

JAMAICA SURVEY OF LIVING CONDITIONS

1991

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

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

PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER

INDIVIDUAL N°	1	2	3	4	5	6	7								8	9
	Have you had any illness, injury during the past 4 weeks? For example, have you had a cold, diarrhea, injury due to an accident or any other illness? YES.....1 NO.....2 (> 20)	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 (> 18)	How many visits did you make in the past 4 weeks to health practitioners? NUMBER OF VISITS	Where did the visit(s) take place? In a...								How much did you have to pay at public health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO 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
	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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PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	10 Did you spend a night in a public hospital or other establishment during the past 4 weeks?	11 How many nights during the past 4 weeks did you spend in the public hospital?	12 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 J\$	13 Did you spend a night in a private hospital or other establishment during the past 4 weeks?	14 How many nights during the past 4 weeks did you spend in the private hospital?	15 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 J\$	16 Did you buy medicines during the past 4 weeks for this illness or injury?	17 Did you purchase medicines in a		18 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 J\$	19 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	20 Are you covered by any health insurance? YES...1 NO....2
		NIGHTS			NIGHTS		Public Facility?	Private Facility or Pharmacy?				
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PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

INDIVIDUAL N°	21 Have you ever been told you have.....? YES1 NO2 (25)						22 If yes by whom ? DOCTOR..... NURSE..... LAB TECHNICIAN... FRIEND..... OTHERS.....						23 Does/did any close blood relations have the disease and who ? GRANDPARENTS.....1 FATHER/MOTHER.....2 BROTHER/SISTER....3 SONS/DAUGHTERS....4 GRANDCHILDREN.....5						24 Was your illness in the last 4 weeks due to any of these diseases ? YES....1 NO.....2		25 Do you have a child under one year? YES....1 NO.....2		26 ASK TO ALL WOMEN 15-49 YEARS Are you currently pregnant or breast-feeding a child? NEXT PERSON Pregnant...1 Breast-feeding ..2 Neither ...3	
	DIA-BETES	HIGH BLOOD PRESSURE	ARTHR-ITIS	ASTHMA	FITS	HEART DISEASE	DIA-BETES	HIGH BLOOD PRESSURE	ARTHR-ITIS	ASTHMA	FITS	HEART DISEASE	DIA-BETES	HIGH BLOOD PRESSURE	ARTHR-ITIS	ASTHMA	FITS	HEART DISEASE						
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P A R T

INDIVIDUAL N°	1 What type of school is [NAME]... attending this academic year ?	2 Is this school public or private?	3 What grade is [NAME]... in at school this year ?	4 Has... ever repeated a grade in primary or secondary school or both?	5 How many years were repeated in primary school?	6 How many years were repeated in secondary school?	7 Does [NAME]... live at home when attending school?	8 During the last week, how many days did [NAME]... actually go to school?	9 Does this school provide a meal for [NAME]... when he/ she is at school?	10 How much money does this household pay for the milk and nutribuns received for one day?	11 What type of school did [NAME]... last attend?	12 What was the highest grade [NAME]... completed at that school.
	BASIC/INFANT/NURSERY/ KINDERGARTEN.....1 (» NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL.....3 ALL AGE SCHOOL.....3 ALL AGE SCHOOL.....4 NEW SECONDARY.....5 COMPREHENSIVE.....6 SECONDARY HIGH.....7 TECHNICAL.....8 VOCAT/AGRIC.....9 » UNIVERSITY.....10 » OTHER POST-SEC.....11 » ADULT EDUCATION/ NIGHT SCHOOL.....12 » SPECIAL SCHOOL.....13 » COMMUNITY COLLEGE.....14 » NONE.....15 (» 11)	PUBLIC..1 PRIVATE..2	PRIMARY..(1-6) FORM 1.....7 FORM 2.....8 FORM 3.....9 FORM 4.....10 FORM 5 (LOW).....11 FORM 6 (UPP).....12	YES, PRIMARY.....1 YES, SECOND-.....2 ARY.....3 YES, BOTH.....4 NO.....5 (» 7)	[If Q4=1 then » 7]		YES.....1 NO.....2 (» NEXT PERSON)		YES, MILK AND/OR NUTRIBUN.1 YES COOKED MEAL.....2 YES, BOTH.3 NO.....4	» NEXT PERSON	BASIC/INFANT/ NURSERY/KINDER- GARTEN.....1 (» NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL.....3 ALL AGE SCHOOL.....3 ALL AGE SCHOOL.....4 ALL AGE SCHOOL.....5 NEW SECONDARY.....6 COMPREHENSIVE.....7 SECONDARY HIGH.....8 TECHNICAL.....9 (» NEXT PERSON) VOCAT/AGRIC.....10 (» NEXT PERSON) UNIVERSITY.....11 (» NEXT PERSON) OTHER POST- SECONDARY.....12 (» NEXT PERSON) NONE.....13 (» NEXT PERSON)	PRIMARY..(1-6) FORM 1.....7 FORM 2.....8 FORM 3.....9 FORM 4.....10 FORM 5 (LOW).....11 FORM 6 (UPP).....12

[illegible][illegible][illegible][illegible]

INDIVIDUAL N°	1 When was...[NAME]...born?			2 What was the weight of...[NAME]...at birth?		3 AGE		4 WAS THIS CHILD MEASURED?	5 REASON CHILD NOT MEASURED	6 WEIGHT	7 LENGTH	8 Was the child measured lying down or standing?	9 Was the birth of this child registered?	10 In the past two weeks has the child had running belly (diarrhea) ie. three or more loose stools per day?	11 O. P. V.	12 D. P. T.	13 B. C. G.	14 MEASLES
	CALCULATE CHILD'S AGE. ASK RESPONDENT TO CONFIRM IT IN COL. 3 -->							YES...1 (» 8)	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD....1 ILLNESS....2 DEFORMITY...3 OTHER (SPECIFY)...4			LYING DOWN...1 STANDING....2	YES...1 NO....2	YES...1 NO....2	N° OF DOSES	N° OF DOSES	YES...1 NO....2	YES...1 NO....2
	DAY	MONTH	YEAR	LBS	OZS	YEARS	MONTHS	NO.....2	» 9	KILOGRAMS	CENTIMETERS							
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PART D: DAILY EXPENSES

1

During the past 7 days, has this household spent money 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 QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.

↓

2

How much have you spent for ... during the past 7 days?

AMOUNT JS

Food and beverages consumed away from home	YES->
	<-NO

101

--

Coal	YES->
	<-NO

102

--

Kerosene	YES->
	<-NO

103

--

Wood	YES->
	<-NO

104

--

Other fuel for cooking or lighting different than cooking gas and electricity	YES->
	<-NO

105

--

Personal care (soap, tooth paste, shaving cream, cosmetics, hair care,...)	YES->
	<-NO

106

--

Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	YES->
	<-NO

107

--

D

PART E: CONSUMPTION EXPENDITURES

1	2	3	4	5	6	1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... 1... during the past 4 weeks? YES...1 NO...2 (= 5)	How much did you spend on ... 1... during the past 4 weeks? AMOUNT JS	How much did you spend on ... 1... during the past 12 months? AMOUNT JS	Did you receive any ... 1... as gift during the past 12 months? YES...1 NO...2 (=NEXT ITEM)	What is the value of all that ... 1... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS	During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... 1... during the past 4 weeks? YES...1 NO...2 (= 4)	How much did you spend on ... 1... during the past 4 weeks? AMOUNT JS	How much did you spend on ... 1... during the past 12 months? AMOUNT JS	Did you receive any ... 1... as gift during the past 12 months? YES...1 NO...2 (=NEXT ITEM)	What is the value of all that ... 1... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Laundry supplies (soap bars/powders, bleach, starch, clothes pins,...)	YES-> -<NO					Cooking gas	YES-> -<NO				
Polishes, waxes, air freshener, insect sprays	YES-> -<NO					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet,...)	YES-> -<NO				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid,...)	YES-> -<NO					Furniture, outdoor (lawn chair, barbecue grill,...)	YES-> -<NO				
Toilet supplies (toilet paper, cleanser,...)	YES-> -<NO					Furnishings (carpets, drapes, sheets, towels,...)	YES-> -<NO				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries...)	YES-> -<NO					Dinner ware (plates, glasses, knives, forks, spoons,...)	YES-> -<NO				
Home help services (cook, nurse maid, household help, gardener,...)	YES-> -<NO					Cooking ware (pots, pans, shilleys,...)	YES-> -<NO				
Laundry and dry cleaning services	YES-> -<NO					Other small kitchen equipment (ice box, toaster, mixer, hot plate,...)	YES-> -<NO				
Rental of equipment (radio, television,...)	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				

PART E: CONSUMPTION EXPENDITURES (END)

1	2	3	4	5	6	1	2	3	4
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 4 weeks? YES..1 NO...2 (= 4)	How much did you spend on ... during the past 4 weeks? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES..1 NO...2 (=NEXT ITEM)	What is the value of all that you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS	During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 4 weeks? YES..1 NO...2 (= 4)	How much did you spend on ... during the past 4 weeks? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS
Shoes and sandals for adults YES-> -<NO	221					Education expenses (tuition, books, boarding fees, ...) YES-> -<NO	230		
Shoes and sandals for children YES-> -<NO	222					Making and repair of clothes (adult and children) YES-> -<NO	231		
Clothing materials for adults (cotton, linen, cotton, silk, ...) YES-> -<NO	223					Purchased transportation (taxi, bus, train, car rental, air fare, ...) YES-> -<NO	232		
Clothing materials for children (cotton, linen, cotton, silk, ...) YES-> -<NO	224					Gasoline, motor oil YES-> -<NO	233		
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...) YES-> -<NO	225					Car repairs, tires YES-> -<NO	234		
Children clothing (shirts, trousers, coats, jeans, ...) YES-> -<NO	226					Other transport expenses (parking charges, motor vehicle and driver licenses) YES-> -<NO	235		
Accessories (watches, jewelry, sunglasses, ...) YES-> -<NO	227					Sporting activities (club membership, equipment, entrance fees, ...) YES-> -<NO	236		
Reading materials (books, magazines, newspapers, ...) YES-> -<NO	228					Other recreational activities (cinema, theater, dance clubs, records, tapes, ...) YES-> -<NO	237		
Stationery and writing equipment (pens, pencils, envelopes, stamps, ...) YES-> -<NO	229					Vacation expenses (excluding fares) (hotels, travel tax, ...) YES-> -<NO	238		
						Gardening & horticulture (plants, fertilizer, garden equipment, home animals...) YES-> -<NO	239		
						Telegrams, telephone, cablegram YES-> -<NO	240		
						Other consumption expenditures (flowers, etc.) YES-> -<NO	241		

PART F: NON - CONSUMPTION EXPENDITURES

1	2	3	4
<p>During the past 12 months, has this household spent on any of the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.</p>	<p>Have you spent on ... during the past 30 days?</p> <p>YES..1</p> <p>NO...2 (> 4)</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 12 months?</p> <p>AMOUNT JS</p>
<p>Life & Fire Insurance</p> <p>YES-></p> <p><-NO</p>	250		
<p>Car Insurance</p> <p>YES-></p> <p><-NO</p>	251		
<p>Health Insurance</p> <p>YES-></p> <p><-NO</p>	252		
<p>Taxes (NEC), vehicle taxes and duties</p> <p>YES-></p> <p><-NO</p>	253		
<p>Weddings, funerals</p> <p>YES-></p> <p><-NO</p>	254		
<p>Donations and gifts (church or union dues, gifts, charities, ...)</p> <p>YES-></p> <p><-NO</p>	255		
<p>Repayment of loans, interest payments</p> <p>YES-></p> <p><-NO</p>	256		
<p>Support for children who live elsewhere</p> <p>YES-></p> <p><-NO</p>	257		
<p>Other maintenance of relatives outside the home</p> <p>YES-></p> <p><-NO</p>	258		
<p>Other non-consumption expenditures (legal services, anything else, ...)</p> <p>YES-></p> <p><-NO</p>	259		

F

PART G: FOOD EXPENSES

1	2	3	4	1	2	3	4
During the past 4 weeks, 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 BOUGHT DURING THE PAST 4 WEEKS.	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 4 weeks? AMOUNT JS	During the past 4 weeks, 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 BOUGHT DURING THE PAST 4 WEEKS.	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 4 weeks? AMOUNT JS
Fresh or frozen meat YES-> -<NO	401			Other dairy products (yogurt, ice cream, ...) YES-> -<NO	416		
Salted, cured or canned meat YES-> -<NO	402			Oils and fats (vegetable oil, coconut oil, lard...) YES-> -<NO	417		
Fresh or frozen fish and shellfish YES-> -<NO	403			Bread YES-> -<NO	418		
Salted codfish YES-> -<NO	404			Other baked products (cakes, biscuits, buns, rolls, etc) YES-> -<NO	419		
Canned mackerel, sardines YES-> -<NO	405			Flour YES-> -<NO	420		
Other salted or canned fish and shellfish YES-> -<NO	406			Rice YES-> -<NO	421		
Chicken necks and backs YES-> -<NO	407			Corrmeal YES-> -<NO	422		
Other poultry, fresh, frozen, salted, cured or canned YES-> -<NO	408			Breakfast cereals (cornflakes, oats, hominy, corn, ...) YES-> -<NO	423		
Liquid milk (raw milk, pasteurized milk, or reconstituted milk powder) YES-> -<NO	409			Yams (white, yellow, negro, St. Vincent, Lucas, ...) YES-> -<NO	424		
Condensed milk YES-> -<NO	410			Potatoes (sweet, Irish) YES-> -<NO	425		
Evaporated milk YES-> -<NO	411			Other roots and tubers (cassava, coco, dasheen, ...) YES-> -<NO	426		
Powdered milk (D.S.M.) YES-> -<NO	412			Other starchy fruits (plantains, bread fruit, ...) YES-> -<NO	427		
Butter or Margarine (chiffon) YES-> -<NO	413			Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...) YES-> -<NO	428		
Cheese YES-> -<NO	414			Frozen canned and dried vegetables YES-> -<NO	429		
Eggs YES-> -<NO	415			Fruit and vegetable juices (fresh or frozen) YES-> -<NO	430		

PART G: FOOD EXPENSES (END)

1	2	3	4
During the past 4 weeks, 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 BOUGHT DURING THE PAST 4 WEEKS.	Have you bought ... during the past 7 days? YES...1 NO...2 (» 4)	How much d/d you spend on ... during the past 7 days? AMOUNT JS	How much d/d you spend on ... during the past 4 weeks? » NEXT FOOD AMOUNT JS
Fresh fruit (oranges, limes, apples, bananas, melons, pineapples, ...)	YES-> -<-NO	431	
Canned and dried fruits	YES-> -<-NO	432	
Sugar	YES-> -<-NO	433	
Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<-NO	434	
Soups (packaged, canned, frozen, ...)	YES-> -<-NO	435	
Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<-NO	436	
Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<-NO	437	
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<-NO	438	
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<-NO	439	
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<-NO	440	
Nuts (peanuts, cashew, coconut, ...)	YES-> -<-NO	441	
Baby food (milk food, cereals, strained food, ...)	YES-> -<-NO	442	
Other food (chips, snacks, cheese trix, ...)	YES-> -<-NO	443	
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<-NO	444	
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<-NO	445	
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<-NO	446	

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

1		2		3		4		1		2		3		4	
During the past 4 weeks, have you eaten in this household any ... that was home-produced, or received as gift?		How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?		How much would it cost to buy the amount of home-produced ... you ate during the past 4 weeks?		How much would it cost to buy the amount of ... you received as gift during the past 4 weeks?		During the past 4 weeks, have you eaten in this household any ... that was home-produced, or received as gift?		How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?		How much would it cost to buy the amount of home-produced ... you ate during the past 4 weeks?		How much would it cost to buy the amount of ... you received as gift during the past 4 weeks?	
ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.		IF NOTHING, ENTER 0 AND (% 3)		IF NOTHING, ENTER 0 AND (% 4)		IF NOTHING, ENTER 0		ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.		IF NOTHING, ENTER 0 AND (% 3)		IF NOTHING, ENTER 0 AND (% 4)		IF NOTHING, ENTER 0	
PUT A CROSS IN THE APPROPRIATE BOX		AMOUNT JS		AMOUNT JS		AMOUNT JS		PUT A CROSS IN THE APPROPRIATE BOX		AMOUNT JS		AMOUNT JS		AMOUNT JS	
THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 4 WEEKS.								THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 4 WEEKS.							
Beef, mutton, goat, pork, other domesticated meat	YES-> -<NO	501				Potatoes (sweet, Irish)	YES-> -<NO	522							
Fish and shellfish	YES-> -<NO	503				Other roots and tubers (cassava, coco, dasheen, ...)	YES-> -<NO	523							
Poultry (chicken, duck, turkey, ...)	YES-> -<NO	505				Other starchy foods (plantains, bread fruit, ...)	YES-> -<NO	524							
Milk	YES-> -<NO	506				Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...)	YES-> -<NO	525							
Butter	YES-> -<NO	509				Fruit, fresh (oranges, limes, apples, bananas, melons, pineapples, ...)	YES-> -<NO	529							
Cheese	YES-> -<NO	511				Sugarcane	YES-> -<NO	532							
Eggs	YES-> -<NO	512				Nuts (peanuts, cashew, coconut, ...)	YES-> -<NO	539							
Yams (white, yellow, negro, St. Vincent, Lucie, ...)	YES-> -<NO	521				Other food	YES-> -<NO	541							

PART I - HOUSING

1. What type of housing unit is this dwelling located in?

- SEPARATE HOUSE [1]
- DETACHED [2]
- SEMI-DETACHED [3]
- APARTMENT BUILDING [4]
- TOWNHOUSE [5]
- IMPROVISED [6]
- HOUSING UNIT [7]
- PART OF A COMMERCIAL BUILDING [8]
- OTHER [9]

2. What are the uses of this housing unit?

- RESIDENTIAL ONLY... [1]
- RESIDENTIAL / PROFESSIONAL..... [2]
- RESIDENTIAL / COMMERCIAL..... [3]
- RESIDENTIAL / AGRICULTURAL..... [4]

3. In what year was this housing unit built?

- 1990 - 1991..... [1]
- 1985 - 1989..... [2]
- 1980 - 1984..... [3]
- 1975 - 1979..... [4]
- 1970 - 1974..... [5]
- BEFORE 1970..... [6]
- NOT STATED..... [7]

4. How close is this dwelling to :

MILES	CODE
<1	1
1-2	2
3-4	3
>4	4
DON'T KNOW.....	5

Industrial waste

Garbage dump

Mining waste

Water containing sewage

Water containing chemicals

5. What is the main type of material used in constructing the outer walls?

- CONCRETE INCLUDING BLOCKS [1]
- STONE [2]
- BRICKS [3]
- WOC [4]
- MATTLE & DAUB [5]
- WOOD [6]
- WOOD & CONCRETE [7]
- WOOD & BRICK [8]
- OTHER [9]

6. What is the main type of material used in constructing the roof?

- METAL SHEETING [1]
- SHINGLES / WOOD [2]
- SHINGLES / OTHER [3]
- TILE [4]
- CONCRETE [5]
- OTHER [6]

7. What is the main type of material used in constructing the floor?

- DIRT [1]
- CONCRETE [2]
- WOOD [3]
- TILE MARBLE [4]
- OTHER [5]

8. How many households are occupying the dwelling?

9. How many rooms are occupied by your household and what is the floor space?

	Number of rooms	Floor space in sq. ft
Bedrooms		
Living room		
Dining room		
Living cum bedroom		
Living cum dining room		
Other		

PART I (cont'd) - MOBILITY

10. When did you move to this dwelling?

NEVER MOVED1 (> 19)
BEFORE 19752
1975 & AFTER.....3

11. In what year did you move to this dwelling?

YEAR

12. Where were you living before coming here?

Location

Parish

13. How long did you stay at your last place of residence?

NUMBER OF MONTHS...1
YEARS....2

14a. Why did you move from:

Your previous dwelling?

HIGH COST OF RENT [1]
INSUFFICIENT NUMBER OF ROOMS [2]
POOR SECURITY OF DWELLING [3]
ACQUIRED OWN HOUSE [4]
PROBLEM WITH LANDLORD [5]
RESULT OF NATURAL DISASTER [6]
OTHER [7]

1ST

2ND

14b. Your previous area?

UNHEALTHY ENVIRONMENT [1]
INSUFFICIENT/INEFFICIENT TRANSPORT [2]
INADEQUATE SHOPPING FACILITIES [3]
INADEQUATE HEALTH SERVICES [4]
INADEQUATE EDUCATIONAL FACILITIES [5]
INADEQUATE EMPLOYMENT OPPORTUNITIES [6]
OTHERS [7]
NOT APPLICABLE [8]

1ST

2ND

15a. Why did you move to:

This dwelling?

LOW COST OF RENT [1]
NUMBER OF ROOMS [2]
SECURITY OF DWELLING [3]
MOVED INTO OWN HOUSE [4]
ONLY PLACE AVAILABLE [5]
OTHERS [6]

1ST

2ND

15b. This area?

HEALTHY ENVIRONMENT [1]
SUFFICIENT/EFFICIENT TRANSPORT [2]
ADEQUATE SHOPPING FACILITIES [3]
ADEQUATE HEALTH SERVICES [4]
ADEQUATE EDUCATIONAL FACILITIES [5]
ADEQUATE EMPLOYMENT OPPORTUNITIES [6]
OTHER [7]
NOT APPLICABLE [8]

1ST

2ND

16. Would you say that the total amount of space available to your household in your previous dwelling was:

Less than what you have now [1]
About the same as what you have now [2]
More than what you have now [3]

1ST

2ND

17. Does this household own or lease this dwelling?

OWNED [1]
LEASED [2]
PRIVATE RENTED [3]
GOVERNMENT RENTED [4]
RENT FREE [5]
SQUATTED [6]
OTHER [7]

1ST

2ND

18. What about the land?

OWNED [1]
LEASED [2]
PRIVATE RENTED [3]
GOVERNMENT RENTED [4]
RENT FREE [5]
SQUATTED [6]
OTHER [7]

1ST

2ND

SOCIAL AMENITIES

19. Is there a kitchen?

YES [1]
NO [2] (> 21)

20. Are the kitchen facilities used only by the household or are they shared facilities?

EXCLUSIVE USE [1]
SHARED FACILITIES [2]

21. What kind of toilet is used by the household?

PIT LATRINE [1]
WC LINKED TO SEWER [2]
WC NOT LINKED TO SEWER [3]
OTHER [4]
NONE [5] (> 23)

22. Are the toilet facilities used only by this household or are they shared facilities?

EXCLUSIVE USE [1]
SHARED FACILITIES [2]

23. What kind of bathing facilities are used by your household?

BATH AND WC [1]
SEPARATE BATH [2]
IMPROVISED STRUCTURE [3]
OTHER [4]
NONE [5] (> 25)

24. Are the bathing facilities used only by the household or are they shared facilities?

EXCLUSIVE USE [1]
SHARED FACILITIES [2]

PART I (cont'd) - UTILITIES

<p>25. What is the main source of drinking water for your household ?</p> <p>PUBLIC PIPED INTO DWELLING [1]</p> <p>PUBLIC PIPED INTO YARD [2]</p> <p>PRIVATE PIPED INTO DWELLING [3] (» 29)</p> <p>PRIVATE CATCHMENT, NOT PIPED [4] (» 29)</p> <p>PUBLIC STANDPIPE [5] (» 28)</p> <p>SPRING/RIVER [6] (» 28)</p> <p>RAIN WATER [7] (» 29)</p> <p>OTHER [8] (» 28)</p> <p>26. How much was the latest water bill for your household ?</p> <p>AMOUNT J\$</p> <p>27. What amount of time was covered by this bill ?</p> <p>NUMBER : OF WEEKS.....[1] MONTHS.....[2]</p> <p>GO TO QUESTION 29</p> <p>28. How far from this dwelling is this supply of drinking water ?</p> <p>NUMBER OF YARDS.....1 MILES.....2</p> <p>29. What is the main source of lighting for the household ?</p> <p>ELECTRICITY [1] (» 31)</p> <p>GAS [2]</p> <p>CANDLES, FLASHLIGHT [3]</p> <p>KEROSENE [4]</p> <p>MYTHELATED SPIRITS [5]</p> <p>OTHER [6]</p>	<p>30. Why was this source chosen ?</p> <p>HIGH COST OF ELECTRICITY [1]</p> <p>UNAVAILABILITY OF ELECTRICITY [2]</p> <p>OTHER [3]</p> <p>GO TO QUESTION 33</p> <p>31. How much was the last electricity bill for your household ?</p> <p>AMOUNT J\$</p> <p>32. How many months of consumption were covered by this bill ?</p> <p>MONTHS :</p> <p>33. What is the main source of fuel for cooking in your household ?</p> <p>ELECTRICITY [1]</p> <p>GAS [2]</p> <p>WOOD / CHARCOAL [3]</p> <p>KEROSENE [4]</p> <p>OTHER [5]</p> <p>NONE [6]</p> <p>34. Does this household have a telephone ?</p> <p>YES [1]</p> <p>NO [2] (» 37)</p> <p>35. How much was the last telephone bill ?</p> <p>AMOUNT J\$</p> <p>36. What amount of time was covered by this bill ?</p> <p>NUMBER : OF WEEKS.....[1] MONTHS.....[2]</p> <p>37. Do you have to pay property taxes for this dwelling ?</p> <p>YES [1]</p> <p>NO [2] (» 39)</p> <p>38. How much taxes do you pay for this dwelling ?</p> <p>AMOUNT J\$: PER MONTH.....[1] YEAR.....[2]</p>
---	---

PART I (cont'd) - COMMUNITY SERVICES

39. How is garbage mainly disposed of ?

COLLECTED BY THE PARISH COUNCIL [1]
 COLLECTED BY PRIVATE INDIVIDUALS [2] (» 41)
 BURNT [3]
 TAKEN PERSONALLY TO [4]
 COLLECTION SITE [5] (» 41)
 OTHER [6]

40. Are you satisfied with your garbage collection ?

YES [1]
 NO [2]

TRANSPORTATION

41. What is the usual method of transportation used to go to the following ? How long does it take by this method and how far is it from this dwelling ?

METHOD CODES

WALK.....1
 PUBLIC TRANSPORT.....2
 PRIVATE TRANSPORT.....3
 OTHER.....4
 NOT APPLICABLE.....5

TIME CODES

MINUTES.....1
 HOURS.....2

DISTANCE CODES

YARDS.....1
 MILES.....2

	METHOD	TIME TAKEN	TIME CODE	DISTANCE	DISTANCE CODE
Market	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary/prep School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary/High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vocational Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nearest Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. Are you satisfied with your dwelling ?

YES [1]
 NO [2] (» 44)

43. What do you like about the dwelling ?

OWN HOUSE [1] 1ST
 LOW COST OF RENT [2]
 NUMBER OF ROOMS [3]
 SECURITY OF DWELLING [4] 2ND
 SIZE OF YARD SPACE/GARDEN [5]
 GOOD CONDITION OF DWELLING [6]
 OTHER [7]
 » 45

44. What do you not like about the dwelling ?

HIGH COST OF RENT [1] 1ST
 SMALL SIZE OF THE ROOMS [2]
 INSUFFICIENT NUMBER OF THE ROOMS [3]
 POOR FINISH OF THE DWELLING [4] 2ND
 SMALL SIZE OF YARD SPACE [5]
 UNSATISFACTORY SECURITY FEATURES [6]
 PROBLEMS WITH LANDLORD [7]
 OTHER [8]

45. Are you satisfied with your area ?

Yes [1]
 No [2] (» 47)

46. What do you like about the area ?

Area has :
 GOOD HEALTH ENVIRONMENT [1] 1ST
 SUFFICIENT/EFFICIENT TRANSPORT [2]
 ADEQUATE SHOPPING FACILITIES [3]
 ADEQUATE HEALTH SERVICES [4]
 ADEQUATE EDUCATIONAL FACILITIES [5] 2ND
 ADEQUATE EMPLOYMENT OPPORTUNITIES [6]
 LOW CRIME LEVEL [7]
 OTHER [8]

47. What do you not like about the area ?

Area lacks :
 GOOD HEALTH ENVIRONMENT [1]
 SUFFICIENT/EFFICIENT TRANSPORT [2]
 ADEQUATE SHOPPING FACILITIES [3]
 ADEQUATE HEALTH SERVICES [4]
 ADEQUATE EDUCATIONAL FACILITIES [5]
 ADEQUATE EMPLOYMENT OPPORTUNITIES [6]
 AREA HAS : HIGH CRIME LEVEL [7]
 OTHER [8]

1ST 2ND

PART I - HOUSING (cont'd) - (OWNERSHIP)

ASK QUESTIONS 48 - 60 IF ANSWER TO
QUESTION 17 IS 1

48. When was the dwelling acquired ?

BEFORE 1975.....1 (» 59a)
1975 AND AFTER.....2

49. How did you acquire the dwelling ?

PURCHASE.....1
CONSTRUCTION.....2
INHERITANCE.....3 (» 59a)
GIFT.....4 (» 59a)
OTHERS.....5 (» 59a)

50. What was the cost of acquisition ?

	Year Acquired	Cost of Acquisition
Lot only		
Dwelling only		
Lot + Dwelling		

51. From whom was the dwelling acquired ?

PRIVATE INDIVIDUAL.....[1]
REAL ESTATE BROKER.....[2]
NHT.....[3]
MINISTRY OF CONSTRUCTION.....[4]
NATIONAL HOUSING CORPORATION.....[5]
MINISTRY OF LABOUR, WELFARE AND SPORTS.....[6]
OTHER.....[7]

52. How did you identify the purchase ?

FRIENDS.....[1]
RELATIVES.....[2]
REAL ESTATE BROKER.....[3]
ADVERTISEMENT.....[4]
LOOKED FOR MYSELF.....[5]
OTHER.....[6]

53. How was the cost of acquiring the dwelling met ?

	Cash	Mortgage
Lot only	\$	\$
Dwelling only	\$	\$
Lot + Dwelling	\$	\$

(IF NO MORTGAGE , WRITE 0)

54. Where did you get the cash ?

AMOUNT

SAVINGS AT WORK \$

SAVINGS AT BANK \$

SAVINGS AT CREDIT UNION \$

SAVINGS AT BUILDING SOCIETY \$

PARTNER \$

SALE OF PREVIOUS PROPERTY/ ASSETS \$

LOAN FROM FRIENDS/FAMILY \$

GIFT FROM FRIENDS/FAMILY LOCALLY \$

GIFT FROM FRIENDS/FAMILY OVERSEAS \$

INHERITANCE \$

OTHER \$

IF NO MORTGAGE SKIP TO QUESTION 59a.

55. Where did you get the mortgage ?

AMOUNT

BUILDING SOCIETY \$

CREDIT UNION \$

COMMERCIAL BANK \$

INSURANCE COMPANY \$

NATIONAL HOUSING TRUST \$

OTHER PUBLIC INSTITUTION \$

OTHER \$

56. Are you currently making mortgage payments ?

YES [1]
NO [2] (» 59a)

57. How often do you make these mortgage payments ?

MONTHLY.....[1]
QUARTERLY.....[2]
HALF YEARLY.....[3]
ANNUALLY.....[4]

58a. What was the last mortgage payment ?

\$

58b. How did you meet your last mortgage payment ?

SALARY.....[1]
RENT FROM DWELLING.....[2]
OTHER PROPERTY.....[3]
FRIENDS & RELATIVES.....[4]
OTHER SOURCES.....[5]

59a. For how much can the dwelling be rented ?

\$

59b. Does this rent refer to :-

Furnished.....[1]
Unfurnished.....[2]

60. How much can the unit be sold for ?

\$

GO TO QUESTION 67

PART I (cont'd) - RENTERS

ASK QUESTIONS 61 - 66 IF ANSWER TO
QUESTION 17 IS 2,3 OR 4

61. What type of rental arrangements do you have ?

MONTHLY RENTAL WITH INITIAL DEPOSIT [1] ☐
MONTHLY RENTAL WITHOUT INITIAL DEPOSIT [2] ☐
LEASED [3] ☐

62. From whom is the dwelling rented ?

RELATIVE [1] ☐
EMPLOYER [2] ☐
PUBLIC AGENCY [3] ☐
PRIVATE INDIVIDUAL/ AGENCY [4] ☐
OTHER [5] ☐

63. Does somebody who is not a member of the household help to pay the rent for the dwelling ?

RELATIVE [1] ☐
PRIVATE EMPLOYER [2] ☐
PUBLIC AGENCY [3] ☐
PRIVATE INDIVIDUAL [4] ☐
PRIVATE AGENCY [5] ☐
OTHER [6] ☐
NO ONE [7] ☐

64. Was the building rented :

FURNISHED [1] ☐
UNFURNISHED [2] ☐

65. What is the amount paid for rent ?

\$ Per
WEEK - 1
MONTH - 2
YEAR - 3

66. How do you meet your monthly rental ?

Source	Amount
Employers	\$ <input type="text"/>
Own Earnings	\$ <input type="text"/>
Subletting	\$ <input type="text"/>
Friends/Relatives	\$ <input type="text"/>
Other	\$ <input type="text"/>
Total	\$ <input type="text"/>

67. Are you or anyone in your household currently in the process of acquiring a house, apartment, townhouse etc.. ?

YES [1] ☐
NO [2] ☐

PART I (concluded) - HOUSING PLANS

68. How is the dwelling to be acquired ?

PURCHASE [1] (» 72)
CONSTRUCTION [2]

69. Have you acquired a lot ?

YES [1]
NO [2] (» 72)

70. How was the lot acquired ?

PURCHASE [1]
INHERITANCE [2]
GIFT [3]
OTHER [4]

71. From whom was the lot acquired ?

RELATIVE [1]
PRIVATE EMPLOYER [2]
PUBLIC AGENCY [3]
PRIVATE INDIVIDUAL [4]
PRIVATE AGENCY [5]
OTHER [6]

72. What type of dwelling is being acquired ?

SEPARATE HOUSE DETACHED [1]
SEMI-DETACHED [2]
APARTMENT [3]
TOWNHOUSE [4]
OTHER [5]

73. How many rooms are proposed in the dwelling being acquired ?

NUMBER OF ROOMS

Bedrooms	<input type="text"/>
Living Room	<input type="text"/>
Dining Room	<input type="text"/>
Living cum bedroom	<input type="text"/>
Living cum dining	<input type="text"/>

74. How will you meet the cost of acquiring the dwelling ?

CASH \$
MORTGAGE \$

75. Where do you propose to get the cash for the building ?

Amount

SAVINGS AT WORK \$
SAVINGS AT BANK \$
SAVINGS AT CREDIT UNION \$
SAVINGS AT BUILDING SOCIETY \$
PARTNER \$
SALE OF PREVIOUS PROPERTY \$
SALE OF PREVIOUS ASSETS \$
GIFT FROM FRIENDS, LOCALLY \$
GIFT FROM FRIENDS, OVERSEAS
INHERITANCE
OTHER

76. Where do you propose to get the mortgage for the building ?

Amount

BUILDING SOCIETY \$
CREDIT UNION \$
COMMERCIAL BANK \$
INSURANCE COMPANY \$
NATIONAL HOUSING TRUST \$
OTHER PUBLIC INSTITUTIONS \$
OTHER \$

PART J: INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

FOR EACH ITEM IN THE LIST BELOW,
ASK THE FOLLOWING QUESTION:

Do the members of your household have any
..(NAME OF GOOD)..
DO NOT INCLUDE RENTED ITEMS

PUT A CROSS IN THE APPROPRIATE BOX FOR EACH
ITEM. GO TO THE NEXT ITEM FOR ALL ITEMS
FOR WHICH THE ANSWER IS YES, ASK QUESTION 1.

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

ITEM	CODE	YES	NO
Sewing machines?	601		
Gas stoves?	602		
Electric stoves?	603		
Refrigerators or freezers?	604		
Air conditioners?	605		
Fans?	606		
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 Please describe all the ..[] owned by members of your household:			2 In what year did you acquire this ...[]?	3 How much did you pay for this ...[]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ...[]...when you acquired it?	4 If you wanted to sell this ..[] today, how much would you receive?
ITEM	DESCRIPTION	CODE	YEAR	AMOUNT J\$	AMOUNT J\$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

» NEXT
ITEM

PART K: 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> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">X</div> <div style="text-align: center;">↓</div> </div> <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 style="text-align: right; margin-top: 20px;">AMOUNT JS</p>
--	--

Support for children from parents who live elsewhere?	YES-»	701
	«-NO	

Other relatives or friends who live in Jamaica?	YES-»	702
	«-NO	

Other relative or friends who live abroad?	YES-»	703
	«-NO	

Rental payments for use of land or other property owned by household members?	YES-»	704
	«-NO	

Social Security (NIS) ?	YES-»	705
	«-NO	

Private, Government or other pension fund?	YES-»	706
	«-NO	

Poor relief?	YES-»	707
	«-NO	

Interest from loans made by household members or from money deposited in a bank or other financial institutions?	YES-»	708
	«-NO	

K

PART L : FOOD STAMPS

1. Is anyone in this household receiving food stamps?

YES.....[1] (» 4)

NO.....[2]

2. Has anyone in this household ever applied for food stamps?

YES.....[1] (» 10)

NO.....[2]

3. Why hasn't anyone in this household applied for food stamps?

HOUSEHOLD DOES NOT SEE ITSELF AS ELIGIBLE.....[1]
DO NOT WANT STIGMA.....[2]
NOT WORTH THE TROUBLE.....[3]
IGNORANCE/DON'T KNOW.....[4]
HOW TO OBTAIN.....[5]
OTHER.....[5]

» NEXT SECTION

PERSONS RECEIVING FOOD STAMPS	
4 INDIVIDUAL NUMBER (FROM ROSTER)	5 Category ASK TO SEE CARD PREGNANT WOMAN.....1 LACTATING MOTHER.....2 CHILD UNDER 5.....3 ELDERLY POOR.....4 SINGLE MEMBER.....5 HOUSEHOLD.....6 FAMILY PLAN.....6
6 What is the total value of food stamps received in October or November? IF ZERO WRITE 0	7 ASK IF ANSWER TO QUESTION 6 IS 0 Why didn't you receive food stamps in October or November? 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
8 Have you had any problems picking up food stamps? YES..1 NO..2 » (NEXT PERSON)	9 What problems? OFFICER LATE OR DID NOT COME.....1 OFFICER RUDE/ UNPLEASANT.....2 PAY STATION CROWD/ DISORDERLY.....3 PAY STATION HAS INADEQUATE ACCOMMODATION.....4 PAY STATION FAR AWAY/ TRANSPORTATION DIFFICULTIES.....5 LONG LINE.....6 NOT BEING RECEIVED IN MAIL.....7 OTHER.....8 »NEXT PERSON

PERSONS APPLIED BUT NOT YET RECEIVING FOOD STAMPS	
10 INDIVIDUAL NUMBER (FROM ROSTER)	11 How long ago was the application made? MONTHS
12 What happened to the application? APPROVED.....1 PUT ON THE FILE.....2 (» NEXT PERSON) TURNED DOWN.....3 (» NEXT PERSON) DON'T KNOW / NOT INFORMED.....4 (» NEXT PERSON)	13 Why didn't you get food stamps in October or November? WENT TO PAY STATION BUT NOT YET ON LIST.....1 HAVE NOT GONE TO CHECK.....2 OTHER(specify).....3

HOUSEHOLD ROSTER FOR ROUND 5

IN THE HOUSEHOLD:

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

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

ASK THE RELIGION FOR ALL HOUSEHOLD MEMBERS AGE 14 OR OLDER

ASK QUESTIONS 1 - 6 FOR ALL HOUSEHOLD MEMBERS AGE 19 OR YOUNGER

INDIVIDUAL N°

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

ANGLICAN.....1
 BAPTIST.....2
 BRETHREN.....3
 CHURCH OF GOD.....4
 METHODIST.....5
 MORAVIAN.....6
 PENTACOSTAL.....7
 UNITED CHURCH.....8
 ROMAN CATHOLIC.....9
 SEVENTH DAY ADV.....10
 JEHOVAHS WITNESS.....11
 RASTAFARIAN.....12
 OTHER CHRISTIAN.....13
 OTHER NON-CHRIST.....14
 NONE.....15

1
Does the natural mother of this child live in this household?

YES.....1
NO.....2 (>3)

2
COPY THE IDENTIFICATION CODE OF THE NATURAL MOTHER

»4
CODE

1				:
2				:
3				:

4				:
5				:
6				:

7				:
8				:
9				:

10				:
11				:
12				:

[illegible]