> 1 WW <input type="radio"/> 6 F <input type="radio"/> 11 FP <input type="radio"/> 2 P <input type="radio"/> 7 TL <input type="radio"/> 12 Co <input type="radio"/> 3 M <input type="radio"/> 8 P <input type="radio"/> 77 O <input type="radio"/> 4 C <input type="radio"/> 9 GC <input type="radio"/> 5 W <input type="radio"/> 10 H _____ Specify
06	<input type="radio"/> 1 CA <input type="radio"/> 4 NA <input type="radio"/> 2 CST <input type="radio"/> 7 O _____ Specify <input type="radio"/> 3 DOT <input type="radio"/> 98 DK	<input type="radio"/> 1 YTEPP <input type="radio"/> 7 RF <input type="radio"/> 2 NESC <input type="radio"/> 8 MUST <input type="radio"/> 3 CCC <input type="radio"/> 9 SR <input type="radio"/> 4 S <input type="radio"/> 10 NSW <input type="radio"/> 5 HYPE <input type="radio"/> 77 O <input type="radio"/> 6 YAPA _____ Specify	<input type="radio"/> 1 WW <input type="radio"/> 6 F <input type="radio"/> 11 FP <input type="radio"/> 2 P <input type="radio"/> 7 TL <input type="radio"/> 12 Co <input type="radio"/> 3 M <input type="radio"/> 8 P <input type="radio"/> 77 O <input type="radio"/> 4 C <input type="radio"/> 9 GC <input type="radio"/> 5 W <input type="radio"/> 10 H _____ Specify
07	<input type="radio"/> 1 CA <input type="radio"/> 4 NA <input type="radio"/> 2 CST <input type="radio"/> 7 O _____ Specify <input type="radio"/> 3 DOT <input type="radio"/> 98 DK	<input type="radio"/> 1 YTEPP <input type="radio"/> 7 RF <input type="radio"/> 2 NESC <input type="radio"/> 8 MUST <input type="radio"/> 3 CCC <input type="radio"/> 9 SR <input type="radio"/> 4 S <input type="radio"/> 10 NSW <input type="radio"/> 5 HYPE <input type="radio"/> 77 O <input type="radio"/> 6 YAPA _____ Specify	<input type="radio"/> 1 WW <input type="radio"/> 6 F <input type="radio"/> 11 FP <input type="radio"/> 2 P <input type="radio"/> 7 TL <input type="radio"/> 12 Co <input type="radio"/> 3 M <input type="radio"/> 8 P <input type="radio"/> 77 O <input type="radio"/> 4 C <input type="radio"/> 9 GC <input type="radio"/> 5 W <input type="radio"/> 10 H _____ Specify



SECTION 5 - Concluded

TRAINING (ALL PERSONS 15 YEARS AND OVER)

I N D I V I D U A L N O	TRAINING (ALL PERSONS 15 YEARS AND OVER)		
	Q42. Is (N) using this skill? 1 Yes Go to Q44 2 No	Q43. What is the reason for (N) not using the skill learned at training? 1 Cannot find employment (CFE) 2 Cannot afford tools (CAT) 3 No longer in that area (NLA) 7 Other (Specify) (O)	Q44. If (N) is considering training, in what area would (N) like to be trained?
01	<input type="radio"/> 1 Yes Go to Q44 <input type="radio"/> 2 No	<input type="radio"/> 1 CFE <input type="radio"/> 2 CAT <input type="radio"/> 3 NLA <input type="radio"/> 7 O _____ Specify	_____ Requested Training Area
02	<input type="radio"/> 1 Yes Go to Q44 <input type="radio"/> 2 No	<input type="radio"/> 1 CFE <input type="radio"/> 2 CAT <input type="radio"/> 3 NLA <input type="radio"/> 7 O _____ Specify	_____ Requested Training Area
03	<input type="radio"/> 1 Yes Go to Q44 <input type="radio"/> 2 No	<input type="radio"/> 1 CFE <input type="radio"/> 2 CAT <input type="radio"/> 3 NLA <input type="radio"/> 7 O _____ Specify	_____ Requested Training Area
04	<input type="radio"/> 1 Yes Go to Q44 <input type="radio"/> 2 No	<input type="radio"/> 1 CFE <input type="radio"/> 2 CAT <input type="radio"/> 3 NLA <input type="radio"/> 7 O _____ Specify	_____ Requested Training Area
05	<input type="radio"/> 1 Yes Go to Q44 <input type="radio"/> 2 No	<input type="radio"/> 1 CFE <input type="radio"/> 2 CAT <input type="radio"/> 3 NLA <input type="radio"/> 7 O _____ Specify	_____ Requested Training Area
06	<input type="radio"/> 1 Yes Go to Q44 <input type="radio"/> 2 No	<input type="radio"/> 1 CFE <input type="radio"/> 2 CAT <input type="radio"/> 3 NLA <input type="radio"/> 7 O _____ Specify	_____ Requested Training Area
07	<input type="radio"/> 1 Yes Go to Q44 <input type="radio"/> 2 No	<input type="radio"/> 1 CFE <input type="radio"/> 2 CAT <input type="radio"/> 3 NLA <input type="radio"/> 7 O _____ Specify	_____ Requested Training Area



SECTION 6

ECONOMIC ACTIVITY/EMPLOYMENT (ALL PERSONS 15 YEARS AND OVER)

I N D I V I D U A L N O	<p>Q1. Did (N) have a job or work last week?</p> <p>1 Yes Go to Q5</p> <p>2 No</p>	<p>Q2. Did (N) look for work last week?</p> <p>1 Yes Go to Q5</p> <p>2 No</p>	<p>Q3. Why did (N) not seek work during the past week?</p> <p>1 At school/student (S) 2 Home duties (HD) 3 Retired (R) 4 Has a disability (D) 5 Old age pensioner (P) 6 Did not want work (DNW) 7 Tired of looking (TL) 8 Awaiting results of exams/ interview (R) 9 Illness (I) 10 Did not know where to look (NWW) 99 Not stated</p>	<p>Q4. When did (N) last seek work?</p> <p>1 Under 1 month (U1M) 2 1-3 months (1-3M) 3 4-6 months (4-6M) 4 7-11 months (7-11M) 5 1 year and over (YO) 6 Never looked (NL) Go to Section 7 9 Not Stated (NS)</p>
	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 S <input type="radio"/> 7 TL</p> <p><input type="radio"/> 2 HD <input type="radio"/> 8 R</p> <p><input type="radio"/> 3 R <input type="radio"/> 9 I</p> <p><input type="radio"/> 4 D <input type="radio"/> 10 NWW</p> <p><input type="radio"/> 5 P <input type="radio"/> 99 NS</p> <p><input type="radio"/> 6 DNW</p>	<p><input type="radio"/> 1 U1M</p> <p><input type="radio"/> 2 1-3M</p> <p><input type="radio"/> 3 4-6M</p> <p><input type="radio"/> 4 7-11M</p> <p><input type="radio"/> 5 YO Go to Section 7</p> <p><input type="radio"/> 6 NL</p> <p><input type="radio"/> 9 NS</p>
	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 S <input type="radio"/> 7 TL</p> <p><input type="radio"/> 2 HD <input type="radio"/> 8 R</p> <p><input type="radio"/> 3 R <input type="radio"/> 9 I</p> <p><input type="radio"/> 4 D <input type="radio"/> 10 NWW</p> <p><input type="radio"/> 5 P <input type="radio"/> 99 NS</p> <p><input type="radio"/> 6 DNW</p>	<p><input type="radio"/> 1 U1M</p> <p><input type="radio"/> 2 1-3M</p> <p><input type="radio"/> 3 4-6M</p> <p><input type="radio"/> 4 7-11M</p> <p><input type="radio"/> 5 YO Go to Section 7</p> <p><input type="radio"/> 6 NL</p> <p><input type="radio"/> 9 NS</p>
	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 S <input type="radio"/> 7 TL</p> <p><input type="radio"/> 2 HD <input type="radio"/> 8 R</p> <p><input type="radio"/> 3 R <input type="radio"/> 9 I</p> <p><input type="radio"/> 4 D <input type="radio"/> 10 NWW</p> <p><input type="radio"/> 5 P <input type="radio"/> 99 NS</p> <p><input type="radio"/> 6 DNW</p>	<p><input type="radio"/> 1 U1M</p> <p><input type="radio"/> 2 1-3M</p> <p><input type="radio"/> 3 4-6M</p> <p><input type="radio"/> 4 7-11M</p> <p><input type="radio"/> 5 YO Go to Section 7</p> <p><input type="radio"/> 6 NL</p> <p><input type="radio"/> 9 NS</p>
	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 S <input type="radio"/> 7 TL</p> <p><input type="radio"/> 2 HD <input type="radio"/> 8 R</p> <p><input type="radio"/> 3 R <input type="radio"/> 9 I</p> <p><input type="radio"/> 4 D <input type="radio"/> 10 NWW</p> <p><input type="radio"/> 5 P <input type="radio"/> 99 NS</p> <p><input type="radio"/> 6 DNW</p>	<p><input type="radio"/> 1 U1M</p> <p><input type="radio"/> 2 1-3M</p> <p><input type="radio"/> 3 4-6M</p> <p><input type="radio"/> 4 7-11M</p> <p><input type="radio"/> 5 YO Go to Section 7</p> <p><input type="radio"/> 6 NL</p> <p><input type="radio"/> 9 NS</p>
	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 S <input type="radio"/> 7 TL</p> <p><input type="radio"/> 2 HD <input type="radio"/> 8 R</p> <p><input type="radio"/> 3 R <input type="radio"/> 9 I</p> <p><input type="radio"/> 4 D <input type="radio"/> 10 NWW</p> <p><input type="radio"/> 5 P <input type="radio"/> 99 NS</p> <p><input type="radio"/> 6 DNW</p>	<p><input type="radio"/> 1 U1M</p> <p><input type="radio"/> 2 1-3M</p> <p><input type="radio"/> 3 4-6M</p> <p><input type="radio"/> 4 7-11M</p> <p><input type="radio"/> 5 YO Go to Section 7</p> <p><input type="radio"/> 6 NL</p> <p><input type="radio"/> 9 NS</p>
	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 S <input type="radio"/> 7 TL</p> <p><input type="radio"/> 2 HD <input type="radio"/> 8 R</p> <p><input type="radio"/> 3 R <input type="radio"/> 9 I</p> <p><input type="radio"/> 4 D <input type="radio"/> 10 NWW</p> <p><input type="radio"/> 5 P <input type="radio"/> 99 NS</p> <p><input type="radio"/> 6 DNW</p>	<p><input type="radio"/> 1 U1M</p> <p><input type="radio"/> 2 1-3M</p> <p><input type="radio"/> 3 4-6M</p> <p><input type="radio"/> 4 7-11M</p> <p><input type="radio"/> 5 YO Go to Section 7</p> <p><input type="radio"/> 6 NL</p> <p><input type="radio"/> 9 NS</p>
	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 Yes Go to Q5</p> <p><input type="radio"/> 2 No</p>	<p><input type="radio"/> 1 S <input type="radio"/> 7 TL</p> <p><input type="radio"/> 2 HD <input type="radio"/> 8 R</p> <p><input type="radio"/> 3 R <input type="radio"/> 9 I</p> <p><input type="radio"/> 4 D <input type="radio"/> 10 NWW</p> <p><input type="radio"/> 5 P <input type="radio"/> 99 NS</p> <p><input type="radio"/> 6 DNW</p>	<p><input type="radio"/> 1 U1M</p> <p><input type="radio"/> 2 1-3M</p> <p><input type="radio"/> 3 4-6M</p> <p><input type="radio"/> 4 7-11M</p> <p><input type="radio"/> 5 YO Go to Section 7</p> <p><input type="radio"/> 6 NL</p> <p><input type="radio"/> 9 NS</p>



SECTION 6 - Continued

All persons 15 years and over, working/is seeking work

I N D I V I D U A L N O	<p>Q5. What kind of work does (N) mainly engage in/is seeking?</p>	<p>Q6. To which Industry group does (N) mainly belong/is seeking ?</p>	<p>Q7. What is the name and address of (N's) workplace /place where (N) is seeking work? <i>State the name of the Company/Firm/Individual and the Main Activity engaged in where (N) is working/is seeking employment</i></p> <p>If (N) is seeking 1st job - Go to Section 7, Q.2 If (N) is actively seeking work - Go to Q.12</p>
	<p>01</p> <p>Occupation</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Occupation Code</p>	<p>Industry</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Industry Code</p> <p>If (N) is seeking 1st job - Go to Section 7 If (N) is actively seeking work - Go to Q.12</p>	<p>Name of Workplace</p> <p>Address of Workplace</p>
	<p>02</p> <p>Occupation</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Occupation Code</p>	<p>Industry</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Industry Code</p> <p>If (N) is seeking 1st job - Go to Section 7 If (N) is actively seeking work - Go to Q.12</p>	<p>Name of Workplace</p> <p>Address of Workplace</p>
	<p>03</p> <p>Occupation</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Occupation Code</p>	<p>Industry</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Industry Code</p> <p>If (N) is seeking 1st job - Go to Section 7 If (N) is actively seeking work - Go to Q.12</p>	<p>Name of Workplace</p> <p>Address of Workplace</p>
	<p>04</p> <p>Occupation</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Occupation Code</p>	<p>Industry</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Industry Code</p> <p>If (N) is seeking 1st job - Go to Section 7 If (N) is actively seeking work - Go to Q.12</p>	<p>Name of Workplace</p> <p>Address of Workplace</p>
	<p>05</p> <p>Occupation</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Occupation Code</p>	<p>Industry</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Industry Code</p> <p>If (N) is seeking 1st job - Go to Section 7 If (N) is actively seeking work - Go to Q.12</p>	<p>Name of Workplace</p> <p>Address of Workplace</p>
	<p>06</p> <p>Occupation</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Occupation Code</p>	<p>Industry</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Industry Code</p> <p>If (N) is seeking 1st job - Go to Section 7 If (N) is actively seeking work - Go to Q.12</p>	<p>Name of Workplace</p> <p>Address of Workplace</p>
	<p>07</p> <p>Occupation</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Occupation Code</p>	<p>Industry</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Industry Code</p> <p>If (N) is seeking 1st job - Go to Section 7 If (N) is actively seeking work - Go to Q.12</p>	<p>Name of Workplace</p> <p>Address of Workplace</p>



SECTION 6 - Continued

All working persons 15 years and over							
I N D I V I D U A L N O		Employers & Own account workers	Government Work Programme workers				
	Q8. To what category of worker does (N) belong? 1 Government Work Programme (GWP) 2 Central and Local Government/THA/Statutory Board (CL) 3 State Enterprise (SE) Go to Q11 4 Private Enterprise (PE) 5 Employer (E) Go to Q9 6 Own Account worker (OAW) 7 Unpaid family worker (UFW) 8 Paid family worker (PFW) 9 Learner/Apprentice (LA) 99 Not Stated (NS) Go to Q11	Q9. What was the source of funding used to start the business? 1 Small business loan (SBL) 2 Family savings (FS) 3 Loan from Bank (LB) 4 Credit union loan (CUL) 7 Other (Specify) (O) For employers and own account workers {Q8. #5-6} only	Q10. In which government work programme is (N) employed? 1 URP 2 CEPEP 3 On the Job Placement (OJP) 7 Other (Specify) (O) 97 None (N) For Government work programme workers {Q8. #1} only	Q11. What is the length of the pay period of this job/programme? 1 Daily 2 Weekly 3 Forth-nightly 4 Monthly	Q12. How many months did (N) work during the past 12 months? If less than six(6) months, Go to Q13 If More than six(6) months Go to Q14		
01	<input type="radio"/> 1 GWP <input type="radio"/> 6 OAW <input type="radio"/> 2 CL <input type="radio"/> 7 UFW <input type="radio"/> 3 SE <input type="radio"/> 8 PFW <input type="radio"/> 4 PE <input type="radio"/> 9 LA <input type="radio"/> 5 E <input type="radio"/> 99 NS	<input type="radio"/> 1 SBL <input type="radio"/> 2 FS <input type="radio"/> 3 LB <input type="radio"/> 4 CUL <input type="radio"/> 7 O _____ Specify	<input type="radio"/> 1 URP <input type="radio"/> 2 CEPEP <input type="radio"/> 3 OJP <input type="radio"/> 7 O _____ <input type="radio"/> 97 N _____ Specify	<input type="radio"/> 1 Daily <input type="radio"/> 2 Weekly <input type="radio"/> 3 Forth-nightly <input type="radio"/> 4 Monthly	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table> Months		
02	<input type="radio"/> 1 GWP <input type="radio"/> 6 OAW <input type="radio"/> 2 CL <input type="radio"/> 7 UFW <input type="radio"/> 3 SE <input type="radio"/> 8 PFW <input type="radio"/> 4 PE <input type="radio"/> 9 LA <input type="radio"/> 5 E <input type="radio"/> 99 NS	<input type="radio"/> 1 SBL <input type="radio"/> 2 FS <input type="radio"/> 3 LB <input type="radio"/> 4 CUL <input type="radio"/> 7 O _____ Specify	<input type="radio"/> 1 URP <input type="radio"/> 2 CEPEP <input type="radio"/> 3 OJP <input type="radio"/> 7 O _____ <input type="radio"/> 97 N _____ Specify	<input type="radio"/> 1 Daily <input type="radio"/> 2 Weekly <input type="radio"/> 3 Forth-nightly <input type="radio"/> 4 Monthly	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table> Months		
03	<input type="radio"/> 1 GWP <input type="radio"/> 6 OAW <input type="radio"/> 2 CL <input type="radio"/> 7 UFW <input type="radio"/> 3 SE <input type="radio"/> 8 PFW <input type="radio"/> 4 PE <input type="radio"/> 9 LA <input type="radio"/> 5 E <input type="radio"/> 99 NS	<input type="radio"/> 1 SBL <input type="radio"/> 2 FS <input type="radio"/> 3 LB <input type="radio"/> 4 CUL <input type="radio"/> 7 O _____ Specify	<input type="radio"/> 1 URP <input type="radio"/> 2 CEPEP <input type="radio"/> 3 OJP <input type="radio"/> 7 O _____ <input type="radio"/> 97 N _____ Specify	<input type="radio"/> 1 Daily <input type="radio"/> 2 Weekly <input type="radio"/> 3 Forth-nightly <input type="radio"/> 4 Monthly	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table> Months		
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SECTION 6 - Continued

All working persons 15 years and over

I N D I V I D U A L N O	All working persons 15 years and over			
	Q13. Why did (N) work less than six(6) months during the past twelve(12) months? 1 No more work available (NW) 2 Illness (I) 3 Retrenched/laid off (R/LO) 4 Own Choice (OC) 7 Other (Specify)	Q14. For how many hours did (N) work last week? 0 None (N) 1 Under one hour (U1H) 2 1-8 hours (1-8H) 3 9-16 hours (9-16H) 4 17-24 hours (17-24H) 5 25-32 hours (25-32H) 6 33-40 hours (33-40H) 7 41-50 hours (41-50H) 8 51-60 hours (51-60H) 9 61-70 hours (61-70H) 10 71+ hours (71+H) 99 Not Stated (NS)	Q15. What is the reason for working less than 33 hours? (Ask only if 1-32 hours in Q14) 1 No more work available (NWA) 2 New Job (NJ) 3 Illness (I) 4 Temporarily laid off (TLO) 5 Own choice (OC) 6 Vacation (V) 7 Other (O) 8 Not applicable (NA) 9 Not stated (NS)	Q16. Does (N) have more than one job? 1 Yes 2 No 98 Don't Know
01	<input type="radio"/> 1 NWA <input type="radio"/> 2 I <input type="radio"/> 3 R/LO <input type="radio"/> 4 OC <input type="radio"/> 7 O _____ Specify	<input type="radio"/> 0 N <input type="radio"/> 6 33-40H <input type="radio"/> 1 U1H <input type="radio"/> 7 41-50H <input type="radio"/> 2 1-8H <input type="radio"/> 8 51-60H <input type="radio"/> 3 9-16H <input type="radio"/> 9 61-70 H <input type="radio"/> 4 17-24H <input type="radio"/> 10 71+H <input type="radio"/> 5 25-32H <input type="radio"/> 99 NS	<input type="radio"/> 1 NWA <input type="radio"/> 6 V <input type="radio"/> 2 NJ <input type="radio"/> 7 O <input type="radio"/> 3 I <input type="radio"/> 8 NA <input type="radio"/> 4 TLO <input type="radio"/> 9 NS <input type="radio"/> 5 OC	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
02	<input type="radio"/> 1 NWA <input type="radio"/> 2 I <input type="radio"/> 3 R/LO <input type="radio"/> 4 OC <input type="radio"/> 7 O _____ Specify	<input type="radio"/> 0 N <input type="radio"/> 6 33-40H <input type="radio"/> 1 U1H <input type="radio"/> 7 41-50H <input type="radio"/> 2 1-8H <input type="radio"/> 8 51-60H <input type="radio"/> 3 9-16H <input type="radio"/> 9 61-70 H <input type="radio"/> 4 17-24H <input type="radio"/> 10 71+H <input type="radio"/> 5 25-32H <input type="radio"/> 99 NS	<input type="radio"/> 1 NWA <input type="radio"/> 6 V <input type="radio"/> 2 NJ <input type="radio"/> 7 O <input type="radio"/> 3 I <input type="radio"/> 8 NA <input type="radio"/> 4 TLO <input type="radio"/> 9 NS <input type="radio"/> 5 OC	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
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06	<input type="radio"/> 1 NWA <input type="radio"/> 2 I <input type="radio"/> 3 R/LO <input type="radio"/> 4 OC <input type="radio"/> 7 O _____ Specify	<input type="radio"/> 0 N <input type="radio"/> 6 33-40H <input type="radio"/> 1 U1H <input type="radio"/> 7 41-50H <input type="radio"/> 2 1-8H <input type="radio"/> 8 51-60H <input type="radio"/> 3 9-16H <input type="radio"/> 9 61-70 H <input type="radio"/> 4 17-24H <input type="radio"/> 10 71+H <input type="radio"/> 5 25-32H <input type="radio"/> 99 NS	<input type="radio"/> 1 NWA <input type="radio"/> 6 V <input type="radio"/> 2 NJ <input type="radio"/> 7 O <input type="radio"/> 3 I <input type="radio"/> 8 NA <input type="radio"/> 4 TLO <input type="radio"/> 9 NS <input type="radio"/> 5 OC	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
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SECTION 6 - Continued

QUALITY OF WORK - ALL EMPLOYED PERSONS

I N D I V I D U A L N O	QUALITY OF WORK - ALL EMPLOYED PERSONS				
	Q17. How many people, altogether, work in the same organisation as you do?	Q18 Has the enterprise in which you work already been registered? 1 Yes 2 In the process of being registered (BR) 3 No 9 Not Stated (NS) 98 Don't Know (DK)	Q19. What is the status of your employment?	Q20. Did you sign a contract document upon taking up the job? 1 Yes 2 No	Q21. Which of the following benefits do you receive with this job? a) Retirement pension (BP) b) Holidays with pay (HWP) c) Sick Leave with pay (SLWP) d) Social security benefits (SSB) e) Free or subsidized medical care (F/SMC) f) Maternity leave (ML) g) Paternity leave (PL)
01	<input type="text"/> Number	<input type="radio"/> 1 YES <input type="radio"/> 2 BR <input type="radio"/> 3 NO <input type="radio"/> 9 NS <input type="radio"/> 98 DK	<input type="radio"/> 1 Permanent <input type="radio"/> 2 Temporary <input type="radio"/> 3 Contract	<input type="radio"/> 1 YES <input type="radio"/> 2 NO	BP <input type="radio"/> 1 Yes <input type="radio"/> 2 No HWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SLWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SSB <input type="radio"/> 1 Yes <input type="radio"/> 2 No F/SMC <input type="radio"/> 1 Yes <input type="radio"/> 2 No ML <input type="radio"/> 1 Yes <input type="radio"/> 2 No PL <input type="radio"/> 1 Yes <input type="radio"/> 2 No
02	<input type="text"/> Number	<input type="radio"/> 1 YES <input type="radio"/> 2 BR <input type="radio"/> 3 NO <input type="radio"/> 9 NS <input type="radio"/> 98 DK	<input type="radio"/> 1 Permanent <input type="radio"/> 2 Temporary <input type="radio"/> 3 Contract	<input type="radio"/> 1 YES <input type="radio"/> 2 NO	BP <input type="radio"/> 1 Yes <input type="radio"/> 2 No HWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SLWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SSB <input type="radio"/> 1 Yes <input type="radio"/> 2 No F/SMC <input type="radio"/> 1 Yes <input type="radio"/> 2 No ML <input type="radio"/> 1 Yes <input type="radio"/> 2 No PL <input type="radio"/> 1 Yes <input type="radio"/> 2 No
03	<input type="text"/> Number	<input type="radio"/> 1 YES <input type="radio"/> 2 BR <input type="radio"/> 3 NO <input type="radio"/> 9 NS <input type="radio"/> 98 DK	<input type="radio"/> 1 Permanent <input type="radio"/> 2 Temporary <input type="radio"/> 3 Contract	<input type="radio"/> 1 YES <input type="radio"/> 2 NO	BP <input type="radio"/> 1 Yes <input type="radio"/> 2 No HWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SLWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SSB <input type="radio"/> 1 Yes <input type="radio"/> 2 No F/SMC <input type="radio"/> 1 Yes <input type="radio"/> 2 No ML <input type="radio"/> 1 Yes <input type="radio"/> 2 No PL <input type="radio"/> 1 Yes <input type="radio"/> 2 No
04	<input type="text"/> Number	<input type="radio"/> 1 YES <input type="radio"/> 2 BR <input type="radio"/> 3 NO <input type="radio"/> 9 NS <input type="radio"/> 98 DK	<input type="radio"/> 1 Permanent <input type="radio"/> 2 Temporary <input type="radio"/> 3 Contract	<input type="radio"/> 1 YES <input type="radio"/> 2 NO	BP <input type="radio"/> 1 Yes <input type="radio"/> 2 No HWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SLWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SSB <input type="radio"/> 1 Yes <input type="radio"/> 2 No F/SMC <input type="radio"/> 1 Yes <input type="radio"/> 2 No ML <input type="radio"/> 1 Yes <input type="radio"/> 2 No PL <input type="radio"/> 1 Yes <input type="radio"/> 2 No
05	<input type="text"/> Number	<input type="radio"/> 1 YES <input type="radio"/> 2 BR <input type="radio"/> 3 NO <input type="radio"/> 9 NS <input type="radio"/> 98 DK	<input type="radio"/> 1 Permanent <input type="radio"/> 2 Temporary <input type="radio"/> 3 Contract	<input type="radio"/> 1 YES <input type="radio"/> 2 NO	BP <input type="radio"/> 1 Yes <input type="radio"/> 2 No HWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SLWP <input type="radio"/> 1 Yes <input type="radio"/> 2 No SSB <input type="radio"/> 1 Yes <input type="radio"/> 2 No F/SMC <input type="radio"/> 1 Yes <input type="radio"/> 2 No ML <input type="radio"/> 1 Yes <input type="radio"/> 2 No PL <input type="radio"/> 1 Yes <input type="radio"/> 2 No
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SECTION 6 - Concluded

OCCUPATIONAL HAZARD - ALL EMPLOYED PERSONS

INDIVIDUAL NO	Q22. Has (N) suffered any of the following whilst engaged in work during the past twelve(12) months? 1 Accidental injury (AI) 2 Illness (I) 3 Disability (D) 7 Other (Specify) (O) 97 None (Go to Q25)	Q23. Did any of the accidents lead to loss of work and income for (N)?	Q24. For how long was (N) laid up with from the accident/illness?	Q25. How do you regard the following conditions at (N's) workplace? 1 Physical work space (PWS) 2 Water supply (WS) 3 Security protection (SP) 4 Noise (N) 5 Toilet facilities (TF) 6 Protection from Harmful substances (PHS) 7 Resolution of problems that arise on the job (RPOJ) 77 Any other condition (Specify) (O) 99 Not Applicable (NA) { 1)Satisfied (Satis) 2)Not Satisfied (Not Satis) }				
01	<input type="radio"/> 1 AI <input type="radio"/> 2 I <input type="radio"/> 3 D <input type="radio"/> 7 O <input type="radio"/> 97 None _____ Specify	<input type="radio"/> 1 Yes Loss of Work <input type="radio"/> 2 No Loss of Work <input type="radio"/> 1 Yes Loss of Income <input type="radio"/> 2 No Loss of Income	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> Length of time in days					PWS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis TF : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis WS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis PHS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis SP : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis RPOJ : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis N : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis O : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis NA : <input type="radio"/> Not Applicable _____ Specify
02	<input type="radio"/> 1 AI <input type="radio"/> 2 I <input type="radio"/> 3 D <input type="radio"/> 7 O <input type="radio"/> 97 None _____ Specify	<input type="radio"/> 1 Yes Loss of Work <input type="radio"/> 2 No Loss of Work <input type="radio"/> 1 Yes Loss of Income <input type="radio"/> 2 No Loss of Income	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> Length of time in days					PWS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis TF : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis WS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis PHS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis SP : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis RPOJ : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis N : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis O : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis NA : <input type="radio"/> Not Applicable _____ Specify
03	<input type="radio"/> 1 AI <input type="radio"/> 2 I <input type="radio"/> 3 D <input type="radio"/> 7 O <input type="radio"/> 97 None _____ Specify	<input type="radio"/> 1 Yes Loss of Work <input type="radio"/> 2 No Loss of Work <input type="radio"/> 1 Yes Loss of Income <input type="radio"/> 2 No Loss of Income	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> Length of time in days					PWS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis TF : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis WS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis PHS : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis SP : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis RPOJ : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis N : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis O : <input type="radio"/> 1 Satis <input type="radio"/> 2 Not Satis NA : <input type="radio"/> Not Applicable _____ Specify
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SECTION 7

INCOME AND BENEFITS (ALL PERSONS 15 YEARS AND OVER)

I N D I V I D U A L N O	<p>Q1. What is (N's) gross monthly income from employment and/or own business in cases of those who have own business (less business expenses)? (Refer to Q16 of Section 6/page 35)</p> <p>1 Main Job (MJ) 2 Secondary Job (SJ) 3 Other Job (OJ)</p>	<p>Q2. Is (N) currently receiving any of the following benefits?</p> <p>(More than one response can be completed)</p> <p>1 Public assistance (PA) 2 Old age pension (OAP) 3 Worker Retirement benefit (WRB) 4 National Insurance retirement benefit (NIS) 5 Disability Grant (DG) 6 Food Card (FC) 7 CDAP 77 Other (Specify) (O)</p>	<p>Q3. During the past 12 months did (N) receive money in cash or kind from the following sources?</p> <p align="center"><i>Enter the amount in the boxes</i></p> <p>1 Money support for children by parent living abroad 2 Money support for children by other relative living abroad 3 Money support from relatives/friends residing in T&T 4 Lottery and other games of chance winnings 7 Other source 9 Not Stated</p>																																																			
	01	<p>MJ <input type="text"/> <input type="text"/></p> <p>SJ <input type="text"/> <input type="text"/></p> <p>OJ <input type="text"/> <input type="text"/></p>	<p><input type="radio"/> 1 PA <input type="radio"/> 5 DG</p> <p><input type="radio"/> 2 OAP <input type="radio"/> 6 FC</p> <p><input type="radio"/> 3 WRB <input type="radio"/> 7 CDAP</p> <p><input type="radio"/> 4 NIS <input type="radio"/> 77 O _____</p> <p align="center">Specify</p>	<p>1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>4 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>7 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p align="center"><input type="radio"/> 9 NS</p> <table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																		
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SECTION 7 - Continued

(ALL PERSONS 15 YEARS AND OVER)

INDIVIDUAL NO

Q4. Does any member of this household save money at any of the following places?

- 1 Commercial Bank
- 2 Credit Union
- 3 Investment fund
- 4 SouSou
- 7 Other (Specify)

Q5. What was the situation regarding your income earning during the last twelve months?

01	<p>1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>4 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>7 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											<p>_____</p> <p style="text-align: center;">Specify</p>	<p>1 Had an increase in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>2 Income remained the same <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>3 Had a decrease in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>
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03	<p>1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>4 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>7 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											<p>_____</p> <p style="text-align: center;">Specify</p>	<p>1 Had an increase in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>2 Income remained the same <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>3 Had a decrease in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>
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05	<p>1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>4 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>7 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											<p>_____</p> <p style="text-align: center;">Specify</p>	<p>1 Had an increase in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>2 Income remained the same <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>3 Had a decrease in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>
06	<p>1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>4 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>7 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											<p>_____</p> <p style="text-align: center;">Specify</p>	<p>1 Had an increase in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>2 Income remained the same <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>3 Had a decrease in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>
07	<p>1 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>2 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>3 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>4 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p>7 <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											<p>_____</p> <p style="text-align: center;">Specify</p>	<p>1 Had an increase in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>2 Income remained the same <input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q8</p> <p>3 Had a decrease in income <input type="radio"/> 1 Yes <input type="radio"/> 2 No</p>



SECTION 7 - Continued

(ALL PERSONS 15 YEARS AND OVER)

I N D I V I D U A L N O	(ALL PERSONS 15 YEARS AND OVER)		
	Q6. What was the reason for the decrease in income earning?	Q7. What did you do when you had a decreased income earning?	Q8. If you or a member of the household should become unemployed would there be enough saving to get by for three months or so ?
01	Reason for income decrease	<input type="radio"/> 1 Made use of Savings <input type="radio"/> 2 Applied for/secured another Job <input type="radio"/> 3 Started a new business <input type="radio"/> 7 Other (Specify) _____ Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
02	Reason for income decrease	<input type="radio"/> 1 Made use of Savings <input type="radio"/> 2 Applied for/secured another Job <input type="radio"/> 3 Started a new business <input type="radio"/> 7 Other (Specify) _____ Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
03	Reason for income decrease	<input type="radio"/> 1 Made use of Savings <input type="radio"/> 2 Applied for/secured another Job <input type="radio"/> 3 Started a new business <input type="radio"/> 7 Other (Specify) _____ Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
04	Reason for income decrease	<input type="radio"/> 1 Made use of Savings <input type="radio"/> 2 Applied for/secured another Job <input type="radio"/> 3 Started a new business <input type="radio"/> 7 Other (Specify) _____ Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
05	Reason for income decrease	<input type="radio"/> 1 Made use of Savings <input type="radio"/> 2 Applied for/secured another Job <input type="radio"/> 3 Started a new business <input type="radio"/> 7 Other (Specify) _____ Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
06	Reason for income decrease	<input type="radio"/> 1 Made use of Savings <input type="radio"/> 2 Applied for/secured another Job <input type="radio"/> 3 Started a new business <input type="radio"/> 7 Other (Specify) _____ Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know
07	Reason for income decrease	<input type="radio"/> 1 Made use of Savings <input type="radio"/> 2 Applied for/secured another Job <input type="radio"/> 3 Started a new business <input type="radio"/> 7 Other (Specify) _____ Specify	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 98 Don't Know



SECTION 7 - Continued

ALL EMPLOYED PERSONS 15 YEARS AND OVER

I N D I V I D U A L N O	<p>Q9. Would you say that you are satisfied with your income?</p> <p>(If satisfied, Go to Q11)</p>	<p>Q10. If not satisfied , how can your situation, be made better?</p>	<p>Q11. Considering the total number of hours you spend on your job on a weekly basis, would you wish to be able to work for fewer hours?</p> <p>1 Yes 2 No Go to Q13</p>	<p>Q12. If yes, how will you use the hours saved from your usual time schedule?</p>
	<p>01</p> <p><input type="radio"/> 1 Satisfied <input type="radio"/> 2 Not Satisfied</p>	<hr/>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q13</p>	<hr/>
	<p>02</p> <p><input type="radio"/> 1 Satisfied <input type="radio"/> 2 Not Satisfied</p>	<hr/>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q13</p>	<hr/>
	<p>03</p> <p><input type="radio"/> 1 Satisfied <input type="radio"/> 2 Not Satisfied</p>	<hr/>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q13</p>	<hr/>
	<p>04</p> <p><input type="radio"/> 1 Satisfied <input type="radio"/> 2 Not Satisfied</p>	<hr/>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q13</p>	<hr/>
	<p>05</p> <p><input type="radio"/> 1 Satisfied <input type="radio"/> 2 Not Satisfied</p>	<hr/>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q13</p>	<hr/>
	<p>06</p> <p><input type="radio"/> 1 Satisfied <input type="radio"/> 2 Not Satisfied</p>	<hr/>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q13</p>	<hr/>
	<p>07</p> <p><input type="radio"/> 1 Satisfied <input type="radio"/> 2 Not Satisfied</p>	<hr/>	<p><input type="radio"/> 1 Yes <input type="radio"/> 2 No Go to Q13</p>	<hr/>



SECTION 7 - Concluded

Answered by respondent number:

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Q13. Do you know of the existence of the following programs?

- a) Targeted Conditional Cash Transfer Program (TCCTP, TT Card) 1 Yes 2 No
 - b) Senior Citizens Pension 1 Yes 2 No
 - c) Public Assistance Grant 1 Yes 2 No
 - d) Disability Grant 1 Yes 2 No
- If no to all
Go to Q17

Q14. If yes, to which of the following programs have you and any member of your household ever applied and received the benefits?

Program	Self	Number of Other household members		
1 Targeted Conditional Cash Transfer Program (TCCTP, TT Card)	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
2 Senior Citizens Pension	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
3 Public Assistance Grant	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
4 Disability Grant	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
97 None Go to Q17	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

Q15. To which place did you/others apply for these benefits and how long did you wait to receive same?

- | | Received | Still awaiting | | | | |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <input type="radio"/> 1 Regional Office | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months | | |
| | | | | | | |
| | | | | | | |
| <input type="radio"/> 2 Outreach | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months | | |
| | | | | | | |
| | | | | | | |
| <input type="radio"/> 7 Other (Specify) _____ | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months | | | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months | | |
| | | | | | | |
| | | | | | | |
- Specify

Q16. If you/other members of your household currently receive benefits from any of the following programs, what is the total amount received each month?

- a) Targeted Conditional Cash Transfer Program (TCCTP, TT Card)

--	--	--	--
- b) Senior Citizens Pension

--	--	--	--
- c) Public Assistance Grant

--	--	--	--
- d) Disability Grant

--	--	--	--

Q17. Have you or any member of this household had any of the following financial commitments in the last month?

- | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Bank loan <input type="radio"/> 1 Yes <input type="radio"/> 2 No | Goods taken on Credit <input type="radio"/> 1 Yes <input type="radio"/> 2 No |
| Insurance <input type="radio"/> 1 Yes <input type="radio"/> 2 No | Balance Parcel/Layaway <input type="radio"/> 1 Yes <input type="radio"/> 2 No |
| Credit Union <input type="radio"/> 1 Yes <input type="radio"/> 2 No | Sou Sou <input type="radio"/> 1 Yes <input type="radio"/> 2 No |
| Credit Card <input type="radio"/> 1 Yes <input type="radio"/> 2 No | Pawn Shop <input type="radio"/> 1 Yes <input type="radio"/> 2 No |
| Money Lender <input type="radio"/> 1 Yes <input type="radio"/> 2 No | Home Mortgage <input type="radio"/> 1 Yes <input type="radio"/> 2 No |
| Other Household <input type="radio"/> 1 Yes <input type="radio"/> 2 No | Other (Specify) _____ <input type="radio"/> 1 Yes <input type="radio"/> 2 No |
| Hire Purchase <input type="radio"/> 1 Yes <input type="radio"/> 2 No | Specify |
| | No Commitments <input type="radio"/> None |

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SECTION 8

PERSONAL SAFETY, CRIME AND VIOLENCE

Answered by respondent

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Q1. Are you or any member of your household fearful of crime at this time?

- 1 Yes 2 No (Go to Q3)

Q2. If yes, which of the following types of crime is feared most?

Select one(1) answer from each group

Crime against the person

- 1 Murder
- 2 Manslaughter
- 3 Assault and Battery
- 4 Rape
- 5 Kidnapping
- 6 Abduction
- 7 Domestic Violence
- 8 Robbery
- 77 Other (Specify) _____
Specify
- 99 Not Stated

Crime against property

- 1 Vandalism
- 2 Motor Vehicle Theft
- 3 Arson
- 4 Burglary
- 5 Praedial Larceny
- 7 Other (Specify) _____
Specify
- 9 Not Stated

Q3. Has anyone from this household been a victim of any of the following types of crime over the past twelve(12) months?

(More than one can be shaded from each group)

Crime against the person

- 1 Murder
- 2 Manslaughter
- 3 Assault and Battery
- 4 Rape
- 5 Kidnapping
- 6 Abduction
- 7 Domestic Violence
- 8 Robbery
- 77 Other (Specify) _____
Specify
- 88 None of the crimes
- 99 Not Stated

Crime against property

- 1 Vandalism
- 2 Motor Vehicle Theft
- 3 Arson
- 4 Burglary
- 5 Praedial Larceny
- 7 Other (Specify) _____
Specify
- 8 None of the crimes Go to Q7
- 9 Not Stated Go to Q7

Q4. How many times has your household had such an incident/ incidents?

- 1 Once
- 2 Twice
- 3 Three times or more

Q5. Was/were any of the crime/s reported?

- 1 Yes
- 2 No Go to Q7

Q6. What was the result?

- 1 Action take by the police
- 2 No action taken by the police

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Q7. Has anyone from this household been convicted of any if the following types of crime over the past twelve(12) months?

(More than one can be shaded)

Crime against the person

- Murder** 1 Yes 2 No
- Manslaughter** 1 Yes 2 No
- Assault and Battery** 1 Yes 2 No
- Rape** 1 Yes 2 No
- Kidnapping** 1 Yes 2 No
- Abduction** 1 Yes 2 No
- Domestic Violence** 1 Yes 2 No

Crime against Property

- Vandalism** 1 Yes 2 No
- Larceny** 1 Yes 2 No
- Motor Vehicle Theft** 1 Yes 2 No
- Arson** 1 Yes 2 No
- Burglary** 1 Yes 2 No
- Not Stated** 1 Yes 2 No

Q8. Is there anyone from this household currently in prison?

- 1 Yes 2 No

Q9. In your opinion what would you say is/are the main causes of serious crime in this country today?

- 1. _____
- 2. _____
- 3. _____

Q10. What are the major types of crime prevention measures you and your household have taken in the last five(5) years ?

(More than one circle can be shaded)

- 1 Installed burglar proofing
- 2 Installed burglar alarm system
- 3 Installed Closed Circuit television systems
- 4 Take part in community crime watch
- 5 Keep guard dogs
- 6 Employ security guards
- 7 Other measures (Specify)
- 8 No measures taken



SECTION 9

MULTIDIMENSIONAL ASPECT OF POVERTY

This section is concerned with what has been termed 'the missing dimension' of poverty intended to broaden the conventional way in which this human condition has been viewed in the past. These new perspective pertain to: employment, empowerment, physical safety, psychological well being and freedom from shame. Questions posed to respondents seek to elicit subjective appraisal of their state of well being.

Answered by respondent number

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Q1. Do you agree with the following statements?
(Shade the appropriate circle)

- I would be ashamed if I were poor Yes No Don't Know
- People living in poverty ought to be ashamed of themselves Yes No Don't Know
- People who are not poor make people who are poor feel bad Yes No Don't Know

Q2. To what extent do you feel that people treat you unfairly?

- 1 Almost always 4 Rarely or Never
- 2 Often 98 Don't Know
- 3 Occasionally

Q3. Was there any time during the past three (3) months that you felt you were treated in a way that you felt was prejudiced?

- 1 Yes 2 No **If NO go to Q6**

Q4. What kind of person treated you in such a manner or at what place were you treated in a way that you felt was prejudiced?

- 1 Health Care Services 4 Police 7 Other _____
- 2 School 5 Social Services Specify
- 3 Work 6 Bank/Financial Services

Q5. Why do you think you were treated in such a way?



SECTION 9

Q6. Do you think that a person's place of residence is used to limit their chances of getting the following?

- (a) Access to public services 1 Yes 2 No 98 Don't Know
- (b) Public sector jobs 1 Yes 2 No 98 Don't Know
- (c) Jobs in the private sector 1 Yes 2 No 98 Don't Know
- (d) Educational opportunities at Primary/ Secondary schools 1 Yes 2 No 98 Don't Know
- (e) Educational opportunities at the technical/vocational centres, teacher training 1 Yes 2 No 98 Don't Know
- (f) Educational opportunities at the military or police level 1 Yes 2 No 98 Don't Know
- (g) Educational opportunities at the university level 1 Yes 2 No 98 Don't Know

Q7. Do you think that being a woman lessens her chances of getting the following?

- (a) Access to public services 1 Yes 2 No 98 Don't Know
- (b) Public sector jobs 1 Yes 2 No 98 Don't Know
- (c) Jobs in the private sector 1 Yes 2 No 98 Don't Know
- (d) Educational opportunities at school 1 Yes 2 No 98 Don't Know
- (e) Educational opportunities at the technical/vocational centres, teacher training 1 Yes 2 No 98 Don't Know
- (f) Educational opportunities at the military or police level 1 Yes 2 No 98 Don't Know
- (g) Educational opportunities at the university level 1 Yes 2 No 98 Don't Know

PSYCHOLOGICAL AND SUBJECTIVE WELL BEING:

HAPPINESS MEANS THAT YOU FEEL A SENSE OF SATISFACTION WITH YOUR LIFE AND FEEL THAT YOU ARE SATISFIED WITH YOUR SITUATION IN LIFE

(To be answered by the responding member of the household)

Q8. In terms of happiness and taking all things together, how would you describe your present situation?

- 1 Very Happy 2 Fairly happy 3 Not very happy 4 Not at all happy



SECTION 9

SATISFACTION WITH LIFE

Q9. In general, how satisfied or unsatisfied are you with the following:	Very Satisfied	Fairly Satisfied	Not Very Satisfied	Not at all Satisfied	Don't Know	Not Stated
Life overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Security level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free choice and control over your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood/Town/Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to help others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual, Religious or Philosophical beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION 9

EMPOWERMENT

Empowerment means that you have control over things in your life and can make decisions about things that affect your life. In general, there are four(4) elements, namely: *control, choice, change and community.*

Q10: In general, how much control do you have in making decisions regarding matters that affect your daily activities in life?

- (a) The making of such decisions is entirely left up to me 1 Yes 2 No
- (b) The decision on such matters is made with the help of others in my household 1 Yes 2 No
- (c) The decision on such matters is left entirely to someone else 1 Yes 2 No

Q11: Who makes the decision on the following matters as they come up within your household?

(Kindly shade the appropriate circle	Self	Other person in the household	Not applicable
(a) Matters affecting your personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Matters having to do with younger members of the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Matters to do with children's schooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Matters to do with children's health of the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Decisions about household expenditure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION 10 -Expenditure (To be answered by Head of Household or Informed Adult)

(A) Annual and Quarterly Expenditure

Part 1. ANNUAL EXPENDITURE

10.1 (a) Have you spent on any..... during the last twelve months? 1 Yes (Y) 2 No (N)		10.1 (b) How much did you spend? Amount \$TT	
101	Life Insurance	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
102	Fire Insurance	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
103	Automobile Insurance	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	Repayment of Loans	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
105	Legal Services	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
106	Income Tax	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
107	Other Taxes (excluding VAT)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
108	Credit Union Shares	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
109	Other Financial	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Other Annual Expenses

201	Transport-Own Vehicles (Cars, Bikes, etc.)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
202	Furniture and Furnishings	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
203	Repairs to House	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	Household Appliances and Equipment	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
205	Income Tax	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	Other Household Supplies	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	School Books	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
208	School Uniforms	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
209	All Other Annual	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part 2. QUARTERLY EXPENDITURE

10.2 (a) Have you spent on any..... during the last three months?		10.2 (b) How much did you spend?	
301	Adult Shoes	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
302	Adult Clothing	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
303	Children Shoes	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
304	Children Clothing	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
305	Medical Expenses	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
306	Vehicle Repairs, Tyres and Other Vehicle Expenses	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
307	Kitchen Utensils and cutlery	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
308	School Fees	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
309	Domestic Help	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
310	All Other Quarterly	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 10 - Expenditure

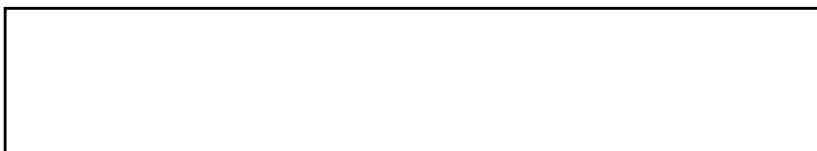
HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD ITEMS

	1) Have you purchased any in the last week/month?	2) How much did you spend onduring the last seven (7) days?	3) How much did you spend onduring the last four (4) weeks ?	4) During the past four weeks have you eaten any of the following items produced in the home or received as gift?	5) How much would it cost to buy the amount of eaten in the home and/or received as gifts during the past four weeks?	6) How much would it cost to buy the amount of home produced...eaten in the home during the last four weeks?	
	If No, Go to Q4- continue to home grown/gifts received 1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	
	Did you purchase/receive any <u>Bakery Products</u> in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N						
401	White bread	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
402	Whole wheat bread	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
403	Hops	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
404	Buns and cakes	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
405	Pastries	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
406	Salted biscuits (locally made)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
407	Salted biscuits (imported)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
408	Sweet biscuits /cookies (locally made)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
409	Sweet biscuits/cookies (imported)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
410	All other biscuits (locally made)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
411	All other biscuits (imported)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
412	Other bakery products	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>



SECTION 10 - Expenditure

HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD ITEMS							
1) Have you purchased any in the last week/month?	2) How much did you spend onduring the last seven (7) days?	3) How much did you spend onduring the last four (4) weeks ?	4) During the past four weeks have you eaten any of the following items produced in the home or received as gift?	5) How much would it cost to buy the amount of eaten in the home and/or received as gifts during the past four weeks?	6) How much would it cost to buy the amount of home produced...eaten in the home during the last four weeks?		
If No, Go to Q4- continue to home grown/gifts received 1 Yes (Y) 2 No (N)		Amount (\$)	Amount (\$)	1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	
Did you purchase/receive any <u>Cereal Products</u> in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N							
413	Rice (counter)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
414	Rice (package)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
415	Rice (local)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
416	Flour (counter)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
417	Flour (Packaged)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
418	Flour (whole wheat)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
419	Cornmeal (local)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
420	Cornmeal (imported)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
421	Animal feed	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
422	Other cereals (e.g. macaroni pasta noodles)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
423	Cornflakes	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
424	Oats	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
425	Farine	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
426	Cream of wheat, wheat germ, sago	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
427	Other breakfast cereals	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
428	Other breakfast foods (arrowroot)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>



SECTION 10 - Expenditure

HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD ITEMS

	1) Have you purchased any in the last week/month?	2) How much did you spend onduring the last seven (7) days?	3) How much did you spend onduring the last four (4) weeks ?	4) During the past four weeks have you eaten any of the following items produced in the home or received as gift?	5) How much would it cost to buy the amount of eaten in the home and/or received as gifts during the past four weeks?	6) How much would it cost to buy the amount of home produced...eaten in the home during the last four weeks?
	If No, Go to Q4- continue to home grown/gifts received 1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)
Did you purchase/receive any Prepared Cereal Mixes in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N						
429	Cake mix	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
430	Pancake and waffle mix	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
431	Other mixes	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
Did you purchase/receive any Beef (Fresh/Frozen) in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N						
432	Veal	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
433	Stew	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
434	Steak	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
435	Roast	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
436	Minced meat	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
437	Beef liver	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
438	Calf liver	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
439	Cow heel	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
440	Kidney	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
441	Tripe	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
442	Tongue	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
443	Cow head	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
444	Oxtail	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
445	Other Beef	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>



SECTION 10 - Expenditure

HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD ITEMS

		1) Have you purchased any in the last week/month?	2) How much did you spend onduring the last seven (7) days?	3) How much did you spend onduring the last four (4) weeks ?	4) During the past four weeks have you eaten any of the following items produced in the home or received as gift?	5) How much would it cost to buy the amount of eaten in the home and/or received as gifts during the past four weeks?	6) How much would it cost to buy the amount of home produced...eaten in the home during the last four weeks?	
		If No, Go to Q4- continue to home grown/gifts received	1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)
Did you purchase/receive any Pork (Fresh/Frozen) in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N								
446	Pork chops	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
447	Pork roast	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
448	Pork ribs	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
449	Other cuts	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
450	Pig feet	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
451	Hog head	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
452	Heart, brain	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
453	Blood pudding	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
454	Other pork items	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you purchase/receive any Mutton (Fresh/Frozen) in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N								
455	Lamb (leg shank)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
456	Lamb (stew neck)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
457	Goat (boneless)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
458	Goat (other cuts)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
459	Other mutton (specify)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
460	Other meat (fresh or frozen)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
461	Deer	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
462	Rabbit	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>
463	Wild meat (agouti, manicou)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 10 - Expenditure

HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD ITEMS

		1) Have you purchased any in the last week/month?	2) How much did you spend onduring the last seven (7) days?	3) How much did you spend onduring the last four (4) weeks ?	4) During the past four weeks have you eaten any of the following items produced in the home or received as gift?	5) How much would it cost to buy the amount of eaten in the home and/or received as gifts during the past four weeks?	6) How much would it cost to buy the amount of home produced...eaten in the home during the last four weeks?
		If No, Go to Q4- continue to home grown/gifts received 1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)
Did you purchase/receive any Preserved meats in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N							
464	Salted beef	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
465	Salted pork (pig tails, feet)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
466	Ham	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
467	Bacon	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
468	Sausage bologna, salami	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
469	Hot dogs	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
470	Corned beef	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
Did you purchase/receive any Poultry (Fresh/Frozen in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N							
471	Whole chicken	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
472	Chicken parts (breast, thighs, legs)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
473	Chicken wings	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
474	Chicken feet	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
475	Back and necks	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
476	Chicken liver, kidneys	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
477	Turkey (local)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
478	Turkey (imported)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
479	Duck	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
480	Other poultry	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>



SECTION 10 - Expenditure

HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD ITEMS

1) Have you purchased any in the last week/month?		2) How much did you spend onduring the last seven (7) days?	3) How much did you spend onduring the last four (4) weeks ?	4) During the past four weeks have you eaten any of the following items produced in the home or received as gift?	5) How much would it cost to buy the amount of eaten in the home and/or received as gifts during the past four weeks?	6) How much would it cost to buy the amount of home produced...eaten in the home during the last four weeks?
If No, Go to Q4- continue to home grown/gifts received		1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	1 Yes (Y) 2 No (N)	Amount (\$)
Did you purchase/receive any Fish (Fresh/Frozen) in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N						
481	King fish	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
482	Carite	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
483	Red Snapper	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
484	Flying Fish	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
485	Grouper	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
486	White Fish	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
487	Cavalli	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
488	Bonito	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
489	Salmon	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
490	Tuna	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
491	Talapia	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
492	Crab	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
493	Cascadura	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
494	Cro Cro	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
495	Shrimp	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
496	Herring	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
497	Shark	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
498	Lobster	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
499	Oyster	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
500	Other Fish	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
501	Salted Cod	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
502	Salted Fish (Other)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
503	Smoked Herring	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
504	Canned Salmon	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
505	Canned Mackerel	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
506	Canned Sardines	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
507	Canned Tuna	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>
508	Other (specify)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>



SECTION 10 - Expenditure

HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD ITEMS

		1) Have you purchased any in the last week/month?	2) How much did you spend onduring the last seven (7) days?	3) How much did you spend onduring the last four (4) weeks ?	4) During the past four weeks have you eaten any of the following items produced in the home or received as gift?	5) How much would it cost to buy the amount of eaten in the home and/or received as gifts during the past four weeks?	6) How much would it cost to buy the amount of home produced...eaten in the home during the last four weeks?
		If No, Go to Q4- continue to home grown/gifts received 1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)	1 Yes (Y) 2 No (N)	Amount (\$)	Amount (\$)
Did you purchase/receive any Other Foods, Drink and Tobacco in the last week/month? <input type="radio"/> 1 Y <input type="radio"/> 2 N							
509	Milk Products Fresh	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
510	Milk Products sweetened/condensed /Evaporated	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
511	Milk Products Dry, pasteurized	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
512	Butter	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
513	Cheese	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
514	Eggs	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
515	Fats and oils	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
516	Fresh fruit	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
517	Canned/Dried Fruits	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
518	Fruit Juices	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
519	Green and other Vegetables	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
520	Dried vegetables Pulses	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
521	Root Vegetables	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
522	Other Starchy Foods	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
523	Sugar	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
524	Confectionery and syrups	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
525	Tea/Coffee/Cocoa	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
526	Condiments and Sauces	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
527	Prepared and partially prepared foods	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
528	Meals out,Boarding lunch	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
529	Chicken and chips	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
530	Fried chicken	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
531	Sandwiches, doubles, hamburgers, hot dogs	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
532	Roti	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
533	Fried rice and chow mein	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
534	Other meals out	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
535	Non alcoholic drinks	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
536	Alcoholic drinks	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>
537	Tobacco	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/>	<input type="text"/>



SECTION 10 - Expenditure

	<p>7) Have you purchased or spent on any during the last four weeks?</p> <p align="center">1 Yes (Y) 2 No (N)</p> <p align="center">If No, Go to Q9- continue to home grown/gifts received</p>		<p>8) How much did you spend on ...during the last four weeks?</p> <p align="center">Amount (\$)</p>	<p>9) During the last four weeks did this household receive any... as a gift?</p> <p align="center">1 Yes (Y) 2 No (N)</p>	<p>10) How much would it cost to buy the items received as gift during the last four weeks?</p> <p align="center">Amount (\$)</p>
601	Laundry supplies (bleach, soap, starch ...)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
602	Toiletries and personal care items	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
603	Cooking gas and related items	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
604	Kitchen supplies (matches, garbage bags, napkins...)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
605	Reading material (magazines, newspapers, novels ...)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
606	Recreation (concerts, cinema, parties and other entertainment)	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
607	Sporting activity, club membership etc.	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
608	Telephone, telegram, cable and stamps	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
609	Hired transport	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
610	Other	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 Y <input type="radio"/> 2 N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



REMARKS

GENERAL COMMENTS OF ENUMERATOR/SUPERVISOR

Enumerator's Signature

Supervisor's Signature

SPECIFIC COMMENTS RELATED TO INDIVIDUAL MEMBERS OF HOUSEHOLD

01	
02	
03	
04	
05	
06	
07	

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INCOME PROMPT CARD

\$0 - \$3999

11 less than \$249

12 \$250	-	\$499
13 \$500	-	\$999
14 \$1000	-	\$1999
15 \$2000	-	\$2999
16 \$3000	-	\$3999

\$4000 - \$9999

21 \$4000	-	\$4999
22 \$5000	-	\$5999
23 \$6000	-	\$6999
24 \$7000	-	\$7999
25 \$8000	-	\$8999
26 \$9000	-	\$9999

\$10000 - \$50000 and over

30 \$10000	-	\$15999
40 \$16000	-	\$21999
50 \$22000	-	\$27999
60 \$28000	-	\$33999
70 \$34000	-	\$39999
80 \$40000	-	\$45999
90 \$46000	-	\$49999
95 \$50000 and over		
99 Refused		

