

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

ID	1. In the past 4 weeks have you had any injury resulting from a road traffic accident, a fall, a domestic or violent incident that required medical attention? YES 1 NO2 (>3)	2. What types of incident? MOTOR VEHICLE.....1 DOMESTIC ACCIDENT...2 INDUSTRIAL ACCIDENT...3 DOMESTIC INCIDENT4 OTHER VIOLENCE RELATED INCIDENT5 OTHER SPECIFY..... 6	3. Have you had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma attack, hypertension, diabetes or any other illnesses? (In the past four weeks) YES 1 NO 2 (> Q23 if 2in Q1)	4. Is this a diagnosed recurring illness? (Indicate all that apply) YES, COLD 1 YES,DIARRHOEA...2 YES, ASTHMA.....3 YES, DIABETES.....4 YES, HYPERTENSION.....5 YES, ATHRITIS.....6 YES, OTHER (SPECIFY).....7 NO.....8	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 in the past 4 weeks?	9. Where did the visits take place? In					
									a. Public hospital?	b. Private hospital?	c. Public Health/ Maternity Centre?	d. Private Health or Maternity Centre/ Doctor's Office	e. Other? (Specify)	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

PART A. HEALTH – TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONT.)

ID	10. 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 J\$	11. 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 J\$	12. Did you spend a night in a public hospital or other public health establish-ment in the past 4 weeks? YES = 1 NO = 2 (> Q15)	13. How many nights during the past 4 weeks did you spend in the public hospital? NIGHTS	14. 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 by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	15. Did you spend a night in a private hospital or other private establish-ment in the past 4 weeks? YES = 1 NO = 2 (> Q19)	16. How many nights during the past 4 weeks did you spend in the private hospital ? NIGHTS	17. 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 by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$ (>>Q19)	18. Why didn't you seek care for this past/ current illness? COULD NOT AFFORD.....1 WASN'T ILL ENOUGH.....2 PREFERRED HOME REMEDIES....3 DIDN'T HAVE TIME TO GO.....4 OTHER (SPECIFY)....5	19. Did you buy medicines/ fill the prescription during the past 4 weeks for this illness or injury? PRESCRIBED MEDICINES....1 PARTIAL PRESCRIP - TION.....2 PRESCRIBED/ OVER THE COUNTER.....3 OVER THE COUNTER.....4 PRESCRIBED/ DIDN'T BUY.....5 NONE PRESCRIBED/ REQUIRED.....6 (>Q23)	20. Did you purchase medicines in a.....		21. How much have you spent for medicines at public source e.g. public hospital, health centre, during the past 4 weeks? Do not include the costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	22. How much have you spent for medicines at private source e.g. private doctor, pharmacy, etc. during the past 4 weeks? Do not include the costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	23. Are you covered by any health insurance? YES, PRIVATE.....1 YES, NI GOLD.....2 YES, OTHER PUBLIC (SPECIFY).....3 NO.....4	24. How is your health in general? VERY GOOD.....1 GOOD.....2 FAIR.....3 POOR.....4 VERY POOR.....5
											Public Facility? YES.....1 NO.....2	Private Facility Or Pharmacy? YES.....1 NO.....2				
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

I N D I V I D U A L	PART B: EDUCATION CONTINUED							
	16. Why doesn't ..(NAME)... take the meal / snack provided by the school ?	17. Does ..(NAME)...pay for this meal or get it free?	18. What does ..(NAME)... usually have for lunch?	19. Does ..(NAME)... have the required textbooks for school ?	20. Why doesn't..(NAME)... have all the required main textbooks for school?	21. What type of school did....(NAME)... ..last attend?	22. What was the last grade (NAME)... completed at that school?	23.
No	BECAUSE OF STIGMA.....1 DOESN'T LIKE IT.....2 TOO EXPENSIVE/ CAN'T AFFORD.....3 LINE TOO LONG.....4 OTHER (SPECIFY).....5 <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 2px;">>> 18</div>	ALWAYS PAYS.....1 PAY SOMETIMES.....2 DOESN'T PAY / GET IT FREE.....3 DON'T KNOW.....4 NOT STATED.....5 <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 2px;">>>19</div>	Snack / Meal from school canteen/ tuck shop.....1 Snack / Meal From vendors.....2 Snack / Meal From home.....3 Other (specify).....4 Nothing.....5	Yes, has all.....1 (> 29) Has some.....2 Has none.....3 Don't know.....4 Not stated.....5	Has not paid school Fees.....1 Has not paid book rental Fee.....2 School does not have the books.....3 Books hard to Find.....4 Money Problems.....5 OTHER (SPECIFY6 DK/Not stated.....7 <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 2px;">>>29</div>	BASIC / INFANT KINDERGARTEN.....1 PRIMARY.....2 PREPARATORY.....3 ALL AGE SCHOOL (GRADES 1-6).....4 ALL AGE SCHOOL (GRADES 7-9).....5 PRIMARY/JUNIOR HIGH (GRADES 1-6)6 PRIMARY JUNIOR HIGH (GRADES 7-9).....7 JUNIOR HIGH (GRADES 7-9).....8 NEW SECONDARY9 COMPREHENSIVE.....10 SECONDARY HIGH.....11 TECHNICAL.....12 VOCT / AGRIC.....13 UNIVERSITY.....14 OTHER TERTIARY (PUBLIC).....15 OTHER TERTIARY (PRIVATE).....16 ADULT LITERACY CLASSES.....17 ADULT EDUCATION/NIGHT.....18 SPECIAL SCHOOL.....19 NONE.....20 <div style="border: 1px solid black; width: fit-content; margin: 0 auto; padding: 2px;">>> Q24</div>	GRADE	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> IF COMPLETED SCHOOL BEFORE GRADE 11 </div> Why did you / ..(NAME)... stop attending school? REACHED TERMINAL GRADE....1 MONEY PROBLEMS.....2 PREGNANCY.....3 EXPELLED.....4 NO INTEREST IN SCHOOL.....5 FAMILY PROBLEMS.....6 OTHER.....7 (SPECIFY)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

PART B: CONTINUED

I N D I V I D U A L No	24. What is the highest (academic) examination that ..(NAME)... has passed?		25. Does the examinations that ..(NAME)... has passed include Math and English?	26. Has ..(NAME)... ever enrolled in any skills training program?	27. What skills did ..(NAME) ...learn / are ... (NAME) . learning?	28. Did ..(NAME)... receive a diploma /certificate?
	NONE.....1 >> Q.26		(CXC & ABOVE) YES Both.....1 Maths Only.....2 English Only.....3 NO (None).....4	YES , HEART ACADEMY.....1		YES.....1
	JUNIOR HIGH SCHOOL CERT.....2 >> Q.26			YES, HEART – VTC.....2		NO.....2
	GRADE NINE ACHIEVEMENT TEST.....3 >> Q.26			YES, HEART – SLTOPS/ APPRENTICESHIP.....3		CURRENTLY ENROLLED.....3
	CXC Basic , JSC 5, SSC. 3 rd JL.....4			YES, HEART – OTHER4		
	CXC Gen. / GCE O.....5			YES, PRIVATE.....5 (SPECIFY)		
	CAPE / GCE A LEVEL.....6			NO.....6		
	TERTIARY CERT. / DIPLOMA.....7 >> Q.26					
	DEGREE.....8 >> Q.26					
	OTHER.....9 >> Q.26					
	NOT STATED.....10 >> Q.26					
		CODE	No. OF SUBJECTS			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

INDIVIDUAL

No

PART B: EDUCATION (CONCLUDED)

29. SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL- BASIC, PRIMARY & SECONDARY LEVEL)
How much did..(NAME)..pay in the past 12 months for the following school expenses?

30. FOR SECONDARY STUDENTS (EXCLUDING PRIMARY & JUNIOR HIGH & ALL AGE SCHOOLS)
How much of ..(NAME)'S tuition fees was paid by Parent (s) / Guardian (s), Family / Friends, MOEYC, MP, Community (including church). Other Public?

All (100).....1
75%2
One Half (50%).....3
25 %4
Other
(Specify).....5

	a. Exam Fees (\$)	b. Tuition Fees (Including) books (\$)	c. Tuition Fees (Excluding) books (\$)	d. Other Fees and Contribution (\$)	e. Extra Lessons (inside & outside school) (\$)	f. Transport (\$)	g. Lunch and snacks at school (\$)	h. Uniform (\$)	i Books (\$)	j. Other (supplies) (\$)	k. Boarding (\$)	a. Parent (s) Guardian (\$)	b. Family/ Friends (\$)	c. MOEYC (\$)	d. MP (\$)	e. Community (\$)	f. Other Public (\$)
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

PART C: FOR ALL CHILDREN 0-59 MONTHS OLD

I N D I V I D U A L	1. When was (NAME)born?			2. Where was (NAME)born?				3. Who actually delivered your baby?			4. Was the birth of. (NAME) ..registered?		5. What was the weight of (NAME) at birth?		6. AGE		7. Is the date of birth in Q1 based on?	8. WAS THE CHILD MEASURED?	9. REASON CHILD NOT MEASURED?	10. WEIGHT	11. LENGTH	12. WAS THIS CHILD MEASURED LYING DOWN OR STANDING?					
	CALCULATE CHILD'S AGE. ASK RESPONDENT TO CONFIRM IT AND RECORD IN Q.6			HOSPITAL.....1 HEALTH CENTER.....2 HOME.....3 OTHER.....4				MEDICAL DOCTOR.....1 REGISTERED NURSE.....2 NANA.....3 UNTRAINED RELATIVE / FRIEND OR STRANGER.....4 SELF.....5 OTHER.....6			YES.....1 NO.....2 DON'T KNOW/ NOT STATED.....3				BIRTH CERTIFICATE.....1	IMMUNIZATION CARD.....2	PARENTAL INFORMATION.....3	OTHER RELATIVE/ GUARDIAN4	YES.....1 (>10)	NO.....2	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1	ILLNESS.....2	DEFORMITY.....3	OTHER (SPECIFY).....4	KILOGRAMS	CENTIMETERS	LYING DOWN...1 STANDING..... 2
	DAY	MONTH	YEAR									KG	YRS	MTHS													
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											
11																											
12																											

PART C: FOR ALL CHILDREN _0 - 59 MONTHS OLD

I N D I V I D U A L	13 In the past two weeks, has the child had running belly (diarrhoea) ie. three or more loose stools per day? YES.....1 NO.....2	14	15	16	17	18	19	20 FOR Q14 TO Q19 WAS IMMUNIZATION CARD SEEN? YES.....1 NO.....2	21 What types of symptoms would cause you to take your child to a health facility right away? CHILD NOT ABLE TO DRINK OR BREASTFEED.....1 CHILD DEVELOPS A FEVER.....2 CHILD HAS FAST/ DIFFICULT BREATHING.....3 CHILD HAS BLOOD IN STOOL.....4 VOMITING.....5 DIARRHOEA.....6	22 When your child is ill when do you usually take him/ her for medical treatment? IMMEDIATELY1 AFTER OBSERVING 1-2 DAYS WITHOUT IMPROVEMENT.....2 AFTER GIVING HOME REMEDIES / OVER THE COUNTER / NO IMPROVEMENT.....3 WHEN I GET MONEY4
			RECORD IMMUNIZATION STATUS OF THE CHILD							
No		O.P.V.	D.P.T.	B.C.G.	M.M.R	Hib	Hepatitis B			
		No. OF DOSES	No. OF DOSES	YES.....1 NO.....2	No. OF DOSES	No. OF DOSES	No. OF DOSES			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

PART D: -PATH (ALL H/H MEMBERS)

ID	1. Has any member of this household ever applied for PATH benefit? YES 1 NO 2 (> 10)	2. Which of the following applies to you? Received a payment in April.....1 Received PATH earlier but did not receive in April.....2 Applied within past 12 mths but not receiving.3 (> 10) Applied more than 12 mths ago, not receiving.....4 (> 10)	3. In what category does this recipient/past recipient fall? Child 0-71 months.....1 Child 6-17 years.....2 Pregnant/ Lactating.....3 Person with disability.....4 Elderly 60 years and over5 Adult Poor.....6	4. What was the value of the benefit received by this household in the April payment? IF DID NOT RECEIVE ANY, WRITE ZERO AND > 5)	5. What do you do if your payment is less than the regular amount for your household? CHECK WITH THE MLSS PARISH OFFICE1 ASK AT THE POST OFFICE.....2 CHECK WITH SCHOOL, HEALTH CENTRE.....3 DO NOTHING/ NOT APPLICABLE44 BENEFIT NEVER LESS.....5	6. Have you had any difficulties collecting your PATH cheque? LONG LINES IN PO1 DELAYS IN NOTIFICATION2 CHEQUE DID NOT ARRIVE AT PO3 COULD NOT AFFORD TRANSPORTATION4 No4 DIFFICULTY5 OTHER (SPECIFY)6	7. Has (NAME)--- ever lost his/her benefit because conditions were not met (missed a payment)? YES, CHILD DID NOT ATTEND SCH REGULARLY1 YES, CHILD DID NOT VISIT THE HEALTH CENTRE AS REQUIRED2 NOT SURE WHICH ONE(S)3 >>Q9 No.....4 >>Q9 OTHER SPECIFY.....5	8. Why were conditions not met? Name the three main reasons. ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEM.....6 SCHOOL CLOSED.....7 SHOES/ UNIFORM/ MISSING/ DIRTY /WET.....8 RAIN.....9 MONEY PROBLEMS.....10 HAD TO RUN AN ERRAND.....11 NOT SAFE AT SCHOOL.....12 NOT SAFE IN COMMUNITY.....13 CHILD CHANGED SCHOOL.....14 VIOLENCE.....15 TRANSPORT COSTS.....16 OTHER (SPECIFY).....17	9. How does ...(NAME) interact with the PATH programme? Social Worker visits home.....1 Attend Community meetings.....2 Attend school meetings.....33 Go to MLSS Office.....4	10. Is any member of this household receiving benefits from any of the following? Secondary School Fee Assistance Programme1 Government School Feeding Programme2 National Health Fund3 Jamaica Drugs for the Elderly Programme (JADEP).....4 Social and Economic Support Programme (SESP).....5 Poor Relief6 Not applicable7 Other (Specify)8 MLSS Rehabilitation Grant.....9	11. How long has(NAME.) been in receipt of PATH? Five years and more.....1 Four years.....2 Three years.....3 Two years.....4 One year or less....5
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

RESPONDENT (INDIVIDUAL # FROM ROSTER):

PART F: FOOD EXPENSES

PURCHASED			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\$
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	↓				
Fresh or frozen beef	YES→ ←NO	201			
Fresh or frozen pork	YES→ ←NO	202			
Fresh or frozen mutton	YES→ ←NO	203			
Offal – heart, kidney, liver, tripe etc.	YES→ ←NO	204			
Other fresh or frozen (oxtail, trotters, cow’s foot, hocks)	YES→ ←NO	205			
Salted, cured or canned meat (eg. pigtail)	YES→ ←NO	206			
Fresh or frozen fish and shellfish	YES→ ←NO	207			
Salted codfish	YES→ ←NO	208			
Canned mackerel, sardines herring	YES→ ←NO	209			
Other salted or canned fish and shellfish (eg. Mackerel, red herring ...)	YES→ ←NO	210			
Fresh or frozen whole chicken or parts	YES→ ←NO	211			
Chicken neck or back	YES→ ←NO	212			
Other poultry, fresh frozen salted, cured or canned	YES→ ←NO	213			

HOME PRODUCTION / GIFTS			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 during the past 30 days IF NOTHING ENTER 0 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 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS	↓				
Fresh or frozen beef	YES→ ←NO	201			
Fresh or frozen pork	YES→ ←NO	202			
Fresh or frozen mutton	YES→ ←NO	203			
Offal – heart, kidney, liver, tripe etc.	YES→ ←NO	204			
Other fresh or frozen (oxtail, trotters, cow’s foot, hocks)	YES→ ←NO	205			
Salted, cured or canned meat (eg. Pigtail)	YES→ ←NO	206			
Fresh or frozen fish and shellfish	YES→ ←NO	207			
Salted codfish	YES→ ←NO	208			
Canned mackerel, sardines herring	YES→ ←NO	209			
Other salted or canned fish and shellfish (eg. Mackerel, red herring ...)	YES→ ←NO	210			
Fresh or frozen whole chicken or parts	YES→ ←NO	211			
Chicken neck or back	YES→ ←NO	212			
Other poultry, fresh frozen salted, cured or canned	YES→ ←NO	213			

PART F: FOOD EXPENSES

PURCHASED			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\$
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					
Sugar	YES→ ←NO	242			
Sweets (sugar, honey, sweeteners, jams, jellies)	YES→ ←NO	243			
Soups (packaged, canned, frozen)	YES→ ←NO	244			
Prepared meats and fish (curried mutton, fish fingers, ...)	YES→ ←NO	245			
Dry packaged foods (macaroni, spaghetti, vegie chunks ...)	YES→ ←NO	246			
Powders, flavoring and extracts (baking powder & soda, yeast, coconut milk / powder, vinegar,)	YES→ ←NO	247			
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES→ ←NO	248			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	YES→ ←NO	249			
Nuts (peanuts, cashew, coconut, ...)	YES→ ←NO	250			
Baby food (milk food, cereals, strained food, ...)	YES→ ←NO	251			
Other food (chips, snacks, cheese trix, ..)	YES→ ←NO	252			
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES→ ←NO	253			
Non alcoholic beverages (coke, nectars, canned fruit drinks, powdered & frozen ,purified water/flavoured bottled water)	YES→ ←NO	254			
Alcoholic beverages (rum, whisky, wine, beer, sherry...)	YES→ ←NO	255			

HOME PRODUCTION / GIFTS			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 during the past 30 days IF NOTHING ENTER 0 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					
Sugar	YES→ ←NO	242			
Sweets (sugar, honey, sweeteners, jams, jellies)	YES→ ←NO	243			
Soups (packaged, canned, frozen)	YES→ ←NO	244			
Prepared meats and fish (curried mutton, fish fingers, ...)	YES→ ←NO	245			
Dry packaged foods (macaroni, spaghetti, vegie chunks...)	YES→ ←NO	246			
Powders, flavoring and extracts (baking powder & soda, yeast, coconut milk / powder, vinegar,)	YES→ ←NO	247			
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES→ ←NO	248			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	YES→ ←NO	249			
Nuts (peanuts, cashew, coconut, ...)	YES→ ←NO	250			
Baby food (milk food, cereals, strained food, ...)	YES→ ←NO	251			
Other food (chips, snacks, cheese trix, ..)	YES→ ←NO	252			
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES→ ←NO	253			
Non alcoholic beverages (coke, nectars, canned fruit drinks, powdered & frozen, purified water / flavoured bottled water)	YES→ ←NO	254			
Alcoholic beverages (rum, whisky, wine, beer, sherry....)	YES→ ←NO	255			

PART F: FOOD EXPENSES

PURCHASED			
1	2	3	4
<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 J\$</p>	<p>How much did you spend on ..[]... during the past 30 days?</p> <p>AMOUNT J\$</p>
Liquid milk (including flavoured milk)	214		
Condensed/Evaporated Milk	215		
Powdered milk (D.S.M)	216		
Food Drink (including Lasco, Supligen, Enerplus, Nutrament)	217		
Butter	218		
Cheese	219		
Other dairy products (yogurt, ice cream , ...)	220		
Eggs	221		
Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)	222		
Bread	223		
Crackers and unsweetened biscuits	224		
Other baked products (sweetened biscuits, cakes, buns, bullas etc)	225		
Cassava bread / Bammy	226		
Flour	227		

HOME PRODUCTION / GIFTS			
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 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 J\$</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 J\$</p>	<p>How much would it cost to buy the amount of..[].. you received during the past 30 days</p> <p>IF NOTHING ENTER 0</p> <p>AMOUNT J\$</p>
Liquid milk (including flavoured milk)	214		
Condensed / Evaporated milk	215		
Powdered milk (D. S. M)	216		
Food Drink (including Lasco, Supligen, Enerplus, Nutrament)	217		
Butter	218		
Cheese	219		
Other dairy products (yogurt, ice cream, ..)	220		
Eggs	221		
Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)	222		
Bread	223		
Crackers and unsweetened biscuits	224		
Other baked products (sweetened biscuits, cakes, buns, bullas etc)	225		
Cassava bread / Bammy	226		
Flour	227		

PART F: FOOD EXPENSES

PURCHASED			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\$
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					
Rice	YES→ ←NO	228			
Cornmeal	YES→ ←NO	229			
Dried peas and beans, Tofu	YES→ ←NO	230			
Breakfast cereals (cornflakes, oats, hominy corn ...)	YES→ ←NO	231			
Yams (white, yellow, Negro, St. Vincent, Lucea,...)	YES→ ←NO	232			
Irish Potatoes	YES→ ←NO	233			
Other roots and tubers (cassava, coco, sweet potatoes , dasheen...)	YES→ ←NO	234			
Other starchy fruits (Plantains, green banana, bread fruit, ...)	YES→ ←NO	235			
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, string beans, peas and beans..)	YES→ ←NO	236			
Frozen canned and dried vegetables	YES→ ←NO	237			
Ackee	YES→ ←NO	238			
Fruit and vegetable juices (fresh or frozen)	YES→ ←NO	239			
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, pears)	YES→ ←NO	240			
Canned and dried fruits	YES→ ←NO	241			

HOME PRODUCTION / GIFTS			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 during the past 30 days IF NOTHING ENTER 0 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					
Rice	YES→ ←NO	228			
Cornmeal	YES→ ←NO	229			
Dried peas and beans	YES→ ←NO	230			
Breakfast cereals (cornflakes, oats, hominy corn ...)	YES→ ←NO	231			
Yams (white, yellow, Negro, St. Vincent, Lucea	YES→ ←NO	232			
Irish Potatoes	YES→ ←NO	233			
Other roots and tubers (cassava, coco, sweet potatoes, dasheen ...)	YES→ ←NO	234			
Other starchy fruits (Plantains, green banana, bread fruit, ...)	YES→ ←NO	235			
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, string beans, peas and beans)	YES→ ←NO	236			
Frozen canned and dried vegetables	YES→ ←NO	237			
Ackee	YES→ ←NO	238			
Fruit and vegetable juices (fresh or frozen)	YES→ ←NO	239			
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, pears)	YES→ ←NO	240			
Canned and dried fruits	YES→ ←NO	241			

PART G: CONSUMPTION EXPENDITURES (END)

1 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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. during the past 30 days? YES = 1 NO = 2 (> 4)	3 How much did you spend on ..[]... during the past 30 days? AMOUNT J\$	4 How much did you spend on ..[]... during the past 12 months? AMOUNT J\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Shoes and sandals for adults	YES→	326				
	←NO					
Shoes and sandals for children	YES→	327				
	←NO					
Clothing material for adult (Dacron, linen, cotton, silk ...)	YES→	328				
	←NO					
Clothing material for children (Dacron, linen, cotton, silk ...)	YES→	329				
	←NO					
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES→	330				
	←NO					
Children clothing (shirts, trousers, coats, jeans, pampers ...)	YES→	331				
	←NO					
Making and repair of clothes (adult and children)	YES→	332				
	←NO					
Accessories (watches, jewelry, sunglasses, ...)	YES→	333				
	←NO					
Reading materials (Books, magazines, newspapers, ...)	YES→	334				
	←NO					
Stationary and writing equipment (pens, pencils, envelops, stamps, ...)	YES→	335				
	←NO					
Education expenses (tuition, books, boarding, fees, ...)	YES→	336				
	←NO					
Sporting activities (exercise equipment, bicycle, triecycle entrance fees, club membership)	YES→	337				
	←NO					
Other recreational activities (cinema, dance clubs, records, tapes, DVD, CD, Cable rental .)	YES→	338				
	←NO					

1 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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. during the past 30 days? YES = 1 NO = 2 (> 4)	3 How much did you spend on ..[]... during the past 30 days? AMOUNT J\$	4 How much did you spend on ..[]... during the past 12 months? AMOUNT J\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Purchased transportation (taxi, bus, car, rental, air fare)	YES→	339				
	←NO					
Gasoline, motor oil, diesel	YES→	340				
	←NO					
Car / motor cycle repair, tires, motor parts	YES→	341				
	←NO					
Car / motor cycle insurance	YES→	342				
	←NO					
Vehicles taxes, duties	YES→	343				
	←NO					
Purchase of car, motor cycles for personal use	YES→	344				
	←NO					
Other transport expenses (motor vehicle and driver licenses, traffic tickets)	YES→	345				
	←NO					
Vacation expenses (excluding fares) (hotels, travel tax ...)	YES→	346				
	←NO					
Gardening and horticulture (plants, fertilizer, garden equipment, home animals ...)	YES→	347				
	←NO					
Telephone	YES→	348				
	←NO					
Other consumption expenditures (flowers, etc.)	YES→	349				
	←NO					
Purchases for special occasions (parties, entertainment relating to weddings, funerals, bounce about etc.)	YES→	350				
	←NO					

1 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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. during the past 30 days? YES = 1 NO = 2 (> 4)	3 How much did you spend on ..[]... during the past 30 days? AMOUNT J\$	4 How much did you spend on ..[]... during the past 12 months? AMOUNT J\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Purchased transportation (taxi, bus, car, rental, air fare)	YES→	339				
	←NO					
Gasoline, motor oil, diesel	YES→	340				
	←NO					
Car / motor cycle repair, tires, motor parts	YES→	341				
	←NO					
Car / motor cycle insurance	YES→	342				
	←NO					
Vehicles taxes, duties	YES→	343				
	←NO					
Purchase of car, motor cycles for personal use	YES→	344				
	←NO					
Other transport expenses (motor vehicle and driver licenses, traffic tickets)	YES→	345				
	←NO					
Vacation expenses (excluding fares) (hotels, travel tax ...)	YES→	346				
	←NO					
Gardening and horticulture (plants, fertilizer, garden equipment, home animals ...)	YES→	347				
	←NO					
Telephone	YES→	348				
	←NO					
Other consumption expenditures (flowers, etc.)	YES→	349				
	←NO					
Purchases for special occasions (parties, entertainment relating to weddings, funerals, bounce about etc.)	YES→	350				
	←NO					

+ Do not include the amount given in part J

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

PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER

PURCHASED					
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\$
Fresh or frozen beef	YES→	201			
	←NO				
Fresh or frozen pork	YES→	202			
	←NO				
Fresh or frozen mutton	YES→	203			
	←NO				
Offal – heart, kidney, liver, tripe etc.	YES→	204			
	←NO				
Other fresh or frozen (oxtail, trotters, cow’s foot, hocks	YES→	205			
	←NO				
Salted, cured or canned meat (eg. pigtail)	YES→	206			
	←NO				
Fresh or frozen fish and shellfish	YES→	207			
	←NO				
Salted codfish	YES→	208			
	←NO				
Canned mackerel, sardines herring	YES→	209			
	←NO				
Other salted or canned fish and shellfish (eg. Mackerel ,red herring)	YES	210			
	←NO				
Fresh or frozen whole chicken or parts	YES→	211			
	←NO				
Chicken necks and back	YES→	212			
	←NO				
Other poultry, fresh, frozen salted, cured or canned	YES→	213			
	←NO				

HOME PRODUCTION / GIFTS					
5 During the past 30 days, has this household bought any of the following foods? 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 during the past 30 days IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef	YES→	201			
	←NO				
Fresh or frozen pork	YES→	202			
	←NO				
Fresh or frozen mutton	YES→	203			
	←NO				
Offal- heart, kidney, liver, tripe etc.	YES→	204			
	←NO				
Other fresh or frozen (oxtail, trotters, cow’s foot, hocks)	YES→	205			
	←NO				
Salted cured or canned meat (eg. pigtail)	YES→	206			
	←NO				
Fresh or frozen fish and shellfish	YES→	207			
	←NO				
Salted codfish	YES→	208			
	←NO				
Canned mackerel, sardines, herring	YES→	209			
	←NO				
Other salted or canned fish and shellfish (eg. Mackerel ,red herring)	YES→	210			
	←NO				
Fresh or frozen whole chicken or parts	YES→	211			
	←NO				
Chicken necks and back	YES→	212			
	←NO				
Other poultry, fresh, frozen, salted, cured or canned	YES→	213			
	←NO				

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 goods]..?
DO NOT INCLUDE RENTED ITEMS**

PUT A CROSS IN THE APPROPRIATE BOX FOR EACH ITEM. THEN GO TO THE NEXT ITEM

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 Conditions?	605		
Fans?	606		
Radio / Cassettes players?	607		
Stereo Equipment?	608		
Other stereo Equipment?	609		
TV sets?	610		
VCR/DVD Player	611		
Video equipment/Game Boy/Play Station	612		
Washing Machine?	613		
Dryer?	614		

Do the members of your household have ...

ITEM	CODE	YES	NO
Bicycles?	615		
Motorbikes?	616		
Cars, other vehicles?	617		
Computer, printer, etc?	618		
Computer scanner?	619		
CD Burner?	620		
DVD Burner?	621		
Other Electrical Equipment (Toasters, blenders, microwaves etc)	622		
Musical equipment (piano, keyboard etc)	623		
DSS	624		

ITEMS MUST BE IN WORKING CONDITION

PART K: MISCELLANEOUS – RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD

1 During the past 12 months, has any member of your household received income in cash or in kind from the following sources? PUT A CROSS IN THE APPROPRIATE BOX FOR EACH ITEM. ASK QUESTION 1 FOR ALL ITEMS. FOR ALL ITEMS FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.		
Support for children from parents who live in Jamaica?	701	YES→ ←NO
Support for children from parents who live abroad?	702	YES→ ←NO
Spouse/ Partner who lives in Jamaica?	703	YES→ ←NO
Spouse / Partner who lives abroad?	704	YES→ ←NO
Child/ children who lives/ live Jamaica?	705	YES→ ←NO
Child/ children who lives/ live in abroad?	706	YES→ ←NO
Other relatives or friends who live in Jamaica?	707	YES→ ←NO
Other relatives or friends who live abroad?	708	YES→ ←NO
Rental payments for use of land or other property owned by household members?	709	YES→ ←NO
Social Security (NIS) ?	710	YES→ ←NO
Private, Government or other pension fund?	711	YES→ ←NO
Public Assistance and Poor Relief ?	712	YES→ ←NO
Dividend / Interest from loans made by household members or from money deposited in the bank or other financial Institutions?	713	YES→ ←NO
Windfall receipts? (lotteries, gambling, inheritances)	714	YES→ ←NO
Other?	715	YES→ ←NO

2. What is the value of the income received by members of your household in cash or in kind from ...[]... during the past 12 months?									
INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMT (\$)	ORIGINAL MONETARY VALUE	HOW OFTEN IS THIS MONEY/GOODS RECEIVED? **	INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMT (\$)	ORIGINAL MONETARY VALUE	HOW OFTEN IS THIS MONEY/GOODS RECEIVED? **

** Weekly - 1	Quarterly - 4
** Fortnightly - 2	Half yearly - 5
** Monthly - 3	Yearly - 6

PART L : LABOUR FORCE

ID	1. What is your[NAME]..... present occupation? Describe Unemployed >> next person	2. What is your ... [NAME]..... present employment status? Employee of Central or Local Government.....1 Employee of other Government Agencies.....2 Employee of Private Sector3 Unpaid Family Worker.....4 Employer.....5 Own Account Worker.....6 Not Stated.....7	3. What is the Industry in which you/she are/is working? Describe	4. Do you / name work regularly at least 5 days (every 2 weeks)in your job? Yes.....1 No.....2	5. Describe your.....[NAME'S] job? Full Time.....1 Part Time.....2 Unstructured/ Neither FT nor PT.....3	6. How many months did you[NAME] work during the past 12 months? Less than 1 month.....1 1 month but less than 3 months.....2 3 months but less than 6 months.....3 6 months but less than 9 months.....4 9 months but less than 12 months.....5 12 months.....6 DK/NS7	7. How long since you have been working in this job?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							L

HOUSEHOLD ROSTER

ASK Q1-4 FOR ALL H/H MEMBERS UNDER 15 YEARS

ASK Q5-9 FOR ALL H/H MEMBERS 15 YEARS AND OVER

ALL H/H MEMBERS

ID	PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS				Remember to enquire about all members and add new members		1. Is the natural father a member of the household? YES.....1 NO.....2 (> 3)	2. COPY THE ID CODE OF THE FATHER	3. Is the natural mother, a member of the household? YES.....1 NO.....2 (> 5)	4. COPY THE ID CODE OF THE MOTHER	5. Marital Status MARRIED.....1 NEVER MARRIED.....2 (>7) DIVORCED.....3 (>7) SEPARATED.....4 (>7) WIDOWED...5 (>7)	6. How long have you been married? YEARS	7. Union Status MARRIED....1 (> 8) COMMON LAW.....2 (> 8) VISITING.....3 > Q10 SINGLE.....4 > Q10 NONE.....5 > Q10	8. Is this partner a household member? YES.....1 NO.....2 >Q10	9. COPY THE ID CODE OF THE PARTNER	10. Is this individual a PATH beneficiary Yes.....1 No.....2	
	Name	Age	Sex MALE.....1 FEMALE.....2	RELATIONSHIPS AND CODES FROM LABOUR FORCE SURVEY	HOUSEHOLD MEMBER? STILL A MEMBER.....1 NO LONGER A MEMBER.....2 NEW MEMBER.....3	DURING PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD ?											
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	