

JAMAICA SURVEY OF LIVING CONDITIONS
2003

DATE OF THE INTERVIEW
DAY MONTH YEAR

PARISH CONSTITUENCY ENUMERATION DISTRICT N° DWELLING N° H/H AREA SERIAL N°
2500

INTERVIEWER: SUPERVISOR :
ADDRESS OF DWELLING: TOTAL TIME OF INTERVIEW -- HOURS : MINUTES :
NUMBER OF TIMES HOUSEHOLD VISITED --

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

+

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 3 YRS AND OLDER

1. What type of school is ..[NAME].. attending this academic year ?		2. SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL) How much did..[NAME] pay in the past 12 months for the following school expenses?										3. FOR SECONDARY STUDENTS (EXCLUDING ALL AGE SCHOOLS) 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 (Excluding books)	c. Other Fees and Contributions	d. Extra lessons (inside & outside school)	e. Transport	f. Lunch and snacks at school	g. Uniform	h. Books	i. Other? supplies)	j. Boarding	a. Parent(s) Guardian	b. Family/Friends	c. MOEYC	d. MP	e. Community	f. Other Public
INDIVIDUAL N°	NURSERY/DAYCARE																
	BASIC/INFANT KINDERGARTEN																
	1. NEXT PERSON)																
	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																
INDIVIDUAL N°	VOCAT/AGRIC.																
	9. UNIVERSITY																
	10. OTHER TERTIARY (PUBLIC)																
	11. OTHER TERTIARY (PRIVATE)																
	12. ADULT LITERACY CLASSES																
	13. ADULT EDUCATION/NIGHT																
	14. SPECIAL SCHOOL																
	15. NONE																
	16. NONE																
	17. NONE																
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

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

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

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 on... during the past 7 days? YES... 1 NO... 2 (> 4)	How much did you spend on... during the past 7 days? AMOUNT JS	How much did you spend on... during the past 30 days? AMOUNT JS	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? AMOUNT JS IF NOTHING ENTER 0 (> 7)	How much would it cost to buy the amount of home-produced... you ate during the past 30 days? AMOUNT JS IF NOTHING ENTER 0 (> 8)	How much would it cost to buy the amount of... you received as gift during the past 30 days? AMOUNT JS
Fresh or frozen beef	YES-> <-NO			Fresh or frozen beef	YES-> <-NO		
Fresh or frozen pork	YES-> <-NO			Fresh or frozen pork	YES-> <-NO		
Fresh or frozen mutton	YES-> <-NO			Fresh or frozen mutton	YES-> <-NO		
Offal: heart, kidney, liver, tripe etc.	YES-> <-NO			Offal: heart, kidney, liver, tripe etc.	YES-> <-NO		
Other fresh or frozen (oxtail, trotters, cow's foot, hocks)	YES-> <-NO			Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks)	YES-> <-NO		
Salted, cured or canned meat (eg. pigtail)	YES-> <-NO			Salted, cured or canned meat (eg. pigtail)	YES-> <-NO		
Fresh or frozen fish and shellfish	YES-> <-NO			Fresh or frozen fish and shellfish	YES-> <-NO		
Salted codfish	YES-> <-NO			Salted codfish	YES-> <-NO		
Canned mackerel, sardines, herring	YES-> <-NO			Canned mackerel, sardines, herring	YES-> <-NO		
Other salted or canned fish and shellfish (e.g. red herring)	YES-> <-NO			Other salted or canned fish and shellfish (e.g. red herring)	YES-> <-NO		
Fresh or frozen whole chicken or parts	YES-> <-NO			Fresh or frozen whole chicken or parts	YES-> <-NO		
Chicken necks and back	YES-> <-NO			Chicken necks and backs	YES-> <-NO		
Other poultry, fresh, frozen salted, cured or canned	YES-> <-NO			Other poultry, fresh, frozen salted, cured or canned	YES-> <-NO		

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 any of the following foods 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 30 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 home-produced ... you received as a gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Liquid milk (including flavoured milk)	YES-> <-NO			Liquid milk (including flavoured milk)	YES-> <-NO		214
Condensed/Evaporated Milk	YES-> <-NO			Condensed/Evaporated Milk	YES-> <-NO		215
Powdered milk (D.S.M)	YES-> <-NO			Powdered milk (D.S.M)	YES-> <-NO		216
Food Drink(including Lasco,Supligen,Enerplus Nutrament)	YES-> <-NO			Food Drink (including Lasco,Supligen,Enerplus Nutrament)	YES-> <-NO		217
Butter	YES-> <-NO			Butter	YES-> <-NO		218
Cheese	YES-> <-NO			Cheese	YES-> <-NO		219
Other dairy products (yogurt, ice cream, ...)	YES-> <-NO			Other dairy products (yogurt, ice cream, ...)	YES-> <-NO		220
Eggs	YES-> <-NO			Eggs	YES-> <-NO		221
Oils and fats (vegetable oil,coconut oil,lard, margarine(chiffon))	YES-> <-NO			Oils and fats (vegetable oil,coconut oil,lard, margarine(chiffon))	YES-> <-NO		222
Bread	YES-> <-NO			Bread	YES-> <-NO		223
Crackers and Unsweetened biscuits	YES-> <-NO			Crackers and Unsweetened biscuits	YES-> <-NO		224
Other baked products - sweetened biscuits,cakes buns, bullas etc.)	YES-> <-NO			Other baked products - sweetened biscuits,cakes buns, bullas etc.)	YES-> <-NO		225
Bammy/Cassava Bread	YES-> <-NO			Bammy/Cassava Bread	YES-> <-NO		226
Flour	YES-> <-NO			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 any of these foods 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 ... as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Rice	YES-> <-NO	228		YES-> <-NO	228		
Cornmeal	YES-> <-NO	229		YES-> <-NO	229		
Dried peas and beans	YES-> <-NO	230		YES-> <-NO	230		
Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> <-NO	231		YES-> <-NO	231		
Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> <-NO	232		YES-> <-NO	232		
Irish potatoes	YES-> <-NO	233		YES-> <-NO	233		
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> <-NO	234		YES-> <-NO	234		
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> <-NO	235		YES-> <-NO	235		
Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas/beans, corn cobs, string beans)	YES-> <-NO	236		YES-> <-NO	236		
Frozen canned and dried vegetables	YES-> <-NO	237		YES-> <-NO	237		
Ackee	YES-> <-NO	238		YES-> <-NO	238		
Fruit and vegetable juices (fresh or frozen)	YES-> <-NO	239		YES-> <-NO	239		
Fresh fruit (oranges, limes, apples, bananas, pineapples, avocados, pears)	YES-> <-NO	240		YES-> <-NO	240		
Canned and dried fruits	YES-> <-NO	241		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 a gift during the past 30 days? IF NOTHING, ENTER 0 > NEXT FOOD & ITEM AMOUNT J\$
Sugar	YES-> 242 <-NO			Sugar	YES-> 242 <-NO		
Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> 243 <-NO			Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> 243 <-NO		
Soups (packaged, canned, frozen, ...)	YES-> 244 <-NO			Soups (packaged, canned, frozen, ...)	YES-> 244 <-NO		
Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> 245 <-NO			Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> 245 <-NO		
Dry packaged foods (macaroni, vermicelli, ...)	YES-> 246 <-NO			Dry packaged foods (macaroni, vermicelli, ...)	YES-> 246 <-NO		
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> 247 <-NO			Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> 247 <-NO		
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> 248 <-NO			Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> 248 <-NO		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> 249 <-NO			Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> 249 <-NO		
Nuts (peanuts, cashew, coconut, ...)	YES-> 250 <-NO			Nuts (peanuts, cashew, coconut, ...)	YES-> 250 <-NO		
Baby food (milk food, cereals, strained food, ...)	YES-> 251 <-NO			Baby food (milk food, cereals, strained food, ...)	YES-> 251 <-NO		
Other food (chips, snacks, cheese trix, ...)	YES-> 252 <-NO			Other food (chips, snacks, cheese trix, ...)	YES-> 252 <-NO		
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> 253 <-NO			Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> 253 <-NO		
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> 254 <-NO			Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> 254 <-NO		
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> 255 <-NO			Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> 255 <-NO		

PART G: CONSUMPTION EXPENDITURES (END)

1	During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	
Shoes and sandals for adults	YES-> <-NO	326
Shoes and sandals for children	YES-> <-NO	327
Clothing materials for adults (dacron, linen, cotton, silk, ...)	YES-> <-NO	328
Clothing materials for children (dacron, linen, cotton, silk, ...)	YES-> <-NO	329
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES-> <-NO	330
Children clothing (shirts, trousers, coats, jeans, ...)	YES-> <-NO	331
Making and repair of clothes (adult and children)	YES-> <-NO	332
Accessories (watches, jewelry, sunglasses, ...)	YES-> <-NO	333
Reading materials (books, magazines, newspapers, ...)	YES-> <-NO	334
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)	YES-> <-NO	335
Vacation expenses (uition, books, boarding, fees, ...)	YES-> <-NO	336
Porting activities (club membership, equipment, entrance fees, ...)	YES-> <-NO	337
Other recreational activities (cinema, theatre, ice clubs, records, tapes)	YES-> <-NO	338

2	3	4	5	6	1
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.
					Purchased transportation (taxi, bus, train, car rental, air fare) YES-> <-NO
					Gasoline, motor oil YES-> <-NO
					Car repairs, tires YES-> <-NO
					Car insurance YES-> <-NO
					Vehicle taxes, duties YES-> <-NO
					Purchase of car, motor cycles for personal use YES-> <-NO
					Other transport expenses (parking charges, motor vehicle and driver licenses) YES-> <-NO
					Vacation expenses (excluding fares) (hotels, travel tax, ...) YES-> <-NO
					Gardening & horticulture (plants, fertilizer, garden equipment, home animals...) YES-> <-NO
					Telegrams, telephone, † cablegrams YES-> <-NO
					Other consumption expenditures (flowers, etc.) YES-> <-NO
					Purchases for special occasions (parties, entertainment relating to weddings, funerals etc.) YES-> <-NO

† Do not include the amount given in Part J.

*** Items 339 - 342 should relate to those vehicles which are exclusively used for household purposes.

PART H: NON - CONSUMPTION

EXPENDITURES

1	During the past 12 months, has this household spent on any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.		2	Have you spent on ... during the past 30 days? YES...1 NO...2 (* 4)	3	How much did you spend on ... during the past 30 days? AMOUNT J\$	4	How much did you spend on ... during the past 12 months? AMOUNT J\$
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

1 Does this household own, rent or lease this dwelling?

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

2 Does this household own a dwelling other than this one ?

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

» QUESTION 4

3 How much money does your household pay in rent for this dwelling?
IF NO MONEY PAYMENT, ENTER ZERO

AMOUNT J\$:

PER:

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

4 Do you make mortgage payments on this dwelling?

YES.....1
NO.....2 (* 7)

5 How much was your last payment?

AMOUNT J\$:

6 How often do you make these payments?

NO. OF TIMES:

PER: MONTH...4
YEAR...5

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

YES.....1
NO.....2 (* 9)

8 How much taxes do you pay for this dwelling?

AMOUNT J\$:

PER:

MONTH...4
YEAR...5

9 Are you connected to the private water supply?

YES.....1

NO2 (* 12)

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

AMOUNT J\$:

11 How many months were covered by this bill?

MONTHS :

12 What is the source of lighting for this dwelling?

ELECTRICITY...1 (* 15)
KEROSENE.....2 (* 15)
OTHER.....3 (* 15)
NONE.....4 (* 15)

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

AMOUNT J\$:

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

MONTHS:

15 Does this household have a telephone?

YES.....1

NO.....2

LAND

CELL

IF NO FOR LAND AND CELL PHONES » NEXT PERSON

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

LAND
AMOUNT J\$:

CELL
AMOUNT J\$:

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

LAND
MONTHS :

CELL
MONTHS :

FOR HOUSEHOLD HEAD ONLY

Household No.

Person No.

Jamaica Living Condition Index

The questions refer to your own personal conditions during the last year. Please rate the different conditions/ circumstances on a scale from one (1) to ten (10). One means *not at all satisfied* and ten means *extremely satisfied*. Circle “0” when the question is not relevant for you and “?” when you don’t have an opinion.
Answer **more by feeling** and without further specification.

	Not relevant	not satisfied	very satisfied	No opinion
1 FOOD - How do you rate...				
- your food situation?	0	1 2 3 4 5 6 7 8 9 10		?
- your drinking water situation?	0	1 2 3 4 5 6 7 8 9 10		?
- the Food Stamp Programme?	0	1 2 3 4 5 6 7 8 9 10		?
2 HEALTH - How do you rate...				
- your health situation?	0	1 2 3 4 5 6 7 8 9 10		?
- the possibilities to get medicines?	0	1 2 3 4 5 6 7 8 9 10		?
- the public health care?	0	1 2 3 4 5 6 7 8 9 10		?
- the private health care?	0	1 2 3 4 5 6 7 8 9 10		?
- the immunization programs?	0	1 2 3 4 5 6 7 8 9 10		?
- the possibilities to get birth attendance for you/your wife?	0	1 2 3 4 5 6 7 8 9 10		?
- the costs for health care and medicines?	0	1 2 3 4 5 6 7 8 9 10		?
3 EDUCATION - How do you rate...				
- your capability to read and write?	0	1 2 3 4 5 6 7 8 9 10		?
- your professional skills (in farming or other type of work)?	0	1 2 3 4 5 6 7 8 9 10		?
- the possibility to develop your professional skills?	0	1 2 3 4 5 6 7 8 9 10		?
- the possibilities to get education for your children?	0	1 2 3 4 5 6 7 8 9 10		?
- the quality of education (school, books, teachers etc.)?	0	1 2 3 4 5 6 7 8 9 10		?
- the costs for education?	0	1 2 3 4 5 6 7 8 9 10		?

	Not relevant	not satisfied	very satisfied	No opinion
4 HOUSING AND ENVIRONMENT - How do you rate...				
- the standard of your house?	0	☹ 1 2 3 4 5 6 7 8 9 10	☺	?
- the sanitary standard in your house?	0	1 2 3 4 5 6 7 8 9 10		?
- the energy situation for lighting and cooking?	0	1 2 3 4 5 6 7 8 9 10		?
- the government support for better housing (land, credits, etc.)?	0	1 2 3 4 5 6 7 8 9 10		?
- the general environment around your home?	0	1 2 3 4 5 6 7 8 9 10		?
- the garbage collection?	0	1 2 3 4 5 6 7 8 9 10		?
- your working environment?	0	1 2 3 4 5 6 7 8 9 10		?
5 TIME, LEISURE AND TRAVEL - How do you rate...				
- the distribution of work/duties within your household?	0	☹ 1 2 3 4 5 6 7 8 9 10	☺	?
- your available time for leisure activities?	0	1 2 3 4 5 6 7 8 9 10		?
- your access to leisure activities ?	0	1 2 3 4 5 6 7 8 9 10		?
- the costs for leisure activities?	0	1 2 3 4 5 6 7 8 9 10		?
- your possibilities to go to other places?	0	1 2 3 4 5 6 7 8 9 10		?
- your contacts with relatives and friends?	0	1 2 3 4 5 6 7 8 9 10		?
- your influence on decisions having effect on you/your household?	0	1 2 3 4 5 6 7 8 9 10		?
6 SOCIAL SECURITY - How do you rate...				
- the public safety net (pensions, social transfers, free services)?	0	☹ 1 2 3 4 5 6 7 8 9 10	☺	?
- the support from other organisations (NGO's, church, etc)?	0	1 2 3 4 5 6 7 8 9 10		?
- the support from other sources (relatives, employers etc)?	0	1 2 3 4 5 6 7 8 9 10		?

FOR HOUSEHOLD HEAD ONLY

7 PERSONAL SAFETY - How do you rate...	Not relevant	not satisfied	very satisfied	No opinion
		☹ 1 2 3 4 5 6 7 8 9 10 ☺	☹ 1 2 3 4 5 6 7 8 9 10 ☺	
your safety from burglary?				?
- your safety from violence?	0	1 2 3 4 5 6 7 8 9 10		?
your safety from corruption/extortion	0	1 2 3 4 5 6 7 8 9 10		?
8 ECONOMIC OPPORTUNITIES - How do you rate...		☹ 1 2 3 4 5 6 7 8 9 10 ☺		
- your possibilities to get job?	0	1 2 3 4 5 6 7 8 9 10		?
- your possibilities to get commercial credits?	0	1 2 3 4 5 6 7 8 9 10		?
- access to market to sell products?	0	1 2 3 4 5 6 7 8 9 10		?
- access to means for production (tools, fertilisers, etc)?	0	1 2 3 4 5 6 7 8 9 10		?
- access to cultivable land (including water)?	0	1 2 3 4 5 6 7 8 9 10		?
- your wage level?	0	1 2 3 4 5 6 7 8 9 10		?
- the general price level?	0	1 2 3 4 5 6 7 8 9 10		?
- your current economy?	0	1 2 3 4 5 6 7 8 9 10		?
9 PARTICIPATION - How do you rate your possibilities to...		☹ 1 2 3 4 5 6 7 8 9 10 ☺		
- express your opinion?	0	1 2 3 4 5 6 7 8 9 10		?
- improve public services?	0	1 2 3 4 5 6 7 8 9 10		?
- improve the politics?	0	1 2 3 4 5 6 7 8 9 10		?
10 How do you rate your present life and living conditions...		☹ 1 2 3 4 5 6 7 8 9 10 ☺		
- as a whole?	0	1 2 3 4 5 6 7 8 9 10		?
- as compared to what you expected one year ago?	0	1 2 3 4 5 6 7 8 9 10		?
- as compared to other people?	0	1 2 3 4 5 6 7 8 9 10		?

FOR HOUSEHOLD HEAD ONLY

11 How eager are you to devote time and effort to...	Not relevant	not at all ☹️	very eager 😊	No opinion
- Improve your personal education and professional skills?	0	1 2 3 4 5 6 7 8 9 10		?
- Improve your personal health by exercising?	0	1 2 3 4 5 6 7 8 9 10		?
- Improve your housing conditions?	0	1 2 3 4 5 6 7 8 9 10		?
- start or expand small scale business or farming?	0	1 2 3 4 5 6 7 8 9 10		?
- work more for money?	0	1 2 3 4 5 6 7 8 9 10		?
- give your children high education?	0	1 2 3 4 5 6 7 8 9 10		?
- Immunise your children?	0	1 2 3 4 5 6 7 8 9 10		?
- use pharmaceutical medicines, if sick?	0	1 2 3 4 5 6 7 8 9 10		?
- use public health care, if sick?	0	1 2 3 4 5 6 7 8 9 10		?
12 CONFIDENCE - How much do you trust...		not at all ☹️	very much 😊	
the politicians?		1 2 3 4 5 6 7 8 9 10		
- the authorities?	0	1 2 3 4 5 6 7 8 9 10		?
banking system?	0	1 2 3 4 5 6 7 8 9 10		
13 FUTURE EXPECTATIONS		a lot worse ☹️	a lot better 😊	
How do you expect the development		1 2 3 4 5 6 7 8 9 10		
In general over the next 12 months in Jamaica?	0	1 2 3 4 5 6 7 8 9 10		?
- of the economy in Jamaica over the next 12 months?	0	1 2 3 4 5 6 7 8 9 10		?
of employment in Jamaica over the next 12 months?	0	1 2 3 4 5 6 7 8 9 10		?
- of your own (household) economy over the next 12 months?	0	1 2 3 4 5 6 7 8 9 10		?

