

Country Assessment of Living Conditions

# Barbados Survey of Living Conditions 2016

## Identification

ED	Household number

## Location

Parish	Latitude (North)	Longitude (West)	Month	Fortnight
	° ' "	° ' "		

Household address:

## Household result

Visit	Date (DD/MM/YY)	Time started	Time finished	Result
1				
2				
3				
4				
5				
6				
7				

**Result codes:** 1= Fully completed; 2= Partially completed; 3= Temporarily absent; 4= Refusal;

5= Vacant dwelling ; 6= Secondary residence; 7= Not a dwelling; 8= Not interviewed for other reasons (state reason in Obs.)

**Individual nonresponse** (if a member could not be interviewed, write his/her ID code below and clearly state the reason in Obs.)

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Enumerator N°	
Supervisor N°	
Coder N°	

## Observations

Visit 1	
Visit 2	
Visit 3	
Visit 4	
Visit 5	
Visit 6	
Visit 7	

## MODULE 1: Basic Demographics of household members

All household members

ID Code	1.01 Full names of household members			1.02 Relation to the household head		1.03 Sex		1.04 Age		1.05 What is your date of birth?		
				Head 1 Spouse/ partner 2 Child of head/ child of spouse 3 Son/ daughter in law 4 Grandchild 5 Parent/ parent in law 6 Brother/ sister 7 Other relative 8				If less than 1 year write 0 (zero)				
				Visitor 9 Domestic servant/ maid 10 Other non relative 11								
	1.01a First name	1.01b Middle name	1.01c Last name			Male 1	Female 2	Completed years	Day	Month	Year	
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## MODULE 1: Basic Demographics of household members

All household members

ID Code	1.06 Do you consider yourself...? <b>RO</b>		1.07 What is your religion?  <i>If age lower than 10 answer and ► 2.00</i>		1.08 What is your marital status? <b>RO</b>  <i>Ask only if 10 years or older</i>		1.09 Full name when you were 10 years of age (i.e. prior to marriage)  <i>Ask only if FEMALE and 10 years or older</i>			1.10 Cell phone number  <i>If the interviewed person does not have a cell phone, ask for a number where s/he can be reached</i>  <i>Do not use hyphens or spaces</i>	1.11 <i>Check <input checked="" type="checkbox"/> the person who responded this Module</i>
	Black 1	East 5	Anglican 1	Moravian 8	Never 1 ► 1.10						
	Mixed 2	Indian 5	Spiritual 2	Pentecostal/ 9	Married						
	White 3	Middle 6	Baptist 3	Evangelical 10	Common-Law Spouse 2						
	Oriental 4	Eastern 6	Baptist 3	Roman Catholic 11	Married 3						
		Other 7	Hindu 4	Catholic 11	Legally separated 4 ► 1.09		1.09a	1.09b	1.09c		
			Muslim 5	Seventh Day 11	Divorced 5		First name	Middle name	Last name		
			Jehovah 6	Adventist 12	Widowed 6						
			Witness 6	Other 13							
			Methodist 7	None 13							
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## MODULE 2: Migration

All persons

ID Code	2.00 Respondent's ID code	2.01 In what country were you born?	2.02 Specify country	2.03 Have you ever lived abroad for a period of 6 months or longer?	2.04 In what country(ies) other than Barbados did you live for <b>6 months or longer</b> ? State the <u>last</u> 2 countries where you lived. <b>Record the last country where s/he lived as Country 1</b>				
		Barbados 1 United States 2 United Kingdom 3 Canada 4 India 5 China 6 Other 7		Yes 1 No 2	United States 2 United Kingdom 3 Canada 4 India 5 China 6 Other (Specify) 7	2.04.1a Country 1	2.04.1b Specify Country 1 (if "Other")	2.04.2a Country 2	2.04.2b Specify Country 2 (if "Other")
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## MODULE 2: Migration

All persons

ID Code	<b>2.05</b> What is the <u>main</u> reason why you lived abroad? Refer to the <u>last</u> one/ last two country/ies were you lived for 6 months or longer.		<b>2.06</b> What is the <u>main</u> reason why you returned/ came to Barbados?		<b>2.07</b> For how many years have you been residing in Barbados on a continuous basis?  <i>If less than 1 year write 0 (zero)</i>  Years			
	Born abroad	1	Employment	5	Regard it as home	1	The weather	7
	Study/ Education	2	Retirement	6	Family is here	2	To obtain employment	8
	Family reasons	3	To start a business	7	Marriage	3	Health reasons	9
	Better living conditons	4	Health	8	Deported	4	Return from study	10
			Other	9	Retired	5	Other	11
					To start a business	6		
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## MODULE 3: Education

All persons

ID Code	3.01	3.02	3.03	3.04	3.05	3.06	3.07
	Have you EVER attended school?  <i>If the person is attending Home school, complete "No" and ► 4.01</i>	Are you currently enrolled in an educational institution?	What level of educational institution are you <u>attending</u> ? <b>RO</b>  Pre-primary 1 ► 3.09 Primary 2 ► 3.06 Secondary 3 Technical/ Vocational College 4 Tertiary (University/ other College) 5 Other 6	What is/was the name of your secondary school?  <i>If attended more than one secondary school, record the last one attended</i>	Secondary school code	What is/was the name of your primary school?  <i>If attended more than one primary school, record the last one attended</i>	Primary school code
	Yes 1 No 2 ► 4.01	Yes 1 No 2 ► 3.22					
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## MODULE 3: Education

All persons attending an educational institution

ID Code	3.08 What is the highest examination you have passed? <b>RO</b>		3.09 Are you enrolled full-time or part-time?		3.10 Is the institution you are attending public or private?		3.11 Is this onsite or online education?			
	None	1	Associate Degree/ Higher	9						
	Common entrance	2	Diploma							
	School Leaving Certificate	3	Bachelors Degree	10						
	CXC Basic	4	Post Graduate Diploma/	11						
	CXC General / 'O' level	5	Professional Qualification							
	City and Guilds	6	Masters Degree	12						
	GCE 'A'/CAPE	7	PhD Degree	13						
	Diploma or Equivalent Certificate of Achievement	8	Other	14	Full-time	1	Public	1	Onsite	1
					Part-time	2	Private	2	Online	2 ► 3.18
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### MODULE 3: Education

All persons attending an educational institution

ID Code	3.12	3.13	3.14	3.15	3.16	3.17																																																					
	How many days in the last school year did you miss school? Should be available from the last term report.  <i>If 0 (zero) answer and ► 3.14</i>	What was the <u>most frequent</u> reason for missing school last term?  <table border="0"> <tr><td>Illness</td><td>1</td><td>Pregnant/ Young mother</td><td>8</td></tr> <tr><td>Financial problems</td><td>2</td><td>Baby sitting</td><td>9</td></tr> <tr><td>Transportation problems</td><td>3</td><td>Apprenticeship</td><td>10</td></tr> <tr><td>Working</td><td>4</td><td>Fear of gangs</td><td>11</td></tr> <tr><td>Home duties</td><td>5</td><td>Menstrual Problems</td><td>12</td></tr> <tr><td>Not worth going</td><td>6</td><td>Lack of uniform</td><td>13</td></tr> <tr><td>Did not feel like going</td><td>7</td><td>Expulsion/ Suspension</td><td>14</td></tr> <tr><td></td><td></td><td>Other</td><td>15</td></tr> </table>	Illness	1	Pregnant/ Young mother	8	Financial problems	2	Baby sitting	9	Transportation problems	3	Apprenticeship	10	Working	4	Fear of gangs	11	Home duties	5	Menstrual Problems	12	Not worth going	6	Lack of uniform	13	Did not feel like going	7	Expulsion/ Suspension	14			Other	15	How long does it take you to get to school from this household? In minutes based on the normal means of getting there.  Minutes	How do you <u>most usually</u> get to school?  <table border="0"> <tr><td>Walking</td><td>1</td></tr> <tr><td>Cycling</td><td>2</td></tr> <tr><td>Taxi</td><td>3</td></tr> <tr><td>Transport Board Bus</td><td>4</td></tr> <tr><td>Private Sector Vehicle</td><td>5</td></tr> <tr><td>Private Car/ Motorcycle</td><td>6</td></tr> <tr><td>Other</td><td>7</td></tr> </table>	Walking	1	Cycling	2	Taxi	3	Transport Board Bus	4	Private Sector Vehicle	5	Private Car/ Motorcycle	6	Other	7	Is there a school feeding program at your school?  <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2 ► 3.18</td></tr> </table>	Yes	1	No	2 ► 3.18	Do you receive meals or snacks from this service?  <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> </table>	Yes	1	No
Illness	1	Pregnant/ Young mother	8																																																								
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## MODULE 3: Education

All persons attending an educational institution

ID Code	3.18	3.19									3.20					
	Do you have all textbooks required for use at school? <b>RO</b>	Were some of these books acquired by you in any of the following ways?									<b>Only for those who answered 3 or 4 in 3.18</b> What are the reasons for not having <u>all</u> of the required textbooks?					
		If 3.18 is 1 or 2, answer and ► 3.21														
		Check <input checked="" type="checkbox"/> all that applies									Check <input checked="" type="checkbox"/> all that applies					
		Borrowed for use during year	Received from relatives or friends	Purchased new	Purchased second hand	Bought some/ got some on loan or free	Received from community organization	Government book loan	From the school or institution at no cost	Other	Books not available	Could not afford	Books available in school library	Books were lost or destroyed	Still to be purchased	Other
		3.19a	3.19b	3.19c	3.19d	3.19e	3.19f	3.19g	3.19h	3.19i	3.20a	3.20b	3.20c	3.20d	3.20e	3.20f
01	Yes, has ALL books for exclusive use 1															
02	Yes, has ALL but shares with others 2															
03	Has only some books 3															
04	Has none 4 ► 3.20															
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# MODULE 3: Education

All persons attending an educational institution

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ID Code	3.21 How much did you spend during the <b>past 12 months</b> on your schooling in...?  <i>If nothing was spent, write 0 (zero)</i>  BDS\$															<i>If age 0 to 13</i> ► 4.01  <i>If 14 or older</i> ► 3.29	
	Admission fees 3.21a	Annual / session fees 3.21b	Registration fees 3.21c	Examination fees 3.21d	Tuition fees 3.21e	Schooling fees Subtotal (a+b+c+d+e) 3.21f	Text books, note books 3.21g	Exercise books, stationary 3.21h	Uniform dress, footwear 3.21i	Private tutoring 3.21j	Accommodation Expenses (incl. food) 3.21k	Transport cost 3.21l	Food or snacks at school 3.21m	Donation (edu. related) 3.21n	Other 3.21o		Total 3.21p
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### MODULE 3: Education

All persons NOT attending an educational institution but attended in the past

ID Code	3.22	3.23	3.24	3.25	3.26
	What is the highest level of education you <u>completed</u> ? <b>RO</b>	What was the name of your secondary school?  <i>Only for those who attended secondary level or higher</i>  <i>If attended more than one secondary school, record the last one attended</i>	Secondary school code	What was the name of your primary school?  <i>If attended more than one primary school, record the last one attended</i>	Primary school code
	<div> <div>None</div> <div>1</div> <div>►</div> <div>4.01</div> <div>Technical/ Vocational</div> <div>5</div> </div> <div> <div>Primary</div> <div>2</div> <div>College</div> <div>6</div> </div> <div> <div>Elementary/</div> <div>3</div> <div>Tertiary (University/ other</div> <div>6</div> </div> <div> <div>Composite</div> <div>4</div> <div>College)</div> <div>7</div> </div> <div> <div>Secondary</div> <div>4</div> <div>Other</div> <div>7</div> </div>				
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### MODULE 3: Education

All persons NOT attending an educational institution but attended in the past

ID Code	<b>3.27</b> What is the highest examination you have ever passed? <b>RO</b>		<b>3.28</b> In what field of study was this examination?		<i>If age 0 to 13</i> ► <b>4.01</b>  <i>If 14 or older</i> ► <b>3.29</b>
	There was no examination back then	0			
	None	1	Associate Degree/ Higher Diploma	9	
	Common entrance	2			
	School Leaving Certificate	3	Bachelors Degree	10	
	CXC Basic	4	Post Graduate Diploma/	11	
	CXC General / 'O' level	5	Professional Qualification	12	
	City and Guilds	6	Masters Degree	13	
	GCE 'A'/CAPE	7	PhD Degree	14	
	Diploma or Equivalent Certificate of Achievement	8	Other		
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# MODULE 3: Education

All persons 14 years of age and older

ID Code	<p>Ask questions 3.29 to 3.32 only if age is 14 or higher</p>	<p><b>3.29</b> How many CXC/ CSEC/ 'O' level subjects have you ever taken? <b>Only if age is 14 or higher</b></p> <p><i>If answer is 0 (zero), WRITE 0 (ZERO) and ► 4.01</i></p> <p>Number of subjects taken</p>	<p><b>3.30</b> How many CXC/ CSEC/ 'O' level subjects have you ever passed?</p> <p>Number of subjects passed</p>	<p><b>3.31</b> Have you ever passed the CXC/ CSEC/ 'O' level Math exam? <b>RO</b></p> <p>I took Math and passed it 1</p> <p>I took Math, but did not pass it 2</p> <p>I did not take Math 3</p>	<p><b>3.32</b> Have you ever passed the CXC/ CSEC/ 'O' level English exam? <b>RO</b></p> <p>I took English and passed it 1</p> <p>I took English, but did not pass it 2</p> <p>I did not take English 3</p>
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## MODULE 4: Government social safety net programmes

All persons

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ID Code	4.01																						
	In the <b>past 6 months</b> have you benefitted from any of the following government programmes or benefits? (These are welfare programmes, childhood programmes, unemployment programmes, youth programmes, vocational training programmes, etc.) <b>Read list aloud and SHOW CARD</b>																						
	Check <input checked="" type="checkbox"/> all that applies <i>If nothing applies ► 5.00</i>																						
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
	The Child Care Programme	Community Tech Programme	Community Art and Dance Programme	ISEE BRIDGE	Relief in Kind	Rental and Utilities	Assistance for School	Welfare to Work	Apprenticeship	Skills Training	Evening Training	Employment	Employment and Training Fund	Competency Based Training Fund	NVQ / CVQ	A Ganar	Sickness	Maternity	Unemployment	Invalidity/ Injury	Funeral	Old Age	Survivors
	4.01a	4.01b	4.01c	4.01d	4.01e	4.01f	4.01g	4.01h	4.01i	4.01j	4.01k	4.01l	4.01m	4.01n	4.01o	4.01p	4.01q	4.01r	4.01s	4.01t	4.01u	4.01v	4.01w
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## MODULE 4: Government social safety net programmes

All persons

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ID Code	<b>4.02</b> When did you enroll in each programme and how much did you receive from each programme in the <b>past 3 months</b> in cash and vouchers? <i>If received nothing, write 0 (zero)</i>									<b>4.03</b> In the <b>past 3 months</b> what did you receive in kind from these programmes? Please describe as clearly as possible, including quantities.  <i>E.g.</i> Prog 1: 6 cans powder milk (2 LB each), 10 packages white rice (1 LB each) Prog 2: 1 training program on plumbing (10 days) Prog 3: 5 buckets of paint (4 LT each), 6 cement bags (20 LB each)
	4.02.1			4.02.2			4.02.3			
	Programme 1			Programme 2			Programme 3			
	4.02.1a Letter code	4.02.1b Enrollment date Month: Year	4.02.1c Cash & vouchers BDS\$	4.02.2a Letter code	4.02.2b Enrollment date Month: Year	4.02.2c Cash & vouchers BDS\$	4.02.3a Letter code	4.02.3b Enrollment date Month: Year	4.02.3c Cash & vouchers BDS\$	
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## MODULE 5: Health

All persons

ID Code	5.00 Respondent's ID code	5.01 What is your weight?		5.02 What is your height?	5.03 Do you practice any of the following physical activities?						5.04 Do you get a general medical checkup at least once a year?	5.05 Do you get a dental checkup at least once a year?
	<i>If 0 to 5 years old complete this column and ► 5.04</i>  <i>If 6 years or older complete this column and ► 5.01</i>			Centimeters	Check <input checked="" type="checkbox"/> all that applies							
		LB	OZ		Attend a gym at least once per week 5.03a	Engage in a sport game at least once per week 5.03b	Go jogging at least once per week 5.03c	Ride with a riding club/group at least once per week 5.03d	Take regular walks at least 3 days per week 5.03e	Other physical activity 5.03f		
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## MODULE 5: Health

All persons

ID Code	5.06 Do you suffer from any of the following conditions?						5.07 Do you have any of the following disabilities?				5.08 Did you suffer any of the following diseases in the <b>past 3 months?</b>							5.09 Have you ever contracted one of the following diseases?		5.10 Do you receive any PUBLIC ASSISTANCE in the form of a monetary grant because of any illness or disability?	
	Check <input checked="" type="checkbox"/> all that applies						Check <input checked="" type="checkbox"/> all that applies				Check <input checked="" type="checkbox"/> all that applies							Check <input checked="" type="checkbox"/> all that			
	Diabetes	High blood pressure	Heart condition	Cancer	Asthma	Arthritis	Speech	Sight (partial or total blindness)	Hearing	Physical	Diarrhea	Angina	Bronchitis	Pneumonia	Flu	Dengue fever	Chikungunya	Dengue fever	Chikungunya		
	5.06a	5.06b	5.06c	5.06d	5.06e	5.06f	5.07a	5.07b	5.07c	5.07d	5.08a	5.08b	5.08c	5.08d	5.08e	5.08f	5.08g	5.09a	5.09b		
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## MODULE 5: Health

All persons

ID Code	5.11	5.12	5.13	5.14	5.15																			
	<p>During the <b>past 3 months</b> were you unable to carry on your usual activities at least for 1 day because of illness or injury?</p> <p style="text-align: center;"><b>3 m</b></p> <p>Yes, only illness 1</p> <p>Yes, only injury 2</p> <p>Yes, illness and injury 3</p> <p>No 4 ► 5.14</p>	<p>For how many days during the <b>past 3 months</b> were you unable to carry on your usual activities because of illness or injury?</p> <p style="text-align: center;"><b>3 m</b></p> <p style="text-align: center;">Days</p>	<p>How many of these were missed days of work without pay (within the <b>past 3 months</b>)?</p> <p style="text-align: center;"><b>3 m</b></p> <p style="text-align: center;">Days</p>	<p>When was the last time you visited a health practitioner?</p> <p>3 or less months ago 1</p> <p>Between 4 and 6 months ago 2</p> <p>Between 7 and 12 months ago 3</p> <p>Over 12 months ago 4 ► 5.20</p>	<p>Where was your LAST visit to a medical practitioner made? <b>RO</b></p> <table border="1"> <tr> <td>Local public hospital</td> <td>1</td> <td>Private doctor/</td> <td>5</td> </tr> <tr> <td>Polyclinic</td> <td>2</td> <td>dentist abroad</td> <td></td> </tr> <tr> <td>Private clinic/hospital</td> <td>3</td> <td>Alternative medicine clinic (acupuncture, reiki etc.)</td> <td>6</td> </tr> <tr> <td>Local private doctor/</td> <td>4</td> <td>Hospital abroad</td> <td>7</td> </tr> <tr> <td>dentist</td> <td></td> <td>Pharmacy/chemist</td> <td>8</td> </tr> </table>	Local public hospital	1	Private doctor/	5	Polyclinic	2	dentist abroad		Private clinic/hospital	3	Alternative medicine clinic (acupuncture, reiki etc.)	6	Local private doctor/	4	Hospital abroad	7	dentist		Pharmacy/chemist
Local public hospital	1	Private doctor/	5																					
Polyclinic	2	dentist abroad																						
Private clinic/hospital	3	Alternative medicine clinic (acupuncture, reiki etc.)	6																					
Local private doctor/	4	Hospital abroad	7																					
dentist		Pharmacy/chemist	8																					
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## MODULE 5: Health

All persons

ID Code	5.16 How long did you have to wait at this place before being assisted?		5.17 How satisfied were you with the attention/ treatment received? <i>RO</i>		5.18 Why were you not satisfied?  Check <input checked="" type="checkbox"/> all that applies							5.19 How many nights, if any, during the <b>past 12 months</b> did you spend in a public/ private hospital?
	5.16a Hours	5.16b Minutes	Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied	1 2 3 4 5	Drugs not available 5.18a	Attitude of staff 5.18b	Long waiting time 5.18c	Equipment not available or operational 5.18d	No Doctor/Trained staff available 5.18e	Too many revisits 5.18f	Other 5.18g	12 m  Nights
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## MODULE 5: Health

All persons

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ID Code	5.20	5.21	5.22	5.23	5.24	5.25
	Did you buy private medical services for yourself during the <b>past 30 days</b> ? E.g. doctor fees, dentist fees, physiotherapist, etc. Include only fees; do not include lab tests, x-rays, etc.	How much did you spend for these private medical services for yourself in the <b>past 30 days</b> ?	Did you buy other medical care services for yourself during the <b>past 30 days</b> ? E.g. x-rays, blood test, electrocardiogram, hospitalization, other types of lab tests, etc.	How much did you spend for these other medical care services for yourself in the <b>past 30 days</b> ?	Did you buy other medical products for yourself during the <b>past 30 days</b> ? E.g. prescription glasses, thermometer, blood pressure monitor, orthotics, cervical collars, etc.	How much did you spend for these other medical products for yourself in the <b>past 30 days</b> ?
	Yes 1 No 2 ► 5.22	BDS\$	Yes 1 No 2 ► 5.24	BDS\$	Yes 1 No 2 ► 5.26	BDS\$
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## MODULE 5: Health

All persons

ID Code	<b>5.26</b> Did you buy medicines for yourself during the <b>past 30 days</b> ? E.g. antibiotics, cardiovascular drugs, hypertensive agents; pain killers, eye, ear, nose and throat drugs, etc. <div style="text-align: center; background-color: black; color: white; width: 50px; margin: 10px auto;">30 d</div>	<b>5.27</b> Did you obtain these medicines at a private or at a public facility or pharmacy? <div style="text-align: right; font-size: small;">             Private 1              Public 2              Both 3           </div>	<b>5.28</b> How much did you spend for medicines for yourself at a private or public source in the <b>past 30 days</b> ? <div style="text-align: center; background-color: black; color: white; width: 50px; margin: 10px auto;">30 d</div> <div style="text-align: right; font-size: small;">BDS\$</div>	<b>5.29</b> Are you covered by Private Health Insurance or Employee Medical Plan? <div style="text-align: right; font-size: small;"> <i>If 14 years of age or younger answer and ► 7.00</i>   <i>If female and 15 years or older answer and ► 6.01</i>   <i>If male and 15 years or older answer and ► 8.01</i> </div> <div style="text-align: right; font-size: small;">             Yes 1              No 2           </div>
	Yes 1	Private 1		Yes 1
	No 2 ► 5.29	Public 2		No 2
		Both 3		

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## MODULE 6: Pregnancy health care and Fertility

Women 15 years of age and older

ID Code	<b>6.01</b> Have you ever given birth to a child who was born alive?	<b>6.02</b> How many children born alive have you had?	<b>6.03</b> How many of them are alive now?	<b>6.04</b> What is the sex and date of birth of all the children you have had in your life, whether they are now alive or not? List them in the order in which they were born.																			
				<b>6.04.1</b>				<b>6.04.2</b>				<b>6.04.3</b>				<b>6.04.4</b>				<b>6.04.5</b>			
				<b>First child</b>				<b>Second child</b>				<b>Third child</b>				<b>Fourth child</b>				<b>Fifth child</b>			
				<b>6.04.1a</b>	<b>6.04.1b</b>			<b>6.04.2a</b>	<b>6.04.2b</b>			<b>6.04.3a</b>	<b>6.04.3b</b>			<b>6.04.4a</b>	<b>6.04.4b</b>			<b>6.04.5a</b>	<b>6.04.5b</b>		
			<b>Sex</b>	<b>Date of birth</b>			<b>Sex</b>	<b>Date of birth</b>			<b>Sex</b>	<b>Date of birth</b>			<b>Sex</b>	<b>Date of birth</b>			<b>Sex</b>	<b>Date of birth</b>			
				Day	Month	Year		Day	Month	Year		Day	Month	Year		Day	Month	Year		Day	Month	Year	
	Yes 1																						
	No 2 ► 8.01																						

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## MODULE 6: Pregnancy health care and Fertility

Women 15 years of age and older

ID Code	6.05 Do you get gynaecological checkups at least once a year?	6.06 When pregnant with your <u>last child</u> , did you attend prenatal consultations at a healthcare facility?	6.07 Where did you <u>first</u> attend prenatal consultations when you were pregnant with your <u>last child</u> ? <b>RO</b>	6.08 At what month of pregnancy did you go for your first visit when pregnant with your <u>last child</u> ?	6.09 Did you receive ultrasound at least once when pregnant with your <u>last child</u> ?	6.10 Who <u>mainly</u> assisted you with the delivery of your <u>last child</u> ? <b>RO</b>	6.11 Where did you give birth to your <u>last child</u> ? <b>RO</b>	▶ 8.01
			Local public hospital 1 Local polyclinic 2 Local private Clinic/hospital 3 Hospital abroad 4	E.g. 1, 3, 8.		Household member/relative 1 Neighbor 2 Midwife 3 Nurse 4	Local public hospital 1 Local polyclinic 2 Local private 3 Clinic/Hospital 4	
	Yes 1 No 2	Yes 1 No 2 ▶ 6.10	Private doctor 5 Other 6	Month	Yes 1 No 2	Doctor 5 Other 6	At home 5 Other 6	
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## MODULE 7: Children

All children 14 years of age and younger

ID Code	7.00 Respondent's ID code	7.01 Child's first name	7.02 Child's age ( <i>in completed years</i> )	7.03 Does [NAME]'s mother live in the household?	7.04 Individual ID code of mother ( <i>according to MODULE 1</i> )	7.05 Does [NAME]'s father live in the household?	7.06 Individual ID code of father ( <i>according to MODULE 1</i> )	7.07 Do this child receive any monetary support from outside of the household?	7.08 What is the form of this support? <i>RO</i>
	<i>Ask for the adult in charge of each child</i>	<i>Copy from Module 1</i>	<i>Copy from Module 1</i>  <i>If less than 1 year write 0 (zero)</i>	Yes 1 No 2 ► 7.05		Yes 1 No 2 ► 7.07		Yes 1 No 2 ► 7.09	Government grant 1 Maintenance or alimony 2
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# MODULE 7: Children

All children 14 years of age and younger

30 d

ID Code	7.09 In the <b>past 30 days</b> , have you or any other adult in the household: <i>Ask only if the child is 0 to 8 years old</i> Check <input checked="" type="checkbox"/> all that applies						7.10 The child has...? <i>Ask only if the child is 0 to 8 years old</i> Check <input checked="" type="checkbox"/> all that applies					7.11 In the <b>past 30 days</b> when this child was disciplined, what method was used? <i>Ask all children 0 to 14 years old</i> Check <input checked="" type="checkbox"/> all that applies										
	Read to or shown the child books	Told stories to the child	Sung songs with the child	Played games with the child	Spent time with the child counting, drawing or naming things	Took the child on a special activity	Toys that teach colours, shapes and sizes	Toys or games which help teach numbers	Toys/games requiring fine movements (building blocks, Legos)	Books (other than school books)	Toy or real musical instruments	Slapping/ hitting with hands	Beating with an implement (belt, stick)	Quarrelling/ shouting	Removing privileges (e.g. TV, favourite game)	Denying food	Time out (put in room/ corner)	Talking about why an action was wrong	Swearing/ cursing at the child	Pinching the child	Ignoring the child	Reasoning
	7.09a	7.09b	7.09c	7.09d	7.09e	7.09f	7.10a	7.10b	7.10c	7.10d	7.10e	7.11a	7.11b	7.11c	7.11d	7.11e	7.11f	7.11g	7.11h	7.11i	7.11j	7.11k
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## MODULE 7: Children

All children 14 years of age and younger

ID Code	7.12	7.13				7.14	7.15	<p><i>If 0 to 4 years old</i> ► 7.16</p> <p><i>If 5 to 14 years old</i> ► 7.24</p>
	How many children are there in the child's class?  <i>If the child is not attending school write 0 (zero)</i>	Is there a safe place for the child(ren) to play within your community?				Has the child witnessed any type of violence within the community?	Has the child witnessed any type of violence at home?	
		Check <input checked="" type="checkbox"/> all that applies						
		Own yard 7.13a	Playground 7.13b	Community centre 7.13c	Other 7.13d			
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## MODULE 7: Children

### Children 4 years of age and younger

ID Code	7.16 Where was [NAME] born? <b>RO</b>		7.17 Who MAINLY assisted his/her delivery? <b>RO</b>		7.18 What was the weight of [NAME] at birth?		7.19 In the <b>past two weeks</b> , has this child had running belly (diarrhea) ie. three or more loose stools per day?		7.20 Number of doses for ...  <i>Ask for the immunization card</i>  <i>Write 0 (zero) if no dose</i>								
	Local public hospital	1	Household member/relative	1													
	Local polyclinic	2	Neighbor	2													
	Local private Clinic/ Hospital	3	Midwife	3													
	Hospital abroad	4	Nurse	4	7.18a	7.18b											
	At home	5	Doctor	5	Pounds	Ounces			Yes	1	D.P.T. / D.T.	O.P.V.	Hib	Hepatitis B	Pneumonia	M.M.R.	BCG
	Other	6	Other	6					No	2	7.20a	7.20b	7.20c	7.20d	7.20e	7.20f	7.20g
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## MODULE 7: Children

### Children 4 years of age and younger

ID Code	7.21 Was immunization card seen for 7.20 ?	7.22 What type of symptoms would cause [NAME] to be taken to a health facility right away?						7.23 What is the child's national ID number?	END OF INDIVIDUAL INTERVIEW
	Check <input checked="" type="checkbox"/> all that applies								
	Yes 1 No 2	Child not able to drink or breastfeed 7.22a	Child develops a fever 7.22b	Child has fast/ difficult breathing 7.22c	Child has blood in stool 7.22d	Vomiting 7.22e	Diarrhea 7.22f		
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## MODULE 7: Children

Children 5 to 14 years of age

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ID Code	7.24	7.25	7.26	7.27	7.28	7.29	7.30	7.31	END OF INDIVIDUAL INTERVIEW
	During the <b>past 30 days</b> , did [NAME] do any kind of work for somebody who is not a member of this household?	Was s/he paid for this work (either in cash or in kind)?	During the <b>past 30 days</b> , about how many days did s/he work for somebody who is not a member of this household?	During the <b>past 30 days</b> , did [NAME] do any paid or unpaid work on a family farm or in a family business or sold goods in the street?	During the <b>past 30 days</b> , about how many days did s/he work for his/her family or for himself/herself?	During the <b>past 30 days</b> , did [NAME] help with household chores such as shopping, cleaning, washing clothes, cooking, or caring for children, elderly or sick people?	During the <b>past 30 days</b> , about how many days did s/he do these chores?	What is his/her national ID number?	
	Yes 1 No 2 ► 7.27	Yes 1 No 2	Number of days	Yes 1 No 2 ► 7.29	Number of days	Yes 1 No 2 ► 7.31	Number of days		
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## MODULE 8: Crime and personal safety

All persons 15 years of age and older

ID Code	8.01 In the <b>past 12 months</b> have you been a victim of crime?	8.02 Describe the nature of the <u>main</u> crime? <b>RO</b>	8.03 Where was this crime experienced? <b>RO</b>	8.04 Was this crime reported to the police?	8.05 Why was this crime not reported to the police?					
	12 m				Answer and ► 8.07					
					Check <input checked="" type="checkbox"/> all that applies					
					No confidence in the justice system 8.05a	No confidence in the police force 8.05b	Afraid of the perpetrator 8.05c	Perpetrator is household member/relative 8.05d	Not serious enough 8.05e	Other 8.05f
	Yes 1 No 2 ► 8.07	Theft of vehicle 1 Theft from vehicle 2 Burglary 3 Attempted burglary 4 Robbery 5 Assault 6 Sexual offence 7 Other 8	Home 1 Community 2 Elsewhere 3	Yes ► 8.06 No						
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## MODULE 8: Crime and personal safety

All persons 15 years of age and older

ID Code	<b>8.06</b> How satisfied were you with the handling of the matter by the police? <i>RO</i>	<b>8.07</b> Are you more fearful of being victim of crime than you were two years ago?	<b>8.08</b> Has this household ever had to obtain any of the following as a result of fear of crime?  <i>To be answered by the household head</i>  <i>If nothing applies ► 9.00</i>						<b>8.09</b> How much would you estimate that this household spent on these measures in the past 2 years?  <i>To be answered by the household head</i>
	Very satisfied 1 Satisfied 2 Neither satisfied nor dissatisfied 3 Dissatisfied 4 Very dissatisfied 5	Yes 1 No 2	Check <input checked="" type="checkbox"/> all that applies						<div>2 y</div>
			Guard dogs	Private security	Car alarm	House alarm	Burglar bars	Other	
			8.08a	8.08b	8.08c	8.08d	8.08e	8.08f	
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## MODULE 9: Employment

All persons 15 years of age and older

ID Code	9.00 Respondent's ID code	9.01 What is your national ID number?	9.02 Have you ever worked in your life?	9.03 How many years in total have you worked in your life?	9.04 What was your <u>main</u> economic activity in the <b>past 30 days</b> ? <b>RO</b>	9.05 Do you have more than one job now?	9.06 Talking about your <u>main job/ business</u> (the one with the <u>highest income</u> ), what is your employment status in this job/ business? <b>RO</b>
			Yes 1 No 2 ► 9.04	<i>If worked less than 1 year write 0 (zero)</i>  Years	<div>30 d</div> Working 1 Unemployed 2 ► 9.27 Keeping the house 3 Studying 4 Retired 5 ► 9.32 Incapacitated 6 Other 7	Yes 1 No 2	Employer (with employees) 1 Self-employed (with no employees) 2 Unpaid family worker 3 ► 9.13 Government employee 4 Private employee 5 Apprentice 6 ► 9.10 Other 7
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## MODULE 9: Employment

Employed persons 15 years of age and older

ID Code	9.07 Is this business registered in any national/state or professional agency?					9.08 Does this business operate from your home, another fixed location, or is it mobile?			9.09 Do you keep any kind of accounting records for your business? <b>RO</b>		9.10 How many persons including yourself work at the place/ establishment where you work?  <b>If 9.06 is 1 or 2 answer and then ► 9.13</b>	9.11 In this job, are you employed on the basis of a written contract or is it an oral agreement? <b>RO</b>	9.12 Which benefits do you receive from your employer in this job?												
	Check <input checked="" type="checkbox"/> all that applies					Check <input checked="" type="checkbox"/> all that applies			Check <input checked="" type="checkbox"/> all that applies																
	Inland revenue	Business registration at the Registrar	Business certificate of Ministry of Commerce	National insurance	VAT	Home based	Other fixed location	Mobile business	Yes, detailed formal accounts (balance sheet statements, purchase and sales books)	Yes, simplified accounting process (accounting system, not reported for tax purposes)			Yes, just personal records (informal records)	No, no type of accounting	Written contract (time not specified)	Written contract (time limited)	Oral agreement	Pension or retirement fund	Maternity leave	Paid sick leave	Day care facilities	Protection equipment/clothes	Transport/ subsidized food facilities	Insurance	
	9.07a	9.07b	9.07c	9.07d	9.07e	9.08a	9.08b	9.08c							1	2	3	4	1	2	3	9.12a	9.12b	9.12c	9.12d
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## MODULE 9: Employment

Employed persons 15 years of age and older

ID Code	9.13	9.14	9.15	9.16																												
	What is your occupation in your main job/ business?	What is the name of your occupation?  <i>E.g. sales manager, sales clerk, mason, primary school teacher, hairdresser, cashier at supermarket, taxi driver, doctor, street seller, carpenter, etc.</i>	What are your main activities or duties? Describe as clearly as possible.	Occupation code																												
	<table border="1"> <tr> <td>Manager</td> <td>1</td> <td>Skilled agriculture</td> <td>6</td> </tr> <tr> <td>Professional</td> <td>2</td> <td>/fishery worker</td> <td></td> </tr> <tr> <td>Technician/Associate Professional</td> <td>3</td> <td>Craft and related trades worker</td> <td>7</td> </tr> <tr> <td></td> <td></td> <td>Plant and machine operator</td> <td>8</td> </tr> <tr> <td>Clerical support worker</td> <td>4</td> <td></td> <td></td> </tr> <tr> <td>Service and sales worker</td> <td>5</td> <td>Elementary occupation</td> <td>9</td> </tr> <tr> <td></td> <td></td> <td>Other</td> <td>10</td> </tr> </table>	Manager	1	Skilled agriculture	6	Professional	2	/fishery worker		Technician/Associate Professional	3	Craft and related trades worker	7			Plant and machine operator	8	Clerical support worker	4			Service and sales worker	5	Elementary occupation	9			Other	10			
Manager	1	Skilled agriculture	6																													
Professional	2	/fishery worker																														
Technician/Associate Professional	3	Craft and related trades worker	7																													
		Plant and machine operator	8																													
Clerical support worker	4																															
Service and sales worker	5	Elementary occupation	9																													
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## MODULE 9: Employment

Employed persons 15 years of age and older

ID Code	9.17 Talking about your main job/ business, what is the activity, industry or service carried out at the place/ establishment where you work?		9.18 What kind of goods are produced or services provided at the place/ establishment where you work?  <i>E.g. garments manufacturing, taxi service, banking, soap manufacturing, primary school, garment shop, supermarket, government office, health services (private clinic), etc.</i>	9.19 Industry code	9.20 How many years have you been working in this job/ business?  <i>If less than 1 year write 0 (zero)</i> Years	9.21 How many hours did you actually work in the <b>past 7 days</b> , considering <u>all your jobs</u> ?  <i>If more than one job, include all hours at all jobs</i>  <b>7 d</b>  <i>If TOTAL is less than 40 hours, answer and ► 9.22</i> <i>If TOTAL is 40 hours or more, answer and ► 9.23</i>							
	Accommodation/ Food Services Administration Agriculture/Fisheries Construction/ Mining/ Quarrying Education Electricity/Energy/Water Financial Services (including insurance)	1 2 3 4 5 6 7				Health and Social Work Information and Communication (ICT) Manufacturing Professional/Technical Activities (law, engineering, medicine) Transport Wholesale/Retail Trade Other	8 9 10 11 12 13 14	Monday 9.21a	Tuesday 9.21b	Wednesday 9.21c	Thursday 9.21d	Friday 9.21e	Saturday 9.21f
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## MODULE 9: Employment

Employed persons 15 years of age and older

ID Code	9.22 What is the <u>main</u> reason for working less than 40 hours in the <b>past 7 days</b> ?		9.23 How many hours per week do you <u>usually</u> work, <u>considering all your jobs</u> ?	9.24 Have you been looking for additional work/employment in the <b>past 30 days</b> ?	9.25 Were you available to work more hours in the <b>past 30 days</b> ?	9.26 Did a person who studied at your secondary school play any of the following roles when you obtained your <u>current job</u> ? <b>Answer and ► 9.34</b>								► 9.34
	Own illness/injury Illness/Injury of another household member Holiday/Vacation It is only a part-time job Personal/ family responsibilities In school/training Strike/lock out	1 2 3 4 5 6 7	Job ended in reference week Firm not getting enough work Times allocated by employer Could not find more work Pregnancy Other	8 9 10 11 12 13	<b>30 d</b>	<b>30 d</b>	Check <input checked="" type="checkbox"/> all that applies							
				Yes 1 No 2	Yes 1 No 2	Hired me 9.26a	Was my business partner 9.26b	Referred me to the job 9.26c	Informed me about the job opening 9.26d	Put me in touch with a person at the company/firm 9.26e	Sent my resume to the employer 9.26f	Put in a good word with the employer 9.26g	Wrote a recommendation letter to the employer 9.26h	
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## MODULE 9: Employment

### Unemployed persons 15 years of age and older

ID Code	9.27	9.28	9.29	9.30	9.31
	What was the <u>main</u> reason why you were not working in the <b>past 30 days</b> ?	Have you been looking for work and available to work in the <b>past 30 days</b> ?	Why did you not seek work or do anything to earn income in the <b>past 30 days</b> ? <i>Indicate the most important reason</i>	In what kind of occupation are you looking for work? <i>E.g. sales manager, or sales clerk, mason, hairdresser, etc.</i>	What is the <u>main</u> source you use in looking for work? <b>RO</b>
	No work available 1 Seasonal inactivity 2 Student 3 Household/ family duties 4 Other 5	Yes 1 ► <b>9.30</b> No 2	Temporary illness 1 Long term illness 2 Did not want to work 3 Awaiting results of applications 4	Knew of no vacancy 5 Discouraged 6 Caring for someone 7 Pregnancy 8 Other 9	Skilled agricultural/ fishery worker 6 Craft and related trades worker 7 Plant and machine operator 8 Elementary occupation 9 Other 10
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## MODULE 9: Employment

All persons 15 years of age and older

ID Code	<b>9.32</b> When did you last work?		<b>9.33</b> What was the <u>main</u> reason why you left your <u>last</u> job?		<b>9.34</b> Did a person who studied at your secondary school play any of the following roles when you obtained your <u>first</u> job?																			
					Check <input checked="" type="checkbox"/> all that applies																			
					Never worked 1	I currently work, but as a secondary activity 2	1 to 3 months ago 3	4 to 6 months ago 4	7 to 12 months ago 5	More than 12 months ago 6	New job 1	Fired 2	Illness/Injury 3	Retired 4	To return to school 5	Retrenched/Laid off 6	Did not want to work 7	No more work available 8	Wages too low 9	Seasonal job 10	Home Duties 11	Sexual Harassment 12	Pregnancy 13	Other 14
					9.34a	9.34b	9.34c	9.34d	9.34e	9.34f	9.34g	9.34h												
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## MODULE 9: Employment

All persons 15 years of age and older

ID Code	9.35	9.36		9.37	9.38	9.39	9.40
	Have you ever undertaken any vocational/ technical training? (i.e. training on specific skills to be directly used for working, not part of the formal educational system).	What area was this training in? <i>If more than one instance, record the most recent training</i>		Specify training area	Was this training financed by your employer? <b>RO</b>	How long ago did you undertake your last training?	What was the duration of this training (in days)?
	Yes 1	Agriculture 1	Teaching/Nursing/ Child Care 5		Yes, totally 1		
	No 2 ► 10.00	Skilled Trade (e.g. Car mechanics, carpentry, hairdressing, electrics) 2 ► 9.38	Hospitality 6		Yes, partially 2	0-6 months ago 1	
			Cultural Skills (dance, drama, film, craft, etc.) 7		No, it was totally financed by myself/ my family 3	7-12 months ago 2	
			Business Studies 8			1-3 years ago 3	
		Upholstery/ Garments 3	Leadership/ Teamwork 9			Over 3 years ago 4	Days
		Hairdressing/ Cosmetology 4	Other (Specify) 10 ► 9.37				
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

## MODULE 10: Financial inclusion

All persons 15 years of age and older

1 m

ID Code	10.00	10.01	10.02a	10.02b	10.03	10.04a	10.04b	10.05
	Respondent's ID code	Do you currently obtain any income from your work?	What was your <b>GROSS</b> pay/income during the <b>last 1 month</b> from your <u>main job</u> , that is <u>before</u> income tax or other deductions?	What was your <b>NET</b> pay/income during the <b>last 1 month</b> from your <u>main job</u> , that is <u>after</u> income tax or other deductions?	Do you get this approximate amount every month?	How much did you receive in wages and salary during the <b>last 1 month</b> from <u>any other jobs</u> ( <b>GROSS</b> pay)? Include overtime, tips, bonuses.  <i>Ask only if more than one job</i>  <i>If only one job ► 10.06</i>	How much did you receive in wages and salary during the <b>last 1 month</b> from <u>any other jobs</u> ( <b>NET</b> pay)? Include overtime, tips, bonuses.  <i>Ask only if more than one job</i>	Do you get this approximate amount every month?  <i>Ask only if more than one job</i>
	Yes 1 No 2 ► 10.06	BDS\$	BDS\$	Yes 1 No 2	BDS\$	BDS\$	Yes 1 No 2	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								



## MODULE 10: Financial inclusion

All persons 15 years of age and older

1 m

ID Code	Did you receive money from any of the following sources in the <b>past 1 month</b> ?						
	<b>INSTRUCTIONS: If Yes, indicate the approximate MONTHLY amount in Barbados dollars (BDS\$). If No, write 0 (zero).</b>						
	10.06 Rental income received by you, for house, land and other property  <i>If 54 years or less answer and ► 10.12</i>  BDS\$	10.07 Pension from Government (former public servants)  BDS\$	10.08 Pension from other former local employer  BDS\$	10.09 Pension from former foreign employer  BDS\$	10.10 Contributory Pension from National Insurance, include old age/ retirement pension  BDS\$	10.11 Non-contributory Pension from National Insurance  BDS\$	10.12 Public assistance (welfare grants, disability grants, invalidity grants)  BDS\$
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

## MODULE 10: Financial inclusion

All persons 15 years of age and older

6 m

Did you receive money from any of the following sources in the **past 6 months**?

**INSTRUCTIONS:** If Yes, indicate the approximate **TOTAL** amount in Barbados dollars (BDS\$). If No, write 0 (zero).

ID Code	<div>10.13</div> <div>Alimony, maintenance, child support</div> <div>BDS\$</div>			<div>10.14</div> <div>Money received from other relatives and friends living in Barbados</div> <div>BDS\$</div>			<div>10.15</div> <div>Money sent by relatives and friends living abroad - Remittances from abroad</div> <div>BDS\$</div>		
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

## MODULE 10: Financial inclusion

All persons 15 years of age and older

12 m

ID Code	Did you receive money from any of the following sources in the <b>past 12 months</b> ?						<b>If less than 18 years</b> ► 11.01
	<b>INSTRUCTIONS: IF Yes indicate the approximate ANNUAL amount in Barbados dollars (BDS\$). If No, write 0 (zero).</b>						
	<b>10.16</b> Scholarships and educational grants          BDS\$	<b>10.17</b> Dividends on local and foreign investments (e.g. Credit union dividends)          BDS\$	<b>10.18</b> Interest on local and foreign bank deposits, bonds          BDS\$	<b>10.19</b> Insurance annuities          BDS\$	<b>10.20</b> Interest from stocks, shares, treasury bills and other investments          BDS\$	<b>10.21</b> Any other income which is not elsewhere specified          BDS\$	
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

## MODULE 10: Financial inclusion

All persons 18 years of age and older

ID Code	10.22	10.23		10.24	10.25	10.26	10.27	10.28	10.29	10.30
	Assume someone you fully trust offers you BDS\$ 1,000 as a gift today. However, he tells you that you may wait for one year and receive a higher amount instead. What is the MINIMUM amount that would make you decide to wait for one year instead of taking BDS\$ 1,000 today?	Do you have a ...?	Check <input checked="" type="checkbox"/> all that applies	Do you currently participate in Meetings (ie. Rotating savings and credit associations)?	Have you ever participated in Meetings?	Have you ever applied for a personal loan in a formal financial institution?	Have you ever been approved for a personal loan in a formal financial institution?	Are you currently repaying any personal loan?	For how many BDS\$ in total was/were the personal loan/s that you are currently repaying?	How many BDS\$ do you need <u>in total each month</u> to repay on your personal loan/s?
	BDS\$	Checking account 10.23a	Savings account 10.23b	Yes 1 ► 10.26 No 2	Yes 1 No 2	Yes 1 No 2 ► 11.01	Yes 1 No 2 ► 11.01	Yes 1 No 2 ► 11.01	BDS\$	BDS\$
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

# MODULE 11: Personal expenses in the past 7 days

All persons 15 years of age and older

MEMBER  
ID CODE

RESPONDENT  
ID CODE

7d

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO           <input type="checkbox"/> YES         </div>		<b>ANSWER AND ► NEXT ITEM</b>

39 Meals bought and consumed <u>away from home</u>			
3901 Beer			BDS\$
3902 Breakfast			BDS\$
3903 Carbonated and non carbonated waters			BDS\$
3904 Coffee, tea			BDS\$
3905 Cola and other carbonated beverages			BDS\$
3906 Dinner			BDS\$
3907 Fruits juice			BDS\$
3908 Hot dog			BDS\$
3909 Ice cream			BDS\$
3910 Lunch			BDS\$
3911 Pizza,			BDS\$
3912 Whisky, wine, rum, other spirits			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
40 Tobacco			
4001 Cigarettes			BDS\$
4002 Cigars			BDS\$
4003 Smoking accesories			BDS\$
4004 Tobacco			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
<b>TOTAL</b>			<b>BDS\$</b>

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO           <input type="checkbox"/> YES         </div>		<b>ANSWER AND ► NEXT ITEM</b>

41 Moving expenses: Petrol, Oils and others			
4101 Diesel Oil			BDS\$
4102 Gasoline			BDS\$
4103 Lubricating Oils			BDS\$
4104 Parking fees			BDS\$
Other (Specify)			BDS\$
42 Bus and Taxi Fares			
4201 Bus Fares			BDS\$
4202 School Bus			BDS\$
4203 Taxi Fares			BDS\$
Other (Specify)			BDS\$
43 Education, Recreation			
4301 Books (not for studying)			BDS\$
4302 Cinema			BDS\$
4303 Rental of DVDs			BDS\$
4304 Magazines			BDS\$
4305 Newspapers, Journals and Periodicals			BDS\$
4306 Tickets to spectator sporting: football, cricket, etc			BDS\$
4307 Tickets to theater, concert, opera, etc			BDS\$
4308 Other Recreational and Cultural Activities			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
44 Communications			
4401 Cell phone prepaid credit charge (with card or virtual charge)			BDS\$
4402 Internet connection in internet cafes			BDS\$
<b>TOTAL</b>			<b>BDS\$</b>

# MODULE 11: Personal expenses in the past 7 days

All persons 15 years of age and older

MEMBER  
ID CODE

RESPONDENT  
ID CODE

7d

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO <input type="checkbox"/> YES </div>		<b>ANSWER AND ► NEXT ITEM</b>

39 Meals bought and consumed away from home			
3901 Beer			BDS\$
3902 Breakfast			BDS\$
3903 Carbonated and non carbonated waters			BDS\$
3904 Coffee, tea			BDS\$
3905 Cola and other carbonated beverages			BDS\$
3906 Dinner			BDS\$
3907 Fruits juice			BDS\$
3908 Hot dog			BDS\$
3909 Ice cream			BDS\$
3910 Lunch			BDS\$
3911 Pizza,			BDS\$
3912 Whisky, wine, rum, other spirits			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
40 Tobacco			
4001 Cigarettes			BDS\$
4002 Cigars			BDS\$
4003 Smoking accesories			BDS\$
4004 Tobacco			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
<b>TOTAL</b>			<b>BDS\$</b>

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO <input type="checkbox"/> YES </div>		<b>ANSWER AND ► NEXT ITEM</b>

41 Moving expenses: Petrol, Oils and others			
4101 Diesel Oil			BDS\$
4102 Gasoline			BDS\$
4103 Lubricating Oils			BDS\$
4104 Parking fees			BDS\$
Other (Specify)			BDS\$
42 Bus and Taxi Fares			
4201 Bus Fares			BDS\$
4202 School Bus			BDS\$
4203 Taxi Fares			BDS\$
Other (Specify)			BDS\$
43 Education, Recreation			
4301 Books (not for studying)			BDS\$
4302 Cinema			BDS\$
4303 Rental of DVDs			BDS\$
4304 Magazines			BDS\$
4305 Newspapers, Journals and Periodicals			BDS\$
4306 Tickets to spectator sporting: football, cricket, etc			BDS\$
4307 Tickets to theater, concert, opera, etc			BDS\$
4308 Other Recreational and Cultural Activities			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
44 Communications			
4401 Cell phone prepaid credit charge (with card or virtual charge)			BDS\$
4402 Internet connection in internet cafes			BDS\$
<b>TOTAL</b>			<b>BDS\$</b>

# MODULE 11: Personal expenses in the past 7 days

All persons 15 years of age and older

MEMBER  
ID CODE

RESPONDENT  
ID CODE

7d

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO <input type="checkbox"/> YES </div>		<b>ANSWER AND ► NEXT ITEM</b>

39 Meals bought and consumed <u>away from home</u>			
3901 Beer			BDS\$
3902 Breakfast			BDS\$
3903 Carbonated and non carbonated waters			BDS\$
3904 Coffee, tea			BDS\$
3905 Cola and other carbonated beverages			BDS\$
3906 Dinner			BDS\$
3907 Fruits juice			BDS\$
3908 Hot dog			BDS\$
3909 Ice cream			BDS\$
3910 Lunch			BDS\$
3911 Pizza,			BDS\$
3912 Whisky, wine, rum, other spirits			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
40 Tobacco			
4001 Cigarettes			BDS\$
4002 Cigars			BDS\$
4003 Smoking accesories			BDS\$
4004 Tobacco			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
<b>TOTAL</b>			<b>BDS\$</b>

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO <input type="checkbox"/> YES </div>		<b>ANSWER AND ► NEXT ITEM</b>

41 Moving expenses: Petrol, Oils and others			
4101 Diesel Oil			BDS\$
4102 Gasoline			BDS\$
4103 Lubricating Oils			BDS\$
4104 Parking fees			BDS\$
Other (Specify)			BDS\$
42 Bus and Taxi Fares			
4201 Bus Fares			BDS\$
4202 School Bus			BDS\$
4203 Taxi Fares			BDS\$
Other (Specify)			BDS\$
43 Education, Recreation			
4301 Books (not for studying)			BDS\$
4302 Cinema			BDS\$
4303 Rental of DVDs			BDS\$
4304 Magazines			BDS\$
4305 Newspapers, Journals and Periodicals			BDS\$
4306 Tickets to spectator sporting: football, cricket, etc			BDS\$
4307 Tickets to theater, concert, opera, etc			BDS\$
4308 Other Recreational and Cultural Activities			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
44 Communications			
4401 Cell phone prepaid credit charge (with card or virtual charge)			BDS\$
4402 Internet connection in internet cafes			BDS\$
<b>TOTAL</b>			<b>BDS\$</b>

# MODULE 11: Personal expenses in the past 7 days

All persons 15 years of age and older

MEMBER  
ID CODE

RESPONDENT  
ID CODE

7d

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO <input type="checkbox"/> YES </div>		<b>ANSWER AND ► NEXT ITEM</b>

39 Meals bought and consumed <u>away from home</u>			
3901 Beer			BDS\$
3902 Breakfast			BDS\$
3903 Carbonated and non carbonated waters			BDS\$
3904 Coffee, tea			BDS\$
3905 Cola and other carbonated beverages			BDS\$
3906 Dinner			BDS\$
3907 Fruits juice			BDS\$
3908 Hot dog			BDS\$
3909 Ice cream			BDS\$
3910 Lunch			BDS\$
3911 Pizza,			BDS\$
3912 Whisky, wine, rum, other spirits			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
40 Tobacco			
4001 Cigarettes			BDS\$
4002 Cigars			BDS\$
4003 Smoking accesories			BDS\$
4004 Tobacco			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
TOTAL			BDS\$

<b>11.01</b> During the <b>past 7 days</b> , have you <u>spent</u> on any of these items <u>for your own personal use</u> ?	<b>SHOW CARDS</b>  CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING QUESTION 2	<b>11.02</b> <b>ONLY FOR PURCHASED ITEMS</b>  How much did you spend in [ITEM] in the <b>past 7 days</b> ?
<div> <input type="checkbox"/> NO <input type="checkbox"/> YES </div>		<b>ANSWER AND ► NEXT ITEM</b>

41 Moving expenses: Petrol, Oils and others			
4101 Diesel Oil			BDS\$
4102 Gasoline			BDS\$
4103 Lubricating Oils			BDS\$
4104 Parking fees			BDS\$
Other (Specify)			BDS\$
42 Bus and Taxi Fares			
4201 Bus Fares			BDS\$
4202 School Bus			BDS\$
4203 Taxi Fares			BDS\$
Other (Specify)			BDS\$
43 Education, Recreation			
4301 Books (not for studying)			BDS\$
4302 Cinema			BDS\$
4303 Rental of DVDs			BDS\$
4304 Magazines			BDS\$
4305 Newspapers, Journals and Periodicals			BDS\$
4306 Tickets to spectator sporting: football, cricket, etc			BDS\$
4307 Tickets to theater, concert, opera, etc			BDS\$
4308 Other Recreational and Cultural Activities			BDS\$
Other (Specify)			BDS\$
Other (Specify)			BDS\$
44 Communications			
4401 Cell phone prepaid credit charge (with card or virtual charge)			BDS\$
4402 Internet connection in internet cafes			BDS\$
TOTAL			BDS\$



## MODULE 12: Farming

### Part A: Landholding

**12.a** Is there in this household any **farmer** who grows crops or raises animals **for sale**?

Yes 1

No 2 ► **12.06**

☐

**12.00** Respondent ID code for this Module

Acres (1 decimal)

**12.01** Total arable agricultural land owned

**Write '0' if none**

**12.02** Total dwelling-house/Homestead land owned

**12.03** Total arable agricultural land rented/ share-cropped

**12.04** Do you keep any kind of accounting records for your business? **RO**

☐

Yes, detailed formal accounts (balance sheet statements, purchase and sales books)	1
Yes, simplified accounting process (accounting system, not reported for tax purposes)	2
Yes, just personal records (informal records)	3
No, no type of accounting	4

**12.05** In October 2015 the Rural Development Commission (RDC) organized a workshop on budgeting for farming enterprises, called the "Enterprise Budgeting: Planning for Profit Workshop".

Did any member of this household attend this workshop?

☐

Yes	1
No	2

**MODULE 12: Farming**
**Part B: Agriculture**
**12 m**
**12.06**

 Did anyone in your household cultivate any crops in the **past 12 months?**

Yes

1

No

2

► 12.11

<b>12.07</b> Did your household cultivate [CROP] in the <b>last 12 months?</b>  MARK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS	<b>12.08</b> How much land did your household cultivate under this crop in the <b>last 12 months?</b>	<b>12.09</b> How much in total of [CROP] did you produce in the <b>last 12 months?</b>	<b>12.10</b> How much did your household sell in the <b>last 12 months?</b>  <i>Write total quantity sold in LB and total value in BDS\$</i>	<input type="text"/>		
				No Yes Acres Decimal LB LB BDS\$		

01 Crops						
0101	Corn					
0102	Sugarcane					
0103	Wheat					
	Other (Specify)					
	Other (Specify)					
TOTAL						
02 Vegetables						
0201	Bean					
0202	Beetroot					
0203	Broccoli					
0204	Carrots					
0205	Cassava					
0206	Cauliflower/Cabbage					
0207	Chillies					
0208	Cucumber					
0209	Eggplant					
0210	Garlic					
0211	Ginger					
0212	Herbs (basil, parsley, etc)					
0213	Okra					
0214	Onion					
0215	Pepper					
0216	Potato					
0217	Pumpkin					
0218	Radish					
0219	Sweet potato					
0220	Tomato					
0221	Tumeric					
0222	Yam					
	Other (Specify)					
	Other (Specify)					
TOTAL						

<b>12.07</b> Did your household cultivate [CROP] in the <b>last 12 months?</b>  MARK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS	<b>12.08</b> How much land did your household cultivate under this crop in the <b>last 12 months?</b>	<b>12.09</b> How much in total of [CROP] did you produce in the <b>last 12 months?</b>	<b>12.10</b> How much did your household sell in the <b>last 12 months?</b>  <i>Write total quantity sold in lb and total value in BDS\$</i>	<input type="text"/>		
				No Yes Acres Decimal LB LB BDS\$		

03 Fruits						
0301	Apple					
0302	Banana					
0303	Breadfruit					
0304	Cashews					
0305	Cocoa					
0306	Coconut					
0307	Lime					
0308	Mango					
0309	Melon					
0310	Orange					
0311	Papaya					
0312	Passion fruit					
0313	Pineapple					
0314	Plum					
0315	Pommegranate					
0316	Soursop					
0317	Watermelon					
	Other (Specify)					
	Other (Specify)					
	Other (Specify)					
TOTAL						

**MODULE 12: Farming**
**Part C: Livestock and poultry**
**12 m**
**12.11**

 Did anyone in your household raise any livestock or poultry in the **past 12 months**?

 Yes 1  
 No 2 ►

**12.18**

<b>12.12</b> Did your household raise [ANIMAL] in the <b>last 12 months</b> ?  MARK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS		<b>12.13</b> How many [ANIMAL] does your household own and what is their total value?		<b>12.14</b> How many [ANIMAL] were born in the <b>past 12 months</b> ?  <i>Write total No.</i>		<b>12.15</b> How many [ANIMAL] were purchased in the <b>past 12 months</b> ?  <i>Write total No. and total value</i>		<b>12.16</b> How many [ANIMAL] died in the <b>past 12 months</b> ?  <i>Write total No.</i>		<b>12.17</b> How many [ANIMAL] were sold in the <b>past 12 months</b> ?  <i>Write total No. and total value</i>	
No	Yes	Number	BDS\$	Number		Number	BDS\$	Number		Number	BDS\$

04 Livestock and poultry									
0401	Cattle								
0402	Goat								
0403	Sheep								
0404	Pig								
0405	Chicken								
0406	Duck								
	Other domestic birds								
	Other (Specify)								
	Other (Specify)								
	Other (Specify)								
<b>TOTAL</b>									

**MODULE 12: Farming**
**Part D: Crop and animal by-products**
**12 m**
**12.18**

Did you or anyone in your household produce any crop or animal by-products in the **past 12 months?**

Yes

1

No

2 ► 12.21

<b>12.19</b> Did your household produce [BY-PRODUCT] in the <b>past 12 months?</b>  <div style="text-align: center; font-size: small;">                     MARK <input checked="" type="checkbox"/> YES OR                      NO FOR ALL ITEMS                      BEFORE ASKING                      THE NEXT                      QUESTIONS                 </div>	<b>12.20</b> How much [BY-PRODUCT] did your household sell in the <b>past 12 months?</b>  <div style="text-align: center; font-size: small;"> <i>Write total value</i>                        BDS\$                 </div>
<div style="display: flex; justify-content: space-between; width: 100%;"> <span>No</span> <span>Yes</span> </div>	

05 Crop by-product		
0501 Corn by products	<input type="text"/>	<input type="text"/>
0502 Sugarcane by products	<input type="text"/>	<input type="text"/>
0503 Wheat by products	<input type="text"/>	<input type="text"/>
<b>Other (Specify)</b>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>		
06 Animal by-product		
0601 Beef	<input type="text"/>	<input type="text"/>
0602 Chicken products	<input type="text"/>	<input type="text"/>
0603 Mutton products	<input type="text"/>	<input type="text"/>
0604 Goat products	<input type="text"/>	<input type="text"/>
0605 Milk	<input type="text"/>	<input type="text"/>
0606 Eggs	<input type="text"/>	<input type="text"/>
0607 Animal skins	<input type="text"/>	<input type="text"/>
0608 Dung	<input type="text"/>	<input type="text"/>
<b>Other (Specify)</b>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>		

12.21

Did you or anyone in your household engage in any fishing or fish farming activity in the past 12 months?

Yes 1  
 No 2 ▶ 12.24

12.22

Did your household engage in [FISHING ACTIVITY] in the **past 12 months**?

MARK ☒ YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS

12.23

How much did your household sell in the **past 12 months**?

Write total value

No

Yes

BDS\$

07 Fishing			
0701 Fish farm			
0702 Fish hatchery			
0703 Marine fishing			
0704 Canal/river fishing			
0705 Pond/sink fishing			
Other (Specify)			
Other (Specify)			
TOTAL			

**MODULE 12: Farming**
**Part F : Expenses on agricultural inputs**
**12 m**
**12.24**

Did your household spend any money on agricultural inputs in the **past 12 months?**

Yes 1

No 2 ► **12.27**

<b>12.25</b> Did your household spend any money on [NAME OF THE ITEM] in the <b>past 12 months?</b>  MARK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS	<b>12.26</b> How much did your household buy on (NAME OF THE ITEM) in the <b>past 12 months?</b>  <i>Write total value</i>
No : Yes	BDS\$

<b>12.25</b> Did your household spend any money on [NAME OF THE ITEM] in the <b>past 12 months?</b>  MARK <input checked="" type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS	<b>12.26</b> How much did your household buy on (NAME OF THE ITEM) in the <b>past 12 months?</b>  <i>Write total value</i>
No : Yes	BDS\$

08 Agricultural inputs		
0801 Seeds		
0802 Fertilizer (chemical)		
0803 Fertilizer (compost)		
0804 Insecticides		
0805 Irrigation expenses		
0806 Water (for farming purposes)		
0807 Animal feed		
0808 Vaccines		
0809 Insemination		
0810 Veterinary		
0811 Tractor/ tiller/ power tiller (rental)		
0812 Carriage of goods and communication (agric. goods)		
<b>TOTAL</b>		

08 Agricultural inputs		
0813 Salary wages of laborer employed in agriculture		
0814 Rent (agricultural land)		
0815 Insurance expenses (agriculture related)		
0816 Repayment of agricultural loan		
0817 Power and fuel		
0818 Maintenance (of tractor, milking machine and others)		
0819 Extension services (services from the Ministry)		
<b>Other (Specify)</b>		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
<b>TOTAL</b>		

ASK ONLY TO THOSE HOUSEHOLDS THAT RESPONDED "YES" IN 12.a

<b>12.27</b> <b>Ask only to those households that responded "Yes" in 12.a</b>  We will now talk about the agricultural assets owned by your household. Does your household own a [NAME OF ASSET]?	<b>12.28</b> How many [NAME OF ASSET] does your household currently own?  What is their total value?  <i>Write total No. and total value</i>	<b>12.29</b> How many [NAME OF ASSET] did your household buy in the <b>past 12 months</b> ?  What is their total value?  <i>Write total No. and total value</i>	<b>12.30</b> How many [NAME OF ASSET] did your household sell in the <b>past 12 months</b> ?  What is their total value?  <i>Write total No. and total value</i>	<b>12.31</b> How much did your household earn from the rental of this item in the <b>past 12 months</b> ?  <i>Write total value</i>
<div>No</div> <div>Yes</div>	<div>Number</div> <div>BDS\$</div>	<div>Number</div> <div>BDS\$</div>	<div>Number</div> <div>BDS\$</div>	<div>BDS\$</div>

09 Agricultural Assets								
0901 Tractor								
0902 Thresher								
0903 Power tiller								
0904 Power pump								
0905 Spray								
0906 Ginning machine								
0907 Boat with no engine								
0908 Engine boat								
0909 Fishing net								
0910 Cage incubator								
0911 Brooder								
0912 Bees-box								
Other (Specify)								
Other (Specify)								
TOTAL								

## MODULE 13: Housing

13.00 Respondent ID code for this Module

13.01 What type of **dwelling** is this?

House	1	Group dwelling	4
Flat/ Apartment	2	Other (specify)	5
Part of Commercial building	3		

13.02 Which of the following categories indicates your ownership of this **dwelling**? **RO**

Owned (with mortgage)	1	Gov't rented/ leased	5	▶ 13.04
Owned (without mortgage)	2	Squatted	6	
Rented room in larger dwelling	3 ▶ 13.04	Rent-free	7	
Private rented/ leased dwelling	4 ▶ 13.04	Other (specify)	8	

13.03 Which of the following categories indicates your ownership of the **land** on which this dwelling stands? **RO**

Owned (with mortgage)	1	Gov't rented/ Leased	4
		Squatted	5
Owned (without mortgage)	2	Rent-free	6
Private rented/Leased	3	Other (specify)	7

13.04 In what year was the **dwelling** built? (Refers to original structure)

13.05 Have major renovations been undertaken to the **dwelling** since it was built?

Yes	1
No	2

▶ 13.08

13.06 What kind of renovations?

---



---

13.07 In what year were the latest renovations done?

13.08 What is the main construction material of the outer walls of the **dwelling**?

Masonry	1	Mix of cement board	5
Wood	2	and wood/masonry	6
Mix of wood and masonry	3	Plywood	7
Cement board	4	Makeshift	8
		Other (specify)	

13.09 How is the foundation of the **dwelling** constructed? **RO**

Fully enclosed masonry	1
Pillars or columns	2
Loose rock	3

13.10 What is the main material used for flooring the **dwelling**?

Masonry	1	Combination of any	4
Wood	2	of the previous	5
Cement board	3	Other	6

13.11 What is the main material used for roofing the **dwelling**?

Metal (Corrugated metal sheets)	1	Roofing shingles	4
		Other corrugated	5
Ceramic/ PVC / Clay tiles	2	sheets	6
Cement	3	Other (specify)	

13.12 Does this **dwelling** have any of the following security devices? (Check ☒ all that applies).

13.12a	Security camera	<input type="checkbox"/>
13.12b	Security lighting	<input type="checkbox"/>
13.12c	Perimeter fencing	<input type="checkbox"/>
13.12d	Security bars on ALL windows	<input type="checkbox"/>
13.12e	Security bars on SOME windows	<input type="checkbox"/>
13.12f	House alarm	<input type="checkbox"/>
13.12g	Smoke detectors	<input type="checkbox"/>



## MODULE 13: Housing

13.13 What type of fuel does this **household** use most for cooking? **RO**

Natural gas	1	Kerosene	5
LPG (bottled gas)	2	Solar	6
Electricity	3	Other (specify)	7
Wood/Charcoal	4		

13.14 What is the main type of toilet facilities used by this **household**? **RO**

13.14a	WC (flush toilet linked to sewer)	1
13.14b	WC (flush toilet linked to septic tank)	2
13.14c	WC (flush toilet linked to well)	3
13.14d	WC (flush toilet linked to private treatment facility)	4
13.14e	Pit - latrine	5
13.14f	Other (specify)	6

13.15 What is the main source of water supply used by this **household**? **RO**

Piped into dwelling	1	Well/Tank	4
Piped into yard	2	Other (specify)	5
Public standpipe	3		

13.16 What is the main type of lighting used by this **household**? **RO**

Gas	1	Batteries	4
Kerosene	2	Other (specify)	5
Electricity	3		

13.17 How many rooms does the **dwelling** contain? (Do not count bathrooms, kitchens, laundry rooms, balcony, attic, corridor)

13.18 How many of the rooms in the **dwelling** are used solely by this **household**?

13.19 How many of the rooms in the **dwelling** are used solely as bedrooms for members of this **household**?

13.20 How many of the rooms in the **dwelling** are rented or sublet to people who are not part of this household?

13.21 How many of the rooms in the **dwelling** are vacant?

13.22 Indicate how many of the following items are owned by members of this **household**? **Write '0' where there is none**

13.22a	Stove	
13.22b	Deep freeze	
13.22c	Microwave	
13.22d	Refrigerator	
13.22e	Washing machine	
13.22f	Clothes dryer	
13.22g	Dish washer	
13.22h	Water tank	
13.22i	Solar water heater	
13.22j	Cable TV/ satellite TV	
13.22k	Fixed line telephone	
13.22l	Cell phone	
13.22m	Computer (laptop/ desktop)	
13.22n	Android box	
13.22o	Game console	
13.22p	Air Conditioner	
13.22q	Automobile	

13.23 In the event of a severe natural disaster, where would this **household** go for shelter? **RO**

This dwelling	1	Friend	4
Hurricane shelter	2	Other (specify)	5
Relatives	3		

**Part A: Consumption of food and beverages in the past 7 days**

7

7 d

<p><b>4</b> How did you get that [FOOD]?          CHECK <input checked="" type="checkbox"/> ALL THAT APPLIES</p> <table border="1"> <tr> <td>SELF-PRODUCED</td> <td>SELF-SUPPLIED</td> <td>GIFT FROM OTHER HH</td> <td>GOVERNMENT</td> <td>CHURCH</td> <td>PAYMENT IN KIND</td> <td>OTHER</td> </tr> </table>	SELF-PRODUCED	SELF-SUPPLIED	GIFT FROM OTHER HH	GOVERNMENT	CHURCH	PAYMENT IN KIND	OTHER	<p><b>5</b> How much [FOOD] does your household <u>consume</u> per week?</p> <p><b>ANSWER AND ► QUESTION 2 FOR NEXT FOOD</b></p> <p>Detailed food quantities</p>
SELF-PRODUCED	SELF-SUPPLIED	GIFT FROM OTHER HH	GOVERNMENT	CHURCH	PAYMENT IN KIND	OTHER		

[illegible]

**Part A: Consumption of food and beverages in the past 7 days**

RESPONDENT  
ID CODE

11

7 d

1			2		3			
Which of the following foods <u>did your household CONSUME</u> during the <b>past 7 days</b> ?			<b>SHOW CARDS</b> CHECK <input checked="" type="checkbox"/> YES OR NO FOR ALL FOODS BEFORE ASKING THE NEXT QUESTIONS.		<b>ONLY IF CONSUMED</b>  How often do you <u>buy</u> [FOOD]?  <b>IF NEVER, WRITE 99 AND ► 4</b>		How much [FOOD] did you <u>buy</u> last time and how much did you pay for it?  <b>ANSWER AND ► QUESTION 2 FOR NEXT FOOD</b>	
			NO	YES			Detailed food quantities	Total amount
Milk, cheese and eggs	0401 Milk - evaporated	01.1.4			EVERY	DAYS		BDS\$
	0402 Milk - fresh, pasteurised	01.1.4			EVERY	DAYS		BDS\$
	0403 Cheese	01.1.4			EVERY	DAYS		BDS\$
	0404 Eggs	01.1.4			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.4			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.4			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.4			EVERY	DAYS		BDS\$
	TOTAL							BDS\$
Oils and fats	0501 Corn oil for cooking	01.1.5			EVERY	DAYS		BDS\$
	0502 Other vegetable oil	01.1.5			EVERY	DAYS		BDS\$
	0503 Table butter	01.1.5			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.5			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.5			EVERY	DAYS		BDS\$
	TOTAL							BDS\$
Fruits	0601 Oranges - fresh, Dried	01.1.6			EVERY	DAYS		BDS\$
	0602 English apples - fresh	01.1.6			EVERY	DAYS		BDS\$
	0603 Grapes - fresh, dried	01.1.6			EVERY	DAYS		BDS\$
	0604 Bananas	01.1.6			EVERY	DAYS		BDS\$
	0605 Plantains	01.1.6			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.6			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.6			EVERY	DAYS		BDS\$
	Other (Specify)	01.1.6			EVERY	DAYS		BDS\$
	TOTAL							BDS\$

[illegible]

**Part A: Consumption of food and beverages in the past 7 days**

7

7 d

Page 60

# MODULE 14: Household consumption and expenses

## Part A: Consumption of food and beverages in the past 7 days

RESPONDENT  
ID CODE

7 d

1			2		3		4							5	
Which of the following foods <u>did your household CONSUME</u> during the <u>past 7 days</u> ?  <i>Remember that in the showcards there are additional items not stated in the list below</i>			<b>ONLY IF CONSUMED</b> How often do you <u>buy</u> [FOOD]? IF NEVER, WRITE 99 AND ► 4		How much [FOOD] did you <u>buy</u> last time and how much did you pay for it? ANSWER AND ► QUESTION 2 FOR NEXT FOOD		How did you get that [FOOD]? CHECK <input checked="" type="checkbox"/> ALL THAT APPLIES							How much [FOOD] does your household <u>consume</u> per week? ANSWER AND ► QUESTION 2 FOR NEXT FOOD	
							SELF-PRODUCED	SELF-SUPPLIED	GIFT FROM OTHER HH	GOVERNMENT	CHURCH	PAYMENT IN KIND	OTHER		
Non-Alcoholic beverages	0901 Aerated beverages (e.g. Coca Cola)	01.2.2		EVERY	DAYS										
	0902 Milo	01.2.1		EVERY	DAYS										
	0903 Orange juice	01.2.2		EVERY	DAYS										
	0904 Tea	01.2.1		EVERY	DAYS										
	0905 Mineral water	01.2.2		EVERY	DAYS										
	0906 Flavoured water	01.2.1		EVERY	DAYS										
	Other (Specify)	01.2.1		EVERY	DAYS										
	Other (Specify)	01.2.1		EVERY	DAYS										
	Other (Specify)	01.2.1		EVERY	DAYS										
	TOTAL														
Alcoholic beverages	1001 Beer	02.1.3		EVERY	DAYS										
	1002 Wine	02.1.2		EVERY	DAYS										
	1003 Sparkling wine	02.1.2		EVERY	DAYS										
	1004 Rum	02.1.1		EVERY	DAYS										
	1005 Whiskey	02.1.1		EVERY	DAYS										
	1006 Gin	02.1.1		EVERY	DAYS										
	1007 Other spirits	02.1.1		EVERY	DAYS										
	Other (Specify)	02.1.1		EVERY	DAYS										
	Other (Specify)	02.1.1		EVERY	DAYS										
	TOTAL														

**MODULE 14: Household consumption and expenses**  
**Part B: Non-food expenses in the past 30 days**

RESPONDENT  
ID CODE

**30 d**

<b>1</b> During the <b>past 30 days</b> , have you or other members of this household <b>paid/purchased</b> any of these items?  <div style="text-align: right;"> SHOW CARDS  MARK <input checked="" type="checkbox"/> YES OR NO  FOR ALL ITEMS  BEFORE ASKING THE  NEXT QUESTIONS  NO YES </div>	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [ITEM] during the <b>past 30 days</b> ?
--	---

11 Rent, Insurance and Mortgages			
1101	House rent - private owner		BDS\$
1102	House rent - government		BDS\$
1103	Mortgage		BDS\$
1104	House insurance		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
12 Fuel and light			
1201	Electricity		BDS\$
1202	Kerosene		BDS\$
1203	Natural gas		BDS\$
1204	Bottled gas		BDS\$
1205	Water supply		BDS\$
1206	Matches		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 30 days</b> , have you or other members of this household <b>paid/purchased</b> any of these items?  <div style="text-align: right;"> SHOW CARDS  MARK <input checked="" type="checkbox"/> YES OR NO  FOR ALL ITEMS  BEFORE ASKING THE  NEXT QUESTIONS  NO YES </div>	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [ITEM] during the <b>past 30 days</b> ?
--	---

13 Washing Soaps and Detergents			
1301	Laundry Soap (Bars)		BDS\$
1302	Liquid Bleach		BDS\$
1303	Liquid Detergent		BDS\$
1304	Soap Powder (Detergent)		BDS\$
1305	Spray Starch		BDS\$
1306	Toilet Cleaners		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
14 Other Cleaning and Scouring material			
1401	Broom Bodies and Handles		BDS\$
1402	Disinfectants and Antiseptics		BDS\$
1403	Mops		BDS\$
1404	Scouring Powder and others		BDS\$
1405	Steel Wool Scouring Pads		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 30 days</b> , have you or other members of this household <b>paid/purchased</b> any of these items?  <div style="text-align: right;"> SHOW CARDS  MARK <input checked="" type="checkbox"/> YES OR NO  FOR ALL ITEMS  BEFORE ASKING THE  NEXT QUESTIONS  NO YES </div>	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [ITEM] during the <b>past 30 days</b> ?
--	---

15 Other Household Supplies			
1501	Aluminium Foil		BDS\$
1502	Paper Towels and Napkins		BDS\$
1503	Plastic Bags (food)		BDS\$
1504	Herbicides		BDS\$
1505	Insecticides		BDS\$
1506	Mosquito Coil and Vape Mat		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
16 Personal Care			
1601	Antiperspirant		BDS\$
1602	Baby Napkins of paper Pulp		BDS\$
1603	Cosmetics and others		BDS\$
1604	Hair Relaxer, Straightener, etc.		BDS\$
1605	Medicated Soap		BDS\$
1606	Perfumes and Toilet Waters		BDS\$
1607	Petroleum Jelly		BDS\$
1608	Razors		BDS\$
1609	Sanitary Napkins of Paper		BDS\$
1610	Shampoo		BDS\$
TOTAL			BDS\$

## MODULE 14: Household consumption and expenses

### Part B: Non-food expenses in the past 30 days

30 d

<b>1</b> During the <b>past 30 days</b> , have you or other members of this household <b>paid/purchased</b> any of these items?  SHOW CARDS MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS NO YES	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [ITEM] during the <b>past 30 days</b> ?
--	---

16 Personal Care		
1611	Toilet Paper	BDS\$
1612	Toilet Soap (cakes)	BDS\$
1613	Tooth Brushes	BDS\$
1614	Toothpaste	BDS\$
1615	Baby diapers	BDS\$
1616	Diapers for adults	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
17 Medical Expenses		
1701	Medical insurance	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
18 Communications		
1801	Internet, phone and TV fees	BDS\$
1802	Mobile phone fee	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
TOTAL		BDS\$

<b>1</b> During the <b>past 30 days</b> , have you or other members of this household <b>paid/purchased</b> any of these items?  SHOW CARDS MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS NO YES	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [ITEM] during the <b>past 30 days</b> ?
--	---

19 Stationary and drawing materials		
1901	Pens and pencils	BDS\$
1902	Notebooks	BDS\$
1903	Other (specify)	BDS\$
20 Other Services		
2001	Maid	BDS\$
2002	Haidresser	BDS\$
2003	Beauty Shop	BDS\$
2004	Barber	BDS\$
2005	Ggym Fees	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
	Other (specify)	BDS\$
TOTAL		BDS\$

# MODULE 14: Household consumption and expenses

## Part C: Expenses on clothing and footwear in the past 3 months

RESPONDENT  
ID CODE

3 m

<b>1</b> During the <b>past 3 months</b> , have you or other members of this household <b>purchased</b> any of these garments?	<b>SHOW CARDS</b> MARK <input type="checkbox"/> YES OR NO FOR ALL GARMENTS BEFORE ASKING THE NEXT QUESTIONS	<b>2</b> <b>ONLY FOR PURCHASED GARMENTS</b> How much did your household spend in [GARMENT] during the <b>past 3 months</b> ?
NO YES		

21 Clothes and footwear for men			
2101	Jeans		BDS\$
2102	Shirts		BDS\$
2103	Shorts		BDS\$
2104	Suits		BDS\$
2105	Trousers (not jeans)		BDS\$
2106	T-shirts		BDS\$
2107	Briefs		BDS\$
2108	Socks		BDS\$
2109	Under- Garments		BDS\$
2110	Pyjamas		BDS\$
2111	Boots		BDS\$
2112	Footwear of outer soles and uppers		BDS\$
2113	Sandals		BDS\$
2114	Leather shoes		BDS\$
2115	Rubber shoes		BDS\$
2116	Sneakers/ sport shoes		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 3 months</b> , have you or other members of this household <b>purchased</b> any of these garments?	<b>SHOW CARDS</b> MARK <input type="checkbox"/> YES OR NO FOR ALL GARMENTS BEFORE ASKING THE NEXT QUESTIONS	<b>2</b> <b>ONLY FOR PURCHASED GARMENTS</b> How much did your household spend in [GARMENT] during the <b>past 3 months</b> ?
NO YES		

22 Clothes and footwear for women			
2201	Blouses		BDS\$
2202	Dresses		BDS\$
2203	Jeans		BDS\$
2204	Trousers (not jeans)		BDS\$
2205	Shirts		BDS\$
2206	T-shirts		BDS\$
2207	Shorts		BDS\$
2208	Skirts		BDS\$
2209	Slacks		BDS\$
2210	Stockings and Panty Hose		BDS\$
2211	Suits - Costumes		BDS\$
2212	Brassieres		BDS\$
2213	Panties		BDS\$
2214	Pyjamas		BDS\$
2215	Boots		BDS\$
2216	Footwear of outer soles and uppers		BDS\$
2217	Sandals		BDS\$
2218	Leather shoes		BDS\$
2219	Rubber shoes		BDS\$
2220	Sneakers/ sport shoes		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 3 months</b> , have you or other members of this household <b>purchased</b> any of these garments?	<b>SHOW CARDS</b> MARK <input type="checkbox"/> YES OR NO FOR ALL GARMENTS BEFORE ASKING THE NEXT QUESTIONS	<b>2</b> <b>ONLY FOR PURCHASED GARMENTS</b> How much did your household spend in [GARMENT] during the <b>past 3 months</b> ?
NO YES		

23 Clothes and footwear for boys			
2301	Jeans		BDS\$
2302	Shirts		BDS\$
2303	Shorts		BDS\$
2304	Suits		BDS\$
2305	Trousers (not jeans)		BDS\$
2306	T-shirts		BDS\$
2307	Briefs		BDS\$
2308	Socks		BDS\$
2309	Under- Garments		BDS\$
2310	Pyjamas		BDS\$
2311	Boots		BDS\$
2312	Footwear of outer soles and uppers		BDS\$
2313	Sandals		BDS\$
2314	Leather shoes		BDS\$
2315	Rubber shoes		BDS\$
2316	Sneakers/ sport shoes		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$



## MODULE 14: Household consumption and expenses

### Part C: Expenses on clothing and footwear in the past 3 months

3 m

<b>1</b> During the <b>past 3 months</b> , have you or other members of this household <b>purchased</b> any of these garments?	<b>2</b> <b>ONLY FOR PURCHASED GARMENTS</b> How much did your household spend in [GARMENT] during the <b>past 3 months</b> ?
<b>SHOW CARDS</b> MARK <input checked="" type="checkbox"/> YES OR NO FOR ALL GARMENTS BEFORE ASKING THE NEXT QUESTIONS	
NO YES	

24 Clothes and footwear for girls			
2401	Blouses		BDS\$
2402	Dresses		BDS\$
2403	Jeans		BDS\$
2404	Trousers (not jeans)		BDS\$
2405	Shirts		BDS\$
2406	T-shirts		BDS\$
2407	Shorts		BDS\$
2408	Skirts		BDS\$
2409	Slacks		BDS\$
2410	Stockings		BDS\$
2411	Suits - Costumes		BDS\$
2412	Panties		BDS\$
2413	Pyjamas		BDS\$
2414	Boots		BDS\$
2415	Footwear of outer soles and uppers		BDS\$
2416	Sandals		BDS\$
2417	Leather shoes		BDS\$
2418	Rubber shoes		BDS\$
2419	Sneakers/ sport shoes		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 3 months</b> , have you or other members of this household <b>purchased</b> any of these garments?	<b>2</b> <b>ONLY FOR PURCHASED GARMENTS</b> How much did your household spend in [GARMENT] during the <b>past 3 months</b> ?
<b>SHOW CARDS</b> MARK <input checked="" type="checkbox"/> YES OR NO FOR ALL GARMENTS BEFORE ASKING THE NEXT QUESTIONS	
NO YES	

25 Other Clothing and Accessories			
2501	Fabrics - for females		BDS\$
2502	Fabrics - for males		BDS\$
2503	Hand Bag (Leather)		BDS\$
2504	Jewellery of Gold		BDS\$
2505	Jewellery of Silver		BDS\$
2506	Watches - for females		BDS\$
2507	Watches - for males		BDS\$
2508	Belts		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

**MODULE 14: Household consumption and expenses**  
**Part D: Non-food expenses in the past 12 months**

RESPONDENT  
ID CODE

**12 m**

<b>1</b> During the <b>past 12 months</b> , have you or other members of this household <b>purchased</b> any of these items?	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in <b>[ITEM]</b> during the <b>past 12 months?</b>
<p style="text-align: center;"><b>SHOW CARDS</b></p> <p style="text-align: center;">MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS</p> <p style="text-align: center;">NO YES</p>	

26 Building Materials			
2601	Building Cement - (Grey)		BDS\$
2602	Ceramic Sinks		BDS\$
2603	Coniferous wood, Planed, Tongued, etc.		BDS\$
2604	Doors		BDS\$
2605	Galvanized Sheets and Ridge Caps		BDS\$
2606	Paints - Emulsion		BDS\$
2607	Paints - Gloss		BDS\$
2608	Paints (not Stated)		BDS\$
2609	Pitch Pine and Deal		BDS\$
2610	Vinyl and Vinyl Tiles		BDS\$
2611	Windows		BDS\$
2612	Wood - Green Heart		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 12 months</b> , have you or other members of this household <b>purchased</b> any of these items?	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in <b>[ITEM]</b> during the <b>past 12 months?</b>
<p style="text-align: center;"><b>SHOW CARDS</b></p> <p style="text-align: center;">MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS</p> <p style="text-align: center;">NO YES</p>	

27 Repair and Maintenance			
2701	Labour charges - Carpenters		BDS\$
2702	Labour charges - Electricians		BDS\$
2703	Labour charges - Labourers		BDS\$
2704	Labour charges - Masons		BDS\$
2705	Labour charges - Painters		BDS\$
2706	Labour charges - Plumbers		BDS\$
2707	Other (Specify)		BDS\$
28 Radio, TV, Hi-Fi Equipment and Supplies			
2801	Flat-screen TV		BDS\$
2802	Colour television set		BDS\$
2803	DVD player		BDS\$
2804	Digital music player		BDS\$
2805	Portable radios		BDS\$
2806	Digital video camera		BDS\$
2807	Mobile phone		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 12 months</b> , have you or other members of this household <b>purchased</b> any of these items?	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in <b>[ITEM]</b> during the <b>past 12 months?</b>
<p style="text-align: center;"><b>SHOW CARDS</b></p> <p style="text-align: center;">MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS</p> <p style="text-align: center;">NO YES</p>	

29 Furniture and Soft Furnishings			
2901	Bed		BDS\$
2902	Bed Stead		BDS\$
2903	Carpets		BDS\$
2904	Chairs		BDS\$
2905	Chest of Drawers		BDS\$
2906	Dining Room Suite		BDS\$
2907	Drapes & curtains		BDS\$
2908	Kitchen Cabinet		BDS\$
2909	Living Room Suite		BDS\$
2910	Mattresses		BDS\$
2911	Small Furnishings		BDS\$
2912	Wardrobes		BDS\$
2913	Table		BDS\$
2914	Standard lamp		BDS\$
2915	Bedside lamp		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

## MODULE 14: Household consumption and expenses

### Part D: Non-food expenses in the past 12 months

12 m

<b>1</b> During the <b>past 12 months</b> , have you or other members of this household <b>purchased</b> any of these items?	<b>SHOW CARDS</b> MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [[ITEM] during the <b>past 12 months</b> ?
		NO YES

30 Household Appliances			
3001	Blenders		BDS\$
3002	Washing Machines		BDS\$
3003	Deep Freezers		BDS\$
3004	Refrigerators		BDS\$
3005	Electric Irons		BDS\$
3006	Electric Stoves		BDS\$
3007	Gas Stoves		BDS\$
3008	Micro-wave and Toasters		BDS\$
3009	Room Fans		BDS\$
3010	Vacuum Cleaners		BDS\$
3011	Air Conditioner		BDS\$
	Other (Specify)		BDS\$
31 Household Linens			
3101	Bed Linen		BDS\$
3102	Towel		BDS\$
3103	Tablecloth		BDS\$
	Other (Specify)		BDS\$
32 Glassware, Cutlery, and Crockery			
3201	Kitchen or Tableware (e.g. Forks etc.)		BDS\$
3202	Dishes, Plates etc.		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 12 months</b> , have you or other members of this household <b>purchased</b> any of these items?	<b>SHOW CARDS</b> MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [[ITEM] during the <b>past 12 months</b> ?
		NO YES

33 Maintenance and Parts for Motor Vehicles			
3301	Batteries		BDS\$
3302	Car parts - other		BDS\$
3303	New Tyres for Motor Cars		BDS\$
3304	Service - Tune-up; grease & spray		BDS\$
3305	Wages to Mechanic		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
34 Insurance and Transport Equipment			
3401	Motor Car - Purchase		BDS\$
3402	Motor Cycle - Purchase		BDS\$
3403	Vehicle Insurance - Purchase		BDS\$
3404	Bicycle - Purchase		BDS\$
	Other (Specify)		BDS\$
35 Licenses			
3501	Vehicle Registration Fee		BDS\$
3502	Drivers Licenses Fee (Renew)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
36 Other Travel Expenses			
3601	Travel - Return Airfare		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

<b>1</b> During the <b>past 12 months</b> , have you or other members of this household <b>purchased</b> any of these items?	<b>SHOW CARDS</b> MARK <input type="checkbox"/> YES OR NO FOR ALL ITEMS BEFORE ASKING THE NEXT QUESTIONS	<b>2</b> <b>ONLY FOR PURCHASED ITEMS</b> How much did your household spend in [[ITEM] during the <b>past 12 months</b> ?
		NO YES

37 Education, Recreation			
3701	Toys		BDS\$
3702	PC (personal computer)		BDS\$
3703	Laptop		BDS\$
3704	Tablet		BDS\$
3705	Viideo game console		BDS\$
3706	Computer peripherals		BDS\$
3707	Musical instruments		BDS\$
3708	Holidays or tours (all-inclusive)		BDS\$
	Other (Specify)		BDS\$
38 Other Services, n.e.c.			
3801	Dress-making		BDS\$
3802	Tailoring		BDS\$
3803	Appliance and equipment Repairs		BDS\$
3804	Legal Fees		BDS\$
3805	Property/ land taxes		BDS\$
3806	Weddings		BDS\$
3807	Funerals		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
	Other (Specify)		BDS\$
TOTAL			BDS\$

## MODULE 15: Emigration

To be completed FOR ALL household members who have moved out of Barbados

ID Code	15.00 Respondent's ID code for this Module	15.01 Are there any <b>former members</b> of this household who moved out of Barbados and who have been living abroad for <b>6 months or longer</b> until now? Yes 1 No 2	15.02 How many?	15.03 Full name of the former members of this household who have moved out of Barbados			15.04 Relation to the household head Spouse/ partner 2 Child of head/ child of spouse 3 Son/ daughter in law 4 Grandchild 5 Parent/ parent in law 6 Brother/ sister 7 Other relative 8 Visitor 9 Other non relative 11	15.05 Sex Male 1 Female 2
	15.03a First name	15.03b Middle name	15.03c Last name					
A								
B								
C								
D								
E								
F								
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I								
J								
K								
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## MODULE 15: Emigration

To be completed FOR ALL household members who have moved out of Barbados

ID Code	15.06 Current age	15.07 Date of birth			15.08 What is his/her marital status? <i>RO</i>  <i>Ask only if 10 years or older</i>	15.09 Full name when 10 years of age (i.e. prior to marriage)  <i>Ask only if FEMALE and 10 years or older</i>		
	Completed years	Day	Month	Year	<div>Never Married 1 ► 15.10</div> <div>Common-law spouse 2</div> <div>Married 3</div> <div>Legally separated 4 ► 15.09</div> <div>Divorced 5</div> <div>Widowed 6</div>	15.09a	15.09b	15.09c
					First name	Middle name	Last name	
A								
B								
C								
D								
E								
F								
G								
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I								
J								
K								
L								

## MODULE 15: Emigration

To be completed FOR ALL household members who have moved out of Barbados

ID Code	15.10	15.11	15.12		15.13		15.14		15.15				
	In what year did she/he move out of Barbados?  <i>Examples: 1989, 2004, 2015</i>	Was s/he the head of the household when leaving?	What was the <u>most important</u> reason for moving out of Barbados?		What was the highest education level completed upon leaving? <b>RO</b>		What country did s/he move to first?		Specify country				
			More income	1	Medical reason	5	None	1	Bachelors	6	United States	2	15.16
			Work	2	Other family reasons	6	Primary	2	degree	6	United Kingdom	3	
			Study	3	Independence	7	Elementary/	3	Masters	7	Canada	4	
			Marriage	4	Other	8	Composite	3	degree	7	India	5	
							Secondary	4	PhD degree	8	China	6	
							Technical/Vocational College	5	Other	9	Other	7	
A													
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## MODULE 15: Emigration

To be completed FOR ALL household members who have moved out of Barbados

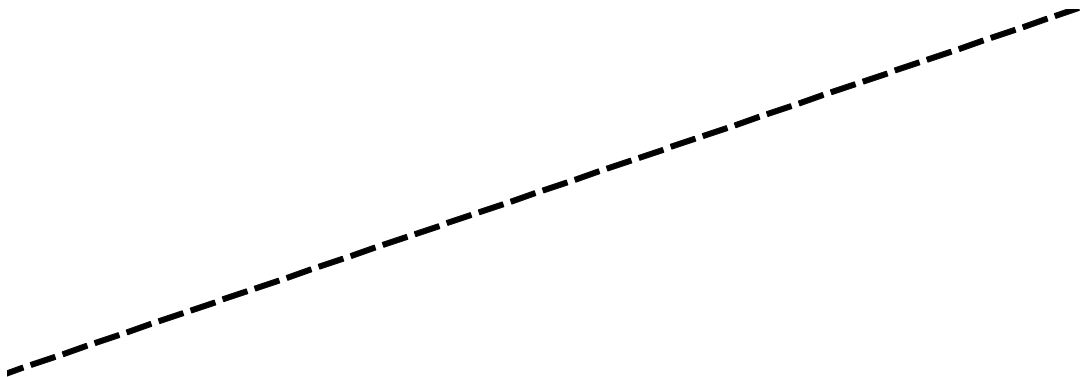
ID Code	15.16 What country is s/he currently living in?	15.17 Specify country	15.18 And what city is s/he currently living in?	15.19 Since what year is s/he living in this city?	15.20 What is the highest education level s/he has completed? <b>RO</b>	15.21 What is his/her <u>main</u> economic activity now?	15.22 What is his/her occupation in his/her <u>main</u> job/ business?
	United States 2 United Kingdom 3 Canada 4 India 5 China 6 Other 7				None 1 Primary 2 Elementary/Composite 3 Secondary 4 Technical/Vocational 5	Bachelors degree 6 Masters degree 7 PhD degree 8 Other 9	Working 1 Looking for work 2 Keeping house 3 Studying 4 Retired 5 Incapacitated 6 Other 7
A							
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## MODULE 15: Emigration

To be completed FOR ALL household members who have moved out of Barbados

ID Code	15.23	15.24	15.25	15.26	15.27	15.28	15.29	15.30
	What is the name of his/her occupation?  E.g. sales manager, sales clerk, mason, primary school teacher, hairdresser, cashier at supermarket, taxi driver, doctor, street seller, carpenter, etc.	Occupation code	What kind of goods are produced or services provided where he/she works?  <i>E.g. garments manufacturing, taxi service, banking, soap manufacturing, primary school, garment shop, supermarket, government office, health services (private clinic), etc.</i>  <b>Answer and ► 15.29</b>	Industry code	What level of educational institution is s/he attending? <b>RO</b>  Pre-primary 1 Primary 2 ► <b>15.29</b> Secondary/Highschool 3 Tertiary (University/other College) 4 ► <b>15.28</b> Postgrad Diploma/Masters/ PhD 5 Other 6 ► <b>15.29</b>	What is s/he studying?	Does s/he help this household sending cash or paying some of the household's expenses?  Yes 1 No 2 ► <b>END</b>	What is the approximate total amount s/he sent or paid in the <b>past 12 months</b> ?  <b>12 m</b>  BD\$\$
A								
B								
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ID Code	Copy from 1.01 Name	Copy from 1.04 Age	Record who responds for each member
01			
02			
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