

JAMAICA SURVEY OF LIVING CONDITIONS

2 0 0 2

DATE OF THE INTERVIEW

DAY	MONTH	YEAR
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PARISH	CONSTITUENCY	ENUMERATION DISTRICT N°	DWELLING N°	H/H	AREA	SERIAL N°
						03277

INTERVIEWER: _____

SUPERVISOR: _____

ADDRESS OF DWELLING: _____

TOTAL TIME OF INTERVIEW -- HOURS : MINUTES :

NUMBER OF TIMES HOUSEHOLD VISITED --

ANTHROPOMETRIST: _____

DATE OF ANTHROPOMETRIC

DAY	MONTH	YEAR
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SECTIONS COMPLETED:

R	A	B	C	D	E	F	G	H	I	J	K	L	M
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----- 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 A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

I N D I V I D U A L N ^o	1	2	3	4	5	6	7	8	9	10
	When you are ill/injured and need to visit a health Practitioner where would you normally go?	Have you ever applied for/request fee exemption from a Public Hospital/Health Centre	Why didn't you apply for such an exemption?	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?	Have you had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma attack, hypertension, diabetes or any other illnesses?	Is this a diagnosed (chronic) recurring illness? (Indicate all that apply)	For how long did this last episode of illness last?	For how long were you unable to carry out normal activities?	Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited?	How many visits did you make to health practitioners?
	PUBLIC HOSPITAL....1 PUBLIC HEALTH CENTRE.....2 PRIVATE DOCTOR/HOSPITAL.....3 PHARMACY.....4 OTHER (SPECIFY)....5	YES.....1 NO.....2 > 4	TOO DIFFICULT...1 DON'T WANT THE STIGMA....2 DON'T KNOW OF THE BENEFIT....3 OTHER (SPECIFY)..4	YES, DUE TO MOTOR VEHICLE ACCIDENT...1 YES, ACCIDENT AT WORK PLACE.....2 YES, WAS SHOT.....3 YES, WAS STABBED...4 YES, OTHER ACCIDENT.....5 YES, BURNS.....6 YES, HEAD INJURY...7 YES, POISONING....8 NONE.....9	YES.....1 NO.....2 > 29 IF 9 IN Q4	YES, COLD.....1 YES, DIARRHOEA...2 YES, ASTHMA.....3 YES, DIABETES....4 YES, HYPERTENSION.....5 YES, ATHRITIS....6 YES, OTHER (SPECIFY).....7 NO.....8	DAYS	DAYS	YES.....1 NO.....2 > 20	
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PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	10 Where did the visit(s) take place? In a ...					12	13	14	15	16	17	18	19	20
	Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health or Maternity Centre/Doctor's Office	Other? (SPECIFY)	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	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	Did you spend a night in a public hospital or other 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. IF NOTHING SPENT WRITE ZERO	Did you spend a night in a private hospital or other 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. IF NOTHING SPENT WRITE ZERO	Why didn't you seek care for this past/current illness? COULD NOT AFFORD.....1 WASN'T ILL ENOUGH.....2 (*22) PREFERRED HOME REMEDY (IES).....3 (*22) DIDN'T HAVE TIME TO GO.....4 (*22) OTHER (SPECIFY) ..5 (*22)
	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	AMOUNT J\$	AMOUNT J\$	YES....1 NO.....2 (> 17)	NIGHTS	AMOUNT J\$	YES...1 NO....2 (> 22)	NIGHTS	AMOUNT J\$ (> 22)	

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

I N D I V I D U A L N°	21 ? What did you do when you were unable to seek medical care from a Hospital or Health Centre for this past/current illness because you could not afford to?	22 ? Did you buy medicines/fill the prescription during the past 4 weeks for this illness or injury?	23 ? (Regarding prescription) Why didn't you fill the prescription?	24 ? Did you finish taking the prescribed medication?	25 ? Why were you unable to complete the course of treatment?	26 Did you purchase medicines in a		27 How much have you spent for medicines at public source e.g. public hospital, health centre, during the past 4 weeks? Do not include the costs paid for by your insurance?	28 How much have you spent for medicines at private source e.g. private doctor, pharmacy, etc. During the past 4 weeks? Do not include the costs paid for by your insurance?	29 Are you covered by any health insurance?	30 Have you visited a health practitioner for any other reason, during the last 12 months?
	Tried traditional over the counter medicine.....1 Tried prepared non traditional medicine.....2 Attended free health clinic.....3 Tried home remedy.....4 Nothing.....5	Prescribed medicines....1 > 24 Partial prescription..2 >24 Prescribed / over the counter.....3 > 24 Over the counter.....4 > 26 Prescribed/didn't buy.....5 > 23 None prescribed / required.....6 > 27	Could not afford to...1 Just received & haven't had time.....2 Medicine not available...3 Medication...4 Not necessary...4 Other (specify)...5 (26)	Yes.....1 No.....2	Supplies not available....1 Could not afford medication....2 Got better before it was finished.....3 Still taking medication....4 Other specify.....5	Public Facility? Yes.....1 No.....2	Private Facility or Pharmacy Yes.....1 No.....2	IF NOTHING SPENT WRITE ZERO AMOUNT JS	IF NOTHING SPENT WRITE ZERO AMOUNT JS	Yes...1 No....2	YES, PUBLIC...1 YES, PRIVATE...2 YES, BOTH.....3 NO.....4 (*33)
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P A R T A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

I N D I V I D U A L N ^o	31 If yes what for? ENTER ALL THAT APPLY ILLNESS.....1 GENERAL CHECK UP.....2 EYES.....3 TEETH.....4	32 On a scale of 1-5, how satisfied were you with the service?		33 ASK FOR HOUSEHOLD MEMBERS 0 - 35 MONTHS How many times in the last 12 months has ... [NAME]... visited a Health Practitioner? ONCE.....1 TWICE.....2 BETWEEN 3 -5 TIMES.....3 MORE THAN 5 TIMES.....4	34 Is [NAME]..... physically or mentally disabled? YES, MENTAL.....1 YES, SIGHT ONLY.....2 YES, HEARING ONLY.....3 YES, SPEECH ONLY.....4 YES, HEARING & SPEECH.....5 YES, PHYSICALLY (LEGS & ARMS).....6 YES, MULTIPLE DISABILITY.....7 NO.....8 (> 36)	35 If yes, when did this disability occur? FROM BIRTH....1 IN CHILD UNDER FIVE YEARS.....2 CHILD 5 -18 YEARS.....3 YOUNG ADULT (19-34) YEARS..4 MATURE WORKER (35-64).....5 ELDERLY (65 & OVER)....6	36 37 38 39 ASK ALL WOMEN 13-49 YEARS				40 ASK IF YES TO Q'S 36,37 &38 Are you currently visiting a Maternal and child Health Practitioner? YES, PUBLIC.1 YES, PRIVATE...2 BOTH.....3 NO.....4		
		Do you have a child under six months.	Do you have a child six to 12 months?				Are you currently pregnant?	Are you currently using a family planning method?	YES...1 NO....2	YES...1 NO....2		YES...1 > 40 NO....2	YES.....1 NO.....2
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PART B: EDUCATION (CONTINUED)

I N D I V I D U A L N ^o	11. Since the start of the school year, has... [NAME] ever been kept home from school because of the following reasons? (MULTIPLE ANSWERS ALLOWED) Household could not provide lunch money.....1 School fees not paid....2 Household could not afford transportation costs....3 Household could not afford uniform/shoes.....4 Other (Specify).....5 No Problems.....6 (→ 13)	12. How often has this happen Frequently1 Occasionally.....2 Seldom3					13. In your opinion how good is the school that ... [NAME].... attends ? VERY GOOD.....1 GOOD.....2 NEITHER GOOD NOR BAD.....3 BAD.....4 VERY BAD.....5	14. Does ... [NAME]'S... school operate a school feeding programme ? YES, MILK AND/OR NUTRIBUN...1 YES, COOKED MEAL.....2 YES, BOTH.....3 NO.....4 (→ 18) DON'T KNOW.....5 (→ 18)	15. Does ... [NAME].. usually take the meal provided by the school ? YES, MILK AND /OR NUTRIBUN...1 > 17 YES, COOKED MEAL.....2 > 17 YES, BOTH...3 > 17 NO.....4 DON'T KNOW/ NOT STATED.....5 > 19			
		a. H/H could not provide lunch money	b. School Fees not paid	c. H/H could not afford transportation costs	d. Uniform / shoes not available	e. Other (Specify)						
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PART B: EDUCATION (CONCLUDED)

INDIVIDUAL No	16. Why doesn't... ..[NAME].. take the meal/snack provided by the school ?	17. Does ..[NAME] ..pay for this meal or get it for free?	18. What does usually have for lunch?	19. Does ..[NAME] .. have the required textbooks for school?	20. Why doesn't ..[Name] have all of the required main textbooks for school?	21. What type of school did....[NAME].... last attend? BASIC/INFANT.....1 PRIMARY.....2 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 SECONDARY.....8 COMPREHENSIVE.....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCT/AGRIC.....12 UNIVERSITY.....13 OTHER TERTIARY (PUBLIC).....14 OTHER TERTIARY (PRIVATE).....15 ADULT LITERACY CLASSES.....16 ADULT EDUCATION/NIGH.....17 SPECIAL SCHOOL.....18 NONE.....19	22. What was the last grade ...[NAME].. completed at that school?	23. IF COMPLETED SCHOOL BEFORE GRADE 11 Why did you /...[NAME] stop attending school? REACHED TERMINAL GRADE1 MONEY PROBLEMS.....2 PREGNANCY3 EXPELLED.....4 NO INTEREST IN SCHOOL.....5 FAMILY PROBLEMS.....6
	BECAUSE OF STIGMA.....1 DOESN'T LIKE IT.....2 TOO EXPENSIVE.....3 OTHER (SPECIFY).....4	ALWAYS PAYS.....1 PAY SOMETIMES....2 DOESN'T PAY.....3 DON'T KNOW.....4 NOT STATED.....5	Snack/Meal from school canteen/tuck shop.....1 Snack/Meal from vendors....2 Snack/Meal from home.....3 OTHER (SPECIFY)....4 Nothing.....5	Yes, has all.1 (* 24) Has some....2 Has none....3 Don't Know..4 Not stated..5	Has not paid school fees.....1 Has not paid book rental fee.....2 School does not have the books.....3 Books hard to find..4 OTHER (SPECIFY)....5 DON'T KNOW.....6 Not Stated.....7			
	Sw	sw		yes	*25 yes	yes	YEARS GRADE	
	> 18	> 19						

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PART B: EDUCATION (CONTINUED)

INDIVIDUAL	24. What is the highest (academic) examination that ... [NAME] has passed?	25. Has ... [NAME] .. ever enrolled in any skills training program?	26. What skills did .. [NAME] learn / are .. [NAME] learning.	27. Did .. [NAME] .. receive a certificate ?
	NONE.....1			
	JUNIOR HIGH SCHOOL CERT.2			
	GRADE NINE ACHIEVEMENT TEST....3			YES1
	CXC Basic, JSC 5, SSC.3rd JL.....4	YES, HEART-ACADEMY.....1		NO2
	CXC Gen, GCE 0 1-2.....5	YES, HEART-VTC2		CURRENTLY ENROLLED.....3
	CXC Gen, GCE 0 3-4.....6	YES, HEART-SLTOPS/ APPRENTICESHIP..3		
	CXC Gen, GCE 0 5+.....7	YES, HEART-OTHER.....4		
	GCE A LEVEL 1-2.....8	YES, PRIVATE.....5		
	GCE A LEVEL 3 or MORE.....9	NO.....6		
	TERTIARY CERT./DIPLOMA.....10	SKILLS 2000 NYS OT48P ✓		
	DEGREE.....11			
	N° OTHER.....12			
NOT STATED.....13				

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P A R T C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

I N D I V I D U A L N°	13	14	15	16	17	18	19	20
	In the past two weeks, has the child had running belly (diarrhea) ie. three or more loose stools per day? YES...1 NO....2	O. P. V.	D. P. T.	B. C. G.	MEASLES	For Q14 to Q17 was Immunization Card seen? YES.....1 NO.....2	What types of symptoms would cause you to take your child to a health facility right away? CHILD NOT ABLE TO DRINK OR BREASTFEED..1 CHILD DEVELOPS A FEVER.....2 CHILD HAS FAST/DIFICULTY BREATHING..3 CHILD HAS BLOOD IN STOOL4 VOMITING.....5 DIARRHEA.....6	When your child is ill when do you usually take him/her for medical treatment? IMMEDIATELY.....1 AFTER OBSERVING 1-2 DAYS WITHOUT IMPROVEMENT.....2 AFTER GIVING HOME REMEDIES/OVER THE COUNTER/NO IMPROVEMENT.....3 WHEN I GET MONEY.....4
	N° OF DOSES	N° OF DOSES	YES...1 NO....2	YES...1 NO....2	YES...1 NO....2			
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PART D :SOCIAL SAFETY NET (TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS)

INDIVIDUAL No	1	2	3										
	Have you...[Name].. heard of the Jamaica Unified Benefits Programme (JUBP)/ Poverty Alleviation through Health and Education (PATH) Programme ?	How did you...[NAME].. hear of the JUBP / PATH ?	Have you...[NAME] ever applied for any assistance or has any one applied for assistance on your behalf ?										
			YES1 NO.....2 DON'T KNOW3 NOT STATED.....9 <div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: fit-content;">» 10a IF NO TO ALL</div>										
		Radio.....1	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.
		Poster Flyers.....2	Free Lunch/ Snacks	FSP	FAP	Public Assitance	Poor Relief	SESP	JaDEP	Tertiary Grant from SLB	JUBP/ PATH	Other (SPECIFY)	None
		Church.....3											
		Health Centre.....4											
	YES.....1	Friends Relatives..5											
	NO.....2	School.....6											
	DONT KNOW.....3	Other (Specify)..7											
	NOT STATED.....9												
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by pov status

PART D :SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL NO	4	5									
	Why did you apply for assistance? Because I really need the help.....1 Because I was referred (specify)...2 Others I know in my situation are receiving.....3 Others better off than me are receiving.....4 Other (SPECIFY).....5	Have you... [NAME]...ever received assistance from any of the following Social Welfare Programmes ?									
		YES.....1 NO.....2 DON'T KNOW.....3 NOT STATED.....9 > 10b IF NO, DK/NS TO ALL									
		a.	b.	c.	d.	e.	f.	g.	h.	i.	j.
		Free Lunch / Snacks	FSP	FAP	Public Assistance	Poor Relief	SESP	JaDEP	Tertiary Grant from SLB	Other (SPECIFY)	None
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PART D: SOCIAL SAFETY NET (CONTINUED)

I N D I V I D U A L N O	<p>6 Are you ... [NAME] ... currently participating in any of the following welfare programmes ?</p> <p>YES.....1 DONT KNOW.....3 NO.....2 NOT STATED4</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>ASK Q7 ONLY IF FSP GIVEN AS AN ANSWER, ELSE SKIP TO Q8. IF NO or DK/NS TO ALL, SKIP TO Q10C, THEN GO TO Q9 IF FEMALE</p> </div>										<p>7. In what category of the FSP are you ... [NAME] ... currently participating ?</p> <p>PREGNANT WOMAN.....1 LACTATING MOTHER.....2 CHILD UNDER 6 YEARS.....3 ELDERLY POOR/INDIGENT & HANDICAPPED.....4 SINGLE MEMBER H/H.....5 FAMILY PLAN.....6 KEROSENE PLAN.....7</p>	
	a. Free Lunch/ Snack	b. FSP	c. FAP	d. Public Assistance	e. Poor Relief	f. SESP	g. JaDEP	h. Tertiary Grant from SLB	i. JUBP / PATH	j. Other (SPECIFY)	k. NONE	

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PART D: SOCIAL SAFETY NET (CONTINUED)

FOR WOMEN 13-49 YEARS

INDIVIDUAL NO	<p>8. For how long have you[NAME]... been participating in the programme ?</p> <p>< 1 YEAR.....1 6-9 YEARS.....4</p> <p>1-3 YEARS.....2 10+ YEARS.....5</p> <p>4-5 YEARS.....3</p> <p style="text-align: center; border: 1px solid black;">> 11 IF MALE</p>										<p>9. (FOR WOMEN 13-49 YEARS)</p> <p>How many children have you had since being on any of the stated Welfare Assistance programmes ?</p>
	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	
Free Lunch/ Snack	FSP	FAP	Public Assistance	Poor Relief	SESP	JaDEP	Tertiary Grant from SLB	Other (SPECIFY)	NONE		ONE.....1
											TWO.....2
											THREE & OVER.....3
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PART D: SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL NO	10a Why have you never applied ? (MAIN REASON)										
	Did not know of any available form(s) of assistance.....1 Didn't think was eligible/ Not in need2 Applied, but not receiving3 Don't want stigma4 Benefits too small, can't bother5 Other (Specify).....6										
	a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.
	Free Lunch / Snacks	FSP	FAP	Public Assistance	Poor Relief	SESP	JaDEP	Tertiary Grant from SLB	JUBP / PATH	Other (SPECIFY)	NONE
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by pov status

PART D: SOCIAL SAFETY NET (CONTINUED)

10b
Why have you never received any form of assistance from any of the following Social Welfare Program?

APPLIED BUT REFUSED BY AGENCY..... 1
 APPLIED, AWAITING ANSWER 2
 OTHER (specify) 3

*by pov.
Status*

INDIVIDUAL

	a. Free Lunch / Snacks	b. FSP	c. FAP	d. Public Assistance	e. Poor Relief	f. SESP	g. JaDEP	h. Tertiary Grant from SLB	i. Other (SPECIFY)	j. NONE
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PART D: SOCIAL SAFETY NET (CONTINUED)

10c

ASK ONLY IF YES TO Q5 AND NO TO Q6

Why are you no longer participating in the programme ?

- No longer eligible.....1
- Was removed from programme.....2
- My economic situation improved.....3
- Benefits too small/couldn't be bothered.....4
- Stigma.....5
- Removed don't know why.....6
- Don't know.....7

by poor status

INDIVIDUAL NO

	a. Free Lunch / Snacks	b. FSP	c. FAP	d. Public Assistance	e. Poor Relief	f. SESP	g. JaDEP	h. Tertiary Grant from SLB	i. Other (SPECIFY)	j. NONE
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PART D: SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL NO	11	In what way has the programme benefitted you/your household? (MAIN REASON)									
		HELPED ME TO MAINTAIN DIGNITY1							HAS NOT HELPED7 (→ 12)		
		HAS REDUCED MY BORROWING/BEGGING2							} → (Q13)		
		HELPED TO KEEP CHILDREN IN SCHOOL3									
		HELPED ME TO MANAGE MY HEALTH NEEDS4									
		ASSISTED ME WITH MEALS5									
		OTHER (SPECIFY)6									
	a. Free Lunch / Snacks	b. FSP	c. FAP	d. Public Assistance	e. Poor Relief	f. SESP	g. JaDEP	h. Tertiary Grant from SLB	i. Other (SPECIFY)	j. NONE	

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PART D: SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL NO	12	Why has the programme not been helpful to you.... [NAME].....									
		Benefits are inadequate.....1 Too much time to collect.....2 Too costly to collect.....3 Other (SPECIFY).....4									
		a. Free Lunch / Snacks	b. FSP	c. FAP	d. Public Assistance	e. Poor Relief	f. SESP	g. JaDEP	h. Tertiary Grant from SLB	i. Other (SPECIFY)	j. None
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PART D: SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL NO	13 What main problem have you/.. [NAME] .. experienced in collecting any of the programme benefits?									
	a. Free Lunch / Snacks	b. FSP	c. FAP	d. Public Assistance	e. Poor Relief	f. SESP	g. JaDEP	h. Tertiary Grant from SLB	i. Other (SPECIFY)	j. NONE
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PART D: SOCIAL SAFETY NET (CONTINUED)

I N D I V I D U A L	14 Did you receive any other services from the social welfare programme									
	a. Free Lunch / Snacks	b. FSP	c. FAP	d. Public Assistance	e. Poor Relief	f. SESP	g. JaDEP	h. Tertiary Grant from SLB	i. JUBP/ PATH	j. Other (SPECIFY)
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PART D: SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL	/15 Have you participated/are you participating in any of the following skills training/ employment creation programs? YES.....1 NO.....2 DON'T KNOW...3								
	IF 14 YEARS AND OVER GO TO QUESTION 17 ELSE NEXT PERSON								
	a. NGO/CBTP (eg. Mel Nathan, St Patricks, etc)	b. NYS	c. Skills 2000	d. Lift up Jamaica	e. Micro Enter- prise	f. SIF Funded Skills Training	g. Self Start Fund	h. Other (Specify)	
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PART D :SOCIAL SAFETY NET (CONTINUED)

ASK FOR PERSONS 14 YEARS AND OLDER									PERSONS RECEIVING WELFARE ASSISTANCE										
I N D I V I D U A L	16 Has it made a difference in your life thus far ? (Multiple Answers)								17 How do you feel about your present condition?		18 Over the past 12 months have you been able to make any significant progress in your life?		19 How do you view the future?		20 How soon do you hope to come off welfare assistance?		21 What would greatly assist you in permanently coming off welfare?		
	Yes, I was able to get a job.....1 Yes, I started/expanded a business.....2 Yes, made me feel hopeful.....3 Went back to school/on to further training.....4 No, I'm still in same condition as before I started.....5 Too early to say.....6 Other (SPECIFY).....7								Hopeful.....1 Hopeless.....2 Don't Know.....3 Unsure.....4		YES.....1 SOMEWHAT.....2 NO.....3		Hopeful...1 Hopeless...2 Don't Know...3 Know.....3 Unsure...4		< than 1 year...1 1-2 years.....2 3+ years.....3 Don't Know.....4 Unsure.....5 Don't hope to come off...6 Other (SPECIFY).....7		Education/Skill upgrading.....1 Getting a job/starting a business...2 Living somewhere else in Jamaica.....3 Getting help from child(ren)'s parents.....4 Receiving help from adult children...5 Migrating.....6 Marriage.....7 Nothing.....8 Other (SPECIFY).....9 Don't know/Not stated.....10		
a. NGO/CBTP (eg. Mel Nathan, St. Patricks etc		b. NYS		c. Skills 2000		d. Lift upon Jamaica		e. Micro Enterprise		f. SIF Funded Skills Training		g. Self Start Fund		h. Other (SPECIFY)					
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11																			
12																			

P A R T D: SOCIAL SAFETY NET (CONCLUDED) - FOR HOUSEHOLD HEAD ONLY

22 ✓ Has this household had difficulty meeting.....? YES 1 NO.....2		23 ✓ Has this (your present)household had any of the following disconnected within the last four months due to inability to pay bill? YES 1 NO2		24 Which of the following has this household experienced within the past 12 months? YES.....1 NO.....2		25 What is the main means of support for this household? Salaries, wages, earnings of members.....1 Remittances from family/ friend abroad.....2 Support received for children living in the household.....3 Help from family / friend locally.....4 Welfare support from the Gov't.....5 Welfare support from the Church /NGO.....6 Other (SPECIFY).....7		26 ✓ How would you describe this households current economic status/condition? Very poor/unable to manage.1 Just getting by.....2 Doing okay3 Doing Well.....4	
School related costs (Uniforms, lunch, fees etc.		Electricity		Loss of breadwinner due to injury, abandonment, death or incarceration					
Health related expenses (Medication, cost of visits diagnostic costs etc.		Telephone		Unexpected loss of house or property.					
Transportation costs		Water		Crop Failure					
Food costs		Cable		Redundancy/Breadwinner lost job/Closure of business					
Entertainment costs (including cable)		Other (SPECIFY)		Loss of Remittances					
Clothing costs				Other (Specify)					
Loans/Debt									
Vacation Needs									
Utilities (Telephone, electricity, water)									
Other (Specify)									
No Difficulty									
						27 ✓ How would you describe the economic status of the household in which you grew up? VERY POOR/ UNABLE TO MANAGE1 JUST GETTING BY2 DOING OKAY.....3 DOING WELL4 NOT STATED.....9		28 ✓ Did that household or any member(s) ever receive any form of welfare assistance? YES.....1 NO.....2 DON'T KNOW ...3	

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\$

Coal	YES->	102	
	<-NO		
Kerosene	YES->	103	
	<-NO		
Wood	YES->	104	
	<-NO		
Other fuel for cooking or lighting different than cooking gas and electricity	YES->	105	
	<-NO		
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	YES->	106	
	<-NO		

MEALS AWAY FROM HOME

3

During the past 7 days, has this household spent money on any of the following items, as meals away from home?

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.

4

How much have you spent for ... [] ... during the past 7 days?

AMOUNT J\$

Meat, poultry or fish meals bought away from home (including gifts)	YES->	107	
	<-NO		
Sandwiches, Burgers Patties	YES->	108	
	<-NO		
Dairy Products e.g. milk, Supligen, Nutrament etc.	YES->	109	
	<-NO		
Breakfast beverages e.g. tea, coffee, milo etc.	YES->	110	
	<-NO		
Fruits, juices & vegetables	YES->	111	
	<-NO		
Drinks- box, bottle, etc.	YES->	112	
	<-NO		
Others eg. soups, vegetarian meals, etc.	YES->	113	
	<-NO		

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. red herring) YES-> <-NO	210			Other salted or canned fish and shellfish (e.g. red herring) 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 (including flavoured milk) YES-> / <-NO	214			Liquid milk (including flavoured milk) YES-> / <-NO	214		
Condensed/Evaporated Milk YES-> / <-NO	215			Condensed/Evaporated Milk YES-> / <-NO	215		
Powdered milk (D.S.M) YES-> / <-NO	216			Powdered milk (D.S.M) YES-> / <-NO	216		
Food Drink (including Lasco, Supligen, Enerplus Nutrament) YES-> / <-NO	217			Food Drink (including Lasco, Supligen, Enerplus Nutrament) YES-> / <-NO	217		
Butter YES-> / <-NO	218			Butter YES-> / <-NO	218		
Cheese YES-> / <-NO	219			Cheese YES-> / <-NO	219		
Other dairy products (yogurt, ice cream, ...) YES-> / <-NO	220			Other dairy products (yogurt, ice cream, ...) YES-> / <-NO	220		
Eggs YES-> / <-NO	221			Eggs YES-> / <-NO	221		
Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)) YES-> / <-NO	222			Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)) 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, bullas etc.) YES-> / <-NO	225			Other baked products - (sweetened biscuits, cakes buns, bullas etc.) YES-> / <-NO	225		
Bammy/Cassava Bread YES-> / <-NO	226			Bammy/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 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	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 banana, bread fruit, ...)	YES-> -<NO	235		Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<NO	235	
Fresh vegetables, (tomatos, carrots, lettuce, turnip, avocado, onion, peas&beans, corn cobs, string beans)	YES-> -<NO	236		Fresh vegetables, (tomatos, 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	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 → NEXT FOOD ITEM AMOUNT J\$
Sugar	242			Sugar	242		
Sweets (sugar, honey, sweeteners, jams, jellies)	243			Sweets (sugar, honey, sweeteners, jams, jellies)	243		
Soups (packaged, canned, frozen, ...)	244			Soups (packaged, canned, frozen, ...)	244		
Prepared meats and fish (curried mutton, fish fingers, ...)	245			Prepared meats and fish (curried mutton, fish fingers, ...)	245		
Dry packaged foods (macaroni, vermicelli, ...)	246			Dry packaged foods (macaroni, vermicelli, ...)	246		
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	247			Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	247		
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	248			Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	248		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	249			Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	249		
Nuts (peanuts, cashew, coconut, ...)	250			Nuts (peanuts, cashew, coconut, ...)	250		
Baby food (milk food, cereals, strained food, ...)	251			Baby food (milk food, cereals, strained food, ...)	251		
Other food (chips, snacks, cheese trix, ...)	252			Other food (chips, snacks, cheese trix, ...)	252		
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	253			Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	253		
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	254			Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	254		
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	255			Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	255		

PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

1		2	3	4	5	6	1		2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.		Have you spent on ... during the past 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.		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	301					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<-NO	313				
Cosmetics (lotions, deodorants, ...)	YES-> -<-NO	302					Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<-NO	314				
Hair and body care (lotions, dyes, etc)	YES-> -<-NO	303					Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<-NO	315				
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> -<-NO	304					Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<-NO	316				
Polishes, waxes, air freshener, insect sprays	YES-> -<-NO	305					Cooking ware (pots, pans, shillets, ...)	YES-> -<-NO	317				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<-NO	306					Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<-NO	318				
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<-NO	307					Large kitchen appliances (Fridge, stove, microwave, freezer...)	YES-> -<-NO	319				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries...)	YES-> -<-NO	308					Radio, TV, VCR, DVD, CD player, component set, computer, printer, fax, etc.	YES-> -<-NO	320				
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<-NO	309					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...)	YES-> -<-NO	321				
Laundry and dry cleaning services	YES-> -<-NO	310					Repairs on furniture or household equipment	YES-> -<-NO	322				
Rental of equipment (radio, television, ...)	YES-> -<-NO	311					Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<-NO	323				
Cooking Gas	YES-> -<-NO	312					Medical services (doctor's fee, hospital care, prescriptions, spectacles...)	YES-> -<-NO	324				
							Health Insurance	YES-> -<-NO	325				

PART G: CONSUMPTION EXPENDITURES (END)

1		2	3	4	5	6	1		2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.		Have you spent on ... during the past 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\$	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\$
Shoes and sandals for adults	YES-> -<-NO	326					Purchased transportation (taxi, bus, train, car rental, air fare)	YES-> -<-NO	339				
Shoes and sandals for children	YES-> -<-NO	327					Gasoline, motor oil	YES-> -<-NO	340				
Clothing materials for adults (dacron, linen, cotton, silk, ...)	YES-> -<-NO	328					Car repairs, tires	YES-> -<-NO	341				
Clothing materials for children (dacron, linen, cotton, silk, ...)	YES-> -<-NO	329					Car insurance	YES-> -<-NO	342				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES-> -<-NO	330					Vehicle taxes, duties	YES-> -<-NO	343				
Children clothing (shirts, trousers, coats, jeans, ...)	YES-> -<-NO	331					Purchase of car, motor cycles for personal use	YES-> -<-NO	344				
Making and repair of clothes (adult and children)	YES-> -<-NO	332					Other transport expenses (parking charges, motor vehicle and driver licenses)	YES-> -<-NO	345				
Accessories (watches, jewelry, sunglasses, ...)	YES-> -<-NO	333					Vacation expenses (excluding fares) (hotels, travel tax, ...)	YES-> -<-NO	346				
Reading materials (Books, magazines, newspapers, ...)	YES-> -<-NO	334					Gardening & horticulture (plants, fertilizer, garden equipment, home animals..)	YES-> -<-NO	347				
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)	YES-> -<-NO	335					Telegrams, telephone, + cablegrams	YES-> -<-NO	348				
Education expenses (tuition, books, boarding, fees, ...)	YES-> -<-NO	336					Other consumption expenditures (flowers, etc.)	YES-> -<-NO	349				
Sporting activities (Club membership, equipment, entrance fees, ...)	YES-> -<-NO	337					Purchases for special occasions (parties, entertainment relating to weddings, funerals etc.)	YES-> -<-NO	350				
Other recreational activities (Cinema, theatre, dance clubs, records, tapes)	YES-> -<-NO	338											

+ 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

<p>1</p> <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>2</p> <p>Have you spent on [] during the past 30 days?</p> <p>YES..1</p> <p>NO...2 (> 4)</p>	<p>3</p> <p>How much did you spend on ...[]... during the past 30 days?</p> <p>AMOUNT J\$</p>	<p>4</p> <p>How much did you spend on ...[]... during the past 12 months?</p> <p>AMOUNT J\$</p>	
<p>Life & General Insurance</p> <p>YES-></p> <p><-NO</p>	<p>401</p>			
<p>Horse racing</p> <p>YES-></p> <p><-NO</p>	<p>402</p>			
<p>Other gambling expenses</p> <p>YES-></p> <p><-NO</p>	<p>403</p>			
<p>Weddings, funerals</p> <p>YES-></p> <p><-NO</p>	<p>404</p>			
<p>Donations and gifts (church or union dues, gifts, charities, ...)</p> <p>YES-></p> <p><-NO</p>	<p>405</p>			
<p>Repayment of loans, interest payments</p> <p>YES-></p> <p><-NO</p>	<p>406</p>			
<p>Support for children who live elsewhere</p> <p>YES-></p> <p><-NO</p>	<p>407</p>			
<p>Other maintenance of relatives outside the home</p> <p>YES-></p> <p><-NO</p>	<p>408</p>			
<p>NHT</p> <p>YES-></p> <p><-NO</p>	<p>409</p>			
<p>NIS</p> <p>YES-></p> <p><-NO</p>	<p>410</p>			
<p>Pension</p> <p>YES-></p> <p><-NO</p>	<p>411</p>			
<p>Other non-consumption expenditures (legal services, anything else, ...)</p> <p>YES-></p> <p><-NO</p>	<p>412</p>			
<p>Direct Taxes (Income tax and Education tax)</p> <p>YES-></p> <p><-NO</p>	<p>413</p>			

PART I: HOUSING AND RELATED EXPENSES

<p>1 TYPE OF DWELLING</p> <p>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 _____)</p> <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD.....1 STONE.....2 BRICK *.....3 CONCRETE NOG.....4 BLOCK & STEEL.....5 WATTLE/ADOBE.....6 OTHER (SPECIFY: _____).....7</p> <p>3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms)?</p> <p>NO. OF ROOMS: <input style="width: 50px;" type="text"/></p> <p>4 What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER...1 W.C. NOT LINKED.....2 PIT.....3 OTHER.....4 NONE.....5 (→ 6)</p> <p>5 Are the toilet facilities used only by your household, or do other households use the same facilities?</p> <p>EXCLUSIVE USE...1 SHARED.....2</p> <p>6 Is the kitchen used only by your household, or do other households use the same kitchen?</p> <p>EXCLUSIVE USE...1 SHARED.....2 NONE.....3</p> <p>7 Does this household own, rent or lease this dwelling?</p> <p>OWNED.....1 LEASED.....2 (→ 9) PRIVATE RENTED.....3 (→ 9) GOVERNMENT RENTED...4 (→ 17) RENT FREE.....5 (→ 17) SQUATTED.....6 (→ 17) OTHER.....7 (→ 17)</p>	<p>8 Does this household own a dwelling other than this one?</p> <p>YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/></p> <p>9 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?</p> <p>RELATIVE.....1 PRIVATE EMPLOYER.....2 PUBLIC AGENCY.....3 PRIVATE INDIVIDUAL OR AGENCY.....4</p> <p>10 How much money does your household pay in rent for this dwelling?</p> <p>IF NO MONEY PAYMENT, ENTER ZERO</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>PER:</p> <p>WEEK...3 <input type="checkbox"/> MONTH...4 <input type="checkbox"/> YEAR...5 <input type="checkbox"/></p> <p>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?</p> <p>RELATIVE.....1 PRIVATE EMPLOYER.....2 PUBLIC AGENCY.....3 PRIVATE INDIVIDUAL OR AGENCY.....4 NOBODY HELPS.....5</p> <p>12 Do you make mortgage payments on this dwelling?</p> <p>YES...1 <input type="checkbox"/> NO...2 (→ 15) <input type="checkbox"/></p> <p>13 How much was your last payment?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>14 How often do you make these payments?</p> <p>No. OF TIMES: <input style="width: 50px;" type="text"/> PER: <input style="width: 50px;" type="text"/> MONTH...4 <input type="checkbox"/> YEAR...5 <input type="checkbox"/></p>	<p>15 Do you have to pay property taxes for this dwelling?</p> <p>YES...1 <input type="checkbox"/> NO...2 (→ 17) <input type="checkbox"/></p> <p>16 How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>PER: MONTH...4 <input type="checkbox"/> YEAR...5 <input type="checkbox"/></p> <p>17 What is the main source of drinking water for your household?</p> <p>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) TRUCKED WATER (NWC)...7 (→ 24) BOTTLED WATER.....8 (→ 22) OTHER (SPECIFY)...9 (→ 22)</p> <p>18 Have you had a water lock-off in the last 20 days?</p> <p>ONCE1 2-3 TIMES2 4-5 TIMES3 MORE THAN 5 TIMES...4 NONE.....5</p> <p>19 Have you a group or individual meter?</p> <p>GROUP.....1 <input type="checkbox"/> INDIVIDUAL...2 NO METER....3</p> <p>20 How much was the latest water bill for your household?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>21 How many months were covered by this bill?</p> <p>MONTHS : <input style="width: 50px;" type="text"/></p> <p>22 Is this ... [SUPPLY SOURCE IN 18]... used by your household only, or is it shared with others?</p> <p>THIS HOUSEHOLD ONLY.....1 <input type="checkbox"/> SHARED.....2 <input type="checkbox"/></p>	<p>23 How far from this dwelling is this ...[SUPPLY SOURCE IN 17]...?</p> <p>DISTANCE -----> <input style="width: 100px;" type="text"/></p> <p>DISTANCE <input style="width: 50px;" type="text"/> MILES.....1 CODE -----> <input style="width: 50px;" type="text"/> YARDS.....2</p> <p>24 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1 <input type="checkbox"/> KEROSENE.....2 (→ 27) OTHER.....3 (→ 27) NONE.....4 (→ 27)</p> <p>25 How much was the latest electric bill for your household?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>26 How many months of consumption were covered by this bill?</p> <p>MONTHS: <input style="width: 50px;" type="text"/></p> <p>27 Does this household have a telephone?</p> <p>YES...1 <input type="checkbox"/> NO...2 (→ 30) <input type="checkbox"/></p> <p>28 How much was the latest telephone bill for your household (including cellular bill)?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>29 How many months of consumption were covered by this bill?</p> <p>MONTHS : <input style="width: 50px;" type="text"/></p> <p>30 How do you dispose of your garbage including plant cuttings.</p> <p>COLLECTED BY GARBAGE TRUCK...1 PLACE IN SKIP.....2 BURN.....3 BURY.....4 DUMP IN EMPTY LOT.....5 DUMP IN GULLY.....6 OTHER (specify).....7</p>
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* CEMENT BLOCKS ARE NOT BRICKS

P A R T 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.

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		
Portable Radio/Cassette/CD players	607		
Stereo equipment?	608		
Other Stereo Equipment?	609		
TV sets?	610		
VCR/DVD Player?	611		
Video equipment/Game Boys/Play Stations?	612		
Washing machine?	613		
Dryer?	614		
Bicycle?	615		
Motorbike?	616		
Cars/ Other vehicles?	617		
Computer/Printer etc. ?	618		
Computer Scanner?	619		
CD Burner?	620		
DVD Burner?	621		
Other Electrical equipment (toasters, blenders, microwaves etc.)?	622		
Musical Equipment (piano, keyboard, etc)	623		

PART L: LABOUR FORCE (TO BE ASKED FOR ALL HOUSEHOLD MEMBERS 14 YEARS AND OLDER NOT ENROLLED IN SCHOOL)

I N D I V I D U A L N O	1	2	3	4	5	6
	What is your...[NAME]... ..present occupation? Describe	What is your...[NAME] ..present employment status? Employee of Central or Local Gov't.....1 Employee of other Gov't Agencies.....2 Employee of Private Sector.....3 Unpaid Family Worker.....4 Employer.....5 Own Account Worker..6 Not Stated.....7	What is the Industry in which you/she are/is working? Describe	Do you/ name work regularly at least 5 days (every 2 weeks) in your job? Yes.....1 No.....2	Describe your... [NAME'S] job ? Full Time.....1 Part Time.....2 Unstructured/ Neither F.P or P.T3	How many months did you ...[NAME] work during the past 12 months? In your opinion, why is in Jamaica are poor? Less than 1 month...1 1 month but less than 3 months.....2 3 months but less than 6 months.....3 6 months but less than 9 months.....4 9 months but less than 12 months.....5 12 months.....6 DK/NS.....7
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P A R T M: ENVIRONMENT MODULE (USE OF ENERGY AND DEFORESTATION)

<p>1 Does this household have electricity? <input type="checkbox"/></p> <p>YES...1 <input type="checkbox"/></p> <p>NO...2 (> 3)</p> <p>2 Does this household use fluorescent light bulbs? <input type="checkbox"/></p> <p>IN ONE ROOM.....1</p> <p>IN TWO ROOMS.....2</p> <p>IN THREE ROOMS OR MORE...3</p> <p>NO.....4</p> <p>NOT STATED.....5</p> <p>3 Does this household use any form of solar energy? <input type="checkbox"/></p> <p>YES.....1</p> <p>NO.....2 (> 5)</p> <p>NOT STATED...3 (> 5)</p> <p>4 What form of solar energy do you use? <input type="checkbox"/></p> <p>SOLAR WATER HEATERS.....1</p> <p>SOLAR ENERGY FOR LIGHTING...2</p> <p>PUMPS RUN BY SOLAR ENERGY...3</p> <p>SOLAR ENERGY FOR ELECTRICAL APPLIANCES.....4</p> <p>OTHER (SPECIFY).....5</p> <p>NOT STATED.....6</p> <p>5 Do you collect firewood for use in this household? <input type="checkbox"/></p> <p>YES, MORE THAN ONCE A WEEK.....1</p> <p>YES, ONCE OR FEW TIMES PER MONTH.....2</p> <p>YES, BUT LESS THAN ONCE A MONTH.....3</p> <p>NO, NEVER.....4 (>7)</p> <p>NOT STATED.....5 (>7)</p> <p>6 Where is firewood mainly collected? <input type="checkbox"/></p> <p>LESS THAN 1 MILE FROM HOME.....1</p> <p>ONE TO TWO MILES FROM HOME...2</p> <p>MORE THAN 2 MILES FROM HOME...3</p> <p>7 How much charcoal does this household usually use? <input type="checkbox"/></p> <p>TWO OR MORE KEROSENE TINS PER WEEK.....1</p> <p>ONE TO TWO KEROSENE TINS PER WEEK.....2</p> <p>LESS THAN ONE KEROSENE TIN PER WEEK.....3</p> <p>NONE.....4 (>9)</p> <p>NOT STATED.....5 (>9)</p>	<p>8 Where is the charcoal mainly purchased? <input type="checkbox"/></p> <p>AT NEARBY MARKET.....1</p> <p>FROM ITINERANT PEDDLER...2</p> <p>OTHER.....3</p> <p>9 Do you use charcoal in a business activity? <input type="checkbox"/></p> <p>YES...1</p> <p>NO....2 (>11)</p> <p>10 Where is charcoal mainly purchased? <input type="checkbox"/></p> <p>AT NEARBY MARKET.....1</p> <p>FROM ITINERANT VENDOR...2</p> <p>OTHER.....3</p> <p>11 Does this household use yam sticks? <input type="checkbox"/></p> <p>YES....1</p> <p>NO.....2 (> 14)</p> <p>12 Approximately how many yam sticks did this household cut/buy for own use within the last 12 months?</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">AMOUNT</th> <th style="text-align: center;"><input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>WOODEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BAMBOO</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>AMOUNT CODES:</p> <p>NONE.....1 50 - 100.....3</p> <p>LESS THAN 50...2 100 +.....4</p> <p>13 How far from home do the yam sticks mainly come? <input type="checkbox"/></p> <p>LESS THAN 5 MILES FROM HOME....1</p> <p>5 TO 8 MILES FROM HOME.....2</p> <p>MORE THAN 8 MILES.....3</p> <p>14 Are you satisfied with the quality of the piped water used for drinking in the home? <input type="checkbox"/></p> <p>YES.....1 (>16)</p> <p>NO.....2</p> <p>NO PIPED WATER...3 (>18)</p> <p>NOT STATED.....4 (>18)</p> <p>15 Why are you not satisfied? <input type="checkbox"/></p> <p>BAD TASTE.....1</p> <p>BAD SMELL.....2</p> <p>DISCOLOURED.....3</p> <p>DEPOSITS IN THE WATER...4</p> <p>OTHER (SPECIFY).....5</p> <p>16 Are any steps taken to conserve water in this household? <input type="checkbox"/></p> <p>YES.....1</p> <p>NO.....2 (>18)</p> <p>NOT STATED...3 (>18)</p>		AMOUNT	<input type="checkbox"/>	WOODEN	1	<input type="checkbox"/>	BAMBOO	2	<input type="checkbox"/>	<p>17 What steps are taken?(SELECT ALL THAT APPLY)</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tbody> <tr> <td>TURN OFF OR REPAIR DRIPPING TAPS.....1</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>USE WASTE-WATER FOR GARDENING OR FOR TOILET.....2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>FULL LOADS WHEN USING WASHING MACHINE.....3</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>TAKE SHORTER SHOWERS.....4</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>AVOID WASHING DISHES IN WATER.....5</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>OTHER (SPECIFY).....6</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>18 Does this household keep a compost heap? <input type="checkbox"/></p> <p>YES.....1</p> <p>NO.....2</p> <p>NOT STATED...3</p> <p>19 Does this household regularly hand in (PET bottles) for recycling? <input type="checkbox"/></p> <p>ALWAYS.....1</p> <p>SOMETIMES.....2</p> <p>NO.....3</p> <p>NOT STATED.....4</p> <p>20 Does this household regularly return glass bottles to a place of collection? <input type="checkbox"/></p> <p>ALWAYS.....1</p> <p>SOMETIMES...2</p> <p>NO.....3</p> <p>NOT STATED...4</p> <p>21 Does this household contribute to the reuse or recycling of other material, such as paper, tyres, batteries? <input type="checkbox"/></p> <p>IF YES, PLEASE EXPLAIN...1</p> <p>NO.....2</p> <p>NOT STATED.....3</p> <p>22 Has this household used insect sprays, or other insect killers during the last three months? <input type="checkbox"/></p> <p>YES, MORE THAN ONCE...1</p> <p>YES, ONCE.....2</p> <p>NO.....3</p> <p>NOT STATED.....4</p> <p>23 Has this household used any rat poison during the last three months? <input type="checkbox"/></p> <p>YES, MORE THAN ONCE...1</p> <p>YES, ONCE.....2</p> <p>NO.....3</p> <p>NOT STATED.....4</p> <p>24 Has this household used any weed killer during the last three months? <input type="checkbox"/></p> <p>YES, MORE THAN ONCE...1</p> <p>YES, ONCE.....2</p> <p>NO.....3</p> <p>NOT STATED.....4</p>	TURN OFF OR REPAIR DRIPPING TAPS.....1	<input type="checkbox"/>	USE WASTE-WATER FOR GARDENING OR FOR TOILET.....2	<input type="checkbox"/>	FULL LOADS WHEN USING WASHING MACHINE.....3	<input type="checkbox"/>	TAKE SHORTER SHOWERS.....4	<input type="checkbox"/>	AVOID WASHING DISHES IN WATER.....5	<input type="checkbox"/>	OTHER (SPECIFY).....6	<input type="checkbox"/>	<p>25 Has this household used any bleach during the last three months? <input type="checkbox"/></p> <p>YES, MORE THAN ONCE...1</p> <p>YES, ONCE.....2</p> <p>NO.....3</p> <p>NOT STATED.....4</p> <p>26 Has this household used any paint and/or thinner during the last three months? <input type="checkbox"/></p> <p>YES, MORE THAN ONCE...1</p> <p>YES, ONCE.....2</p> <p>NO.....3</p> <p>NOT STATED.....4</p> <p>27 Has this household used any drain cleaner during the last three months? <input type="checkbox"/></p> <p>YES, MORE THAN ONCE...1</p> <p>YES, ONCE.....2</p> <p>NO.....3</p> <p>NOT STATED.....4</p> <p>28 Has this household been affected by landslides, floods, or other natural disasters during the last 12 months? <input type="checkbox"/></p> <p>YES.....1</p> <p>NO.....2 (> 32)</p> <p>NOT STATED...3 (> 32)</p> <p>29 How were you affected? (TICK ALL THAT APPLY)</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tbody> <tr> <td>DEATH OF A HOUSEHOLD MEMBER...</td> <td style="text-align: center;">1</td> </tr> <tr> <td>INJURIES TO YOURSELF OR OTHER HOUSEHOLD MEMBER.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DAMAGE TO YOUR HOUSE OR OTHER BUILDINGS USED BY THE HOUSEHOLD</td> <td style="text-align: center;">3</td> </tr> <tr> <td>DAMAGE TO YOUR FARM ANIMALS OR CROP.....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>DAMAGE TO VEHICLE.....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>IMPASSABLE ROADS WHERE YOU USUALLY TRAVEL.....</td> <td style="text-align: center;">6</td> </tr> <tr> <td>OTHER (SPECIFY).....</td> <td style="text-align: center;">7</td> </tr> </tbody> </table> <p>30 Did the natural disasters have any impact on your livelihood? (TICK ALL THAT APPLY) <input type="checkbox"/></p> <p>Lost crops/Livestock.....1</p> <p>Lost other stock/supplies...2</p> <p>Could not work due to ill-health...3</p> <p>Could not go to work due to transport/other problems.4</p> <p>No Impact.....5</p> <p>31 Give an appropriate monetary value of your loss to natural disaster.</p> <p>\$ <input style="width: 50px;" type="text"/></p>	DEATH OF A HOUSEHOLD MEMBER...	1	INJURIES TO YOURSELF OR OTHER HOUSEHOLD MEMBER.....	2	DAMAGE TO YOUR HOUSE OR OTHER BUILDINGS USED BY THE HOUSEHOLD	3	DAMAGE TO YOUR FARM ANIMALS OR CROP.....	4	DAMAGE TO VEHICLE.....	5	IMPASSABLE ROADS WHERE YOU USUALLY TRAVEL.....	6	OTHER (SPECIFY).....	7
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PART M: ENVIRONMENT - FOR HOUSEHOLD MEMBERS 14 YEARS AND OVER (CONTINUED)

I N D I V I D U A L N O.	32	33	34	35	36	37	38		39
	Are you aware that the Blue Mountain and John Crow Mountains National Park is a protected area?	Have you visited this area in the last 12 months ? all that apply)	Why haven't you visited this area in the last 12 months? (MAIN REASON)	Have you stayed in a hotel/guesthouse in Jamaica during the last six (6) months.	How many such stays?	How many such nights did you stay in all?	What was the main purpose of the most recent stay and how many nights was this stay?		Have you made a day trip for recreational purposes during the last 3 months (except to visit relatives)?
	YES.....1 NO2 NOT STATED...3	YES.....1(» 35) NO2 NOT STATED...3(» 35)	DISTANCE.....1 COST.....2 TOO BUSY3 NO INTEREST...4 OTHER.....5 (SPECIFY)	YES.....1 NO.....2(»39) NOT STATED.3(»39)			BUSINESS.....1 VISITING RELATIVES/FRIENDS.2 WEDDING, FUNERAL/OTHER PRIVATE FUNCTION..3 ENTERTAINMENT/SPORTS.....4 HOLIDAY.....5 OTHER.....6 (SPECIFY)		YES.....1 NO.....2(»41) NOT STATED..3(»41)
							PURPOSE	NIGHTS	
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PART M: ENVIRONMENT - FOR HOUSEHOLD MEMBERS 14 YEARS AND OVER (CONTINUED)

I N D I V I D U A L N o.	40 What was the main purpose of your trip? BEACH.....1 FAIR.....2 SPORTS.....3 EVENT.....3 MUSICAL.....4 OTHER.....4 ENTERTAINMENT.....5 OTHER.....6 (SPECIFY)	41 Which of the following social issues is the most important to you? (accept one answer) Crime.....1 Education.....2 Environment.....3 Health.....4 Unemployment.....5 Other(specify).....6 Not Stated.....7	42 Are you concerned about environment problems? Yes, very concerned.....1 Yes, concerned to some extent.....2 No.....3 (*44) Not stated.....4 (*44)	43 Which of the environmental problems are you most concerned about? (SELECT ALL THAT APPLY) AIR/WATER POLLUTION.....1 HANDLING OF WASTE MATERIAL.....2 USE OF PESTICIDES.....3 UNCLEANED GULLIES.....4 DEFORESTATION/SOIL EROSION /LAND DEGRADATION.....5 DESTRUCTION OF CORAL REEFS/ EXTINCTION OF PLANTS/ANIMALS.....6 GREENHOUSE EFFECT/ DAMAGE TO OZONE LAYER.....7 SAND MINING.....8 IRRESPONSIBLE URBAN DEVELOPMENT (INCLUDING SQUATTING).....9 OTHER (SPECIFY).....10	44 In the last 5 years, do you believe the quality of Jamaica's environment has declined, improved or stayed much the same? Declined.....1 Improved.....2 Stayed much the same.....3 Not stated.....4	45 Which of these statements do you most agree with? (Select all that apply) Environmental protection is more important than economic growth.....1 Environmental protection and economic growth are equally important.....2 Environmental protection is less important than economic growth.....3 Can't decide /none/ don't know.....4	46 Are you aware of any current environmental activities in your community or parish? Yes.....1 No.....2 Not stated.....3
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PART M: ENVIRONMENT - FOR HOUSEHOLD MEMBERS 14 YEARS AND OVER (CONCLUDED)

I N D I V I D U A L N O.	47	48	49	50	51	52	53	54
	Have you been involved in any environmental activity in the past 6 months?	Are you currently a member of any group whose main concern is the protection of the environment?	How often do you participate in the activities of this group?	Whose responsibility is it to protect and conserve the environment? (Select all that apply)	During the last 12 months, have you noticed any adverse health effects for yourself that you know or believe are caused by environmental conditions?	What do you know or believe has caused these health effects?	Did you have to seek medical attention because of these adverse health effects?	Did the illness prevent you from carrying out normal activity?
	YES.....1 NO.....2 NOT STATED...3	YES.....1 NO.....2(*50) NOT STATED.3(*50)	Once a week or more.....1 Less than once a week but more than once a month...2 Once a month or less....3 Not Stated.....4	Central government.....1 Local governme.....2 Private sector.....3 NGO's.....4 Individuals.....5 Other (Specify).....6 Not Stated.....7	Yes, definitely....1 Yes, it is possible.....2 No.....3 (*END INTERVIEW) Not Stated.....4	Dust or other pollution.....1 Toxic substances-or household chemicals.....2 Infection via food or water.....3 Dirty gullies.....4 Other (Specify....5	Yes.....1 No.....2 Treated at home.....3	One day.....1 2-4 days.....2 5 days or more...3 No.....4
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CRIME AND VICTIMIZATION			
1. How many families comprise/ make up this household? Families defined as distinct units of adults 14+ with child/children. 1.....1 <input type="checkbox"/> 2.....2 <input type="checkbox"/> 3+.....3	1 In the past year have you or any of your family members been the victims of the following crime: YES, 1-2 TIMES ...1 YES, 3+ TIMES2 NO.....3	2 In the past year have you witnessed any of the following crimes? YES, 1-2 TIMES ...1 YES, 3+ TIMES2 NO.....3	3 In your opinion, has anyone ever seriously threatened to kill you or any member of your household? YES.....1 <input type="checkbox"/> NO2 DON'T KNOW...3
	Had something valuable stolen from them.	A Robbery	4 In the next 12 months, what do you think the chances are that you or a member of your household will be a victim of crime? NO CHANCE.....1 A SMALL CHANCE.....2 <input type="checkbox"/> PRETTY GOOD CHANCE...3 A VERY GOOD CHANCE...4 NOT STATED.....5
Burglary	A fight without weapons		
Been attacked by someone, without a weapon.	A fight with weapons		
Been attacked by someone, with a weapon. (not a gun)	A person threatened with a gun or a knife		
Been threatened with a knife.	A person use a gun or knife on someone		
2. Does any household member younger than 19 years have any child(ren) of his / her own ? YES.....1 <input type="checkbox"/> NO.....2	Been threatened with a gun.	A person being sexually assaulted.	5 In the next 12 months, what do you think are the chances that someone you know (not a member of your household) will be the victim of a crime? NO CHANCE.....1 A SMALL CHANCE.....2 <input type="checkbox"/> PRETTY GOOD CHANCE...3 A VERY GOOD CHANCE...4 NOT STATED.....5 <input type="checkbox"/>
	Been shot or attacked by someone with a gun.	Any other type of crime (Specify _____)	
3. How many household members younger than 19 years old have any child(ren) of their own ? 1.....1 <input type="checkbox"/> 2.....2 3+.....3	Been sexually assaulted or raped.	[Dotted area]	
	Been injured in a fight or an attack	[Dotted area]	
4. Does any member of this household have a child(ren) who lives elsewhere ? YES.....1 <input type="checkbox"/> NO.....2	Been murdered.	[Dotted area]	
	5. What are the main reasons for child(ren) living elsewhere ? Education/school.....1 Disciplinary problems.....2 Has own family and lives on own.....3 Gave away due to financial problems...4 Adoption.....5 Living with parent/ relatives who wanted him/ her.....6 Other (SPECIFY).....7 <input type="checkbox"/>		

- By Parish
- Pov. Status
- Sex of HH
- Age of HH
- By Countile / Area region
- By 2nd level HH

HOUSEHOLD ROSTER ROUND 16

PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS

- Who is the principal earner for the household? (Give Individual Number in the Roster)
- What is his/her occupation? Describe..
- What is the Industry in which he/she is working? Describe..
- What is his/her employment status?

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

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.

YES.....1
NO.....2
If yes, in past 7 days the total number of meals taken:
Breakfasts _____
Lunches _____
Dinners _____

ASK QUESTIONS 1 - 4 FOR ALL HOUSEHOLD MEMBERS UNDER 15.

1	2	3	4
Is the natural father a member of the household?	COPY THE IDENTIFICATION CODE OF THE FATHER	Is the natural mother a member of the household?	COPY THE IDENTIFICATION CODE OF THE MOTHER
YES....1 NO....2 (> 3)		YES....1 NO....2 (> NEXT PERSON)	

ASK QUESTIONS 5 - 9 FOR ALL HOUSEHOLD MEMBERS AGE 15 AND OVER.

5	6	7	8	9
Marital Status MARRIED.....1 NEVER MARRIED...2 DIVORCED.....3 SEPARATED.....4 WIDOWED.....5	How long have you been married? YEARS	Union Status MARRIED.....1 COMMON LAW...2 VISITING.....3 SINGLE.....4 NONE.....5	Is this partner a household member? YES....1 NO....2 (> 9)	COPY THE IDENTIFICATION CODE OF THE PARTNER
USE LOWEST CODE IF MORE THAN ONE APPLIES				

INDIVIDUAL

INDIVIDUAL NO IN S L C 2001

INDIVIDUAL NO	NAME	AGE	SEX MALE...1 FEMALE..2	RELATIONSHIP AND CODES FROM LABOUR FORCE SURVEY		HOUSEHOLD MEMBER? STILL A MEMBER...1 NO LONGER A MEMBER..2 NEW MEMBER.....3	DURING PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD?	1	2	3	4	5	6	7	8	9	
				RELATION	CODE												
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	