

# JAMAICA SURVEY OF LIVING CONDITIONS

## 1995

DATE OF THE INTERVIEW			PARISH		CONSTITUENCY		ENUMERATION DISTRICT N°			DWELLING N°			H/H		AREA	SERIAL N°
DAY	MONTH	YEAR														2047

INTERVIEWER: \_\_\_\_\_

SUPERVISOR : \_\_\_\_\_

ADDRESS OF DWELLING: \_\_\_\_\_

TOTAL TIME OF INTERVIEW -- HOURS :  MINUTES :

NUMBER OF TIMES HOUSEHOLD VISITED --

ANTHROPOMETRIST: \_\_\_\_\_

DATE OF ANTHROPOMETRIC		
DAY	MONTH	YEAR

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

-----TO BE COMPLETED BY SUPERVISOR-----

HAS THIS QUESTIONNAIRE BEEN RETURNED TO THE FIELD FOR RECTIFICATION OF ERRORS? YES....1 NO....2 ☐

IF YES, FOR WHICH ITEMS: \_\_\_\_\_

PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER

INDIVIDUAL N°	1	2	3	4	5	6	7	8							
	Have you had any injury during the past 4 weeks? For example due to an accident at your workplace, gunshot, stabbing, accidental fall or other injury? YES, DUE TO MOTOR VEHICLE ACCIDENT...1 YES, ACCIDENT AT WORKPLACE.....2 YES, WAS SHOT.....3 YES, WAS STABBED...4 YES, OTHER ACCIDENT.5 YES, OTHER.....6 NONE.....7	Have you had any illness, other than that due to injury during the past 4 weeks? For example, have you had a cold, diarrhea, or any other illness? YES....1 NO.....2 ( > 21 )	Did this illness or injury begin within the past 4 weeks or before the past 4 weeks? WITHIN PAST 4 WEEKS ..... 1 BEFORE PAST 4 WEEKS ..... 2	For how many days during the past 4 weeks have you suffered from this illness or injury? DAYS	For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury? DAYS	Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited during the past 4 weeks? YES....1 NO.....2 ( > 17 ) <sup>2</sup>	How many visits did you make in the past 4 weeks to health practitioners? NUMBER OF VISITS	Where did the visit(s) take place? In a...							
								Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health/Maternity Centre?	Private Doctor's Office?	Private Pharmacy?	Patient's Home?	Other? (SPECIFY)
								YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL N°	9 How much did you have to pay at public health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	10 How much did you have to pay at private health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	11 Did you spend a night in a public hospital or other establishment during the past 4 weeks? YES....1 NO...2 (-> 14)	12 How many nights during the past 4 weeks did you spend in the public hospital? NIGHTS	13 How much have you paid or will have to pay altogether for this stay in a public hospital? Do not include the cost of medicines or any costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	14 Did you spend a night in a private hospital or other establishment during the past 4 weeks? YES...1 NO...2 (-> 17)	15 How many nights during the past 4 weeks did you spend in the private hospital? NIGHTS	16 How much have you paid or will have to pay altogether for this stay in a private hospital? Do not include the cost of medicines or any costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	17 Did you buy medicines during the past 4 weeks for this illness or injury? YES...1 NO...2 (-> 21)	18 Did you purchase medicines in a .... Public Facility? Private Facility or Pharmacy? YES....1 YES....1 NO.....2 NO.....2		19 How much have you spent for medicines at public sources, e.g. public hospital, health centre, during the past 4 weeks? Do not include costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	20 How much have you spent for medicines at private sources, eg. private doctor pharmacy, etc. during the past 4 weeks? Do not include costs paid for by insurance. IF NOTHING 0	21 Are you covered by any health insurance? YES...1 NO....2
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PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER ( CONCLUDED )

I N D I V I D U A L  N°	22	23	24	25
	ASK TO ALL WOMEN 13-49 YEARS		ASK IF YES FOR Q22 OR Q23  Are you attending a public health clinic?	ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS
	Do you have a child under six months?	Are you currently pregnant?		Has this child attended a public health facility?
	YES....1 NO.....2	YES...1 NO....2		YES.....1 NO.....2
				NEXT PERSON

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

INDIVIDUAL N°	1 What type of school is ...[NAME]... attending this academic year? BASIC/INFANT/NURSERY/ KINDERGARTEN.....1 (» NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL.....3 GRADES 1-6.....3 ALL AGE SCHOOL.....4 GRADES 7-9.....4 NEW SECONDARY.....5 COMPREHENSIVE.....6 SECONDARY HIGH.....7 TECHNICAL.....8 VOCAT/AGRIC.....9 » UNIVERSITY.....10 » OTHER POST-SEC.....11 » ADULT EDUCATION/ NIGHT SCHOOL.....12 » SPECIAL SCHOOL.....13 » COMMUNITY COLLEGE.....14 » NONE.....15 (» 11)	2 Is this school public or private? — PUBLIC..1 PRIVATE.2	3 What grade is ...[NAME]... in at school this year? PRIMARY..(1-6) FORM 1.....7 FORM 2.....8 FORM 3.....8 FORM 4.....10 FORM 5.....11 FORM 6(LOW)..12 FORM 6(UPP)..13	4 Has... ever repeated a grade in primary or secondary school or both? (exclude infant dept/ basic/kinder garden) YES, PRIMARY 1 YES, SECOND- 2 ARY, BOTH.. 3 NO.....4 (» 7)	5 How many years were repeated in primary school? [If Q4=1 then » 7]	6 How many years were repeated in secondary school?	7 During the last 5 school days how many days did ...[NAME]... go to school?	8 Did this school provide a meal during the last 5 school days? YES, MILK AND/OR NUTRIBUN.1 YES, COOKED MEAL.....2 YES,BOTH.3 OTHER.....4 (eg. TUCK SHOP) NO.....5 (» Q13)	9 Did ...[NAME]... take the meal provided by the school? YES..1 NO...2 (» 13)	10 How much money does this household pay for the meal provided by the school for one day? » GO TO Q13 AMOUNT J\$	11 What type of school did ...[NAME]... last attend? BASIC/INFANT/ NURSERY/KINDER- GARTEN.....1 (» NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL.....3 GRADES 1-6.....3 ALL AGE SCHOOL.....4 GRADES 7-9.....4 NEW SECONDARY.....5 COMPREHENSIVE.....6 SECONDARY HIGH.....7 TECHNICAL.....8 VOCAT/AGRIC.....9 (» NEXT PERSON) UNIVERSITY.....10 (» NEXT PERSON) OTHER POST- SECONDARY.....11 NONE.....12 (» NEXT PERSON)	12 What was the highest grade ...[NAME]... completed at that school. PRIMARY..(1-6) FORM 1.....7 FORM 2.....8 FORM 3.....8 FORM 4.....10 FORM 5.....11 FORM 6(LOW)..12 FORM 6(UPP)..13 » NEXT PERSON GRADE
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PART B: EDUCATION (CONCLUDED)  
SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)

INDIVIDUAL N°	13. How much did ...[NAME]'s... family pay in the past 12 months for the following school expenses?								14. FOR SECONDARY SCHOOL STUDENTS			
	a. School tuition and fees	b. Extra lessons	c. Transport	d. Lunch and snacks at school	e. Uniforms	f. Books	g. Other supplies	h. Room and Board	i. How much is the school fee in the current year?	j. How much was paid by government welfare fund?	k. Did you receive any other help in paying school fees?  PRIVATE COMPANY...1 FAMILY MEMBER....2 OTHER.....2 NONE.....4 (»NEXT PERSON)	l. How much was received?
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)		(\$)
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P A R T C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

[illegible]

D1: MENTAL STATUS SCREEN

01

(CORRECT ANSWER SHOULD BE GIVEN A SCORE OF ONE(1); AND INCORRECT ANSWER SHOULD BE GIVEN A SCORE OF ZERO (0)).



**D2: EMPLOYMENT**

D2-1

## D2: EMPLOYMENT (Continued)

**D2-2**

PART D: AGED - FOR HOUSEHOLD MEMBERS 60 YEARS AND OVER  
D2: EMPLOYMENT (CONT'D)

6. Please list your current and past occupation during your working life, starting with your current or most recent occupation. Include full-time household duties.

INDIVIDUAL ☐ ☐

RESPONDENT ☐ ☐

Industry	Code	Emp. Status	Code	Occupation	Code	No. of Years Employed	Receive Pension Yes.....1 No.....2 Likely to....3	Amount Per Month (\$)

INDIVIDUAL ☐ ☐

RESPONDENT ☐ ☐

Industry	Code	Emp. Status	Code	Occupation	Code	No. of Years Employed	Receive Pension Yes...1 No...2 Likely to....3	Amount Per Month (\$)

## 02: EMPLOYMENT (CONT'D)

6. Please list your current and past occupation during your working life, starting with your current or most recent occupation. Include full-time household duties.

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[illegible][illegible]

## D2: CONTINUED | D3: FINANCIAL SUPPORT

D2: CONTINUED

### D3: FINANCIAL SUPPORT

D3-1

PART D: AGED - FOR HOUSEHOLD MEMBERS 60 YEARS AND OVER  
D3: FINANCIAL SUPPORT (CONCLUDED)

14a Did you make/ have you made any plans specifically for your old age?	14b What were/ are they?					15 What is your main method of transport?	RESPONDENT  (INDIVIDUAL NUMBER AS IN ROSTER)
	Savings	Investments (e.g. Property shares)	Children	Pension	Other		
	YES.....1 NO.....2 (15)	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2		
						BUS.....1 TAXI.....2 FAMILY VEHICLE.....3 OWN VEHICLE.....4 OTHER.....5	



PART D: AGED - FOR HOUSEHOLD MEMBERS 60 YEARS AND OVER

D4: HEALTH STATUS

RESPONDENT: INDIVIDUAL NUMBER

INDIVIDUAL N°	16 FUNCTIONAL STATUS (ACTIVITIES OF DAILY LIVING)								17 How would you describe the following					18 Do you have any of the following disorders							
	Bathing	Dressing	Transfer		Toileting	Continence		Feeding	Memory	Sight	Hearing	Sleep	Appetite	Diabetes	High Blood Pressure	Glaucoma	Heart Disease	Arthritis	Other Chronic Disorder		
			a) getting out of bed/chair	b) getting into bed/chair		a) Bladder	b) Bowels														

## D4 - HEALTH STATUS (CONCLUDED)

[illegible]



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

Food and beverages consumed away from home	YES->
	<-NO

101

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Coal	YES->
	<-NO

102

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Kerosene	YES->
	<-NO

103

--

Wood	YES->
	<-NO

104

--

Other fuel for cooking or lighting different than cooking gas and electricity	YES->
	<-NO

105

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Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	YES->
	<-NO

106

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E

PART F: FOOD EXPENSES

RESPONDENT

(INDIVIDUAL # FROM ROSTER) :

PURCHASED			
1	2	3	4
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 JS	How much did you spend on ... during the past 30 days? AMOUNT JS
Fresh or frozen beef	YES-> -<NO	201	
Fresh or frozen pork	YES-> -<NO	202	
Fresh or frozen mutton	YES-> -<NO	203	
Offal- heart, kidney, liver, tripe etc.	YES-> -<NO	204	
Other fresh or frozen (oxtail, trotters, cow's foot, hocks)	YES-> -<NO	205	
Salted, cured or canned meat (eg. pigtail)	YES-> -<NO	206	
Fresh or frozen fish and shellfish	YES-> -<NO	207	
Salted codfish	YES-> -<NO	208	
Canned mackerel, sardines, herring	YES-> -<NO	209	
Other salted or canned fish and shellfish (e.g. mackerel, red herring)	YES-> -<NO	210	
Fresh or frozen whole chicken or parts	YES-> -<NO	211	
Chicken necks and back	YES-> -<NO	212	
Other poultry, fresh, frozen salted, cured or canned	YES-> -<NO	213	

HOME PRODUCTION / GIFTS			
5	6	7	8
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 JS	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 JS	How much would it cost to buy the amount of ... you received as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT JS
Fresh or frozen beef	YES-> -<NO	201	
Fresh or frozen pork	YES-> -<NO	202	
Fresh or frozen mutton	YES-> -<NO	203	
Offal- heart, kidney, liver, tripe etc.	YES-> -<NO	204	
Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks)	YES-> -<NO	205	
Salted, cured or canned meat (eg. pigtail)	YES-> -<NO	206	
Fresh or frozen fish and shellfish	YES-> -<NO	207	
Salted codfish	YES-> -<NO	208	
Canned mackerel, sardines, herring	YES-> -<NO	209	
Other salted or canned fish and shellfish (e.g. mackerel, red herring etc.)	YES-> -<NO	210	
Fresh or frozen whole chicken or parts	YES-> -<NO	211	
Chicken necks and backs	YES-> -<NO	212	
Other poultry, fresh, frozen salted, cured or canned	YES-> -<NO	213	

PART F: FOOD EXPENSES

PURCHASED			
1	2	3	4
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\$
Liquid milk (raw milk, pasteurized milk or reconstituted milk powder)	YES-> -<-NO	214	
Condensed milk	YES-> -<-NO	215	
Evaporated milk	YES-> -<-NO	216	
Powdered milk (D.S.M)	YES-> -<-NO	217	
Butter of margarine (chiffon)	YES-> -<-NO	218	
Cheese	YES-> -<-NO	219	
Eggs	YES-> -<-NO	220	
Other dairy products (yogurt, ice cream, ...)	YES-> -<-NO	221	
Oils and fats (vegetable oil, coconut oil, lard...)	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	
Bammy/Cassava Bread	YES-> -<-NO	226	
Flour	YES-> -<-NO	227	

HOME PRODUCTION / GIFTS			
5	6	7	8
During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home-produced ... you ate during the past 7 days? IF NOTHING ENTER 0 AND (» 7) AMOUNT J\$	How much would it cost to buy the amount of home-produced ... you ate during the past 30 days? IF NOTHING ENTER 0 AND (» 8) AMOUNT J\$	How much would it cost to buy the amount of ... you received as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Liquid milk (raw milk, pasteurized milk or reconstituted milk powder)	YES-> -<-NO	214	
Condensed milk	YES-> -<-NO	215	
Evaporated milk	YES-> -<-NO	216	
Powdered milk (D.S.M)	YES-> -<-NO	217	
Butter of margarine (chiffon)	YES-> -<-NO	218	
Cheese	YES-> -<-NO	219	
Eggs	YES-> -<-NO	220	
Other dairy products (yogurt, ice cream, ...)	YES-> -<-NO	221	
Oils and fats (vegetable oil, coconut oil, lard...)	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	
Bammy/Cassava Bread	YES-> -<-NO	226	
Flour	YES-> -<-NO	227	

## PART F: FOOD EXPENSES

## PURCHASED

1	2	3	4
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 JS	How much did you spend on ... during the past 30 days? AMOUNT JS
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, dasheen, sweet potatoes...)	YES-> 234 -<NO		
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> 235 -<NO		
Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string 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, avocado pears)	YES-> 240 -<NO		
Canned and dried fruits	YES-> 241 -<NO		

## HOME PRODUCTION / GIFTS

5	6	7	8
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 JS	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 JS	How much would it cost to buy the amount of ... you received as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT JS
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, dasheen, sweet potatoes...)	YES-> 234 -<NO		
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> 235 -<NO		
Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string 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, avocado pears)	YES-> 240 -<NO		
Canned and dried fruits	YES-> 241 -<NO		

PART F: FOOD EXPENSES

PURCHASED			
1	2	3	4
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\$
Sugar	YES-> -<NO	242	
Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<NO	243	
Soups (packaged, canned, frozen, ...)	YES-> -<NO	244	
Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<NO	245	
Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<NO	246	
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<NO	247	
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<NO	248	
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<NO	249	
Nuts (peanuts, cashew, coconut, ...)	YES-> -<NO	250	
Baby food (milk food, cereals, strained food, ...)	YES-> -<NO	251	
Other food (chips, snacks, cheese trix, ...)	YES-> -<NO	252	
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<NO	253	
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<NO	254	
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<NO	255	

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

RESPONDENT (INDIVIDUAL # FROM ROSTER):

PART G: CONSUMPTION EXPENDITURES

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (> 5)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (> NEXT ITEM)	What is the value of all that you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Personal care supplies (soaps, toothpaste/brushes, shaving cream, razors and blades)	YES-> -<NO	301			
Cosmetics (lotions, deodorants, ...)	YES-> -<NO	302			
Hair and body care (lotions, dyes, etc)	YES-> -<NO	303			
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> -<NO	304			
Polishes, waxes, air freshener, insect sprays	YES-> -<NO	305			
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<NO	306			
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<NO	307			
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)	YES-> -<NO	308			
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<NO	309			
Laundry and dry cleaning services	YES-> -<NO	310			
Rental of equipment (radio, television, ...)	YES-> -<NO	311			

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (> NEXT ITEM)	What is the value of all that you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Cooking gas	YES-> -<NO	312			
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<NO	313			
Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<NO	314			
Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<NO	315			
Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<NO	316			
Cooking ware (pots, pans, shishitoes, ...)	YES-> -<NO	317			
Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO	318			
Radio (do not include radio/cassette player)	YES-> -<NO	319			
Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...)	YES-> -<NO	320			
Repairs on furniture or household equipment	YES-> -<NO	321			
Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<NO	322			
Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...)	YES-> -<NO	323			
Health Insurance	YES-> -<NO	324			

## PART G: CONSUMPTION EXPENDITURES (END)

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES..1 NO...2 (= 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	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 JS
Shoes and sandals for adults YES-> -<NO	325				
Shoes and sandals for children YES-> -<NO	326				
Clothing materials for adults (cotton, linen, cotton, silk, ...) YES-> -<NO	327				
Clothing materials for children (cotton, linen, cotton, silk, ...) YES-> -<NO	328				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...) YES-> -<NO	329				
Children clothing (shirts, trousers, coats, jeans, ...) YES-> -<NO	330				
Making and repair of clothes (adult and children) YES-> -<NO	331				
Accessories (watches, jewelry, sunglasses, ...) YES-> -<NO	332				
Reading materials (books, magazines, newspapers, ...) YES-> -<NO	333				
Stationery and writing equipment (pens, pencils, envelopes, stamps, ...) YES-> -<NO	334				
Education expenses (tuition, books, boarding, fees, ...) YES-> -<NO	335				
Sporting activities (club membership, equipment, entrance fees, ...) YES-> -<NO	336				
Other recreational activities (cinema, theatre, dance clubs, records, tapes) YES-> -<NO	337				

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES..1 NO...2 (= 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS	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 JS
Purchased transportation (taxi, bus, train, car rental, air fare) YES-> -<NO	338				
Gasoline, motor oil YES-> -<NO	339				
Car repairs, tires YES-> -<NO	340				
Car insurance YES-> -<NO	341				
Vehicle taxes, duties YES-> -<NO	342				
Purchase of car, motor cycles for personal use YES-> -<NO	343				
Other transport expenses (parking charges, motor vehicle and driver licenses) YES-> -<NO	344				
Vacation expenses (excluding fares) (hotels, travel tax, ...) YES-> -<NO	345				
Gardening & horticulture (plants, fertilizer, garden equipment, home animals, ...) YES-> -<NO	346				
Telegrams, telephone, + cablegrams YES-> -<NO	347				
Other consumption expenditures (flowers, etc.) YES-> -<NO	348				
Purchases for special occasions (parties, entertainment relating to weddings, funerals etc.) YES-> -<NO	349				

+ 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 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		
Other non-consumption expenditures (legal services, anything else, ...)	YES-> -<NO	409		

H



PART I : FOOD STAMPS

1. Is anyone in this household receiving food stamps ?

YES.....[1] (> 4)

NO.....[2]

2. Has anyone in this household ever applied for food stamps ?

YES.....[1] (> 10)

NO.....[2]

3. Why hasn't anyone in this household applied for food stamps ?

HOUSEHOLD DOES NOT SEE ITSELF AS ELIGIBLE.....[1]  
DO NOT WANT STIGMA.....[2]  
NOT WORTH THE TROUBLE.....[3]  
IGNORANCE/DON'T KNOW HOW TO OBTAIN.....[4]  
OTHER.....[5]

>> NEXT SECTION

PERSONS RECEIVING FOOD STAMPS				
4 INDIVIDUAL NUMBER (FROM ROSTER)	5 Category ASK TO SEE CARD PREGNANT WOMAN.....1 LACTATING MOTHER.....2 CHILD UNDER 6.....3 ELDERLY POOR, HANDICAPPED.....4 SINGLE MEMBER HOUSEHOLD.....5 FAMILY PLAN.....6	6 What is the value of food stamps received in March or April?  IF ZERO WRITE 0	7 ASK IF ANSWER TO QUESTION 6 IS 0 Why didn't you receive food stamps in March or April? NO LONGER ELIGIBLE.....1 DID NOT GO TO PAY STATION.....2 NO ONE AT PAY STATION.....3 WENT BUT COULD NOT WAIT.....4 WENT BUT FORGOT ID.....5 DID NOT RECEIVE ENTITLEMENT BY MAIL.....6 WENT BUT TOLD NOT ON LIST.....7 OTHER.....8	8 Have you had any problems picking up food stamps? YES...1 NO...2 >> (NEXT PERSON)
9 What problems ? OFFICER LATE OR DID NOT COME.....1 OFFICER RUDE/ UNPLEASANT.....2 PAY STATION CROWD DISORDERLY.....3 PAY STATION HAS INADEQUATE ACCOMODATION.....4 PAY STATION FAR AWAY TRANSPORTATION DIFFICULTIES.....5 LONG LINE.....6 NOT BEING RECEIVED IN MAIL.....7 OTHER.....8  >>NEXT PERSON				

PERSONS APPLIED BUT NOT YET RECEIVING FOOD STAMPS			
10 INDIVIDUAL NUMBER (FROM ROSTER)	11 How long ago was the app- lication made ?  MONTHS	12 What happened to the application ? APPROVED.....1 PUT ON THE FILE.....2 (>> NEXT PERSON) TURNED DOWN.....3 (>> NEXT PERSON) DON'T KNOW / NOT INFORMED.....4 (>> NEXT PERSON)	13 Why didn't you get food stamps in March or April? NO LONGER ELIGIBLE.....1 WENT TO PAY STATION BUT NOT YET ON LIST.....2 HAVE NOT GONE TO CHECK.....3 OTHER(specify).....4





PART J: 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.....6  
UNIT.....6  
PART OF COMMERCIAL BUILDING.....7  
OTHER.....8  
(SPECIFY.....)

2 MAIN MATERIAL OF OUTER WALLS

WOOD.....1  
STONE.....2  
BRICK.....3  
CONCRETE BLOCK.....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  
NONE.....5 (» 6)

5 Are the 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 or lease this dwelling?

OWNED.....1  
LEASED.....2 (» 8)  
PRIVATE RENTED.....3 (» 8)  
GOVERNMENT RENTED.....4 (» 8)  
RENT FREE.....5 (» 8)  
SQUATTED.....6 (» 8)  
OTHER.....7 (» 8)

8 Does this household own or lease the land on which this dwelling is?

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

GO TO 12

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.....4  
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 (GIVE EXAMPLES), or a private individual or agency?

RELATIVE.....1  
PRIVATE EMPLOYER.....2  
PUBLIC AGENCY.....3  
PRIVATE INDIVIDUAL.....4  
OR AGENCY.....4  
NOBODY HELPS.....5

» 18

12 Do you make mortgage payments on this dwelling?

YES...1  
NO...2 (» 15)

13 How much was your last payment?

AMOUNT J\$:

14 How often do you make these payments?

No. OF TIMES: [ ] PER: [ ]  
MONTH...4  
YEAR...5

15 How much could you rent your dwelling for per month?

AMOUNT J\$:

16 Do you have to 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 (» 22)  
WELL...4 (» 22)  
RIVER/LAKE...5 (» 22)  
SPRING/POND...6 (» 22)  
RAINWATER (TANK)...7 (» 22)  
OTHER (SPECIFY.....).....7 (» 22)

19 Have you a group or individual meter?

GROUP.....1  
INDIVIDUAL.....2  
NO METER.....3

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

AMOUNT J\$:

21 How many months were covered by this bill?

MONTHS :

» 24

22 Is this ... [SUPPLY SOURCE IN 18]... used by your household only, or is it shared with others?

THIS HOUSEHOLD ONLY.....1  
SHARED.....2

23 How far from this dwelling is this ... [SUPPLY SOURCE IN 18]...?

DISTANCE -----> [ ]

DISTANCE CODE -----> [ ] MILES.....1  
YARDS.....2

24 What is the source of lighting for this dwelling?

ELECTRICITY...1  
KEROSENE.....2 (» 27)  
OTHER.....3 (» 27)  
NONE.....4 (» 27)

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

AMOUNT J\$:

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

MONTHS:

27 Does this household have a telephone?

YES...1  
NO...2 (» NEXT SECTION)

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

AMOUNT J\$:

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

MONTHS :

PART K: INVENTORY OF DURABLE GOODS

**INSTRUCTIONS:**  
 FOR EACH ITEM IN THE LIST BELOW,  
 ASK THE FOLLOWING QUESTION:  
 Do the members of your household have any  
 ...[NAME OF GOOD]...?  
 DO NOT INCLUDE RENTED ITEMS  
 PUT A CROSS IN THE APPROPRIATE BOX FOR EACH  
 ITEM. GO TO THE NEXT ITEM. FOR ALL ITEMS  
 FOR WHICH THE ANSWER IS YES, ASK QUESTION 1.

Do the members of your household have.....

ITEM	CODE	YES	NO
Sewing machines?	601		
Gas stoves?	602		
Electric stoves?	603		
Refrigerators or freezers?	604		
Air conditioners?	605		
Fans?	606		
Radio/cassettes players?	607		
Phonographs?	608		
Stereo equipment?	609		
Video equipment?	610		
Washing machine?	611		
TV sets?	612		
Bicycles?	613		
Motorbikes?	614		
Cars, other vehicles?	615		

1 Please describe all the ...[ ] owned by members of your household:  I WRITE THE ITEM AND DESCRIPTION (MAKE, COLOR, ETC.) T FOR EACH OF THE GOODS. COPY THE CODE AND E THEN GO TO THE NEXT ITEM IN THE LIST FOR WHICH THE M ANSWER WAS YES. ASK QUESTION 1 FOR ALL GOODS BEFORE GOING TO 2-4.			2 In what year did you acquire this ...[ ]?	3 How much did you pay for this ...[ ]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ...[ ]...when you acquired it?	4 If you wanted to sell this ...[ ] today, how much would you receive?  » NEXT ITEM
ITEM	DESCRIPTION	CODE	YEAR	AMOUNT J\$	AMOUNT J\$
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

ART L: MISCELLANEOUS INCOME

1	2
During the past 12 months, has any member of your household received income in cash or in kind from the following sources?	What is the value of all income received by the members of your household in cash or in kind from ... during the past 12 months?
PUT A CROSS IN THE APPROPRIATE BOX.	
ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.	AMOUNT J\$

Support for children from parents who live elsewhere?	YES-»	701
	«-NO	

Other relatives or friends who live in Jamaica?	YES-»	702
	«-NO	

Other relative or friends who live abroad?	YES-»	703
	«-NO	

Rental payments for use of land or other property owned by household members?	YES-»	704
	«-NO	

Social Security (NIS) ?	YES-»	705
	«-NO	

Private, Government or other pension fund?	YES-»	706
	«-NO	

Poor relief?	YES-»	707
	«-NO	

Interest from loans made by household members or from money deposited in a bank or other financial institutions?	YES-»	708
	«-NO	

PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS

1. Who is the principal earner for the household?  
(Give Individual Number in the Roster)

2. What is his/her occupation? Describe..

3. What is the Industry in which he/she is working? Describe..

4. What is his/her employment status?

IN THE HOUSEHOLD:

FOR EACH PERSON IN THE ROSTER, INQUIRE IF S/HE IS STILL A MEMBER OF THE HOUSEHOLD. ENTER "1" OR "2" IN THIS COLUMN ACCORDINGLY.

ADD ANY NEW MEMBERS TO THE ROSTER. ENTER "3" IN THIS COLUMN FOR THESE NEW MEMBERS.

HOUSEHOLD MEMBER?

STILL A MEMBER.....1  
NO LONGER A MEMBER.....2  
NEW MEMBER.....3

DURING PAST 12 MONTHS  
HOW MANY MONTHS DID  
THIS PERSON LIVE IN  
THE HOUSEHOLD?

HOUSEHOLD ROSTER FOR ROUND 9

ASK QUESTIONS 1 - 5  
FOR ALL HOUSEHOLD MEMBERS  
AGE 15 AND OVER.

1	2	3	4	5	6
Marital Status MARRIED.....1 NEVER MARRIED.....2 DIVORCED.....3 SEPARATED.....4 WIDOWED.....5	Union Status MARRIED.....1 COMMON LAW.....2 VISITING.....3 SINGLE.....4 NONE.....5	Is this partner a household member? YES.....1 NO.....2	COPY THE IDENTIFICATION CODE OF THE PARTNER	Is ..[NAME].. receiving Public Assistance or Poor Relief? PUBLIC ASSISTANCE...1 POOR RELIEF.....2 NONE.....3	Is ..[NAME].. physically or mentally disabled? YES.....1 NO.....2 » NEXT PERSON

N A M E	A G E	S E X MALE...1 FEMALE...2	RELATIONSHIP AND CODES FROM LABOUR FORCE SURVEY RELATION   CODE
			:
			:
			:

HOUSEHOLD MEMBER?	DURING PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD?

1	2	3	4	5	6








