

THE STATISTICAL INSTITUTE OF JAMAICA

JAMAICA SURVEY OF LIVING CONDITIONS

2 0 0 2

DATE OF THE INTERVIEW
DAY MONTH YEAR

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

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

-----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

	1 When you are ill/ injured and need to visit a health Practitioner where would you normally go?	2 Have you ever applied for/ request fee exemption from a Public Hospital/ Health Centre	3 Why didn't you apply for such an exemption?	4 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?	5 Have you had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma, attack, hypertension, diabetes or any other illnesses?	6 Is this a diagnosed (chronic) recurring illness? (Indicate all that apply)	7 For how long did this last episode of illness last?	8 For how long were you unable to carry out normal activi- ties?	9 Has a doctor, nurse, pharmac ist, midwife healer or any other health practitioner been visited?	10 How many visits did you make to health practitioners?
I N D I V I D U A L N°	PUBLIC HOSPITAL....1		TOO DIFFICULT...1	YES, DUE TO MOTOR VEHICLE ACCIDENT...1		YES, COLD.....1				
	PUBLIC HEALTH CENTRE.....2	YES.....1 > 4	DON'T WANT THE STIGMA.....2	YES, ACCIDENT AT WORK PLACE.....2		YES, DIARRHOEA....2				
	PRIVATE DOCTOR/ HOSPITAL.....3	NO.....2	DON'T KNOW OF THE BENEFIT....3	YES, WAS SHOT.....3		YES, ASTHMA.....3				
	PHARMACY.....4		OTHER (SPECIFY)...4	YES, WAS STABBED...4		YES, DIABETES.....4				
	OTHER (SPECIFY)....5			YES, OTHER ACCIDENT.....5	YES.....1 NO.....2	YES, HYPERTENSION.....5				
				YES, BURNS.....6		YES, ATHRITIS.....6				
				YES, HEAD INJURY...7		YES, OTHER (SPECIFY).....7			YES.....1	
				YES, POISONING.....8		NO.....8			NO.....2	
				NONE.....9					> 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 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	13 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	14 Did you spend a night in a public hospital or other public establishment during the past 4 weeks?	15 How many nights during the past 4 weeks did you spend in the public hospital?	16 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	17 Did you spend a night in a private hospital or other private establishment during the past 4 weeks?	18 How many nights during the past 4 weeks did you spend in the private hospital?	19 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	20 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)
	Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health or Maternity Centre/Doctor's Office	Other? (SPECIFY)	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)

INDIVIDUAL 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 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 J\$	IF NOTHING SPENT WRITE ZERO AMOUNT J\$	YES...1 NO....2	YES, PUBLIC...1 YES, PRIVATE...2 YES, BOTH.....3 NO.....4 (*33)
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PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

INDIVIDUAL N°	31 If yes what for? <div>ENTER ALL THAT APPLY</div>	32 On a scale of 1-5, how satisfied were you with the service?	33 ASK FOR HOUSEHOLD MEMBERS 0 - 35 MONTHS	34 Is[NAME]..... physically or mentally disabled?	35 If yes, when did this disability occur?	36	37	38	39	40
			How many times in the last 12 months has ...[NAME]... visited a Health Practitioner?	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)	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	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?	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
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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 ?	2 What is the name of the school that ...[NAME].. attends ?	3 Is this school public or private ?	4 What grade is[NAME]... in at school this year ?	5 How far is.... [NAME].. school from this house?		6 What is the distance to the nearest primary school?		7 What is the distance to the nearest secondary school?		8 How does ..[NAME].. usually get to school ?	9 During the 4 week period April 22 - May 17 how many days was ..[NAME].. sent to school ?	10 What were the two main reasons for ...[NAME'S] absence from school ?
	NURSERY/DAYCARE BASIC/INFANT KINDERGARTEN1 (* NEXT PERSON) 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 SECONDARY HIGH.....8 TECHNICAL.....9 VOCAT/AGRIC.....10 UNIVERSITY.....11 OTHER TERTIARY(PUBLIC).....12 OTHER TERTIARY(PRIVATE).....13 ADULT LITERACY CLASSES.....14 ADULT EDUCATION/NIGHT.....15 SPECIAL SCHOOL.....16 NONE.....17 (* 21)	NAME	PUBLIC..1 PRIVATE.2	GRADE	MILES	YARDS	MILES	YARDS	MILES	YARDS	PUBLIC TRANSPORT...1 WALK.....2 PRIVATE VEHICLE...3 SCHOOL BUS.....4 OTHER (SPECIFY) .5	IF SENT ON ALL DAYS > 11 DAYS	ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEM.....6 SCHOOL CLOSED.....7 SHOES/UNIFORM MISSING/ DIRTY/WET.....8 RAIN.....9 MONEY PROBLEMS.....10 HAD TO RUN AN ERRAND.....11 NOT SAFE AT SCHOOL.....12 NOT SAFE IN COMMUNITY.....13 OTHER (SPECIFY).....14 ALL EXCEPT 10, > 13
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R - REASON N- # OF TIMES

PART B: EDUCATION (CONTINUED)

I N D I V I D U A L Nº	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)

I N D I V I D U A L 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?	22. What was the last grade ...[NAME].. completed at that school?	23. <div>IF COMPLETED SCHOOL BEFORE GRADE 11</div> Why did you /...[NAME] stop attending school?
		BECAUSE OF STIGMA.....1 DOESN'T LIKE IT.....2 TOO EXPENSIVE.....3 OTHER (SPECIFY).....4 Sw [> 18]	ALWAYS PAYS.....1 PAY SOMETIMES....2 DOESN'T PAY.....3 DON'T KNOW.....4 NOT STATED.....5 sw [> 19]	Snack/M meal from school canteen/tuck shop.....1 Snack/M meal from vendors....2 Snack/M 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 yes	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 [> 25] yes	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 yes	What was the last grade ...[NAME].. completed at that school? YEARS GRADE
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PART B: EDUCATION (CONTINUED)

I N D I V I D U A L N°	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			YES1
	JUNIOR HIGH SCHOOL CERT.2			NO2
	GRADE NINE ACHIEVEMENT TEST....3	YES, HEART-ACADEMY.....1		CURRENTLY ENROLLED.....3
	CXC Basic, JSC 5, SSC 3rd JL.....4	YES, HEART-VTC2		
	CXC Gen, GCE 0 1-2.....5	YES, HEART-SLTOPS/ APPRENTICESHIP..3		
	CXC Gen, GCE 0 3-4.....6	YES, HEART-OTHER.....4		
	CXC Gen, GCE 0 5+.....7	YES, PRIVATE.....5		
	GCE A LEVEL 1-2.....8	NO.....6		
	GCE A LEVEL 3 or MORE.....9			
	TERTIARY CERT./DIPLOMA.....10	SKILLS 2000		
	DEGREE.....11	NYS		
	OTHER.....12	OT48P		
NOT STATED.....13				

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INDIVIDUAL	28. SCHOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)										29. FOR SECONDARY STUDENTS (EXCLUDING ALL AGE SCHOOLS)						
	How much did [NAME] pay in the past 12 months for the following school expenses?										How much of [NAME]'S tuition fees was paid by Parent(s)/Guardian(s), Family/Friends, MOEYC, MP, Community (including church) or other Public?						
	a. Exam Fees	b. Tuition Fees (Including books)	c. Tuition Fees (Excluding books)	d. Other Fees and Contributions	e. Extra lessons (inside & outside school)	f. Transport	g. Lunch and snacks at school	h. Uniform	i. Books	j. Other? supplies	k. Boarding	a. Parent(s) Guardian	b. Family/Friends	c. MOEYC	d. MP	e. Community	f. Other Public
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)						
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All (100%).....1
 75%.....2
 One Half (50%)...3
 25%.....4
 OTHER
 (Specify).....5

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PART C: FOR ALL CHILDREN 0-59 MONTHS OLD

INDIVIDUAL N°	1 When was...[NAME]...born?			2 Where was[NAME]... born?	3 Who actually delivered your baby ?	4 Was the birth of ...[NAME].. registered?	5 What was the weight of ...[NAME].. at birth?		6 AGE		7 Is the date of birth in Q1. based on	8 Was this child measured?	9 Reason child not measured?	10 WEIGHT	11 LENGTH	12 Was the child measured lying down or standing?
	DAY	MONTH	YEAR				LBS	OZS	YEARS	MONTHS				KILOGRAMS	CENTIMETERS	
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PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

INDIVIDUAL 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.	RECORD IMMUNIZATION STATUS OF THE CHILD		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			
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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>» 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 Assistance	Poor Relief	SESP	JaDEP	Tertiary Grant from SLB	JUBP/ PATH	Other (SPECIFY)	None
		Church.....3											
		Health Centre.....4											
		Friends Relatives..5											
		School.....6											
		Other (Specify)..7											
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by poor status

PART D :SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL NO	4	<p>Why did you apply for assistance ?</p> <p>Because I really need the help.....1</p> <p>Because I was referred (specify)...2</p> <p>Others I know in my situation are receiving.....3</p> <p>Others better off than me are receiving.....4</p> <p>Other (SPECIFY).....5</p>									
	5	<p>Have you... [NAME]...ever received assistance from any of the following Social Welfare Programmes ?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....3</p> <p>NOT STATED.....9</p> <p>> 10b IF NO, DK/NS TO ALL</p>									
	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)

INDIVIDUAL NO	6 Are you ... [NAME] currently participating in any of the following welfare programmes ? YES.....1 DONT KNOW.....3 NO.....2 NOT STATED4 <div style="border: 1px solid black; padding: 2px; width: fit-content;"> 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 </div>											7. In what category of the FSP are you... [NAME] currently participating ? 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
	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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FOR WOMEN 13-49 YEARS

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

[illegible][illegible][illegible][illegible]

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

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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 ANSWER2 OTHER (specify)3	
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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by pov.
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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		Benefits too small/couldn't be bothered.....4									
Was removed from programme2		Stigma.....5									
My economic situation improved.....3		Removed don't know why.....6									
Don't know.....7											
I N D I V I D U A L N O	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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by poor status

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									
		HELPED TO KEEP CHILDREN IN SCHOOL3									
		HELPED ME TO MANAGE MY HEALTH NEEDS4					→ (Q13)				
		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)

I N D I V I D U A L N O	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.	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
	01									
	02									
	03									
	04									
	05									
	06									
	07									
	08									
	09									
10										
11										
12										

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
	HIGH TRANSPORTATION COSTS1 STIGMA/UNFAVOURABLE COMMENTS.....7 HAVE TO GIVE UP A DAYS WORK2 OFFICERS LATE /DID NOT COME8 LOCATION INCONVENIENT/UNSAFE3 OTHER (Specify).....9 OFFICERS IMPOLITE & UMPLEASANT4 NO PROBLEM10 INADEQUATE ACCOMMODATION5 DON'T KNOW / NOT STATED11 LONG LINES/LONG WAITING PERIOD TO COLLECT.....6									
01										
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PART D: SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL	14 Did you receive any other services from the social welfare programme Counselling.....1 Referrals to other social welfare programme....2 Care and Attention.....3 Other.....4 None.....5 DK/NS.....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. JUBP/ PATH	j. Other (SPECIFY)

PART D: SOCIAL SAFETY NET (CONTINUED)

INDIVIDUAL	<p>15 Have you participated/are you participating in any of the following skills training/ employment creation programs?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW...3</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>IF 14 YEARS AND OVER GO TO QUESTION 17 ELSE NEXT PERSON</p> </div>							
	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)
01								
02								
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12								

PART D :SOCIAL SAFETY NET (CONTINUED)

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) 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								17 ✓ How do you feel about your present condition? Hopeful.....1 Hopeless.....2 Don't Know.....3 Unsure.....4		18 ✓ Over the past 12 months have you been able to make any significant progress in your life? YES.....1 SOMEWHAT.....2 NO.....3		19 ✓ How do you view the future? Hopeful.....1 Hopeless.....2 Don't Know.....3 Unsure.....4		20 ✓ How soon do you hope to come off welfare assistance? < 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		21 ✓ What would greatly assist you in permanently coming off welfare? 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. Patrick's 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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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 <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div>		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 <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div>	
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 <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div>		28 ✓ Did that household or any member(s) ever receive any form of welfare assistance? YES.....1 NO.....2 DON'T KNOW ..3 <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div>	

PART E: DAILY EXPENSES

<p>1</p> <p>During the past 7 days, has this household spent money on any of the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p> <p style="text-align: center;">↓</p>		<p>2</p> <p>How much have you spent for ...[]... during the past 7 days?</p> <p style="text-align: center;">AMOUNT J\$</p>	
Coal	<p>YES-></p> <p><-NO</p>	102	
Kerosene	<p>YES-></p> <p><-NO</p>	103	
Wood	<p>YES-></p> <p><-NO</p>	104	
Other fuel for cooking or lighting different than cooking gas and electricity	<p>YES-></p> <p><-NO</p>	105	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	<p>YES-></p> <p><-NO</p>	106	

<p>MEALS AWAY FROM HOME</p> <p>3</p> <p>During the past 7 days, has this household spent money on any of the following items, as meals away from home?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p> <p style="text-align: center;">↓</p>		<p>4</p> <p>How much have you spent for ...[]... during the past 7 days?</p> <p style="text-align: center;">AMOUNT J\$</p>	
Meat, poultry or fish meals bought away from home (including gifts)	<p>YES-></p> <p><-NO</p>	107	
Sandwiches, Burgers Patties	<p>YES-></p> <p><-NO</p>	108	
Dairy Products e.g. milk, Supligen, Nutrament etc.	<p>YES-></p> <p><-NO</p>	109	
Breakfast beverages e.g. tea, coffee, milo etc.	<p>YES-></p> <p><-NO</p>	110	
Fruits, juices & vegetables	<p>YES-></p> <p><-NO</p>	111	
Drinks- box, bottle, etc.	<p>YES-></p> <p><-NO</p>	112	
Others eg. soups, vegetarian meals, etc.	<p>YES-></p> <p><-NO</p>	113	

PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER) :

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. <div style="text-align: right;">V</div>		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. <div style="text-align: right;">V</div>		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\$
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-> -<-NQ	213		

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\$
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 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	

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					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<-NO				
Cosmetics (lotions, deodorants, ...)	YES-> -<-NO					Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<-NO				
Hair and body care (lotions, dyes, etc)	YES-> -<-NO					Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<-NO				
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> -<-NO					Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<-NO				
Polishes, waxes, air freshener, insect sprays	YES-> -<-NO					Cooking ware (pots, pans, shilleths, ...)	YES-> -<-NO				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<-NO					Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<-NO				
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<-NO					Large kitchen appliances (Fridge, stove, microwave, freezer, ...)	YES-> -<-NO				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)	YES-> -<-NO					Radio, TV, VCR, DVD, CD player, component set, computer, printer, fax, etc.	YES-> -<-NO				
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<-NO					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...)	YES-> -<-NO				
Laundry and dry cleaning services	YES-> -<-NO					Repairs on furniture or household equipment	YES-> -<-NO				
Rental of equipment (radio, television, ...)	YES-> -<-NO					Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<-NO				
Cooking Gas	YES-> -<-NO					Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...)	YES-> -<-NO				
						Health Insurance	YES-> -<-NO				

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										
Shoes and sandals for children	YES-> -<-NO					Purchased transportation (taxi, bus, train, car rental, air fare)	YES-> -<-NO				
Clothing materials for adults (dacron, linen, cotton, silk, ...)	YES-> -<-NO					Gasoline, motor oil	YES-> -<-NO				
Clothing materials for children (dacron, linen, cotton, silk, ...)	YES-> -<-NO					Car repairs, tires	YES-> -<-NO				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES-> -<-NO					Car insurance	YES-> -<-NO				
Children clothing (shirts, trousers, coats, jeans, ...)	YES-> -<-NO					Vehicle taxes, duties	YES-> -<-NO				
Making and repair of clothes (adult and children)	YES-> -<-NO					Purchase of car, motor cycles for personal use	YES-> -<-NO				
Accessories (watches, jewelry, sunglasses, ...)	YES-> -<-NO					Other transport expenses (parking charges, motor vehicle and driver licenses)	YES-> -<-NO				
Reading materials (Books, magazines, newspapers, ...)	YES-> -<-NO					Vacation expenses (excluding fares) (hotels, travel tax, ...)	YES-> -<-NO				
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)	YES-> -<-NO					Gardening & horticulture (plants, fertilizer, garden equipment, home animals...)	YES-> -<-NO				
Education expenses (tuition, books, boarding, fees, ...)	YES-> -<-NO					Telegrams, telephone, + cablegrams	YES-> -<-NO				
Sporting activities (Club membership, equipment, entrance fees, ...)	YES-> -<-NO					Other consumption expenditures (flowers, etc.)	YES-> -<-NO				
Other recreational activities (Cinema, theatre, dance clubs, records, tapes)	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: 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 IMPROVISED 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:</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 NO.....2</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\$:</p> <p>PER:</p> <p>WEEK...3 MONTH...4 YEAR...5</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 NO...2 (→ 15)</p> <p>13 How much was your last payment?</p> <p>AMOUNT J\$:</p> <p>14 How often do you make these payments?</p> <p>No. OF TIMES: PER: MONTH...4 YEAR...5</p>	<p>15 Do you have to pay property taxes for this dwelling?</p> <p>YES...1 NO...2 (→ 17)</p> <p>16 How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$:</p> <p>PER: MONTH...4 YEAR...5</p> <p>17 What is the main source of drinking water for your household?</p> <p>INDOOR TAP/PIPE... 1 OUTSIDE PRIVATE 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 INDIVIDUAL...2 NO METER.....3</p> <p>20 How much was the latest water bill for your household?</p> <p>AMOUNT J\$:</p> <p>21 How many months were covered by this bill?</p> <p>MONTHS :</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 SHARED.....2</p>	<p>23 How far from this dwelling is this ...[SUPPLY SOURCE IN 17]...?</p> <p>DISTANCE -----></p> <p>DISTANCE CODE -----> MILES.....1 YARDS.....2</p> <p>24 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1 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\$:</p> <p>26 How many months of consumption were covered by this bill?</p> <p>MONTHS:</p> <p>27 Does this household have a telephone?</p> <p>YES...1 NO...2 (→ 30)</p> <p>28 How much was the latest telephone bill for your household (including cellular bill)?</p> <p>AMOUNT J\$:</p> <p>29 How many months of consumption were covered by this bill?</p> <p>MONTHS :</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		

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.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">710</div>	YES-»
		«-NO

K

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 What is your...[NAME]... ..present occupation? Describe	2 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	3 What is the Industry in which you/she are/is working? Describe	4 Do you/ name work regularly at least 5 days (every 2 weeks) in your job? Yes.....1 No.....2	5 Describe your... [NAME'S] job ? Full Time.....1 Part Time.....2 Unstructured/ Neither F.P or P.T3	6 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
	01					
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						

P A R T M: ENVIRONMENT MODULE (USE OF ENERGY AND DEFORESTATION)

1 Does this household have electricity?

YES...1
NO...2 (* 3)

2 Does this household use fluorescent light bulbs?

IN ONE ROOM...1
IN TWO ROOMS...2
IN THREE ROOMS OR MORE...3
NO...4
NOT STATED...5

3 Does this household use any form of solar energy?

YES...1
NO...2 (* 5)
NOT STATED...3 (* 5)

4 What form of solar energy do you use?

SOLAR WATER HEATERS...1
SOLAR ENERGY FOR LIGHTING...2
PUMPS RUN BY SOLAR ENERGY...3
SOLAR ENERGY FOR ELECTRICAL APPLIANCES...4
OTHER (SPECIFY)...5
NOT STATED...6

5 Do you collect firewood for use in this household?

YES, MORE THAN ONCE A WEEK...1
YES, ONCE OR FEW TIMES PER MONTH...2
YES, BUT LESS THAN ONCE A MONTH...3
NO, NEVER...4 (*7)
NOT STATED...5 (*7)

6 Where is firewood mainly collected?

LESS THAN 1 MILE FROM HOME...1
ONE TO TWO MILES FROM HOME...2
MORE THAN 2 MILES FROM HOME...3

7 How much charcoal does this household usually use?

TWO OR MORE KEROSENE TINS PER WEEK...1
ONE TO TWO KEROSENE TINS PER WEEK...2
LESS THAN ONE KEROSENE TIN PER WEEK...3
NONE...4 (*9)
NOT STATED...5 (*9)

8 Where is the charcoal mainly purchased?

AT NEARBY MARKET...1
FROM ITINERANT PEDDLER...2
OTHER...3

9 Do you use charcoal in a business activity?

YES...1
NO...2 (*11)

10 Where is charcoal mainly purchased?

AT NEARBY MARKET...1
FROM ITINERANT VENDOR...2
OTHER...3

11 Does this household use yam sticks?

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

12 Approximately how many yam sticks did this household cut/buy for own use within the last 12 months?

	AMOUNT
WOODEN	1
BAMBOO	2

AMOUNT CODES:

NONE...1 50 - 100...3
LESS THAN 50...2 100 +...4

13 How far from home do the yam sticks mainly come?

LESS THAN 5 MILES FROM HOME...1
5 TO 8 MILES FROM HOME...2
MORE THAN 8 MILES...3

14 Are you satisfied with the quality of the piped water used for drinking in the home?

YES...1 (*16)
NO...2
NO PIPED WATER...3 (*18)
NOT STATED...4 (>18)

15 Why are you not satisfied?

BAD TASTE...1
BAD SMELL...2
DISCOLOURED...3
DEPOSITS IN THE WATER...4
OTHER (SPECIFY)...5

16 Are any steps taken to conserve water in this household?

YES...1
NO...2 (*18)
NOT STATED...3 (*18)

17 What steps are taken?(SELECT ALL THAT APPLY)

TURN OFF OR REPAIR DRIPPING TAPS...	1
USE WASTE-WATER FOR GARDENING OR FOR TOILET...	2
FULL LOADS WHEN USING WASHING MACHINE...	3
TAKE SHORTER SHOWERS...	4
AVOID WASHING DISHES IN WATER...	5
OTHER (SPECIFY)...	6

18 Does this household keep a compost heap?

YES...1
NO...2
NOT STATED...3

19 Does this household regularly hand in (PET bottles) for recycling?

ALWAYS...1
SOMETIMES...2
NO...3
NOT STATED...4

20 Does this household regularly return glass bottles to a place of collection?

ALWAYS...1
SOMETIMES...2
NO...3
NOT STATED...4

21 Does this household contribute to the reuse or recycling of other material, such as paper, tyres, batteries?

IF YES, PLEASE EXPLAIN...1
NO...2
NOT STATED...3

22 Has this household used insect sprays, or other insect killers during the last three months?

YES, MORE THAN ONCE...1
YES, ONCE...2
NO...3
NOT STATED...4

23 Has this household used any rat poison during the last three months?

YES, MORE THAN ONCE...1
YES, ONCE...2
NO...3
NOT STATED...4

24 Has this household used any weed killer during the last three months?

YES, MORE THAN ONCE...1
YES, ONCE...2
NO...3
NOT STATED...4

25 Has this household used any bleach during the last three months?

YES, MORE THAN ONCE...1
YES, ONCE...2
NO...3
NOT STATED...4

26 Has this household used any paint and/or thinner during the last three months?

YES, MORE THAN ONCE...1
YES, ONCE...2
NO...3
NOT STATED...4

27 Has this household used any drain cleaner during the last three months?

YES, MORE THAN ONCE...1
YES, ONCE...2
NO...3
NOT STATED...4

28 Has this household been affected by landslides, floods, or other natural disasters during the last 12 months?

YES...1
NO...2 (* 32)
NOT STATED...3 (* 32)

29 How were you affected? (TICK ALL THAT APPLY)

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

30 Did the natural disasters have any impact on your livelihood? (TICK ALL THAT APPLY)

Lost crops/Livestock...1
Lost other stock/supplies...2
Could not work due to ill-health...3
Could not go to work due to transport/other problems...4
No Impact...5

31 Give an appropriate monetary value of your loss to natural disaster.

\$

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? BUSINESS.....1 VISITING RELATIVES/FRIENDS.2 WEDDING, FUNERAL/OTHER PRIVATE FUNCTION..3 ENTERTAINMENT/SPORTS.....4 HOLIDAY.....5 OTHER.....6 (SPECIFY)		Have you made a day trip for recreational purposes during the last 3 months (except to visit relatives)? YES.....1 NO.....2 (*41) NOT STATED..3 (*41)
	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)			PURPOSE	NIGHTS	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

PART M: ENVIRONMENT - FOR HOUSEHOLD MEMBERS 14 YEARS AND OVER (CONTINUED)

	40	41	42	43	44	45	46
I N D I V I D U A L N O.	What was the main purpose of your trip?	Which of the following social issues is the most important to you? (accept one answer)	Are you concerned about environment problems?	Which of the environmental problems are you most concerned about? (SELECT ALL THAT APPLY)	In the last 5 years, do you believe the quality of Jamaica's environment has declined, improved or stayed much the same?	Which of these statements do you most agree with? concerned about? (Select all that apply)	Are you aware of any current environmental activities in your community or parish?
	BEACH.....1 FAIR.....2 SPORTS.....3 MUSICAL.....4 EVENT.....5 OTHER.....6 ENTERTAINMENT.....6 OTHER.....6 (SPECIFY)	Crime.....1 Education.....2 Environment.....3 Health.....4 Unemployment.....5 Other(specify).....6 Not Stated.....7	Yes, very concerned.....1 Yes, concerned to some extent.....2 No.....3(*44) Not stated.....4(*44)	AIR/WATER POLLUTION.....1 HANDLING OF WASTE MATERIAL.....2 USE OF PESTICIDES.....3 UNCLEANNED 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	Declined.....1 Improved.....2 Stayed much the same.....3 Not stated.....4	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	Yes.....1 No.....2 Not stated.....3
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							

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? YES.....1 NO.....2 NOT STATED...3	Are you currently a member of any group whose main concern is the protection of the environment? YES.....1 NO.....2(*50) NOT STATED.3(*50)	How often do you participate in the activities of this group? 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	Whose responsibility is it to protect and conserve the environment? (Select all that apply) Central government.....1 Local government.....2 Private sector.....3 NGO's.....4 Individuals.....5 Other (Specify).....6 Not Stated.....7	During the last 12 months, have you noticed any adverse health effects for yourself that you know or believe are caused by environmental conditions? Yes, definitely....1 Yes, it is possible.....2 No.....3 (*END INTERVIEW) Not Stated.....4	What do you know or believe has caused these health effects? Dust or other pollution.....1 Toxic substances-or household chemicals.....2 Infection via food or water.....3 Dirty gullies.....4 Other (Specify)....5	Did you have to seek medical attention because of these adverse health effects? Yes.....1 No.....2 Treated at home.....3
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

ROSTER (CONTINUED) ASK OF HOUSEHOLD HEAD ONLY

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="text"/> 2.....2 <input type="text"/> 3+.....3 <input type="text"/>	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="text"/> NO2 <input type="text"/> DON'T KNOW...3
2. Does any household member younger than 19 years have any child(ren) of his / her own ? YES.....1 <input type="text"/> NO.....2 <input type="text"/>	Had something valuable stolen from them. <input type="text"/>	A Robbery <input type="text"/>	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="text"/> PRETTY GOOD CHANCE...3 A VERY GOOD CHANCE...4 NOT STATED.....5
	Burglary <input type="text"/>	A fight without weapons <input type="text"/>	
3. How many household members younger than 19 years old have any child(ren) of their own ? 1.....1 <input type="text"/> 2.....2 <input type="text"/> 3+.....3 <input type="text"/>	Been attacked by someone, without a weapon. <input type="text"/>	A fight with weapons <input type="text"/>	
	Been attacked by someone, with a weapon. (not a gun) <input type="text"/>	A person threatened with a gun or a knife <input type="text"/>	
4. Does any member of this household have a child(ren) who lives elsewhere ? YES.....1 <input type="text"/> NO.....2 <input type="text"/>	Been threatened with a knife. <input type="text"/>	A person use a gun or knife on someone <input type="text"/>	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="text"/> PRETTY GOOD CHANCE...3 A VERY GOOD CHANCE...4 NOT STATED.....5
	Been threatened with a gun. <input type="text"/>	A person being sexually assaulted. <input type="text"/>	
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="text"/>	Been shot or attacked by someone with a gun. <input type="text"/>	Any other type of crime (Specify <input type="text"/>)	
	Been sexually assaulted or raped. <input type="text"/>	<input type="text"/>	
	Been injured in a fight or an attack <input type="text"/>	<input type="text"/>	
	Been murdered. <input type="text"/>	<input type="text"/>	

• By Parish
• Pov. Status
• Sex of HH
• Age of HH
• By County / Area region
• By 2nd level HH

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 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

HOUSEHOLD ROSTER ROUND 16

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

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

INDIVIDUAL NO IN SLC 2001

INDIVIDUAL NO IN SLC 2001

D U A L N°	N A M E	A G E	SEX	RELATIONSHIP AND CODES FROM LABOUR FORCE SURVEY	RELATION	CODE	HOUSEHOLD MEMBER?	DURING PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD?	YES.....1 NO.....2 (> 3)	YES.....1 NO.....2 (> NEXT PERSON)	USE LOWEST CODE IF MORE THAN ONE APPLIES	YEARS	YES.....1 NO.....2 (> 9)	IN S L C 2001
			MALE.....1 FEMALE...2				STILL A MEMBER.....1 NO LONGER A MEMBER...2 NEW MEMBER.....3							
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														