

# JAMAICA SURVEY OF LIVING CONDITIONS

## 1996

DATE OF THE INTERVIEW			PARISH	CONSTITUENCY	SAMPLING REGION	ENUMERATION DISTRICT N°			DWELLING N°				H/H	AREA	SERIAL N°
DAY	MONTH	YEAR													2392

INTERVIEWER: \_\_\_\_\_

SUPERVISOR : \_\_\_\_\_

ADDRESS OF DWELLING: \_\_\_\_\_

TOTAL TIME OF INTERVIEW -- HOURS :  MINUTES : NUMBER OF TIMES HOUSEHOLD VISITED -- 

ANTHROPOMETRIST: \_\_\_\_\_

DATE OF ANTHROPOMETRIC		
DAY	MONTH	YEAR

SECTIONS COMPLETED:	R	A	B	C	D	E	F	G	H	I	J	K	L

-----TO BE COMPLETED BY SUPERVISOR-----

HAS THIS QUESTIONNAIRE BEEN RETURNED TO THE FIELD FOR RECTIFICATION OF ERRORS? YES....1 NO....2 

IF YES, FOR WHICH ITEMS: \_\_\_\_\_

PART 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							
	Have you had any injury during the past 4 weeks? For example due to an accident at your workplace, gunshot, stabbing, accidental fall or other injury?  YES, DUE TO MOTOR VEHICLE ACCIDENT...1 YES, ACCIDENT AT WORKPLACE.....2 YES, WAS SHOT.....3 YES, WAS STABBED...4 YES, OTHER ACCIDENT.5 YES, OTHER.....6 NONE.....7	Have you had any illness, other than that due to injury during the past 4 weeks? For example, have you had a cold, diarrhea, or any other illness?  YES....1 NO.....2 (=21 if Q1=7)	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 (= 17)	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...							
								Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health/Maternity Centre?	Private Doctor's Office?	Private Pharmacy?	Patient's Home?	Other? (SPECIFY)
								YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

I N D I V I D U A L  N°	9	10	11	12	13	14	15	16	17	18		19	20	21
	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  AMOUNT JS	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  AMOUNT JS	Did you spend a night in a public hospital or other establishment during the past 4 weeks?  YES....1 NO.....2 (► 14)	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 private establishment during the past 4 weeks?  YES....1 NO.....2 (► 17)	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	Did you buy medicines during the past 4 weeks for this illness or injury?  YES....1 NO....2 (► 21)	Did you purchase medicines in a ....  Public Facility? Private Facility or Pharmacy?  YES....1 YES....1 NO.....2 NO.....2		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  AMOUNT JS	How much have you spent for medicines at private sources, eg. private doctor, pharmacy, etc., during the past 4 weeks? Do not include costs paid for by insurance  IF NOTHING 0	Are you covered by any health insurance?  YES...1 NO....2
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P A R T A - TO BE ASKED OF EACH HOUSEHOLD MEMBER ( CONCLUDED )

I N D I V I D U A L  N°	22	23	24	25
	<p>ASK ALL WOMEN 13-49 YEARS</p> <p>Do you have a child under six months?</p> <p>YES.....1 NO.....2</p>	<p>Are you currently pregnant?</p> <p>YES....1 NO....2</p>	<p>ASK IF YES FOR Q22 OR Q23</p> <p>Are you attending a public health clinic?</p> <p>YES....1 NO.....2</p>	<p>ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS</p> <p>Has this child attended a public health facility?</p> <p>YES.....1 NO.....2</p> <p>NEXT PERSON</p>

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PART A (SUPPLIMENT): HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED OF EACH HOUSEHOLD MEMBER

INDIVIDUAL N°	1a. Have you used any of the following health facilities in the past year?	1b. If no, Why not? NOT SICK.....1 CANNOT AFFORD.....2 WAITING TIME TOO LONG.....3 DOES NOT PROVIDE SERVICE NEEDED.....4 OPENING HOURS INAPPROPRIATE.....5 QUALITY OF SERVICE IS NOT GOOD.....6 TOO EXPENSIVE.....7 TOO FAR.....8 HOME REMEDIES.....9 USED OTHER HEALTH FACILITIES.....10 OTHERS.....11 (NO FOR EACH A1 TO A3 → NEXT PERSON)	1c. Number of times used	1d. How many types of these facilities did you use?
	YES.....1 (→ 1C) NO.....2			
FACILITY CODES .... PUBLIC HEALTH CENTRE (A1) PRIVATE DOCTOR (A2) PUBLIC HOSPITAL (A3)				
	A1 A2 A3	A1 A2 A3	A1 A2 A3	A1 A2 A3

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**PART A (SUPPLEMENT): HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED OF EACH HOUSEHOLD MEMBER WHO MADE AT LEAST ONE VISIT TO A HEALTH FACILITY WITHIN THE PAST YEAR**

[illegible]

PART A (SUPPLEMENT): HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED OF EACH HOUSEHOLD MEMBER WHO MADE AT LEAST ONE VISIT TO A HEALTH FACILITY WITHIN THE PAST YEAR

3. (cont'd)

How satisfied were you with the following features of the health facility ?

VERY DISSATISFIED.....1

DISSATISFIED.....2

NEITHER SATISFIED NOR DISSATISFIED.....3

SATISFIED.....4

VERY SATISFIED.....5

NOT APPLICABLE.....9

INDIVIDUAL N°

Registration			Diagnostic services (Lab, availability of medical technologist, waiting time, etc)			Pharmaceutical Services (Including availability of Pharmacist, waiting time, etc)			Emergency service			Availability of Doctor			Availability of Nurse			Personal relation with Doctor		
FACILITY CODES			PUBLIC HEALTH CENTRE (A1)			PRIVATE DOCTOR (A2)			PUBLIC HOSPITAL (A3)											
A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3

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PART A (SUPPLEMENT): HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED OF EACH HOUSEHOLD MEMBER WHO MADE AT LEAST ONE VISIT TO A HEALTH FACILITY WITHIN THE PAST YEAR

INDIVIDUAL No	3. (cont'd) How satisfied were you with the following feature of the health facility?			4. How satisfied were you with the attitude of the following health care providers?														
	VERY DISSATISFIED.....1			VERY DISSATISFIED.....1														
	DISSATISFIED.....2			DISSATISFIED.....2														
	NEITHER SATISFIED NOR DISSATISFIED.....3			NEITHER SATISFIED NOR DISSATISFIED.....3														
	SATISFIED.....4			SATISFIED.....4														
	VERY SATISFIED.....5			VERY SATISFIED.....5														
	NOT APPLICABLE.....9			NOT APPLICABLE.....9														
	Length of time spent being attended to by medical personnel			Nursing staff			Doctor			Medical technologist			Medical records officer			Ancillary staff (porter, office attendant, etc)		
	FACILITY CODES			PUBLIC HEALTH CENTRE (A1)			PRIVATE DOCTOR (A2)			PUBLIC HOSPITAL (A3)								
	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3
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PART A (SUPPLEMENT): HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED OF EACH HOUSEHOLD MEMBER WHO MADE AT LEAST ONE VISIT TO A HEALTH FACILITY WITHIN THE PAST YEAR

INDIVIDUAL No	5. How well did ...*[NAME MEDICAL PERSONNEL]... explain to you... ?												6. Were you satisfied with the explanations given?								
	EXPLAINED EVERYTHING.....1 EXPLAINED MOST THINGS.....2 EXPLAINED A FEW THINGS.....3 DID NOT EXPLAIN AT ALL.....4												VERY DISSATISFIED.....1 DISSATISFIED.....2 NEITHER SATISFIED NOR DISSATISFIED.....3 SATISFIED.....4 VERY SATISFIED.....5 NOT APPLICABLE.....9								
	* Doctor/Nurse Your/Your child's condition?			* Doctor/Nurse The treatment?			* Pharmacist Taking the drugs?			* Medical/Lab technologist What s/he was going to do to you?			Nursing staff			Doctor			Pharmacist		
	FACILITY CODES												PUBLIC HEALTH CENTRE (A1) PRIVATE DOCTOR (A2) PUBLIC HOSPITAL (A3)								
	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3	A1	A2	A3
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PART A (SUPPLEMENT): HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED OF EACH HOUSEHOLD MEMBER WHO MADE AT LEAST ONE VISIT TO A HEALTH FACILITY WITHIN THE PAST YEAR

I N D I V I D U A L  N°	6. (cont'd) Were you satisfied with the explanations given?			7a. Did you have to pay for the service?			7b. If yes, how much?			7c. Bearing in mind the service you got, how satisfied were you with the cost of the service?			7d. Would you be willing to pay a modest amount to offset the cost of the service?		
	VERY DISSATISFIED.....1 DISSATISFIED.....2 NEITHER SATISFIED NOR DISSATISFIED.....3 SATISFIED.....4 VERY SATISFIED.....5 NOT APPLICABLE.....9  Medical/Lab technologist			YES.....1 NO.....2 (NO OR BLANK FOR EACH A1 TO A3) (* GO TO 7d.)						VERY DISSATISFIED.....1 DISSATISFIED.....2 NEITHER SATISFIED NOR DISSATISFIED.....3 SATISFIED.....4 VERY SATISFIED.....5 NOT APPLICABLE.....9			YES.....1 NO.....2		
FACILITY CODES															
PUBLIC HEALTH CENTRE (A1)			PRIVATE DOCTOR (A2)			PUBLIC HOSPITAL (A3)									
A1	A2	A3	A1	A2	A3	A1 (\$)	A2 (\$)	A3 (\$)	A1	A2	A3	A1	A2	A3	
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PART A (SUPPLEMENT) : HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED FO RACH MEMBER WHO MADE AT LEAST ONE VISIT TO A HEALTH FACILITY WITHIN THE PAST YEAR

INDIVIDUAL N°	8a. How far is this health facility from your home?			8b. Is there a health facility including doctor that is closer to your home than this one?  YES.....1 NO.....2 (= NEXT PERSON)	8c. What type of facility is it?  PUBLIC HEALTH CENTRE....1 (NAME) PRIVATE DOCTOR....2 PUBLIC HOSPITAL..3 PRIVATE HOSPITAL..4	8d. If there is a health facility that is closer to your home, Why didn't you use it?		
	DISTANCE CODES					REFERRED.....1 DOES NOT PROVIDE SERVICE NEEDED.....2 OPENING HOURS ARE INAPPROPRIATE.....3 ONLY USE PUBLIC HEALTH FACILITIES.....4 ONLY USE PRIVATE HEALTH FACILITIES.....5 TOO EXPENSIVE.....6 HAVE NO CONFIDENCE IN THE QUALITY OF SERVICES PROVIDED.....7 HAVE ALWAYS USED OTHER FACILITY.....8 NO RESPONSE.....9		
	FACILITY CODES .. PUBLIC HEALTH CENTRE (A1) PRIVATE DOCTOR (A2) PUBLIC HOSPITAL (A3)							
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P A R T    B :    EDUCATION   TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 3 YEARS AND OLDER

[illegible]

PART B: EDUCATION (CONCLUDED)  
SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)

INDIVIDUAL N°	13. How much did ...[NAME]'s... family pay in the past 12 months for the following school expenses?								14. FOR SECONDARY SCHOOL STUDENTS			
	a. School tuition and fees	b. Extra lessons	c. Transport	d. Lunch and snacks at school	e. Uniforms	f. Books	g. Other supplies	h. Room and Board	a. How much is the school fee in the current year?	b. How much was paid by government welfare fund?	c. Did you receive any other help in paying school fees?  PRIVATE COMPANY...1 FAMILY MEMBER....2 OTHER.....3 NONE.....4 (->NEXT PERSON)	d. How much was received?
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)		(\$)
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PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

INDIVIDUAL N°	1 When was...[NAME]...born?  CALCULATE CHILD'S AGE. ASK RESPONDENT TO CONFIRM IT IN COL. 3 -->			2 What was the weight of...[NAME]... at birth?		3 AGE		4 IS THE DATE OF BIRTH IN Q1. BASED ON BIRTH CERTIFICATE.....1 IMMUNIZATION CARD.....2 PARENTAL INFORMATION.....3 OTHER RELATIVE/GUARDIAN...4		5 WAS THIS CHILD MEASURED?  YES.....1 (*) NO.....2		6 REASON CHILD NOT MEASURED AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 ILLNESS.....2 DEFORMITY...3 OTHER (SPECIFY)...4 ► 10		7 WEIGHT  KILOGRAMS		8 LENGTH  CENTI-METERS		9 Was the child measured lying down or standing?  LYING DOWN...1 STANDING...2		10 Was the birth of this child registered?  YES...1 NO...2		11 In the past two weeks, has the child had running belly (diarrhea) ie. three or more loose stools per day  YES...1 NO...2		RECORD IMMUNIZATION STATUS OF THE CHILD				16 For Q12 - Q15, was Immun. card seen?	
	DAY	MONTH	YEAR	LBS	OZS	YEARS	MONTHS												N° OF DOSES	N° OF DOSES	B.C.G.	MEASLES							
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PART D: CHILD FOSTERING - TO BE ASKED OF EACH HOUSEHOLD MEMBER AGED 14 YEARS OR LESS

INDIVIDUAL No	1. Is the natural mother of child alive?  YES....1 NO.....2 (>> 10) DON'T KNOW...3 (>> 10)	2. What is the main work mother is engaged in?		3. Does natural mother live in the household?  YES....1 NO.....2 (>> 5)	4. If yes, copy I.D. code.  ( > 10)	5. Highest level of education completed by mother?  NONE.....1 PRIMARY.....2 SECONDARY.....3 UNIVERSITY.....4 OTHER POST-SECONDARY.....5 OTHER.....6 DON'T KNOW.....7	6. How many years of schooling has mother of child completed?  YEARS	7. How old is the mother?  AGE	8. Does mother provide financial support to child?  YES REGULAR.....1 YES OCCASIONAL.....2 NO.....3	9. Why does child not live with mother? Major reason: SO CHILD CAN ATTEND SCHOOL.....1 SO CHILD CAN OBTAIN MEDICAL CARE.....2 CHILD IS UNRULY.....3 MOTHER TOO SICK TO CARE FOR CHILD.....4 CHILD LIVES WITH PARENT WHO HAS CUSTODY.....5 MOTHER LIVES ABROAD.....6 MOTHER'S JOB.....7 BREAK UP OF PARENTAL UNION.....8 CHILD ABUSE.....9 OTHER.....10	10. (If child is older than age 10) When child was 10, was s/he living with mother?  YES.....1 NO.....2	11. Is the natural father of child alive?  YES.....1 NO.....2 (>> 20) DON'T KNOW...3 (>> 20)
		Occupation	Code									
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PART D: CHILD FOSTERING - TO BE ASKED OF EACH HOUSEHOLD MEMBER AGED 14 YEARS OR LESS

INDIVIDUAL No	12. What is the main work father is engaged in?		13. Does natural father of child live in the household?	14. If yes, copy I.D. code. ( > 20)	15. Highest level of education completed by father?	16. How many years of schooling has father of child completed?	17. How old is the father?	18. Does father provide financial support to child?	19. Why does child not live with father? Major reason: SO CHILD CAN ATTEND SCHOOL.....1 SO CHILD CAN OBTAIN MEDICAL CARE.....2 CHILD IS UNRULY.....3 FATHER TOO SICK TO CARE FOR CHILD.....4 CHILD LIVES WITH PARENT WHO HAS CUSTODY.....5 YES REGULAR.....1 YES OCCASIONAL.....2 NO.....3	20. (If child is older than age 10) When child was 10, was s/he living with father? YES.....1 NO.....2	21. Which household member is responsible for child? BOTH PARENTS...1 MOTHER.....2 FATHER.....3 GRANDPARENT...4 STEP-MOTHER...5 STEP-FATHER...6 AUNT/UNCLE...7 SIBLING OF CHILD.....8 OTHER RELATIVE.....9 OTHER NON-RELATIVE.....10	22. Copy ID of member responsible  ID CODE
	Occupation	Code	YES.....1 NO.....2 ( >> 15)		NONE.....1 PRIMARY.....2 SECONDARY.....3 UNIVERSITY.....4 OTHER POST-SECONDARY.....5 OTHER.....6 DON'T KNOW.....7	DON'T KNOW...NS  YEARS	DON'T KNOW...NS  AGE					
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PART D: CHILD FOSTERING - FOR EACH CHILD LISTED ON NON-RESIDENT CHILDREN'S ROSTER, ASK THE FOLLOWING QUESTIONS

	4. What type of school is ...[NAME]... attending this academic year ?	5. Is this school public or private?	6. What grade is ....[NAME]... in at school this year ?	7. What type of school did ...[NAME]... last attend?	8. What was the highest grade ...[NAME]... completed at that school.	
I N D I V I D U A L  N°	BASIC/INFANT/NURSERY/ KINDERGARTEN.....1 (» NEXT PERSON )		PRIMARY..(1-6) FORM 1....7 FORM 2....8 FORM 3....9 FORM 4....10 FORM 5....11 FORM 6 (LOW).12 FORM 6 (UPP).13	BASIC/INFANT/ NURSERY/KINDER- GARTEN.....1 (» NEXT PERSON)	PRIMARY..(1-6) FORM 1....7 FORM 2....8 FORM 3....9 FORM 4....10 FORM 5....11 FORM 6 (LOW).12 FORM 6 (UPP).13	
	ALL AGE SCHOOL.....2 GRADES 1-6.....3 ALL AGE SCHOOL.....4 GRADES 7-9.....5 PRIMARY & JUNIOR HIGH GRADES 1-6.....6 PRIMARY & JUNIOR HIGH GRADES 7-9.....7 JUNIOR HIGH GRADES 7-9.....8 NEW SECONDARY.....9 COMPREHENSIVE.....10 SECONDARY HIGH.....11 TECHNICAL.....12			ALL AGE SCHOOL.....2 GRADES 1-6.....3 ALL AGE SCHOOL.....4 GRADES 7-9.....5 PRIMARY & JUNIOR HIGH GRADES 1-6.....6 PRIMARY & JUNIOR HIGH GRADES 7-9.....7 JUNIOR HIGH GRADES 7-9.....8 NEW SECONDARY.....9 COMPREHENSIVE.....10 SECONDARY HIGH.....11 TECHNICAL.....12		
	VOCAT/AGRIC.....13 UNIVERSITY.....14 OTHER TERTIARY (PUBLIC).....15 OTHER TERTIARY (PRIVATE).....16 ADULT LITERACY CLASSES.....17 ADULT EDUCATION/ NIGHT SCHOOL.....18 SPECIAL SCHOOL.....19 DON'T KNOW.....20	N E X T  P E R S O N	PUBLIC..1 PRIVATE.2	» NEXT PERSON  GRADE	VOCAT/AGRIC.....13 UNIVERSITY.....14 OTHER TERTIARY (PUBLIC).....15 OTHER TERTIARY (PRIVATE).....16 ADT LIT CLASSES.17 ADULT ED./ NIGHT SCH.....18 SPECIAL SCHOOL.....19 DON'T KNOW.....20	N E X T  P E R S O N
				» NEXT PERSON  GRADE		
	NONE.....20 (» 7)					
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PART D: CHILD FOSTERING - FOR EACH CHILD LISTED ON NON-RESIDENT CHILDREN'S ROSTER, ASK THE FOLLOWING QUESTIONS

INDIVIDUAL N°	9. Is mother alive?	10. What is mother's main type of work?		11. Does natural mother live in household?	12. Copy I.D. code of mother?  (= 17)	13. What is age of mother?  DON'T KNOW...NS	14. How many years of schooling has mother of child completed?  DON'T KNOW...NS	15. Does mother provide financial support to child?	16. Why does child not live with mother?  Major reason:  SO CHILD CAN ATTEND SCHOOL.....1 SO CHILD CAN OBTAIN MEDICAL CARE.....2 CHILD IS UNRULY.....3 MOTHER TOO SICK TO CARE FOR CHILD.....4 CHILD LIVES WITH FATHER.....5 MOTHER LIVES ABROAD.....6 MOTHER'S JOB.....7 BREAK UP OF PARENTAL UNION.....8 CHILD ABUSE.....9 OTHER.....10	17. (Ask if child is over 10)  When child was 10, was s/he living with mother?
	YES.....1 NO.....2 (=> 17)	Occupation	Code	YES.....1 NO.....2 (=> 13)		AGE	YEARS	YES REGULAR.....1 YES OCCASIONAL.....2 NO.....3		YES.....1 NO.....2
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02C										
03C										
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PART D: CHILD FOSTERING -  
ROSTER OF NON-RESIDENT CHILDREN (AGED 14 YEARS OR LESS)

1.	2.	3.
NAME	AGE	SEX
		MALE.....1
		FEMALE...2

01C		
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PART D: CHILD FOSTERING - FOR EACH CHILD LISTED ON NON-RESIDENT CHILDREN'S ROSTER, ASK THE FOLLOWING QUESTIONS

18.	19.	20.	21.	22.	23.	24.	25.	26.	27.
Is father alive?	What is father's main type of work?	Does natural father live in household?	Copy I.D. code of father. ( > 26 )	What is age of father?	How many years of schooling has father of child completed?	Does father provide financial support to child?	Why does child not live with father?	(Ask if child is over 10) When child was 10, was s/he living with father?	Who is main guardian of child?
YES.....1 NO.....2 ( >> 26 )	Occupation Code	YES.....1 NO.....2 ( >> 22 )		AGE YEARS		YES REGULAR.....1 YES OCCASIONAL.....2 NO.....3	Major reason:  SO CHILD CAN ATTEND SCHOOL.....1 SO CHILD CAN OBTAIN MEDICAL CARE.....2 CHILD IS UNRULY.....3 FATHER TOO SICK TO CARE FOR CHILD.....4 CHILD LIVES WITH MOTHER.....5 FATHER LIVES ABROAD.....6 FATHER'S JOB.....7 BREAK UP OF PARENTAL UNION.....8 CHILD ABUSE.....9 OTHER.....10	YES.....1 NO.....2	BOTH PARENTS...1 MOTHER.....2 FATHER.....3 GRANDPARENT...4 STEP MOTHER...5 STEP FATHER...6 AUNT/UNCLE.....7 SIBLING OF CHILD.....8 OTHER RELATIVE...9 OTHER NON-RELATIVE...10 INSTITUTION...11 SELF.....12

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## PART E: DAILY EXPENSES

<p><b>1</b></p> <p>During the past 7 days, has this household spent money on any of the following items?</p> <p><b>PUT A CROSS IN THE APPROPRIATE BOX</b></p> <p><b>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</b></p> <p><b>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</b></p> <div style="text-align: center; margin-top: 20px;">↓</div>	<p><b>2</b></p> <p>How much have you spent for ...[       ]... during the past 7 days?</p> <p style="text-align: center; margin-top: 40px;"><b>AMOUNT JS</b></p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Food and beverages consumed away from home (including gifts)</td> <td style="width: 10%; text-align: center; padding: 5px;">YES-&gt;</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">&lt;-NO</td> <td></td> </tr> </table>	Food and beverages consumed away from home (including gifts)	YES->			<-NO		101	
Food and beverages consumed away from home (including gifts)	YES->							
	<-NO							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Coal</td> <td style="width: 10%; text-align: center; padding: 5px;">YES-&gt;</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">&lt;-NO</td> <td></td> </tr> </table>	Coal	YES->			<-NO		102	
Coal	YES->							
	<-NO							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Kerosene</td> <td style="width: 10%; text-align: center; padding: 5px;">YES-&gt;</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">&lt;-NO</td> <td></td> </tr> </table>	Kerosene	YES->			<-NO		103	
Kerosene	YES->							
	<-NO							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Wood</td> <td style="width: 10%; text-align: center; padding: 5px;">YES-&gt;</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">&lt;-NO</td> <td></td> </tr> </table>	Wood	YES->			<-NO		104	
Wood	YES->							
	<-NO							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Other fuel for cooking or lighting different than cooking gas and electricity</td> <td style="width: 10%; text-align: center; padding: 5px;">YES-&gt;</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">&lt;-NO</td> <td></td> </tr> </table>	Other fuel for cooking or lighting different than cooking gas and electricity	YES->			<-NO		105	
Other fuel for cooking or lighting different than cooking gas and electricity	YES->							
	<-NO							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)</td> <td style="width: 10%; text-align: center; padding: 5px;">YES-&gt;</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">&lt;-NO</td> <td></td> </tr> </table>	Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	YES->			<-NO		106	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	YES->							
	<-NO							

E

## PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER) : 

PURCHASED				HOME PRODUCTION / GIFTS			
1 During the past 30 days, has this household bought any of the following foods? 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 30 DAYS.	2 Have you bought ... during the past 7 days? YES...1 NO...2 (> 4)	3 How much did you spend on ... during the past 7 days? AMOUNT JS	4 How much did you spend on ... during the past 30 days? AMOUNT JS	5 During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home-produced ... you ate during the past 7 days? IF NOTHING ENTER 0 AND (> 7) AMOUNT JS	7 How much would it cost to buy the amount of home-produced ... you ate during the past 30 days? IF NOTHING ENTER 0 AND (> 8) AMOUNT JS	8 How much would it cost to buy the amount of ... you received as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT JS
Fresh or frozen beef	YES-> -<NO	201		Fresh or frozen beef	YES-> -<NO	201	
Fresh or frozen pork	YES-> -<NO	202		Fresh or frozen pork	YES-> -<NO	202	
Fresh or frozen mutton	YES-> -<NO	203		Fresh or frozen mutton	YES-> -<NO	203	
Offal- heart, kidney, liver, tripe etc.	YES-> -<NO	204		Offal- heart, kidney, liver, tripe etc.	YES-> -<NO	204	
Other fresh or frozen (oxtail, trotters, cow's foot, hocks)	YES-> -<NO	205		Other fresh or frozen (oxtail, trotters, cow's foot, hocks)	YES-> -<NO	205	
Salted, cured or canned meat (eg. pigtail)	YES-> -<NO	206		Salted, cured or canned meat (eg. pigtail)	YES-> -<NO	206	
Fresh or frozen fish and shellfish	YES-> -<NO	207		Fresh or frozen fish and shellfish	YES-> -<NO	207	
Salted codfish	YES-> -<NO	208		Salted codfish	YES-> -<NO	208	
Canned mackerel, sardines, herring	YES-> -<NO	209		Canned mackerel, sardines, herring	YES-> -<NO	209	
Other salted or canned fish and shellfish (e.g. mackerel, red herring)	YES-> -<NO	210		Other salted or canned fish and shellfish (e.g. mackerel, red herring etc.)	YES-> -<NO	210	
Fresh or frozen whole chicken or parts	YES-> -<NO	211		Fresh or frozen whole chicken or parts	YES-> -<NO	211	
Chicken necks and back	YES-> -<NO	212		Chicken necks and backs	YES-> -<NO	212	
Other poultry, fresh, frozen salted, cured or canned	YES-> -<NO	213		Other poultry, fresh, frozen salted, cured or canned	YES-> -<NO	213	

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
<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 CONSUMED DURING THE PAST 30 DAYS.</p>	<p>Have you bought ... during the past 7 days?</p> <p>YES...1</p> <p>NO...2 (&gt; 4)</p> <p>AMOUNT JS</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>During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 6 TO 8 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 (&gt; 7)</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 (&gt; 8)</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>AMOUNT JS</p>
<p>Liquid milk (raw milk, pasturized milk or reconstituted milk powder)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	214			<p>Liquid milk (raw milk, pasturized milk or reconstituted milk powder)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	214		
<p>Condensed milk</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	215			<p>Condensed milk</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	215		
<p>Evaporated milk</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	216			<p>Evaporated milk</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	216		
<p>Powdered milk (D.S.M)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	217			<p>Powdered milk (D.S.M)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	217		
<p>Butter of margarine (chiffon)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	218			<p>Butter of margarine (chiffon)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	218		
<p>Cheese</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	219			<p>Cheese</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	219		
<p>Eggs</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	220			<p>Eggs</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	220		
<p>Other dairy products (yogurt, ice cream, ...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	221			<p>Other dairy products (yogurt, ice cream, ...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	221		
<p>Oils and fats (vegetable oil, coconut oil, lard...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	222			<p>Oils and fats (vegetable oil, coconut oil, lard...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	222		
<p>Bread</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	223			<p>Bread</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	223		
<p>Crackers and Unsweetened biscuits</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	224			<p>Crackers and Unsweetened biscuits</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	224		
<p>Other baked products - (sweetened biscuits, cakes buns, bullas etc.)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	225			<p>Other baked products - (sweetened biscuits, cakes buns, bullas etc.)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	225		
<p>Bammy/Cassava Bread</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	226			<p>Bammy/Cassava Bread</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	226		
<p>Flour</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	227			<p>Flour</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	227		

## PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1 During the past 30 days, has this household bought any of the following foods?  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 30 DAYS.	2 Have you bought ... during the past 7 days?  YES...1 NO...2 (→ 4)	3 How much did you spend on ... during the past 7 days?  AMOUNT J\$	4 How much did you spend on ... during the past 30 days?  AMOUNT J\$	5 During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?  PUT A CROSS IN THE APPROPRIATE BOX  ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.  THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?  IF NOTHING ENTER 0 AND (→ 7)  AMOUNT J\$	7 How much would it cost to buy the amount of home-produced ... you ate during the past 30 days?  IF NOTHING ENTER 0 AND (→ 8)  AMOUNT J\$	8 How much would it cost to buy the amount of ... you received as gift during the past 30 days?  IF NOTHING ENTER 0  AMOUNT J\$
Rice	YES-→ ←-NO	228		Rice	YES-→ ←-NO	228	
Cornmeal	YES-→ ←-NO	229		Cornmeal	YES-→ ←-NO	229	
Dried peas and beans	YES-→ ←-NO	230		Dried peas and beans	YES-→ ←-NO	230	
Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-→ ←-NO	231		Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-→ ←-NO	231	
Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-→ ←-NO	232		Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-→ ←-NO	232	
Irish potatoes	YES-→ ←-NO	233		Irish potatoes	YES-→ ←-NO	233	
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-→ ←-NO	234		Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-→ ←-NO	234	
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-→ ←-NO	235		Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-→ ←-NO	235	
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas/beans, corn cobs, string beans)	YES-→ ←-NO	236		Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas/beans, corn cobs, string beans)	YES-→ ←-NO	236	
Frozen canned and dried vegetables	YES-→ ←-NO	237		Frozen canned and dried vegetables	YES-→ ←-NO	237	
Ackee	YES-→ ←-NO	238		Ackee	YES-→ ←-NO	238	
Fruit and vegetable juices (fresh or frozen)	YES-→ ←-NO	239		Fruit and vegetable juices (fresh or frozen)	YES-→ ←-NO	239	
Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	YES-→ ←-NO	240		Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	YES-→ ←-NO	240	
Canned and dried fruits	YES-→ ←-NO	241		Canned and dried fruits	YES-→ ←-NO	241	

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
During the past 30 days, has this household bought any of the following foods?  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 30 DAYS.	Have you bought ... during the past 7 days?  YES...1 NO...2 (→ 4)	How much did you spend on ... during the past 7 days?  AMOUNT J\$	How much did you spend on ... during the past 30 days?  AMOUNT J\$	During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?  PUT A CROSS IN THE APPROPRIATE BOX  ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.  THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?  IF NOTHING ENTER 0 AND (→ 7)  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 (→ 8)  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 ITEM  AMOUNT J\$
Sugar YES- -<NO	242			Sugar YES- -<NO	242		
Sweets (sugar, honey, sweeteners, jams, jellies) YES- -<NO	243			Sweets (sugar, honey, sweeteners, jams, jellies) YES- -<NO	243		
Soups (packaged, canned, frozen, ...) YES- -<NO	244			Soups (packaged, canned, frozen, ...) YES- -<NO	244		
Prepared meats and fish (curried mutton, fish fingers, ...) YES- -<NO	245			Prepared meats and fish (curried mutton, fish fingers, ...) YES- -<NO	245		
Dry packaged foods (macaroni, vermicelli, ...) YES- -<NO	246			Dry packaged foods (macaroni, vermicelli, ...) YES- -<NO	246		
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...) YES- -<NO	247			Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...) YES- -<NO	247		
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...) YES- -<NO	248			Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...) YES- -<NO	248		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...) YES- -<NO	249			Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...) YES- -<NO	249		
Nuts (peanuts, cashew, coconut, ...) YES- -<NO	250			Nuts (peanuts, cashew, coconut, ...) YES- -<NO	250		
Baby food (milk food, cereals, strained food, ...) YES- -<NO	251			Baby food (milk food, cereals, strained food, ...) YES- -<NO	251		
Other food (chips, snacks, cheese trix, ...) YES- -<NO	252			Other food (chips, snacks, cheese trix, ...) YES- -<NO	252		
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...) YES- -<NO	253			Breakfast drinks (coffee, tea, Ovaltine, Milo, ...) YES- -<NO	253		
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...) YES- -<NO	254			Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...) YES- -<NO	254		
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...) YES- -<NO	255			Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...) YES- -<NO	255		



## PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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 RECEIVED OR PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (= 5)	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	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
Personal care supplies (soaps, toothpaste/brushes, shaving cream, razors and blades)	YES-> -<NO	301			
Cosmetics (lotions, deodorants, ...)	YES-> -<NO	302			
Hair and body care (lotions, dyes, etc)	YES-> -<NO	303			
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> -<NO	304			
Polishes, waxes, air freshener, insect sprays	YES-> -<NO	305			
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<NO	306			
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<NO	307			
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)	YES-> -<NO	308			
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<NO	309			
Laundry and dry cleaning services	YES-> -<NO	310			
Rental of equipment (radio, television, ...)	YES-> -<NO	311			

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 RECEIVED OR 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	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	312			
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<NO	313			
Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<NO	314			
Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<NO	315			
Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<NO	316			
Cooking ware (pots, pans, shilleys, ...)	YES-> -<NO	317			
Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO	318			
Radio (do not include radio/cassette player)	YES-> -<NO	319			
Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...)	YES-> -<NO	320			
Repairs on furniture or household equipment	YES-> -<NO	321			
Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<NO	322			
Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...)	YES-> -<NO	323			
Health Insurance	YES-> -<NO	324			

PART G: 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 PURCHASED OR RECEIVED AS GIFT 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	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	325				
Shoes and sandals for children YES-> -<NO	326				
Clothing materials for adults (sacron, linen, cotton, silk, ...) YES-> -<NO	327				
Clothing materials for children (sacron, linen, cotton, silk, ...) YES-> -<NO	328				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...) YES-> -<NO	329				
Children clothing (shirts, trousers, coats, jeans, ...) YES-> -<NO	330				
Making and repair of clothes (adult and children) YES-> -<NO	331				
Accessories (watches, jewelry, sunglasses, ...) YES-> -<NO	332				
Reading materials (Books, magazines, newspapers, ...) YES-> -<NO	333				
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...) YES-> -<NO	334				
Education expenses (tuition, books, boarding, fees, ...) YES-> -<NO	335				
Sporting activities (club membership, equipment, entrance fees, ...) YES-> -<NO	336				
Other recreational activities (cinema, theatre, dance clubs, records, tapes) YES-> -<NO	337				

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 4 FOR ALL ITEMS RECEIVED OR 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	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
Purchased transportation (taxi, bus, train, car rental, air fare) YES-> -<NO	338				
Gasoline, motor oil YES-> -<NO	339				
Car repairs, tires YES-> -<NO	340				
Car insurance YES-> -<NO	341				
Vehicle taxes, duties YES-> -<NO	342				
Purchase of car, motor cycles for personal use YES-> -<NO	343				
Other transport expenses (parking charges, motor vehicle and driver licenses) YES-> -<NO	344				
Vacation expenses (excluding fares) (hotels, travel tax, ...) YES-> -<NO	345				
Gardening & horticulture (plants, fertilizer, garden equipment, home animals, ...) YES-> -<NO	346				
Telegrams, telephone, † cablegrams YES-> -<NO	347				
Other consumption expenditures (flowers, etc.) YES-> -<NO	348				
Purchases for special occasions (parties, entertainment relating to weddings, funerals etc.) YES-> -<NO	349				

† Do not include the amount given in Part J.

\*\*\* Items 339 - 342 should relate to those vehicles which are exclusively used for household purposes.

P A R T H: NON - CONSUMPTION EXPENDITURES

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. V	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 & General Insurance YES-> -<NO	401		
Horse racing YES-> -<NO	402		
Other gambling expenses YES-> -<NO	403		
Weddings, funerals YES-> -<NO	404		
Donations and gifts (church or union dues, gifts, charities, ...) YES-> -<NO	405		
Repayment of loans, interest payments YES-> -<NO	406		
Support for children who live elsewhere YES-> -<NO	407		
Other maintenance of relatives outside the home YES-> -<NO	408		
Other non-consumption expenditures (legal services, anything else, ...) YES-> -<NO	409		

H

PART I : FOOD STAMPS - TO BE ASKED OF ALL HOUSEHOLD MEMBERS

ALL MEMBERS		RECEIVING FOOD STAMPS				APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING			APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING	NEVER APPLIED	
1 Which of the following Food stamp situations applies to you?		2 Category?	3 What is the value of food stamps received in March or April?	4 IF ANSWER TO Q3 IS 0 Why didn't you receive food stamps in March or April?	5 Have you had any problems picking up food stamps?	6 What problems?	7 How long ago was the application made?	8 What happened to application?	9 Why did you not get food stamps in March or April?	10 What is the reason why you have never received food stamps?	11 Why have you never applied for food stamps?
INDIVIDUAL N°	RECEIVING FOOD STAMPS...1					OFFICER LATE/ DID NOT COME...1					DOES NOT SEE SELF AS ELIGIBLE...1
	RECEIVED FOOD STAMPS EARLIER BUT NOW NOT RECEIVING...2 (→ NEXT PERSON)	PREGNANT WOMAN.....1		NO LONGER ELIGIBLE.....1		OFFICER RUDE/ UNPLEASANT.....2			NO LONGER ELIGIBLE....1	APPROVED, BUT NEVER CHECKED BACK.....1	BENEFITS TOO SMALL, CAN'T BE BOTHERED.....2
	APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING...3 (→ 7)	LACTATING MOTHER.....2		DID NOT GO TO PAY STATION...2		PAY STATION CROWD DISORDERLY.....3		APPROVED....1	WENT TO PAY STATION BUT NOT YET ON LIST.....2	PUT ON FILE.....2	DOES NOT WANT STIGMA.....3
	APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING...4 (→ 10)	CHILD UNDER 6.....3	IF ZERO WRITE 0	NO ONE AT PAY STATION.....3	YES....1	PAY STATION HAS INADEQUATE ACCOMODATION...4		PUT ON FILE.....2 (NEXT PERSON)	HAVE NOT GONE TO CHECK.....3	TURNED DOWN, NOT ELIGIBLE.....3	IGNORANCE/ DON'T KNOW HOW TO OBTAIN.....4
	NEVER APPLIED.....5 (→ 11)	ELDERLY POOR, INDIGENT AND HANDICAPPED...4		WENT, BUT COULD NOT WAIT....4	NO....2 (NEXT PERSON)	PAY STATION FAR AWAY, TRANSPORTATION DIFFICULTIES...5		TURNED DOWN.....3 (NEXT PERSON)	OTHER.....4	DID NOT RECEIVE IN MAIL...4	OTHER.....5
		SINGLE MEMBER HOUSEHOLD....5		WENT, BUT FORGOT ID....5		LONG LINE.....6		DON'T KNOW/ NOT INFORMED....4 (NEXT PERSON)		DON'T KNOW.....6	
		FAMILY PLAN.....6		DID NOT RECEIVE ENTITLEMENT BY MAIL.....6		NOT BEING RECEIVED IN MAIL.....7		→ NEXT PERSON	→ NEXT PERSON	→ NEXT PERSON	
				WENT BUT TOLD NOT ON LIST..7		OTHER.....8					
				OTHER.....8							

P A R T J: HOUSING AND RELATED EXPENSES

<p>1 TYPE OF DWELLING</p> <p>SEPARATE HOUSE</p> <p>DETACHED.....1</p> <p>SEMI-DETACHED HOUSE.....2</p> <p>PART OF A HOUSE.....3</p> <p>APARTMENT BUILDING.....4</p> <p>TOWN-HOUSE.....5</p> <p>IMPROVED HOUSING UNIT.....6</p> <p>PART OF COMMERCIAL BUILDING.....7</p> <p>OTHER.....8</p> <p>(SPECIFY.....)</p> <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD.....1</p> <p>STONE.....2</p> <p>BRICK.....3</p> <p>CONCRETE NOG.....4</p> <p>BLOCK &amp; STEEL.....5</p> <p>WATTLE/ADOBE.....6</p> <p>OTHER (SPECIFY.....).....7</p> <p>3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms) ?</p> <p>NO. OF ROOMS: [ ]</p> <p>4 What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER...1</p> <p>W.C. NOT LINKED.....2</p> <p>PIT.....3</p> <p>OTHER.....4</p> <p>NONE.....5 (➤ 6)</p> <p>5 Are the toilet facilities used only by your household, or do other households use the same facilities?</p> <p>EXCLUSIVE USE...1</p> <p>SHARED.....2</p> <p>6 Is the kitchen used only by your household, or do other households use the same kitchen?</p> <p>EXCLUSIVE USE...1</p> <p>SHARED.....2</p> <p>NONE.....3</p> <p>7 Does this household own or lease this dwelling?</p> <p>OWNED.....1</p> <p>LEASED.....2 (➤ 9)</p> <p>PRIVATE RENTED.....3 (➤ 9)</p> <p>GOVERNMENT RENTED...4 (➤ 18)</p> <p>RENT FREE.....5 (➤ 18)</p> <p>SQUATTED.....6 (➤ 18)</p> <p>OTHER.....7 (➤ 18)</p>	<p>8 Does this household own or lease the land on which this dwelling is?</p> <p>OWNED.....1</p> <p>LEASED.....2</p> <p>PRIVATE RENTED.....3</p> <p>GOVERNMENT RENTED...4</p> <p>RENT FREE.....5</p> <p>SQUATTED.....6</p> <p>OTHER.....7</p> <p>[ ]</p> <p>GO TO 12</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</p> <p>PRIVATE EMPLOYER.....2</p> <p>PUBLIC AGENCY.....3</p> <p>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 J\$: [ ]</p> <p>PER:</p> <p>WEEK...3</p> <p>MONTH...4</p> <p>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</p> <p>PRIVATE EMPLOYER.....2</p> <p>PUBLIC AGENCY.....3</p> <p>PRIVATE INDIVIDUAL OR AGENCY.....4</p> <p>NOBODY HELPS.....5</p> <p>[ ]</p> <p>➤ 18</p> <p>12 Do you make mortgage payments on this dwelling?</p> <p>YES...1</p> <p>NO....2 (➤ 15)</p> <p>13 How much was your last payment?</p> <p>AMOUNT J\$: [ ]</p>	<p>14 How often do you make these payments?</p> <p>No. OF TIMES: [ ] PER: [ ]</p> <p>MCNTH..4</p> <p>YEAR...5</p> <p>15 How much could you rent your dwelling for per month?</p> <p>AMOUNT J\$: [ ]</p> <p>16 Do you have to pay property taxes for this dwelling?</p> <p>YES...1</p> <p>NO....2 (➤ 18)</p> <p>17 How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$: [ ]</p> <p>PER:</p> <p>MONTH..4</p> <p>YEAR...5</p> <p>18 What is the main source of drinking water for your household</p> <p>INDOOR TAP/PIPE...1</p> <p>OUTSIDE PRIVATE PIPE/TAP.....2</p> <p>PUBLIC STANDPIPE...3 (➤ 22)</p> <p>WELL.....4 (➤ 22)</p> <p>RIVER, LAKE, SPRING, POND.....5 (➤ 22)</p> <p>RAINWATER (TANK)..6 (➤ 24)</p> <p>OTHER (SPECIFY.....).....7 (➤ 22)</p> <p>19 Have you a group or individual meter?</p> <p>GROUP.....1</p> <p>INDIVIDUAL...2</p> <p>NO METER.....3</p> <p>20 How much was the latest water bill for your household?</p> <p>AMOUNT J\$: [ ]</p> <p>21 How many months were covered by this bill?</p> <p>MONTHS : [ ]</p> <p>➤ 24</p>	<p>22 Is this ...[SUPPLY SOURCE IN 18]... used by your household only, or is it shared with others?</p> <p>THIS HOUSEHOLD ONLY.....1</p> <p>SHARED.....2</p> <p>23 How far from this dwelling is this ...[SUPPLY SOURCE IN 18]...?</p> <p>DISTANCE ----&gt; [ ]</p> <p>DISTANCE [ ] MILES.....1</p> <p>CODE ----&gt; [ ] YARDS.....2</p> <p>24 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1</p> <p>KEROSENE.....2 (➤ 27)</p> <p>OTHER.....3 (➤ 27)</p> <p>NONE.....4 (➤ 27)</p> <p>25 How much was the latest electric bill for your household?</p> <p>AMOUNT J\$: [ ]</p> <p>26 How many months of consumption were covered by this bill?</p> <p>MONTHS: [ ]</p> <p>27 Does this household have a telephone?</p> <p>YES...1</p> <p>NO....2 (➤ NEXT SECTION)</p> <p>28 How much was the latest telephone bill for your household ?</p> <p>AMOUNT J\$: [ ]</p> <p>29 How many months of consumption were covered by this bill ?</p> <p>MONTHS : [ ]</p>
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\* CEMENT BLOCKS ARE NOT BRICKS

PART K: 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		
Radio/cassettes players?	607		
Phonographs?	608		
Stereo equipment?	609		
Video equipment?	610		
Washing machine?	611		
TV sets?	612		
Bicycles?	613		
Motorbikes?	614		
Cars, other vehicles?	615		

1			2	3	4
Please describe all the ...[ ]... owned by members of your household.			In what year did you acquire this ...[ ]?	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?	If you wanted to sell this ...[ ] today, how much would you receive?
I T E M	WRITE THE ITEM AND DESCRIPTION (MAKE, COLOR, ETC.) FOR EACH OF THE GOODS. COPY THE CODE AND THEN GO TO THE NEXT ITEM IN THE LIST FOR WHICH THE ANSWER WAS YES.	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 L: MISCELLANEOUS INCOME

<p>1</p> <p>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>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">X</div> ↓	<p>2</p> <p>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 J\$</p>
--	---	--

<p>Support for children from parents who live elsewhere?</p>	YES →	
	← NO	701

<p>Other relatives or friends who live in Jamaica?</p>	YES →	
	← NO	702

<p>Other relative or friends who live abroad?</p>	YES →	
	← NO	703

<p>Rental payments for use of land or other property owned by household members?</p>	YES →	
	← NO	704

<p>Social Security (NIS) ?</p>	YES →	
	← NO	705

<p>Private, Government or other pension fund?</p>	YES →	
	← NO	706

<p>Public Assistance and or Poor relief?</p>	YES →	
	← NO	707

<p>Interest from loans made by household members or from money deposited in a bank or other financial institutions?</p>	YES →	
	← NO	708

PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS

1. Who is the principal earner for the household?  
(Give Individual Number in the Roster)

2. What is his/her occupation? Describe...

3. What is the Industry in which he/she is working? Describe...

4. What is his/her employment status?

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.

In addition to the household members, did any persons take meals from this household regularly during the past 7 days?

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

If yes, in past 7 days the total number of meals taken:

Breakfasts.....  
Lunches.....  
Dinners.....

HOUSEHOLD ROSTER FOR ROUND 10

ASK QUESTIONS 1 - 5 FOR ALL HOUSEHOLD MEMBERS AGE 15 AND OVER.

1 Marital Status  
MARRIED.....1  
NEVER MARRIED...2  
DIVORCED.....3  
SEPARATED.....4  
WIDOWED.....5

2 Union Status  
MARRIED.....1  
COMMON LAW...2  
VISITING.....3  
SINGLE.....4  
NONE.....5

3 Is this partner a household member?

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

4 COPY THE IDENTIFICATION CODE OF THE PARTNER

5 Is...[NAME]... receiving Public Assistance or Poor Relief?

PUBLIC ASSISTANCE...1  
POOR RELIEF.....2  
NONE.....3

FOR ALL HOUSEHOLD MEMBERS

6 Is...[NAME]... physically or mentally disabled?

YES.....1  
NO.....2  
\* NEXT PERSON

USE LOWEST CODE IF MORE THAN ONE APPLIES

USE LOWEST CODE IF MORE THAN ONE APPLIES

INDIVIDUAL N°

N A M E	A G E	S E X	RELATIONSHIP AND CODES FROM LABOUR FORCE SURVEY
		MALE...1 FEMALE...2	RELATION CODE

HOUSEHOLD MEMBER?  
STILL A MEMBER.....1  
NO LONGER A MEMBER...2  
NEW MEMBER.....3

DURING PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD?

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						


INDIVIDUAL N° IN SLCS 5