

THE STATISTICAL INSTITUTE OF JAMAICA

JAMAICA SURVEY OF LIVING CONDITIONS

1989-2

DATE OF THE INTERVIEW			PARISH	CONSTITUENCY	ENUMERATION DISTRICT N°			DWELLING N°			N/H	AREA	SERIAL N°
DAY	MONTH	YEAR											5049

INTERVIEWER: _____

☐

SUPERVISOR : _____

☐

ADDRESS OF DWELLING: _____

TIME OF INTERVIEW -- FROM: _____ TO: _____

DATE OF ANTHROPOMETRIC		
DAY	MONTH	YEAR

ANTHROPOMETRIST: _____

☐

P A R T A: GENERAL HEALTH: TO BE ASKED EACH HOUSEHOLD MEMBER AGE 14 AND ABOVE.

[illegible]

PART B - TO BE ASKED OF EACH HOUSEHOLD MEMBER REGARDLESS OF AGE

INDIVIDUAL NO.	1 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?	2 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	3 For how many days during the past 4 weeks have you suffered from this illness or injury?	4 For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury?	5 Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited during the past 4 weeks? YES....1 NO....2 (PAGE B3)	6 Where did the first visit take place? PUBLIC HOSPITAL....1 PRIVATE HOSPITAL....2 PUBLIC HEALTH CENTRE.....3 PRIVATE HEALTH CENTRE.....4 PRIVATE DOCTOR'S OFFICE.....5 PRIVATE PHARMACY...6 PATIENT'S HOME.....7 OTHER.....8	7 Who attended you at the first visit? a doctor?.....1 a nurse practitioner?...2 a nurse?.....3 a pharmacist?...4 a midwife?.....5 Community health aid?...6 a healer?.....7 other (SPECIFY).....8	8 What is the name of the health facility visited first?	9 How far was this first place you visited from home?	10 How long did it take you to go to the place you first visited?	11 How much did you pay for transportation to this facility?
			DAYS	DAYS				NAME OF FACILITY	MILES	MINUTES	AMOUNT \$
	YES ILLNESS...1 YES INJURY...2 NO...3 (PAGE B3)							CODE		ONE WAY TRIP ONLY	

01											
02											
03											

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12											

P A R T B: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	12	13	14	15	16	17	18	19	20
	How long did you have to wait there before you received care? MINUTES	How many times did you visit this place during the past 4 weeks? NUMBER OF TIMES	Did this visit involve an overnight stay in a Hospital? YES....1 NO.....2	How much did you pay for all visits made to this practitioner during the last 4 weeks. Do not include the cost of drugs nor any costs paid by insurance IF NOTHING WRITE 0	Did you go to another place for treatment in the last 4 weeks? YES...1 NO...2 * 21	Where did this visit take place? PUBLIC HOSPITAL...1 PRIVATE HOSPITAL...2 PUBLIC HEALTH CENTRE.....3 PRIVATE HEALTH CENTRE.....4 PRIVATE DOCTOR'S OFFICE.....5 PRIVATE PHARMACY.....6 PATIENT'S HOME.....7 OTHER.....8	How many times did you visit this place during the past 4 weeks? NUMBER OR TIMES	Did this visit involve an overnight stay in a Hospital? YES...1 NO....2	How much did you pay for all visits made to this practitioner during the last 4 weeks. Do not include the cost of drugs nor any costs paid by insurance IF NOTHING SPENT WRITE ZERO AMOUNT \$JA

01									
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03									

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08									
09									

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11									
12									

PART B: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	21 Did you buy medicines during the past 4 weeks for this illness or injury?	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. IF NOTHING SPENT WRITE ZERO AMOUNT JS	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 IF NOTHING 0	25 Besides illness or injury did you seek health care within the past 6 months? Have you had... Prenatal Checkups...1 Preventive health Checkups...2 Family planning services...3 Other.....4 None.....5 (≥29)	26 How many visits did you make in the past 6 months to health practitioners? NUMBER OF VISITS	27 Where did the last visit take place? PUBLIC HOSP.....1 PRIVATE HOSPITAL.....2 PUBLIC HEALTH CENTRE.....3 PRIVATE HEALTH CENTRE.....4 PRIVATE DOCTOR'S OFFICE.....5 PRIVATE PHARMACY.....6 PATIENT'S HOME.....7 OTHER.....8	28 How much did you have to pay during the last visit made? Do not include cost of drugs nor any costs paid by your insurance. AMOUNT JS	29 Are you covered by any health insurance? » NEXT PERSON YES....1 NO.....2
	YES...1 NO...25 (≥25)	Public Facility? YES....1 NO.....2	Private Facility or Pharmacy? YES....1 NO.....2							
01										
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12										

PART C : EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGE 7 YEARS AND OLDER

[illegible]

PART D: FOR ALL CHILDREN 0 - 59 MONTHS OLD

[illegible]

P A R T E: 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

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E

PART F: 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 ... during the past 4 weeks? YES...1 NO...2 (=5)	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 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
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 (lean 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 (pot, pan, skillet, ...)	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 F: 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 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
Shoes and sandals for adults YES-> -<NO	221				
Shoes and sandals for children YES-> -<NO	222				
Clothing materials for adults (dacron, linen, cotton, silk, ...) YES-> -<NO	223				
Clothing materials for children (dacron, linen, cotton, silk, ...) YES-> -<NO	224				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...) YES-> -<NO	225				
Children clothing (shirts, trousers, coats, jeans, ...) YES-> -<NO	226				
Accessories (watches, jewelry, sunglasses, ...) YES-> -<NO	227				
Reading materials (books, magazines, newspapers, ...) YES-> -<NO	228				
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...) YES-> -<NO	229				
Education expenses (tuition, books, boarding fees, ...) YES-> -<NO	230				
Making and repair of clothes (adult and children) YES-> -<NO	231				
Purchased transportation (taxi, bus, train, car rental, air fare, ...) YES-> -<NO	232				
Gasoline, motor oil YES-> -<NO	233				
Car repairs, tires YES-> -<NO	234				
Other transport expenses (parking charges, motor vehicle and driver licenses) YES-> -<NO	235				
Sporting activities (club membership, equipment, entrance fees, ...) YES-> -<NO	236				
Other recreational activities (cinema, theater, dance clubs, records, tapes, ...) YES-> -<NO	237				
Vacation expenses (excluding fares) (hotels, travel tax, ...) YES-> -<NO	238				
Gardening & horticulture (plants, fertilizer, garden equipment, home animals...) YES-> -<NO	239				
Telegrams, telephone, cablegrams YES-> -<NO	240				
Other consumption expenditures (flowers, etc.) YES-> -<NO	241				

PART G: NON - CONSUMPTION EXPENDITURES

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

G

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
Fresh or frozen meat YES-> -<NO	401		
Salted, cured or canned meat YES-> -<NO	402		
Fresh or frozen fish and shellfish YES-> -<NO	403		
Salted codfish YES-> -<NO	404		
Canned mackerel, sardines YES-> -<NO	405		
Other salted or canned fish and shellfish YES-> -<NO	406		
Chicken necks and backs YES-> -<NO	407		
Other poultry, fresh, frozen salted, cured or canned YES-> -<NO	408		
Liquid milk (raw milk, pasturized milk, or reconstituted milk powder) YES-> -<NO	409		
Condensed milk YES-> -<NO	410		
Evaporated milk YES-> -<NO	411		
Powdered milk (D.S.M.) YES-> -<NO	412		
Butter or Margarine (chiffon) YES-> -<NO	413		
Cheese YES-> -<NO	414		
Eggs YES-> -<NO	415		

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
Other dairy products (yogurt, ice cream, ...) YES-> -<NO	416		
Oils and fats (vegetable oil, coconut oil, lard...) YES-> -<NO	417		
Bread YES-> -<NO	418		
Other baked products (cakes, biscuits, buns, rolls, etc) YES-> -<NO	419		
Flour YES-> -<NO	420		
Rice YES-> -<NO	421		
Cornmeal YES-> -<NO	422		
Breakfast cereals (cornflakes, oats, hominy corn, ...) YES-> -<NO	423		
Yams (white, yellow, negro, St. Vincent, Lucas, ...) YES-> -<NO	424		
Potatoes (sweet, Irish) YES-> -<NO	425		
Other roots and tubers (cassava, coco, dasheen, ...) YES-> -<NO	426		
Other starchy fruits (plantains, bread fruit, ...) YES-> -<NO	427		
Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...) YES-> -<NO	428		
Frozen, canned and dried vegetables YES-> -<NO	429		
Fruit and vegetable juices (fresh or frozen) YES-> -<NO	430		

1
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.

2 Have you bought ... during the past 7 days?
YES..1
NO...2 (x 4)

3 How much did you spend on ... during the past 7 days?
AMOUNT JS

4 How much did you spend on ... during the past 4 weeks?
AMOUNT JS

» NEXT FOOD

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 I: CONSUMPTION OF HOME PRODUCTION AND FOOD RECEIVED AS GIFT

1	2	3	4
<p>During the past 4 weeks, have you eaten in this household any ... that was home-produced, or received as gift?</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 4 WEEKS.</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 (> 3)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 4 weeks?</p> <p>IF NOTHING, ENTER 0 AND (> 4)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of ... you received as gift during the past 4 weeks?</p> <p>IF NOTHING, ENTER 0</p> <p>» NEXT FOOD ITEM</p> <p>AMOUNT JS</p>
<p>Beef, mutton, goat, pork, other domesticated meat?</p> <p>YES-></p> <p><-NO</p>	501		
<p>Fish and shellfish</p> <p>YES-></p> <p><-NO</p>	503		
<p>Poultry (chicken, duck, turkey, ...)</p> <p>YES-></p> <p><-NO</p>	505		
<p>Milk</p> <p>YES-></p> <p><-NO</p>	506		
<p>Butter</p> <p>YES-></p> <p><-NO</p>	509		
<p>Cheese</p> <p>YES-></p> <p><-NO</p>	511		
<p>Eggs</p> <p>YES-></p> <p><-NO</p>	512		
<p>Yams (white, yellow, negro, St. Vincent, Lucas, ...)</p> <p>YES-></p> <p><-NO</p>	521		

1	2	3	4
<p>During the past 4 weeks, have you eaten in this household any ... that was home-produced, or received as gift?</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 4 WEEKS.</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 (> 3)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 4 weeks?</p> <p>IF NOTHING, ENTER 0 AND (> 4)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of ... you received as gift during the past 4 weeks?</p> <p>IF NOTHING, ENTER 0</p> <p>» NEXT FOOD ITEM</p> <p>AMOUNT JS</p>
<p>Potatoes (sweet, Irish)</p> <p>YES-></p> <p><-NO</p>	522		
<p>Other roots and tubers (cassava, coco, dasheen, ...)</p> <p>YES-></p> <p><-NO</p>	523		
<p>Other starchy foods (plantains, bread fruit, ...)</p> <p>YES-></p> <p><-NO</p>	524		
<p>Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...)</p> <p>YES-></p> <p><-NO</p>	525		
<p>Fruit, fresh (oranges, limes, apples, bananas, melons, pineapples, ...)</p> <p>YES-></p> <p><-NO</p>	529		
<p>Sugarcane</p> <p>YES-></p> <p><-NO</p>	532		
<p>Nuts (peanuts, cashew, coconut, ...)</p> <p>YES-></p> <p><-NO</p>	539		
<p>Other food</p> <p>YES-></p> <p><-NO</p>	541		

PART J: HOUSING AND RELATED EXPENSES

<p>1 TYPE OF DWELLING</p> <p>SEPARATE HOUSE DETACHED HOUSE...1 SEMI-DETACHED HOUSE...2 PART OF A HOUSE...3 APARTMENT BUILDING...4 TOWN-HOUSE...5 IMPROVED HOUSING...6 UNIT...7 PART OF COMMERCIAL...8 BUILDING...9 OTHER...10 (SPECIFY).....</p> <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD...1 STONE...2 BRICK...3 CONCRETE BLOCK...4 BLOCK & STEEL...5 WATTLE/ADOBE...6 OTHER (SPECIFY).....7</p> <p>3 What kind of toilet facilities are used by your household?</p> <p>V.C. LINKED TO SEWER...1 V.C. NOT LINKED...2 PIT...3 OTHER...4 NONE...5 (» 5)</p> <p>4 Are the toilet facilities used only by your household, or do other households use the same facilities?</p> <p>EXCLUSIVE USE...1 SHARED...2</p> <p>5 Is the kitchen used only by your household, or do other households use the same kitchen?</p> <p>EXCLUSIVE USE...1 SHARED...2 NONE...3</p> <p>6 Does this dwelling belong to a member of the household?</p> <p>YES...1 (» 11) NO...2</p> <p>7 Is this dwelling rented in exchange for goods, services or money?</p> <p>YES...1 NO...2 (» 10)</p>	<p>8 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?</p> <p>RELATIVE...1 PRIVATE EMPLOYER...2 PUBLIC AGENCY...3 PRIVATE INDIVIDUAL...4 OR AGENCY.....</p> <p>9 How much money does your household pay in rent for this dwelling?</p> <p>IF NO MONEY PAYMENT, ENTER ZERO</p> <p>AMOUNT JS:</p> <p>PER:</p> <p>WEEK...3 MONTH...4 YEAR...5</p> <p>10 Does somebody who is not a member of the household help to pay the rent for this dwelling? For example, a relative, a public agency (GIVE EXAMPLES), or a private individual or agency?</p> <p>RELATIVE...1 PRIVATE EMPLOYER...2 PUBLIC AGENCY...3 PRIVATE INDIVIDUAL...4 OR AGENCY...5 NOBODY HELPS...6</p> <p>» 17</p> <p>11 Do you make mortgage payments on this dwelling?</p> <p>YES...1 NO...2 (» 14)</p> <p>12 How much was your last payment?</p> <p>AMOUNT JS:</p> <p>13 How often do you make these payments?</p> <p>NO. OF TIMES:</p> <p>PER:</p> <p>MONTH...4 YEAR...5</p> <p>14 How much could you rent your dwelling for?</p> <p>AMOUNT JS:</p>	<p>15 Do you have to pay property taxes for this dwelling?</p> <p>YES...1 NO...2 (» 17)</p> <p>16 How much taxes do you pay for this dwelling?</p> <p>AMOUNT JS:</p> <p>PER:</p> <p>MONTH...4 YEAR...5</p> <p>17 What is the main source of drinking water for your household?</p> <p>INDOOR TAP/PIPE...1 OUTSIDE PRIVATE...2 PIPE/TAP...3 PUBLIC STANDPIPE...4 (» 22) WATER VENDOR...5 (» 20) WELL WITH PUMP...6 (» 22) WELL WITHOUT PUMP...7 (» 22) RIVER LAKE...8 SPRING MARSH...9 (» 22) RAINWATER (TANK)...10 (» 23) OTHER (SPECIFY).....11 (» 22)</p> <p>18 Have you a group or individual meter?</p> <p>GROUP...1 INDIVIDUAL...2 NO METER...3</p> <p>19 How much was the latest water bill for your household?</p> <p>AMOUNT JS:</p> <p>20 What amount of time was covered by this bill?</p> <p>NUMBER:</p> <p>OF:</p> <p>DAYS...2 WEEKS...3 MONTHS...4</p> <p>» 23</p> <p>21 Is this ... (SUPPLY SOURCE IN 17) ... used by your household only, or is it shared with others?</p> <p>THIS HOUSEHOLD ONLY...1 SHARED...2</p>	<p>22 How far from this dwelling is this ... (SUPPLY SOURCE IN 17) ...?</p> <p>DISTANCE -----></p> <p>DISTANCE CODE -----></p> <p>MILES.....1 YARDS.....2</p> <p>23 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1 KEROSENE...2 (» 26) OTHER...3 (» 26) NONE...4 (» 26)</p> <p>24 How much was the latest electric bill for your household?</p> <p>AMOUNT JS:</p> <p>25 How many months of consumption were covered by this bill?</p> <p>MONTHS:</p> <p>26 Does dwelling have a working telephone?</p> <p>YES...1 NO...2</p>
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PART K: INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

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

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

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

ITEM	CODE	YES	NO
Sewing machines?	601		
Gas stoves?	602		
Electric stoves?	603		
Refrigerators or freezers?	604		
Air conditioners?	605		
Fans?	606		
Radio/cassettes players?	607		
Phonographs?	608		
Stereo equipment?	609		
Video equipment?	610		
Washing machine?	611		
TV sets?	612		
Bicycles?	613		
Motorbikes?	614		
Cars, other vehicles?	615		

1 Please describe all the ..[].. owned by members of your household:			2 In what year did you acquire this 1?	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? AMOUNT JS	4 If you wanted to sell this ..[] today, how much would you receive? » NEXT ITEM AMOUNT JS
ITEM	DESCRIPTION	CODE	YEAR		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

PART L: MISCELLANEOUS INCOME

<p>1. During the past 12 months, has any member of your household received income in cash or in kind from the following sources?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <p>ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>		<p>2. What is the value of all income received by the members of your household in cash or in kind from ... during the past 12 months?</p> <p>AMOUNT J\$</p>
Support for children from parents who live elsewhere?	<p>YES →</p> <p>← NO</p>	701
Other relatives or friends who live in Jamaica?	<p>YES →</p> <p>← NO</p>	702
Other relative or friends who live abroad?	<p>YES →</p> <p>← NO</p>	703
Rental payments for use of land or other property owned by household members?	<p>YES →</p> <p>← NO</p>	704
Social security (NIS)?	<p>YES →</p> <p>← NO</p>	705
Private, Government or other pension fund?	<p>YES →</p> <p>← NO</p>	706
Interest from loans made by household members or from money deposited in a bank or other financial institutions?	<p>YES →</p> <p>← NO</p>	707

L

PART M: FOOD STAMPS

1. Did anyone in this household receive any food stamps in September or October?

YES.....1

NO.....2 (» 4)

2. For which household members does the household receive food stamps?

ASK TO SEE CARD

WRITE ID CODES IN BOXES

WRITE CATEGORY CODES IN BOXES

CATEGORY CODES:

PREGNANT WOMAN.....1

LACTATING MOTHER.....2

CHILD UNDER 5.....3

ELDERLY AND ON RELIEF/ASSISTANCE.....4

HANDICAPPED AND RELIEF/ASSISTANCE.....5

POOR AND ON RELIEF/ASSISTANCE.....6

OTHER.....7

3. What is the total value of all food stamps received by all household members in September and October?

IF ZERO, WRITE 0

AMOUNT J\$

» NEXT SECTION

4. Has anyone in the household ever applied to get food stamps?

YES.....1

NO.....2 (» 7)

5. Was the application approved, put on file for the future or turned down?

APPROVED.....1

PUT ON HOLD BECAUSE QUOTA FILLED.....2 (» NEXT SECTION)

TURNED DOWN.....3 (» NEXT SECTION)

DON'T KNOW.....4 (» NEXT SECTION)

6. Why did you not get foodstamps in September/October?

NO LONGER ELIGIBLE.....1

HAVEN'T TRIED TO PICK THEM UP.....2

WENT TO PICK THEM UP BUT FORGOT CARD.....3

WENT TO PICK THEM UP BUT FOOD STAMP OFFICER NOT THERE.....4

OTHER.....5

» NEXT SECTION

7. 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/DO NOT KNOW HOW TO OBTAIN.....4

OTHER.....5

» NEXT SECTION

M

PART N: DISTANCE TO PUBLIC SERVICES

1. Do you know where a[].... is located? YES...1 NO...2 » NEXT ITEM	2. How far away is the nearest []... from your home?	2. How long does it take to get there from here? TIME ONE WAY		3. How do you go there from here? WALKING1 PUBLIC TRANSPORT2 PRIVATE TRANSPORT3 OTHER4	4. What is the name of this... DO NOT ASK IF SPACE IS BLACKED OUT	CODE
	MILES	HOURS	MINUTES			
a. Public Hospital? <input type="checkbox"/>						
b. Private Hospital? <input type="checkbox"/>						
c. Public Health Centre? <input type="checkbox"/>						
d. Private Health Centre? <input type="checkbox"/>						
e. Private Doctor? <input type="checkbox"/>						
f. Poor Relief/Public Assistance? <input type="checkbox"/>						
g. Private Pharmacy? <input type="checkbox"/>						
h. Bus stop? <input type="checkbox"/>						
i. Post Office/Agency? <input type="checkbox"/>						
j. Police Station? <input type="checkbox"/>						

N

1 CHECK SECTION R FOR NUMBER OF MOTHER'S CHILDREN LIVING IN HOUSEHOLD.

Let me confirm you have given birth to (NUMBER OF) children who live with you now?

 IF NO CHILDREN WRITE 00.

2 Do you have children who do not live with you now, but live elsewhere? How many?

 IF NONE ENTER 00

3 Have you given birth to any children who have died? How many?

 IF NONE ENTER 00

4 Are you pregnant now?

YES.....1

NO.....2

5 (Not including your current pregnancy,) have you had any (other) pregnancies? Include all other pregnancies that did not result in a live birth even if they lasted only a very short time. How many?

 IF NO OTHER PREGNANCY ENTER 00.

6 At what age did you first begin menstruating?

YEARS:

99 IF NEVER.

7 At what age did you first have sexual intercourse?

YEARS:

99 IF NEVER.

8 If you could choose how many children you would like to have during your life, how many would you choose?

9 A Have you or your partner done anything or used something in the last 12 months to avoid a pregnancy or to space births?

CIRCLE ALL THAT APPLY
IF MORE THAN ONE METHOD
(* 9 B)

ABSTINENCE.....01
 RHYTHM.....02
 WITHDRAWAL.....03
 PILL.....04
 INJECTION.....05
 IUD.....06
 CONDOM.....07
 DIAPHRAGM.....08
 FOAM, CREAM, JELLY.....09
 TRADITIONAL EDIBLE.....10
 TRADITIONAL INSERTABLE...11
 FEMALE STERILIZATION.....12
 MALE STERILIZATION.....13
 OTHER.....89
 DON'T KNOW.....99

9 B Which method did you use most?

REWRITE CODE HERE:

10 Where did you or your partner usually get (METHOD USED MOST)?

PHARMACY.....1
 MIDWIFE.....2
 FP/MCH CLINIC.....3
 DOCTOR'S OFFICE.....4
 HOSPITAL.....5
 FRIENDS/FAMILY.....6
 OTHER(SPECIFY).....7

DON'T KNOW.....8

11 Do/did you or your partner have to pay for this method in the last 12 months?

YES.....1

NO.....2 (*14)

DON'T KNOW.....3 (*14)

12 How often have you or your partner paid for this method in the last 12 months including supplies and related contraceptive services?

TIMES: TIME UNIT:

CODE:
 DAYS.....1
 WKS.....2
 MTHS.....3

13 How much (did/do) you and your partner pay for this method each time?

AMOUNT: \$

PART O: PREGNANCY ROSTER FOR ONE WOMAN BETWEEN AGES 15 AND 45

These questions are about each of your pregnancies
(May I see the birth certificates or other documents
that records the birthdates of your children)?

IF WOMAN HAS NEVER BEEN PREGNANT,
SKIP REMAINDER OF PART O and SKIP
PART P.

WOMAN'S INDIVIDUAL NO: _____

These questions are about each of your pregnancies (May I see the birth certificates or other documents that records the birthdates of your children)?

SKIP REMAINDER OF PART O and PART P.

14	15	16	17	18	19										
<p>Let's talk about your (first/next) pregnancy.</p> <p>What was the outcome of that pregnancy?</p> <p>OUTCOME</p> <p>1=Currently Preg. 2=Livebirth 3=Stillbirth (>28 wks/7 mths) 4=Miscarriage (<28 wks/7 mths) 5=Induced abortion including ectopic</p>	<p>How long (were you/have you been pregnant (that time)? How many weeks or months?</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> IF CURRENTLY PREGNANT → 18 </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a. PREGNANCY DURATION</p> </div> <div style="width: 45%;"> <p>b. TIME UNIT</p> </div> </div> <p>1=WEEK 2=MONTH</p>	<p>Was this (OUTCOME) registered?</p> <p>YES.....1 NO.....2 DON'T KNOW...3 N/A.....4</p>	<p>How old were you when this pregnancy ended/you had this child?</p> <p>AGE</p>	<p>Before this pregnancy (and since the last one) did you or your partner do anything ever to reduce the chance of your becoming pregnant?</p> <p>YES.....1 NO.....2</p> <p>IF YES, CODE ALL THAT APPLY.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>YES/NO</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	YES/NO	1	2	3	4						<p>Was there another pregnancy?</p> <p>YES.....1 (*14) NO.....2 (*20)</p>
YES/NO	1	2	3	4											
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															

CONTRACEPTIVE CODES:

ABSTINENCE.....	01
RYTHM.....	02
WITHDRAWAL.....	03
PILL.....	04
INJECTION.....	05
UD.....	06
CONDOM.....	07
DIAPHRAGM.....	08
FOAM, CREAM, JELLY.....	09
TRADITIONAL EDIBLE.....	10
TRADITIONAL.....	11
INSERTABLE.....	12
FEMALE STERILIZATION.....	13
MALE STERILIZATION.....	14
OTHER.....	99
DON'T KNOW.....	99

<p>INTERVIEWER: REFER TO THE PREGNANCY ROSTER AND SELECT THE MOST RECENT PREGNANCY THAT LASTED SEVEN MONTHS OR MORE AND OCCURRED IN THE LAST FIVE YEARS. IF CURRENT PREGNANCY IS THE ONLY PREGNANCY, IT MAY BE CHOSEN IF IT HAS LASTED AT LEAST SEVEN MONTHS. MARK THE PREGNANCY LINE NUMBER IN BOX 20. IF THERE IS NO PREGNANCY IN THE PAST FIVE YEARS THAT LASTED SEVEN MONTHS, SKIP TO THE END OF INTERVIEW.</p> <p>20 <input type="checkbox"/></p> <p>21 Referring to (NAME PREGNANCY), when did you have a pregnancy test to confirm this pregnancy?</p> <p>MONTH IN PREGNANCY <input type="checkbox"/></p> <p>NEVER.....00</p> <p>DON'T REMEMBER...99</p> <p>22 A Did you have any other care while you were pregnant (excluding the pregnancy test and delivery care)?</p> <p>YES.....1 * 22 B <input type="checkbox"/></p> <p>NO.....2 * 25 A <input type="checkbox"/></p> <p>22 B During what month in the pregnancy did you receive the first of this care?</p> <p>MONTH: <input type="checkbox"/></p> <p>22 C Where did you usually receive this care?</p> <p>FILL IN LOCATION CODE. IF PLACE IS ANYWHERE OTHER THAN HOME, WRITE NAME OF FACILITY IN SPACE PROVIDED.</p> <p>LOCATION CODE: <input type="checkbox"/></p> <p>LOCATION CODES:</p> <p>PUBLIC HOSPITAL.....01</p> <p>PRIVATE HOSPITAL.....02</p> <p>PUBLIC HEALTH CENTER.....03</p> <p>PRIVATE HEALTH CENTER.....04</p> <p>PRIVATE DOCTOR'S OFFICE.....05</p> <p>PRIVATE PHARMACY.....06</p> <p>GOVERNMENT MIDWIFE.....07</p> <p>HOME VISIT TRADITIONAL MIDWIFE.....08</p> <p>HOME VISIT MATERNITY CENTER.....09</p> <p>TRADITIONAL HEALER.....10</p> <p>HERBALIST.....11</p> <p>OTHER.....12</p> <p>DON'T REMEMBER.....99</p> <p>NAME _____</p>	<p>22 D REFER TO FACILITY IN 22C:</p> <p>How long does it take to get to FACILITY from your home?</p> <p>HOURS: <input type="checkbox"/> MINUTES <input type="checkbox"/></p> <p>CARE IS AT HOME.....00 (*22 F)</p> <p>DON'T REMEMBER.....99</p> <p>22 E When you arrived at (FACILITY), how long did you usually have to wait before you were seen by the doctor/health practitioner?</p> <p>HOURS: <input type="checkbox"/> MINUTES: <input type="checkbox"/></p> <p>DID NOT WAIT.....00</p> <p>DON'T REMEMBER...99</p> <p>22 F Did you go anywhere else for care during your pregnancy? What kind of place is it?</p> <p>LOCATION CODE: <input type="checkbox"/></p> <p>(REFER TO 22 C)</p> <p>23 A What is the total number of visits that you had from all facilities, including any not mentioned?</p> <p>TOTAL VISITS: <input type="checkbox"/></p> <p>23 B How much did you pay altogether for the care you received up until you delivered but not including delivery?</p> <p>INCLUDE DRUG COSTS, BUT DO NOT INCLUDE ANY COSTS COVERED BY INSURANCE.</p> <p>COSTS: \$ <input type="checkbox"/></p> <p>IF NOTHING, WRITE 00.</p>	<p>I now want to ask you about the care you received while you were pregnant.</p> <p>24 A There are some things that the health personnel might have done at your prenatal visits; for each one that I read, tell me if they never, sometimes, or always did it. If you only had one visit or they did the service only once, say one time only.</p> <p>NEVER.....1</p> <p>ONCE.....2</p> <p>SOMETIMES.....3</p> <p>ALWAYS.....4</p> <p>DON'T KNOW.....5</p> <p>a. Did they check weight gain?....</p> <p>b. Did they check blood pressure?..</p> <p>c. Did they take a urine sample?</p> <p>d. Did they take a blood sample?..</p> <p>e. Did they check your body for swelling?.....</p> <p>f. Did they check whether you had any abnormal cravings?.....</p> <p>g. Did they measure your height?..</p> <p>h. Did you get any immunization?..</p> <p>24 B Did they discuss, at any visit each of these things a lot, a little, or never?</p> <p>A LOT.....1</p> <p>A LITTLE.....2</p> <p>NEVER.....3</p> <p>DON'T REMEMBER.....4</p> <p>a. Your diet or nutrition.....</p> <p>b. Smoking/alcohol/drugs.....</p> <p>c. What to do for high blood pressure, such as lying down or resting?.....</p> <p>d. Whether your pregnancy might be dangerous.....</p> <p>e. Warning signs for emergencies and what to do if one appears.....</p> <p>f. That you need to deliver in a hospital and that you should plan how to get there.....</p> <p>g. Breastfeeding.....</p>	<p>25 A - C:</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T REMEMBER.....9</p> <p>a. Bad headaches, dizziness.....</p> <p>b. Swollen hands, face, or feet.....</p> <p>c. Bleeding.....</p> <p>d. Fever or chills.....</p> <p>e. Blurred vision.....</p> <p>f. Convulsions, fits.....</p> <p>g. Unusually heavy or smelly vaginal discharge.....</p> <p>h. No sign of labor more than 12 hours after waters break.....</p> <p>i. Other (SPECIFY) _____</p> <p>26 During this pregnancy did you smoke cigarettes?</p> <p>YES.....1</p> <p>NO.....2</p> <p>27 During this pregnancy, did you drink alcohol?</p> <p>YES.....1</p> <p>NO.....2</p> <p>28 INTERVIEWER: IF WOMAN IS ANSWERING QUESTIONS FOR HER CURRENT PREGNANCY, MARK BELOW AND SKIP TO 37A. OTHERWISE, MARK BELOW AND CONTINUE.</p> <p>CURRENT PREGNANCY.....1 <input type="checkbox"/></p> <p>PREVIOUS PREGNANCY.....2</p>	<p>25 A Did you have any of the following symptoms during that pregnancy?</p> <p>25 B FOR ALL YES-RESPONSES ONLY: When you had did you try to get medical help?</p> <p>25 C Did you have in any previous pregnancy?</p>
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<p>29 How long was your labor, from the first hard contractions/pains to the time of delivery?</p> <p>HOURS: <input type="text"/> OR MORE THAN 3 DAYS...77 HAD NO LABOR...88 DON'T REMEMBER...99</p> <p>30 A Who attended you when you delivered?</p> <p>IF BIRTH IS ATTENDED BY MORE THAN ONE PERSON, MARK THE LOWEST CODE THAT APPLIES.</p> <p>DOCTOR.....01 NURSE.....02 GOVT. MIDWIFE.....03 TRAD. MIDWIFE.....04 OTHER HEALTH CARE PROFESSIONAL.....05 OTHER TRADITIONAL HEALER.....06 FRIEND.....07</p>	<p>31 B Where do you usually receive this care?</p> <p>FILL IN LOCATION CODE. IF PLACE IS ANYWHERE OTHER THAN HOME, WRITE NAME OF FACILITY IN SPACE PROVIDED.</p> <p>LOCATION CODE: <input type="text"/></p> <p>LOCATION CODES PUBLIC HOSPITAL.....01 PRIVATE HOSPITAL.....02 PUBLIC HEALTH CENTER.....03 PRIVATE HEALTH CENTER.....04 PRIVATE DOCTOR'S OFFICE.....05 PRIVATE PHARMACY.....06 OWN HOME.....07 RELATIVE OR FRIENDS HOME.....08 MATERNITY CENTER.....09 OTHER.....10 DON'T REMEMBER.....99</p> <p>NAME <input type="text"/></p>	<p>33 A - B</p> <p>YES.....1 NO.....2 CAN'T REMEMBER....9</p>	<p>33 A During your labour or delivery did you have any of the following:</p> <p>33 B FOR ALL RESPONSES Did you ever have in a pre-vi-ous preg-nancy?</p>
<p>30 B Where did the delivery take place?</p> <p>LOCATION CODE: <input type="text"/></p> <p>LOCATION CODES PUBLIC HOSPITAL.....01 PRIVATE HOSPITAL.....02 PUBLIC HEALTH CENTER.....03 PRIVATE HEALTH CENTER.....04 PRIVATE DOCTOR'S OFFICE.....05 PRIVATE PHARMACY.....06 OWN HOME.....07 RELATIVE OR FRIENDS HOME.....08 MATERNITY CENTER.....09 OTHER.....10 DON'T REMEMBER.....99</p>	<p>31 C REFER TO FACILITY IN 31 B: How long does it take you to get to FACILITY from your home?</p> <p>HOURS: <input type="text"/> MINUTES: <input type="text"/></p> <p>CARE IS AT HOME.....0 DON'T REMEMBER.....99</p> <p>31 D When you arrived at FACILITY, how long did you usually have to wait before you were seen by the doctor/health practitioner?</p> <p>HOURS: <input type="text"/> MINUTES: <input type="text"/></p>	<p>a. Severe bleeding before delivery..... b. Tear in the cervix c. Labor longer than 24 hours..... d. High blood pressure..... e. Convulsions/fits..... f. Passed out..... g. Baby in difficult position..... h. Not all the placenta comes out..... i. Fever, chills..... j. Umbilical cord hanging from vagina.. k. Other (SPECIFY) _____</p>	
<p>30 C Was this the place you planned to deliver the child?</p> <p>YES.....1 NO.....2 NO PLANS.....3</p> <p>30 D How long did it take you to get to where you delivered?</p> <p>HOURS: <input type="text"/> MINUTES: <input type="text"/></p> <p>DELIVERED AT HOME.....00 DON'T REMEMBER.....99</p>	<p>31 E Did you go anywhere else for care after your delivery? What kind of place is it?</p> <p>NAME <input type="text"/> LOCATION CODE (REFER TO 31 B) <input type="text"/></p> <p>31 F How many visits did you have altogether after your delivery?</p> <p>TOTAL VISITS: <input type="text"/></p>	<p>34 A - C</p> <p>YES.....1 NO.....2 DON'T REMEMBER.....9</p>	<p>34 A Did you have any of the following problems in the six weeks following delivery</p> <p>34 B FOR YES-2 RESPONSES ONLY: When you had, did you try to get medical help?</p> <p>34 C FOR ALL RESPONSES Did you have in a pre-vi-ous preg-nancy?</p>
<p>30 E How much did you pay for your delivery care? (DO NOT INCLUDE ANY COSTS COVERED BY INSURANCE)</p> <p>COST: \$ <input type="text"/> IF NOTHING WRITE 00</p> <p>31 A Did you have any care after you delivered your baby?</p> <p>YES.....1 > 31 B <input type="text"/> NO.....2 > 32</p>	<p>31 G How much did you pay altogether for the care you received after you delivered? (DO NOT INCLUDE ANY COSTS COVERED BY INSURANCE)</p> <p>COST: \$ <input type="text"/> IF NOTHING WRITE 00</p> <p>32 Did anyone give you advice about family planning following your pregnancy?</p> <p>YES.....1 <input type="text"/> NO.....2</p>	<p>a. Severe bleeding from the vagina..... b. Fever, chills..... c. Breast infection (sore, swollen, red streaks)..... d. Convulsions, fits..... e. Smelly birth canal, or unusual or smelly vaginal discharge..... f. Other (SPECIFY) _____</p>	

ASK 35 AND 36 ONLY IF BIRTH WAS A LIVEBIRTH.

35 A Did you breastfeed the child?

YES.....1 » 35 B ☐NO.....2 » 36 A ☐

35 B How many months did you breast-feed altogether?

MONTHS: CURRENTLY BREASTFEEDING...80
DON'T REMEMBER.....99

35 C How old was the child, in months when you began giving it other foods including milk, cereals, etc.?

MONTHS: DIDN'T GIVE OTHER FOODS (YET)...80
DON'T REMEMBER.....99

36 A Was this (a)

single birth?.....1 ☐

twins.....2

triplets.....3

more than triplets...4

36 B What is the date of birth of this child? (DD/MM/YY)

DATE OF BIRTH:

FOR THE FOLLOWING QUESTIONS, WE MIGHT HAVE MULTIPLE RESPONSES IF IT WAS A MULTIPLE BIRTH. IF SO, USE OVERFLOW SHEET.

36 C What is the first name of this child?

01 _____

36 D What is the sex of (CHILD'S NAME)

MALE.....1 ☐

FEMALE.....2

36 E How much did the child weigh?

WEIGHT: LBS OZS

36 F IS (CHILD'S NAME) STILL LIVING?

YES.....1 » 36 G ☐NO.....2 » 36 H ☐

36 G IS (CHILD'S NAME) CURRENTLY LIVING IN HOUSEHOLD?

IF YES, COPY CHILD'S ID# ,
IF NO CODE 89.

YES.....1

YES/NO: ☐

NO.....2

ID# :

» 37 A

36 H How old was the child when he/she died?

: TIME CODE:

DAYS.....1

WEEKS.....2

MONTHS.....3

YEARS.....4

37 A Did you have paid employment when you became pregnant?

YES.....1 » 37 B ☐

NO.....2 » 38

37 B What did you do about your job once you became pregnant?

CONTINUED FULLTIME WORK...1

CONTINUED PARTTIME WORK...2

SWITCHED FROM FULL TO

PARTTIME.....3

TOOK A TEMPORARY LEAVE...4

TOOK A PERMANENT LEAVE...5

OTHER6

37 C Did you have a paid maternity leave?

YES.....1 ☐

NO.....2

37 D How many months pregnant were you when you left your job?

MONTHS: WORKED THROUGH DELIVERY.....98
DON'T REMEMBER.....99

38 Was the care you received for this pregnancy, more or less or the same as you usually received for your previous pregnancies?

MORE THAN USUAL.....1 ☐

THE SAME.....2

LESS THAN USUAL.....3

FIRST PREGNANCY.....4

SECRET

ADD ANY NEW MEMBERS TO
THE POSTER ENTER
ON THE LEFT COLUMN FOR
THESE NEW MEMBERS.

HOUSEHOLD MEMBER?	DURING PAST 12 MONTHS
STILL A MEMBER.....	YOU MANY MONTHS 8 OF 12
NO LONGER A MEMBER..	THIS PERSON LIVE IN
NEW MEMBER	THE HOUSEHOLD

[illegible]

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

YES.....1

NO.....2

2 COPY ME
IDENTIFY
CODE OF
THE
NATURAL
MOTHER

4

CODE

7	8	9
Union Status	is partner in house- hold?	COPY THE CIVILIAN CODE OF YOUR PARTNER
MARRIED (W.....) SINGLE (M.....) WIDOW (W.....) DIVORCE (M.....) NEVER MARRIED (PERSON) (M..... PERSON)	YES...1 NO...2 (PERSON)	
USE LOWEST CODE IF MORE THAN ONE		

[illegible]