

MAY 1989

THE STATISTICAL INSTITUTE OF JAMAICA

JAMAICA SURVEY OF LIVING CONDITIONS

1989-I

DATE OF THE INTERVIEW		
DAY	MONTH	YEAR

PARISH		CONSTITUENCY		ENUMERATION DISTRICT N°				DWELLING N°				N/H	

AREA

SERIAL N°

INTERVIEWER: _____

☐

SUPERVISOR : _____

☐

ADDRESS OF DWELLING: _____

TIME OF INTERVIEW -- FROM: _____ TO: _____

DATE OF ANTHROPOMETRIC		
DAY	MONTH	YEAR

ANTHROPOMETRIST: _____

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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER

I N D I V I D U A L N°	1	2	3	4	5	6	7								8	9
	Have you had any illness, injury during the past 4 weeks? For example, have you had a cold, diarrhea, injury due to an accident or any other illness?	Did this illness or injury begin within the past 4 weeks or before the past 4 weeks? WITHIN PAST 4 WEEKS 1 BEFORE PAST 4 WEEKS 2	For how many days during the past 4 weeks have you suffered from this illness or injury? DAYS	For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury? DAYS	Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited during the past 4 weeks? YES.....1 NO.....2 (= 23 PAGE A3)	How many visits did you make in the past 4 weeks to health practitioners? NUMBER OF VISITS	Where did the visit(s) take place? In a...								How much did you have to pay at public health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO	How much did you have to pay at private health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO
	YES.....1 NO.....2 (= 31 PAGE A4)						Public Hospital?	Private Hospital?	Public Health Centre?	Private Health Centre?	Private Doctor's Office?	Private Pharmacy?	Patient's Home?	Other?	AMOUNT JS	AMOUNT JS
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	10	11	12	13	14	15	16	17	18	19	20	21	22
	Did you spend a night in a public hospital or other establishment during the past 4 weeks? YES....1 NO.....2 (= 13)	How many nights during the past 4 weeks did you spend in the public hospital? NIGHTS	How much have you paid or will have to pay altogether for this stay in a public hospital? Do not include the cost of medicines or any costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	Did you spend a night in a private hospital or other establishment during the past 4 weeks? YES....1 NO.....2 (= 16)	How many nights during the past 4 weeks did you spend in the private hospital? NIGHTS	How much have you paid or will have to pay altogether for this stay in a private hospital? Do not include the cost of medicines or any costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	Where did the last visit take place? PUBLIC HOSPITAL...1 PRIVATE HOSPITAL...2 PUBLIC HEALTH CENTRE...3 PRIVATE HEALTH CENTRE...4 PRIVATE DOCTOR'S OFFICE...5 PRIVATE PHARMACY...6 PATIENT'S HOME...7 OTHER...8	What is the name of the health facility last visited? NAME OF HEALTH FACILITY	How long did it take you to go to the place you visited? ONE WAY TRIP ONLY MINUTES	How far was this last place you visited from home? MILES	How long did you have to wait there before you received care? MINUTES	How many times did you visit this place during the past 4 weeks? NUMBER OF TIMES	Who attended you at the last visit? a doctor?.....1 a nurse practitioner?.....2 a nurse?.....3 a pharmacist?.....4 a midwife?.....5 Community health aid?.....6 a healer?.....7 other? (SPECIFY).....8 = 23 PAGE A3
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	23 Did you buy medicines during the past 4 weeks?	24 Where were these medicines purchased? In a...								25 How much have you spent for medicines at public sources e.g. public hospital, health centre, during the past 4 weeks? Do not include costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AND = 27 AMOUNT JS	26 What is the name of the hospital/health centre where the medicines were purchased?	27 Were you able to obtain all the medicine you needed from public sources?	28 How much have you spent for medicines at private sources, e.g. private doctor, private pharmacy, etc., during the past 4 weeks? Do not include costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	29 Were you able to purchase all the medicine you needed from private sources?	30 Why were you not able to obtain all the medicine you needed? NOT AVAILABLE....1 COULDN'T AFFORD IT.....2
	YES....1 NO.....2 (= 31 PAGE A4)	Public Hospital?	Private Hospital?	Public Health Centre?	Private Health Centre?	Private Doctor?	Private Pharmacy?	Other Private Source?	Other?		YES....1 (= 31 PAGE A4) NO.....2	IF NOTHING SPENT WRITE ZERO AMOUNT JS	YES....1 (= 31 PAGE A4) NO.....2		
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (END)

INDIVIDUAL	31	32	33	34	35	36	37	38	39	40
	Besides illness or injury, did you seek health care within the past 6 months? Have you had... Preventive health checkups?.....1 Family planning services?.....2 Other? (specify).....3 None.....4 (= 40) ONLY TO WOMEN: Prenatal checkups?.....5 A birth?.....6	How many visits did you make in the past 6 months to health practitioners?	Where did the last visit take place? PUBLIC HOSPITAL...1 PRIVATE HOSPITAL...2 PUBLIC HEALTH CENTRE.....3 PRIVATE HEALTH CENTRE.....4 PRIVATE DOCTOR'S OFFICE.....5 PRIVATE PHARMACY.....6 PATIENT'S HOME.....7 (= 38) OTHER.....8	What is the name of the health facility last visited? NAME OF THE HEALTH FACILITY	CODE	How long did it take you to go to the place you visited? ONE WAY TRIP ONLY MINUTES	How far was this last place you visited from home? MILES	How long did you have to wait there before you received care? MINUTES	Who attended you at the last visit? a doctor?...1 a nurse practitioner?...2 a nurse?...3 a pharmacist?...4 a midwife?...5 Community health aid?...6 a healer?...7 other? (SPECIFY).....8	How much did you have to pay during the last visit made? Do not include cost of drugs nor any costs paid by your insurance. AMOUNT JS
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PART B: EDUCATION - TO BE COMPLETED FOR ALL CHILDREN 3 TO 19 YEARS OLD

	1 What type of school is (NAME) attending this academic year? BASIC/INFANT/NURSERY/KINDERGARTEN.....1 PRIMARY.....2 ALL AGE SCHOOL GRADES 1-6.....3 ALL AGE SCHOOL GRADES 7-9.....4 NEW SECONDARY.....5 COMPREHENSIVE.....6 SECONDARY HIGH.....7 TECHNICAL.....8 VOCAT/AGRIC.....9 UNIVERSITY.....10 OTHER POST-SECONDARY.....11 NONE.....12 (= 4)	2 What grade is (NAME) in at school this year? GRADE = 9	3 How many years has (NAME) been attending classes in a university or post-secondary institution, including this year? YEARS = 9	4 Why is (NAME) not attending school? ILLNESS.....1 FINANCIAL.....2 TRANSPORT.....3 PROBLEM.....4 WORKING.....5 NOT READY.....6 NO SCHOOL AVAILABLE.....7 NO SPACE IN SCHOOL.....8 PREGN/YOUNG MOTHER.....9 BABYSITTING.....10 APPRENTICESHIP.....11 NOT WORTH GOING.....12 OTHER.....13 FIRST REASON SECOND REASON	5 What type of school did (NAME) last attend? BASIC/INFANT/NURSERY/KINDERGARTEN.....1 PRIMARY.....2 ALL AGE SCHOOL GRADES 1-6.....3 ALL AGE SCHOOL GRADES 7-9.....4 NEW SECONDARY.....5 COMPREHENSIVE.....6 SECONDARY HIGH.....7 TECHNICAL.....8 VOCAT/AGRIC.....9 UNIVERSITY.....10 OTHER POST-SECONDARY.....11 NONE.....12 (= NEXT PERSON)	6 What was the highest grade (NAME) completed at that school? GRADE = 8	7 How many years did (NAME) attend classes in the university or other post-secondary institution? YEARS = 8	8 Does (NAME) intend to return to school? YES...1 NO...2	9 Not counting this year, how many years has (NAME) attended primary school, including years repeated? Do not count years in the infant department IF NONE, ENTER 0 IF ANSWER TO Q.1 IS 1, 2 OR 3, = 12 YEARS	10 What is the highest examination (NAME) has passed? NONE.....1 JSC.....2 SSC.....3 CXC.....4 GCE 'O'.....5 GCE 'A'.....6 OTHER.....7	11 Not counting this year, how many years has (NAME) attended secondary school or high school, including years repeated? IF ANSWER TO Q.1 IS 12 (NONE), STOP HERE AND GO TO NEXT MEMBER YEARS	12 Does (NAME) live at home when attending school? YES.....1 NO.....2 (= 16 ON NEXT PAGE)	13 During the last week, how many days did (NAME) actually go to school? IF ALL 5 DAYS = 16 ON NEXT PAGE DAYS	14 Why did (NAME) not go to school for all 5 days? ILLNESS.....1 FINANCIAL.....2 TRANSPORT.....3 PROBLEM.....4 HOUSEHOLD CHORES.....5 SCHOOL CLOSED/HOLIDAY.....6 TRAVEL.....7 PREGN/YOUNG MOTHER.....8 BABYSITTING.....9 APPRENTICESHIP.....10 NOT WORTH GOING.....11 OTHER.....12 FIRST REASON SECOND REASON	15 Did (NAME) go to school on Friday last week? YES...1 NO...2
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PART B: EDUCATION (CONTINUED)

INDIVIDUAL H#	16 What is the name of the school that ...[NAME]... is now attending?	17 Is this school public or private?	18 How long does it take ...[NAME]... to travel to this school from here? ONE WAY TRIP ONLY	19 How far away is this school from here?	20 How does ...[NAME]... go to school? WALKING....1 PUBLIC TRANSPORT...2 PRIVATE TRANSPORT...3 OTHER.....4	21 Does this school provide a meal for ...[NAME]... when he/she is at school? YES, MILK AND/OR NUTRIBLUM...1 YES, OTHER....2 NO.....3 (= 23)	22 How much money does this household pay for the milk and nutritions received for one day? AMOUNT JS	23 Does ...[NAME]... have textbooks for his/her use at school? YES, HAS BOOKS FOR EXCLUSIVE USE.....1 YES, BUT SHARES WITH OTHERS.....2 NO.....3 (= 26)	24 Were some of these books provided by the school at no cost?	25 Where some of these books provided by the school for a fee?	26 Where some of these books acquired by the household in some other way?	27 What was the cost to the household for textbooks used by ...[NAME]... for this school year? AMOUNT JS
	NAME SCHOOL	CODE	MINUTES	MILES								
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PAGE

P A R T B: EDUCATION (END)

I N D I V I D U A L	28 How much money must this household pay for ...[NAME]... in...							
	A. Transportation?		B. School fee?		C. Uniform?		D. Lunch?	
	IF NOTHING WRITE ZERO AND → B		IF NOTHING WRITE ZERO AND → C		IF NOTHING WRITE ZERO AND → D		IF NOTHING WRITE ZERO AND → NEXT PERSON	
	AMOUNT JS	TIME UNIT	AMOUNT JS	TIME UNIT	AMOUNT JS	TIME UNIT	AMOUNT JS	TIME UNIT
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TIME UNITS:
 DAY.....3
 WEEK.....4
 MONTH.....5
 QUARTER.....6
 SEMESTER.....7
 YEAR.....8

B3

PART C: FOR ALL CHILDREN LESS THAN 6 YEARS OLD

INDIVIDUAL N°	1 When was... [NAME]... born?			2 AGE		3 Was the birth of the child registered?	4 WAS THIS CHILD MEASURED?	5 REASON CHILD NOT MEASURED	6 WEIGHT	7 LENGTH	8 In the past two weeks, has the child had running belly (diarrhoea), i.e. three or more loose stools per day?	9 Has this child ever been taken to a public health centre or a public hospital since he/she was born?	RECORD IMMUNIZATION STATUS OF THE CHILD			
													10 O. P. V.	11 D. P. T.	12 B. C. G.	13 MEASLES
	DAY	MONTH	YEAR	YEARS	MONTHS	YES...1 NO...2	YES...1 (> 6) NO...2	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD...1 ILLNESS...2 DEFORMITY...3 OTHER (SPECIFY)...4 8	KILOGRAMS	CENTIMETERS	YES...1 NO...2	YES...1 NO...2	N° OF DOSES	N° OF DOSES	YES...1 NO...2	YES...1 NO...2
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P A R T D: DAILY EXPENSES

<p>1</p> <p>During the past 7 days, has this household spent money on any of the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p>		<p>2</p> <p>How much have you spent for during the past 7 days?</p> <p>AMOUNT JS</p>	
Food and beverages consumed away from home	<p>YES-></p> <p><-NO</p>	101	
Coal	<p>YES-></p> <p><-NO</p>	102	
Kerosene	<p>YES-></p> <p><-NO</p>	103	
Wood	<p>YES-></p> <p><-NO</p>	104	
Other fuel for cooking or lighting different than cooking gas and electricity	<p>YES-></p> <p><-NO</p>	105	
Personal care (soap, tooth paste, shaving cream, cosmetics, hair care,...)	<p>YES-></p> <p><-NO</p>	106	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	<p>YES-></p> <p><-NO</p>	107	

PART E: CONSUMPTION EXPENDITURES

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 4 weeks? YES...1 NO...2 (= 5)	How much did you spend on ... during the past 4 weeks? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (=NEXT ITEM)	What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Laundry supplies (soap bars/powders, bleach, starch, clothes pins,...)	YES-> -<NO				
Polishes, waxes, air freshener, insect sprays	YES-> -<NO				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<NO				
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<NO				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries,...)	YES-> -<NO				
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<NO				
Laundry and dry cleaning services	YES-> -<NO				
Rental of equipment (radio, television, ...)	YES-> -<NO				

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 4 weeks? YES...1 NO...2 (= 4)	How much did you spend on ... during the past 4 weeks? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (=NEXT ITEM)	What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Cooking gas	YES-> -<NO				
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<NO				
Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<NO				
Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<NO				
Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<NO				
Cooking ware (pots, pans, skillets, ...)	YES-> -<NO				
Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO				
Radio or radio/cassette player	YES-> -<NO				
Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan,...)	YES-> -<NO				
Repairs on furniture or household equipment	YES-> -<NO				
Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<NO				
Medical services (doctor's fee, hospital care, prescriptions, spectacles,...)	YES-> -<NO				

P A R T E: CONSUMPTION EXPENDITURES (END)

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 4 weeks? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 4 weeks? ... AMOUNT JS	How much did you spend on ... during the past 12 months? ... AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (>NEXT ITEM)	What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Shoes and sandals for adults YES-> -<NO	221				
Shoes and sandals for children YES-> -<NO	222				
Clothing materials for adults (dacron, linen, cotton, silk, ...) YES-> -<NO	223				
Clothing materials for children (dacron, linen, cotton, silk, ...) YES-> -<NO	224				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...) YES-> -<NO	225				
Children clothing (shirts, trousers, coats, jeans, ...) YES-> -<NO	226				
Accessories (watches, jewelry, sunglasses, ...) YES-> -<NO	227				
Reading materials (Books, magazines, newspapers, ...) YES-> -<NO	228				
Stationery and writing equipment (pens, pencils, envelopes, stamps, ...) YES-> -<NO	229				

1	2	3	4
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 4 weeks? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 4 weeks? ... AMOUNT JS	How much did you spend on ... during the past 12 months? ... AMOUNT JS
Education expenses (tuition, books, boarding fees, ...) YES-> -<NO	230		
Making and repair of clothes (adult and children) YES-> -<NO	231		
Purchased transportation (taxi, bus, train, car rental, air fare, ...) YES-> -<NO	232		
Gasoline, motor oil YES-> -<NO	233		
Other transport expenses (car repairs, tires, parking charges, motor vehicle and driver licenses) YES-> -<NO	234		
Sporting activities (club membership, equipment, entrance fees, ...) YES-> -<NO	235		
Other recreational activities (cinema, theater, dance clubs, records, tapes, ...) YES-> -<NO	236		
Vacation expenses (excluding fares) (hotels, travel tax, ...) YES-> -<NO	237		
Gardening & horticulture (plants, fertilizer, garden equipment, home animals...) YES-> -<NO	238		
Telegrams, telephone, cablegrams YES-> -<NO	239		
Other consumption expenditures (flowers, etc.) YES-> -<NO	240		

P A R T F: N O N - C O N S U M P T I O N E X P E N D I T U R E S

1		2	3	4
During the past 12 months, has this household spent on any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.		Have you spent on ... during the past 30 days? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS
Life & Fire Insurance	YES-> <-NO	250		
Car Insurance	YES-> <-NO	251		
Health Insurance	YES-> <-NO	252		
Taxes (NEC)	YES-> <-NO	253		
Weddings, funerals	YES-> <-NO	254		
Donations and gifts (church or union dues, gifts, charities, ...)	YES-> <-NO	255		
Repayment of loans, interest payments	YES-> <-NO	256		
Maintenance of relatives outside the home	YES-> <-NO	257		
Other non-consumption expenditures (legal services, anything else, ...)	YES-> <-NO	258		

PART G: FOOD EXPENSES

1	2	3	4
<p>During the past 30 days, has this household bought any of the following foods?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS BOUGHT DURING THE PAST 30 DAYS.</p>	<p>Have you bought ... during the past 7 days?</p> <p>YES...1</p> <p>NO...2 (> 4)</p>	<p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p> <p>→ NEXT FOOD</p>
Fresh or frozen meat	YES-> -<NO	401	
Salted, cured or canned meat	YES-> -<NO	402	
Fresh or frozen fish and shellfish	YES-> -<NO	403	
Salted codfish	YES-> -<NO	404	
Canned mackerel, sardines	YES-> -<NO	405	
Other salted or canned fish and shellfish	YES-> -<NO	406	
Poultry, fresh, frozen salted, cured or canned	YES-> -<NO	407	
Liquid milk (raw milk, pasteurized milk, or reconstituted milk powder)	YES-> -<NO	408	
Condensed milk	YES-> -<NO	409	
Evaporated milk	YES-> -<NO	410	
Powdered milk (D.S.M.)	YES-> -<NO	411	
Butter	YES-> -<NO	412	
Margarine (chiffon)	YES-> -<NO	413	
Cheese	YES-> -<NO	414	
Eggs	YES-> -<NO	415	

1	2	3	4
<p>During the past 30 days, has this household bought any of the following foods?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS BOUGHT DURING THE PAST 30 DAYS.</p>	<p>Have you bought ... during the past 7 days?</p> <p>YES...1</p> <p>NO...2 (> 4)</p>	<p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p> <p>→ NEXT FOOD</p>
Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	416	
Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	417	
Baked products (bread and biscuits)	YES-> -<NO	418	
Other baked products (cakes, buns, buns, etc)	YES-> -<NO	419	
Flour	YES-> -<NO	420	
Rice	YES-> -<NO	421	
Corrmeal	YES-> -<NO	422	
Breakfast cereals (cornflakes, oats, Momi corn, ...)	YES-> -<NO	423	
Yams (white, yellow, negro, St. Vincent, Lucas, ...)	YES-> -<NO	424	
Potatoes (sweet, Irish)	YES-> -<NO	425	
Other roots and tubers (cassava, coco, dasheen, ...)	YES-> -<NO	426	
Other starchy fruits (plantains, bread fruit, ...)	YES-> -<NO	427	
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...)	YES-> -<NO	428	
Frozen canned and dried vegetables	YES-> -<NO	429	
Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	430	

P A R T G: FOOD EXPENSES (END)

1	2	3	4
<p>During the past 30 days, has this household bought any of the following foods?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS BOUGHT DURING THE PAST 30 DAYS.</p>	<p>Have you bought ... during the past 7 days?</p> <p>YES...1</p> <p>NO...2 (> 4)</p>	<p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p> <p>▶ NEXT FOOD</p>
<p>Fresh fruit, (oranges, limes, apples, bananas, melons, pineapples, ...)</p> <p>YES-></p> <p><-NO</p>	431		
<p>Canned and dried fruits</p> <p>YES-></p> <p><-NO</p>	432		
<p>Sugar and sweets (sugar, honey, sweeteners, jams, jellies)</p> <p>YES-></p> <p><-NO</p>	433		
<p>Soups (packaged, canned, frozen, ...)</p> <p>YES-></p> <p><-NO</p>	434		
<p>Prepared meats and fish (curried mutton, fish fingers, ...)</p> <p>YES-></p> <p><-NO</p>	435		
<p>Dry packaged foods (macaroni, vermicelli, ...)</p> <p>YES-></p> <p><-NO</p>	436		
<p>Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)</p> <p>YES-></p> <p><-NO</p>	437		
<p>Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)</p> <p>YES-></p> <p><-NO</p>	438		
<p>Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)</p> <p>YES-></p> <p><-NO</p>	439		
<p>Nuts (peanuts, cashew, coconut, ...)</p> <p>YES-></p> <p><-NO</p>	440		
<p>Baby food (milk food, cereals, strained food, ...)</p> <p>YES-></p> <p><-NO</p>	441		
<p>Other food (chips, snacks, cheese trix, ...)</p> <p>YES-></p> <p><-NO</p>	442		
<p>Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)</p> <p>YES-></p> <p><-NO</p>	443		
<p>Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)</p> <p>YES-></p> <p><-NO</p>	444		
<p>Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)</p> <p>YES-></p> <p><-NO</p>	445		

P A R T E: CONSUMPTION OF HOME PRODUCTION AND FOOD RECEIVED AS GIFT

1	2	3	4
<p>During the past 30 days, have you eaten in this household any ...[]... that was home-produced, or received as gift?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>	<p>How much would it cost to buy the amount of home-produced ...[]... you ate during the past 7 days?</p> <p>IF NOTHING, ENTER 0 AND (> 3)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of home-produced ...[]... you ate during the past 30 days?</p> <p>IF NOTHING, ENTER 0 AND (> 4)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of ...[]... you received as gift during the past 30 days?</p> <p>IF NOTHING, ENTER 0</p> <p>▶ NEXT FOOD ITEM</p> <p>AMOUNT JS</p>
<p>Beef, mutton, goat, pork, other domesticated meat?</p> <p>YES-></p> <p><-NO</p>	501		
<p>Fish and shellfish</p> <p>YES-></p> <p><-NO</p>	503		
<p>Poultry (chicken, duck, turkey, ...)</p> <p>YES-></p> <p><-NO</p>	505		
<p>Milk</p> <p>YES-></p> <p><-NO</p>	506		
<p>Butter</p> <p>YES-></p> <p><-NO</p>	509		
<p>Cheese</p> <p>YES-></p> <p><-NO</p>	511		
<p>Eggs</p> <p>YES-></p> <p><-NO</p>	512		
<p>Yam (white, yellow, negro, St. Vincent, Lucas, ...)</p> <p>YES-></p> <p><-NO</p>	521		

1	2	3	4
<p>During the past 30 days, have you eaten in this household any ...[]... that was home-produced, or received as gift?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>	<p>How much would it cost to buy the amount of home-produced ...[]... you ate during the past 7 days?</p> <p>IF NOTHING, ENTER 0 AND (> 3)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of home-produced ...[]... you ate during the past 30 days?</p> <p>IF NOTHING, ENTER 0 AND (> 4)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of ...[]... you received as gift during the past 30 days?</p> <p>IF NOTHING, ENTER 0</p> <p>▶ NEXT FOOD ITEM</p> <p>AMOUNT JS</p>
<p>Potatoes (sweet, Irish)</p> <p>YES-></p> <p><-NO</p>	522		
<p>Other roots and tubers (cassava, coco, dasheen, ...)</p> <p>YES-></p> <p><-NO</p>	523		
<p>Other starchy foods (plantains, bread fruit, ...)</p> <p>YES-></p> <p><-NO</p>	524		
<p>Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...)</p> <p>YES-></p> <p><-NO</p>	525		
<p>Fruit, fresh (oranges, limes, apples, bananas, melons, pineapples, ...)</p> <p>YES-></p> <p><-NO</p>	529		
<p>Sugarcane</p> <p>YES-></p> <p><-NO</p>	532		
<p>Nuts (peanuts, cashew, coconut, ...)</p> <p>YES-></p> <p><-NO</p>	539		
<p>Other food</p> <p>YES-></p> <p><-NO</p>	541		

PART I: HOUSING AND RELATED EXPENSES

<p>1 TYPE OF DWELLING</p> <p>SEPARATE HOUSE.....1 DETACHED.....2 SEMI-DETACHED HOUSE.....3 PART OF A HOUSE.....4 APARTMENT BUILDING.....5 TOWN-HOUSE.....6 IMPROVISED HOUSING UNIT.....7 PART OF COMMERCIAL BUILDING.....8 OTHER.....9 (SPECIFY.....)</p> <p>1A WHAT IS THE CONDITION OF THE HOUSE?</p> <p>EXCELLENT.....1 GOOD.....2 ADEQUATE.....3 POOR.....4</p> <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD.....1 STONE.....2 BRICK.....3 CONCRETE WDG.....4 BLOCK & STEEL.....5 WATTLE/ADOBE.....6 OTHER (SPECIFY.....).....7</p> <p>3 What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER.....1 W.C. NOT LINKED.....2 PIT.....3 OTHER.....4 NONE.....5 (> 5)</p> <p>3A How many toilets or bathrooms are used by this household?</p> <p>NUMBER:.....</p> <p>4 Are the toilet facilities used only by your household, or do other households use the same facilities?</p> <p>EXCLUSIVE USE.....1 SHARED.....2</p>	<p>5 Is the kitchen used only by your household, or do other households use the same kitchen?</p> <p>EXCLUSIVE USE.....1 SHARED.....2 NONE.....3</p> <p>6 SIZE OF DWELLING (N° OF ROOMS)</p> <p>(a) BEDROOMS..... (b) LIVING/DINING..... (c) MULTI-PURPOSE..... (d) STUDY/DEN..... (e) RECREATION/PLAY..... (f) OTHER.....</p> <p>TOTAL N° OF ROOMS:.....</p> <p>7 Does this dwelling belong to a member of the household?</p> <p>YES.....1 (> 12) NO.....2</p> <p>8 Is this dwelling rented in exchange for goods, services or money?</p> <p>YES.....1 NO.....2 (> 11)</p> <p>9 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?</p> <p>RELATIVE.....1 PRIVATE EMPLOYER.....2 PUBLIC AGENCY.....3 PRIVATE INDIVIDUAL OR AGENCY.....4</p> <p>10 How much money does your household pay in rent for this dwelling?</p> <p>IF NO MONEY PAYMENT, ENTER ZERO</p> <p>AMOUNT JS:..... PER:..... WEEK.....3 MONTH.....4 YEAR.....5</p>	<p>11 Does somebody who is not a member of the household, help to pay the rent for this dwelling? For example, a relative, a public agency (GIVE EXAMPLES), or a private individual or agency?</p> <p>RELATIVE.....1 PRIVATE EMPLOYER.....2 PUBLIC AGENCY.....3 PRIVATE INDIVIDUAL OR AGENCY.....4 NOBODY HELPS.....5</p> <p>12 Do you make mortgage payments on this dwelling?</p> <p>YES.....1 NO.....2 (> 15)</p> <p>13 How much was your last payment?</p> <p>AMOUNT JS:.....</p> <p>14 How often do you make these payments?</p> <p>NO. OF TIMES:..... PER:..... MONTH.....4 YEAR.....5</p> <p>15 Do you have to pay property taxes for this dwelling?</p> <p>YES.....1 NO.....2 (> 17)</p> <p>16 How much taxes do you pay for this dwelling?</p> <p>AMOUNT JS:..... PER:..... MONTH.....4 YEAR.....5</p> <p>17 Did you have to purchase materials or pay wages, in order to repair this dwelling, during the past 12 months?</p> <p>YES.....1 NO.....2 (> 19)</p> <p>18 How much did you pay altogether to repair this dwelling over the past 12 months?</p> <p>AMOUNT JS:.....</p>	<p>19 What is the main source of drinking water for your household?</p> <p>INDOOR TAP/PIPE.....1 OUTSIDE PRIVATE PIPE/TAP.....2 PUBLIC STANDPIPE.....3 (> 23) WATER VENDOR.....4 (> 21) WELL WITH PUMP.....5 (> 23) WELL WITHOUT PUMP.....6 (> 23) RIVER, LAKE, SPRING, MARSH.....7 (> 24) BATHWATER (TANK).....8 (> 25) OTHER (SPECIFY.....).....9 (> 24)</p> <p>20 Have you a group or individual meter?</p> <p>GROUP.....1 INDIVIDUAL.....2 NO METER.....3</p> <p>21 How much was the latest water bill for your household?</p> <p>AMOUNT JS:.....</p> <p>22 What amount of time was covered by this bill?</p> <p>NUMBER:..... OF:..... DAYS.....2 WEEKS.....3 MONTHS.....4 (> 25)</p> <p>23 Is this ...[SUPPLY SOURCE IN 19]... used by your household only, or is it shared with others?</p> <p>THIS HOUSEHOLD ONLY.....1 SHARED.....2</p> <p>24 How far from this dwelling is this ...[SUPPLY SOURCE IN 19]...?</p> <p>DISTANCE ----->..... DISTANCE ----->..... MILES.....1 CODE ----->..... YARDS.....2</p> <p>25 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY.....1 KEROSENE.....2 (> 28) OTHER.....3 (> 28) NONE.....4 (> 28)</p> <p>26 How much was the latest electric bill for your household?</p> <p>AMOUNT JS:.....</p> <p>27 How many months of consumption were covered by this bill?</p> <p>MONTHS:.....</p>	<p>28 Was any damage caused to your dwelling by Hurricane Gilbert?</p> <p>YES.....1 NO.....2 (> 31)</p> <p>29 Was the damage to your home....</p> <p>(READ OUT)</p> <p>house totally destroyed?.....1 roof and structure severely damaged?.....2 roof totally destroyed?.....3 major roof damage?.....4 minor roof damage?.....5 other losses?.....6</p> <p>30 What was the loss to your dwelling from Hurricane Gilbert, in terms of Jamaican dollars?</p> <p>INCLUDE THE MONETARY VALUE OF ALL DAMAGE TO DWELLING</p> <p>AMOUNT JS:.....</p> <p>31 Was any damage caused by Hurricane Gilbert to any other property owned by household members, such as damage to farms or businesses?</p> <p>YES.....1 NO.....2 (> 33)</p> <p>32 What is value in Jamaican dollars of this damage?</p> <p>AMOUNT JS:.....</p> <p>32A Has the damage been repaired?</p> <p>YES.....1 NO.....2</p> <p>33 Do any of the members of this household own any agricultural land?</p> <p>YES.....1 NO.....2 (> PART J)</p> <p>34 What is the total amount of agricultural land owned by all household members?</p> <p>ACRES:.....</p> <p>35 Do the members of this household work on this land themselves or rent it out to others during the past 12 months?</p> <p>WORKED ON IT.....1 RENTED IT OUT.....2 BOTH.....3 LAND NOT UNDER CULTIVATION LAST 12 MONTHS.....4</p>
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PART J: INVENTORY OF DURABLE GOODS

INSTRUCTIONS:
 FOR EACH ITEM IN THE LIST BELOW,
 ASK THE FOLLOWING QUESTION:
 Do the members of your household have any
 ... (NAME OF GOOD) ...?
 DO NOT INCLUDE RENTED ITEMS
 PUT A CROSS IN THE APPROPRIATE BOX FOR EACH
 ITEM. GO TO THE NEXT ITEM. FOR ALL ITEMS
 FOR WHICH THE ANSWER IS YES, ASK QUESTION 1.

Do the members of your household have.....

ITEM	CODE	YES	NO
Sewing machines?	601		
Gas stoves?	602		
Electric stoves?	603		
Refrigerators or freezers?	604		
Air conditioners?	605		
Fans?	606		
Radioes?	607		
Radio/cassettes players?	608		
Phonographs?	609		
Stereo equipment?	610		
Video equipment?	611		
Washing machine?	612		
Black and white TV sets?	613		
Color TV sets?	614		
Bicycles?	615		
Motorbikes?	616		
Cars, other vehicles?	617		
Cameras	618		

1 Please describe all the ... [] ... owned by members of your household.			2 In what year did you acquire this ... []?	3 How much did you pay for this ... [] ...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ... [] ... when you acquired it?	4 If you wanted to sell this ... [] today, how much would you receive? = NEXT ITEM
ITEM	DESCRIPTION	CODE	YEAR	AMOUNT JS	AMOUNT JS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

PART K: MISCELLANEOUS INCOME

<p>1 During the past 12 months, has any member of your household received income in cash or in kind from the following sources?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <p>ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>		<p>2 What is the value of all income received by the members of your household in cash or in kind from ... during the past 12 months?</p> <p>AMOUNT JS</p>
Relative or friends who live abroad?	<p>YES-></p> <p><-NO</p>	701
Rental payments for use of land or other property owned by household members?	<p>YES-></p> <p><-NO</p>	702
Social security, or other pension or retirement funds?	<p>YES-></p> <p><-NO</p>	703
Interest from loans made by household members or from money deposited in a bank or other financial institutions?	<p>YES-></p> <p><-NO</p>	704
Building certificates for repairing damage to home caused by Hurricane Gilbert?	<p>YES-></p> <p><-NO</p>	705
Agricultural stamps for farm inputs in order to cope with damage caused by Hurricane Gilbert?	<p>YES-></p> <p><-NO</p>	706
Food stamps for losses due to Hurricane Gilbert?	<p>YES-></p> <p><-NO</p>	707

K

PART L: FOOD STAMPS

1. Did anyone in this household receive any food stamps in January or February?
- YES.....1 (- 3)
- NO.....2

2. Why is it that this household did not receive food stamps?
- HOUSEHOLD DOES NOT SEE ITSELF AS ELIGIBLE.....1
- DO NOT WANT/STIGMA.....2
- NOT WORTH THE TROUBLE.....3
- IGNORANCE/DO NOT KNOW HOW TO OBTAIN.....4
- DID RECEIVE FOOD STAMPS BUT NO LONGER ELIGIBLE...5
- TURNED DOWN AS NOT ELIGIBLE.....6
- ELIGIBLE BUT NONE AVAILABLE/QUOTA FILLED.....7
- OTHER REASON (SPECIFY).....8

> PART M

3. For which household members did the household receive food stamps?

ASK TO SEE PINK CARD

WRITE ID CODES
IN BOXES

WRITE CATEGORY CODES
IN BOXES

CATEGORY CODES:

- PREGNANT WOMAN.....1
- LACTATING MOTHER.....2
- CHILD UNDER 5.....3
- ELDERLY AND ON RELIEF/ASSISTANCE.....4
- HANDICAPPED AND RELIEF/ASSISTANCE.....5
- POOR AND ON RELIEF/ASSISTANCE.....6
- OTHER.....7

4. What is the total value of all food stamps received by all household members in January and February?

IF ZERO, WRITE 0

AMOUNT JS

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L

P A R T M: DISTANCE TO PUBLIC SERVICES

1. How far away is the nearest ...[]... from your home?	2. How long does it take to get there from here? TIME ONE WAY		3. How do you go there from here? WALKING.....1 PUBLIC TRANSPORT...2 PRIVATE TRANSPORT...3 OTHER.....4	4. What is the name of this... DO NOT ASK IF SPACE IS BLACKED OUT	CODE
	MILES	HOURS			
a. Private Doctor?					
b. Health Centre?					
c. Hospital?					
d. Primary School?					
e. All Age School?					
f. Social Security Office?					
g. Secondary Shool?					

5. What type of secondary school is this?

- NEW SECONDARY.....1
 COMPREHENSIVE.....2
 SECONDARY HIGH.....3
 TECHNICAL.....4
 AGRICULTURAL/
 VOCATIONAL.....5

HOUSEHOLD	ROSTER	FOR	ROUND 2
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IN THE PARISH OFFICE:

COPY BELOW THE NAME, SEX CODE AND AGE OF EACH PERSON IN THE "HOUSEHOLD SUMMARY RECORD" (FORM C.S.D.S. 20). MAKE SURE THAT EACH PERSON RETAINS HIS/HER INDIVIDUAL N°.

IN THE HOUSEHOLD:

FOR EACH PERSON IN THE ROSTER, INQUIRE IF S/HE IS STILL A MEMBER OF THE HOUSEHOLD. ENTER "1" OR "2" IN THIS COLUMN ACCORDINGLY.

ADD ANY NEW MEMBERS TO THE ROSTER. ENTER "3" IN THIS COLUMN FOR THESE NEW MEMBERS.

**ASK THE RELIGION FOR
ALL HOUSEHOLD MEMBERS
AGE 14 OR OLDER**

ASK THE REMAINING QUESTIONS
FOR ALL HOUSEHOLD MEMBERS
AGE 19 OR YOUNGER

[illegible]

B