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OECS COUNTRIES SURVEY OF LIVING CONDITIONS 2005
DOMINICA, GRENADA, SAINT LUCIA, SAINT VINCENT AND THE GRENADINES,
ST. KITTS AND NEVIS

SURVEY QUESTIONNAIRE

PREPARED BY

LINDA HEWITT

QUESTIONNAIRE DESIGN CONSULTANT

AUGUST 2005

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OECS COUNTRIES SURVEY OF LIVING CONDITIONS 2005
DOMINICA, GRENADA, SAINT LUCIA, SAINT VINCENT AND THE GRENADINES,
ST. KITTS AND NEVIS

CONFIDENTIAL

Date of Survey

Parish E.D Number Household Number Schedule Number Questionnaire Number

OOO OO OOOOO OO

Name of Respondent-----Phone Number-----

Address of Household -----

Town/Village -----

Household Size OO Number of children under 5 years of age

Visit	Date	Time In	Time Out	Result
1				
2				
3				
4				

Result Code: 1 O Completed 3 O No Contact 5 O Closed
 2 O Partially Completed 4 O Refusal 6 O Other

Interviewer's No

Interviewer's Name -----Date-----Time-----

Supervisor's Name -----Date-----Time-----

Editor's Name -----Date-----Time-----

Coder's Name -----Date-----Time-----

OECS COUNTRIES SURVEY OF LIVING CONDITIONS 2005
PERSONAL IDENTIFICATION

1. **NAME OF RESIDENTS**

Interviewer ASK

Please give the names of persons who sleep at this residence most nights of the week and share at least one daily meal. You must then record the information as given. Record Last Name and First Name of each person named, on the lines below. Enter the name of the Head of the household on the first line. Remember to ask about new born babies and elderly persons as they tend to be omitted when information is being given.

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
08	-----	-----

SECTION 1

HEAD OF HOUSEHOLD/PRINCIPAL EARNER

Interviewer: first ask the following question, as we would like to establish whether the main income earner who takes care of the household need sis different from the person named as Head.

Which household member is considered to be the Head?

Please write the name of the person named on line 01 of the household schedule. Then ask and shade the circle that apply

1. Why is (name) considered to be the head of this household?

- 1 ☐ Main income earner
- 2 ☐ Oldest person
- 3 ☐ Other (Specify)

Ask:

2. Who is the main income earner for this household?

- 1 ☐ Head
- 2 ☐ Spouse/Partner
- 3 ☐ Equally shared
- 4 ☐ Other person not belonging to this household

SECTION 1 HOUSING AND AMENITIES

(Information is to be supplied by head of household or person providing information)
(Interviewer, shade the circle with the number that applies)

BUILDING

TYPE OF BUILDING

1. Is this Building used for any of the following purposes?

- 1 ☐ Residential
- 2 ☐ Residential/Commercial
- 3 ☐ Residential/Professional Office
- 4 ☐ Commercial
- 5 ☐ Industrial
- 6 ☐ Community Service
- 7 ☐ Other (Specify).....

MATERIAL OF OUTER WALLS

2. What is the material of the Outer Walls?

- 1 ☐ Brick/Concrete
- 2 ☐ Wood
- 3 ☐ Wood/concrete
- 4 ☐ Wood/Galvanize
- 5 ☐ Wattle/Adobe/Tapia
- 6 ☐ Box Board/Plywood
- 7 ☐ Other (Specify)

YEAR WHEN BUILT

3. In what year was this building built?

- 1 ☐ 2005
- 2 ☐ 2004
- 3 ☐ 2003
- 4 ☐ 2002
- 5 ☐ 2001
- 6 ☐ 2000
- 7 ☐ 1990/1999
- 8 ☐ 1980-1989
- 9 ☐ 1970-1979
- 10 ☐ 1960-1969
- 11 ☐ 1959 or earlier
- 98 ☐ Don't Know

ROOFING MATERIAL

4. What kind of material was used for the roof of this building?

- 1 ☐ Galvanize/Zinc
- 2 ☐ Shingle (wood)
- 3 ☐ Shingle (Asphalt)
- 4 ☐ Shingle
- 5 ☐ Concrete
- 6 ☐ Thatched
- 7 ☐ Tile
- 8 ☐ Other (Specify)

FLOORING MATERIAL

5. What kind of material was used for the floors?

- 1 ☐ Wood
- 2 ☐ Tile
- 3 ☐ Concrete
- 4 ☐ Wood and Concrete
- 5 ☐ Mud
- 6 ☐ Other (Specify)

SECTION 1 HOUSING AND AMENITIES

DWELLINGS

(Interviewer, SAY-Now I would like to ask you some questions about the dwelling that you and your household occupy).

TYPE OF DWELLING

6. What type of dwelling is this?

- 1 ☐ Separate private house
- 2 ☐ Part of a private house
- 3 ☐ Public apartment/condominium
- 4 ☐ Private apartment/condominium
- 5 ☐ Public Townhouse
- 6 ☐ Private Townhouse
- 7 ☐ Duplex/double house
- 8 ☐ Part of a commercial building
- 9 ☐ Other (Specify)

TYPE OF TENURE

7. Do you own, rent or lease the dwelling?

- 1 ☐ Own
- 2 ☐ Rent-Private (Go to Q 11)
- 3 ☐ Rent-Public (Go to Q 11)
- 4 ☐ Lease (Go to Q11)
- 5 ☐ Rent-free (Go to Q11)
- 6 ☐ Squatted (Go to Q11)
- 7 ☐ Other (Specify) (Go to Q11)
- 8 ☐ Don't Know/Not Stated (Go to Q 11)

BUILDING/CONTENTS INSURANCE

8. Is this building and its contents insured?

	Yes	No
	1	2
Building	<input type="radio"/>	<input type="radio"/>
Contents	<input type="radio"/>	<input type="radio"/>

HOME MORTGAGE

9. How much mortgage do you pay monthly?

- 1 OOOO
- 2 Not Paying
- 3 Don't Know
- 4 None

RENTAL VALUE

10. How much rent would you expect to receive if you were to rent this dwelling?

Amount

SECTION 1 HOUSING AND AMENITIES

LAND TENURE

11. What about the land on which the dwelling is built- is it owned, leasehold or some other type of occupancy?

- 1 ☐ Owned/Freehold
- 2 ☐ Leasehold
- 3 ☐ Rented
- 4 ☐ Rent Free
- 5 ☐ Squatted (**Go to Q 7**)
- 6 ☐ Other
- 9 ☐ Don't Know
- 99 ☐ Not Stated

DURATION OF OCCUPANCY

12. How long have you been occupying this land?

Years

SOURCE OF WATER SUPPLY

13. What is the main source of water supply in 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
- 8 ☐ Other (**Specify**)
- 9 ☐ Not Stated

METHOD OF STORING WATER

14. How does this household store water?

- 1 ☐ Water tank
- 2 ☐ Barrel
- 3 ☐ Other (Specify)
- 4 ☐ Does not store water

FREQUENCY OF WATER SUPPLY

13. How often do you receive water?

- 1 ☐ Continuous supply
- 1 ☐ Three (3) or more times weekly
- 2 ☐ Twice weekly
- 3 ☐ Less than twice a week
- 4 ☐ Not at all
- 7 ☐ Other
- 9 ☐ Not stated

TYPE OF TOILET FACILITIES

14. What type of toilet facilities does this household have?

- 1 ☐ WC Linked to Sewer
- 2 ☐ WC Septic Tank/Soak
Away
- 3 ☐ Pit Latrine
- 4 ☐ Other (Specify)
.....
- 5 ☐ None (**Go to Q 16**)

SECTION 1
HOUSING AND AMENITIES

SHARED TOILET FACILITIES

15. Are the toilet facilities shared with any other household?

- 1 ☐ Yes
2 ☐ No
9 ☐ Not stated

LOCATION OF BATHROOM

16. Where is the bathroom for This dwelling located?

- 1 ☐ Inside of the dwelling
2 ☐ Outside of the dwelling

SHARED BATHROOM FACILITIES

17. Is the bathroom for this dwelling shared with any other Household?

- 1 ☐ Yes
2 ☐ No

TYPE OF LIGHTING

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

- 1 ☐ Electricity
2 ☐ Gas
3 ☐ Kerosene
7 ☐ Other (Specify)
8 ☐ None
9 ☐ Not Stated

MAIN TYPE OF FUEL

19. What is the main type of fuel used for cooking in this household?

- 1 ☐ Electricity
2 ☐ LPG/Cooking Gas
3 ☐ Kerosene
4 ☐ Wood/Charcoal
5 ☐ Other (Specify)
9 ☐ Not Stated

SINGLE/MULTIPLE OCCUPANCY

20. How many households occupy this dwelling?

- 1 ☐ One
2 ☐ Two
3 ☐ Three and more
9 ☐ Not stated

NUMBER OF ROOMS

21. How many rooms are there in this dwelling?

Number

NUMBER OF BEDROOMS

22. How many bedrooms are there in this dwelling?

Number

SECTION 1 HOUSING AND AMENITIES

23. Does your household store water for household use?

1 ☐ Yes 2 ☐ No

24. If Yes, how do you store water

1 ☐ Water Tank
2 ☐ Barrel
3 ☐ Other Means (Specify)

.....

25. How do you/your household dispose of garbage?

1 ☐ Collected by garbage truck
2 ☐ Take to the nearest dump
3 ☐ Burn
4 ☐ Other (Specify)

.....

26. How often is garbage collected

1 ☐ Daily
2 ☐ Every other day
3 ☐ Once per week
4 ☐ Other times (Specify)

.....

HOUSEHOLD FACILITIES

Interviewer, please ASK:

27. Does your household own any of the following items?

(Record the response to every item owned by the households. Some items require that you enter the quantity.)

						QUANTITY
Telephone						
Fixed Line	1	Yes	2	No	
Cell-phone	1	Yes	2	No	
Stereo/radio with CD player	1	Yes	2	No	
Computer	1	Yes	2	No	-----	
Internet Access	1	Yes	2	No		
Television	1	Yes	2	No	-----	
Cable Direct TV	1	Yes	2	No		
Motor vehicle	1	Yes	2	No	-----	
Refrigerator	1	Yes	2	No		
Deep Freeze	1	Yes	2	No		
Electric Polisher	1	Yes	2	No		
Sewing Machine	1	Yes	2	No		
Vacuum Cleaner	1	Yes	2	No		
Washing Machine	1	Yes	2	No		
Clothes Dryer	1	Yes	2	No		
Water heater	1	Yes	2	No		
Water tank	1	Yes	2	No		

32. How much was your telephone bill at last billing period? Fixed Line -----
Cell Phone -----

SECTION 1 HOUSING AND AMENITIES

FOR HOUSEHOLDS WITH COMPUTER

(Interviewer, ask the following questions if the household has a computer)

Check response in Q 23) Respondent may give more than one answer. ASK

33. For what purpose is the computer used?

- 1 ☐ E-Mailing
- 2 ☐ Games
- 3 ☐ Business
- 4 ☐ Internet surfing
- 5 ☐ Music recording
- 6 ☐ Academic pursuit
- 7 ☐ Other (Specify)

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

- 1 ☐ Yes
- 2 ☐ No (Go to Q 37)

35. Why do you choose to use this service?

- 1 Does not own a computer
- 2 For convenience
- 3 Better service

36. How much does the internet service cost you each month?

Amount

HOUSEHOLD PRODUCTION AND CONSUMPTION

(Interviewer the following questions seek to find out if this household is engaged in growing/rearing any of the following. Please ask:

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

- | | | | | | | |
|----------------------|-------|-----------------------|-----|---|-----------------------|----------------------|
| Livestock or poultry | 1 | <input type="radio"/> | Yes | 2 | <input type="radio"/> | No (Go to section 2) |
| Tree/root crops | 1 | <input type="radio"/> | Yes | 2 | <input type="radio"/> | No (Go to section 2) |
| Vegetables | 1 | <input type="radio"/> | Yes | 2 | <input type="radio"/> | No (Go to Section 2) |
| Other (Specify) | ----- | | | | | |

38. Is any of the produce kept for household use?

- 1 ☐ Yes
- 2 ☐ No

39. Is any of this produce processed for sale?

- 1 ☐ Yes
- 2 ☐ No
(Go to Q 41)

40. What kind/s of product/s is/are made?

Kind of Product

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

- 1 ☐ Own
- 2 ☐ Lease
- 3 ☐ Rent
- 4 ☐ Other (Specify)

SECTION 2 CHARACTERISTICS OF HOUSEHOLD MEMBERS

(Interviewer: You must now ask questions about each individual who belong to and live with the household. All members may not be at home when you visit, therefore please ask the person who has been providing information about the dwelling and amenities to do so for each member of the household. If there is information he/she is unable to give, please return another time to obtain such information) ASK:

- | | | |
|---|--|---|
| 1. What is the relationship of (name) to the head of household? | 2 SEX
(For persons not present ask whether such member is male or female) | 3 DATE OF BIRTH/ AGE

<div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|---|--|---|
-
- | | |
|--|--|
| 1 <input type="radio"/> Head
2 <input type="radio"/> Spouse/partner of head
3 <input type="radio"/> Child of head/spouse
4 <input type="radio"/> Spouse/partner of child
5 <input type="radio"/> Grandchild of head/spouse
6 <input type="radio"/> Other relative of head/spouse
7 <input type="radio"/> Domestic employee
8 <input type="radio"/> Other non-relative
9 <input type="radio"/> Not stated | 1 <input type="radio"/> Male
2 <input type="radio"/> Female |
|--|--|
-

Interviewer Continue asking the following questions for every member of the household, referring to each as listed on the household roster.

- | | | | |
|----------------------------------|---|---|--|
| 3. What is (name) ethnic Origin? | 4. To what religion does (name) belong? | 5. What is (name) Marital Status
(For persons 15 years and over) | 6. What is (name) Union Status?
(For females 15 years and over) |
|----------------------------------|---|---|--|
-
- | | | | |
|---|---|--|--|
| 1 <input type="radio"/> African
2 <input type="radio"/> East Indian
3 <input type="radio"/> Chinese
4 <input type="radio"/> Syrian/Lebanese
5 <input type="radio"/> Caucasian
6 <input type="radio"/> Mixed
7 <input type="radio"/> Amerindian/Carib
8 <input type="radio"/> Other (Specify)
9 <input type="radio"/> Not Stated | 01 <input type="radio"/> Anglican
02 <input type="radio"/> Baptist
03 <input type="radio"/> Hindu
04 <input type="radio"/> Muslim
05 <input type="radio"/> Jehovah Witness
06 <input type="radio"/> Methodist
07 <input type="radio"/> Moravian
08 <input type="radio"/> Pentecostal Evangelical
09 <input type="radio"/> Presbyterian
10 <input type="radio"/> Roman Catholic
11 <input type="radio"/> Seventh Day Adventist
12 <input type="radio"/> Other (Specify)
98 <input type="radio"/> None
99 <input type="radio"/> Not Stated | 1 <input type="radio"/> Never Married
2 <input type="radio"/> Married
3 <input type="radio"/> Widowed
4 <input type="radio"/> Legally Separated
5 <input type="radio"/> Divorced
9 <input type="radio"/> Not Stated | 1 <input type="radio"/> Married
2 <input type="radio"/> Common-Law
3 <input type="radio"/> Visiting
4 <input type="radio"/> No longer living with husband
5 <input type="radio"/> No longer living with Common Law Partner
6 <input type="radio"/> Never had a husband or partner
9 <input type="radio"/> Not Stated |
|---|---|--|--|

SECTION 3

DEMOGRAPHIC SITUATION OF HOUSEHOLDS

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

- | | | | | | |
|----|--|-------|---|-------------------------------|--|
| 1. | How many live births (name) ever had? | 2. | What was (name) age when she had her first live born child? | 3. | How many live births/still births did (name) have during the past twelve months? |
| 1 | <input type="radio"/> None (Go to Q4) | ----- | | Live Births | Still Births |
| 2 | <input type="radio"/> One | Years | | 1 <input type="radio"/> None | 1 <input type="radio"/> None |
| 3 | <input type="radio"/> Two | | | 2 <input type="radio"/> One | 2 <input type="radio"/> One |
| 4 | <input type="radio"/> Three | | | 3 <input type="radio"/> Two | 3 <input type="radio"/> Two |
| 5 | <input type="radio"/> Four | | | 4 <input type="radio"/> Three | |
| 6 | <input type="radio"/> Five | | | | |
| 7 | <input type="radio"/> Six plus | | | | |
| 9 | <input type="radio"/> Not Stated | | | | |

MORTALITY (All Persons)

4. Has any deaths occurred within this household over the past twelve months?
 - 1 ☐ Yes
 - 2 ☐ No (**Go to Q 6**)
 5. What was the age (s) of the person/s who died?
 - 1 ☐ Under one month
 - 2 ☐ 1-2 Months
 - 3 ☐ 3 to 5 months
 - 4 ☐ 6 to 12 months
 - 5 ☐ 12 to 14 Years
 - 6 ☐ 15 to 24 Years
 - 7 ☐ 25 to 49 Years
 - 8 ☐ 50 Years and Over
 - 9 ☐ Not Stated

Persons Who Left Household	Time Since Left Household						Not Stated
	3 Months Ago	6 Months Ago	One Year Ago	2-4 Years Ago	5 and More Years Ago	Don't Know	
1	-----						
2	-----						
3	-----						
4	-----						
5	-----						
6	-----						
7+	-----						

SECTION 3**DEMOGRAPHIC SITUATION OF HOUSEHOLDS****MIGRATION**

12. How many children (0-18) years have been left by the person/s who now resides/ abroad?
- 1 ☐ None (**Go to Q 15**)
 2 ☐ One
 3 ☐ Two
 4 ☐ Three and more
13. Which of the following is sent back to take care of this child/these children?
- 1 ☐ Money support
 2 ☐ Food
 3 ☐ Clothes
 4 ☐ Other (Specify)
 5 ☐ No support (**Go to Q15**)
14. Is the support adequate to take care of the child/children?
- 1 ☐ Yes
 2 ☐ No
15. Which member/s who left to go abroad Has/have since returned within the last five years?
- 1 ☐ Head
 2 ☐ Spouse/Partner
 3 ☐ Child
 4 ☐ Other
 5 ☐ None

SECTION 4**HEALTH /INJURY/DISABILITY****(Interviewer: ASK THESE QUESTIONS FOR ALL MEMBERS OF THE HOUSEHOLD)****INJURY****Interviewer, ASK:**

1. In the past 4 weeks, did (name) receive any major injury from any of the following?
- 1 ☐ Motor vehicle accident
 2 ☐ Home accident
 3 ☐ Industrial accident
 4 ☐ Criminal act
 5 ☐ Other (Specify)
 6 ☐ None (**Go to Q 4**)
2. Did this injury require medical attention
- 1 ☐ Yes
 2 ☐ No (**Go to Q 4**)
3. To which place did (name) go for attention?
- 1 ☐ Public hospital
 2 ☐ Private hospital
 3 ☐ Health centre
 4 ☐ Public clinic
 5 ☐ Private clinic/
 Doctor's office
 6 ☐ Other (Specify)

 7 ☐ Nowhere

SECTION 4

HEALTH /INJURY/DISABILITY

(Interviewer: ASK THESE QUESTIONS FOR ALL MEMBERS OF THE HOUSEHOLD)

4. Did (name) have any illness during the past 4 weeks?
For example, diarrhea, influenza, hypertension etc?

1 O Yes 2 O No
Go to Q 19

5. Did (name) illness begin within the last four weeks?

1 O Yes 2 O No
Go to Q 7

6. For how many days during this time was (name) unable to carry out his/her function?

Days

7. What type of illness is/was (name) suffering from?
(main illness)

- 1 Cold
- 2 Diarrhoea
- 3 Asthma
- 4 Diabetes
- 5 Arthritis
- 6 Hypertension
- 7 Pregnancy complications
- 8 Mental disorder
- 9 Other (Specify).....

8. How long did this Illness last?

.....
Days

9. Did this illness occur before now?

1 O Yes 2 O No

10. Was the services of any of the following persons sought on account of the illness?

- 1 Doctor
- 2 Nurse/health worker
- 3 Pharmacist
- 4 Folk healer
- 5 Midwife
- 6 Herbalist
- 7 Paramedic
- 8 Other (Specify)
- 9 None (Go to Q 20)

11. To which of the following places did (name) go to receive care for the illness?

- 1 Public hospital
- 2 Private Hospital
- 3 Public health centre
- 4 Public clinic
- 5 Private clinic/
- Doctor's office
- 6 Maternity clinic
- 7 Other (Specify)
-

12. Who attended on first visit?

- 1 Nurse/health care worker
- 2 Pharmacist
- 3 Herbalist
- 4 Doctor
- 5 Midwife
- 6 Paramedic
- 7 Folk Healer
- 8 Other (Specify)
-

SECTION 4**HEALTH /INJURY/DISABILITY****(Interviewer: ASK THESE QUESTIONS FOR ALL MEMBERS OF THE HOUSEHOLD)**

13. How long did (name) have to wait at this place before being treated?

Minutes

14. Was (name) well cared for upon visiting the health personnel/facility?

1 ☐ Yes 2 ☐ no
(Go to Q 16)

15. Why was (name) not satisfied with The service received?

- 1 ☐ Poor quality service
2 ☐ Too long waiting
3 ☐ Doctor not available
4 ☐ Too many re-visits
5 ☐ Other (Specify)

16. How far was the health care facility from (name) home?

.....
Miles

17. How much did the following cost in seeking care for the ill person?

- 1 Doctor's fee
2 Hospital fee
3 Transport
4 Medicine.....
5 Other (specify).....

18. Was the prescribed medication obtained?

1 ☐ Yes (Go to Q 20)
2 ☐ No

19. Why was the prescribed medicine not obtained?

- 1 ☐ Medicine not available
2 ☐ Unable to purchase

HEALTH INSURANCE

The following two questions are about whether members of the household are covered by insurance? ASK

20. Is (name) covered by insurance?

1 ☐ Yes
2 ☐ No (Go to Q 22)

21. In the past three months has (name) made a claim for health insurance benefit?

1 ☐ Yes
2 ☐ No
9 ☐ Don't Know

SECTION 4

HEALTH /INJURY/DISABILITY

HIV/AIDS

(Interviewer: ASK THESE QUESTIONS FOR ALL MEMBERS OF THE HOUSEHOLD.
Shade responses as given by respondents)

22. Do you and your household
know anything about HIV/AIDS?

- 1 ☐ Yes
2 ☐ No

23. Is there anyone in your household
living with HIV/AIDS?

- Male living with HIV/AIDS 1 ☐ Yes
2 ☐ No
Female-living with HIV/AIDS 1 ☐ Yes
2 ☐ No

24. Is/are this/these person(s) who is/are living with HIV/AIDS being treated for the disease?

- 1 ☐ Yes 2 ☐ No

25. Has anyone from this household died from
HIV/AIDS?

- 1 ☐ Yes
2 ☐ No (Go to Q 31)

26. Did this household member
have to cease working/
going to school on account of
the HIV/AIDS

- 1 ☐ Yes Work
2 ☐ No Work
1 ☐ Yes School
2 ☐ No School

27. How long has this person had
this illness?

- 1 ☐ Less than 1 Year
2 ☐ 1-2 Years
3 ☐ 3-5 Years
4 ☐ More than 5 years

28. To which place does (name) go to be
treated for this illness?

- 1 ☐ Public health clinic
2 ☐ Private Doctor
3 ☐ Other (Specify)

29. How much does it cost monthly, to
treat (name) condition?

.....
Amount

CHILDREN'S HEALTH
(For Children under 5 years of age)

Interviewer, check the list of household members for children under five years of age and ASK the following questions for each child

30. What was (name) weight at birth?

Pounds

31 Was (name) birth registered?

- 1 ☐ Yes
2 ☐ No

32. In the past 2 weeks, has (name) been ill?

- 1 ☐ Yes
2 ☐ No (Go to Q 33)

33. Which of the following did (name) have?
(More than one circle can be shaded)

- 1 ☐ Diarrhoea
2 ☐ Cough/cold
3 ☐ Fever
4 ☐ Vomiting
5 ☐ Other (Specify)

34. Was (name) taken to any of the following when this illness occurred?
More than one circle can be shaded)

- 1 ☐ Public Health Facility
2 ☐ Private Hospital
3 ☐ Private Doctor
4 ☐ Healer
5 ☐ Other (Specify)
6 ☐ Home remedy applied

35. Was (name) immunized against any of the following?

- | | | |
|----------------------------|-------|------|
| 1 Yellow Fever | 1 Yes | 2 No |
| 2 Measles | 1 Yes | 2 No |
| 3 mumps | 1 Yes | 2 No |
| 4 Rubella | 1 Yes | 2 No |
| 5 DPT-1st dose | 1 Yes | 2 No |
| 6 DPT-2 nd dose | 1 Yes | 2 No |
| 7 DPT-3 rd dose | 1 Yes | 2 No |

36. Did (name) mother see a health professional at least five times during her pregnancy?

- 1 ☐ Yes
2 ☐ Don't Know
9 ☐ Not Stated

37. Did (name) mother see a health Professional at least once of within six weeks of delivery?

- 1 ☐ Yes
2 ☐ No
9 ☐ Not Stated

38. Is (name) the last child of his/her mother?
(Youngest child in the household)

- 1 ☐ Yes 2 ☐ No

CHILDREN'S HEALTH
(For Children under 5 years of age)

BREASTFEEDING

39. Is (name) being breastfed now?

- 1 ☐ Yes
- 2 ☐ No (**Go to Q 43**)

40. Which of the following apply?

- 1 ☐ Breast-milk only
- 2 ☐ Breast-milk and water only
- 3 ☐ Breast-milk and other foods

41. How long was (name) exclusively breast-fed?

- 1 ☐ less than 1 month
- 2 ☐ 1-3 months
- 3 ☐ 4-6 months
- 4 ☐ 7 months and more
- 5 ☐ Never breastfed

42. If (name) is no longer being breastfed, how long ago did this cease?

.....
Months

RISKY BEHAVIOUR
(Interviewer, these questions are for all Persons) ASK

43. Do/does any household member/s engage in the frequent practice of any of the following?
(more than one response may be accepted)

- 1 ☐ Drinking of alcohol
- 2 ☐ Smoking/ingestion of banned substances such as marijuana cocaine, ganja etc
- 3 ☐ Sexual abuse
- 4 ☐ Pushing, hitting, slapping, kicking chocking or physically hurting spouse of any other member of the household?
- 5 ☐ Beatings of children
- 6 ☐ Other (Specify).....
- 7 ☐ None of the above (**go to Q 45**)

44. How does the household deal with these behaviours?

- 1 ☐ Make reports to the police
- 2 ☐ Discuss within the household
- 3 ☐ Speak to the individual
- 4 ☐ Tell no one about it
- 5 ☐ Other (Specify)

SECTION 4 HEALTH/INJURY/DISABILITY

DIET AND EXERCISE

(Interviewer, Ask these questions for all members of the household)

45. Does (name) regularly take a nutritional supplement?

- 1 ☐ Yes
- 2 ☐ No (**Go to Q 48**)

46. Which of the following types of supplement does (name) usually take?
(**More than one response can be allowed**)

- 1 ☐ Vitamins
- 2 ☐ Iron Tonic/tablets
- 3 ☐ Calcium
- 4 ☐ Iodine
- 5 ☐ Folic acid
- 6 ☐ Other minerals
- 7 ☐ Other (Specify)

47. From which place is this supplement obtained?

- 1 ☐ Drugstore
- 2 ☐ Herbal supplier
- 3 ☐ Other (Specify)
.....

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

- 1 ☐ Obesity
- 2 ☐ Underweight
- 3 ☐ Severe Under-nutrition
- 4 ☐ Other (Specify)
.....

49. Does any member of this household regularly engage in any of the following?
(Interviewer, shade all that apply)

- 1 ☐ Attend a gym at least once per week
- 2 ☐ Engage in a sport at least once per week
- 3 ☐ Go Jogging at least once a week
- 4 ☐ Ride at least once per week
- 5 ☐ Take regular walks at least three days per week
- 6 ☐ Other activity (Specify).....
- 7 ☐ Engage in no activity

DISABILITY

(Interviewer, these questions must be asked about all members of the household. Record responses)

50. Does (name) have a disability?

- 1 ☐ Yes
- 2 ☐ No (**go to section 5**)

51. What kind of disability does (name) have

- | | |
|--|---|
| 1 <input type="radio"/> Seeing | 6 <input type="radio"/> Gripping with fingers |
| 2 <input type="radio"/> Hearing | 7 <input type="radio"/> Learning |
| 3 <input type="radio"/> Speaking | 8 <input type="radio"/> Behavioural |
| 4 <input type="radio"/> Mobility | 9 <input type="radio"/> Other (Specify) |
| 5 <input type="radio"/> Body movements | |

SECTION 4
HEALTH-DISABILITY

52. How did this disability occur?

- 1 ☐ Has disability from birth
- 2 ☐ Had a vehicular accident
- 3 ☐ Had other type accident
- 4 ☐ Resulted from illness
- 5 ☐ Other (Specify).....

53. How long has (name) had this disability?

- 1 ☐ Less than one year
- 2 ☐ One year now
- 3 ☐ 2-4 Years
- 4 ☐ Five years and more
- 9 ☐ Not stated

54. Does this disability prevent (name) from doing any of the following?

- 1 Going to work
- 2 Going to school
- 3 Moving around the house
- 4 Engaging in social activities
- 5 Other (Specify).....

- 1 Yes 2 No
- 1 Yes 2 No
- 1 Yes 2 No
- 1 Yes 2 No

55. Which place provides care for (name)

- 1 ☐ Cared for at home
- 2 ☐ Cared for at an institution
- 3 ☐ Other arrangement (Specify)
- 4 ☐ Care not necessary

56. Which person provides the care at home?

- 1 ☐ Spouse/partner
- 2 ☐ Child
- 3 ☐ Other relative
- 4 ☐ Non-relative

57. Does taking care of (N) with the disability prevent (name) from going out to work?

- 1 ☐ Yes 2 ☐ No

58. Does (name) receive any type of support or assistance?

- 1 ☐ Yes 2 ☐ No
- (Go to Q 60)**

59. Which institution provides the support/assistance?

- 1 ☐ Social Welfare Program
- 2 ☐ Private Institution
- 3 ☐ NGO
- 4 ☐ Relatives from abroad
- 5 ☐ Other (Specify)

60. Is (name) able to engage in any of the following?

- 1 ☐ Painting
 - 2 ☐ Craftwork
 - 3 ☐ Work at place away from home
 - 4 ☐ Other (Specify)
-

**SECTION 5
EDUCATION**

(To be completed for all household members)

- | | |
|--|---|
| <p>1. Is (name) currently attending school?</p> <p>1 <input type="radio"/> Yes
2 <input type="radio"/> No (Go to Q 27)</p> | <p>2. Is (name) attending school full-time or part-time?</p> <p>1 <input type="radio"/> Full-time
2 <input type="radio"/> Part-time</p> |
|--|---|

3. What type of school is (name) attending?
(School Type indicated by Code... 1 Primary, 2 Secondary etc)

<p>01 Nursery/Pre-school/Kindergarten 10 Government Primary 11 Private/Assisted Primary 21 Government Secondary 22 Private Secondary 30 Trade/Vocational 31 Commercial/Secretarial 32 Business/Computer Science 33 Home Schooling</p>	<p>40 Technical Institute 41 Adult Education 42 Continuing Studies 43 Distance Learning 60 University 70 Special School 77 Other (Specify) 99 Not Stated</p>
---	--

4. In which grade/class/ form is (name) currently at school?

PRIMARY	SECONDARY
<p>1 <input type="radio"/> Kindergarten 2 <input type="radio"/> Primary Grade 1-6 3 <input type="radio"/> Grade 7 4 <input type="radio"/> Grade 8 5 <input type="radio"/> Grade 9 6 <input type="radio"/> Grade 10 7 <input type="radio"/> Grade 11 8 <input type="radio"/> Grade 12 9 <input type="radio"/> Grade 13</p>	<p>01 <input type="radio"/> Form 1 02 <input type="radio"/> Form 2 03 <input type="radio"/> Form 3 04 <input type="radio"/> Form 4 05 <input type="radio"/> Form 5 06 <input type="radio"/> Lower 6 07 <input type="radio"/> Upper 6</p>

5. What is the name and full address of the school that (name) attends?

- | | |
|---|--|
| <p>6. Does (name) live at home while attending school?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No</p> | <p>7. How far does (name) travel to get to school each day?</p> <p>.....
Miles</p> |
|---|--|

SECTION 5-EDUCATION

8. Is any of the following fees being paid for (name) schooling?

- 1 ☐ Tuition
- 2 ☐ Registration
- 3 ☐ Security
- 4 ☐ Examinations
- 5 ☐ Other (Specify)

9. What is the amount paid in each instance?

10. How does (name) usually get to school?

- 1 ☐ Regular Bus
- 2 ☐ School bus
- 3 ☐ Taxi
- 4 ☐ Private car
- 5 ☐ Mini Bus
- 6 ☐ Walk (Go to Q 12)
- 7 ☐ Other (Specify).....
- 9 ☐ Not stated

11. How much is spent on transport to school, weekly?

.....

Amount

12. For each person attending school, which of the following days were missed from the last five day school week? (More than one response is permitted)

- 1 ☐ Monday
- 2 ☐ Tuesday
- 3 ☐ Wednesday
- 4 ☐ Thursday
- 5 ☐ Friday

13. Why did (name) not go to school during all of the five days?

- | | |
|--|---|
| 01 <input type="radio"/> Illness | 07 <input type="radio"/> School closed for holidays |
| 02 <input type="radio"/> Truancy | 08 <input type="radio"/> Pregnant young mother |
| 03 <input type="radio"/> Problem at home | 09 <input type="radio"/> Apprenticeship |
| 04 <input type="radio"/> Sent to work away from home | 10 <input type="radio"/> Transport problem |
| 05 <input type="radio"/> Stayed home to care for baby sister/brother | 11 <input type="radio"/> Bored/fed-up with school |
| 06 <input type="radio"/> Financial problems | 12 <input type="radio"/> Other (Specify) |
| | |

14. Are free meals provided at the school (name) attends?

- 1 ☐ Yes
 - 2 ☐ No
- (Go to Q 18)

15. Which of the free meals does (name) take?

- 1 ☐ Breakfast
- 2 ☐ Lunch
- 3 ☐ None (Go to Q 18)

SECTION 5-EDUCATION

16. Why are the free meals not taken?

- 1 ☐ **Lunch taken to school**
 2 ☐ **Not in need**
 3 ☐ **Des not eat out**
 4 ☐ **Other (Specify)**

17. (For persons not receiving meals),
 how much is spent for lunch, if
 not carried to school from home?

.....

Amount

18. Are textbooks provided by
 (name) school?

- 1 ☐ **Yes**
 2 ☐ **No (Go to Q22)**

19. Does (name) receive any of the text
 books?

- 1 ☐ **Yes**
 2 ☐ **No (go to Q22)**

20. Which of the following textbooks
 does (name) receive from the school?

- 1 ☐ **Mathematics**
 2 ☐ **English**
 3 ☐ **Other (Specify)**

21. Is there a charge for these books?

- 1 ☐ **Yes**
 2 ☐ **No**

22. If textbooks are not provided by/taken
 from the school, how else are they
 obtained?

- 1 ☐ **Purchased new**
 2 ☐ **Burrowed**
 3 ☐ **Bought at second hand bookshop**
 4 ☐ **Received from brother/sister**
 5 ☐ **Received from other relative**
 6 ☐ **Other (Specify).....**

23. How many of the required school
 books did (name) have this
 school year?

- 1 ☐ **All (Go to Q 25)**
 2 ☐ **None**
 3 ☐ **One**
 4 ☐ **Two**
 5 ☐ **Three**
 6 ☐ **Four**
 7 ☐ **Five+**

24. What was the reason for
 not having all the required
 text books?

- 1 ☐ **Books unavailable**
 2 ☐ **Could not afford**
 3 ☐ **Other (Specify)**

25. Was an education loan
 ever taken for (name)?

- 1 ☐ **Yes**
 2 ☐ **No (Go to Q27)**

26. If yes, what use was
 made of this loan?

- 1 ☐ **Purchase School
 Books**
 2 ☐ **Pay school fees**
 3 ☐ **Purchase school
 Uniform**
 4 ☐ **Pay for transport**
 5 ☐ **Other (Specify)**

.....

SECTION 5-EDUCATION
Persons Not Currently Attending School

27. Why is (name) not currently attending school?

- | | | | | | |
|---|-----------------------|---------------------------------|----|-----------------------|---------------------------|
| 1 | <input type="radio"/> | Not yet school age | 10 | <input type="radio"/> | Not worth going to school |
| 2 | <input type="radio"/> | Transport problems | 11 | <input type="radio"/> | Other (Specify) |
| 3 | <input type="radio"/> | Illness/physically challenged | | | |
| 4 | <input type="radio"/> | Could not afford to send | 12 | <input type="radio"/> | Not Stated |
| 5 | <input type="radio"/> | No place/school available | | | |
| 6 | <input type="radio"/> | Taking care of younger siblings | | | |
| 7 | <input type="radio"/> | Pregnant/has a baby | | | |
| 8 | <input type="radio"/> | Working | | | |
| 9 | <input type="radio"/> | Apprenticeship | | | |

28. If (name) is not yet of school age (1 above) what arrangement is made to take care of her/him during the day?

- 1 ☐ Child left at nursery/day care centre
 2 ☐ Child looked after by other sibling at home
 3 ☐ Child left with other relative elsewhere
 4 ☐ Child left with non-relative at home
 5 ☐ Child left at home alone
 6 ☐ Other (Specify)

EVER ATTENDED SCHOOL

29. Has (name) ever attended school? 1 ☐ Yes 2 ☐ No (**Go to Q 36**)

30. At what age did (name) begin school? 31. At what age did (name) leave school?

.....
 Age

.....
 Age

32. What is the highest level of education attained by (name)?

- | | | | | | |
|---|-----------------------|-----------------------------|---|-----------------------|----------------------|
| 1 | <input type="radio"/> | Nursery/kindergarten/Infant | 5 | <input type="radio"/> | University |
| 2 | <input type="radio"/> | Primary | 6 | <input type="radio"/> | Other (Specify.....) |
| 3 | <input type="radio"/> | Secondary | | | |
| 4 | <input type="radio"/> | Post Secondary | | | |

33. How many years of schooling did (name) complete at the highest level?

.....
 Years

SECTION 5-EDUCATION

34. What is the highest examination ever passed by (name)?

- 01 ☐ None (**Go to Q 36**)
- 02 ☐ School Leaving
- 03 ☐ CXC Basic
- 04 ☐ GCE "O"/CXC General Prof 1 or 2
- 05 ☐ GCE "O"/CXC General Prof 3 or 4; S.C Grade III
- 06 ☐ GCE "O"/CXC General Prof 5 and Over; S.C Grades I and II
- 07 ☐ GCE "A"/HSC 1 or 2
- 08 ☐ GCE "A"/HSC 3 and over
- 09 ☐ Certificate
- 10 ☐ Diploma
- 11 ☐ Associate Degree
- 12 ☐ Undergraduate Degree
- 13 ☐ Masters Degree
- 14 ☐ PHD Degree
- 15 ☐ Other (specify)
- 99 ☐ Not Stated

35. Has (name) attended any of the following type of training programs?

- | | |
|---|---|
| 01 <input type="radio"/> Trade | 05 <input type="radio"/> Technician |
| 02 <input type="radio"/> Other Vocational | 06 <input type="radio"/> Other (Specify)..... |
| 03 <input type="radio"/> Youth Apprenticeship | 07 <input type="radio"/> None |
| 04 <input type="radio"/> Commercial/Secretarial | |

36. Is (name) attending any continuing education studies? 1 ☐ Yes 2 ☐ No

Interviewer, Questions 35-42 are to be answered by the head of household or representative person. SAY

37. (Now, I would like to ask you about the value you and your household place on education in relation to other things) In what order would you rate the following when spending money-please rank in order of priority.

38. If circumstances did not permit you to send all your children to school, which would you choose to send?

- | | |
|--|------------------------------------|
| 1 <input type="radio"/> Clothes | 1 <input type="radio"/> Girl Child |
| 2 <input type="radio"/> Food | 2 <input type="radio"/> Boy Child |
| 3 <input type="radio"/> Childs education | |
| 4 <input type="radio"/> Health | |
| 5 <input type="radio"/> Entertainment | |
| 6 <input type="radio"/> Sports | |
| 7 <input type="radio"/> Other things (Specify) | |

SECTION 5-EDUCATION

39. Please give reasons for your answer

.....

FUNCTIONAL LITERACY

(FOR PERSONS 10 YEARS OLD AND OVER)

Interviewer, refer to the Concepts and Definitions for the meaning of the term Functional Literacy. ASK

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

Read a short text such as from the daily newspaper?	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No
Write a few sentences on a simple topic	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No
Write or sign his or her name?	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No
Read the words on road sign, such as “do not enter”?	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No

SECTION 6

ECONOMIC ACTIVITY/EMPLOYMENT

(For All Persons 15 years and over)

- | | | |
|---|---|---|
| <p>1. What did (name) do during the past week?</p> <p>1 <input type="radio"/> Had a job, worked</p> <p>2 <input type="radio"/> Had a job, did not work</p> <p>3 <input type="radio"/> Seeking first job</p> <p>4 <input type="radio"/> Others actively seeking work</p> <p>5 <input type="radio"/> Did not look for work</p> <p>6 <input type="radio"/> Other</p> <p>9 <input type="radio"/> Not Stated</p> <p>(If 1-4, go to Q4)</p> | <p>2. Why did (name) not seek work during the past week?</p> <p>1 <input type="radio"/> At school/student</p> <p>2 <input type="radio"/> Home duties</p> <p>3 <input type="radio"/> Retired</p> <p>4 <input type="radio"/> Disabled</p> <p>5 <input type="radio"/> Old age pensioner</p> <p>6 <input type="radio"/> Did not want work</p> <p>7 <input type="radio"/> Tired of looking</p> <p>9 <input type="radio"/> Other (Specify)</p> <p>99 <input type="radio"/> Not Stated</p> | <p>3. When did (name) last look for work?</p> <p>1 <input type="radio"/> Under 1 month</p> <p>2 <input type="radio"/> 1-3 months</p> <p>3 <input type="radio"/> 4-6 months</p> <p>4 <input type="radio"/> 7-11 months</p> <p>5 <input type="radio"/> 1 year and over</p> <p>6 <input type="radio"/> Never looked</p> <p>9 <input type="radio"/> Not stated</p> <p>(5, 6, 9-Go to Q 13)</p> |
| <p>4. To what category of worker does (name) belong?</p> <p>1 <input type="radio"/> Central Government</p> <p>2 <input type="radio"/> Statutory body</p> <p>3 <input type="radio"/> Private Company or Org</p> <p>4 <input type="radio"/> Has own business</p> <p>5 <input type="radio"/> Unpaid Family Worker</p> <p>6 <input type="radio"/> Paid Family Worker</p> <p>7 <input type="radio"/> Learner/Apprentice</p> <p>8 <input type="radio"/> Other (Specify)</p> | <p>5. In what kind of work is (name) mainly engaged (Occupation)</p> <p>.....</p> <p style="text-align: center;">Occupation</p> | <p>6. To which Industry group does (name) belong?</p> <p>.....</p> <p style="text-align: center;">Industry</p> |

SECTION 6-ECONOMIC ACTIVITY/EMPLOYMENT

7. What is the length of (name) pay period

- 1 ☐ Daily
- 2 ☐ Weekly
- 3 ☐ Fourth-nightly
- 4 ☐ Monthly
- 5 ☐ Other (**Specify**)

8. Is (name) engaged in any unemployment relief program?

- 1 ☐ Yes
- 2 ☐ No (**Go to Q 11**)

9. What is the name of this program?

Name of Program

10. What is the address of (name) place of work?

Address

11. How many months did (name) work during the past twelve months?

.....
Months

12. Why did (name) work less than six months during the past twelve (12) months

- 1 ☐ No more work available
- 2 ☐ Lived on family savings
- 3 ☐ Retrenched/laid off
- 4 ☐ Own Choice
- 5 ☐ Other (**Specify**)

13. For how many hours did (name) work last week:?

- 0 ☐ None
- 1 ☐ Under 1 hour
- 2 ☐ 1-8 hours
- 3 ☐ 9-16 hours
- 4 ☐ 17-24 hours
- 5 ☐ 25-32 hours
- 6 ☐ 33-40 hours
- 7 ☐ 41-50 hours
- 8 ☐ 51-60 hours
- 9 ☐ 61-70 hours
- 10 ☐ 71+ hours
- 99 ☐ Not Stated

14. What is the reason for working less than 33 hours?

(Ask only if 1-32 hours in Q 14)

- 1 ☐ No more work available
- 2 ☐ New job
- 3 ☐ Illness
- 4 ☐ Temporary lay off
- 5 ☐ Own choice
- 6 ☐ Vacation
- 7 ☐ Other
- 8 ☐ Not applicable
- 9 ☐ Not stated

SECTION 6-ECONOMIC ACTIVITY/EMPLOYMENT

15. How many members of the household have more than one job?

- 1 ☐ Only one
- 2 ☐ Two members
- 3 ☐ Three and more
- 9 ☐ Not Stated

16. What is the usual mode of transport working members of the household use to get to work?

- 1 ☐ Private motor vehicle
- 2 ☐ Public bus
- 3 ☐ Public taxi
- 4 ☐ Other (Specify)

.....

17. How much does (name) spend on transportation to work each week?

Amount

(For member of household who has his/her own business)

18. Does this business have a fixed location?

- 1 ☐ Yes-Fixed
- 2 ☐ No-mobile

19. Is the business carried on with help from any of the following?

- 1 ☐ Family member
- 2 ☐ Relative
- 2 ☐ Other (Specify)

.....

20. How was this business started?

- 1 ☐ Small business loan
- 2 ☐ Family savings
- 3 ☐ Loan from the bank
- 4 ☐ Credit Union loan
- 5 ☐ Other (Specify).....

21. What is the amount of money invested in this business?

Amount

22. For member/s of household who has/have been looking for work during the past week/three months, what type of work was being sought?

1 ☐ looking for work past week
Type of work being sought

2 ☐ Looking for work past three months.....
Type of work being sought

SECTION 7
TRAINING
(For all Persons)

1. Is (name) currently attending or has ever attended a skills training Program?

- 1 ☐ Currently attending
2 ☐ Completed skills training
3 ☐ Dropped out of training

2. If yes, what type of program does/did (name) attend?

Type of Training Program

3. What skills is/has (name) learning/learnt from attending this program?

- | | |
|--|---|
| 1 <input type="radio"/> Agricultural | 9 <input type="radio"/> Welding |
| 2 <input type="radio"/> Food Preparation | 10 <input type="radio"/> Fabricating |
| 3 <input type="radio"/> Wood-working | 12 <input type="radio"/> Tile laying |
| 4 <input type="radio"/> Masonry | 13 <input type="radio"/> Painting |
| 5 <input type="radio"/> Carpentry | 14 <input type="radio"/> Garment Construction |
| 6 <input type="radio"/> Plumbing | 15 <input type="radio"/> Hairdressing |
| 7 <input type="radio"/> Electrical wiring | 16 <input type="radio"/> Bar-tending |
| 8 <input type="radio"/> Computer Maintenance | 17 <input type="radio"/> Other (Specify)..... |

4. Is (name) now using this skill?

- 1 ☐ Yes (Go to Q Section 8) 2 ☐ No

5. What is the reason for not using skill learnt at training?

Reason for not using skill

6. If (name) is considering training, in what area would he/she like to be trained?

SECTION 8
INCOME AND BENEFITS
(For persons 15 years and over and working)

1. What is (name) gross monthly income from employment and/or own business (less business expenses)?

Main Job

Secondary Job

Other Job

BENEFITS

3. Did (name) receive any of the following benefits?
(More than items may be accepted)

1 O Public Assistance

Amount

2 O Old age pension

Amount

3 O Worker Retirement benefit

Amount

4 O National Insurance retirement benefit

Amount

5 O Disability Grant

Amount

6 O Other

7 O None

1	<input type="radio"/>	Money support sent for children sent by parent/s living abroad	1	<input type="radio"/>	Yes	-----
						Amount
			2	<input type="radio"/>	No	
2	<input type="radio"/>	Money sent by other relative residing abroad	1	<input type="radio"/>	Yes	-----
						Amount
			2	<input type="radio"/>	No	
3	<input type="radio"/>	Money from other relatives/friends living in Trinidad and Tobago	1	<input type="radio"/>	Yes	-----
			2	<input type="radio"/>	No	Amount
4	<input type="radio"/>	Lottery and other game of chance winnings	1	<input type="radio"/>	Yes	-----
						Amount
			2	<input type="radio"/>	No	
5	<input type="radio"/>	Other Source.....	1	<input type="radio"/>	Yes	-----
		Specify				Amount
		(If none to all, go to Q 6)	2	<input type="radio"/>	No	

1	<input type="radio"/>	Commercial Bank	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No
2	<input type="radio"/>	Credit Union	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No
3	<input type="radio"/>	Unit Trust	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No
4	<input type="radio"/>	Sou Sou	1	<input type="radio"/>	Yes	2	<input type="radio"/>	No
5	<input type="radio"/>	Other (Specify).....						

		Amount
1	<input type="radio"/> Commercial Bank	1
2	<input type="radio"/> Credit Union	2
3	<input type="radio"/> Unit Trust	3
4	<input type="radio"/> Sou Sou	4
5	<input type="radio"/> Other (Specify)	5
6	<input type="radio"/> Not stated	

SECTION 9
PERSONAL SAFETY AND CRIME

(These questions are to be answered by the head of the household or designated person)

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

- 1 ☐ Yes
2 ☐ No (Go to Q3)

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

Crime against the person

- 1 ☐ Murder
2 ☐ Manslaughter
3 ☐ Assault and Battery
4 ☐ Rape
5 ☐ Kidnapping/
6 ☐ Abduction
7 ☐ Domestic Violence

Crime against Property

- 8 ☐ Robbery
9 ☐ Larceny/ Theft
10 ☐ Arson
11 ☐ Burglary
12 ☐ Praedial Larceny
99 ☐ Not stated

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

(More than one response is accepted)

Crime against the Person

- | | | | | |
|--------------|---|---------------------------|---|--------------------------|
| Murder | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Manslaughter | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Assault and | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Rape | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Kidnapping/ | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Abduction | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Domestic | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Violence | | | | |

Crime against Property

- | | | | | |
|------------------|---|----------------------------------|---|--------------------------|
| Robbery | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Larceny/ | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Theft | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Arson | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Burglary | 1 | <input type="radio"/> Yes | 2 | <input type="radio"/> No |
| Not Stated | 9 | <input type="radio"/> Not Stated | | |
| None (Go to Q 6) | | | | |

4. Was the crime reported? 1 ☐ Yes 2 ☐ No (Go to Q 6)

5. What was the result? 1 ☐ Action taken by the police
2 ☐ No action taken by the police

SECTION 9
PERSONAL SAFETY AND CRIME

6. Has anyone from this household ever been convicted of any of the following types of crime in the past five years?

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
	9	Not Stated		

Crime Against Property

Robbery	1	Yes	2	No
Larceny/	1	Yes	2	No
Theft	1	Yes	2	No
Arson	1	Yes	2	No
Burglary	1	Yes	2	No
	9	Not stated		

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

1 ☐ Yes
2 ☐ No

8. What would you say are the main causes of serious crime in the society today?

.....

9. What are the major types of crime prevention measures you and your household have taken in the last five years? (**More than one circle may be shaded**)

1 ☐ Installed burglarproofing
2 ☐ Installed burglar alarm system
3 ☐ Taken part in community crime watch
4 ☐ Keep guard dogs
5 ☐ Employ security guards
6 ☐ Other measures (Specify).....
7 ☐ No measures taken

SECTION 10

**DIARY OF
HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD
ITEMS-**

(Households are asked to keep a diary of their daily/weekly expenditure and quantities of the following items consumed over a reference period of two weeks) There are both, food and non-food items, the reference period for the latter being past year.

FOOD ITEMS	Quantities Purchased	Amount Spent
-------------------	-----------------------------	---------------------

Bakery Products

White Bread
Whole-wheat bread
Buns and cakes
Pastries
Salted biscuits
Sweet biscuits/cookies
Other bakery products

Cereal Products

Rice (counter)
Rice (packaged)
Flour (counter)
Flour (packaged)
Flour (whole wheat)
Corn meal
Animal feed
Other cereals (e.g. Macaroni, Pasta)
Corn flakes
Oats
Farine
Other breakfast cereals (cream of wheat, sago)
Other breakfast foods (arrowroot)

Prepared Cereal Mixes

Cake Mix
Pancake and waffle mix
Other mixes

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DIARY OF
HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD

	Quantities Purchased	Amount Spent
Beef (Fresh and Frozen)		
Veal		
Stew		
Steak		
Roast		
Mince meet		
Beef liver		
Calf liver		
Cow heel		
Kidneys		
Tripe		
Tongue		
Cow head		
Ox tails		
Other		
Pork-Fresh or Frozen		
Pork chops		
Pork roast		
Pork ribs		
Other cuts		
Pig feet		
Hog head		
Heart, brain		
Other pork items		
Mutton (Fresh of Frozen)		
Lamb (leg, shank)		
Lamb (stew, neck)		
Goat (boneless)		
Goat (other cuts)		
Other mutton (specify)		
Other Meat (Fresh or frozen)		
Rabbit		
Wild meat		
Deer		
Preserved meats		
Salted beef		
Salted pork (pig tails, feet)		

**DIARY OF
HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD**

	Quantities Purchased	Amount Spent
Ham		
Bacon		
Sausage: bologna, salami		
Hot dogs		
Corned beef		
Salmon		
Mackerel		
Tuna		
Sardines		
Poultry-Fresh or Frozen		
Whole chicken		
Chicken parts (breast, thighs, legs)		
Chicken wings		
Chicken feet		
Back and Necks		
Chicken liver, kidneys		
Turkey (local)		
Turkey (imported)		
Duck		
Other poultry		
Fish-Fresh or Frozen		
King Fish		
Carite		
Red Snapper		
Flying Fish		
Grouper		
White Fish		
Cavalli		
Bonito		
Salmon		
Tuna		
Crab		
Shrimp		
Herring		
Shark		
White Fish		
Lobster, Oyster		
Other Fish		
Fish-Salted, Canned, Smoked		
Salted cod		
Smoked herring		

**DIARY OF
HOUSEHOLD CONSUMPTION EXPENDITURE ON FOOD AND NON-FOOD**

	Quantities Purchased	Amount Spent
Canned Salmon		
Canned Sardines		
Canned Tuna		
Other (specify)		
Milk Products		
Milk Products-Fresh		
Milk Products-Sweetened/ Condensed/Evaporated		
Milk Products-Dry, pasteurized		
Butter		
Cheese		
Eggs		
Fats and oils		
Fresh Fruits		
Canned/Dried Fruits		
Fruit Juices		
Green and Other Vegetables		
Dried Vegetables Pulses		
Root Vegetables		
Other Starchy Foods		
Sugar		
Confectionary and Syrups		
Alcoholic Drinks		
Tobacco		

ANNUAL EXPENDITURE ON NON-FOOD ITEMS

1. Did this household spend any money on item) during the last 12 months?
2. How much did You spend?

1 0 Yes 2 0 No \$ Amount

- | | |
|-----|--|
| 101 | Life Insurance |
| 102 | House Insurance |
| 103 | Motor Vehicle Insurance |
| 104 | Medical Insurance |
| 105 | Private Doctors |
| 106 | Medical services abroad |
| 107 | Medical and Pharmaceutical
Products |
| 108 | Mortgage Loans |
| 109 | Motor Vehicle Loans |
| 110 | Other Loans |
| 111 | Income Tax |
| 112 | Land/house Tax |
| 113 | Water rates |
| 114 | Environmental Levy |
| 115 | Other taxes |
| 116 | Vehicle repairs and maintenance |
| 117 | House repairs and maintenance |
| 118 | Burglarproofing |
| 119 | Kitchen appliances |
| 120 | Medical expenses |
| 121 | Educational Expenses |
| 122 | Other household/Family Expenses |
| 123 | Personal care/supplies |
| 124 | Legal services |
| 125 | Club Membership |
| 126 | Vacation |
| 127 | Air Travel |
| 128 | Sea Transport |
| 129 | Personal Transport Vehicles |
| 130 | Sports |
| 131 | Entertainment |
| 132 | Writing and Drawing Supplies |
| 133 | Domestic Help |
| 134 | Nursery fees |
| 135 | Gardening and Horticulture Supplies |

ANNUAL EXPENDITURE ON NON-FOOD ITEMS

1. Did this household spend any money on
item) during the last 12 months?

2. How much did
You spend?

1 O Yes 2 O No

\$ Amount

136 Meals eaten out

**137 Custom charges to clear
items received from abroad**

201 Credit Union Shares

202 Shares in companies

203 Tithing and contribution to churches

204 Savings or other forms of financial assets

3. Did this household spend or
receive as gifts any of the following
items during the past 12 months?

3(b) Amount 3(c) Amount
received
as gifts

- | | | | | | |
|-----|--|---|-----|---|----|
| 301 | Men's Readymade Outer-wear | 1 | Yes | 2 | No |
| 302 | Men's Underwear and Hosiery | 1 | Yes | 2 | No |
| 303 | Other Men's Clothing | 1 | Yes | 2 | No |
| 304 | Boys Readymade Outer-wear | 1 | Yes | 2 | No |
| 305 | Boys Under-wear and hosiery | | | | |
| 306 | Other Boys Clothing | | | | |
| 307 | Women's Readymade Outerwear | | | | |
| 308 | Women's Underwear and Hosiery | | | | |
| 309 | Other Women's Clothing | | | | |
| 310 | Girls Readymade Outerwear | | | | |
| 311 | Girl's Underwear and Hosiery | | | | |
| 312 | Other Girls Clothing | | | | |
| 313 | Infants Clothing | | | | |
| 314 | Clothing Accessories | | | | |
| 315 | Clothing materials-Men and boys | | | | |
| 316 | Clothing Materials-Women/Girls/Infants | | | | |
| 317 | Dress Making Materials | | | | |
| 318 | Men and Boys Footwear | | | | |
| 319 | Women and Girls Footwear | | | | |
| 320 | Infants/Children Footwear | | | | |
| 321 | Housing Units-Owner Occupied | | | | |
| 322 | Nursery Furnishing/Equipment | | | | |
| 323 | Recreational Equipment | | | | |

ANNUAL EXPENDITURE ON NON-FOOD ITEMS

- 324 Miscellaneous Equipment
- 325 Gifts Received-From Abroad
- 326 Gifts Received-Local family and Friends
- 327 School Books
- 328 School Uniforms
- 329 School Fees
- 330 Examination Fees
- 331 Fees for Extra Lessons

SECTION 11 OPTIONAL MODULE

FOOD SECURITY/INSECURITY

Food Availability

1. Does the household have difficulty in obtaining food items for consumption on a daily basis?
 - 1 ☐ Yes
 - 2 ☐ No
2. What are the reasons for such difficulty?
 - 1 ☐ Food items not readily available
 - 2 ☐ Cannot always afford to purchase items needed
 - 3 ☐ Other (Specify)
3. Where do you normally shop for food items?
 - 1 ☐ Local market
 - 2 ☐ Supermarket
 - 3 ☐ Grocery store
 - 4 ☐ Other place (Specify)
4. How far is this place from your home?

Distance in Miles
5. How often do you shop for food items?
 - 1 ☐ Daily
 - 2 ☐ Weekly
 - 3 ☐ Monthly
 - 4 ☐ Other (Specify)
6. Are there times when you and your household have difficulty obtaining basic food items?

1 ☐ Yes 2 ☐ No

(Go to Q9)

7. How often does this occur?

- 1 ☐ Always
 2 ☐ Very Often
 3 ☐ Sometimes

8. What are some of the food items you have difficulty obtaining?

- 1 ☐ Breakfast items
 2 ☐ Meats
 3 ☐ Vegetables
 4 ☐ Fruits
 5 ☐ **Other (Specify)**

Access to Food Supply

9. Is the income earned by the household enable the purchase of all food items required by the household?

- 1 ☐ Yes 2 ☐ No

10. How much does this household spend on purchasing food items each week?

Amount

11. Does the household grow any food crops or rear animals that is used for feeding the household on a daily basis?

- 1 ☐ Yes 2 ☐ No

12. What types of crops and live-stock are grown and reared?

- 1 ☐ Root-crop
 2 ☐ Tree crop
 3 ☐ Vegetables
 4 ☐ Ground provisions
 5 ☐ Poultry
 6 ☐ Animals
 7 ☐ Other (Specify)

13. Is there anytime when these activities (growing food and rearing animals) are affected by floods, lack of water (drought) etc?

- 1 ☐ Yes 2 ☐ No

14. How often has this happened over the last two years?

Number of times

15. What does the household do in these circumstances?

16. Does the household sell any of the crops and livestock grown/reared on a regular basis?

- 1 ☐ Yes 2 ☐ No

SECTION 11
OPTIONAL MODULE

17. In relation to money spent on both food and non-food items, what proportion is spend on food?
- 1 ☐ Less than 10 percent of all expenditure
 - 2 ☐ 10-20 percent
 - 3 ☐ 21-30 percent
 - 4 ☐ 31-49 percent
 - 5 ☐ 50 percent and more
 - 9 ☐ don't know