



## LIVING PATTERN QUESTIONNAIRE (LPQ) FOR CIVILIAN POST ALLOWANCE AND MILITARY COLA

**Post/Duty Station:** \_\_\_\_\_

The purpose of this questionnaire is to identify the consumer facilities and services that you and your family use at your post/duty station, as well as to gather some other information about your living pattern that relates to the cost of living at your foreign location. The information you provide on this questionnaire will be used to develop the Department of State's "Indexes of Living Costs Abroad." These indexes measure overall living cost differences between Washington, D.C. and locations where federal employees are assigned abroad. **The answers that you and others provide through this questionnaire will be used, with other information, to establish your post (cost-of-living) allowance level.** Please leave blank any question that does not apply to you and your family. Accurate information is vitally important, so please take the time to complete the survey to the best of your ability.

### GENERAL INFORMATION

**1. Your Agency:**

- |   |  |
|---|--|
| <input type="checkbox"/> Department of State                  | <input type="checkbox"/> Department of Defense (Military)    |
| <input type="checkbox"/> Agency for International Development | <input type="checkbox"/> Other Agency (Please specify) _____ |
| <input type="checkbox"/> Department of Defense (Civilian)     |  |

(For the next two items, please select your pay schedule and pay grade - for example, FS-2, GS-7, E-4, WO-2, O-3.)

**2. Your Pay Schedule:**

- |   |  |
|---|--|
| <input type="checkbox"/> FS (Foreign Service)                   | <input type="checkbox"/> E (Military Enlisted)         |
| <input type="checkbox"/> GS (Federal General Schedule)          | <input type="checkbox"/> O (Military Officer)          |
| <input type="checkbox"/> SES (Federal Senior Executive Service) | <input type="checkbox"/> WO (Military Warrant Officer) |
|   | <input type="checkbox"/> Other (Please specify) _____  |

**3. Your Pay Grade:**

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 08 | <input type="checkbox"/> 09 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |                             |                             |                             |                             |                             |                             |                             |

**4. Number of family members at Post:**

- |                            |                            |                            |                            |                            |                            |                                     |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | More than 5 (please specify): _____ |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|

**5. Length of time at current location:** \_\_\_\_\_

**6. "I certify that the information I have provided on this Living Pattern Questionnaire is accurate to the best of my knowledge."**

(User Name)

Signature

Date (mm-dd-yyyy)

**7. Outlets.** List the primary and secondary local outlets used by you and your family for each of the following consumer goods and services.

Do not include military facilities, the Embassy or Consulate commissary, or any other government owned or operated facilities.

**CURRENCY:** Enter local, USD or other country currency spent at that outlet.

Consumer Goods and Services	Primary Local Outlet	Secondary Local Outlet	Currency
<b>Meat and Dairy Products</b>			
Meats ( <i>beef, pork, lamb, poultry</i> )			
Fish, Fresh			
Fish, Canned			
Dairy Products ( <i>eggs, ice cream, milk, cheese</i> )			
Milk			
<b>Groceries</b>			
Groceries ( <i>bread, cereal, rice, pasta, drinks, baby food, other</i> )			
<b>Fruits and Vegetables</b>			
Fresh Fruits and Vegetables			
Canned Fruits and Vegetables			
Frozen Vegetables			
<b>Alcohol and Tobacco</b>			
Wine			
Whiskey ( <i>if different from wine</i> )			
Beer ( <i>if different from wine or whiskey</i> )			
Cigarettes			
<b>Clothing</b>			
Men's			
Women's			
Children's			
<b>Personal Care</b>			
Toiletries ( <i>e.g., toothpaste and shampoo</i> )			
Laundry/Dry Cleaning			
Hair Services			
<b>Household Furnishings</b>			
Appliances ( <i>e.g., microwave &amp; toaster</i> )			
Computer Accessories			
Household Consumables ( <i>e.g., detergent and paper products</i> )			
<b>Medical</b>			
Medicine ( <i>e.g., prescription, non-prescription</i> )			
Doctor ( <i>e.g., general practitioner and pediatrician</i> )			
Dentist			
Hospital Facilities			
<b>Recreation</b>			
Audio/Visual ( <i>music CDs, DVD movies</i> )			
Photographic Supplies ( <i>film and developing photos/digital photos</i> )			
Reading Material ( <i>books, magazines</i> )			
Recreational Equipment ( <i>e.g., bicycle</i> )			
Recreational Activities			
Movie Theater			
Performing Arts			
Sports Events			
Gym Membership			
Pet Food			
<b>Public Transportation</b>			
Taxi			

**7. Outlets (continued)**

<b>Personally Owned Vehicles</b>			
Gasoline			
Auto Maintenance (oil change, tune-up)			
Auto Parts (e.g., tires)			
<b>Household Help</b>			
Day Care (outside the home)			
<b>Food Away</b>			
Breakfast			
Lunch			
Dinner			

**8. Relative Importance of Various Sources of Supply (in %)**

a. Please indicate in the table below, beside each subcategory of product, the average percentage of your household's shopping done at each type of facility. **The percentages summed across each row should add to 100%.**

The subcategory definitions are as follow:

- "Local Market" - items or services purchased locally regardless of the country of origin.
- "Special Facilities" -items or services purchased at the embassy commissary or a US Military commissary or exchange if available for use.
- "Supply brought to current location" - items purchased in anticipation of your assignment or conveyed to the foreign location at U.S. government expense in your household effects, unaccompanied or accompanied baggage.
- "Subsequent Purchases".
  - "U.S." - Items purchased, after arrival, from a source in the U.S. (by internet, fax, mail order) or purchased during home leave/TDY/other visit in the U.S.
  - "Other." - Items or services purchased from other posts or foreign locations (list names under number 9).

**Example:**

Subcategory	Local Market (%)	Special Facilities		Supply Brought to Current Location (%)	Subsequent Purchases		Total (%)
		Embassy Commissary (%)	Military Commissary Exchange (%)		U.S. (Incl. catalogs/ Mail Order) (%)	Other Location (%)	
Toiletries	20	5	50		15	10	100%
Household Consumables	30	60		10			100%

b. Complete the following:

Subcategory	Local Market (%)	Special Facilities		Supply Brought to Current Location (%)	Subsequent Purchases		Total (%)
		Embassy Commissary (%)	Military Commissary Exchange (%)		U.S.(Incl. Internet/Mail Order) (%)	Other Foreign Location (%)	
Meat (beef, pork, lamb, poultry)							100 %
Fresh Fish							100 %
Canned Fish							100 %
Dairy Products (eggs, cheese & ice cream)							100 %
Groceries							100 %
Fresh Fruits/Vegetables							100 %
Canned Fruits/Vegetables/Juices							100 %

8 b. Continuation

Subcategory	Local Market (%)	Special Facilities		Supply Brought to Current Location (%)	Subsequent Purchases		Total (%)
		Embassy Commissary (%)	Military Commissary Exchange (%)		U.S. (Incl. Internet/Mail Order) (%)	Other Foreign Location (%)	
Frozen Vegetables							100 %
Alcoholic Beverages							100 %
Tobacco							100 %
Men's Clothing							100 %
Women's Clothing							100 %
Children's Clothing							100 %
Toiletries							100 %
Laundry/Dry Cleaning							100 %
Hair Services							100 %
Small Kitchen Appliances							100 %
Computer Accessories							100 %
Household Consumables							100 %
Medicine (non-prescription)							100 %
Doctor							100 %
Dentist							100 %
Audio and Visual Supplies							100 %
Photographic Supplies							100 %
Reading Material							100 %
Movies (Marine House)							100 %
Performing Arts							100 %
Sports Events							100 %
Gym Membership							100 %
Pet Food							100 %
Auto Maintenance							100 %
Gasoline							100 %
Auto Parts (e.g., tires)							100 %

9. If you indicated that you purchased from an "Other" foreign location, please identify the names of those retail sources below:

**10. Relative Use of Commodities and Services.** Approximate proportion of the following goods used in preparing meals at home (*based on volume only*):

Fruits		Meats/Seafood			Vegetables	
		Beef		%		
		Pork		%	Fresh	%
Fresh	%	Lamb		%	Canned	%
		Poultry		%	Frozen	%
Canned	%	Seafood		%		
TOTAL	100 %	TOTAL	100	%	TOTAL	100 %

**11. Transportation:** Estimate the percentage of travel for which you use each of the following forms of transportation:

**12. Dining:** Estimate the percentage of your family's meals that are eaten in each of the following facilities:

Privately Owned Vehicle (POV)		%	Breakfast				Lunch		Dinner	
Government Owned Vehicle (GOV)		%	Local Restaurants	%	%	%	%	%	%	
Taxi		%	Post Restaurant	%	%	%	%	%	%	
Municipal Bus		%	Military Restaurant	%	%	%	%	%	%	
Subway/Commuter Train		%	Home	%	%	%	%	%	%	
TOTAL		100 %	TOTAL	100 %	100 %	100 %	100 %	100 %	100 %	

**13. Special Arrangements:**

Yes

No

Does the U.S. Government or landlord provide major furniture, such as beds, sofas, and tables?

Does the U.S. Government or landlord supply major household appliances such as stove, refrigerator and washer/dryer?

**14. Household Help.** If you employ household help, please complete the following:

Type of Household Help	Average Number Of Hours Worked Per Week
Housekeeper	
Cook	
Day Worker	

**Household Help necessary for:**

- Extra cleaning/laundry due to climate
- Shopping/food preparation
- Security
- Language difficulties
- Other (*Please specify in comments*)

**15. Comments.** Please provide a brief description of any significant cost-of-living expenses for **your family** not identified elsewhere on this questionnaire (*e.g., specific medical or educational expenses*).

