

THE STATISTICAL INSTITUTE OF JAMAICA

JAMAICA SURVEY OF LIVING CONDITIONS

1997

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

SAMPLING REGION

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	M	N	O	P

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

HAS THIS QUESTIONNAIRE BEEN RETURNED TO THE FIELD FOR RECTIFICATION OF ERRORS? YES....1 NO....2 ☐

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

INDIVIDUAL N°	1	2	3	4	5	6	7	8							
	Have you had any injury during the past 4 weeks? For example due to an accident at your workplace, gunshot, stabbing, accidental fall or other injury? YES, DUE TO MOTOR VEHICLE ACCIDENT...1 YES, ACCIDENT AT WORKPLACE.....2 YES, WAS SHOT.....3 YES, WAS STABBED...4 YES, OTHER ACCIDENT.5 YES, OTHER.....6 NONE.....7	Have you had any illness, other than that due to injury during the past 4 weeks? For example, have you had a cold, diarrhea, or any other illness? YES....1 NO....2 (=21 if Q1=7)	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 (= 17)	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...							
								Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health/Maternity Centre?	Private Doctor's Office?	Private Pharmacy?	Patient's Home?	Other? (SPECIFY)
								YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

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

INDIVIDUAL N°	9	10	11	12	13	14	15	16	17	18		19	20	21
	How much did you have to pay at public health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	How much did you have to pay at private health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	Did you spend a night in a public hospital or other establishment during the past 4 weeks? YES....1 NO.....2 (► 14)	How many nights during the past 4 weeks did you spend in the public hospital? NIGHTS	How much have you paid or will have to pay altogether for this stay in a public hospital? Do not include the cost of medicines or any costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	Did you spend a night in a private hospital or other establishment during the past 4 weeks? YES...1 NO....2 (► 17)	How many nights during the past 4 weeks did you spend in the private hospital? NIGHTS	How much have you paid or will have to pay altogether for this stay in a private hospital? Do not include the cost of medicines or any costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	Did you buy medicines during the past 4 weeks for this illness or injury? YES...1 NO....2 (► 21)	Did you purchase medicines in a Public Facility? Private Facility or Pharmacy? YES....1 YES....1 NO.....2 NO.....2		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	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	Are you covered by any health insurance? YES....1 NO....2
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														

PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

INDIVIDUAL N°	22	23	24	25
	Do you have a child under six months?	ASK ALL WOMEN 13-49 YEARS		ASK IF YES FOR Q22 OR Q23 Are you attending a public health clinic?
	YES....1 NO.....2	Are you currently pregnant? YES....1 NO.....2	YES....1 NO.....2	YES.....1 NO.....2 NEXT PERSON
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

P A R T B : EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 3YRS AND OLDER

I N D I V I D U A L N°	1 What type of school is ..[NAME].. attending this academic year ? BASIC/INFANT/NURSERY/ KINDERGARTEN1 (> NEXT PERSON) PRIMARY2 ALL AGE SCHOOL (GRADES 1-6)3 ALL AGE SCHOOL (GRADES 7-9)4 PRIMARY/JUNIOR HIGH (GRADES 1-6)5 PRIMARY/JUNIOR HIGH (GRADES 7-9)6 JUNIOR HIGH (GRADES 7-9)7 NEW SECONDARY8 COMPREHENSIVE9 SECONDARY HIGH10 TECHNICAL11 VOCAT/AGRIC12 UNIVERSITY13 OTHER TERTIARY (PUBLIC)14 OTHER TERTIARY (PRIVATE)15 ADULT LITERACY CLASSES16 ADULT EDUCATION/NIGHT17 SPECIAL SCHOOL18 NONE19 (> 13)	2 Is this school public or private? PUBLIC..1 PRIVATE.2	3 What grade is ..[NAME].. in at school this year ? PRIMARY.. (1-6) GRADE 7 GRADE 8 GRADE 9 GRADE 10 GRADE 11 GRADE 12 GRADE 13 GRADE	4 How far is ..[NAME]'S... school from this house? MILES YARDS	5 How does ..[NAME]... usually get to school? PUBLIC TRANSPORT..1 WALK.....2 PRIVATE VEHICLE...3 SCHOOL BUS.....4 OTHER (SPECIFY) .5	6 During the 4 week period April 7 - May 2 how many days was ..[NAME].. not sent to school? IF SENT ON ALL DAYS > 8 DAYS	7 What was the main reason for ..[NAME]'s... absence from school? ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME3 NEEDED AT HOME4 MARKET DAY.....5 TRANSPORT PROBLEMS DUE TO POOR ROADS.....6 OTHER TRANSPORT PROBLEMS.....7 SCHOOL CLOSED.....8 SHOES/UNIFORM MISSING/DIRTY/WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND.....12 OTHER (SPECIFY).....13 IF MORE THAN 1 REASON LIST FIRST THREE IN ORDER OF IMPORTANCE FIRST SECOND THIRD	8 Is ..[NAME].. usually sent to school on a Friday? YES..1 (> 10) NO...2	9 What is main reason for ..[NAME]'s... absence on this day? TRUANCY.....1 WORKING OUTSIDE THE HOME2 NEEDED AT HOME3 MARKET DAY.....4 SHOES/UNIFORM MISSING/DIRTY/WET.....5 MONEY PROBLEMS.....6 OTHER (SPECIFY).....7	10 Does ..[NAME]'s... school operate a school feeding programme? YES, MILK AND/OR NUTRIBUN...1 YES, COOKED MEAL.....2 YES, BOTH.....3 NO.....4 (> 12) DON'T KNOW.....5 (> 12)
	1									
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

PART B: EDUCATION (CONCLUDED)

INDIVIDUAL No	11. Does ..[NAME].. usually take the meal provided by the school?	12. What does ..[NAME].. usually have for lunch?	13. What type of school did ..[NAME].. last attend?	14. How many years did ..[NAME].. complete at that school?	SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)								16. FOR SECONDARY SCHOOL STUDENTS [EXCLUDING ALL AGE SCHOOLS]				
	YES....1 (= 15) NO.....2	SNACK/MEAL FROM SCHOOL CANTEEN/ VENDORS....1 SNACK/MEAL FROM HOME.....2 OTHER.....3 NOTHING....4 = 15	BASIC/ INFANT.....1 PRIMARY....2 SECONDARY..3 TERTIARY...4 NONE.....5 NEXT PERSON	NEXT PERSON	15. How much did ..[NAME]'s.. family pay in the past 12 months for the following school expenses?							a. How much is ..[NAME]' school fee for the year, and does this include books? YES....1 NO.....2	b. What portion of the school fee did [NAME]'S. family pay or is committed to pay? ALL....1 (=NEXT PERSON) PART...2 NONE...3	c. Who paid or will pay the other portion of the school fee? MINISTRY.....1 MP2 (= NEXT PERSON) MINISTRY & MP..3 MINISTRY & OTHER.....4 MP & OTHER.....5 (= NEXT PERSON) MINISTRY, MP & OTHER.....6 OTHER (SPECIFY).....7 (= NEXT PERSON)	d. How much did the Ministry contribute towards the payment of the school fee? (\$)		
					a. Extra lessons (outside school)	b. Transport	c. Lunch and snacks at school	d. Uniforms	e. Books	f. Other supplies	g. Board					(\$)	CODE
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

INDIVIDUAL N°	1 When was...[NAME]...born?			2 What was the weight of...[NAME]...at birth?		3 AGE		4 IS THE DATE OF BIRTH IN Q1. BASED ON		5 WAS THIS CHILD MEASURED?		6 REASON CHILD NOT MEASURED		7 WEIGHT		8 LENGTH		9 Was the child measured lying down or standing?		10 Was the birth of this child registered?		11 In the past two weeks, has the child had running belly (diarrhea) ie. three or more loose stools per day		12 RECORD IMMUNIZATION STATUS OF THE CHILD				13 O.P.V.		14 D.P.T.		15 B.C.G.		16 MEASLES		17 For Q12 - Q15, was Immun. card seen?		
	DAY	MONTH	YEAR	LBS	OZS	YEARS	MONTHS	BIRTH CERTIFICATE.....1	IMMUNIZATION CARD.....2	PARENTAL INFORMATION.....3	OTHER RELATIVE/GUARDIAN....4	YES....1 (> 7)	NO.....2	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1	ILLNESS.....2	DEFORMITY...3	OTHER (SPECIFY)...4	LYING DOWN...1	STANDING...2	YES...1	NO....2	YES...1	NO....2	N° OF DOSES	N° OF DOSES	YES...1	NO....2	YES...1	NO....2	YES...1	NO....2	YES...1	NO....2					
01																																						
02																																						
03																																						
04																																						
05																																						
06																																						
07																																						
08																																						
09																																						
10																																						
11																																						
12																																						

P A R T D: EMPLOYMENT AND EARNINGS (TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

I N D I V I D U A L	ACTIVITY STATUS		M A I N O C C U P A T I O N (FOR EMPLOYED PERSONS)							
	1 What was ...[NAME]... doing most of the time during the past 7 days? WORKING1 WITH JOB NOT WORKING.....2 LOOKING FOR WORK.3 AT HOME.....4 AT SCHOOL FULL TIME.....5 PHYSICALLY INCAPABLE OF WORK.....6 OTHER (Specify)...7	2 What kind of work was ...[NAME]... mainly engaged in during past 7 days? » 24	3 In what kind of business or industry was...[NAME]... working?	4 What is ...[NAME]'S employment status in this job? EMPLOYEE OF CENTRAL/ LOCAL GOVERNMENT.....1 OTHER GOVT. AGENCIES..2 PRIVATE SECTOR BUSINESS.....3 UNPAID WORKER.....4 EMPLOYER.....5 OWN ACCOUNT WORKER...6 NOT STATED.....7	5 What is the usual number of hours worked per week?	6 How many months did ...[NAME]... work on this job during the past 12 months?	7 How much did ...[NAME]... earn for salary and wages? PERIOD CODES: WEEK1 FORTNIGHT....2 MONTH.....3 QUARTER.....4 YEAR.....5			
N°		OCCUPATION	CODE	INDUSTRY	CODE	HOURS	MONTHS	AMOUNT	PERIOD CODE	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

P A R T D: EMPLOYMENT & EARNINGS (CONTINUED)

INDIVIDUAL No	8. Are you receiving ...[TYPE]... allowance?																	
	<div style="display: flex; justify-content: space-between;"> <div> YES1 YES, INCLUDED IN SALARY...2 NO.....3 </div> <div> PERIOD CODES WEEK.....1 FORTNIGHT.....2 MONTH.....3 QUARTER.....4 YEAR.....5 </div> </div>																	
	HOUSING			CLOTHING			LAUNDRY			LUNCH			TRANSPORTATION			ENTERTAINMENT		
	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		

P A R T D: EMPLOYMENT AND EARNINGS (CONTINUED)

INDIVIDUAL No	9. Did ..[NAME].. receive any gratuity, commissions or other benefits on this job?			TO BE ASKED OF ALL OWN ACCOUNT WORKERS AND EMPLOYERS			
	YES.....1 YES, INCLUDED IN SALARY...2 NO.....3			10. How much income did ..[NAME].. earn from his/her business enterprise?			
	RECEIVED OR NOT	AMOUNT	PERIOD CODES BELOW	AMOUNT	PERIOD CODES BELOW	NET/GROSS	
						NET	GROSS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

D-3

PERIOD CODES:

WEEK.....1
 FORTNIGHT...2
 MONTH.....3
 QUARTER.....4
 YEAR.....5

PART D: EMPLOYMENT AND EARNINGS (CONTINUED)

SECOND OCCUPATION (FOR EMPLOYED PERSONS)										
INDIVIDUAL N°	11 .. In addition to the main job, what kind of work was ..[NAME]... mainly engaged in during past 7 days? <div>IF NONE » 20</div>	12 In what kind of business or industry was this second job?	13 What is ..[NAME]'s employment status in this job? EMPLOYEE OF CENTRAL/ LOCAL GOVERNMENT.....1 OTHER GOVT. AGENCIES..2 PRIVATE SECTOR BUSINESS.....3 UNPAID WORKER.....4 EMPLOYER.....5 OWN ACCOUNT WORKER...6 NOT STATED.....7	14 What is the usual number of hours worked per week?	15 How many months did ..[NAME]... work on this job during the past 12 months?	16 How much did ..[NAME]... earn for salary and wages? PERIOD CODES: WEEK1 FORTNIGHT....2 MONTH.....3 QUARTER.....4 YEAR.....5				
	OCCUPATION	CODE	INDUSTRY	CODE	HOURS	MONTHS	AMOUNT	PERIOD CODE		
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

P A R T D: EMPLOYMENT & EARNINGS (CONTINUED)

INDIVIDUAL No	17. Are you receiving ...[TYPE]... allowance?																	
	YES1 YES, INCLUDED IN SALARY...2 NO.....3																	
	PERIOD CODES WEEK.....1 FORTNIGHT.....2 MONTH.....3 QUARTER.....4 YEAR.....5																	
	HOUSING			CLOTHING			LAUNDRY			LUNCH			TRANSPORTATION			ENTERTAINMENT		
RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	RECEIVED OR NOT	Total	PERIOD	
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		

PART D: EMPLOYMENT AND EARNINGS (CONTINUED)

INDIVIDUAL N°	18. Did ...[NAME]... receive any gratuity, commissions or other benefits on this job? YES1 YES, INCLUDED IN SALARY...2 NO3			TO BE ASKED OF ALL OWN ACCOUNT WORKERS AND EMPLOYERS 19. How much income did ...[NAME]... earn from his/her business enterprise?			
	RECEIVED OR NOT	AMOUNT	PERIOD CODES BELOW	AMOUNT	PERIOD CODES BELOW	NET/GROSS	
						NET	GROSS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

PERIOD CODES:

WEEK.....1
 FORTNIGHT...2
 MONTH.....3
 QUARTER.....4
 YEAR.....5

D-6

PART D: EMPLOYMENT EARNINGS (CONTINUED)

INDIVIDUAL N°	OTHER ACTIVITIES WHICH CONTRIBUTE TO FAMILY CONSUMPTION (FOR EMPLOYED PERSONS ONLY)					NOT CURRENTLY EMPLOYED						
	20 Has name engaged in any other activity (NOT INCLUDED IN Q12 OR Q17 Q11) which contributed income to self or family during the past 12 months? YES.....1 NO2 (→ NEXT PERSON)	21 What is the nature of this activity? IF THERE ARE MORE THAN ONE MENTION THE MOST IMPORTANT	22 How many months did [NAME].. work on this job during the past 12 months?	23 How much did ..[NAME].. earn for salary and wages? PERIOD CODES: WEEK1 FORTNIGHT....2 MONTH.....3 QUARTER.....4 YEAR.....5	24 Has ...[NAME].. worked at any time during the past 12 months? YES.....1 NO2 (→ NEXT PERSON)	25 What is the nature of this activity? IF THERE ARE MORE THAN ONE MENTION THE MOST IMPORTANT	26 How many months did ..[NAME].. work on this job during the past 12 months?	27 How much did ..[NAME].. earn for salary and wages? PERIOD CODES: WEEK1 FORTNIGHT....2 MONTH.....3 QUARTER.....4 YEAR.....5	DESCRIPTION	CODE	MONTHS	AMOUNT
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

PART D: EMPLOYMENT & EARNINGS (CONTINUED)
HOUSEHOLD ENTERPRISES (TO BE COMPLETED FOR ALL HOUSEHOLDS)

- A**
- Does this household operate any household enterprises, for example agriculture, trade, or production of non-agricultural goods and services?
 YES1 ☐
 NO2 ☐
 - If yes, how many enterprises?
 - What is the nature of activity?
 Enterprise 1 _____
 Enterprise 2 _____
 Enterprise 3 _____
 - Which household members are engaged in this enterprise? (GIVE INDIVIDUAL NUMBER AS IN ROSTER)
 Enterprise 1 _____
 Enterprise 2 _____
 Enterprise 3 _____
 - Does the enterprise employ hired workers on a regular basis? If so, how many?
 Enterprise 1 _____
 Enterprise 2 _____
 Enterprise 3 _____
 - If it is an agricultural enterprise, how many acres were cultivated during the past year?
 Enterprise 1 _____
 Enterprise 2 _____
 Enterprise 3 _____

B.
 PLEASE FILL IN THE FOLLOWING INFORMATION FOR ENTERPRISES EMPLOYING 2 OR MORE WORKERS OR CULTIVATING 3 OR MORE ACRES.

ENTERPRISE NO.: PERIOD FOR WHICH DATA PRESENTED:
 MONTH1
 QUARTER.....2
 YEAR3

OUTPUT (GOODS OR SERVICES)		INPUTS (GOODS OR SERVICES USED IN PRODUCTION)	
ITEM	VALUE J\$	ITEM	VALUE J\$
A. PRODUCTS		1. MATERIALS	
TOTAL PRODUCTS		TOTAL MATERIALS	
B. BY-PRODUCTS		2. Fuel and Electricity	
		3. Wages and Salaries for hired workers	
		4. Transportation Costs	
		5. Maintenance & Repairs	
		6. Taxes, Interest Charges and Rent	
TOTAL BY-PRODUCTS		7. Other Costs (specify)	
C. OTHER PRODUCTS			
TOTAL OTHER PRODUCTS			
TOTAL VALUE OF OUTPUT		TOTAL VALUE OF INPUTS	

P A R T D: EMPLOYMENT & EARNINGS (CONTINUED)
HOUSEHOLD ENTERPRISES (CONT'D)

B. PLEASE FILL IN THE FOLLOWING INFORMATION FOR ENTERPRISES EMPLOYING 2 OR MORE WORKERS OR CULTIVATING 3 OR MORE ACRES.

ENTERPRISE NO.: PERIOD FOR WHICH DATA PRESENTED:
 MONTH 1
 QUARTER 2
 YEAR 3

OUTPUT (GOODS OR SERVICES)		INPUTS (GOODS OR SERVICES USED IN PRODUCTION)	
ITEM	VALUE J\$	ITEM	VALUE J\$
A. PRODUCTS		1. MATERIALS	
TOTAL PRODUCTS		TOTAL MATERIALS	
B. BY-PRODUCTS		2. Fuel and Electricity	
		3. Wages and Salaries for hired workers	
		4. Transportation Costs	
		5. Maintenance & Repairs	
		6. Taxes, Interest Charges and Rent	
TOTAL BY-PRODUCTS		7. Other Costs (specify)	
C. OTHER PRODUCTS			
TOTAL OTHER PRODUCTS			
TOTAL VALUE OF OUTPUT		TOTAL VALUE OF INPUTS	

B. PLEASE FILL IN THE FOLLOWING INFORMATION FOR ENTERPRISES EMPLOYING 2 OR MORE WORKERS OR CULTIVATING 3 OR MORE ACRES:

ENTERPRISE NO.: PERIOD FOR WHICH DATA PRESENTED:
 MONTH 1
 QUARTER 2
 YEAR 3

OUTPUT (GOODS OR SERVICES)		INPUTS (GOODS OR SERVICES USED IN PRODUCTION)	
ITEM	VALUE J\$	ITEM	VALUE J\$
A. PRODUCTS		1. MATERIALS	
TOTAL PRODUCTS		TOTAL MATERIALS	
B. BY-PRODUCTS		2. Fuel and Electricity	
		3. Wages and Salaries for hired workers	
		4. Transportation Costs	
		5. Maintenance & Repairs	
		6. Taxes, Interest Charges and Rent	
TOTAL BY-PRODUCTS		7. Other Costs (specify)	
C. OTHER PRODUCTS			
TOTAL OTHER PRODUCTS			
TOTAL VALUE OF OUTPUT		TOTAL VALUE OF INPUTS	

PART 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 J\$	
Food and beverages consumed away from home (including gifts)	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	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	YES-> <-NO	106	

E

PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER) :

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
During the past 30 days, has this household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	Have you bought ... during the past 7 days? YES..1 NO...2 (> 4)	How much did you spend on ... during the past 7 days? AMOUNT J\$	How much did you spend on ... during the past 30 days? AMOUNT J\$	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 gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef YES-> -<NO	201			Fresh or frozen beef YES-> -<NO	201		
Fresh or frozen pork YES-> -<NO	202			Fresh or frozen pork YES-> -<NO	202		
Fresh or frozen mutton YES-> -<NO	203			Fresh or frozen mutton YES-> -<NO	203		
Offal- heart, kidney, liver, tripe etc. YES-> -<NO	204			Offal- heart, kidney, liver, tripe etc. YES-> -<NO	204		
Other fresh or frozen (oxtail, trotters, cow's foot, hocks) YES-> -<NO	205			Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks) YES-> -<NO	205		
Salted, cured or canned meat (eg. pigtail) YES-> -<NO	206			Salted, cured or canned meat (eg. pigtail) YES-> -<NO	206		
Fresh or frozen fish and shellfish YES-> -<NO	207			Fresh or frozen fish and shellfish YES-> -<NO	207		
Salted codfish YES-> -<NO	208			Salted codfish YES-> -<NO	208		
Canned mackerel, sardines, herring YES-> -<NO	209			Canned mackerel, sardines, herring YES-> -<NO	209		
Other salted or canned fish and shellfish (e.g. mackerel, red herring) YES-> -<NO	210			Other salted or canned fish and shellfish (e.g. mackerel, red herring etc.) YES-> -<NO	210		
Fresh or frozen whole chicken or parts YES-> -<NO	211			Fresh or frozen whole chicken or parts YES-> -<NO	211		
Chicken necks and back YES-> -<NO	212			Chicken necks and backs YES-> -<NO	212		
Other poultry, fresh, frozen salted, cured or canned YES-> -<NO	213			Other poultry, fresh, frozen salted, cured or canned YES-> -<NO	213		

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
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 J\$	How much did you spend on ... during the past 30 days? AMOUNT J\$	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 gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Liquid milk (raw milk, pasturized milk or reconstituted milk powder)	YES-> -<NO	214		Liquid milk (raw milk, pasturized milk or reconstituted milk powder)	YES-> -<NO	214	
Condensed milk	YES-> -<NO	215		Condensed milk	YES-> -<NO	215	
Evaporated milk	YES-> -<NO	216		Evaporated milk	YES-> -<NO	216	
Powdered milk (D.S.M)	YES-> -<NO	217		Powdered milk (D.S.M)	YES-> -<NO	217	
Butter or margarine (chiffon)	YES-> -<NO	218		Butter or margarine (chiffon)	YES-> -<NO	218	
Cheese	YES-> -<NO	219		Cheese	YES-> -<NO	219	
Eggs	YES-> -<NO	220		Eggs	YES-> -<NO	220	
Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	221		Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	221	
Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	222		Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	222	
Bread	YES-> -<NO	223		Bread	YES-> -<NO	223	
Crackers and Unsweetened biscuits	YES-> -<NO	224		Crackers and Unsweetened biscuits	YES-> -<NO	224	
Other baked products - (sweetened biscuits, cakes, buns, buillas etc.)	YES-> -<NO	225		Other baked products - (sweetened biscuits, cakes, buns, buillas etc.)	YES-> -<NO	225	
Banmy/Cassava Bread	YES-> -<NO	226		Banmy/Cassava Bread	YES-> -<NO	226	
Flour	YES-> -<NO	227		Flour	YES-> -<NO	227	

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS					
1 During the past 30 days, has this household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.		2 Have you bought ... during the past 7 days? YES...1 NO...2 (> 4)	3 How much did you spend on ... during the past 7 days? AMOUNT JS	4 How much did you spend on ... during the past 30 days? AMOUNT JS	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 JS	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 JS	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 JS
Rice	YES-> -<NO	228			Rice	YES-> -<NO	228		
Cornmeal	YES-> -<NO	229			Cornmeal	YES-> -<NO	229		
Dried peas and beans	YES-> -<NO	230			Dried peas and beans	YES-> -<NO	230		
Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<NO	231			Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<NO	231		
Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<NO	232			Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<NO	232		
Irish potatoes	YES-> -<NO	233			Irish potatoes	YES-> -<NO	233		
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	234			Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	234		
Other starchy fruits (plantains, green bananas, bread fruit, ...)	YES-> -<NO	235			Other starchy fruits (plantains, green bananas, bread fruit, ...)	YES-> -<NO	235		
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas&beans, corn cobs, string beans)	YES-> -<NO	236			Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas&beans, corn cobs, string beans)	YES-> -<NO	236		
Frozen canned and dried vegetables	YES-> -<NO	237			Frozen canned and dried vegetables	YES-> -<NO	237		
Ackee	YES-> -<NO	238			Ackee	YES-> -<NO	238		
Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	239			Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	239		
Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	YES-> -<NO	240			Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	YES-> -<NO	240		
Canned and dried fruits	YES-> -<NO	241			Canned and dried fruits	YES-> -<NO	241		

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1 During the past 30 days, has this household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ... during the past 7 days? YES...1 NO...2 (> 4)	3 How much did you spend on ... during the past 7 days? AMOUNT J\$	4 How much did you spend on ... during the past 30 days? AMOUNT J\$	5 During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home-produced ... you ate during the past 7 days? IF NOTHING ENTER 0 AND (> 7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced ... you ate during the past 30 days? IF NOTHING ENTER 0 AND (> 8) AMOUNT J\$	8 How much would it cost to buy the amount of ... you received as gift during the past 30 days? IF NOTHING, ENTER 0 NEXT FOOD ITEM AMOUNT J\$
Sugar YES-> -<NO	242			Sugar YES-> -<NO	242		
Sweets (sugar, honey, sweeteners, jams, jellies) YES-> -<NO	243			Sweets (sugar, honey, sweeteners, jams, jellies) YES-> -<NO	243		
Soups (packaged, canned, frozen, ...) YES-> -<NO	244			Soups (packaged, canned, frozen, ...) YES-> -<NO	244		
Prepared meats and fish (curried mutton, fish fingers, ...) YES-> -<NO	245			Prepared meats and fish (curried mutton, fish fingers, ...) YES-> -<NO	245		
Dry packaged foods (macaroni, vermicelli, ...) YES-> -<NO	246			Dry packaged foods (macaroni, vermicelli, ...) YES-> -<NO	246		
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...) YES-> -<NO	247			Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...) YES-> -<NO	247		
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...) YES-> -<NO	248			Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...) YES-> -<NO	248		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...) YES-> -<NO	249			Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...) YES-> -<NO	249		
Nuts (peanuts, cashew, coconut, ...) YES-> -<NO	250			Nuts (peanuts, cashew, coconut, ...) YES-> -<NO	250		
Baby food (milk food, cereals, strained food, ...) YES-> -<NO	251			Baby food (milk food, cereals, strained food, ...) YES-> -<NO	251		
Other food (chips, snacks, cheese trix, ...) YES-> -<NO	252			Other food (chips, snacks, cheese trix, ...) YES-> -<NO	252		
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...) YES-> -<NO	253			Breakfast drinks (coffee, tea, Ovaltine, Milo, ...) YES-> -<NO	253		
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...) YES-> -<NO	254			Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...) YES-> -<NO	254		
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...) YES-> -<NO	255			Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...) YES-> -<NO	255		

RESPONDENT (INDIVIDUAL # FROM ROSTER):

PART G: CONSUMPTION EXPENDITURES

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS RECEIVED OR PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (= 5)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (=NEXT ITEM)	What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Personal care supplies (soaps, toothpaste/brushes and shaving cream, razors and blades)	YES-> -<NO				
301					
Cosmetics (lotions, deodorants, ...)	YES-> -<NO				
302					
Hair and body care (lotions, dyes, etc)	YES-> -<NO				
303					
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> -<NO				
304					
Polishes, waxes, air freshener, insect sprays	YES-> -<NO				
305					
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<NO				
306					
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<NO				
307					
Other household supplies (scurving pads, liquid cleanser, brooms, light bulbs, batteries, ...)	YES-> -<NO				
308					
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<NO				
309					
Laundry and dry cleaning services	YES-> -<NO				
310					
Rental of equipment (radio, television, ...)	YES-> -<NO				
311					

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS RECEIVED OR PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (= 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (=NEXT ITEM)	What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Cooking gas	YES-> -<NO				
312					
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<NO				
313					
Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<NO				
314					
Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<NO				
315					
Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<NO				
316					
Cooking ware (pots, pans, shillits, ...)	YES-> -<NO				
317					
Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO				
318					
Radio (do not include radio/cassette player)	YES-> -<NO				
319					
Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...)	YES-> -<NO				
320					
Repairs on furniture or household equipment	YES-> -<NO				
321					
Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<NO				
322					
Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...)	YES-> -<NO				
323					
Health insurance	YES-> -<NO				
324					

PART G: CONSUMPTION EXPENDITURES (END)

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL PURCHASED OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (> NEXT ITEM)	What is the value of all that you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Shoes and sandals for adults	YES-> -<NO				
Shoes and sandals for children	YES-> -<NO				
Clothing materials for adults (dacron, linen, cotton, silk, ...)	YES-> -<NO				
Clothing materials for children (dacron, linen, cotton, silk, ...)	YES-> -<NO				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES-> -<NO				
Children clothing (shirts, trousers, coats, jeans, ...)	YES-> -<NO				
Making and repair of clothes (adult and children)	YES-> -<NO				
Accessories (watches, jewelry, sunglasses, ...)	YES-> -<NO				
Reading materials (books, magazines, newspapers, ...)	YES-> -<NO				
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)	YES-> -<NO				
Education expenses (tuition, books, boarding, fees, ...)	YES-> -<NO				
Sporting activities (club membership, equipment, entrance fees, ...)	YES-> -<NO				
Other recreational activities (cinema, theatre, dance clubs, records, tapes)	YES-> -<NO				

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS RECEIVED OR PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (> NEXT ITEM)	What is the value of all that you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Purchased transportation (taxi, bus, train, car rental, air fare)	YES-> -<NO				
Gasoline, motor oil	YES-> -<NO				
Car repairs, tires	YES-> -<NO				
Car insurance	YES-> -<NO				
Vehicle taxes, duties	YES-> -<NO				
Purchase of car, motor cycles for personal use	YES-> -<NO				
Other transport expenses (parking charges, motor vehicle and driver licenses)	YES-> -<NO				
Vacation expenses (excluding fares) (hotels, travel tax, ...)	YES-> -<NO				
Gardening & horticulture (plants, fertilizer, garden equipment, home animals...)	YES-> -<NO				
Telegrams, telephone, + cablegrams	YES-> -<NO				
Other consumption expenditures (flowers, etc.)	YES-> -<NO				
Purchases for special occasions (parties, entertainment relating to weddings, funerals etc.)	YES-> -<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 H: NON - CONSUMPTION EXPENDITURES

1	2	3	4
<p>During the past 12 months, has this household spent on any of the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.</p>	<p>Have you spent on ... during the past 30 days?</p> <p>YES...1</p> <p>NO...2 (> 4)</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT J\$</p>	<p>How much did you spend on ... during the past 12 months?</p> <p>AMOUNT J\$</p>
Life & General Insurance	YES-> -<-NO	401	
Horse racing	YES-> -<-NO	402	
Other gambling expenses	YES-> -<-NO	403	
Weddings, funerals	YES-> -<-NO	404	
Donations and gifts (church or union dues, gifts, charities, ...)	YES-> -<-NO	405	
Repayment of loans, interest payments	YES-> -<-NO	406	
Support for children who live elsewhere	YES-> -<-NO	407	
Other maintenance of relatives outside the home	YES-> -<-NO	408	
NHT	YES-> -<-NO	409	
NIS	YES-> -<-NO	410	
Pension	YES-> -<-NO	411	
Other non-consumption expenditures (legal services, anything else, ...)	YES-> -<-NO	412	
Direct Taxes (Income tax and Education tax)	YES-> -<-NO	413	

PART I: FOOD STAMPS - TO BE ASKED OF EACH HOUSEHOLD MEMBER

ALL MEMBERS		RECEIVING FOOD STAMPS								
I N D I V I D U A L N°	1 Which of the following Food Stamp situations applies to you? RECEIVING FOOD STAMPS.....1 RECEIVED FOOD STAMPS EARLIER BUT NOT NOW RECEIVING.....2 (NEXT PERSON) APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING3(>15) APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING.....4(>18) NEVER APPLIED.....5(>19)	2 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 KEROSENE PLAN..7	3 Do you usually send someone to pick-up your food stamps? YES...1 (> 9) NO....2	4 How far is the pay station from your house? MILES YARDS	5 On average how long does it take to get from your home to the pay station? HOURS MINS.		6 How do you normally get to the pay station? PUBLIC TRANSPORTATION.1 WALK.....2 (> 8) "BEG A RIDE"....3 (> 8) OWN VEHICLE....4 (> 8)	7 If public transportation how much do you pay to get to and from the pay station? \$	8 On average how long does it take from the time of arrival at the pay station for you to get your food stamps? HOURS MINS.	
	01									
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										

PART I: FOOD STAMPS (CONTINUED)

RECEIVING FOOD STAMPS - CONTINUED														
I N D I V I D U A L N°	9 Do you buy ...[ITEM]... with the food stamps? YES.....1 NO.....2									10 If you did not have to pick up food stamps what would you be doing? "BE AT WORK".....1 HOUSEHOLD WORK (KITCHEN, GARDEN, REPAIRS AND WORK AROUND THE HOUSE)....2 ATTENDING TO CHILDREN/FAMILY.....3 LEISURE4 OTHER (SPECIFY).....5	11 What is the value of food stamps received last March or April? IF DID NOT RECEIVE WRITE ZERO	12 IF ANSWER TO QUESTION 11 IS ZERO. Why didn't you receive food stamps last March or April? NO LONGER ELIGIBLE...1 DID NOT GO TO PAY STATION.....2 NO ONE AT PAY STATION.....3 WENT, BUT COULD NOT WAIT.....4 WENT, BUT FORGOT ID...5 DID NOT RECEIVE ENTITLEMENT BY MAIL..6 WENT, BUT TOLD NOT ON LIST.....7 OTHER (SPECIFY).....8	13 Have you had any problems picking up food stamps? YES....1 NO.....2 (* NEXT PERSON)	14 What was the main problem? OFFICER LATE/ DID NOT COME.....1 OFFICER RUDE/ UNPLEASANT.....2 PAY STATION HAS INADEQUATE ACCOMODATION.....3 PAY STATION CROWD DISORDERLY.....4 PAY STATION FAR AWAY, TRANSPORTATION DIFFICULTIES.....5 LONG LINE6 NOT BEING RECEIVED IN THE MAIL.....7 OTHER.....8
	Cornmeal	Sugar	Rice	Flour	Milk	Meats	Kerosene	Other Food Item	Other Non-Food Item (Specify)					
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														

PART I: FOOD STAMPS (CONTINUED)

APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING				APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING		NEVER APPLIED	
15 How long ago was the application made?	16 What happened to the application?	17 Why didn't you get food stamps last March or April?	18 What is the reason why you have never received food stamps?	19 Why have you never applied for food stamps?			
INDIVIDUAL N° MONTHS	APPROVED.....1	NO LONGER ELIGIBLE.....1	APPROVED, BUT NEVER CHECKED BACK.....1	DOES NOT SEE SELF AS ELIGIBLE.....1			
	PUT ON FILE.....2 (»NEXT PERSON)	WENT TO PAY STATION BUT NOT YET ON LIST.....2	PUT ON FILE.....2	BENEFITS TOO SMALL, CAN'T BE BOTHERED.....2			
	TURNED DOWN.....3 (»NEXT PERSON)	HAVE NOT GONE TO CHECK.....3	TURNED DOWN, NOT ELIGIBLE.....3	DOES NOT WANT STIGMA...3			
	DON'T KNOW/NOT INFORMED.....4 (»NEXT PERSON)	OTHER.....4	DID NOT RECEIVE IN MAIL.....4	IGNORANCE/DON'T KNOW HOW TO OBTAIN.....4			
		DON'T KNOW/NOT INFORMED.....5	DON'T KNOW/NOT INFORMED.....5	OTHER.....5			
» NEXT PERSON		» NEXT PERSON		» NEXT PERSON			
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

PART J: 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
IMPROVISED HOUSING
UNIT.....6
PART OF COMMERCIAL
BUILDING.....7
OTHER.....8
(SPECIFY)

2 MAIN MATERIAL OF OUTER WALLS

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

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

NO. OF ROOMS:

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

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

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

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

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

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

7 Does this household own or lease this dwelling?

OWNED.....1
LEASED.....2 (> 9)
PRIVATE RENTED.....3 (> 9)
GOVERNMENT RENTED.....4 (> 18)
RENT FREE.....5 (> 17)
SQUATTED.....6 (> 18)
OTHER.....7 (> 18)

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

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

GO TO 12

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

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

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

IF NO MONEY PAYMENT, ENTER ZERO

AMOUNT J\$:

PER:

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

11 Does somebody who is not a member of the household, help to pay the rent for this dwelling? For example, a relative, a public agency (GIVE EXAMPLES), or a private individual or agency?

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

> 18

12 Do you make mortgage payments on this dwelling?

YES...1
NO....2 (> 15)

13 How much was your last payment?

AMOUNT J\$:

14 How often do you make these payments?

No. OF TIMES: PER: MONTH...4 YEAR...5

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

YES...1
NO....2 (> 16a)

16 How much taxes do you pay for this dwelling?

AMOUNT J\$:

PER:

MONTH...4
YEAR...5

16a How much was spent on maintenance, minor repairs and decoration in the past year?

AMOUNT J\$:

17 How much could you rent your dwelling for per month?

AMOUNT J\$:

18 What is the main source of drinking water for your household

INDOOR TAP/PIPE...1
OUTSIDE PRIVATE
PIPE/TAP.....2
PUBLIC STANDPIPE...3 (> 22)
WELL.....4 (> 22)
RIVER, LAKE,
SPRING, POND.....5 (> 22)
RAINWATER (TANK)...6 (> 24)
OTHER (SPECIFY):.....7 (> 22)

19 Have you a group or individual meter?

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

20 How much was the latest water bill for your household?

AMOUNT J\$:

21 How many months were covered by this bill?

MONTHS :

> 24

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

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

23 How far from this dwelling is this ... (SUPPLY SOURCE IN 18) ...?

DISTANCE ---->

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

24 What is the source of lighting for this dwelling?

ELECTRICITY...1
KEROSENE.....2 (> 27)
OTHER.....3 (> 27)
NONE.....4 (> 27)

25 How much was the latest electric bill for your household?

AMOUNT J\$:

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

MONTHS:

27 Does this household have a telephone?

YES....1
NO.....2 (> NEXT SECTION)

28 How much was the latest telephone bill for your household ?

AMOUNT J\$:

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

MONTHS :

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			2	3	4
Please describe all the ..[]... owned by members of your household.			In what year did you acquire this ...[]?	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?	If you wanted to sell this ..[] today, how much would you receive?
I	WRITE THE ITEM AND DESCRIPTION (MAKE, COLOR, ETC.) FOR EACH OF THE GOODS. COPY THE CODE AND THEN GO TO THE NEXT ITEM IN THE LIST FOR WHICH THE ANSWER WAS YES.				<div>» NEXT ITEM</div>
T	ITEM	DESCRIPTION	CODE	YEAR	
E	ASK QUESTION 1 FOR ALL GOODS BEFORE GOING TO 2-4.				
M					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

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.

X

↓

Windfall Receipts? (lotteries, gambling inheritances etc.)	710	YES →
		← NO

[illegible]

F

PART M: ADEQUACY OF INCOME

RESPONDENT N° :

1. Concerning your household income over the past year, which of the following is true?

Less than adequate for the household's needs1. (→ 2)
 More than adequate for the household's needs2. (→ 6)
 Just adequate for the household's needs3. (→ NEXT SECTION)

INCOME - LESS THAN ADEQUATE

2. What strategies did you employ in order to meet your household needs? Did you ...

PLEASE RECORD RESPONSE IN APPROPRIATE LINE BELOW

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

3. What was the total amount borrowed during the past year?

(\$)

4. What was the total amount obtained from possessions sold during the past year?

(\$)

5. Did you minimise spending in any of the following categories during the past year?

YES.....1

NO.....2

Food

Health

Clothing

Trans-
portationPayment
of bills

Loans

Other
(Specify)

Borrow money?

1

Sell Possessions?

2

Minimise spending in some areas?

3

Do Nothing

4

Other (Specify)

5

M-1

PART M: ADEQUACY OF INCOME (CONTINUED)

RESPONDENT N° :

INCOME - MORE THAN ADEQUATE

6. What did you do with the excess earnings after your household needs were met? Did you...

PLEASE RECORD RESPONSE IN
APPROPRIATE LINE BELOW

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

IF YES FOLLOW SKIPS

7. What was the total amount by which you reduced debts during the past year?

(\$)

8. What was the total amount you spent to ...[].... during the past year?

(\$)

Reduce your debts?	1	(→7)		
Purchase land or building?	2	(→8)		
Purchase motor vehicle ?	3	(→8)		
Purchase durable goods?	4	(→8)		
Travel?	5	(→8)		
Entertain ?	6	(→8)		
Improve your home?	7	(→8)		
Improve your business?	8	(→8)		
Invest in financial assets?	9	(→8)		
Do Nothing?	10	» NEXT SECTION		
Other?(specify)	11	(→8)		

M-2

PART N: SAVINGS -
TO BE ASKED OF EACH HOUSEHOLD MEMBER AGED 14 YEARS AND OVER

I N D I V I D U A L N°	1 Does ...[NAME]... have money saved in some kind of savings account or partner?	2 How often does ...[NAME].. save and how much?													
	YES.....1	<table border="0"> <tr> <td>PERIOD</td> <td>CODES</td> </tr> <tr> <td>DAILY</td> <td>1</td> </tr> <tr> <td>WEEKLY</td> <td>2</td> </tr> <tr> <td>FORTNIGHTLY</td> <td>3</td> </tr> <tr> <td>MONTHLY</td> <td>4</td> </tr> <tr> <td>OCCASSIONALLY</td> <td>5</td> </tr> </table>		PERIOD	CODES	DAILY	1	WEEKLY	2	FORTNIGHTLY	3	MONTHLY	4	OCCASSIONALLY	5
	PERIOD	CODES													
	DAILY	1													
WEEKLY	2														
FORTNIGHTLY	3														
MONTHLY	4														
OCCASSIONALLY	5														
NO2 (* NEXT PERSON)	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR OCCASIONALLY MENTION NUMBER OF TIMES IN A YEAR </div>														
	PERIOD CODE	AMOUNT (\$)													
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															

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

Does any member of your household have
..[SAVING TYPE]..?

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 3.

SAVING TYPE	CODE	YES	NO
Deposits in Commercial Bank	801		
Deposits in Merchant Bank	802		
Foreign Exchange Account	803		
Credit Union	804		
P.C. Bank	805		
Building Societies	806		
Post Office Savings Bank	807		
Cooperatives	808		
Partner	809		
Savings Certificates	810		
Shares in Companies	811		
Bonds, Govt Bonds, Treasury Bills	812		
Savings with relatives/friends	813		
Home Saving	814		
Money Lenders	815		
Others (specify)	816		

INDIVIDUAL NUMBER AS IN ROSTER	SAVINGS CODE	Amount as on date of survey	Is it the same, more or less than a year ago. SAME.....1 MORE2 LESS3	If it is more, then by how much?	If it is less, then by how much?
		(\$)		(\$)	(\$)

P A R T N: SAVINGS - OTHER ASSETS

INSTRUCTIONS:

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

Does any member of your household own
..[ASSET TYPE]..?

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 4.

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

ASSET TYPE	CODE	YES	NO
Agricultural Land	901		
Land or Buildings (other than house occupied by the household)	902		
Cattle(dairy/meat)	903		
Pigs	904		
Goats	905		
Poultry	906		
Fish Farms	907		
Farm Equipment	908		
Non-Farm Equipment	909		
Transport Equipment	910		

4. Please describe the other assets owned by members of your household.

[illegible]

[illegible]

0-1

PURPOSE CODES

BANK	1
INSURANCE COMPANY	2
GOVT. AGENCY	3
COOP CREDIT UNION	4
OTHER COOPERATIVES	5
MONEY LENDER	6
PARTNER	7
RELATIVE	8
FRIENDS	9
GROCERY STORE	10
CREDIT CARD	11
SUPPLIER'S CREDIT	12
HIRE PURCHASE	13
OTHERS	14
EMPLOYER	15

DEVELOPMENT OF FARM	1
DEVELOPMENT OF BUSINESS/TRADE	2
CURRENT OPERATIONAL EXPENSES ON FARM	3
CURRENT OPERATIONAL EXPENSES ON BUSINESS/TRADE	4
EDUCATIONAL EXPENSES	5
CONSUMPTION EXPENSES	6
PURCHASE OF MOTOR VEHICLE	7
PURCHASE OF OTHER DURABLE GOODS	8
REPAYMENT OF DEBTS	9
HEALTH	10
OTHERS (SPECIFY)	11

P A R T O: MONEY BORROWED (CONTINUED)

2. Have you missed any payments due on the following? If so, how many payments and how much?

YES.....1
NO.....2 (► NEXT SECTION)

[illegible]

P A R T P: MONEY LENT

1. Has any member of your household lent money to individuals, farms or business that have not been repaid? For example, loans to friends, neighbours, relatives or business partners that have not been repaid?

YES.....1 NO2 (➤ NEXT SECTION) DON'T KNOW....3 (➤ NEXT SECTION)

Please identify the household member who lent the money and amount of loans due

INDIVIDUAL NUMBER AS IN ROSTER	Amount due as on date of survey	TRANSACTIONS DURING PAST YEAR		
		Amount lent during past year	REPAYMENTS	
			Principal (\$)	Interest (\$)
	(\$)	(\$)		

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.

In addition to the household members, did any persons take meals from this household regularly during the past 7 days?

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

If yes, in past 7 days the total number of meals taken:

Breakfasts.....
Lunches.....
Dinners.....

HOUSEHOLD ROSTER FOR ROUND 11

ASK QUESTIONS 1 - 5 FOR ALL HOUSEHOLD MEMBERS AGE 15 AND OVER.

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

INDIVIDUAL

INDIVIDUAL No.	PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS				IN THE HOUSEHOLD		DURING PAST 12 MONTHS		ASK QUESTIONS 1 - 5		FOR ALL HOUSEHOLD MEMBERS
	NAME	AGE	SEX 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	HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD?	USE LOWEST CODE IF MORE THAN ONE APPLIES	USE LOWEST CODE IF MORE THAN ONE APPLIES	Is this partner a household member?	Is .. (NAME) .. receiving Public Assistance or Poor Relief?	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											