

JAMAICA SURVEY OF LIVING CONDITIONS

2006

DATE OF THE INTERVIEW			PARISH	CONSTITUENCY	SAMPLING REGION	ENUMERATION DISTRICT N°	DWELLING N°				H/H	AREA	SERIAL N°
DAY	MONTH	YEAR											2856

INTERVIEWER: _____

SUPERVISOR : _____

ADDRESS OF DWELLING: _____

START OF INTERVIEW

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

PART B: CONTINUED

I N D I V I D U A L No	24. What is the highest (academic) examination that ..(NAME)... has passed?		25. Does the examinations that ..(NAME)... has passed include Math and English?	26. Has ..(NAME)... ever enrolled in any skills training program?	27. What skills did ..(NAME) ...learn / are ... (NAME) ... learning?	28. Did ..(NAME)... receive a diploma /certificate?
	NONE.....1 >> Q.26		(CXC & ABOVE) YES Both.....1 Maths Only.....2 English Only.....3 NO (None).....4	YES , HEART ACADEMY.....1		YES.....1
	JUNIOR HIGH SCHOOL CERT.....2 >> Q.26			YES, HEART – VTC.....2		NO.....2
	GRADE NINE ACHIEVEMENT TEST.....3 >> Q.26			YES, HEART – SLTOPS/ APPRENTICESHIP.....3		CURRENTLY ENROLLED.....3
	CXC Basic , JSC 5, SSC. 3 rd JL.....4			YES, HEART – OTHER4		
	CXC Gen. / GCE O.....5			YES, PRIVATE.....5 (SPECIFY)		
	CAPE / GCE A LEVEL.....6			NO.....6		
	TERTIARY CERT. / DIPLOMA.....7 >> Q.26					
	DEGREE.....8 >> Q.26					
	OTHER.....9 >> Q.26					
NOT STATED.....10 >> Q.26						
	CODE	No. OF SUBJECTS				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

PART C: FOR ALL CHILDREN 0-59 MONTHS OLD

I N D I V I D U A L	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 THE CHILD MEASURED?	9. REASON CHILD NOT MEASURED?	10. WEIGHT	11. LENGTH	12. WAS THIS CHILD MEASURED LYING DOWN OR STANDING?	
	CALCULATE CHILD'S AGE. ASK RESPONDENT TO CONFIRM IT AND RECORD IN Q.6			HOSPITAL.....1 HEALTH CENTER.....2 HOME.....3 OTHER.....4				MEDICAL DOCTOR.....1 REGISTERED NURSE.....2 NANA.....3 UNTRAINED RELATIVE / FRIEND OR STRANGER.....4 SELF.....5 OTHER.....6			YES.....1 NO.....2 DON'T KNOW/ NOT STATED.....3		BIRTH CERTIFICATE.....1 IMMUNIZATION CARD.....2 PARENTAL INFORMATION.....3 OTHER RELATIVE/ GUARDIAN4			YES.....1 (>10) NO.....2	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 ILLNESS.....2 DEFORMITY.....3 OTHER (SPECIFY).....4			KILOGRAMS	CENTIMETERS	LYING DOWN...1 STANDING..... 2
	DAY	MONTH	YEAR								KG	YRS	MTHS									
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						

PART D: PATH (ALL H/H MEMBERS)

ID	1. Has any member of this household ever applied for PATH benefit? YES 1 NO 2 (NO > 10)	2. Which of the following applies to you? Received a payment in April..... 1 Received PATH earlier but did not receive in April..... 2 Applied within past 12 mths but not receiving. 3 (> 10) Applied more than 12 mths ago, not receiving..... 4 (> 10)	3. In what category does this recipient/past recipient fall? CHILD 0-71 MONTHS.....1 CHILD 6-17 YEARS.....2 PREGNANT/ LACTATING.....3 PERSON WITH DISABILITY.....4 ELDERLY 60 YEARS AND OVER.....5 ADULT POOR...6	4. What was the value of the benefit received by this household in the April payment? IF DID NOT RECEIVE ANY, WRITE ZERO AND > 5)	5. What do you do if your payment is less than the regular amount for your household? CHECK WITH THE MLSS PARISH OFFICE1 ASK AT THE POST OFFICE.....2 CHECK WITH SCHOOL, HEALTH CENTRE.....3 DO NOTHING/ NOT APPLICABLE4	6. Have you had any difficulties collecting your PATH cheque? LONG LINES IN PO1 DELAYS IN NOTIFICATION2 CHEQUE DID NOT ARRIVE AT PO3 COULD NOT AFFORD TRANSPORTATION4 No DIFFICULTY...5 OTHER (SPECIFY)6	7. Has (NAME) --- ever lost his/her benefit because conditions were not met (missed a payment)? YES, CHILD DID NOT ATTEND SCH REGULARLY1 YES, CHILD DID NOT VISIT THE HEALTH CENTRE AS REQUIRED....2 NOT SURE WHICH ONE(S)3 No.....4 >>Q9 No.....4 >>Q9 Other Specify.....5	8. Why were conditions not met? Name the three main reasons. 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 PROBLEMS10 HAD TO RUN AN ERRAND.....11 NOT SAFE AT SCHOOL.....12 NOT SAFE IN COMMUNITY.....13 Child changed school.....14 VIOLENCE.....15 TRANSPORT COSTS.....16 OTHER (SPECIFY).....17	9. Has anyone from PATH ever visited you to discuss issues related to the programme? YES 1 NO 2	10. Is any member of this household receiving benefits from any of the following? Secondary School Fee Assistance Programme1 Government School Feeding Programme2 National Health Fund3 Jamaica Drugs for the Elderly Programme (JADEP).....4 Social and Economic Support Programme (SESP).....5 Poor Relief6 Not applicable7 Other (Specify)8	11. Have members of this household ever received a Rehabilitation Grant from the MLSS? YES 1 NO 2
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

PART E : DAILY EXPENSES

MEALS AWAY FROM HOME

1 During the past 7 days, has this household spent money on any of the following items ? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.		2 How much have you spent for[]... during the past 7 days? AMOUNT J \$	3 During the past 7 days, has this Household spent money on any of The following items, as meals away from home ? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.		4 How much have you spent for[]... during the past 7 days. AMOUNT J\$
Coal	YES	102	Meat, poultry or fish meals bought away from home (including gifts)	YES	107
	NO			NO	
Kerosene	YES	103	Sandwiches, Burgers Patties	YES	108
	NO			NO	
Wood	YES	104	Dairy Products e.g. milk, Supligen, Nutrament Etc.	YES	109
	NO			NO	
Other fuel for cooking or lighting different than cooking gas and electricity	YES	105	Breakfast beverages e.g. tea, coffee, milo etc.	YES	110
	NO			NO	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes,.....)	YES	106	Fruits, juices & vegetables	YES	111
	NO			NO	
			Drinks – box, bottle, etc	YES	112
				NO	
			Others eg. soups, vegetarian meals, etc.	YES	113
				NO	

PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

PURCHASED			2	3	4
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\$
Fresh or frozen beef	YES→	201			
	←NO				
Fresh or frozen pork	YES→	202			
	←NO				
Fresh or frozen mutton	YES→	203			
	←NO				
Offal – heart, kidney, liver, tripe etc.	YES→	204			
	←NO				
Other fresh or frozen (oxtail, trotters, cow’s foot, hocks)	YES→	205			
	←NO				
Salted, cured or canned meat (eg. pigtail)	YES→	206			
	←NO				
Fresh or frozen fish and shellfish	YES→	207			
	←NO				
Salted codfish	YES→	208			
	←NO				
Canned mackerel, sardines herring	YES→	209			
	←NO				
Other salted or canned fish and shellfish (eg. Mackerel, red herring ...)	YES→	210			
	←NO				
Fresh or frozen whole chicken or parts	YES→	211			
	←NO				
Chicken neck or back	YES→	212			
	←NO				
Other poultry, fresh frozen salted, cured or canned	YES→	213			
	←NO				

HOME PRODUCTION / GIFTS			6	7	8
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 1 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 during the past 30 days IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef	YES→	201			
	←NO				
Fresh or frozen pork	YES→	202			
	←NO				
Fresh or frozen mutton	YES→	203			
	←NO				
Offal – heart, kidney, liver, tripe etc.	YES→	204			
	←NO				
Other fresh or frozen (oxtail, trotters, cow’s foot, hocks)	YES→	205			
	←NO				
Salted, cured or canned meat (eg. Pigtail)	YES→	206			
	←NO				
Fresh or frozen fish and shellfish	YES→	207			
	←NO				
Salted codfish	YES→	208			
	←NO				
Canned mackerel, sardines herring	YES→	209			
	←NO				
Other salted or canned fish and shellfish (eg. Mackerel, red herring ...)	YES→	210			
	←NO				
Fresh or frozen whole chicken or parts	YES→	211			
	←NO				
Chicken neck or back	YES→	212			
	←NO				
Other poultry, fresh frozen salted, cured or canned	YES→	213			
	←NO				

PART F: FOOD EXPENSES

PURCHASED			
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\$
Liquid milk (including flavoured milk)	YES→ ←NO	214	
Condensed/Evaporated Milk	YES→ ←NO	215	
Powdered milk (D.S.M)	YES→ ←NO	216	
Food Drink (including Lasco, Supligen, Enerplus, Nutrament)	YES→ ←NO	217	
Butter	YES→ ←NO	218	
Cheese	YES→ ←NO	219	
Other dairy products (yogurt, ice cream , ...)	YES→ ←NO	220	
Eggs	YES→ ←NO	221	
Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)	YES→ ←NO	222	
Bread	YES ←NO	223	
Crackers and unsweetened biscuits	YES→ ←NO	224	
Other baked products (sweetened biscuits, cakes, buns, bullas etc)	YES→ ←NO	225	
Cassava bread / Bammy	YES→ ←NO	226	
Flour	YES→ ←NO	227	

HOME PRODUCTION / GIFTS			
5 During the past 30 days, has this household bought any of the following foods? 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 during the past 30 days IF NOTHING ENTER 0 AMOUNT J\$
Liquid milk (including flavoured milk)	YES→ ←NO	214	
Condensed / Evaporated milk	YES→ ←NO	215	
Powdered milk (D. S. M)	YES→ ←NO	216	
Food Drink (including Lasco, Supligen, Enerplus, Nutrament)	YES→ ←NO	217	
Butter	YES→ ←NO	218	
Cheese	YES→ ←NO	219	
Other dairy products (yogurt, ice cream, ..)	YES→ ←NO	220	
Eggs	YES→ ←NO	221	
Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)	YES→ ←NO	222	
Bread	YES→ ←NO	223	
Crackers and unsweetened biscuits	YES→ ←NO	224	
Other baked products (sweetened biscuits, cakes, buns, bullas etc)	YES→ ←NO	225	
Cassava bread / Bammy	YES→ ←NO	226	
Flour	YES→ ←NO	227	

PART F: FOOD EXPENSES

PURCHASED			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\$
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					
Rice	YES→ ←NO	228			
Cornmeal	YES→ ←NO	229			
Dried peas and beans	YES→ ←NO	230			
Breakfast cereals (cornflakes, oats, hominy corn ...)	YES→ ←NO	231			
Yams (white, yellow, Negro, St. Vincent, Lucea,...)	YES→ ←NO	232			
Irish Potatoes	YES→ ←NO	233			
Other roots and tubers (cassava, coco, sweet potatoes , dasheen...)	YES→ ←NO	234			
Other starchy fruits (Plantains, green banana, bread fruit, ...)	YES→ ←NO	235			
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, string beans, peas and beans..)	YES→ ←NO	236			
Frozen canned and dried vegetables	YES→ ←NO	237			
Ackee	YES→ ←NO	238			
Fruit and vegetable juices (fresh or frozen)	YES→ ←NO	239			
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, pears)	YES→ ←NO	240			
Canned and dried fruits	YES→ ←NO	241			

HOME PRODUCTION / GIFTS			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 during the past 30 days IF NOTHING ENTER 0 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					
Rice	YES→ ←NO	228			
Cornmeal	YES→ ←NO	229			
Dried peas and beans	YES→ ←NO	230			
Breakfast cereals (cornflakes, oats, hominy corn ...)	YES→ ←NO	231			
Yams (white, yellow, Negro, St. Vincent, Lucea	YES→ ←NO	232			
Irish Potatoes	YES→ ←NO	233			
Other roots and tubers (cassava, coco, sweet potatoes, dasheen ...)	YES→ ←NO	234			
Other starchy fruits (Plantains, green banana, bread fruit, ...)	YES→ ←NO	235			
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, string beans, peas and beans)	YES→ ←NO	236			
Frozen canned and dried vegetables	YES→ ←NO	237			
Ackee	YES→ ←NO	238			
Fruit and vegetable juices (fresh or frozen)	YES→ ←NO	239			
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, pears)	YES→ ←NO	240			
Canned and dried fruits	YES→ ←NO	241			

PART F: FOOD EXPENSES

PURCHASED			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\$
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					
Sugar	YES→	242			
	←NO				
Sweets (sugar, honey, sweeteners, jams, jellies)	YES→	243			
	←NO				
Soups (packaged, canned, frozen)	YES→	244			
	←NO				
Prepared meats and fish (curried mutton, fish fingers, ...)	YES→	245			
	←NO				
Dry packaged foods (macaroni, spaghetti, vegie chunks ...)	YES→	246			
	←NO				
Powders, flavoring and extracts (baking powder & soda, yeast, coconut milk / powder, vinegar,)	YES→	247			
	←NO				
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES→	248			
	←NO				
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	YES→	249			
	←NO				
Nuts (peanuts, cashew, coconut, ...)	YES→	250			
	←NO				
Baby food (milk food, cereals, strained food, ...)	YES→	251			
	←NO				
Other food (chips, snacks, cheese trix, ..)	YES→	252			
	←NO				
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES→	253			
	←NO				
Non alcoholic beverages (coke, nectars, canned fruit drinks, powdered & frozen ,purified water/flavoured bottled water)	YES→	254			
	←NO				
Alcoholic beverages (rum, whisky, wine, beer, sherry...)	YES→	255			
	←NO				

HOME PRODUCTION / GIFTS			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 during the past 30 days IF NOTHING ENTER 0 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					
Sugar	YES→	242			
	←NO				
Sweets (sugar, honey, sweeteners, jams, jellies)	YES→	243			
	←NO				
Soups (packaged, canned, frozen)	YES→	244			
	←NO				
Prepared meats and fish (curried mutton, fish fingers, ...)	YES→	245			
	←NO				
Dry packaged foods (macaroni, spaghetti, vegie chunks...)	YES→	246			
	←NO				
Powders, flavoring and extracts (baking powder & soda, yeast, coconut milk / powder, vinegar,)	YES→	247			
	←NO				
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES→	248			
	←NO				
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	YES→	249			
	←NO				
Nuts (peanuts, cashew, coconut, ...)	YES→	250			
	←NO				
Baby food (milk food, cereals, strained food, ...)	YES→	251			
	←NO				
Other food (chips, snacks, cheese trix, ..)	YES→	252			
	←NO				
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES→	253			
	←NO				
Non alcoholic beverages (coke, nectars, canned fruit drinks, powdered & frozen, purified water / flavoured bottled water)	YES→	254			
	←NO				
Alcoholic beverages (rum, whisky, wine, beer, sherry....)	YES→	255			
	←NO				

PART G : CONSUMPTION EXPENDITURES

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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. during the past 30 days? YES = 1 NO = 2 (> 5)	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\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Personal care supplies soap, toothpaste/brushes shaving cream, razors & blades	YES→	301				
	←NO					
Cosmetics (lotions, deodorants, ...)	YES→	302				
	←NO					
Hair and body care (lotions, dyes, etc)	YES→	303				
	←NO					
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES→	304				
	←NO					
Polishes, waxes, air fresheners, insect sprays	YES→	305				
	←NO					
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid, ...)	YES→	306				
	←NO					
Toilet supplies (toilet paper, cleanser, ...)	YES→	307				
	←NO					
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)	YES→	308				
	←NO					
Home help services (cook, nurse maid, household help, gardener, ...)	YES→	309				
	←NO					
Laundry and dry cleaning services	YES→	310				
	←NO					
Rental of equipment (radio, television, ...)	YES→	311				
	←NO					
Cooking Gas	YES→	312				
	←NO					

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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. 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\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES→	313				
	←NO					
Furniture outdoors (lawn chair, barbecue grill,....)	YES→	314				
	←NO					
Furnishing (carpets, drapes, sheets, towels, ...)	YES→	315				
	←NO					
Dinner ware (plates, cups saucers, glasses, knives, forks, spoons, ...)	YES→	316				
	←NO					
Cook ware (pots, pans, skillets ...)	YES→	317				
	←NO					
Other small kitchen equipment (ice box, toaster, mixer, hot plate, .)	YES→	318				
	←NO					
Large kitchen appliances (Fridge, stove, microwave, freezer, water heater ...)	YES→	319				
	←NO					
Radio, TV, VCR, DVD, DSS,CD player, component set, computer, printer, fax	YES→	320				
	←NO					
Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...)	YES→	321				
	←NO					
Repairs on furniture or household equipment	YES→	322				
	←NO					
Medicines (pills, tonics, drugs, family planning supplies, herbal medicine)	YES→	323				
	←NO					
Medical services (doctor's fee, hospital care, prescriptions, spectacles...)	YES→	324				
	←NO					
Health Insurance	YES→	325				
	←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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. 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\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Shoes and sandals for adults	YES→	326				
	←NO					
Shoes and sandals for children	YES→	327				
	←NO					
Clothing material for adult (Dacron, linen, cotton, silk ...)	YES→	328				
	←NO					
Clothing material for children (Dacron, linen, cotton, silk ...)	YES→	329				
	←NO					
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES→	330				
	←NO					
Children clothing (shirts, trousers, coats, jeans, pampers ...)	YES→	331				
	←NO					
Making and repair of clothes (adult and children)	YES→	332				
	←NO					
Accessories (watches, jewelry, sunglasses, ...)	YES→	333				
	←NO					
Reading materials (Books, magazines, newspapers, ...)	YES→	334				
	←NO					
Stationary and writing equipment (pens, pencils, envelops, stamps, ...)	YES→	335				
	←NO					
Education expenses (tuition, books, boarding, fees, ...)	YES→	336				
	←NO					
Sporting activities (exercise equipment, bicycle, triicycle entrance fees, club membership)	YES→	337				
	←NO					
Other recreational activities (cinema, dance clubs, records, tapes, DVD, CD, Cable rental .)	YES→	338				
	←NO					

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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. 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\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Purchased transportation (taxi, bus, car, rental, air fare)	YES→	339				
	←NO					
Gasoline, motor oil, diesel	YES→	340				
	←NO					
Car / motor cycle repair, tires, motor parts	YES→	341				
	←NO					
Car / motor cycle insurance	YES→	342				
	←NO					
Vehicles taxes, duties	YES→	343				
	←NO					
Purchase of car, motor cycles for personal use	YES→	344				
	←NO					
Other transport expenses (motor vehicle and driver licenses)	YES→	345				
	←NO					
Vacation expenses (excluding fares) (hotels, travel tax ...)	YES→	346				
	←NO					
Gardening and horticulture (plants, fertilizer, garden equipment, home animals ...)	YES→	347				
	←NO					
Telephone	YES→	348				
	←NO					
Other consumption expenditures (flowers, etc.)	YES→	349				
	←NO					
Purchases for special occasions (parties, entertainment relating to weddings, funerals, bounce about etc.)	YES→	350				
	←NO					

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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. 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\$	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Purchased transportation (taxi, bus, car, rental, air fare)	YES→	339				
	←NO					
Gasoline, motor oil, diesel	YES→	340				
	←NO					
Car / motor cycle repair, tires, motor parts	YES→	341				
	←NO					
Car / motor cycle insurance	YES→	342				
	←NO					
Vehicles taxes, duties	YES→	343				
	←NO					
Purchase of car, motor cycles for personal use	YES→	344				
	←NO					
Other transport expenses (motor vehicle and driver licenses)	YES→	345				
	←NO					
Vacation expenses (excluding fares) (hotels, travel tax ...)	YES→	346				
	←NO					
Gardening and horticulture (plants, fertilizer, garden equipment, home animals ...)	YES→	347				
	←NO					
Telephone	YES→	348				
	←NO					
Other consumption expenditures (flowers, etc.)	YES→	349				
	←NO					
Purchases for special occasions (parties, entertainment relating to weddings, funerals, bounce about etc.)	YES→	350				
	←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
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. V			Have you spent on ... during the past 30 days? YES..1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS
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. Type of Dwelling
 SEPARATE HOUSE DETACHED.....1
 SEMI-DETACHED HOUSE.....2
 PART OF A HOUSE.....3
 APARTMENT BUILDING.....4
 TOWN HOUSE.....5
 IMPROVISED HOUSING UNIT.....6
 PART OF COMMERCIAL BUILDING.....7
 OTHER.....8

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

3. How many rooms are occupied by this household? (excluding verandahs, kitchens and bathrooms?)
 NO. OF ROOMS

4. What kind of toilet facilities are used by your household?
 W.C. LINKED TO SEWER...1
 W.C. NOT LINKED.....2
 PIT.....3
 OTHER.....4

5. Are toilet facilities used only by your household, or do other households use the same facilities?
 EXCLUSIVE USE.....1
 SHARED.....2

6. Is the kitchen used only by your household, or do other households use the same kitchen?
 EXCLUSIVE USE.....1
 SHARED.....2
 NONE.....3

7. Does this household own, rent or lease this dwelling?
 OWNED.....1
 LEASED.....2 (>12)
 PRIVATE RENTED.....3 (>12)
 GOVERNMENT RENTED.....4 (>12)
 RENT FREE.....5 (>12)
 SQUATTED.....6 (>12)
 OTHER.....7 (>12)

8. Does this household own a dwelling other than this one?
 YES.....1 (>13)
 NO.....2 (>13)

9. From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?
 RELATIVE.....1
 PRIVATE EMPLOYER.....2
 PUBLIC AGENCY.....3
 PRIVATE INDIVIDUAL OR AGENCY.....4

10. How much money does your household pay in rent for this dwelling?
 IF NO MONEY PAYMENT, ENTER ZERO
 AMOUNT: J\$

PER:
 WEEK...3
 MONTH...4
 YEAR...5

11. Does somebody who is not a member of the household help to pay the rent for this dwelling? for example, a relative, a public agency, a private individual or agency (GIVE EXAMPLE)?
 RELATIVE.....1
 PRIVATE EMPLOYER.....2
 PUBLIC AGENCY.....3
 PRIVATE INDIVIDUAL/ AGENCY.....4
 NOBODY HELPS.....5

ASK ONLY IF OPTIONS 2-7 IN Q7

12. Does this household own a dwelling?
 YES.....1
 NO.....2

>> GO TO QUESTION 18

13. Do you make mortgage payments on this dwelling?
 YES...1
 NO...2 (>16)

14. How much was your last payment?
 AMOUNT J\$

15. How often do you make these payments?
 No. OF TIMES
 PER MONTH...4
 YEAR...5

16. Do you pay property taxes for this dwelling?
 YES.....1
 NO.....2 (>18)

17. How much taxes do you pay for this dwelling?
 AMOUNT J\$
 PER: MONTH...4
 YEAR...5

18. What is the main source of drinking water for your household?
 INDOOR TAP / PIPE.....1
 OUTSIDE PRIVATE PIPE/TAP.....2
 PUBLIC STANDPIPE.....3 (>24)
 WELL.....4 (>24)
 RIVER, LAKE, SPRING, POND.....5 (>24)
 RAINWATER (TANK) PID.....6 (>25)
 RAINWATER (TANK) NPID**.....7 (>25)
 TRUCKED WATER (NWC) PID.....8 (>25)
 TRUCKED WATER (NWC) NPID.....9 (>25)
 TRUCKED WATER (PRIVATE)PID.....10 (>21)
 TRUCKED WATER (PRIVATE)NPID.....11 (>21)
 BOTTLED WATER.....12 (>25)
 OTHER (SPECIFY).....13 (>23)

19. Have you had a water lock-off in the last 20 days?
 ONCE.....1
 2 - 3 TIMES.....2
 4 - 5 TIMES.....3
 MORE THAN 5 TIMES...4
 NONE.....5

20. Have you a group or individual meter?
 GROUP.....1
 INDIVIDUAL.....2
 NO METER.....3

21. How much was the latest water bill for your household?
 AMOUNT J\$

22. How many months were covered by this bill?
 MONTHS :

23. Is this [SUPPLY SOURCE IN 18] used by your household only, or is it shared with others?
 THIS HOUSEHOLD ONLY.....1
 SHARED.....2

24. How far from this dwelling is this... [SUPPLY SOURCE IN 18]
 DISTANCE -->
 DISTANCE CODE:
 KILOMETERS.....1
 METERS.....2

25. What is the main source of lighting for this dwelling?
 ELECTRICITY.....1
 KEROSENE.....2 (>28)
 OTHER.....3 (>28)
 NONE.....4 (>28)

26. How much was the latest electricity bill for your household?
 AMOUNT J\$

27. How many months of consumption were covered by this bill?
 MONTHS:

28. Does this household have a telephone?
 YES.....1 LAND :
 NO.....2 (>31) CELL :

29. How much was the latest telephone bill for your household (including cellular bill)?
 LAND AMOUNT J\$:
 CELL AMOUNT J\$:

30. How many months of consumption were covered by this bill?
 LAND AMOUNT J\$:
 CELL AMOUNT J\$:

31. How do you dispose of your garbage including plant cuttings?
 COLLECTED BY GARBAGE TRUCK.....1
 PLACE IN SKIP.....2
 BURN.....3
 BURY.....4
 DUMP IN EMPTY LOT.....5
 DUMP IN GUELY.....6
 OTHER.....7
 (Specify.....)

32. Is there a personal computer in this household?
 YES.....1 (>33)
 NO.....2 (>34)

33. Is there an internet connection to this computer?
 YES.....1
 NO.....2

FOR PERSONS WHO ANSWERED (1) to Q7 ask

34. Do you pay insurance for this dwelling?
 YES.....1
 NO.....2

**NPID is "not piped into dwelling"

Part 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 goods]--?
DO NOT INCLUDE RENTED ITEMS
PUT A CROSS IN THE APPROPRIATE BOX FOR EACH ITEM. THEN 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 Conditions?	605		
Fans?	606		
Radio / Cassettes players?	607		
Stereo Equipment?	608		
Other stereo Equipment?	609		
TV sets?	610		
VCR/DVD Player	611		
Video equipment/Game Boy/Play Station	612		
Washing Machine?	613		
Dryer?	614		

Do the members of your household have ...

ITEM	CODE	YES	NO
Bicycles?	615		
Motorbikes?	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		
DSS	624		

SECTION L cont'd

4. How many persons send money/ goods, from abroad, to this household? (Tick box!)

	Money	Goods
i) 1 person	<input type="checkbox"/>	<input type="checkbox"/>
ii) 2 – 3 persons	<input type="checkbox"/>	<input type="checkbox"/>
iii) 4 – 5 persons	<input type="checkbox"/>	<input type="checkbox"/>
iv) More than 5 persons	<input type="checkbox"/>	<input type="checkbox"/>
v) Institution Only	<input type="checkbox"/>	<input type="checkbox"/>
vi) Don't know	<input type="checkbox"/>	<input type="checkbox"/>

5. For the three (3) main individuals who send the most money from abroad, please ask the following:		M1	M2	M3
What is the age of sender?				
What is the gender of sender?				
In what country does sender reside?				
Did sender leave as part of a structured programme (e.g. farm worker program, tourism, education etc)?	Yes			
	No			
Did sender leave family members in Jamaica who they intend to send for?	Yes			
	No			
Did sender leave with a view to achieve some specific goal (e.g. education, economic etc)?	Yes			
	No			
Does sender regularly spend part of the year abroad and part of the year in Jamaica?	Yes			
	No			
How long has the sender been away? [If less than 1 year put 0, if 1 year or greater report the years]				
Did household members provide funds for sender to migrate?	Yes			
	No			
Did household members provide funds to support sender while abroad?	Yes			
	No			
Does sender intend to return to Jamaica? Yes..... 1 No..... 2				

6. During the last 5 years, has this household financially supported any of the following (Tick all that apply):

Family member residing abroad	<input type="checkbox"/>
Non-relative residing abroad	<input type="checkbox"/>
Other Institutions abroad	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

7. For the three (3) main individuals residing abroad who receive the most money, please ask the following:		M1	M2	M3
What is the age of receiver?				
What is the gender of receiver?				
In what country does receiver reside?				
Did receiver leave as part of a structured programme (e.g. farm worker program, tourism, education etc)?	Yes			
	No			
Did receiver leave family members in Jamaica who they intend to send for?	Yes			
	No			
Did receiver leave with a view to achieve some specific goal (e.g. education, economic etc)?	Yes			
	No			
Does receiver regularly spend part of the year abroad and part of the year in Jamaica?	Yes			
	No			
How long has the receiver been away? [If less than 1 year put 0, if 1 year or greater report the years]				
Did household members provide funds for receiver to migrate?	Yes			
	No			
Did household members provide funds to support receiver while abroad?	Yes			
	No			
Does receiver intend to return to Jamaica? Yes..... 1 No..... 2				

HOUSEHOLD ROSTER

ASK Q1-4 FOR ALL H/H MEMBERS UNDER 15 YEARS

ASK Q5-9 FOR ALL H/H MEMBERS 15 YEARS AND OVER

ALL H/H MEMBERS

ID	PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS				Remember to enquire about all members and add new members	1. Is the natural father a member of the household? YES.....1 NO.....2 (> 3)	2. COPY THE ID CODE OF THE FATHER	3. Is the natural mother, a member of the household? YES.....1 NO.....2 [NEXT PERSON]	4. COPY THE ID CODE OF THE MOTHER	5. Marital Status MARRIED.....1 NEVER MARRIED.....2 (>7) DIVORCED.....3 (>7) SEPARATED.....4 (>7) WIDOWED.....5 (>7)	6. How long have you been married?	7. Union Status MARRIED.....1 (> 8) COMMON LAW.....2 (> 8) VISITING.....3 (> Q10) SINGLE.....4 (> Q10) NONE.....5 (> Q10)	8. Is this partner a household member? YES.....1 NO.....2 (> Q10)	9. COPY THE ID CODE OF THE PARTNER	10. Is this individual a PATH beneficiary Yes...1 No....2
	Name	Age	Sex MALE.....1 FEMALE.....2	RELATIONSHIPS AND CODES FROM LABOUR FORCE SURVEY											
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															