

1988

THE STATISTICAL INSTITUTE OF JAMAICA

JAMAICA WELL-BEING SURVEY

DATE OF THE INTERVIEW		
DAY	MONTH	YEAR

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

INTERVIEWER: _____ ☐

SUPERVISOR: _____ ☐

ADDRESS OF DWELLING: _____

TIME OF INTERVIEW -- FROM: _____ TO: _____

DATE OF ANTHROPOMETRIC		
DAY	MONTH	YEAR

1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1

[illegible]

PART B: EDUCATION - TO BE COMPLETED FOR ALL CHILDREN 3 TO 13 YEARS OLD

1	2	3	4	5	6	7	8
What type of school did ...[NAME]... attend last (academic) year? BASIC INFANT NURSERY/KINDER GARDEN.....1 (1 3) PRIMARY/PREPARATORY ALL AGE GRADE 1-6.....2 (1 3) HIGH SECONDARY ALL AGE GRADE 7-9.....3 (1 3) NONE.....4	Why did ...[NAME]... not attend school? ILLNESS.....1 FINANCIAL.....2 WORKING.....3 NOT READY...4 NO SCHOOL AVAILABLE.....5 NO SPACE IN SCHOOL.....6 OTHER (SPECIFY)....7 <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>	Did ...[NAME]... attend school last term? YES...1 NO...2 (1 5)	What grade was ...[NAME]... in last term? GRADE	Does ...[NAME]... intend to return to school? YES...1 NO...2	How many years of primary education has ...[NAME]... had? IF NO PRIMARY EDUCATION, ENTER 0, AND (1 3) YEARS	How many years of secondary education has ...[NAME]... had? IF NO SECONDARY EDUCATION, ENTER 0. YEARS	Does ...[NAME]... get some food at school? FOR INSTANCE NUTRIBUN, MILK..... YES...1 NO...2
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

1-KO1-A3000

[illegible]

PART D: DAILY EXPENSES

<p>1</p> <p>During the previous week, 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 previous week?</p> <p>AMOUNT \$</p>	
Food and beverages consumed away from home	<input type="checkbox"/> YES- <input type="checkbox"/> NO	101	
Charcoal	<input type="checkbox"/> YES- <input type="checkbox"/> NO	102	
Kerosene	<input type="checkbox"/> YES- <input type="checkbox"/> NO	103	
Wood	<input type="checkbox"/> YES- <input type="checkbox"/> NO	104	
Other fuel for cooking or lighting different than cooking gas and electricity	<input type="checkbox"/> YES- <input type="checkbox"/> NO	105	
Personal care (soap, toothpaste, shaving cream, cosmetics, hair care....)	<input type="checkbox"/> YES- <input type="checkbox"/> NO	106	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	<input type="checkbox"/> YES- <input type="checkbox"/> NO	107	

PART E: CONSUMPTION EXPENDITURES

1	2	3
During the past 12 months, has this household spent or received as gift any of the following items?	Have you spent on ... during the past 30 days?	How much did you spend on ... during the past 30 days?
PUT A CROSS IN THE APPROPRIATE BOX	YES...1	AMOUNT J\$
ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.	NO...2	(NEXT ITEM)
THEN ASK QUESTIONS 2 TO 3 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.		
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> (-NO)	201
Polishes, waxes, air freshener, insect sprays	YES-> (-NO)	202
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> (-NO)	203
Toilet supplies (toilet paper, cleanser, ...)	YES-> (-NO)	204
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)	YES-> (-NO)	205
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> (-NO)	206
Laundry and dry cleaning services	YES-> (-NO)	207
Rental of equipment (radio, television, ...)	YES-> (-NO)	208

1	2	3	4
During the past 12 months, has this household spent or received as gift any of the following items?	Have you spent on ... during the past 30 days?	How much did you spend on ... during the past 30 days?	How much did you spend on ... during the past 12 months?
PUT A CROSS IN THE APPROPRIATE BOX	YES...1	AMOUNT J\$	AMOUNT J\$
ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.	NO...2 (3 4)		
THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.			
Cooking gas	YES-> (-NO)	209	
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> (-NO)	210	
Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> (-NO)	211	
Furnishings (carpets, drapes, sheets, towels, ...)	YES-> (-NO)	212	
Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> (-NO)	213	
Cooking ware (pots, pans, skillets, ...)	YES-> (-NO)	214	
Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> (-NO)	215	
Radio or radio/cassette player	YES-> (-NO)	216	
Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...)	YES-> (-NO)	217	
Repairs on furniture or household equipment	YES-> (-NO)	218	
Medicines (pills, tonics, drugs, family planning supplies)	YES-> (-NO)	219	
Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...)	YES-> (-NO)	220	

PART 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. V	Have you spent on ... during the past 30 days? YES..1 NO...2 (1) 4)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	Did you receive any ... as gift during the past 12 months? YES..1 NO...2 (NEXT ITEM)	What is the value of all that ... as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
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, ...)	YES- NO	227			

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. V	Have you spent on ... during the past 30 days? YES..1 NO...2 (1) 4)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$
Making and repair of clothes (adult and children)	YES- NO	228	
Purchased transportation (taxi, bus, train, car rental, air fare, ...)	YES- NO	229	
Gasoline, motor oil	YES- NO	230	
Other transport expenses (car repairs, tires, parking charges, motor vehicle and driver licenses)	YES- NO	231	
Sporting activities (club membership, equipment, entrance fees, ...)	YES- NO	232	
Other recreational activities (cinema, theater, dance clubs, records, tapes, ...)	YES- NO	233	
Reading materials (books, magazines, ...)	YES- NO	234	

Education expenses (tuition, books, boarding fees, ...)	YES- NO	235		
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)	YES- NO	236		
Vacation expenses (excluding fares) (hotels, travel tax, ...)	YES- NO	237		

PART F: NON-CONSUMPTION EXPENDITURES

1	2	3	4
<p>During the past 12 months, has this household spent 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 QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS. V</p>	<p>Have you spent on ... () ... during the past 30 days?</p> <p>YES...1</p> <p>NO...2 (→ 4)</p>	<p>How much did you spend on ... () ... during the past 30 days?</p> <p>AMOUNT \$</p>	<p>How much did you spend on ... () ... during the past 12 months?</p> <p>AMOUNT \$</p>
<p>Life & Fire Insurance</p> <p>YES-→</p> <p>←-NO</p>	250		
<p>Taxes (NEC)</p> <p>YES-→</p> <p>←-NO</p>	251		
<p>Weddings, funerals</p> <p>YES-→</p> <p>←-NO</p>	252		
<p>Donations and gifts (church or union dues, gifts, charities, ...)</p> <p>YES-→</p> <p>←-NO</p>	253		
<p>Reimbursement of loans, interest payments</p> <p>YES-→</p> <p>←-NO</p>	254		
<p>Maintenance of relatives outside the home</p> <p>YES-→</p> <p>←-NO</p>	255		
<p>Other non-consumption expenditures (legal services, anything else, ...)</p> <p>YES-→</p> <p>←-NO</p>	256		

PART 6: FOOD EXPENSES

<p>During the past 12 months, 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 12 MONTHS.</p>			
1	2	3	4
<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 J\$</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT J\$</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT J\$</p>
<p>IF NOTHING, ENTER 0</p> <p>▶ NEXT FOOD</p>			
<p>Fresh or frozen meat</p> <p>YES-→</p> <p>←NO</p>	401		
<p>Salted, cured or canned meat</p> <p>YES-→</p> <p>←NO</p>	402		

<p>During the past 12 months, 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 12 MONTHS.</p>			
1	2	3	4
<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 J\$</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT J\$</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT J\$</p>
<p>IF NOTHING, ENTER 0</p> <p>▶ NEXT FOOD</p>			
<p>Cake and cake mixes</p> <p>YES-→</p> <p>←NO</p>	416		
<p>Flour</p> <p>YES-→</p> <p>←NO</p>	417		

PART 6: FOOD EXPENSES (END)

1	2	3	4
<p>During the past 12 months, 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 12 MONTHS.</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 J\$</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>IF NOTHING, ENTER 0</p> <p>▶ NEXT FOOD</p> <p>AMOUNT J\$</p>
<p>Fruit juices (fresh or frozen)</p> <p>YES- ←-NO</p>	431		
<p>Sugar and sweets (sugar, honey, sweeteners, jams, jellies)</p> <p>YES- ←-NO</p>	432		
<p>Soups (powdered, canned, frozen, ...)</p> <p>YES- ←-NO</p>	433		
<p>Prepared foods (curried mutton, fish fingers, ...)</p> <p>YES- ←-NO</p>	434		
<p>Dry packaged foods (macaroni, vermicelli, ...)</p> <p>YES- ←-NO</p>	435		
<p>Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)</p> <p>YES- ←-NO</p>	436		
<p>Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)</p> <p>YES- ←-NO</p>	437		
<p>Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)</p> <p>YES- ←-NO</p>	438		
<p>Nuts (peanuts, cashew, coconut, ...)</p> <p>YES- ←-NO</p>	439		
<p>Ready food (milk food, cereals, strained food, ...)</p> <p>YES- ←-NO</p>	440		
<p>Other food (chips, snacks, cheese frit, ...)</p> <p>YES- ←-NO</p>	441		
<p>Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)</p> <p>YES- ←-NO</p>	442		

PART H: CONSUMPTION OF HOME PRODUCTION AND FOOD RECEIVED AS GIFT

1	2	3	4
During the past 12 months, have you eaten in this household any ... () ... that was home-produced, or received as gift? 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 FOODS CONSUMED DURING THE PAST 12 MONTHS. V	How much would it cost to buy the amount of home-produced ... () ... you ate during the past 7 days? IF NOTHING, ENTER 0 AND () 3 AMOUNT J\$	How much would it cost to buy the amount of home-produced ... () ... you ate during the past 30 days? IF NOTHING, ENTER 0 AND () 4 AMOUNT J\$	How much would it cost to buy the amount of ... () ... you received as gift during the past 30 days? IF NOTHING, ENTER 0 NEXT FOOD AMOUNT J\$
Beef, mutton, goat, pork, other domesticated meat	YES- (-NO)	501	
Fish and shellfish	YES- (-NO)	503	
Poultry (chicken, duck, turkey, ...)	YES- (-NO)	505	
Milk	YES- (-NO)	506	
Butter	YES- (-NO)	509	
Cheese	YES- (-NO)	510	
Eggs	YES- (-NO)	511	
Eggs (white, yellow, negro, St. Vincent, Lucea, ...)	YES- (-NO)	518	

1	2	3	4
During the past 12 months, have you eaten in this household any ... () ... that was home-produced, or received as gift? 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 FOODS CONSUMED DURING THE PAST 12 MONTHS. V	How much would it cost to buy the amount of home-produced ... () ... you ate during the past 7 days? IF NOTHING, ENTER 0 AND () 3 AMOUNT J\$	How much would it cost to buy the amount of home-produced ... () ... you ate during the past 30 days? IF NOTHING, ENTER 0 AND () 4 AMOUNT J\$	How much would it cost to buy the amount of ... () ... you received as gift during the past 30 days? IF NOTHING, ENTER 0 NEXT FOOD AMOUNT J\$
Potatoes (sweet, Irish)	YES- (-NO)	519	
Other roots and tubers (cassava, coco, dasheen, ...)	YES- (-NO)	520	
Other starchy foods (plantains, bread fruit, ...)	YES- (-NO)	521	
Vegetables, fresh (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...)	YES- (-NO)	522	
Fruit, fresh (oranges, limes, apples, bananas, melons, pineapples, ...)	YES- (-NO)	527	
Sugarcane	YES- (-NO)	530	
Nuts (peanuts, cashew, coconut, ...)	YES- (-NO)	537	
Other food	YES- (-NO)	539	

PART 1: HOUSING - OTHER HOUSEHOLD INCOME

1 TYPE OF DWELLING

SEPARATE HOUSE
DETACHED.....1
SEMI-DETACHED...2
APARTMENT
BUILDING/
TOWN-HOUSE.....3
IMPROVISED
HOUSING UNIT...4
PART OF
COMMERCIAL
BUILDING.....5
OTHER (SPECIFY):
.....6

2 MATERIAL OF OUTER WALLS

WOOD.....1
STONE.....2
BRICK.....3
CONCRETE NOG...4
BLOCK & STEEL...5
MATTLE/ADBE...6
OTHER (SPECIFY):
.....9

3 Are the toilet facilities used only by your household, or do other households use them?

EXCLUSIVE USE...1
SHARED.....2
NONE.....3

4 Is the kitchen used only by your household, or do other households use the same kitchen?

EXCLUSIVE USE...1
SHARED.....2
NONE.....3

5 SIZE OF DWELLING (N° OF ROOMS)

(a) BEDROOMS
(b) LIVING/DINING
(c) MULTI-PURPOSES
(d) STUDY/DESK
(e) RECREATION/PLAY
(f) OTHER

TOTAL N° OF ROOMS:

6 Does this dwelling belong to a member of the household?

YES...1
NO.....2

7 Is this dwelling rented in exchange for goods, services or money?

YES...1
NO.....2 (→ 10)

8 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?

RELATIVE.....1
PRIVATE EMPLOYER.....2
PUBLIC AGENCY.....3
PRIVATE INDIVIDUAL
OR AGENCY.....4

9 How much money does your household pay in rent for this dwelling?

IF NO MONEY PAYMENT, ENTER ZERO

AMOUNT J\$:

PER:

WEEK...3
MONTH...4
YEAR...5

10 Does somebody who is not a member of the household, help paying the rent of this dwelling? For example, a relative, a public agency (GIVE EXAMPLES), or a private individual or agency?

RELATIVE.....1
PRIVATE EMPLOYER.....2
PUBLIC AGENCY.....3
PRIVATE INDIVIDUAL
OR AGENCY.....4

MONEY HELPS.....5

11 Do you make mortgage payments on this dwelling?

YES...1
NO.....2 (→ 14)

12 How much was your last payment?

AMOUNT J\$:

13 How often do you make these payments?

No. OF TIMES:

PER:

MONTH...4
YEAR...5

14 Do you have to pay property taxes for this dwelling?

YES...1
NO.....2 (→ 16)

15 How much taxes do you pay for this dwelling?

AMOUNT J\$:

PER:

MONTH...4
YEAR...5

16 Did you have to pay materials or wages, in order to repair this dwelling, during the past 12 months?

YES...1
NO.....2 (→ 18)

17 How much did you pay altogether to repair this dwelling over the past 12 months?

AMOUNT J\$:

18 What is the main source of water for your household?

INDOOR FAUCET...1
OUTSIDE FAUCET...2
WATER VENDOR...3 (→ 20)
WELL WITH PUMP...4 (→ 22)
WELL WITHOUT
PUMP.....5 (→ 22)
RIVER, LAKE...6 (→ 23)
SPRING, MARSH...7 (→ 23)
RAIN WATER...8 (→ 24)
OTHER (SPECIFY):
.....9 (→ 25)

19 Have you a group or individual meter?

GROUP.....1
INDIVIDUAL.....2
NO METER.....3

20 How much was the latest water bill for your household?

AMOUNT J\$:

21 What amount of time was covered by this bill?

NUMBER:

OF:

DAYS...2
WEEKS...3
MONTHS...4

22 Is this ... (SUPPLY SOURCE IN 11)... used by your household only, or is it shared with others?

THIS HOUSEHOLD
ONLY.....1
SHARED.....2

23 How far from this dwelling is this ... (SUPPLY SOURCE IN 11)...

YARDS:

24 Do you have electricity in this dwelling?

YES...1
NO.....2 (→ 27)

25 How much was the latest electric bill for your household?

AMOUNT J\$:

26 How many months of consumption were covered by this bill?

MONTHS:

27 Does somebody in the household receive money or presents from relatives or friends who live abroad?

YES...1
NO.....2 (→ 29)

28 How much, on the average, do you receive in the household from these relatives or friends who live abroad?

INCLUDE THE MONETARY VALUE OF
PRESENTS RECEIVED

AMOUNT J\$:

PER:

MONTH...4
YEAR...5

29 Does somebody in the household receive pension payments; for instance from ... (GIVE EXAMPLES)...

YES...1
NO.....2 (→ 31)

30 What is the monthly value of these pensions?

MONTHLY
AMOUNT J\$:

31 Does somebody in this household receive money or goods, for rental of land, property, etc.

YES...1
NO.....2 (→ 33)

32 How much, on the average, do you receive for these rentals?

AMOUNT J\$:

PER:

MONTH...4
YEAR...5

33 Does somebody in this household receive interest on loans, or on money deposited at the bank, or ... (GIVE EXAMPLES OF OTHER FINANCIAL INSTITUTIONS)...

YES...1
NO.....2 (→ 35)

34 How much, on the average, do you receive for these interests?

AMOUNT J\$:

35 Does somebody in this household get food stamps?

YES...1
NO.....2 (→ PART 3)

36 How much did you receive in food stamps last month?

MONTHLY
AMOUNT J\$:

PART J: INVENTORY OF DURABLE GOODS

INSTRUCTIONS: FOR EACH TYPE OF GOOD IN THE LIST BELOW, ASK:
Do you own any ...[TYPE OF GOOD]... in this household?
PUT A CROSS IN THE APPROPRIATE BOX FOR EACH TYPE OF GOOD.

TYPE OF GOOD	CODE	YES	NO
Sewing machines	601		
Gas Stoves	602		
Refrigerators	603		
Air Conditioners	604		
Fans	605		
Radios	606		
Radio/Cassette Players	607		
Phonographs	608		
Stereo Equipment	609		
TV Sets	610		
Video cassette recorder	611		
Satellite dish	612		
Bicycles	613		
Motorcycles	614		
Cars, or other vehicles	615		

HOUSEHOLD POSTER FOR ROUND 2

IN THE PARISH OFFICE:

COPY BELOW THE NAME, SEX CODE AND AGE OF EACH PERSON IN THE "HOUSEHOLD SUMMARY RECORD" FROM C.S.D.S. 201. MAKE SURE THAT EACH PERSON RETAINS HIS/HER INDIVIDUAL N°.

IN THE HOUSEHOLD:

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

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

INDIVIDUAL N°	NAME	SEX	AGE	HOUSEHOLD MEMBER?
		MALE...1 FEMALE...2		STILL A MEMBER...1 NO LONGER A MEMBER...2 NEW MEMBER...3
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				