

# JAMAICA SURVEY OF LIVING CONDITIONS

## 2000

DATE OF THE INTERVIEW			PARISH	CONSTITUENCY	SAMPLING REGION	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 ☐

-----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

INDIVIDUAL N°	1 Have you witnessed or participated in a violent act during the past 4 weeks?  YES, WITNESSED.....1 YES, PARTICIPATED...2 NO.....3	2 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	3 Have you had any illness, other than that due to injury? For example a cold, diarrhea, asthma attack, hypertension, diabetes or any other illness?  YES.....1 NO.....2 (+25 if Q2=7)	4 Is this a recurring illness eg. asthma, diabetes, hypertension?  YES...1 NO...2	5 How long did this last episode of illness last?  DAYS	6 For how long were you unable to carry out normal activities?  DAYS	7 Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited?  YES....1 NO.....2 (+ 18)	8 How many visits did you make to health practitioners?  NUMBER OF VISITS	9 Where did the visit(s) take place? In a ...  Public Hospital? Private Hospital? Public Health/Maternity Centre? Private Health or Maternity Centre/Doctor's Office Other? (SPECIFY)  YES....1 YES....1 YES....1 YES....1 YES....1 NO.....2 NO.....2 NO.....2 NO.....2 NO.....2				
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PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL No	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 (► 15)	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 (► 18)	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 (► 25)	Were these medicines.....  PRESCRIBED.....1 OVER THE COUNTER .....2 BOTH.....3	Did you finish taking the medication? YES....1 (► 22) NO.....2	Why were you unable to complete the course of treatment? SUPPLIES NOT AVAILABLE.....1 COULD NOT AFFORD MEDICATION.....2 GOT BETTER BEFORE IT WAS FINISHED.....3 STILL TAKING MEDICATION.....4 OTHER (SPECIFY).....5
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PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

I N D I V I D U A L  N°	22 Did you purchase medicines in a .....		23 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.	24 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.	25 Are you covered by any health insurance?	26 Have you visited a health practitioner for any other reason, during the last 6 months?	27 If yes what for?  ENTER ALL THAT APPLY	28 On a scale of 1-5, how satisfied were you with the service?	
	Public Facility?	Private Facility or Pharmacy?	YES.....1 NO.....2	YES.....1 NO.....2	IF NOTHING SPENT WRITE ZERO AMOUNT J\$	IF NOTHING 0	YES...1 NO....2	ILLNESS.....1 GENERAL CHECK-UP....2 EYES.....3 TEETH.....4	PUBLIC PRIVATE
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PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

I N D I V I D U A L  N*	29 Is ... NAME... physically or mentally disabled?	30 If yes, when did this disability occur?	31	32	33
			ASK ALL WOMEN 13-49 YEARS	ASK IF YES FOR Q'31	ASK FOR ALL CHILDREN 0 MONTHS TO 59 MONTHS
	YES, MENTAL RETARDATION.....1	FROM BIRTH....1	Are you currently pregnant?	Are you visiting a health practitioner ?	Has this child visited a health practitioner in the past 12 months?
	YES, SIGHT ONLY....2	IN CHILD UNDER FIVE YEARS.....2			
	YES, HEARING ONLY...3	CHILD 5 -18 YEARS.....3			
	YES, SPEECH ONLY....4				
	YES, HEARING & SPEECH.....5	YOUNG ADULT (18-34) YEARS...4			
	YES, PHYSICALLY (LEGS & ARMS) ....6	MATURE WORKER (35-64) .....5	YES...1	YES, PUBLIC..1 YES, PRIVATE..2	YES, PUBLIC..1 YES, PRIVATE..2
	YES, MULTIPLE DISABILITY.....7		NO....2	BOTH.....3 NO.....4	BOTH.....3 NO.....4
	NO.....8 (▶ NEXT PERSON)	ELDERLY (65 & OVER)....6			
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PART B : EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 3YRS AND OLDER

I N D I V I D U A L 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 How far is ..[NAME]'S... school from this house?	5 How does ..[NAME]... usually get to school?	6 During the 4 week period May 1 - May 26 how many days was ..[NAME].. sent to school?	7 What was the main reason for ..[NAME]'s.. absence from school?	8 Is ..[NAME].. usually sent to school on a Friday?	9 What is main reason for ...[NAME]'s.. absence on this day?	10 Does ..[NAME]'s.. school operate a school feeding programme?	
		BASIC/INFANT/NURSERY/ KINDERGARTEN .....1 (* NEXT PERSON )  PRIMARY .....2 ALL AGE SCHOOL (GRADES 1-6) .....3 ALL AGE SCHOOL (GRADES 7-9) .....4 PRIMARY/JUNIOR HIGH (GRADES 1-6) .....5 PRIMARY/JUNIOR HIGH (GRADES 7-9) .....6 JUNIOR HIGH (GRADES 7-9) .....7 NEW SECONDARY .....8 COMPREHENSIVE .....9 SECONDARY HIGH .....10 TECHNICAL .....11  VOCAT/AGRIC .....12» UNIVERSITY .....13» OTHER TERTIARY (PUBLIC) .....14» OTHER TERTIARY (PRIVATE) .....15» ADULT LITERACY CLASSES .....16» ADULT EDUCATION/NIGHT .....17» SPECIAL SCHOOL .....18» NONE .....19 (* 13)		PRIMARY..(1-6) GRADE 7 GRADE 8 GRADE 9 GRADE 10 GRADE 11 GRADE 12 GRADE 13	MILES YARDS	PUBLIC TRANSPORT..1  WALK.....2  PRIVATE VEHICLE...3  SCHOOL BUS.....4  OTHER (SPECIFY) .5	IF SENT ON ALL DAYS » 8  DAYS	ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME .....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEMS DUE TO POOR ROADS.....6 OTHER TRANSPORT PROBLEMS.....7 SCHOOL CLOSED.....8 SHOES/UNIFORM MISSING/DIRTY/WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND.....12 OTHER (SPECIFY).....13  IF MORE THAN 1 REASON LIST IN ORDER OF IMPORTANCE  FIRST SECOND R N R N	YES..1 (* 10)  NO...2	TRUANCY.....1 WORKING OUTSIDE THE HOME .....2 NEEDED AT HOME.....3 MARKET DAY.....4 SHOES/UNIFORM MISSING/DIRTY/WET.....5 MONEY PROBLEMS.....6 OTHER (SPECIFY).....7	YES, MILK AND/OR NUTRIBUN...1  YES, COOKED MEAL.....2  YES, BOTH.....3  NO.....4 (* 12) DON'T KNOW.....5 (* 12)

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R - REASON N- # OF TIMES

## PART B: EDUCATION (CONTINUED)

I N D I V I D U A L  N°	11. Does ...[NAME]... usually take the meal provided by the school?	12. What does ...[NAME]... usually have for lunch?	13. What type of school did... ...[NAME]...last attend?	14. How many years did... ...[NAME]... complete at that school?	15. What is the highest (academic) examination that...[NAME]...have passed?	16. Do you have any kind of skill?	17. What kind of skill do you have?	18. Are you interested in learning a skill?	19. What skill would you like to learn?
	YES...1 (→ 20) NO...2	SNACK/MEAL FROM SCHOOL CANTEEN/ VENDORS...1  SNACK/MEAL FROM HOME...2 OTHER...3 NOTHING...4  → 20	BASIC/INFANT...1 PRIMARY...2 ALL AGE SCHOOL (GRADES 1-6)...3 ALL AGE SCHOOL (GRADES 7-9)...4 PRIMARY/JUNIOR HIGH (GRADES 1-6)...5 PRIMARY JUNIOR HIGH (GRADES 7-9)...6 JUNIOR HIGH (GRADES 7-9)...7 NEW SECONDARY...8 COMPREHENSIVE...9 SECONDARY HIGH...10 TECHNICAL...11 VOCT/AGRIC...12 UNIVERSITY...13 OTHER TERTIARY (PUBLIC)...14 OTHER TERTIARY (PRIVATE)...15 ADULT LITERACY CLASSES...16 ADULT EDUCATION/NIGHT...17 SPECIAL SCHOOL...18 NONE...19 (→ 16)	YEARS	NONE...1 CXC Basic,JSC 5,SSC,3rd JL...2 CXC Gen,GCE O 1-2...3 CXC Gen,GCE O 3-4...4 CXC Gen,GCE O 5+,GCE A 1-2...5 GCE A 3 or MORE...6 DEGREE...7 OTHER...8 NOT STATED...9	YES...1 NO...2 (→ 18)	NEXT PERSON	YES...1 NO...2 (→ NEXT PERSON)	
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## PART B: EDUCATION (CONCLUDED)

SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)												
INDIVIDUAL N°	20. How much did ...[NAME]'s... family pay in the past 12 months for the following school expenses?							21. FOR SECONDARY SCHOOL STUDENTS [EXCLUDING ALL AGE SCHOOLS]				
	a. Extra lessons (outside school)	b. Transport	c. Lunch and snacks at school	d. Uniforms	e. Books	f. Other supplies	g. Board	a. How much is ..... [NAME]'s... school fee for the year and does this include books?  YES.....1 NO.....2	b. What portion of the school fee did [NAME]'s family pay or is committed to pay?  ALL.....1 (→NEXT PERSON) PART...2 NONE...3	c. Who paid or will pay the other other portion of the school fee?  MINISTRY.....1 MP .....2 (→ NEXT PERSON) MINISTRY & MP...3 MINISTRY & OTHER.....4 MP & OTHER.....5 (→ NEXT PERSON) MINISTRY,MP & OTHER.....6 OTHER (SPECIFY).....7 (→ NEXT PERSON)	d. How much did the Ministry contribute towards the payment of the school fee?	
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PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

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

ALL MEMBERS		RECEIVING FOOD STAMPS							
1	2	3	4	5	6	7	8		
Which of the following Food Stamp situations applies to you?	Category? ASK TO SEE CARD	Do you usually send someone to pick-up your food stamps?	How far is the pay station from your house?	On average how long does it take to get from your home to the pay station?	How do you normally get to the pay station?	If public transportation, how much do you pay to get to and from the pay station?	On average how long does it take from the time of arrival at the pay station for you to get your food stamps?		
RECEIVING FOOD STAMPS.....1	PREGNANT WOMAN.....1				PUBLIC TRANSPORTATION.1				
RECEIVED FOOD STAMPS EARLIER BUT NOT NOW RECEIVING.....2 (NEXT PERSON)	LACTATING MOTHER.....2				WALK.....2 (> 8)				
APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING .....3 (>15)	CHILD UNDER 6...3	YES...1 (> 9)			"BEG A RIDE"...3 (> 8)				
APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING.....4 (>18)	ELDERLY POOR, INDIGENT AND HANDICAPPED....4	NO....2			OWN VEHICLE....4 (> 8)				
NEVER APPLIED.....5 (>19)	SINGLE MEMBER HOUSEHOLD.....5								
	FAMILY PLAN....6								
	KEROSENE PLAN..7								
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## PART D: FOOD STAMPS (CONTINUED)

## RECEIVING FOOD STAMPS - CONTINUED

I N D I V I D U A L  N°	9 Do you buy ...[ITEM]... with the food stamps?  YES.....1 NO.....2									10 If you did not have to pick up food stamps what would you be doing?  "BE AT WORK".....1 HOUSEHOLD WORK (KITCHEN, GARDEN, REPAIRS AND WORK AROUND THE HOUSE)....2 ATTENDING TO CHILDREN/FAMILY.....3 LEISURE .....4 OTHER (SPECIFY) .....5 <div>ASK IF ANSWER TO QUESTION 3. IS 2</div>	11 What is the value of food stamps received last March or April?  IF DID NOT RECEIVE WRITE ZERO	12 IF ANSWER TO QUESTION 11 IS ZERO.  Why didn't you receive food stamps last 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 (SPECIFY) .....8	13 Have you had any problems picking up food stamps?  YES.....1 NO.....2 (= NEXT PERSON)	14 What was the main problem?  OFFICER LATE/DID NOT COME.....1 OFFICER RUDE/UNPLEASANT.....2 PAY STATION HAS INADEQUATE ACCOMODATION.....3 PAY STATION CROWD DISORDERLY.....4 PAY STATION FAR AWAY, TRANSPORTATION DIFFICULTIES.....5 LONG LINE .....6 NOT BEING RECEIVED IN THE MAIL.....7 OTHER.....8
	Cornmeal	Sugar	Rice	Flour	Milk	Meats	Kerosene	Other Food Item	Other Non-Food Item (Specify)					
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PART D: FOOD STAMPS (CONCLUDED)

APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING			APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING	NEVER APPLIED	
I N D I V I D U A L	15 How long ago was the application made?	16 What happened to the application?  APPROVED.....1 PUT ON FILE.....2 (»NEXT PERSON) TURNED DOWN.....3 (»NEXT PERSON) DON'T KNOW/ NOT INFORMED.....4 (»NEXT PERSON)	17 Why didn't you get food stamps last 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 DON'T KNOW/ NOT INFORMED.....5 <div>» NEXT PERSON</div>	18 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 DON'T KNOW/ NOT INFORMED.....5 <div>» NEXT PERSON</div>	19 Why have you never applied for food stamps?  DOES NOT SEE SELF AS ELIGIBLE.....1 BENEFITS TOO SMALL, CAN'T BE BOTHERED.....2 DOES NOT WANT STIGMA...3 IGNORANCE/DON'T KNOW HOW TO OBTAIN.....4 OTHER .....5 <div>» NEXT PERSON</div>
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PART E: DAILY EXPENSES

<p>1</p> <p>During the past 7 days, has this household spent money on any of the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p> <p style="text-align: center;">↓</p>		<p>2</p> <p>How much have you spent for ...[ ]... during the past 7 days?</p> <p style="text-align: center;">AMOUNT JS</p>	
Coal	<p>YES-&gt;</p> <p>&lt;-NO</p>	102	
Kerosene	<p>YES-&gt;</p> <p>&lt;-NO</p>	103	
Wood	<p>YES-&gt;</p> <p>&lt;-NO</p>	104	
Other fuel for cooking or lighting different than cooking gas and electricity	<p>YES-&gt;</p> <p>&lt;-NO</p>	105	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	<p>YES-&gt;</p> <p>&lt;-NO</p>	106	

MEALS AWAY FROM HOME

<p>3</p> <p>During the past 7 days, has this household spent money on any of the following items, as meals away from home?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p> <p style="text-align: center;">↓</p>		<p>4</p> <p>How much have you spent for ...[ ]... during the past 7 days?</p> <p style="text-align: center;">AMOUNT JS</p>	
Meat, poultry or fish meals bought away from home (including gifts)	<p>YES-&gt;</p> <p>&lt;-NO</p>	107	
Sandwiches, Burgers Patties	<p>YES-&gt;</p> <p>&lt;-NO</p>	108	
Dairy Products e.g. milk, Supligen, Nutrament etc.	<p>YES-&gt;</p> <p>&lt;-NO</p>	109	
Breakfast beverages e.g. tea, coffee, milo etc.	<p>YES-&gt;</p> <p>&lt;-NO</p>	110	
Fruits, juices & vegetables	<p>YES-&gt;</p> <p>&lt;-NO</p>	111	
Others eg. soups, vegetarian meals, etc.	<p>YES-&gt;</p> <p>&lt;-NO</p>	112	

## 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
<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 (* 4)</p>	<p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p>	<p>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 (* 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 (* 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>
Liquid milk (including flavoured milk)	YES-> -<NO	214		Liquid milk (including flavoured milk)	YES-> -<NO	214	
Condensed/Evaporated Milk	YES-> -<NO	215		Condensed/Evaporated Milk	YES-> -<NO	215	
Powdered milk (D.S.M)	YES-> -<NO	216		Powdered milk (D.S.M)	YES-> -<NO	216	
Food Drink (including Lasco, Supligen, Enerplus Nutrament)	YES-> -<NO	217		Food Drink (including Lasco, Supligen, Enerplus Nutrament)	YES-> -<NO	217	
Butter	YES-> -<NO	218		Butter	YES-> -<NO	218	
Cheese	YES-> -<NO	219		Cheese	YES-> -<NO	219	
Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	220		Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	220	
Eggs	YES-> -<NO	221		Eggs	YES-> -<NO	221	
Oils and fats (vegetable oil, coconut oil, lard, margarine(chiffon))	YES-> -<NO	222		Oils and fats (vegetable oil, coconut oil, lard, margarine(chiffon))	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, (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
<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>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>• NEXT FOOD ITEM</p> <p>AMOUNT JS</p>
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	

RESPONDENT (INDIVIDUAL # FROM ROSTER):

PART G: 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 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	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
Personal care supplies (soaps, toothpaste/brushes, shaving cream, razors and blades)	YES-> -<NO					Cooking gas	YES-> -<NO				
Cosmetics (lotions, deodorants, ...)	YES-> -<NO					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<NO				
Hair and body care (lotions, dyes, etc)	YES-> -<NO					Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<NO				
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> -<NO					Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<NO				
Polishes, waxes, air freshener, insect sprays	YES-> -<NO					Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<NO				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<NO					Cooking ware (pots, pans, shilleys, ...)	YES-> -<NO				
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<NO					Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries...)	YES-> -<NO					Radio (do not include radio/cassette player)	YES-> -<NO				
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<NO					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...)	YES-> -<NO				
Laundry and dry cleaning services	YES-> -<NO					Repairs on furniture or household equipment	YES-> -<NO				
Rental of equipment (radio, television, ...)	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 333 - 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
<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 J\$</p>	<p>How much did you spend on ...[ ]... during the past 12 months?</p> <p>AMOUNT J\$</p>
<p>Life &amp; General Insurance</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	401		
<p>Horse racing</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	402		
<p>Other gambling expenses</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	403		
<p>Weddings, funerals</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	404		
<p>Donations and gifts (church or union dues, gifts, charities, ...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	405		
<p>Repayment of loans, interest payments</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	406		
<p>Support for children who live elsewhere</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	407		
<p>Other maintenance of relatives outside the home</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	408		
<p>NHT</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	409		
<p>NIS</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	410		
<p>Pension</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	411		
<p>Other non-consumption expenditures (legal services, anything else, ...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	412		
<p>Direct Taxes (Income tax and Education tax)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	413		

## 1 TYPE OF DWELLING

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.....)

## 2 MAIN MATERIAL OF OUTER WALLS

WOOD.....1  
STONE.....2  
BRICK.....3  
CONCRETE NOG.....4  
BLOCK & STEEL.....5  
WATTLE/ADOBE.....6  
OTHER (SPECIFY.....).....7

## 3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms)?

NO. OF ROOMS: [ ]

## 4 What kind of toilet facilities are used by your household?

W.C. LINKED TO SEWER...1  
W.C. NOT LINKED.....2  
PIT.....3  
OTHER.....4  
NONE.....5 (→ 6)

## 5 Are the toilet facilities used only by your household, or do other households use the same facilities?

EXCLUSIVE USE...1  
SHARED.....2

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

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

## 7 Does this household own or lease this dwelling?

OWNED.....1  
LEASED.....2 (→ 9)  
PRIVATE RENTED.....3 (→ 9)  
GOVERNMENT RENTED.....4 (→ 17)  
RENT FREE.....5 (→ 17)  
SQUATTED.....6 (→ 17)  
OTHER.....7 (→ 17)

## 8 Does this household own or lease the land on which this dwelling is?

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

GO TO 12

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

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

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

IF NO MONEY PAYMENT, ENTER ZERO

AMOUNT J\$: [ ]

PER:

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

## 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?

RELATIVE.....1  
PRIVATE EMPLOYER.....2  
PUBLIC AGENCY.....3  
PRIVATE INDIVIDUAL  
OR AGENCY.....4  
NOBODY HELPS.....5

→ 17

## 12 Do you make mortgage payments on this dwelling?

YES...1  
NO...2 (→ 15)

## 13 How much was your last payment?

AMOUNT J\$: [ ]

## 14 How often do you make these payments?

No. OF TIMES: [ ]

PER:  
MONTH...4  
YEAR...5

## 15 Do you have to pay property taxes for this dwelling?

YES...1  
NO...2 (→ 17)

## 16 How much taxes do you pay for this dwelling?

AMOUNT J\$: [ ]

PER:

MONTH...4  
YEAR...5

## 17 What is the main source of drinking water for your household?

INDOOR TAP/PIPE...1  
OUTSIDE PRIVATE  
PIPE/TAP...2  
PUBLIC STANDPIPE...3 (→ 21)  
WELL...4 (→ 21)  
RIVER, LAKE,  
SPRING, POND...5 (→ 21)  
RAINWATER (TANK)...6 (→ 23)  
OTHER (SPECIFY.....).....7 (→ 21)

## 18 Have you a group or individual meter?

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

## 19 How much was the latest water bill for your household?

AMOUNT J\$: [ ]

## 20 How many months were covered by this bill?

MONTHS : [ ]

→ 23

## 21 Is this ... (SUPPLY SOURCE IN 18) ... used by your household only, or is it shared with others?

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

## 22 How far from this dwelling is this ... (SUPPLY SOURCE IN 17) ...?

DISTANCE -----> [ ]

DISTANCE [ ] MILES.....1  
CODE -----> [ ] YARDS.....2

## 23 What is the source of lighting for this dwelling?

ELECTRICITY...1  
KEROSENE...2 (→ 26)  
OTHER...3 (→ 26)  
NONE...4 (→ 26)

## 24 How much was the latest electric bill for your household?

AMOUNT J\$: [ ]

## 25 How many months of consumption were covered by this bill?

MONTHS: [ ]

## 26 Does this household have a telephone?

YES...1  
NO...2 (→ NEXT SECTION)

## 27 How much was the latest telephone bill for your household (including cellular bill)?

AMOUNT J\$: [ ]

## 28 How many months of consumption were covered by this bill?

MONTHS : [ ]

## 29 How do you dispose of your garbage including plant cuttings?

COLLECTED BY GARBAGE TRUCK...1  
PLACE IN SKIP.....2  
BURN.....3  
BURY.....4  
DUMP IN EMPTY LOT.....5  
DUMP IN GULLY.....6  
OTHER (specify).....7

## 30 Do you have problems with rats?

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

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		
Computer/Printer/Fax etc.	616		

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? <div>» NEXT ITEM</div>
ITEM	DESCRIPTION	CODE	YEAR	AMOUNT JS	AMOUNT JS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

## PART K: MISCELLANEOUS

A1

During the past 12 months, has any member of your household received income in cash or in kind from the following sources?

**X**

↓

1-NO

1-NO

1-NO

4-NO

1-NO

←-NO

1.

133

**4-NO**

1-NO

[illegible]

1

[illegible]

## /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...
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 \_\_\_\_\_

ASK QUESTIONS 1 - 4  
FOR ALL HOUSEHOLD MEMBERS  
UNDER 15.

- 1  
Is the  
natural  
father a  
member of  
the  
household?  
YES.....1  
NO.....2  
(2 31)

- 2
- COPY THE  
IDENTIFI-  
CATION  
CODE OF  
THE  
FATHER

- 3  
Is the natural mother a member of the household?  
YES....1  
NO.....2  
(>NEXT PERSON)

- 4  
COPY THE  
IDENTIFI-  
CATION  
CODE OF  
THE  
MOTHER

- 5
- Marital Status
- MARRIED.....  
NEVER MARRIED.....  
DIVORCED.....  
SEPARATED.....  
WIDOWED.....
- USE LOWEST CODE  
MORE THAN ONE  
APPLIES

- |              |                |
|--------------|----------------|
| 6            |                |
| Union Status |                |
| 1            | MARRIED.....1  |
| 2            | COMMON LAW...2 |
| 3            |                |
| 4            | VISITING.....3 |
| 5            | SINGLE.....4   |
|              | NONE.....5     |
- IF USE LOWEST CODE IF MORE THAN ONE APPLIES.

- 7
- Is this partner a household member?
- 9
- YES....1
- NO.....2
- ( > 9)

- |   |   |
|---|---|
| 8   | 9   |
| COPY THE IDENTIFICATION CODE OF THE PARTNER | Is ..[NAME].. receiving Public Assistance or Poor Relief? |
|   | PUBLIC ASSISTANCE...1                                     |
|   | POOR RELIEF.....2   |
|   | NONE.....3  |

- INDIVIDUAL NO IN SL

INDIVIDUAL NO IN SLC '99

[illegible]