



Household Schedule

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For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

0 1 2 3 4 5 6 7 8 9

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

IMPORTANT!!! Place an X in the box for multiple



BUILDING NO

--	--	--

USE ONLY 2B PENCIL

Subsample No

--	--	--	--

Replicate letter

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IMPORTANT!!!
Transfer these codes to the top of EACH individual questionnaire and Daily Diary

PARISH

--	--

ED NUMBER

--	--	--	--

HOUSEHOLD NO

--	--	--

Address of Household: _____

Telephone number

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

INTERVIEWER'S NAME: _____

Interviewer No

--	--

SUPERVISOR'S NAME: _____

No In Household

--	--

EDITOR/CODER'S NAME: _____

LISTING OF HOUSEHOLD MEMBERS

Confidential

Surname	First Name		Surname	First Name	
01		<input type="checkbox"/>	11		<input type="checkbox"/>
02		<input type="checkbox"/>	12		<input type="checkbox"/>
03		<input type="checkbox"/>	13		<input type="checkbox"/>
04		<input type="checkbox"/>	14		<input type="checkbox"/>
05		<input type="checkbox"/>	15		<input type="checkbox"/>
06		<input type="checkbox"/>	16		<input type="checkbox"/>
07		<input type="checkbox"/>	17		<input type="checkbox"/>
08		<input type="checkbox"/>	18		<input type="checkbox"/>
09		<input type="checkbox"/>	19		<input type="checkbox"/>
10		<input type="checkbox"/>	20		<input type="checkbox"/>

INTERVIEWER RESULTS

Confidential

Interview Calls	Date (DD/MM/YY)	Time Started	Duration	*Results
1	/ /			<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>

*RESULTS CODES: 1 = Completed 2 = Partially Completed 3 = Refused 4 = No Suitable respondent at home 5 = No Contact 6= Vacant



SECTION 1 - HOUSING

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- 3 Flat, apartment, condominium
- 4 Townhouse
- 5 Combined business & dwelling
- 6 Other (Specify.....)
- 7 Barracks
- 8 Other

H2.2 What is the construction material of the outer walls?

- 1 Wood/Timber
- 2 Concrete/Concrete Blocks
- 3 Wood & Concrete
- 4 Stone
- 5 Brick/Blocks
- 6 Plywood
- 7 Makeshift (Specify.....)
- 8 Other/Don't Know

H2.3 What is the material used for roofing?

- 1 Sheet metal (galvanize, galvalume)
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Shingle (other)
- 5 Tile
- 6 Concrete
- 7 Makeshift/thatched
- 9 Don't know
- 8 Other (Specify.....)

H2.4 Does the household own the land beneath the dwelling?

- 1 Owned with title
- 2 Family Owned
- 3 Rents the land
- 4 Leases the land
- 5 Squatting
- 6 Not Owned

H3.

H3.1 Does this household own, rent or lease this dwelling?

- 1 Owned (with mortgage)
- 2 Owned (Without mortgage)
- 3 Rented-Furnished
- 4 Rented-Unfurnished
- 9 Squatted
- 10 Other (please specify.....)
- 5 Rented-Gov't
- 6 Rented-Private
- 7 Leased
- 8 Rent-free

H3.2 What type of fuel does this household use most for cooking?

- 1 Coal
- 2 Wood
- 3 Gas/LPG/Cooking gas
- 4 Kerosene
- 5 Electricity
- 6 no cooking
- 7 Other (please specify.....)

H3.3 What type of toilet facilities does this household have?

- 1 W.C. (flush toilet) linked to sewer
- 2 W.C. (flush toilet) linked to Septic tank/Soak-away
- 3 Pit-latrine
- 4 Ventilated Pit-latrine
- 5 Other (please specify.....)
- 6 None

H3.4 Does your household share any of the following facilities with another household?

- 1 Kitchen
- 2 Toilet / Bathroom
- 3 Water
- 4 Any combination of 1, 2 or 3
- 5 None
- 6 Other (please specify.....)

H3.5 What is the main source of your water supply?

- 1 Public, piped into dwelling
- 2 Public, piped into yard
- 3 Public standpipe
- 7 Private catchment piped
- 8 Other (please specify.....)
- 4 Public well/tank or truck
- 5 Private, piped into dwelling
- 6 Private catchment not piped

If response is 1 or 2 to H3.5 continue, otherwise skip to H3.7

H3.6 In the past twelve months, how many days on average per week do you have water in your pipe?

Days enter 8 for "Don't Know" and 9 for "Not Stated"

H3.7 What type of lighting does this household use most?

- 1 Gas
- 2 Kerosene
- 3 Electricity - Public
- 4 Electricity - Private Generator
- 5 Other (please specify.....)
- 6 None

H3.8 In which year was this dwelling built?

- 1 Before 1970
- 2 1970 - 1979
- 3 1980 - 1989
- 4 1990 - 1995
- 5 1996 - 2000
- 6 2001
- 7 2002
- 8 2003
- 9 2004
- 10 2005
- 11 2006
- 12 Don't Know

H3.9 How many rooms does your dwelling unit contain? (Do not count bathrooms, porches, kitchens, laundry rooms, balcony, arttic, corridor)

Number of Rooms

H3.10 How many are used

1. Solely as bedrooms? 3. Rented or sub-letted?
 2. Used for business? 4. Vacant?

H3.11 How do you compare the overall economic situation of the household with one year ago?

- 1 Much worse now
- 2 A Little worse now
- 3 Same
- 4 A Little better now
- 5 Much better now
- 6 Don't know

H3.12 On a scale of 1 to 5, where 1 is poor and 5 is rich how would you rate your household?

- 1 2 3 4 5

H4.

H4.1 Indicate how many of each of the following items is owned by all household members? (Write "0" where there is none)

	Number	Number
1. Telephone - Land Line	<input type="text"/>	15. Motor Vehicle <input type="text"/>
2. Telephone - Cellular	<input type="text"/>	16. Computer (laptop, desktop) <input type="text"/>
3. Television	<input type="text"/>	17. Sewing Machine <input type="text"/>
4. Video/VCR	<input type="text"/>	18. Dryer <input type="text"/>
5. Play station	<input type="text"/>	19. Dish washer <input type="text"/>
6. Ipods/MP3	<input type="text"/>	20. Weed Eater /Lawn Mower <input type="text"/>
7. DVD Player	<input type="text"/>	21. Air Conditioner <input type="text"/>
8. Electric/Gas Stove	<input type="text"/>	
9. Toaster oven	<input type="text"/>	
10. Micro-wave	<input type="text"/>	
11. Electric Iron	<input type="text"/>	
12. Refrigerator/Freezer	<input type="text"/>	
13. Radio/Stereo/CD Player	<input type="text"/>	
14. Washing Machine	<input type="text"/>	



EXPENDITURE ON ACCOMMODATION

Answer the following questions where an answer is not applicable leave blank. If an answer is not possible put 9's followed by 8 in the last position. For entries not stated make an entry of 0. If this is not possible put 9's in the boxes provided. All entries are annual unless stated otherwise. All entries should be rounded to the nearest \$

Are you the owner of the dwelling? 1 Own (Continue) 2 Both (Continue) 3 Rent (Go to PART 3)

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PART 1 - OWNER OCCUPIED ACCOMMODATION		CODE	Amount (\$)
1.1 How much is due to be paid annually for the following:			
1 Land and House taxes _____		0423103	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2 Other property taxes _____		0423102	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.2 What is the annual rent or lease for the land on which the house is built? _____		0411201	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.3 How much Insurance premium is paid on this dwelling annually ? _____		1252101	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.4 Is any part of this dwelling rented? _____ <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			if No, go to 1.6
1.5 What amount do you receive monthly for rental/sub-letting: for any or all of the following purposes:			
1 Furnished/Partly furnished (household accommodation) _____		1800501	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2 Unfurnished (household accommodation) _____		1800502	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3 Business _____		1800503	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.6 How much rent would you charge monthly if you were to rent this accommodation _____		0421101	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.7 What is the estimated market value of the dwelling unit currently occupied by this household? _____		1900104	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.8 Do you make mortgage payments for this dwelling? _____ <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Check H3.1 then answer this question			if No, go to 2.1
1.9 What is the monthly mortgage payments for this dwelling? _____		1900105	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
PART 2 PROPERTY BOUGHT/CONSTRUCTED IN SURVEY YEAR			Amount (\$)
2.1 Did you purchase/construct this dwelling unit during the past 12 months? _____			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Yes, Continue if no, go to Q3.1
2.2 If purchased, was the dwelling unit bought new or was it previously occupied? _____			<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used
Please state the following:			
2.3 Purchase price or construction cost _____		1900101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2.4 Duration of mortgage _____		1900102	<input type="text"/> <input type="text"/> Years
2.5 Amount of mortgage _____ After Q2.5 go to Q3.1		1900103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
PART 3 - RENTED ACCOMMODATION			
INTERVIEWER: If the family occupied a rented dwelling for all or part of the survey year, complete this section			
Ask question if household has been renting for all or part of the last twelve months			
3.1 State amount paid for monthly rent currently _____		0411100	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3.2 Is any part of this dwelling unit sub-letted? _____			<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No if No, go to 4.1
3.3 State monthly receipts from sub-letting or renting			
Furnished/Partly furnished _____		1800801	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Unfurnished _____		1800802	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Business _____		1800803	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3.4 If rent includes meals, estimate approximately the monthly value of meals _____		1800901	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



incurred any expenditure on any of the following items for repairing the accommodation occupied by your household.

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Note: Exclude any expenditures on major additions and improvements which add to the value of the property, e.g. built a new wall, built a retaining wall, etc. Also, exclude expenditure on damages caused by extraordinary events, e.g. hurricane, fire, etc.

Even if rented, probe for repair and maintenance expenses.

1 Yes (Complete Q 4.1) 2 No (Go to Q 4.2)

Not applicable
Not Known
Amount too large
Not Stated

Leave Blank
9's ending in 8
9's ending in 7
Try harder, if not use all 9's

REPAIR AND MAINTENANCE	Y/N	CODE	\$ AMOUNT
Materials (excluding labor)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Painting e.g. paints, varnishes, brushes and scrapers	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431101	[][][] , [][][]
2. Masonry e.g. Cement, sand and lime	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431201	[][][] , [][][]
3. Carpentry e.g. Wooden planks, plywood etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431301	[][][] , [][][]
4. Plumbing, repair and replacing e.g. replaced water pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431401	[][][] , [][][]
5. Electrical (repair and replace) e.g. switches, wires, fuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431501	[][][] , [][][]
6. Other materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431801	[][][] , [][][]
Labor excluding materials costs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Painting, outside and inside (including roof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432101	[][][] , [][][]
8. Plastering and Masonry, e.g. repairing walls, flooring etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432102	[][][] , [][][]
9. Carpentry e.g. repairing of doors, windows, roofs and ceilings etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432103	[][][] , [][][]
10. Plumbing, e.g. replaced water pump etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432104	[][][] , [][][]
11. Electrical repairs and replacing, eg. replaced wiring etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432105	[][][] , [][][]
12. Termite Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No		[][][] , [][][]
13. All other services	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432199	[][][] , [][][]
14. TOTAL EXPENDITURE	<input type="checkbox"/> Yes <input type="checkbox"/> No		[][][] , [][][]

4.2 In the past twelve months, did the physical structure of your dwelling suffer any damage caused by extra-ordinary events (e.g. Hurricane, fire, etc.?)

1 Yes 2 No (if no, go to 5.1)

4.3 Can you tell me the nature of the damage? (select all that apply)

1 Roof 2 Walls 3 Windows or Doors
 4 Floors 5 Other

4.4 How much have you paid to repair these damages?

\$ [][][] , [][][]

4.5 How were these repairs funded and at what cost (Select all that apply)?

1 Out of Pocket

\$ [][][] , [][][]

2 Insurance Claim

\$ [][][] , [][][]

3 Relatives and friends

\$ [][][] , [][][]

4 Government Support

\$ [][][] , [][][]

5 Other

\$ [][][] , [][][]



1000 0007

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

PLEASE WRITE CLEARLY AND LEGIBLY

HOW MUCH WAS SPENT ON THE SERVICES LISTED BELOW		CODE	Amount (\$)
5.1	How much did you spend during the last 3 months on gas for cooking? e.g. propane, butane cylinders	0452101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.2	How much were you billed for water in the last last month (exclude balances from previous bills from Water Department)	0441101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.3	How much were you billed for electricity in the last month (exclude balances from previous bills)	0451101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.4	How much were you billed for <u>fixed line telephone</u> in the last month (exclude balances from previous bills, including phone cards, caller ID, call waiting, etc)	0830201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.5	How much was paid by you in the last twelve months for other related household expenses n.e.s (Specify) e.g. Emptying of septic tank _____	0562601	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

HOW MUCH WAS SPENT <u>MONTHLY</u> ON THE SERVICES LISTED		CODE	Amount (\$)
5.6	Employed staff including maids, butlers, drivers, gardeners, etc _____	0562100	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.7	Persons engaged temporarily for baby-sitting, housework, etc. _____	0562200	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.8	Child care outside of the home e.g. day nurseries, play schools and other child minding services _____	1240201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.9	Care of elderly relatives inside the home _____	1240102	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.10	Care of elderly relatives outside the home _____	1240103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.11	Care of the disabled _____	1240104	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.12	Gardening/lawn care services _____	0562203	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.13	Cablevision installation and/or Service _____	0830103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.14	Internet Services _____	0830401	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
HOW MUCH WAS SPENT <u>ANNUALLY</u> ON THE SERVICES LISTED			Amount (\$)
5.16	Amount spent last twelve months on other household services, moving, laundry, _____	4532199	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

or received as a gift by anyone in the household in the past 12 months.

- Note: I) If any item was bought on an installment plan, you should enter the cash price of the item and not the monthly repayment. If the cash price is not available or cannot be recalled then use the "regular price". However, if the respondent is not able to recall either the "cash price" or the "regular price" then use the total hire purchase price.
- II) If any trade-in allowance was given, the purchase price represents the amount paid plus the value of any trade-in (the full purchase price of the new item before deducting trade-in value).
- III) You should record all purchases including those bought abroad, through mail order catalogues, over the Internet and purchased in St. Kitts and Nevis
- IV) Include all home made furniture and equipment and indicate this by placing an X *in* the check box "HomeMade" next to the description of the item under the column "HAVE BOUGHT".

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Living or recreation room 3/ 5/ 7 piece suites	0511101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Wall unit / Display cabinet	0511103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
couch or sofa	0511104	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Coffee /side table/centre table	0511107	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
TV / Stereo stand /entertainment center	0511108	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Playpens	0511111	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Book case/ book shelf	0511112	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other living room furniture not specified by type	0511199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Dining room furniture 5 piece Dinette / Dining Suites	0511203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
China cabinets /Hutch back	0511204	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Individual tables	0511207	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Individual chairs	0511208	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other dining room furniture not specified by type	0511299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Kitchen furniture Table	0511301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Chairs/Stools	0511302	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Trolleys	0511303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cabinets/ Cupboards (not built in)	0511304	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other kitchen furniture not specified by type	0511399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



E, FURNISHINGS AND HOUSEHOLD EQUIPMENT

Have you, or anyone in your household purchased or received gifts, for any of the following?

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			PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Bedroom furniture						
Bedroom Suites	0511401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Double bed/bunk bed	0511402	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
King/Queen size bed	0511403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Single bed	0511404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Mattress	0511406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Chest of Drawers	0511408	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Wardrobe	0511409	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cots, cribs	0511410	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Combination wardrobe	0511412	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Dressing table	0511407	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other bedroom furniture not specified by type	0511499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Patio and outdoor furniture						
Table and chair	0511501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Lounge chair	0511505	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other outdoor furniture not specified by type	0511599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Decorative furnishings						
Pictures and paintings	0511601	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Decorative clocks	0511605	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Floral Arrangements	0511602	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ornaments, Vases	0511603	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other decorative furniture not specified by type	0511699	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Lighting equipment						
Standard Lamps/wall lamps	0511705	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Kerosene Lamp	0511701	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other lighting equipment not specified by type	0511799	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other furniture						
Computer desks	0511801	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Bookcase/bookshelves		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ironing boards	0511803	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other furniture not specified by type	0511899	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



FURNISHINGS AND HOUSEHOLD EQUIPMENT

Have you, or anyone in your household purchased or received gifts, for any of the household, any of the following?

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			PURCHASED (homemade)			GIFTS		
			QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
Carpets Fitted carpets	0512101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Non fitted carpets /rugs	0512102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other floor covering Linoleum	0512201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Ceramic tiles	0512202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Vinyl tiles	0512203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Wooden floor covering	0512204	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other floor covering not specified by type	0512299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Furnishing Material Furnishing Fabrics/ cushion fabrics	0520101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Curtain material (over lace)	0520102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Drape material	0520104	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other furnishing material not specified by type	0520199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Ready made articles Curtains- panels, kitchen sets (not plastic)	0520201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Drapes	0520202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other ready made articles not specified by type	0520299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Beddings Sheets and pillow cases	0520302	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
pillows	0520303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
cushions	0520307	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Comforters and Spreads**	0520306	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other ready made beddings not specified by type	0520399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Towels and Table Linen Towels-Bath	0520401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Kitchen towels	0520403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Table cloths, Table napkins	0520404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Bathroom mats	0520405	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Door mats	0520406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other towels and table linen not specified by type	0520499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other household textiles Shopping bags	0520501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						



Do you, or anyone in your household purchased or received gifts, for members of the household, any of the following?

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		BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Other household textiles not specified by type	0520599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Major kitchen appliances Cooking stove (gas/electric)	0531101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Microwave Ovens	0531102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Refrigerator and Freezer	0531103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Home deep freezer	0531105	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other major kitchen appliances not specified by type	0531199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Major laundry appliances Clothes washer fully automatic	0531201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Clothes washer semi- automatic	0531202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Clothes dryer (electric)	0531205	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other major laundry appliances not specified by type	0531299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Major cleaning appliances Vacuum cleaner	0531301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other major cleaning appliances not specified by type	0531399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Major air and water appliances Air conditioning unit	0531401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Water heater(solar/electric)	0531404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other major air and water appliances not specified by type	0531499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other major household appliances Sewing machines	0531501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Computers	0913101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Fax machines	0531503	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other major household appliances not specified by type	0531599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Small electronic household appliances Mixer	0532001	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Toaster	0532002	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Sandwich maker	0532004	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Blender	0532005	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Electric fan	0532007	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Electric Iron	0532008	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



E, FURNISHINGS AND HOUSEHOLD EQUIPMENT

Do you, or anyone in your household purchased or received gifts, for members of the household, any of the following?

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		BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Electric kettle	0532009	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Food processors	0532014	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Small electronic household appliances not specified by type	0532099	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Telephone equipment Telephones	0820102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cell phones	0820101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Recreation and culture Television sets	0911101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Personal	0911304	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Radios	0911201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
CD players	0911303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
China, Glass, Ceramic and Crystals Plates, teacups, saucers, mugs, bowls	0540101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Glasses, Jug, -(Glass, ceramic)	0540102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Pottery, Oven ware-(glass, ceramic)	0540103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cutlery, Flatware, Silverware Forks, Knives, Spoons	0540201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cooking Utensils-Knives, Serving spoons, Openers, Scissors, graters	0540202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Non - electric kitchen equipment Pressure cookers Saucepans, Stew pots,	0540301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Sterilizers/Filters	0540303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Feeding bottles, Thermos flasks, Bottles	0540305	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ice boxes, coolers	0540306	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Miscellaneous Equipment Laundry baskets, Waste	0540401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Pails, Basins, Potty, Tubs, Bath Tubs	0540403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Mops, brooms, brushes	0540404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other miscellaneous equipment not specified by type	0540499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Gas Powered tool Lawn Mower	0551202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Weed Eaters	0551203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other gas powered tools	0551299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



E, FURNISHINGS AND HOUSEHOLD EQUIPMENT

Do you, or anyone in your household purchased or received gifts, for members of the household, any of the following?

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		BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Garden Tools Spades, shovels, rakes	0552201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Wheelbarrows	0552201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ladders and steps	0552301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Small Electrical Accessories Transformers	0552501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Electric bulbs, Fluorescent lighting tubes	0552502	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Flash -lights, Torches.	0552503	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				

SECTION 4 - REPAIRS AND SERVICING OF HOUSEHOLD ARTICLES

PART 2 - During the past twelve months have you or any other member of your household incurred any expenses for the repair and servicing of any of the following pieces of equipment?

REPAIRS TO APPLIANCES AND EQUIPMENT		CODE	AMOUNT (\$) SPENT LAST YEAR
Repair of furniture, furnishes and floor coverings Repair of furniture	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512301	
Repair of floor covering (cost of labour plus material)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512303	
Repairs to major kitchen appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533001	
Repairs to major laundry appliances e.g washing machine	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533002	
Repairs to major cleaning appliances e.g vacuum cleaner	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533003	
Repairs to other major appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533004	
Repairs to small electric appliances e.g blender	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533005	
Repair of telephone and telefax equipment	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0820201	
Repairs to audio -visual equipment (eg television set)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915101	
Repairs to photographic equipment e.g cameras	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915102	
Repairs to information processing equipment (computers)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915103	
Other repairs and servicing	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0534101	



HOME PRODUCTS PRODUCED AND CONSUMED AT HOME

person that what is needed in this section is an estimate of the quantity specified and the value of home grown produce consumed by his/her Coconut trees, fruit trees, tomatoes, lettuce, sweet pepper etc grown recorded here as home grown produce if consumed in the past month.

What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

1 Yes Continue 2 No Go to Section 6

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Orange (Number)	0116101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Limes (Number)	0116124	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Citrus (Number)	0116104	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Ripe bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Watermelons (lbs.)	0116117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other fresh fruits (pawpaw, plums, cherries, sour sop, golden apples, etc (lbs.))	0116199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Green bananas (lbs.)	0116128	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Plantains (lbs.)	0116129	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Avocados (Number)	0116125	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Jelly coconuts (Number)	0116132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Cabbage (Green) (lbs.)	0117103	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>



HOME PRODUCTS PRODUCED AND CONSUMED AT HOME

own vegetables, ground provisions, meat, poultry, fish or dairy products during the last month?

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	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Lettuce, water cress (Head / bundles)	0117106	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Herbs and Thyme (bundle)	0117122	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Fresh vegetables (lbs.)	0117199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Green pigeon peas (lbs.)	0117115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
String Beans (lbs.)	0117117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Spices, cinnamon, nutmeg, ginger (lbs.)	0119223	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Yams - white (lbs.)	0117503	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tannias (lbs.)	0117508	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dasheen (lbs.)	0117505	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sweet potatoes (lbs.)	0117506	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
White potato	0117509	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Nuts (cashews, peanuts etc.) (lbs.)	0116130	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other ground provisions (lbs.)	0117699	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Home Produced Meat and Poultry				
Beef	0112107	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pork	0112207	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Mutton/Goat	0112303	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Rabbit	0112402	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Meats	0112499	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Chicken	0112701	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Poultry	0112999	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>



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HOME PRODUCTS PRODUCED AND CONSUMED AT HOME

grown vegetables, ground provisions, meat, poultry, fish or dairy products sold during the last month?

HOME PRODUCT CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Home Produced Dairy Products and Fish:			
Milk (quarts)	0114101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
Eggs (doz)	0114501	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
Fish caught (lbs.)	0113199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
Talapia (lbs.)	0113113	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
Lobster	0113115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
Conch	0113117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>

SECTION 6 - TRANSPORTATION

- Note:** 1. List on a separate line each motor vehicle, motor cycle, bicycle etc. and any other vehicle owned and operated in the past 3 months
2. When trade-ins occur the purchase price represents cash plus amount credited towards traded vehicle, **always clarify this**

PART 1 - Do you or any member of this household own or had owned and operated any vehicle during the past 3 months?

1 Yes Continue 2 No Go to Section 7

NO	TYPE	AGE (in years from date of manufacture)	PURCHASED NEW OR USED?	PURCHASE PRICE	% PRIVATE 98 =100%	% BUSINESS 98 =100%
01	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 6 - TRANSPORTATION

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EXPENSE AND REPAIR EXPENDITURE DURING THE PAST 3 MONTH PERIOD
Expenses incurred entirely for business do not include its expenses in the list which
particular expense, then sum it up in the amount field provided.
The number referred to is the number assigned to the vehicle from the previous

Maintenance expenditure during the past three months	CODE	Vehicle 01 No: _____	Vehicle 02 No: _____	Vehicle 03 No: _____	Vehicle 04 No: _____	\$ Amount	
Parts							
Tyres	0721101						
Oil Filters/Spark plugs	0721103						
Batteries	0721104						
Brakes	0721109						
Other parts	0721199						
Operation Costs							
Gasoline	0722101						
Diesel	0722102						
Oil	0722201						
License	0724404						
Insurance (vehicle)	1254100						
Driving permits/License	0724303						
Parking fines /Tickets	0724701						
Other operating cost	0723199						
Repairs and Servicing (including parts and labour) General servicing, Tune-ups, electrical/motor repairs	0723110						
Body work (straighten, paint)	0723108						
Upholstery	0723114						
Front end alignment and wheel balancing	0723104						
Exhaust system repairs	0723105						
Brake adjustments, repairs and service	0723103						
Air Condition	0723115						
Car Wash, polish etc.	0723101						
Other (Specify)	0723199						



REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET

Let used in the last twelve months by your household for s?

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				NAME OF OUTLET	Outlet Code (See below)	LOCATION OF OUTLET (Community, Street, District)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Beef Pork/Mutton - Fresh / Frozen	0112401	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2. Fish - Fresh / Frozen	0113199	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3. Chicken - Fresh / Frozen	0112899	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4. Vegetables	0117100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5. Ground Provisions	0117500	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
6. Bread and Cakes	0111100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
7. Groceries	0119501	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
8. Household Supplies	0561000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
9. Clothing Material	0311000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
10. Clothing - Women	0312300	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
11. Clothing - Men	0312100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
12. Clothing - Children	0313601	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
13. Furniture	0511000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
14. Footwear	0321000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

REGULARITY OF PURCHASE CODES

- 1. DAILY
- 2. WEEKLY
- 3. FORTNIGHTLY
- 4. MONTHLY
- 5. SEMI-ANNUALLY
- 6. ANNUALLY
- 9. OTHER

TYPE OF OUTLET-CODES

- 01. SUPERMARKET
- 02. MINI MART/SUPERETTE
- 03. SHOP
- 04. WHOLESALE OUTLET
- 05. FISH MARKET
- 06. BAKERY
- 07. RESTAURANT
- 08. HARDWARE STORE
- 09. FURNITURE & APPLIANCES STORE
- 10. DEPARTMENT STORE
- 11. CLOTHING STORE
- 12. TEXTILE STORE
- 13. SHOE STORE
- 14. VARIETY STORE
- 15. PHARMACY
- 16. HOSPITAL
- 17. CLINIC (HEALTH CENTER)
- 18. PRIVATE DOCTOR
- 19. ABROAD-USA
- 20. ABROAD-OTHER
- 21. VEGETABLE MARKET
- 22. VAN
- 23. SEA-FRONT
- 24. HOTEL
- 25. OTHER



REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET

Use the following codes to indicate the regularity of purchase and the main type of outlet used in the last twelve months by your household for the following items?

				NAME OF OUTLET	Outlet Code (See below)	LOCATION OF OUTLET (Community, Street, District)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
15. Appliances	0531000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
17. Medical Expenses - Consultation	0621100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
18. Medical Expenses - Procedure	0630000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
19. Breakfast (responsible adult)	1111101	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
20. Lunch (responsible adult)	1111201	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
21. Dinner (responsible adult)	1111301	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

REGULARITY OF PURCHASE CODES

1. DAILY	5. SEMI-ANNUALLY
2. WEEKLY	6. ANNUALLY
3. FORTNIGHTLY	9. OTHER
4. MONTHLY	

TYPE OF OUTLET-CODES

01. SUPERMARKET	11. CLOTHING STORE	19. ABROAD-USA
02. MINI MART/SUPERETTE	12. TEXTILE STORE	20. ABROAD-OTHER
03. SHOP	13. SHOE STORE	21. VEGETABLE MARKET
04. WHOLESALE OUTLET	14. VARIETY STORE	22. VAN
05. FISH MARKET	15. PHARMACY	23. SEA-FRONT
06. BAKERY	16. HOSPITAL	24. HOTEL
07. RESTAURANT	17. CLINIC (HEALTH CENTER)	25. OTHER
08. HARDWARE STORE	18. PRIVATE DOCTOR	
09. FURNITURE & APPLIANCES STORE		
10. DEPARTMENT STORE		

SECTION 8 FOR HEADS OF HOUSEHOLD ONLY

8.1 What was the size of the household in which you grew up?

8.2 What is the highest grade completed by father?

00 none	10 G1/Std 1	20 form1	30 CFBC-A
01 Nursery	11 G2/Std 2	21 form2	31 CFBC-TECH
02 Pre-school	12 G3/Std 3	22 form3	32 CFBC-level I
03 Kindergarten	13 G4/Std 4	23 form4	33 University-UWI
04 Special Education	14 G5/Std 5	24 form5	34 University-Other
05 Don't know	15 G6/Std 7	25 form6	35 Other
		26 'A' Level	

8.3 What is the highest grade completed by mother?

00 none	10 G1/Std 1	20 form1	30 CFBC-A
01 Nursery	11 G2/Std 2	21 form2	31 CFBC-TECH
02 Pre-school	12 G3/Std 3	22 form3	32 CFBC-level I
03 Kindergarten	13 G4/Std 4	23 form4	34 University-UWI
04 Special Education	14 G5/Std 5	24 form5	35 University-Other
05 Don't know	15 G6/Std 7	25 form6	36 Other
		26 'A' Level	

8.4 Do(es) perceive yourself/himself/herself as being better off than..... parents?

- 1 Yes 3 Somewhat
- 2 No 4 Don't Know

8.5 How much did you spend on Food in the past week?

\$,

8.6 How much did you spend on Food in the past month?

\$,



**COMPLETED FOR HOUSEHOLD MEMBERS
HAVE MOVED OUT OF THE HOUSEHOLD IN
LAST FIVE YEARS**

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EACH MEMBER WHO LEFT THE HOUSEHOLD

INDIVIDUAL NUMBER	Sex Male.....1 Female..2	Years	Relationship to Head Spouse/partner.....1 Child.....2 Son/daughter in law.3 grand-child.....4 parent/parent-in-law.5 grand parent.....6 other relative.....7 brother /sister.....8 non-relative.....9	Education grade level attained by..... prior to departure?	6 How long ago did... move away (in years) Less than 6 months0 6 months to 1 year1	7 Most important reason for leaving the household more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	8 Area former household member moved to Another part of the country.....1 St. Marten.....2 Other CARICOM.3 UK.....4 USA.....5 Canada.....6 BVI.....7 Anguilla.....8 USVI.....9	9 Does this former household member send any contributions to this household? Provide an annual estimate of amount sent in \$EC dollars in the last year. Provide a monetary value for in-kind contributions sent
				00 None 01 Nursery 02 Preschool 03 Kindergarten 04 Grade1/std1 05 Grade2/std2 06 Grade3/std3 07 Grade4/std4 08 Grade5/std5 09 Grade6/std6 10 Project Strong 11 AVEC-tech voc 12 Form 1 13 Form 2 14 Form 3 15 Form 4 16 Form 5 - 22. A levels 17 CFBC A levels 18 CFBC Tech voc 19 CFB level I 20 University..... 21 Don't know	In EC Dollars			
01	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
02	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
03	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
04	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
05	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
06	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
07	<input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
08	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
09	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
10	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>
11	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/> , <input type="text"/>



CHILDREN UNDER THE AGE OF FIVE YEARS

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	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child No. 5
2. Date of Birth (dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age (in months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Where was child delivered?	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4. Who delivered the child?	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. In the past two weeks, has had running belly (diarrhea) i.e. three or more loose stools per day?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
6. During this last episode of diarrhea, did drink:(prompt and insert X for all items mentioned)					
1. Breast Milk	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Cereal-based gruel or gruel made from roots or soup	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Other locally-defined acceptable home fluids	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. ORS (oral rehydration solution) packet solution	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Water with feeding during some part of the day	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Water alone	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other milk or infant formula	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Defined "unacceptable" fluids	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
7. Durings diarrhea, did he/she drink much less, about the same, or more than usual?					
1. Much less	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. About the same (or somewhat less)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. More	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Don't know	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
8. Has ever been breast fed?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
9. Is he/she still being breast fed?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
10. Since this time yesterday, did he/she receive any of the following? (Prompt and insert X code for all					
1. Vitamins, mineral supplements or medicine	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Plain water.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Sweetened, flavoured water or fruit juice or tea or infusion	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Oral re-hydration solution (ORS)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Tinned, powdered or fresh milk or infant formula	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Solid or semi-solid (mushy) food.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Received ONLY breastmilk.....	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know.....	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
11. Was immunized against					
1. Polio.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Diphtheria.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. BCG.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. HIB.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Measles.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Hepatitis-B.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. MMR1.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7



