

THE STATISTICAL INSTITUTE OF JAMAICA

JAMAICA SURVEY OF LIVING CONDITIONS

2 0 0 6

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

INTERVIEWER: _____

SUPERVISOR : _____

ADDRESS OF DWELLING: _____

TOTAL TIME OF INTERVIEW --	HOURS :	MINUTES :
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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 A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

[illegible]

PART A. HEALTH – TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONT.)

[illegible]

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

INDIVIDUAL No	1 What type of school is ..[NAME].. attending this academic year? NURSERY/DAYCARE (NEXT PERSON)1 BASIC / INFANT/KINDERGARTEN.....2 PRIMARY.....3 PREPARATORY.....4 ALL AGE SCHOOL (GRADES 1-6).....5 ALL AGE SCHOOL (GRADES 7-9).....6 PRIMARY/JUNIOR HIGH (GRADES 1-6)7 PRIMARY JUNIOR HIGH (GRADES 7-9).....8 JUNIOR HIGH (GRADES 7-9).....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCAT/ AGRIC.....12 UNIVERSITY.....13 OTHER TERTIARY (PUBLIC)14 OTHER TERTIARY(PRIVATE).15 ADULT LITERACY CLASSES.....16 ADULT EDUCATION/NIGHT.....17 SPECIAL SCHOOL.....18 NONE.....19	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? BASIC 0 PRIMARY 1-3 PRIMARY 4-6 GRADE 7 GRADE 8 GRADE 9 GRADE 10 GRADE 11 GRADE 12 GRADE 13	5 How far is ...[NAME]'s ... school from this house? MILES.....1 KMS.....2 YARDS....3 METERS...4		6 What is the distance to the nearest primary school? MILES.....1 KMS.....2 YARDS....3 METERS..4		7 What is the distance to the nearest secondary school? MILES.....1 KMS.....2 YARDS....3 METERS..4		8 How does ...[NAME]... usually get to school? PUBLIC TRANSPORT.....1 WALK..... 2 PRIVATE VEHICLE.....3 SCHOOL BUS.....4 OTHER (SPECIFY).....5	9 During the 4 week period April 24-May 19 how many days was..[NAME] sent to school? IF SENT ON ALL DAYS >11	10 What were the two main reasons for ...[NAME]'S] absence from school ? ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEM.....6 TRANSPORT COSTS.....7 SCHOOL CLOSED.....8 SHOES/ UNIFORM/ MISSING/ DIRTY /WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND.....12 NOT SAFE AT SCHOOL.....13 NOT SAFE IN COMMUNITY.....14 VIOLENCE.....15 OTHER (SPECIFY).....16			
												FIRST		SECOND		
												R	N	R	N	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

D = DISTANCE U = UNIT OF MEASURE

R – Reason ; N - # of times

N D I V I D U A L	16. Why doesn't ..(NAME)... take the meal / snack provided by the school ?	17. Does ..(NAME)...pay for this meal or get it free?	18. What does ..(NAME)... usually have for lunch?	19. Does ..(NAME)... have the required textbooks for school ?	20. Why doesn't..(NAME)... have all 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.
	BECAUSE OF STIGMA.....1 DOESN'T LIKE IT.....2 TOO EXPENSIVE/ CAN'T AFFORD.....3 LINE TOO LONG.....4 OTHER (SPECIFY).....5 <div>>> 18</div>	ALWAYS PAYS.....1 PAY SOMETIMES.....2 DOESN'T PAY / GET IT FREE.....3 DON'T KNOW.....4 NOT STATED.....5 <div>>>19</div>	Snack / Meal from school canteen/ tuck shop.....1 Snack / Meal From vendors.....2 Snack / Meal From home.....3 Other (specify).....4 Nothing.....5	Yes, has all.....1 (> 29) Has some.....2 Has none.....3 Don't know.....4 Not stated.....5	Has not paid school Fees.....1 Has not paid book rental Fee.....2 School does not have the books.....3 Books hard to Find.....4 Money Problems.....5 OTHER (SPECIFY6 DK/Not stated.....7 <div>>>29</div>	BASIC / INFANT KINDERGARTEN.....1 PRIMARY.....2 PREPARATORY.....3 ALL AGE SCHOOL (GRADES 1-6).....4 ALL AGE SCHOOL (GRADES 7-9).....5 PRIMARY/JUNIOR HIGH (GRADES 1-6)6 PRIMARY JUNIOR HIGH (GRADES 7-9).....7 JUNIOR HIGH (GRADES 7-9)... ..8 NEW SECONDARY9 COMPREHENSIVE.....10 SECONDARY HIGH.....11 TECHNICAL.....12 VOCT / AGRIC.....13 UNIVERSITY.....14 OTHER TERTIARY(PUBLIC).....15 OTHER TERTIARY (PRIVATE).....16 ADULT LITERACY CLASSES.....17 ADULT EDUCATION/NIGHT.....18 SPECIAL SCHOOL.....19 NONE.....20 <div>Q14–20 >> Q24</div>	GRADE	<div>IF COMPLETED SCHOOL BEFORE GRADE 11</div> Why did you / ..(NAME)... stop attending school? REACHED TERMINAL GRADE....1 MONEY PROBLEMS.....2 PREGNANCY.....3 EXPELLED.....4 NO INTEREST IN SCHOOL.....5 FAMILY PROBLEMS.....6 OTHER.....7 (SPECIFY)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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

INDIVIDUAL No	1. When was (NAME)born? <div>CALCULATE CHILD'S AGE. ASK RESPONDENT TO CONFIRM IT AND RECORD IN Q.6</div>			2 . Where was (NAME)born? HOSPITAL.....1 HEALTH CENTER.....2 HOME.....3 OTHER.....4	3. Who actually delivered your baby? MEDICAL DOCTOR.....1 REGISTERED NURSE.....2 NANA.....3 UNTRAINED RELATIVE / FRIEND OR STRANGER.....4 SELF.....5 OTHER.....6	4.Was the birth of. (NAME) ..registered? YES.....1 NO.....2 DON'T KNOW/ NOT STATED.....3	5. What was the weight of (NAME) at birth?	6. AGE		7. Is the date of birth in Q1 based on? BIRTH CERTIFICATE.....1 IMMUNIZATION CARD.....2 PARENTAL INFORMATION.....3 OTHER RELATIVE/ GUARDIAN4	8. WAS THE CHILD MEASURED? YES.....1 (>10) NO.....2	9. REASON CHILD NOT MEASURED? AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 .ILLNESS.....2 DEFORMITY.....3 OTHER (SPECIFY).....4	10. WEIGHT	11. LENGTH	12. WAS THIS CHILD MEASURED LYING DOWN OR STANDING? LYING DOWN...1 STANDING..... 2
	DAY	MONTH	YEAR												
								KG	YRS				MTHS	KILOGRAMS	
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 OVER5 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 >>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 \$
Coal	YES	102	
	NO		
Kerosene	YES	103	
	NO		
Wood	YES	104	
	NO		
Other fuel for cooking or lighting different than cooking gas and electricity	YES	105	
	NO		
Tobacco products (cigars, cigarettes, chewing tobacco, pipes,.....)	YES	106	
	NO		

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

PART F: FOOD EXPENSES

PURCHASED					
<div>1</div> <div>During the past 30 days, has this household bought any of the following foods?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS</div>			<div>2</div> <div>Have you bought ..[].. during the past 7 days?</div> <div>YES = 1</div> <div>NO = 2 (> 4)</div>	<div>3</div> <div>How much did you spend on ..[]... during the past 7 days?</div> <div>AMOUNT J\$</div>	<div>4</div> <div>How much did you spend on ..[]... during the past 30 days?</div> <div>AMOUNT J\$</div>
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				

RESPONDENT (INDIVIDUAL # FROM ROSTER):

HOME PRODUCTION / GIFTS					
<div>5</div> <div>During the past 30 days have you eaten in this household any ..[]... that was home-produced, or received as a gift?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS</div>			<div>6</div> <div>How much would it cost to buy the amount of home produced ..[].. you ate during the past 7 days?</div> <div>IF NOTHING ENTER 0 AND (>7)</div> <div>AMOUNT J\$</div>	<div>7</div> <div>How much would it cost to buy the amount of home-produced ..[].. you ate during the past 30 days</div> <div>IF NOTHING ENTER 0 AND (>8)</div> <div>AMOUNT J\$</div>	<div>8</div> <div>How much would it cost to buy the amount of..[].. you received during the past 30 days</div> <div>IF NOTHING ENTER 0</div> <div>AMOUNT J\$</div>
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					
<div>1</div> <div>During the past 30 days , has this household bought any of the following foods ?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS</div> <div></div>			<div>2</div> <div>Have you bought ..[].. during the past 7 days?</div> <div>YES = 1</div> <div>NO = 2 (> 4)</div>	<div>3</div> <div>How much did you spend on ..[]... during the past 7 days?</div> <div>AMOUNT J\$</div>	<div>4</div> <div>How much did you spend on ..[]... during the past 30 days?</div> <div>AMOUNT J\$</div>
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} ←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					
<div>5</div> <div>During the past 30 days, has this household bought any of the following foods?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS</div>			<div>6</div> <div>How much would it cost to buy the amount of home produced ..[].. you ate during the past 7 days?</div> <div>IF NOTHING ENTER 0 AND (>7)</div> <div>AMOUNT J\$</div>	<div>7</div> <div>How much would it cost to buy the amount of home-produced ..[].. you ate during the past 30 days</div> <div>IF NOTHING ENTER 0 AND (>8)</div> <div>AMOUNT J\$</div>	<div>8</div> <div>How much would it cost to buy the amount of..[].. you received during the past 30 days</div> <div>IF NOTHING ENTER 0</div> <div>AMOUNT J\$</div>
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→ ⁿ ←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					
<div>1</div> <div>During the past 30 days, has this household bought any of the following foods?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS</div> <div></div>			<div>2</div> <div>Have you bought ..[].. during the past 7 days?</div> <div>YES = 1</div> <div>NO = 2 (> 4)</div>	<div>3</div> <div>How much did you spend on ..[]... during the past 7 days?</div> <div>AMOUNT J\$</div>	<div>4</div> <div>How much did you spend on ..[]... during the past 30 days?</div> <div>AMOUNT J\$</div>
Rice	YES→	228			
	←NO				
Cornmeal	YES→	229			
	←NO				
Dried peas and beans	YES→	230			
	←NO				
Breakfast cereals (cornflakes, oats, hominy corn ...)	YES→	231			
	←NO				
Yams (white, yellow, Negro, St. Vincent, Lucea,...)	YES→	232			
	←NO				
Irish Potatoes	YES→	233			
	←NO				
Other roots and tubers (cassava, coco, sweet potatoes , dasheen...)	YES→	234			
	←NO				
Other starchy fruits (Plantains, green banana, bread fruit, ...)	YES→	235			
	←NO				
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, string beans, peas and beans..)	YES→	236			
	←NO				
Frozen canned and dried vegetables	YES→	237			
	←NO				
Ackee	YES→	238			
	←NO				
Fruit and vegetable juices (fresh or frozen)	YES→	239			
	←NO				
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, pears)	YES→	240			
	←NO				
Canned and dried fruits	YES→	241			
	←NO				

HOME PRODUCTION / GIFTS					
<div>5</div> <div>During the past 30 days have you eaten in this household any ..[]... that was home-produced, or received as a gift?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS</div>			<div>6</div> <div>How much would it cost to buy the amount of home produced ..[].. you ate during the past 7 days?</div> <div>IF NOTHING ENTER 0 AND (>7)</div> <div>AMOUNT J\$</div>	<div>7</div> <div>How much would it cost to buy the amount of home-produced ..[].. you ate during the past 30 days</div> <div>IF NOTHING ENTER 0 AND (>8)</div> <div>AMOUNT J\$</div>	<div>8</div> <div>How much would it cost to buy the amount of..<[].. you received during the past 30 days</div> <div>IF NOTHING ENTER 0</div> <div>AMOUNT J\$</div>
Rice	YES→	228			
	←NO				
Cornmeal	YES→	229			
	←NO				
Dried peas and beans	YES→	230			
	←NO				
Breakfast cereals (cornflakes, oats, hominy corn ...)	YES→	231			
	←NO				
Yams (white, yellow, Negro, St. Vincent, Lucea	YES→	232			
	←NO				
Irish Potatoes	YES→	233			
	←NO				
Other roots and tubers (cassava, coco, sweet potatoes, dasheen ...)	YES→	234			
	←NO				
Other starchy fruits (Plantains, green banana, bread fruit, ...)	YES→	235			
	←NO				
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, string beans, peas and beans)	YES→	236			
	←NO				
Frozen canned and dried vegetables	YES→	237			
	←NO				
Ackee	YES→	238			
	←NO				
Fruit and vegetable juices (fresh or frozen)	YES→	239			
	←NO				
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, pears)	YES→	240			
	←NO				
Canned and dried fruits	YES→	241			
	←NO				

PART F: FOOD EXPENSES

PURCHASED					
<div><div>1</div><div>During the past 30 days, has this household bought any of the following foods?</div><div>PUT A CROSS IN THE APPROPRIATE BOX</div><div>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</div><div>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS</div></div>			<div><div>2</div><div>Have you bought ..[].. during the past 7 days?</div><div>YES = 1</div><div>NO = 2 (> 4)</div></div>	<div><div>3</div><div>How much did you spend on ..[]... during the past 7 days?</div><div>AMOUNT J\$</div></div>	<div><div>4</div><div>How much did you spend on ..[]... during the past 30 days?</div><div>AMOUNT J\$</div></div>
Sugar		242			
YES→					
←NO		243			
Sweets (sugar, honey, sweeteners, jams, jellies)					
YES→		244			
←NO					
Soups (packaged, canned, frozen)		245			
YES→					
←NO		246			
Prepared meats and fish (curried mutton, fish fingers, ...)					
YES→		247			
←NO					
Dry packaged foods (macaroni, spaghetti, vegie chunks ...)		248			
YES→					
←NO		249			
Powders, flavoring and extracts (baking powder & soda, yeast, coconut milk / powder, vinegar,)					
YES→		250			
←NO					
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)		251			
YES→					
←NO		252			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)					
YES→		253			
←NO					
Nuts (peanuts, cashew, coconut, ...)		254			
YES→					
←NO		255			
Baby food (milk food, cereals, strained food, ...)					
YES→					
←NO					
Other food (chips, snacks, cheese trix, ..)					
YES→					
←NO					
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)					
YES→					
←NO					
Non alcoholic beverages (coke, nectars, canned fruit drinks, powdered & frozen ,purified water/flavoured bottled water)					
YES→					
←NO					
Alcoholic beverages (rum, whisky, wine, beer, sherry...)					
YES→					
←NO					

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

PART G : CONSUMPTION EXPENDITURES

<div>1</div> <div>During the past 12 months, has this household spent or received as gift any of the following items?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.</div> <div></div>			<div>2</div> <div>Have you spent ..[].. during the past 30 days?</div> <div>YES = 1</div> <div>NO = 2 (> 5)</div>	<div>3</div> <div>How much did you spend on ..[]... during the past 30 days?</div> <div>AMOUNT J\$</div>	<div>4</div> <div>How much did you spend on ..[]... during the past 12 months?</div> <div>AMOUNT J\$</div>	<div>5</div> <div>Did you received any ..[].. as gift during the past 12 months?</div> <div>YES = 1</div> <div>NO = 2 (>Next Item)</div>	<div>6</div> <div>What is the value of all that ..[].. you received as gift during the past 12 months?</div> <div>ESTIMATE MONETARY VALUE</div> <div>AMOUNT J\$</div>
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						

<div>1</div> <div>During the past 12 months, has this household spent or received as gift any of the following items?</div> <div>PUT A CROSS IN THE APPROPRIATE BOX</div> <div>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</div> <div>THEN ASK QUESTIONS 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.</div>		<div>2</div> <div>Have you spent ..[].. during the past 30 days?</div> <div>YES = 1</div> <div>NO = 2 (> 4)</div>	<div>3</div> <div>How much did you spend on ..[]... during the past 30 days?</div> <div>AMOUNT J \$</div>	<div>4</div> <div>How much did you spend on ..[]... during the past 12 months?</div> <div>AMOUNT J\$</div>	<div>5</div> <div>Did you received any ..[].. as gift during the past 12 months?</div> <div>YES = 1</div> <div>NO = 2 (>Next Item)</div>	<div>6</div> <div>What is the value of all that ..[].. you received as gift during the past 12 months?</div> <div>ESTIMATE MONETARY VALUE</div> <div>AMOUNT J\$</div>
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.		<div>↓</div>	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→ ←NO		326					
Shoes and sandals for children	YES→ ←NO		327					
Clothing material for adult (Dacron, linen, cotton, silk ...)	YES→ ←NO		328					
Clothing material 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, pampers ...)	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, envelops, stamps, ...)	YES→ ←NO		335					
Education expenses (tuition, books, boarding, fees, ...)	YES→ ←NO		336					
Sporting activities (exercise equipment, bicycle, triecycle entrance fees, club membership)	YES→ ←NO		337					
Other recreational activities (cinema, dance clubs, records, tapes, DVD, CD, Cable rental .)	YES→ ←NO		338					

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.	
Purchased transportation (taxi, bus, car, rental, air fare)	YES→ ←NO
Gasoline, motor oil, diesel	YES→ ←NO
Car / motor cycle repair, tires, motor parts	YES→ ←NO
Car / motor cycle insurance	YES→ ←NO
Vehicles taxes, duties	YES→ ←NO
Purchase of car, motor cycles for personal use	YES→ ←NO
Other transport expenses (motor vehicle and driver licenses)	YES→ ←NO
Vacation expenses (excluding fares) (hotels, travel tax ...)	YES→ ←NO
Gardening and horticulture (plants, fertilizer, garden equipment, home animals ...)	YES→ ←NO
Telephone	YES→ ←NO
Other consumption expenditures (flowers, etc.)	YES→ ←NO
Purchases for special occasions (parties, entertainment relating to weddings, funerals, bounce about etc.)	YES→ ←NO

+ Do not include the amount given in part J

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\$

*** 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 J\$	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

<p>1. Type of Dwelling</p> <p>SEPARATE HOUSE DETACHED.....1</p> <p>SEMI-DETACHED HOUSE.....2</p> <p>PART OF A HOUSE.....3</p> <p>APARTMENT BUILDING.....4</p> <p>TOWN HOUSE.....5</p> <p>IMPROVISED HOUSING UNIT.....6</p> <p>PART OF COMMERCIAL BUILDING.....7</p> <p>OTHER.....8</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</p> <p>PRIVATE EMPLOYER.....2</p> <p>PUBLIC AGENCY.....3</p> <p>PRIVATE INDIVIDUAL OR AGENCY.....4</p>	<p>16. Do you pay property taxes for this dwelling?</p> <p>YES.....1</p> <p>NO.....2 (> 18)</p>	<p>24. How far from this dwelling is this...[SUPPLY SOURCE IN 18]</p> <p>DISTANCE --> []</p> <p>DISTANCE CODE:</p> <p>KILOMETERS.....1</p> <p>METERS.....2</p>	<p>32. Is there a personal computer in this household?</p> <p>YES.....1 (> 33)</p> <p>NO.....2 (> 34)</p>
<p>2. Main Material of Outer Walls</p> <p>WOOD.....1</p> <p>STONE.....2</p> <p>BRICK*.....3</p> <p>CONCRETE NOG.....4</p> <p>BLOCK & STEEL.....5</p> <p>WATTLE/ADOBE.....6</p> <p>OTHER (SPECIFY).....7</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: WEEK.....3</p> <p>MONTH.....4</p> <p>YEAR.....5</p>	<p>17. How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$ []</p> <p>PER: MONTH.....4</p> <p>YEAR.....5</p>	<p>25. What is the main source of lighting for this dwelling?</p> <p>ELECTRICITY.....1</p> <p>KEROSENE.....2 (> 28)</p> <p>OTHER.....3 (> 28)</p> <p>NONE.....4 (> 28)</p>	<p>33. Is there an internet connection to this computer?</p> <p>YES.....1</p> <p>NO.....2</p>
<p>3. How many rooms are occupied by this household? (excluding verandahs, kitchens and bathrooms?)</p> <p>NO. OF ROOMS []</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, a private individual or agency (GIVE EXAMPLES)?</p> <p>RELATIVE.....1</p> <p>PRIVATE EMPLOYER.....2</p> <p>PUBLIC AGENCY.....3</p> <p>PRIVATE INDIVIDUAL/ AGENCY.....4</p> <p>NOBODY HELPS.....5</p>	<p>18. What is the main source of drinking water for your household?</p> <p>INDOOR TAP / PIPE.....1</p> <p>OUTSIDE PRIVATE PIPE/TAP.....2</p> <p>PUBLIC STANDPIPE.....3 (>24)</p> <p>WELL.....4 (>24)</p> <p>RIVER, LAKE, SPRING, POND.....5 (>24)</p> <p>RAINWATER (TANK) PID.....6 (>25)</p> <p>RAINWATER (TANK) NPID**.....7 (>25)</p> <p>TRUCKED WATER (NWC) PID.....8 (>25)</p> <p>TRUCKED WATER (NWC) NPID.....9 (>25)</p> <p>TRUCKED WATER (PRIVATE) PID.....10 (>21)</p> <p>TRUCKED WATER (PRIVATE) NPID.....11 (>21)</p> <p>BOTTLED WATER.....12 (>25)</p> <p>OTHER (SPECIFY).....13 (>23)</p>	<p>26. How much was the latest electricity bill for your household?</p> <p>AMOUNT J\$ []</p>	<p>FOR PERSONS WHO ANSWERED (1) to Q7 ask</p> <p>34. Do you pay insurance for this dwelling?</p> <p>YES.....1</p> <p>NO.....2</p>
<p>4. What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER.....1</p> <p>W.C. NOT LINKED.....2</p> <p>PIT.....3</p> <p>OTHER.....4</p>	<p>ASK ONLY IF OPTIONS 2-7 IN Q7</p> <p>12. Does this household own a dwelling?</p> <p>YES.....1</p> <p>NO.....2</p>	<p>19. Have you had a water lock-off in the last 20 days?</p> <p>ONCE.....1</p> <p>2 - 3 TIMES.....2</p> <p>4 - 5 TIMES.....3</p> <p>MORE THAN 5 TIMES.....4</p> <p>NONE.....5</p>	<p>27. How many months of consumption were covered by this bill?</p> <p>MONTHS: []</p>	
<p>5. Are toilet facilities used only by your household, or do other households use the same facilities?</p> <p>EXCLUSIVE USE.....1</p> <p>SHARED.....2</p>	<p>>> GO TO QUESTION 18</p>	<p>20. Have you a group or individual meter?</p> <p>GROUP.....1</p> <p>INDIVIDUAL.....2</p> <p>NO METER.....3</p>	<p>28. Does this household have a telephone?</p> <p>YES.....1</p> <p>NO.....2 (>31)</p>	
<p>6. Is the kitchen used only by your household, or do other households use the same kitchen?</p> <p>EXCLUSIVE USE.....1</p> <p>SHARED.....2</p> <p>NONE.....3</p>	<p>13. Do you make mortgage payments on this dwelling?</p> <p>YES.....1</p> <p>NO.....2 (> 16)</p>	<p>21. How much was the latest water bill for your household?</p> <p>AMOUNT J\$ []</p>	<p>29. How much was the latest telephone bill for your household (including cellular bill)?</p> <p>LAND AMOUNT J\$: []</p> <p>CELL AMOUNT J\$: []</p>	
<p>7. Does this household own, rent or lease this dwelling?</p> <p>OWNED.....1</p> <p>LEASED.....2 (>12)</p> <p>PRIVATE RENTED.....3 (>12)</p> <p>GOVERNMENT RENTED.....4 (>12)</p> <p>RENT FREE.....5 (>12)</p> <p>SQUATTED.....6 (>12)</p> <p>OTHER.....7 (>12)</p>	<p>14. How much was your last payment?</p> <p>AMOUNT J\$ []</p>	<p>22. How many months were covered by this bill?</p> <p>MONTHS: []</p>	<p>30. How many months of consumption were covered by this bill?</p> <p>LAND AMOUNT J\$: []</p> <p>CELL AMOUNT J\$: []</p>	
<p>8. Does this household own a dwelling other than this one?</p> <p>YES.....1 (>13)</p> <p>NO.....2 (>13)</p>	<p>15. How often do you make these payments?</p> <p>No. OF TIMES []</p> <p>PER MONTH.....4</p> <p>YEAR.....5</p>	<p>23. Is this [SUPPLY SOURCE IN 18] used by your household only, or is it shared with others?</p> <p>THIS HOUSEHOLD ONLY.....1</p> <p>SHARED.....2</p>	<p>31. How do you dispose of your garbage including plant cuttings?</p> <p>COLLECTED BY GARBAGE TRUCK.....1</p> <p>PLACE IN SKIP.....2</p> <p>BURY.....3</p> <p>DUMP IN EMPTY LOT.....4</p> <p>DUMP IN GULLY.....5</p> <p>OTHER.....6</p> <p>(Specify).....7</p>	

**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		

PART K: MISCELLANEOUS

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.		
Rental payments for use of land or other property owned by household members?	709	YES → ← NO
Social Security (NIS) ?	710	YES → ← NO
Local private or government pensions?	711	YES → ← NO
Public Assistance and Poor Relief ?	712	YES → ← NO
Interest from loans made by household members or from money deposited in the bank or other financial institutions?	713	YES → ← NO
Dividends?	714	YES → ← NO
Windfall receipts? (lotteries, gambling inheritances etc.)	715	YES → ← NO

**Daily	- 01	Half yearly	- 06
Weekly	- 02	Yearly	- 07
Fortnightly	- 03	Occasionally	- 08
Monthly	- 04	Only when requested	- 09
Quarterly	- 05	Never	- 97

2. What is the value of all income received by members of your household in cash or in kind from ... []... during the past 12 months?							
INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMT (\$)	HOW OFTEN IS THIS MONEY RECIEVED? **	INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMT (\$)	HOW OFTEN IS THIS MONEY RECIEVED? **

SECTION L cont'd

3. For money received from abroad?

[illegible]

CODES FOR QUESTION 3 (ii)

Children of sender	1
Other Children	2
Parents of sender	3
Partner/Spouse	4
Relatives	5
Friends	6
Assist persons in the Community	7
Sender	8
Self	9
Other (Specify)	10
Don't Know	98

CODES FOR QUESTION 3 (iii)

Normal day to day expenditures	1
Invest in Business(es)	2
Purchase land/ house	3
Purchase other real assets (motor car, bus, etc)	4
Home repairs	5
Mortgage	6
Invest in financial instruments	7
Add to savings deposits	8
Assist persons in the community	9
Health	10
Education	11
Entertainment	12
Other reasons	13
Specify (why)	14
Don't Know	98

CODES FOR QUESTION 3 (iv)

Friends	(1)
Relative	(2)
Remittance Companies	(3)
Building Societies	(4)
Credit Unions	(5)
Specialised Couriers (persons whose business it is to carry money for people from abroad)	(6)
Commercial Banks	(7)
Post Office	(8)
Other (specify) _____	(9)

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												
				HOUSEHOLD MEMBER? STILL A MEMBER.....1 NO LONGER A MEMBER.....2 NEW MEMBER.....3	DURING THE PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD ?											
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

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