ENUMERATOR:
IN OFFICE:
COPY BELGN THE HOUSEHOLD IDENTIFICATION INFORMATION DIRECTLY FROM BLOCKS 1 AND 2 OF THE HOUSEHOLD INCOME & EXPENDITURE SURVEY (HIES) QUESTIONNAIRE. THE NUMBERS IN PARENTHESIS INDICATE THE CORRESPONDING QUESTION NUMBER ON BLOCKS 1 & 2 OF THE HIES QUESTIONNAIRE.

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GUYANA LIVING STANDARDS MEASUREMENT SURVEY

MAJOR

ENUMERATION DISTRICT SUB-

SAMPLE

DATA ENTR	Y.Y
DATE	
	DAY MONTH YEAR

	3	B .) STRATUM	DIVISION	1		I SAMPLE	HOUSEH
_DATE OF THE INTERVIEW	REGION (4)	SECTOR (6)	NUMBER (7)	NUMBER (8)	NUMBER (9)	SERIAL NO. (10)	NUMBER (11)	NUMBER (12)
DAY MONTH YEAR								
; ;}								
LENGTH OF INTERVIEW:	INTERVIE	VER:				ſ		
NUMBER OF VISITS:								
	SUPERVISO	OR:						
	NAME OF HOUSE	HEAD (1) HOLD:						
	ADDRESS C BUI	OF DWELLIN ILDING NO.	IG (1) .:					
	LOT NO./S	STREET/ROA	D NO. (1):					
	VILLAGE/W	ARD NAME	(1):					
	TOWN NAME	(1):						

REGION (1):

ANTH	ROPOMETRIC VISIT REQUIRED? (CHECK IF YES)
DAT	E OF ANTHROPOMETRIC
	DAY MONTH YEAR
	DAI PORTII FEAR
ANT	ROPOMETRIST :

H_{E'}ALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER REGARDLESS OF AGE

I N D I V I D U A L	sickness or injury during the past 30 days? For example, have you had a cold, diarrhea, injury due to an	many days during the past 30 days have you suf- fered from this sick- ness or	many days during the past 30 days were you unable to carry on your usual acti- vities because	Due to this sickness or injury, has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited during the past 30 days? YES1 (>6) NO2	REQUIRED HEALTH PRACTITIONER TOO FAR2 BELIEVE SERVICE IS BAD QUALITY.3 BELIEVE SERVICE IS TOO EXPENSIVE4 DID NOT HAVE TIME5 CHOSE SELF- MEDICATION6 OTHER7	Where did the first visit take place? PUBLIC HOSPITAL1 PRIVATE HOSPITAL2 PUBLIC HEALTH CENTRE3 PUBLIC HEALTH POST4 PRIVATE CLINIC5 INDUSTRIAL HEALTH CENTER6 PRIVATE DOCTORS OFFICE7 DISPENSERS HOME/ OFFICE8 PRIVATE DRUGSTORE.9 PATIENTS HOME10 OTHER11	7 Who attended you at the first visit? A DOCTOR?	8 How did you get to the first place visited? WALK1 PUBLIC TRANSPORTATION2 PRIVATE TRANSPORTATION3 OTHER4	 10 How long did it take you to get there? ONE WAY TRIP ONLY	How much did you pay for transportation to this facility, return trip? WRITE IN AMOUNT FOR RETURN TRIP G\$
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TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

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I	12 How Long did you have to wait there before you received care?	times did you visit this place during the past 30 days?		15 Were you satisfied with the treatement you received?	16 Did this visit involve an overnight stay in a hospital?	buy	18 Did you p medicines a				21 Do you currently make payments to the National Insurance Scheme (NIS)?	22 Have you received payments from the National Insurance Scheme in the past 12 months for example for a pension, or a medical or	23 Have you filed for medical claims under the National Insurance Scheme in the past 12 months?	IF NO IN QUESTION 23, Why have you not made any medical claims under the National Insurance Scheme in the past 12 months?
N° T D I D I D I	MINUTES		include the cost of drugs nor any costs paid by insurance. IF NOTHING WRITE 0	YES1	YES1 NO2	YES1 No2 (>20)	Public Facility? YES1	Private Facility or Drugstore YES1 NO2	IF NOTHING SPENT WRITE ZERO AMOUNT G\$	YES1 No2	YES1 NO2	disability claim? PENSION1 MATERNITY2 DISABILITY.3 MEDICAL PAYMENT4 OTHER5 NONE6 (>28 NEXT PAGE)	YES1 (>25) NO2	NO ILLNESS.1 TIME TO PROCESS TOO LONG2 REPAYMENT AMOUNT TOO LOW3 OTHER4
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	25	26	27	28	29	30
1	How many	How many	How much	Have you		
1	times have	times have	have you	received any	ASK TO	ALL WOMEN
1	you filed	you received	received in	preventative		9 YEARS
1	for medical	repayment	repayment	health care		
1	claims from	for medical	for medical	during the past]	
1	the National	claims from	claims from	12 months to	Do you	Are you
	Insurance	the National	the National	avoid sickness.		currently
1	Scheme over	Insurance	Insurance	such as	child	pregnant
1	the past	Scheme	Scheme over	immunizations,	under	or breast-
1	12 months?	over the	the past	(shots), a	one	feeding a
1		past 12	12 months?	general medical	year?	child?
1	ļ.	months?	}	check-up, or		
N		l	}	pre/post natal	Į.] [
D	I.			care?	İ	
1	1)	}		1]
V					[[]
1				IMMUNIZATION1	<u> </u>	PREGNANT1
D	(IF NONE,	(IF NONE,		MEDICAL CHECK-		BREAST-
U	WRITE 0)	WRITE 0)		UP2		FEEDING2
Α				PRE/POST NATAL		NEITHER3
L	:			CARE3		1
				OTHER4		[
N°	1	NUMBER	AMOUNT	NONE5		NEXT
i	OF	OF	G\$		YES1	PERSON
	TIMES	TIMES			NO2	
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I N D I V I D U A L	1 At what age did[NAME] first attend school? (CODE 99 IF NEVER)	Is [NAME] attending school this year? YES1 (>6) NO2	[NAME] last attend? NURSERY1 PRIMARY2 PRIMARY WITH SECONDARY DEPT3 GENERAL SECONDARY.4 COMMUNITY HIGH SCHOOL (CHS)5 TEACHERS TRAINING6 TECHNICAL/ VOCATIONAL	the highest standard or form [NAME] completed at that school? PREP A1 PREP B2 STNDRD 1. 3 STNDRD 24 STNDRD 35 STNDRD 46 FORM 17 FORM 28 FORM 410 FORM 511 LOWER 612 UPPER 613 OTHER14 NONE15	TEACHERS TRAINING6 TECHNICAL/ VOCATIONAL POST- SECONDARY7 UNIVERSITY8	7 What standard or form is(NAME]. attending this school year? NURSERY1 PREP B3 STORD 14 STORD 25 STORD 36 STORD 47 FORM 18 FORM 29 FORM 310 FORM 411 FORM 512 LOWER 6.13 UPPER 6.14 OTHER15 NONE16	private?	9 Has[NAME] ever repeated a standard or form at primary or secondary school or both? (exclude nursery school) YES, PRIMARY1 YES, SECONDARY2 (>11) YES, BOTH3 NO4	10 How many years were repeated in primary school? YEARS	11 How many years were repeated in secondary school?	12 Does[NAME] Live at home when attending school? YES1 NO2	13 During the last week, how many days did .[NAME]. actually go to school?	14 Does[NAME] receive a meal or snack through the school? YES, MILK AND/OR BISCUIT1 YES, COOKED MEAL2 YES, BOTH3 NO4
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E D'U C A T I O N TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGE 3 YEARS AND OLDER

I N D I V I D U	15 Does the school provide textbooks to go with the class curriculum for [NAME]?	16 Did the household purchase textbooks for[NAME] to use at school during the current school year?	HOW does[NAME] get to school? WALK1 PUBLIC	[NAME] to travel to	19 How far away is this school from here?	20 How much does[NAME]. spend in transport to school per month?	21 How much does[NAME] spend on lunch and snacks at school per day?	school year expenses fo	(3 terms) f					
A L	YES, A PART-	SET1 YES, A PART-	PRIVATE					TUITION AND CON-			OTHER	BOARD AND	EXAM FEES	
N°	IAL SET2 NO, NONE3	IAL SET2 NO, NONE3	TRANSPOR- TATION3 OTHER4	MINUTES	MILES	G\$	G\$	TRIBUTIONS	UNIFORMS	BOOKS	SUPPLIES	LODGING	NEXT PERSON	
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M 1 G R A T 1 O N TO BE COMPLETED FOR ALL FORMER HOUSEHOLD MEMBERS LIVING AWAY FROM HOUSEHOLD FOR MORE THAN SIX MONTHS

1	1	 		FILL IN	FOR EAC	H MEMBER W	HO LEFT THE	HOUSEHOLD	
I N D I V I D U A L N°	ADD TO HOUSEHOLD ROSTER ALL FORMER HOUSEHOLD MEMBERS WHO HAVE MOVED AWAY FROM GUYANA FOR MORE THAN 6 MONTHS [MAKE SURE THAT EACH ADDITIONAL PERSON GETS HIS/HER NEW INDIVIDUAL NUMBER AT THE END OF THE HOUSEHOLD ROSTER, CONTINUING THE SERIES]	SEX MALE1 FEMALE2	3 AGE YEARS	What was the education level attained by [NAME] prior to departure? NURSERY		6 Most important reason for leaving the household. more income1 work2 study3 marriage4 other family reason5 other6	7 Area former household member moved to. CARIBBEAN1 SOUTH AMERICA2 USA3 CANADA4 EUROPE5 ASIA6 AFRICA7 OTHER8	B Does this former member send any contributions to this household? YES - CASH CONTRIBUTION.1 YES - IN-KIND CONTRIBUTION.2 MAKES NO CONTRIBUTION.3	
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FERTILITY	[NUMBER OF] children. Is this correct?	get this contraceptive [METHOD USED
ENUMERATOR: READ THE STICKER BELOW UNTIL YOU COME TO THE CODE OF A WOMAN WHO IS BETWEEN 13 AND 49 YEARS OLD IN THE HOUSEHOLD ROSTER. MARK WITH A CROSS EACH ID CODE WHICH DOES NOT CORRESPOND TO A WOMAN BETWEEN 13 AND 49. WHEN YOU REACH THE APPROPRIATE ID CODE, CIRCLE IT, AND INTERVIEW THAT WOMAN.	YES (WRITE THE NUMBER HERE) NO (GO BACK TO 2 -3; TOTAL SHOULD EQUAL NUMBER HERE) 5. Are you currently pregnant? YES1 NO2	DRUGSTORE
	6. Do you want to have more children/(or)	WRITE CODE HERE
WRITE NAME AND ID CODE OF THE WOMAN SELECTED FROM THE ROSTER	a child? YES1 NO2	10. Do/did you or your partner have to pay for this method? YES1
NAME:ID COOE	7. Have you or your partner used any contraceptive methods in the last 12 months to avoid a pregnancy or to space births?	NO2 DON'T KNOW3 11. How often have you or your partner paid for this contraceptive method in the past 12 months?
ENUMERATOR, EXPLAIN TO THE RESPONDENT: The information collected is important for calculating an infant mortality rate and for better understanding sexually transmitted diseases such as aids. Some of the information will be somewhat sensitive, but is strictly confidential and important to the survey.	YES1 NO2 (>13)	TIMES
 Have you ever given birth to a live child? EVEN THOUGH THE CHILD LIVED FOR ONLY A SHORT TIME, FOR EXAMPLE A FEW MINUTES. 	8. Which method did you use most?	12. How much do/did you and your partner pay for this method each time?
YES1 NO2 (>5)	PILL	G\$
2. How many of your children are alive now? # LIVING IN HOUSEHOLD # LIVING OUTSIDE OF HOUSEHOLD	TRADITIONAL	13. Are you married or do you live with someone now?
	WITHRDRAWAL	YES1
BOYS GIRLS BOYS GIRLS	WRITE CODE HERE (IF CODE 9 OR 10 >13)	14. How many "formal" unions or marriage have you had?

3. How many died even though they lived for a short time?

GIRLS

BOYS

NUMBER

15. How old were you when you first married or started to live with someone?

AGE

ONLY FOR CHILDREN THAT HAVE DIED

Now I would like to have a complete list of all the children you have given birth to, during your life, starting with the first.

ASK QUESTIONS 16-26 FOR EACH CHILD BORN TO THE RESPONDENT, IN ORDER OF BIRTH.

What is his/her name?	and year w this child IF NOT KNO ESTIMATE F	what month day or day ear was or dischild born? NOT KNOWN, STIMATE FROM		what month d year was it a boy Is or a girl? sti liv NOT KNOWN, TIMATE FROM E		Is he/she still living? YES1	Did you have any pregnancy check-ups when you were pregnant with [NAME].?	times did you have pregnancy check-ups during your pregnancy with[NAME].?	Did you have an anti- tetanus shot during your pregnancy with .[NAME].?	Where did you give birth to[NAME].? PUBLIC HOSPTIAL.1 PRIVATE HOSP2 PUBLIC HEALTH CENTER	Who assisted you at the birth? DOCTOR1 NURSE2 NURSE ASSISTANT.3 MEDEX4 NIDWIFE5 RELATIVE6 NO ONE7	months was[NAME] exclus- ively breastfed before weaning?	did the	
					(>22)		NO2			MONTHS	MONTH	YEAR		
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	What is his/her name?	What is his/her name? In what me and year we this child if NOT KNO ESTIMATE F	What is his/her name? In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE	What is his/her name? In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE BOY1	What is his/her name? In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE NAME NONTH YEAR GIRL2 Is he/she still living? YES1	What is his/her name? In what month and year was this child born? If NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR In what month and year was this child born? Was it a boy or a girl? Is he/she still have any pregnancy check-ups when you were pregnant with[NAME].? YES1 NO2	What is his/her name? In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE NAME IN What month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE MONTH YEAR GIRL2 IS he/she bid you have any pregnancy check-ups when you were pregnant with [NAME].? YES1 NO2	What is his/her name? In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR In what month and year was this child born? If what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE BOY1 GIRL2 IS he/she still have any pregnancy check-ups when you were pregnant with [NAME].? YES1 NO2 HOW many times have an anti-tetanus shot check-ups during your pregnancy with [NAME].? YES1 NO2 YES1 YES1	What is his/her name? In what month and year was this child born? If NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR In what month and year was this child born? Was it a boy or a girl? Is he/she still have any pregnancy check-ups when you were pregnant with	What is his/her name? In what month and year was this child born? If NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR In what month and year was this child born? If NOT KNOWN, ESTIMATE FROM AGE If NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR In what month and year was this boy or a girl? Vas it a boy or a girl? Still have any pregnancy check-ups when you were pregnancy check-ups during your pregnancy with PNIVATE HOSP2 NAME MONTH YEAR In what month and year was this a boy or a girl? Vas it a boy or a girl? Name and year was this have any times did you give birth? NAME AND ARE	What is his/her name? In what month and year was this child born? If NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR If Was it a boy or a girl? If what month and year was this child born? If NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR If Was it a boy or a girl? If what month and year was this child born? Vas it a boy or a girl? Is he/she or a girl? Is hew any pregnancy thave an anti-thave of a character of the was anti-total was	What is his/her name? In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE NAME MONTH YEAR In what month and year was this child born? IF NOT KNOWN, ESTIMATE FROM AGE IF NOT KNOWN, ESTIMATE FROM AGE MONTH YEAR IN What is his/her name? In what month and year was this child born? Is he/she Did you have any pregnancy check-ups when you were pregnant with your pregnancy check-ups during your pregnancy with pregnancy with(NAME].? NAME MONTH YEAR In what month had was it a boy or a girl? Is he/she Did you have any times did you have any pregnancy check-ups during your pregnancy with(NAME].? PRIVATE CLINIC.4 NO2 MONTH YEAR MONTH YEAR MONTH YEAR IN Was it a boy or a girl? Is he/she Did you have any times did you have any pregnancy check-ups during your pregnancy with		

ANTHROPOMETRICS

FOR ALL CHILDREN 0-59 MONTHS OLD MAKE SURE TO KEEP THE LISTING AND IDENTIFICATION CODE FROM
HOUSEHOLD POSTER 1

	<u> </u>							HOUSEHOLD ROSTER 3																		
	1							2		3				4	5	6		7		8	9	10	11	12	13	14
		When was[NAME] born?						the			WAS THIS REACHILD WAS MEASURED?	WAS NOT	WEIGHT LENGTH			CHILD MEASURED	In the past two weeks, has the		RECORD IMMUNIZATION STATUS OF THE CHILD							
I N D I V I O		CALCULATE CHILD'S AGE ASK RESPONDENT TO CONFIRM IT IN COL. 3 >>			at birth?					Vro. 4	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD1 ILLNESS2 DEFORMITY3	OME URING OMPLETE URVEY ERIOD1 LNESS2 FORMITY3				DOWN OR STANDING?	child had running belly (diarrhea) i.e. three or more loose stools per day?		DIPTHERIA	TETANUS	TUBERCU- LOSIS	MEASLES				
A L	1									YES1 OTHER (SPECIFY	OTHER (SPECIFY)4					DOWN1				l	YES1	1				
N		DAY MONTH YEAR		AR	LBS OZS		YE	YEARS MONTHS		NO2	>> 9	POUNDS		INCHES		ING2	NO2	N° OF DOSES	N° OF DOSES	NO2	NO2	NO2				
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ANTHROPOMETRICS

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

	15	16	17	18	19	20	21
	Is the child currently being breastfed exclusively?	At what age was the child weaned?	What was the first diet after weaning?	What is the child's present diet?	Does the child receive vitamin supple- ments?	What type of vitamin supplement?	Where does the child get the vitamin supplement?
N D I D U A L	YES1 (>19) NO2	AGE IN MONTHS	PLANTAIN FLOUR PORRIDGE1 CORNMEAL	FAMILY POT1 PORRIDGE2 CRUSHED VEGETABLE.3 OTHER4		LIQUID1 TABLET2 OTHER3	HEALTH FACILITY1 RELATIVE2 PRIVATE DRUGSTORE.3 OTHER4
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ASK THE REMAINING QUESTIONS FOR ALL HOUSEHOLD MEMBERS YOUNGER THAN 15.

(1) I N D I V I D U A L	COPY BELOW THE NAME, SEX CODE, AGE, RELATIONSHIP TO HOUSEHOLD PERSON IN "HOUSEHOLD MEMBERSHIP AND COMPOSITI" (FROM HIES QUESTIONNAIRE BLOCKS 6 A THAT EACH PERSON RETAINS HIS/HER IN	THE ON RECORD" ND 7. MAK	(11) 3 S E X MALE1	(12) 4 AGE	(9) 5 What is the membership status of[NAME]?	DIVORCED5 SEPARATED6 SINGLE7 OTHERS8	7 What is the religion of the household member? CHRISTIAN	8 Does the natural mother of this child live in this household? YES1 NO2 (>10)	IDENTI- FICATION CODE OF THE NATURAL MOTHER	What was the highest level of education completed	natural father of this child live in this household? YES1 NO2 (>13)	IDENTI- FICATION CODE OF THE NATURAL FATHER	13 What was the highest level of education completed by this child's father? NURSERY
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