

THE STATISTICAL INSTITUTE OF JAMAICA

JAMAICA SURVEY OF LIVING CONDITIONS

1992

[illegible]

INTERVIEWER: _____

SUPERVISOR : _____

ADDRESS OF DWELLING: _____

TOTAL TIME OF INTERVIEW --	HOURS :	MINUTES :
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NUMBER OF TIMES HOUSEHOLD VISITED --

ANTHROPOMETRIST: _____

[DATE OF ANTHROPOMETRIC]
[DAY MONTH YEAR]

SECTIONS COMPLETED : ☐ R ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J ☐ K ☐ L

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

INDIVIDUAL N°	1	2	3	4	5	6	7								8	9
	Have you had any illness, injury during the past 4 weeks? For example, have you had a cold, diarrhea, injury due to an accident or any other illness? YES....1 NO....2 (> 20)	Did this illness or injury begin within the past 4 weeks or before the past 4 weeks? WITHIN PAST 4 WEEKS 1 BEFORE PAST 4 WEEKS 2	For how many days during the past 4 weeks have you suffered from this illness or injury? DAYS	For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury? DAYS	Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited during the past 4 weeks? YES....1 NO....2 (> 16)	How many visits did you make in the past 4 weeks to health practitioners? NUMBER OF VISITS	Where did the visit(s) take place? In a...								How much did you have to pay at public health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	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\$
	Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health/Maternity Centre?	Private Doctor's Office?	Private Pharmacy?	Patient's Home?	Other? (SPECIFY)								
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	10	11	12	13	14	15	16	17		18	19	20
	Did you spend a night in a public hospital or other public establishment during the past 4 weeks?	How many nights during the past 4 weeks did you spend in the public hospital?	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.	Did you spend a night in a private hospital or other private establishment during the past 4 weeks?	How many nights during the past 4 weeks did you spend in the private hospital?	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.	Did you buy medicines during the past 4 weeks for this illness or injury?	Did you purchase medicines in a		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.	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	Are you covered by any health insurance?
	YES....1 NO...2 (►13)	NIGHTS	IF NOTHING SPENT WRITE ZERO AMOUNT J\$	YES...1 NO...2 (►16)	NIGHTS	IF NOTHING SPENT WRITE ZERO AMOUNT J\$	YES...1 NO...2 (►20)	Public Facility? YES....1 NO.....2	Private Facility or Pharmacy? YES....1 NO.....2	AMOUNT J\$ IF NOTHING SPENT WRITE ZERO	IF NOTHING SPENT WRITE ZERO AMOUNT J\$ IF NOTHING 0	YES...1 NO....2

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P A R T A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

INDIVIDUAL N°	21 Have you ever been told you have.....? YES1 NO2 (« 24)						22 If yes by whom ? DOCTOR..... 1 NURSE..... 2 LAB TECHNICIAN... 3 FRIEND..... 4 OTHERS..... 5						23 Was your illness in the last 4 weeks due to any of these diseases ? YES....1 NO.....2	24 Do you have a child under six months? YES....1 NO.....2	25 ASK TO ALL WOMEN 13-49 YEARS Are you currently pregnant? YES....1 NO.....2	26 ASK IF YES FOR Q24 OR Q25 Are you attending a public health clinic? YES....1 NO.....2	27 ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS Has this child attended a public health facility ? YES.....1 NO.....2 NEXT PERSON
	DIA-BETES	HIGH BLOOD PRESSURE	ARTHRITIS	ASTHMA	FITS	HEART DISEASE	DIA-BETES	HIGH BLOOD PRESSURE	ARTHRITIS	ASTHMA	FITS	HEART DISEASE					
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P A R T B : EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGE 3 YEARS AND OLDER

INDIVIDUAL N°	1 Did ...[Name]... enrol in school during the last academic year? YES...1 NO....2 (« 6)	2 What type of school did ...[NAME]... attend last academic year? BASIC/INFANT/NURSERY/KINDERGARTEN.....1 (« NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL GRADES 1-6.....3 ALL AGE SCHOOL GRADES 7-9.....4 NEW SECONDARY.....5 COMPREHENSIVE.....6 SECONDARY HIGH.....7 TECHNICAL.....8 VOCAT/AGRIC.....9 » UNIVERSITY.....10 » OTHER POST-SEC.....11 » ADULT EDUCATION/NIGHT SCHOOL.....12 » SPECIAL SCHOOL.....13 » COMMUNITY COLLEGE.....14 » NEXT PERSON	3 Is this school public or private? PUBLIC..1 PRIVATE.2	4 What grade was ...[NAME]... in at school during the last school year? PRIMARY..(1-6) FORM 1....7 FORM 2....8 FORM 3....9 FORM 4....10 FORM 5....11 FORM 6(LOW)....12 FORM 6(UPP)....13 GRADE	5 Did this school provide a meal for ...[NAME]... when he/she was at school? YES, MILK AND/OR NUTRIBUN.1 YES COOKED MEAL....2 YES,BOTH.3 OTHER....4 NO.....5 » NEXT PERSON	6 What type of school did ...[NAME]... last attend? BASIC/INFANT/NURSERY/KINDERGARTEN.....1 (« NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL GRADES 1-6.....3 ALL AGE SCHOOL GRADES 7-9.....4 NEW SECONDARY.....5 COMPREHENSIVE.....6 SECONDARY HIGH.....7 TECHNICAL.....8 (« NEXT PERSON) VOCAT/AGRIC.....9 (« NEXT PERSON) UNIVERSITY.....10 (« NEXT PERSON) OTHER POST-SECONDARY.....11 (« NEXT PERSON) NONE.....12 (« NEXT PERSON)	7 What was the highest grade ...[NAME]... completed at that school. PRIMARY..(1-6) FORM 1....7 FORM 2....8 FORM 3....9 FORM 4....10 FORM 5....11 FORM 6(LOW)....12 FORM 6(UPP)....13 » NEXT PERSON GRADE
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P A R T C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

FOR ALL CHILDREN 0 - 59 MONTHS OLD											FOR CHILDREN LESS THAN 12 MONTHS								
INDIVIDUAL N°	1 When was...[NAME]...born?			2 What was the weight of...[NAME]...at birth?		3 AGE		4 WEIGHT	5 LENGTH	6 Was the birth of this child registered?	7 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				12 Did you breastfeed the child?	13 How many months did you breast-feed altogether?	14 Have you begun to give the child other foods including milk, cereals, etc.?	15 How old was the child in months when you began giving it other foods including milk, cereals, etc.?
	DAY	MONTH	YEAR	LBS	OZS	YEARS	MONTHS	KILO-GRAMS	CENTI-METERS	YES...1 NO....2	YES...1 NO....2	O.P.V. N° OF DOSES	D.P.T. N° OF DOSES	B.C.G. YES...1 NO...2	MEASLES YES...1 NO....2	YES...1 NO...2(» NEXT PERSON)	MONTHS	YES...1 NO...2 (» NEXT PERSON)	MONTHS
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PART D : FOOD STAMPS

1. Is anyone in this household receiving food stamps?

YES.....[1] (> 4)

NO.....[2]

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

YES.....[1](> 10)

NO.....[2]

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

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

» NEXT SECTION

PERSONS RECEIVING FOOD STAMPS				
4	5	6	7	8
INDIVIDUAL NUMBER (FROM ROSTER)	Category ASK TO SEE CARD PREGNANT WOMAN.....1 LACTATING MOTHER.....2 CHILD UNDER 6.....3 ELDERLY POOR, INDIGENT AND HANDICAPPED.....4 SINGLE MEMBER HOUSEHOLD.....5 FAMILY PLAN.....6	What is the total value of food stamps rec- eived in June or July? IF ZERO WRITE 0	ASK IF ANSWER TO QUESTION 6 IS 0 Why didn't you receive food stamps in June or July? NO LONGER ELIGIBLE.....1 DID NOT GO TO PAY STATION.....2 NO ONE AT PAY STATION.....3 WENT, BUT COULD NOT WAIT.....4 WENT, BUT FORGOT ID.....5 DID NOT RECEIVE ENTITLEMENT BY MAIL.....6 WENT, BUT TOLD NOT ON LIST.....7 OTHER.....8	Have you had any problems picking up food stamps? YES..1 NO..2 » (NEXT PERSON)
				9
				What problems ? OFFICER LATE OR DID NOT COME.....1 OFFICER RUDE/ UNPLEASANT.....2 PAY STATION CROWD DISORDERLY.....3 PAY STATION HAS INADEQUATE ACCOMODATION.....4 PAY STATION FAR AWAY TRANSPORTATION DIFFICULTIES.....5 LONG LINE.....6 NOT BEING RECEIVED IN MAIL.....7 OTHER.....8 »NEXT PERSON

PERSONS APPLIED BUT NOT YET RECEIVING FOOD STAMPS			
10	11	12	13
INDIVIDUAL NUMBER (FROM ROSTER)	How long ago was the app- lication made ? MONTHS	What happened to the application ? APPROVED.....1 PUT ON THE FILE.....2 (» NEXT PERSON) TURNED DOWN.....3 (» NEXT PERSON) DON'T KNOW / NOT INFORMED.....4 (» NEXT PERSON)	Why didn't you get food stamps in June or July ? NO LONGER ELIGIBLE.....1 WENT TO PAY STATION BUT NOT YET ON LIST.....2 HAVE NOT GONE TO CHECK.....3 OTHER(specify).....4

P A R T 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 ... 1... during the past 7 days?</p> <p style="text-align: center;">AMOUNT J\$</p>	
Food and beverages consumed away from home	<p>YES-></p> <p><-NO</p>	101	
Coal	<p>YES-></p> <p><-NO</p>	102	
Kerosene	<p>YES-></p> <p><-NO</p>	103	
Wood	<p>YES-></p> <p><-NO</p>	104	
Other fuel for cooking or lighting different than cooking gas and electricity	<p>YES-></p> <p><-NO</p>	105	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	<p>YES-></p> <p><-NO</p>	106	

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. V	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 J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	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 J\$	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. V	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 J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	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 J\$
Personal care supplies (soaps, toothpaste/brushes, shaving cream, razors and blades) YES-> <-NO	201					Cooking gas YES-> <-NO	212				
Cosmetics (lotions, deodorants,...) YES-> <-NO	202					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...) YES-> <-NO	213				
Hair and body care (lotions, dyes, etc) YES-> <-NO	203					Furniture, outdoor (lawn chair, barbecue grill, ...) YES-> <-NO	214				
Laundry supplies (soap bars/powders, bleach, starch, clothes pins,...) YES-> <-NO	204					Furnishings (carpets, drapes, sheets, towels, ...) YES-> <-NO	215				
Polishes, waxes, air freshener, insect sprays YES-> <-NO	205					Dinner ware (plates, glasses, knives, forks, spoons, ...) YES-> <-NO	216				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...) YES-> <-NO	206					Cooking ware (pots, pans, shilléts, ...) YES-> <-NO	217				
Toilet supplies (toilet paper, cleanser, ...) YES-> <-NO	207					Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...) YES-> <-NO	218				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries...) YES-> <-NO	208					Radio (do not include radio/cassette player) YES-> <-NO	219				
Home help services (cook, nurse maid, household help, gardener, ...) YES-> <-NO	209					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...) YES-> <-NO	220				
Laundry and dry cleaning services YES-> <-NO	210					Repairs on furniture or household equipment YES-> <-NO	221				
Rental of equipment (radio, television, ...) YES-> <-NO	211					Medicines (pills, tonics, drugs, family planning supplies) YES-> <-NO	222				
						Medical services (doctor's fee, hospital care, prescriptions, spectacles...) YES-> <-NO	223				
						Health Insurance YES-> <-NO	224				

PART F: CONSUMPTION EXPENDITURES (END)

1	2	3	4	5	6	1	2	3	4
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS. ↓	Have you spent on ... during the past 30 days? YES..1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	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 J\$	During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS. ↓	Have you spent on ... during the past 30 days? YES..1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$
Shoes and sandals for adults YES-> -<NO	225					Making and repair of clothes (adult and children) YES-> -<NO	235		
Shoes and sandals for children YES-> -<NO	226					Purchased transportation (taxi, bus, train, car rental, air fare, ...) YES-> -<NO	236		
Clothing materials for adults (dacron, linen, cotton, silk, ...) YES-> -<NO	227					Gasoline, motor oil YES-> -<NO	237		
Clothing materials for children (dacron, linen, cotton, silk, ...) YES-> -<NO	228					Car repairs, tires YES-> -<NO	238		
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...) YES-> -<NO	229					Car insurance YES-> -<NO	239		
Children clothing (shirts, trousers, coats, jeans, ...) YES-> -<NO	230					Vehicle taxes, duties YES-> -<NO	240		
Accessories (watches, jewelry, sunglasses, ...) YES-> -<NO	231					Purchase of car, motor cycles for personal use YES-> -<NO	241		
Reading materials (Books, magazines, newspapers, ...) YES-> -<NO	232					Other transport expenses (parking charges, motor vehicle and driver licenses) YES-> -<NO	242		
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...) YES-> -<NO	233					Sporting activities (club membership, equipment, entrance fees, ...) YES-> -<NO	243		
Education expenses (tuition, books, boarding fees, ...) YES-> -<NO	234					Other recreational activities (cinema, theater, dance clubs, records, tapes, ...) YES-> -<NO	244		
						Vacation expenses (excluding fares) (hotels, travel tax, ...) YES-> -<NO	245		
						Gardening & horticulture (plants, fertilizer, garden equipment, home animals..) YES-> -<NO	246		
						Telegrams, telephone, cablegrams YES-> -<NO	247		
						Other consumption expenditures (flowers, etc.) YES-> -<NO	248		

P A R T G: 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 & Fire Insurance</p> <p>YES-></p> <p><-NO</p>	250		
<p>Horse racing</p> <p>YES-></p> <p><-NO</p>	251		
<p>Other gambling expenses</p> <p>YES-></p> <p><-NO</p>	252		
<p>Weddings, funerals</p> <p>YES-></p> <p><-NO</p>	253		
<p>Donations and gifts (church or union dues, gifts, charities, ...)</p> <p>YES-></p> <p><-NO</p>	254		
<p>Repayment of loans, interest payments</p> <p>YES-></p> <p><-NO</p>	255		
<p>Support for children who live elsewhere</p> <p>YES-></p> <p><-NO</p>	256		
<p>Other maintenance of relatives outside the home</p> <p>YES-></p> <p><-NO</p>	257		
<p>Other non-consumption expenditures (legal services, anything else, ...)</p> <p>YES-></p> <p><-NO</p>	258		

G

PART H: FOOD EXPENSES

PURCHASED			
1	2	3	4
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 BOUGHT DURING THE PAST 30 DAYS.	Have you bought ... during the past 7 days? YES..1 NO...2 (> 4)	How much did you spend on ... during the past 7 days? AMOUNT J\$	How much did you spend on ... during the past 30 days? AMOUNT J\$

Sugar	YES-> -<NO	441			
Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<NO	442			
Soups (packaged, canned, frozen, ...)	YES-> -<NO	443			
Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<NO	444			
Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<NO	445			
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<NO	446			
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<NO	447			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<NO	448			
Nuts (peanuts, cashew, coconut, ...)	YES-> -<NO	449			
Baby food (milk food, cereals, strained food, ...)	YES-> -<NO	450			
Other food (chips, snacks, cheese trix, ...)	YES-> -<NO	451			
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<NO	452			
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<NO	453			
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<NO	454			

HOME PRODUCTION / GIFTS			
5	6	7	8
During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home-produced ... you ate during the past 7 days? IF NOTHING ENTER 0 AND (> 7) AMOUNT J\$	How much would it cost to buy the amount of home-produced ... you ate during the past 30 days? IF NOTHING ENTER 0 AND (> 8) AMOUNT J\$	How much would it cost to buy the amount of ... you received as a gift during the past 30 days? IF NOTHING, ENTER 0 » NEXT FOOD ITEM AMOUNT J\$

Sugar	YES-> -<NO	441			
Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<NO	442			
Soups (packaged, canned, frozen, ...)	YES-> -<NO	443			
Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<NO	444			
Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<NO	445			
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<NO	446			
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<NO	447			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<NO	448			
Nuts (peanuts, cashew, coconut, ...)	YES-> -<NO	449			
Baby food (milk food, cereals, strained food, ...)	YES-> -<NO	450			
Other food (chips, snacks, cheese trix, ...)	YES-> -<NO	451			
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<NO	452			
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<NO	453			
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<NO	454			

PART H: 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 BOUGHT 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	427		Rice	YES-> -<NO	427	
Cornmeal	YES-> -<NO	428		Cornmeal	YES-> -<NO	428	
Dried peas and beans	YES-> -<NO	429		Dried peas and beans	YES-> -<NO	429	
Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<NO	430		Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<NO	430	
Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<NO	431		Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<NO	431	
Irish potatoes	YES-> -<NO	432		Irish potatoes	YES-> -<NO	432	
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	433		Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	433	
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<NO	434		Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<NO	434	
Fresh vegetables (tomatos, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string beans)	YES-> -<NO	435		Fresh vegetables (tomatos, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string beans)	YES-> -<NO	435	
Frozen, canned and dried vegetables	YES-> -<NO	436		Frozen, canned and dried vegetables	YES-> -<NO	436	
Ackee	YES-> -<NO	437		Ackee	YES-> -<NO	437	
Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	438		Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	438	
Fresh fruit, (oranges, lime apples, bananas, melons, pineapple, avocado pears)	YES-> -<NO	439		Fresh fruit, (oranges, lime apples, bananas, melons, pineapple, avocado pears)	YES-> -<NO	439	
Canned and dried fruits	YES-> -<NO	440		Canned and dried fruits	YES-> -<NO	440	

PART H: 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 BOUGHT 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\$
Liquid milk (raw milk, (pasturized milk or reconstituted milk powder)	YES-> -<NO	414		Liquid milk (raw milk, (pasturized milk or reconstituted milk powder)	YES-> -<NO	414	
Condensed milk	YES-> -<NO	415		Condensed milk	YES-> -<NO	415	
Evaporated milk	YES-> -<NO	416		Evaporated milk	YES-> -<NO	416	
Powdered milk (D.S.M)	YES-> -<NO	417		Powdered milk (D.S.M)	YES-> -<NO	417	
Butter of margarine (chiffon)	YES-> -<NO	417		Butter of margarine (chiffon)	YES-> -<NO	417	
Cheese	YES-> -<NO	418		Cheese	YES-> -<NO	418	
Eggs	YES-> -<NO	419		Eggs	YES-> -<NO	419	
Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	420		Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	420	
Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	421		Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	421	
Bread	YES-> -<NO	422		Bread	YES-> -<NO	422	
Crackers and Unsweetened biscuits	YES-> -<NO	423		Crackers and Unsweetened biscuits	YES-> -<NO	423	
Other baked products - (sweetened biscuits, cakes buns, bullas etc.)	YES-> -<NO	424		Other baked products - (sweetened biscuits, cakes buns, bullas etc.)	YES-> -<NO	424	
Bammy/Cassava Bread	YES-> -<NO	425		Bammy/Cassava Bread	YES-> -<NO	425	
Flour	YES-> -<NO	426		Flour	YES-> -<NO	426	

PART H: FOOD EXPENSES

PURCHASED			
1	2	3	4
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 BOUGHT DURING THE PAST 30 DAYS.	Have you bought ... during the past 7 days? YES..1 NO...2 (» 4)	How much did you spend on ... during the past 7 days? AMOUNT J\$	How much did you spend on ... during the past 30 days? AMOUNT J\$
Fresh or frozen beef	YES-> -<NO	401	
Fresh or frozen pork	YES-> -<NO	402	
Fresh or frozen mutton	YES-> -<NO	403	
Offal- heart, kidney, liver, tripe etc.	YES-> -<NO	404	
Other fresh or frozen (oxtail, trotters, cow's foot, hocks)	YES-> -<NO	405	
Salted, cured or canned meat (eg. pigtail)	YES-> -<NO	406	
Fresh or frozen fish and shellfish	YES-> -<NO	407	
Salted codfish	YES-> -<NO	408	
Canned mackerel, sardines, herring	YES-> -<NO	409	
Other salted or canned fish and shellfish (e.g. mackerel, red herring)	YES-> -<NO	410	
Fresh or frozen whole chicken or parts	YES-> -<NO	411	
Chicken necks and back	YES-> -<NO	412	
Other poultry, fresh, frozen, salted, cured or canned	YES-> -<NO	413	

HOME PRODUCTION / GIFTS			
5	6	7	8
During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home-produced ... you ate during the past 7 days? IF NOTHING ENTER 0 AND (» 7) AMOUNT J\$	How much would it cost to buy the amount of home-produced ... you ate during the past 30 days? IF NOTHING ENTER 0 AND (» 8) AMOUNT J\$	How much would it cost to buy the amount of ... if you received as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef	YES-> -<NO	401	
Fresh or frozen pork	YES-> -<NO	402	
Fresh or frozen mutton	YES-> -<NO	403	
Offal- heart, kidney, liver, tripe etc.	YES-> -<NO	404	
Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks)	YES-> -<NO	405	
Salted, cured or canned meat (eg. pigtail)	YES-> -<NO	406	
Fresh or frozen fish and shellfish	YES-> -<NO	407	
Salted codfish	YES-> -<NO	408	
Canned mackerel, sardines, herring	YES-> -<NO	409	
Other salted or canned fish and shellfish (e.g. mackerel, red herring etc.)	YES-> -<NO	410	
Fresh or frozen whole chicken or parts	YES-> -<NO	411	
Chicken necks and backs	YES-> -<NO	412	
Other poultry, fresh, frozen, salted, cured or canned	YES-> -<NO	413	

PART I: HOUSING AND RELATED EXPENSES

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 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 (> 5)

☐

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

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

☐

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

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

☐

6 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

☐

7 Does this household own or lease this dwelling?

OWNED.....1(>11)
LEASED.....2
PRIVATE RENTED.....3
GOVERNMENT RENTED...4(>17)
RENT FREE.....5(>17)
SQUATTED.....6(>17)
OTHER.....7(>17)

☐

8 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

☐

9 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

☐

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?

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

☐

> 17

11 Do you make mortgage payments on this dwelling?

YES...1
NO....2 (> 14)

☐

12 How much was your last payment?

AMOUNT J\$:

13 How often do you make these payments?

No. OF TIMES:

PER:

MONTH...4
YEAR...5

☐

14 How much could you rent your dwelling for?

AMOUNT J\$:

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 17) 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
CODE ---->

MILES.....1
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?

AMOUNT J\$:

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

MONTHS :

PART J: INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

Do the members of your household have any
..[NAME OF GOOD]..?
DO NOT INCLUDE RENTED ITEMS

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

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

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

1 Please describe all the ..[].. owned by members of your household.			2 In what year did you acquire this ...[]?	3 How much did you pay for this ...[]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ...[]...when you acquired it? AMOUNT JS	4 If you wanted to sell this ..[] today, how much would you receive? » NEXT ITEM AMOUNT JS
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 INCOME

<p>1</p> <p>During the past 12 months, has any member of your household received income in cash or in kind from the following sources?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">X</div> <div style="text-align: center;">↓</div> </div> <p>ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>	<p>2</p> <p>What is the value of all income received by the members of your household in cash or in kind from ... during the past 12 months?</p> <p style="text-align: right; margin-top: 20px;">AMOUNT J\$</p>
--	---

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

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

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

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

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

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

Poor relief?	YES-»	707
	«-NO	

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

K

SECTION 1 : LOANS

1. Does anyone owe money to you or other members of your household (e.g. friends, relatives, business associates, employees) that has not yet been repaid?

NO.....[2] (« 3)

- AMOUNT JS :

- YES.....1 { » 4)
NO.....2 { » SECTION 2)

[illegible]

L

PURPOSE CODES: FARM -1 ; BUSINESS/TRADE -2 ; EDUCATION -3 ; DURABLE GOODS -4 ; HOUSE PURCHASE/CONSTRUCTION & REPAIRS -5 ; HEALTH CARE -6 ; SPECIAL EVENTS (eg. Marriages/Funerals etc.) -7 ; OTHERS -8.

PART L : CREDIT AND SAVINGS (CONT'D)

SECTION 2 : FINANCIAL TRANSACTIONS

Now I would like to ask you some questions about different financial transactions done by the household during the past 12 months.

1. During the past 12 months [since....] have you done any of the following transactions?		2. What was the total value of all transactions you have done during the last 12 months?
PUT A CROSS IN THE APPROPRIATE BOX COMPLETE QUEST.1 BEFORE GOING TO QUEST.2		J\$
Purchase of shares,bonds.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sale of shares,bonds, etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Purchase of private housing. (Write full value cash or credit)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Purchase of urban non-agricultural land. (Write full value cash or credit)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Purchases of durable goods and real estate. (Include all durable goods such as cars, factories, etc, including those mentioned in earlier parts)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sale of durable goods? (Include all durable goods such as cars, factories, etc, including those mentioned in earlier parts)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Participated in a partner saving scheme?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

SECTION 3: CONSUMPTION CREDIT

1. Do you have any Consumption Credit available to your household (or enterprises owned by your household) ? eg, Credit cards, Cooperative Credit, or purchase from shops on credit.

YES.....1 ☐
NO.....2

2. How much did you pay altogether during the last 30 days in these credit systems ?

AMOUNT J\$:

3. How much do you still have to pay ?

AMOUNT J\$:

SECTION 4 : BANK DEPOSITS AND POSTAL SAVINGS

1. Does any member of your household have any of the following?

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

BANK SAVINGS ACCOUNT	<input type="checkbox"/>
BANK CHECKING ACCOUNT	<input type="checkbox"/>
BANK TERM DEPOSITS	<input type="checkbox"/>
ACCOUNTS IN POST OFFICES	<input type="checkbox"/>
BUILDING SOCIETIES (eg NHT)	<input type="checkbox"/>
CREDIT UNIONS	<input type="checkbox"/>
OTHERS (specify)	<input type="checkbox"/>
.....	<input type="checkbox"/>

2. What is the total amount in all these accounts?

On date of Survey? : J\$

A year ago ?

: J\$

HOUSEHOLD ROSTER FOR ROUND 6

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? Describe..

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.

ASK QUESTIONS 1 - 6 FOR ALL HOUSEHOLD MEMBERS AGE 15 AND OVER.

1 Marital Status MARRIED.....1 NEVER MARRIED.....2 DIVORCED.....3 SEPARATED.....4 WIDOWED.....5 USE LOWEST CODE IF MORE THAN ONE APPLIES	2 Union Status MARRIED.....1 COMMON LAW.....2 VISITING.....3 SINGLE.....4 NONE.....5 (» 5) USE LOWEST CODE IF MORE THAN ONE APPLIES	3 Is this partner a household member? YES.....1 NO.....2	4 COPY THE IDENTIFICATION CODE OF THE PARTNER	5 Is ..[NAME].. receiving Public Assistance or Poor Relief? PUBLIC ASSISTANCE...1 POOR RELIEF.....2 NONE.....3	6 Is ..[NAME].. physically or mentally disabled? YES.....1 NO.....2 » NEXT PERSON
---	---	---	--	--	---

INDIVIDUAL N°

	N A M E	A G E	S E X MALE...1 FEMALE...2	RELATIONSHIP AND CODES FROM LABOUR FORCE SURVEY RELATION CODE	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				:		
0				:		
1				:		
2				:		
