

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)								
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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 public 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 ^o	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>ASK IF YES FOR Q22 OR Q23</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>
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PART A (SUPPLIMENT): HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED OF EACH HOUSEHOLD MEMBER

INDIVIDUAL	1a. Have you used any of the following health facilities in the past year?	1b. If no, Why not?	1c. Number of times used	1d. How many types of these facilities did you use?
	YES.....1 (= 1C)	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		
N°	NO.....2	(NO FOR EACH A1 TO A3 = NEXT PERSON)		

FACILITY CODES PUBLIC HEALTH CENTRE (A1)			PRIVATE DOCTOR (A2)			PUBLIC HOSPITAL (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

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

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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

I N D I V I D U A L N ^o	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	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	A1	A2	A3
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PART A (SUPPLEMENT) : HEALTH SERVICES CONSUMER SATISFACTION - TO BE ASKED FOR EACH 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?	8c. What type of facility is it?	8d. If there is a health facility that is closer to your home, Why didn't you use it?									
	<p>DISTANCE CODES</p> <p>LESS THAN 1 MILE.....1</p> <p>1-3 MILES.....2</p> <p>3-5 MILES.....3</p> <p>5-10 MILES.....4</p> <p>10-25 MILES.....5</p> <p>ABOVE 25 MILES.....6</p>	<p>YES.....1</p> <p>NO.....2 (= NEXT PERSON)</p>	<p>PUBLIC HEALTH CENTRE ...1 (NAME)</p> <p>PRIVATE DOCTOR...2</p> <p>PUBLIC HOSPITAL..3</p> <p>PRIVATE HOSPITAL..4</p>	<p>REFERRED.....1</p> <p>DOES NOT PROVIDE SERVICE NEEDED.....2</p> <p>OPENING HOURS ARE INAPPROPRIATE.....3</p> <p>ONLY USE PUBLIC HEALTH FACILITIES.....4</p> <p>ONLY USE PRIVATE HEALTH FACILITIES.....5</p> <p>TOO EXPENSIVE.....6</p> <p>HAVE NO CONFIDENCE IN THE QUALITY OF SERVICES PROVIDED.....7</p> <p>HAVE ALWAYS USED OTHER FACILITY.....8</p> <p>NO RESPONSE.....9</p>									
FACILITY CODES .. PUBLIC HEALTH CENTRE (A1) PRIVATE DOCTOR (A2) PUBLIC HOSPITAL (A3)													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%; text-align:center;">A1</td> <td style="width:12.5%; text-align:center;">A2</td> <td style="width:12.5%; text-align:center;">A3</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%; text-align:center;">A1</td> <td style="width:12.5%; text-align:center;">A2</td> <td style="width:12.5%; text-align:center;">A3</td> </tr> </table>						A1	A2	A3			A1	A2	A3
	A1	A2	A3			A1	A2	A3					

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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 D: CHILD FOSTERING - TO BE ASKED OF EACH HOUSEHOLD MEMBER AGED 14 YEARS OR LESS

INDIVIDUAL N°	1. Is the natural mother of child alive?	2. What is the main work mother is engaged in?		3. Does natural mother live in the household?	4. If yes, copy I.D. code. (> 10)	5. Highest level of education completed by mother?	6. How many years of schooling has mother of child completed?	7. How old is the mother?	8. Does mother provide financial support to child?	9. Why does child not live with mother? Major reason:	10. (If child is older than age 10) When child was 10, was s/he living with mother?	11. Is the natural father of child alive?
	YES....1 NO.....2 (>> 10) DON'T KNOW...3 (>> 10)	Occupation	Code	YES....1 NO.....2 (>> 5)		NONE.....1 PRIMARY.....2 SECONDARY.....3 UNIVERSITY.....4 OTHER POST-SECONDARY.....5 OTHER.....6 DON'T KNOW.....7	YEARS	AGE	YES REGULAR.....1 YES OCCASIONAL.....2 NO.....3	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	YES.....1 NO.....2	YES....1 NO.....2 (>> 20) DON'T KNOW...3 (>> 20)
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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? YES....1 NO....2 (>> 15)	14. If yes, copy I.D. code. (> 20)	15. Highest level of education completed by father? NONE.....1 PRIMARY.....2 SECONDARY.....3 UNIVERSITY.....4 OTHER POST-SECONDARY.....5 OTHER.....6 DON'T KNOW.....7	16. How many years of schooling has father completed? DON'T KNOW..NS YEARS	17. How old is the father? DON'T KNOW..NS AGE	18. Does father provide financial support to child? YES REGULAR.....1 YES OCCASIONAL...2 NO.....3	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 FATHER LIVES ABROAD.....6 FATHER'S JOB.....7 BREAK UP OF PARENTAL UNION.....8 CHILD ABUSE.....9 OTHER.....10	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										
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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.....2 ALL AGE SCHOOL.....3 GRADES 1-6.....3 ALL AGE SCHOOL.....4 GRADES 7-9.....4 PRIMARY & JUNIOR HIGH.....5 GRADES 1-6.....5 PRIMARY & JUNIOR HIGH.....6 GRADES 7-9.....6 JUNIOR HIGH.....7 GRADES 7-9.....7 NEW SECONDARY.....8 COMPREHENSIVE.....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCAT/AGRIC.....12» UNIVERSITY.....13» OTHER TERTIARY.....14» (PUBLIC) OTHER TERTIARY.....15» (PRIVATE) ADULT LITERACY.....16» CLASSES.....16» ADULT EDUCATION/ NIGHT SCHOOL.....17» SPECIAL SCHOOL.....18» DON'T KNOW.....19» NONE.....20 (» 7)	PUBLIC..1 PRIVATE.2	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 » NEXT PERSON GRADE	BASIC/INFANT/ NURSERY/KINDER- GARTEN.....1 (» NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL.....3 GRADES 1-6.....3 ALL AGE SCHOOL.....4 GRADES 7-9.....4 PRIMARY & JUNIOR HIGH.....5 GRADES 1-6.....5 PRIMARY & JUNIOR HIGH.....6 GRADES 7-9.....6 JUNIOR HIGH.....7 GRADES 7-9.....7 NEW SECONDARY.....8 COMPREHENSIVE.....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCAT/AGRIC.....12» UNIVERSITY.....13» OTHER TERTIARY.....14» (PUBLIC) OTHER TERTIARY.....15» (PRIVATE) ADT LIT CLASSES.16» ADULT ED./ NIGHT SCH.....17» SPECIAL SCHOOL.....18» DON'T KNOW.....19» NONE.....20»	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 » NEXT PERSON GRADE

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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? YES REGULAR.....1 YES OCCASIONAL....2 NO.....3	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
	YES....1 NO.....2 (> 17)	Occupation	Code	YES....1 NO.....2 (> 13)		AGE	YEARS			
01C										
02C										
03C										
04C										
05C										
06C										
07C										
08C										

PART D: CHILD FOSTERING - ROSTER OF NON-RESIDENT CHILDREN (AGED 14 YEARS OR LESS)

INDIVIDUAL N°	1.	2.	3.
	NAME	AGE	SEX
			MALE.....1 FEMALE...2

01C			
02C			
03C			

04C			
05C			
06C			

07C			
08C			
09C			

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

INDIVIDUAL N°	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

01C											
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PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER) :

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 JS	How much did you spend on ... during the past 30 days? AMOUNT JS	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 JS	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	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 meat (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
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 AMOUNT J\$
Liquid milk (raw milk, pasturized milk or reconstituted milk powder) YES-> / <-NO	214			Liquid milk (raw milk, pasturized milk or reconstituted milk powder) YES-> / <-NO	214		
Condensed milk YES-> / <-NO	215			Condensed milk YES-> / <-NO	215		
Evaporated milk YES-> / <-NO	216			Evaporated milk YES-> / <-NO	216		
Powdered milk (D.S.M) YES-> / <-NO	217			Powdered milk (D.S.M) YES-> / <-NO	217		
Butter of margarine (chiffon) YES-> / <-NO	218			Butter of margarine (chiffon) YES-> / <-NO	218		
Cheese YES-> / <-NO	219			Cheese YES-> / <-NO	219		
Eggs YES-> / <-NO	220			Eggs YES-> / <-NO	220		
Other dairy products (yogurt, ice cream, ...) YES-> / <-NO	221			Other dairy products (yogurt, ice cream, ...) YES-> / <-NO	221		
Oils and fats (vegetable oil, coconut oil, lard...) YES-> / <-NO	222			Oils and fats (vegetable oil, coconut oil, lard...) YES-> / <-NO	222		
Bread YES-> / <-NO	223			Bread YES-> / <-NO	223		
Crackers and Unsweetened biscuits YES-> / <-NO	224			Crackers and Unsweetened biscuits YES-> / <-NO	224		
Other baked products - (sweetened biscuits, cakes buns, bullas etc.) YES-> / <-NO	225			Other baked products - (sweetened biscuits, cakes buns, bullas etc.) YES-> / <-NO	225		
Bammy/Cassava Bread YES-> / <-NO	226			Bammy/Cassava Bread YES-> / <-NO	226		
Flour YES-> / <-NO	227			Flour YES-> / <-NO	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, (tomatos, carrots, lettuce, turnip, avocado, onion, peas&beans, corn cobs, string beans)	YES-> -<NO	236		Fresh vegetables, (tomatos, 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				
Cosmetics (lotions, deodorants, ...)	YES-> -<NO				
Hair and body care (lotions, dyes, etc)	YES-> -<NO				
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 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				
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, shillets, ...)	YES-> -<NO				
Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO				
Radio (do not include 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				
Health Insurance	YES-> -<NO				

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 (dacron, linen, cotton, silk, ...) YES-> -<NO	327				
Clothing materials for children (dacron, 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.		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

P A R T I : FOOD STAMPS - TO BE ASKED OF ALL HOUSEHOLD MEMBERS

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

P A R T J: HOUSING AND RELATED EXPENSES

<p>1 TYPE OF DWELLING</p> <p>SEPARATE HOUSE DETACHED.....1 SEMI-DETACHED HOUSE...2 PART OF A HOUSE.....3 APARTMENT BUILDING...4 TOWN-HOUSE.....5 IMPROVED HOUSING UNIT.....6 PART OF COMMERCIAL BUILDING.....7 OTHER.....8 (SPECIFY _____)</p> <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD.....1 STONE.....2 BRICK.....3 CONCRETE NOG.....4 BLOCK & STEEL.....5 WATTLE/ADOBE.....6 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 W.C. NOT LINKED.....2 PIT.....3 OTHER.....4 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 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 SHARED.....2 NONE.....3</p> <p>7 Does this household own or lease this dwelling?</p> <p>OWNED.....1 LEASED.....2 (➤ 9) PRIVATE RENTED.....3 (➤ 9) GOVERNMENT RENTED...4 (➤ 18) RENT FREE.....5 (➤ 18) SQUATTED.....6 (➤ 18) OTHER.....7 (➤ 18)</p>	<p>8 Does this household own or lease the land on which this dwelling is?</p> <p>OWNED.....1 LEASED.....2 PRIVATE RENTED.....3 GOVERNMENT RENTED...4 RENT FREE.....5 SQUATTED.....6 OTHER.....7</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 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 J\$: _____</p> <p>PER:</p> <p>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>➤ 18</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 J\$: _____</p>	<p>14 How often do you make these payments?</p> <p>No. OF TIMES: _____ PER: _____ MCNTH..4 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 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 YEAR...5</p> <p>18 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 (➤ 22) WELL.....4 (➤ 22) RIVER, LAKE, SPRING, POND.....5 (➤ 22) RAINWATER (TANK)..6 (➤ 24) OTHER (SPECIFY: _____).....7 (➤ 22)</p> <p>19 Have you a group or individual meter?</p> <p>GROUP.....1 INDIVIDUAL...2 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 SHARED.....2</p> <p>23 How far from this dwelling is this ...[SUPPLY SOURCE IN 18]...?</p> <p>DISTANCE ----> _____</p> <p>DISTANCE _____ MILES.....1 CODE ----> _____ YARDS.....2</p> <p>24 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1 KEROSENE.....2 (➤ 27) OTHER.....3 (➤ 27) 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 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? <div style="border: 1px solid black; padding: 2px; display: inline-block;"> * NEXT ITEM </div>
I 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 E ANSWER WAS YES. M ASK QUESTION 1 FOR ALL GOODS BEFORE GOING TO 2-4.	YEAR	AMOUNT JS	AMOUNT JS
ITEM	DESCRIPTION	CODE	
1			
2			
3			
4			
5			
6			
7			
8			
9			
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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>	<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>
<input checked="" type="checkbox"/>	

Support for children from parents who live elsewhere?	YES → ↓ NO	701
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Other relatives or friends who live in Jamaica?	YES → ↓ NO	702
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Other relative or friends who live abroad?	YES → ↓ NO	703
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Rental payments for use of land or other property owned by household members?	YES → ↓ NO	704
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Social Security (NIS) ?	YES → ↓ NO	705
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Private, Government or other pension fund?	YES → ↓ NO	706
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Public Assistance and or Poor relief?	YES → ↓ NO	707
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Interest from loans made by household members or from money deposited in a bank or other financial insitutions?	YES → ↓ NO	708
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