

JAMAICA SURVEY OF LIVING CONDITIONS

NOTE: This is an experimental module canvassed for a special sample of households. It is not the full SLCC for 1994

1994

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

INTERVIEWER: _____

SUPERVISOR : _____

ADDRESS OF DWELLING: _____

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

ANTHROPOMETRIST: _____

DATE OF ANTHROPOMETRIC		
DAY	MONTH	YEAR

SECTIONS COMPLETED :	R	A	B	C	D	E	F	G	H	I	J	K	L
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

-----TO BE COMPLETED BY SUPERVISOR-----

HAS THIS QUESTIONNAIRE BEEN RETURNED TO THE FIELD FOR RECTIFICATION OF ERRORS? YES....1 NO....2 IF YES, FOR WHICH ITEMS: _____

PART E: DAILY EXPENSES

TIME STARTED PARTS E - H : HRS MINS

AM....1

PM....2

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

Kerosene	YES->
	<-NO

102

Coal, wood and other fuels	YES->
	<-NO

103

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

104

E

PART F: 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 CONSUMED DURING THE PAST 30 DAYS.	Have you bought ... during the past 7 days? YES..1 NO...2 (» 4)	How much did you spend on ... during the past 7 days? AMOUNT JS	How much did you spend on ... during the past 30 days? AMOUNT JS
Meat(beef, pork, mutton, poultry, fish) - fresh or frozen	YES-> -<NO	201	
Meat(beef, pork, mutton, poultry, fish) - canned, tinned	YES-> -<NO	202	
Meat(beef, pork, mutton, poultry, fish) - cured, salted, dried	YES-> -<NO	203	
All kinds of dairy products	YES-> -<NO	204	
Cooking oils	YES-> -<NO	205	
Bread and other baked products(eg.cakes, breakfast cereals etc.)	YES-> -<NO	206	
Staples(such as flour, rice, cornmeal, sugar)	YES-> -<NO	207	
Dried peas and beans	YES-> -<NO	208	
Roots and tubers(such as yams, potatoes, cassava etc.)	YES-> -<NO	209	
All vegetables(whether fresh, frozen, tinned, or dried)	YES-> -<NO	210	
Fruits and juices(whether fresh, frozen, tinned or dried)	YES-> -<NO	211	
Misc. prepared foods(such as sauces,spices,noodles sweets,soups,baby foodetc)	YES-> -<NO	212	
Beverages	YES-> -<NO	213	

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 JS	How much would it cost to buy the amount of home-produced ... you ate during the past 30 days? IF NOTHING ENTER 0 AND (» 8) AMOUNT JS	How much would it cost to buy the amount of ... gift you received as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT JS
Meat - fresh or frozen	YES-> -<NO	201	
Meat - canned, tinned	YES-> -<NO	202	
Meat - cured, salted, dried	YES-> -<NO	203	
All kinds of dairy products	YES-> -<NO	204	
Cooking oils	YES-> -<NO	205	
Bread and other baked products(eg.cakes, breakfast cereals etc.)	YES-> -<NO	206	
Staples(such as flour, rice, cornmeal, sugar)	YES-> -<NO	207	
Dried peas and beans	YES-> -<NO	208	
Roots and tubers(such as yams, potatoes, cassava etc.)	YES-> -<NO	209	
All vegetables(whether fresh, frozen, tinned, or dried)	YES-> -<NO	210	
Fruits and juices(whether fresh, frozen, tinned or dried)	YES-> -<NO	211	
Misc. prepared foods(such as sauces,spices,noodles sweets,soups,baby foodetc)	YES-> -<NO	212	
Beverages	YES-> -<NO	213	

PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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 ITEMS PURCHASED DURING THE PAST 12 MONTHS.		2 Have you spent on ... during the past 30 days? YES..1 NO..2 (» 5)	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	5 Did you receive 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 JS
Cooking gas	YES-> -<NO	301				
Household supplies (such as products for kitchen, bathroom, cleaning and laundry products)	YES-> -<NO	302				
Furniture, equipment and appliances	YES-> -<NO	303				
Household operational expenses excluding rent, mortgage, property taxes and utilities (eg. services such as home help, repair or rental of appliances)	YES-> -<NO	304				
Personal care supplies (cosmetics and toiletries)	YES-> -<NO	305				
Clothing, footwear and accessories	YES-> -<NO	306				
Education Expenses (tuition, books, boarding, fees	YES-> -<NO	307				
Over-the-counter medicines	YES-> -<NO	308				
Prescription medicines	YES-> -<NO	309				
Medical services (fees for doctors, lab tests, hospitals)	YES-> -<NO	310				

PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

1	2	3	4	5	6
<p>During the past 12 months, has this household spent or received as gift 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 6 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</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>Did you receive any ... as gift during the past 12 months?</p> <p>YES..1</p> <p>NO..2</p> <p>(»NEXT ITEM)</p>	<p>What is the value of all that you received as gift during the past 12 months?</p> <p>ESTIMATE MONETARY VALUE</p> <p>AMOUNT J\$</p>
<p>Health insurance</p> <p>YES-></p> <p><-NO</p>	311				
<p>Public transport (buses and taxis)</p> <p>YES-></p> <p><-NO</p>	312				
<p>Motor vehicle expenses(fuel, repairs and maintenance, insurance, taxes, parking etc.)</p> <p>YES-></p> <p><-NO</p>	313				
<p>Recreation (entertainment, hobbies, clubs, vacations)</p> <p>YES-></p> <p><-NO</p>	314				
<p>Any other</p> <p>YES-></p> <p><-NO</p>	315				

G2

PART H: 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 (> 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
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Life & General Insurance	YES->
	<-NO

401			
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Donations and gifts (church or union dues, gifts, charities, ...)	YES->
	<-NO

402			
-----	--	--	--

Repayment of loans, interest payments	YES->
	<-NO

403			
-----	--	--	--

Support for children or other relatives who live outside the household	YES->
	<-NO

404			
-----	--	--	--

Weddings, funerals	YES->
	<-NO

405			
-----	--	--	--

TIME COMPLETED PARTS E - H : HRS MINS

AM....1
PM....2

4. What is his/her employment status?

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

Lunches _____
Dinners _____

STILL A MEMBER1
NO LONGER A MEMBER.....2
NEW MEMBER.....3

DURING PAST 12 MONTHS
HOW MANY MONTHS DID
THIS PERSON LIVE IN
THE HOUSEHOLD?

A blank sheet of dot grid paper. It features a vertical margin line on the left side, creating a narrow column. The rest of the page is filled with a uniform grid of small dots.
