

[illegible]

PART B5 : PERSONS PRESENTLY ENROLLED IN SECONDARY SCHOOL - (CONTINUED)

INDIVIDUAL NO	34 How many uniforms does ..[NAME].. have that are good enough to wear to school? NUMBER OF UNIFORMS	35 How many pairs of shoes does ..[NAME].. have that are good enough to wear to school? NUMBER OF PAIRS	36 How many hours of homework does ..[NAME].. do during a typical week? NUMBER OF HOURS	37 Did ..[NAME].. miss classes any time this week? How many times? IF NO CLASSES MISSED ENTER 0. NUMBER OF TIMES	38 What type of accreditation does [NAME] hope to get when he/she finishes schooling? NONE.....1 13+ EXAM.....2 GRADE 9 ACHIEVEMENT TEST.....3 SECONDARY SCHOOL CERTIFICATE...4 CXC.....5 GCE O LEVEL.....6 GCE A LEVEL.....7 BACHELORS.....8 MASTERS.....9 DOCTORATE.....10 OTHER.....11	39 What type of job does ..[NAME].. want to have after finishing his/her education? OCCUPATION	CODE
	1						
2							
3							
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11							
12							

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P A R T B6 : PERSONS STILL IN POST-SECONDARY SCHOOL

1	2	3	4	5	6	7	8
In what type of post-secondary school is [NAME] now enrolled?	How many years has [NAME] completed at this post-secondary school?	What kind of accreditation does [NAME] want to obtain upon finishing his/her education?	Has [NAME] ever attended any other post-secondary school?	What kind of post-secondary school did [NAME] last attend?	What accreditation was obtained from this post-secondary school?	What kind of secondary school did [NAME] last attend?	What was the highest grade [NAME] completed at the secondary school last attended?
COLLEGE OF ARTS SCIENCE & TECHNOLOGY.1		NONE.....1		COLLEGE OF ARTS SCIENCE & TECHNOLOGY.1	NONE.....1	ALL-AGE 7-9....1	<div style="border: 1px solid black; padding: 5px;"> <p>USE ONLY CODES 7-13 AND CODE FORM 1 etc. AS FOLLOWS :</p> <p>FORM 1.....7</p> <p>FORM 2.....8</p> <p>FORM 3.....9</p> <p>FORM 4.....10</p> <p>FORM 5.....11</p> <p>FORM 6 (LOW).....12</p> <p>FORM 6 (UPP).....13</p> </div>
CULTURAL TRAINING CENTRE.....2		CERTIFICATE.....2		CULTURAL TRAINING CENTRE.....2	CERTIFICATE.....2	NEW SECONDARY.....2	
TEACHER TRAINING COLLEGE.....3		DIPLOMA.....3	YES.....1	TEACHER TRAINING COLLEGE.....3	DIPLOMA.....3	COMPREHENSIVE..3	
AGRICULTURAL COLLEGE.....4		BACHELORS.....4	NO.....2	AGRICULTURAL COLLEGE.....4	BACHELORS.....4	TECHNICAL.....4	
UWI.....5		MASTERS.....5	(> 7)	UWI.....5	MASTERS.....5	HIGH SCHOOL....5	
COMMUNITY COLLEGE/ PRIVATE INSTITUTION..6		DOCTORATE.....6		COMMUNITY COLLEGE/ PRIVATE INSTITUTION..6	DOCTORATE.....6	VOCATIONAL.....6	
VOCATIONAL TRAINING DEVELOPMENT INSTITUTE.....7		OTHER.....7		VOCATIONAL TRAINING DEVELOPMENT INSTITUTE.....7	OTHER.....7	INDEPENDENT SECONDARY.....7	
OTHER JAMAICAN INSTITUTION.....8				OTHER JAMAICAN INSTITUTION.....8			
OVERSEAS INSTITUTION.9	COMPLETED YEARS			OVERSEAS INSTITUTION.9			
							GRADE

1							
2							
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11							
12							

• P A R T B 6 : P E R S O N S S T I L L I N P O S T - S E C O N D A R Y S C H O O L - (C O N T I N U E D)

	9	10	11	12	13	14	15	
INDIVIDUAL N°.	What was the last exam attempted by [NAME]... at the last secondary school attended?	Did [NAME] succeed (i.e pass) in this exam?	What other secondary level exams has [NAME] taken and passed?	What kind of academic group was [NAME] in, if any, at the last secondary school attended?	What is the name of the last secondary school ..[NAME].. attended?	Is this the same school that [NAME] attended immediately after finishing grade 6?	What type of schol did [NAME] attend after finishing grade 6?	
	DO NOT INCLUDE CEE	DO NOT INCLUDE CEE	DO NOT INCLUDE CEE	READ OUT TO THE RESPONDANT		YES....1 (> 22) NO.....2	ALL AGE 7 - 9.....1 NEW SECONDARY.....2 COMPREHENSIVE.....3 TECHNICAL.....4 HIGH SCHOOL.....5 VOCATIONAL.....6 INDEPENDENT SECONDARY.....7	
	NONE1 1+ EXAM2 GRADE 8 ACHIEVEMENT TEST3 SECONDARY SCHOOL CERTIFICATE4 GCE O LEVEL PASS FOR GCE A LEVEL5 GCE O LEVEL OR MORE IS A PASS6 OTHER.....8	YES....1 NO.....2 FOR CXC AND GCE O LEVEL 4 PASSES OR MORE IS A PASS FOR GCE A LEVEL OR MORE IS A PASS.	NONE1 1+ EXAM2 GRADE 8 ACHIEVEMENT TEST3 SECONDARY SCHOOL CERTIFICATE4 CXC5 GCE O LEVEL6 GCE A LEVEL7 OTHER.....8	Science.....1 Language.....2 Business Education.....3 Agriculture.....4 Industry.....5 Other.....6 Vocational.....7 Home Economics.....8 General or Other.....9				
			1ST 2ND 3RD		NAME	CODE		
	01							
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								

[illegible]

PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

[illegible]

PART D: 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

Coal

YES->
-<NO

102

Kerosene

YES->
-<NO

103

Wood

YES->
-<NO

104

Other fuel for cooking or lighting different than cooking gas and electricity

YES->
-<NO

105

Personal care (soap, tooth paste, shaving cream, cosmetics, hair care,...)

YES->
-<NO

106

Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)

YES->
-<NO

107

D

PART E: CONSUMPTION EXPENDITURES

1	2	3	4	5	6	7	8	9	10
During the past 12 months, has this household spent or received as gift any of the following items?	Have you spent on... during the past 4 weeks?	How much did you spend on... during the past 4 weeks?	How much did you spend on... during the past 12 months?	Did you receive any... as gift during the past 12 months?	What is the value of the gift you received as gift during the past 12 months?	During the past 12 months, has this household spent or received as gift any of the following items?	Have you spent on... during the past 4 weeks?	How much did you spend on... during the past 4 weeks?	How much did you spend on... during the past 12 months?
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.	YES...1 NO...2 (=4)	AMOUNT JS	AMOUNT JS	YES...1 NO...2 (=NEXT ITEM)	ESTIMATE MONETARY VALUE AMOUNT JS	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.	YES...1 NO...2 (=4)	AMOUNT JS	AMOUNT JS
Laundry supplies (soap, bars/powders, bleach, starch, clothes pins,...)	YES-> -<NO	201				Cooking gas	YES-> -<NO	209	
Polishes, waxes, air freshener, insect sprays	YES-> -<NO	202				Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<NO	210	
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<NO	203				Furniture, outdoor (chair, barbecue grill, ...)	YES-> -<NO	211	
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<NO	204				Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<NO	212	
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries...)	YES-> -<NO	205				Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<NO	213	
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<NO	206				Cooking ware (pots, pans, skillets, ...)	YES-> -<NO	214	
Laundry and dry cleaning services	YES-> -<NO	207				Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO	215	
Rental of equipment (radio, television, ...)	YES-> -<NO	208				Radio (do not include radio/cassette player)	YES-> -<NO	216	
						Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...)	YES-> -<NO	217	
						Repairs on furniture or household equipment	YES-> -<NO	218	
						Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<NO	219	
						Medical services (doctor's fee, hospital care, prescriptions, spectacles...)	YES-> -<NO	220	

PART F: CONSUMPTION EXPENDITURES (END)

1		2		3		4		5		6		7		8		9		10	
During the past 12 months, has this household spent or received as gift any of the following items?		Have you spent any...		How much did you spend on...		How much did you spend on...		Did you receive any... as gift during the past 12 months?		What is the value of all that you received as gift during the past 12 months?		During the past 12 months, has this household spent or received as gift any of the following items?		Have you spent any...		How much did you spend on...		How much did you spend on...	
PUT A CROSS IN THE APPROPRIATE BOX SEE INSTRUCTIONS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.		YES...1 NO...2 (> 4)		AMOUNT JS		AMOUNT JS		YES...1 NO...2 (> 4) (=NEXT ITEM)		ESTIMATE MONETARY VALUE AMOUNT JS		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.		YES...1 NO...2 (> 4)		AMOUNT JS		AMOUNT JS	
Shoes and sandals for adults	YES-> -<NO	221										Education expenses (tuition, books, boarding fees, ...)	YES-> -<NO	230					
Shoes and sandals for children	YES-> -<NO	222										Making and repair of clothes (adult and children)	YES-> -<NO	231					
Clothing materials for adults (sacron, linen, cotton, silk, ...)	YES-> -<NO	223										Purchased transportation (taxi, bus, train, car rental, air fare, ...)	YES-> -<NO	232					
Clothing materials for children (sacron, linen, cotton, silk, ...)	YES-> -<NO	224										Gasoline, motor oil	YES-> -<NO	233					
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES-> -<NO	225										Car repairs, tires	YES-> -<NO	234					
Children clothing (shirts, trousers, coats, jeans, ...)	YES-> -<NO	226										Other transport expenses (parking charges, motor vehicle and driver licenses)	YES-> -<NO	235					
Accessories (watches, jewelry, sunglasses, ...)	YES-> -<NO	227										Sporting activities (club membership, equipment, entrance fees, ...)	YES-> -<NO	236					
Reading materials (books, magazines, newspapers, ...)	YES-> -<NO	228										Other recreational activities (cinema, theater, dance clubs, records, tapes, ...)	YES-> -<NO	237					
Stationery and writing equipment (pens, pencils, envelopes, stamps, ...)	YES-> -<NO	229										Vacation expenses (excluding fares) (hotels, travel tax, ...)	YES-> -<NO	238					
												Gardening & horticulture (plants, fertilizer, garden equipment, home animals...)	YES-> -<NO	239					
												Telephone, telephone, telegram, cablegram	YES-> -<NO	240					
												Other consumption expenditures (flowers, etc.)	YES-> -<NO	241					

PART F: 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.		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 & Fire Insurance	YES-> <-NO	250		
Car Insurance	YES-> <-NO	251		
Health Insurance	YES-> <-NO	252		
Taxes (NEC), vehicle taxes and duties	YES-> <-NO	253		
Weddings, funerals	YES-> <-NO	254		
Donations and gifts (church or union dues, gifts, charities, ...)	YES-> <-NO	255		
Repayment of loans, interest payments	YES-> <-NO	256		
Support for children who live elsewhere	YES-> <-NO	257		
Other maintenance of relatives outside the home	YES-> <-NO	258		
Other non-consumption expenditures (legal services, anything else, ...)	YES-> <-NO	259		

F

PART G: FOOD EXPENSES

1		2	3	4	1		2	3	4
During the past 4 weeks, 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 BOUGHT DURING THE PAST 4 WEEKS.		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 4 weeks? AMOUNT JS	During the past 4 weeks, 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 BOUGHT DURING THE PAST 4 WEEKS.		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 4 weeks? AMOUNT JS
Fresh or frozen meat	YES-> -<NO	401			Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	416		
Salted, cured or canned meat	YES-> -<NO	402			Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	417		
Fresh or frozen fish and shellfish	YES-> -<NO	403			Bread	YES-> -<NO	418		
Salted codfish	YES-> -<NO	404			Other baked products (cakes, biscuits, buns, rolls, etc)	YES-> -<NO	419		
Canned mackerel, sardines	YES-> -<NO	405			Flour	YES-> -<NO	420		
Other salted or canned fish and shellfish	YES-> -<NO	406			Rice	YES-> -<NO	421		
Chicken necks and backs	YES-> -<NO	407			Cornmeal	YES-> -<NO	422		
Other poultry, fresh, frozen, salted, cured or canned	YES-> -<NO	408			Breakfast cereals (cornflakes, oats, hominy, corn, ...)	YES-> -<NO	423		
Liquid milk (raw milk, pasteurized milk, or reconstituted milk powder)	YES-> -<NO	409			Yams (white, yellow, negro, St. Vincent, Lucas, ...)	YES-> -<NO	424		
Condensed milk	YES-> -<NO	410			Potatoes (sweet, Irish)	YES-> -<NO	425		
Evaporated milk	YES-> -<NO	411			Other roots and tubers (cassava, coco, dasheen, ...)	YES-> -<NO	426		
Powdered milk (D.S.M.)	YES-> -<NO	412			Other starchy fruits (plantains, bread fruit, ...)	YES-> -<NO	427		
Butter or Margarine (chiffon)	YES-> -<NO	413			Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...)	YES-> -<NO	428		
Cheese	YES-> -<NO	414			Frozen, canned and dried vegetables	YES-> -<NO	429		
Eggs	YES-> -<NO	415			Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	430		

PART G: FOOD EXPENSES (END)

1	2	3	4
<p>During the past 4 weeks, has this household bought any of the following foods?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS BOUGHT DURING THE PAST 4 WEEKS.</p>	<p>Have you bought ... during the past 7 days?</p> <p>YES..1</p> <p>NO...2 (> 4)</p>	<p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 4 weeks?</p> <p>AMOUNT JS</p> <p>» NEXT FOOD</p>
<p>Fresh fruit (oranges, lemons, apples, bananas, melons, pineapples, ...)</p> <p>YES-></p> <p><-NO</p>	431		
<p>Canned and dried fruits</p> <p>YES-></p> <p><-NO</p>	432		
<p>Sugar</p> <p>YES-></p> <p><-NO</p>	433		
<p>Sweets (sugar, honey, sweeteners, jams, jellies)</p> <p>YES-></p> <p><-NO</p>	434		
<p>Soups (packaged, canned, frozen, ...)</p> <p>YES-></p> <p><-NO</p>	435		
<p>Prepared meats and fish (curried mutton, fish fingers, ...)</p> <p>YES-></p> <p><-NO</p>	436		
<p>Dry packaged foods (macaroni, vermicelli, ...)</p> <p>YES-></p> <p><-NO</p>	437		
<p>Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)</p> <p>YES-></p> <p><-NO</p>	438		
<p>Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)</p> <p>YES-></p> <p><-NO</p>	439		
<p>Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)</p> <p>YES-></p> <p><-NO</p>	440		
<p>Nuts (peanuts, cashew, coconut, ...)</p> <p>YES-></p> <p><-NO</p>	441		
<p>Baby food (milk food, cereals, strained food, ...)</p> <p>YES-></p> <p><-NO</p>	442		
<p>Other food (chips, snacks, cheese trix, ...)</p> <p>YES-></p> <p><-NO</p>	443		
<p>Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)</p> <p>YES-></p> <p><-NO</p>	444		
<p>Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen)</p> <p>YES-></p> <p><-NO</p>	445		

PART II: CONSUMPTION OF HOME PRODUCTION AND FOOD RECEIVED AS GIFT

1		2		3		4		1		2		3		4	
During the past 4 weeks, have you eaten in this household any ... that was home-produced, or received as gift?		How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?		How much would it cost to buy the amount of home-produced ... you ate during the past 4 weeks?		How much would it cost to buy the amount of ... you received as gift during the past 4 weeks?		During the past 4 weeks, have you eaten in this household any ... that was home-produced, or received as gift?		How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?		How much would it cost to buy the amount of home-produced ... you ate during the past 4 weeks?		How much would it cost to buy the amount of ... you received as gift during the past 4 weeks?	
PUT A CROSS IN THE APPROPRIATE BOX		IF NOTHING, ENTER 0 AND (% 3)		IF NOTHING, ENTER 0 AND (% 4)		IF NOTHING, ENTER 0		PUT A CROSS IN THE APPROPRIATE BOX		IF NOTHING, ENTER 0 AND (% 3)		IF NOTHING, ENTER 0 AND (% 4)		IF NOTHING, ENTER 0	
ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.		AMOUNT JS		AMOUNT JS		AMOUNT JS		ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.		AMOUNT JS		AMOUNT JS		AMOUNT JS	
THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 4 WEEKS.								THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 4 WEEKS.							
Beef, mutton, goat, pork, other domesticated meat?	YES-> -<NO	501						Potatoes (sweet, Irish)	YES-> -<NO	522					
Fish and shellfish	YES-> -<NO	503						Other roots and tubers (cassava, coco, dasheen, ...)	YES-> -<NO	523					
Poultry (chicken, duck, turkey, ...)	YES-> -<NO	505						Other starchy foods (plantains, bread fruit, ...)	YES-> -<NO	524					
Milk	YES-> -<NO	506						Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, ...)	YES-> -<NO	525					
Butter	YES-> -<NO	509						Fruit, fresh (oranges, limes, apples, bananas, melons, pineapples, ...)	YES-> -<NO	529					
Cheese	YES-> -<NO	511						Sugarcane	YES-> -<NO	532					
Eggs	YES-> -<NO	512						Nuts (peanuts, cashew, coconut, ...)	YES-> -<NO	539					
Yams (white, yellow, negro, St. Vincent, Lucas, ...)	YES-> -<NO	521						Other food	YES-> -<NO	541					

PART 1: 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
IMPROVED HOUSING.....6
UNIT.....7
PART OF COMMERCIAL BUILDING.....8
OTHER (SPECIFY).....9

2 MAIN MATERIAL OF OUTER WALLS

- WOOD.....1
STONE.....2
BRICK.....3
CONCRETE BLOCK.....4
BLOCK & STEEL.....5
MATTIL/ADOBE.....6
OTHER (SPECIFY).....7

3 What kind of toilet facilities are used by your household?

- H.C. LINKED TO SEWER.....1
H.C. NOT LINKED.....2
PIT.....3
OTHER.....4
NONE.....5 (» 5)

4 Are the toilet facilities used only by your household, or do other households use the same facilities?

- EXCLUSIVE USE.....1
SHARED.....2

5 Is the kitchen used only by your household, or do other households use the same kitchen?

- EXCLUSIVE USE.....1
SHARED.....2
NONE.....3

6 Does this dwelling belong to a member of the household?

- YES.....1 (» 11)
NO.....2

7 Is this dwelling rented in exchange for goods, services or money?

- YES.....1
NO.....2 (» 10)

8 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

9 How much money does your household pay in rent for this dwelling?

IF NO MONEY PAYMENT, ENTER ZERO

AMOUNT JS:

PER:

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

10 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 OR AGENCY.....4
NOBODY HELPS.....5

» 17

11 Do you make mortgage payments on this dwelling?

- YES.....1
NO.....2 (» 14)

12 How much was your last payment?

AMOUNT JS:

13 How often do you make these payments?

No. OF TIMES:

PER:

- MONTH.....4
YEAR.....5

14 How much could you rent your dwelling for?

AMOUNT JS:

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

- YES.....1
NO.....2 (» 17)

16 How much taxes do you pay for this dwelling?

AMOUNT JS:

PER:

- MONTH.....4
YEAR.....5

17 What is the main source of drinking water for your household?

- INDOOR TAP/PIPE.....1
OUTSIDE PRIVATE PIPE/TAP.....2
PUBLIC STANDPIPE.....3 (» 21)
WATER VENDOR.....4 (» 10)
WELL WITH PUMP.....5 (» 21)
WELL WITHOUT PUMP.....6 (» 21)
RIVER LAKE.....7 (» 21)
SPRING MARSH.....8 (» 21)
RAINWATER (TANK).....9 (» 23)
OTHER (SPECIFY).....9 (» 21)

18 Have you a group or individual meter?

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

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

AMOUNT JS:

20 What amount of time was covered by this bill?

NUMBER:

OF:

- DAYS.....2
WEEKS.....3
MONTHS.....4

» 23

21 Is this (SUPPLY SOURCE IN 17) used by your household only, or is it shared with others?

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

22 How far from this dwelling is this ... (SUPPLY SOURCE IN 17) ...?

DISTANCE ----->

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

23 What is the source of lighting for this dwelling?

- ELECTRICITY.....1
KEROSENE.....2 (» 26)
OTHER.....3 (» 26)
NONE.....4 (» 26)

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

AMOUNT JS:

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

MONTHS:

26 Does dwelling have a working telephone?

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

ASK QUESTIONS 27-30, ONLY TO THOSE HOUSEHOLDS WHICH HAVE CHILDREN BETWEEN THE AGES OF 5 AND 20 YEARS.

27 How far away from your household is the nearest public primary school?

MILES :

28 How far away from your household is the nearest all-age school?

MILES :

29 How far away from your household is the nearest preparatory school?

MILES :

30 How far away from your household is the nearest new secondary school?

MILES :

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 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:			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?	
I T E M	ITEM	DESCRIPTION	CODE	YEAR	AMOUNT JS	AMOUNT JS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

» NEXT
ITEM

PART K: MISCELLANEOUS INCOME

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.	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">X</div> <div style="text-align: center;">↓</div>	2 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? AMOUNT JS
Support for children from parents who live elsewhere?	YES- NO	701
Other relatives or friends who live in Jamaica?	YES- NO	702
Other relative or friends who live abroad?	YES- NO	703
Rental payments for use of land or other property owned by household members?	YES- NO	704
Social Security (NIS) ?	YES- NO	705
Private, Government or other pension fund?	YES- NO	706
Poor relief?	YES- NO	707
Interest from loans made by household members or from money deposited in a bank or other financial institutions?	YES- NO	708

K

PART L: FOOD STAMPS

1. Did anyone in this household receive any food stamps in September or October?
 YES.....1.
 NO.....2 (» 5)

2. For which household members does the household receive food stamps?
 ASK TO SEE CARD

 WRITE ID CODES IN BOXES ----->
 WRITE CATEGORY CODES IN BOXES ----->

 CATEGORY CODES:
 PREGNANT WOMAN.....1
 LACTATING MOTHER.....2
 CHILD UNDER 5.....3
 ELDERLY AND ON RELIEF/ASSISTANCE.....4
 HANDICAPPED AND RELIEF/ASSISTANCE.....5
 FAMILY PLAN.....6
 OTHER.....7

3. What is the total value of all food stamps received by all household members in September and October?

 IF ZERO, WRITE 0 AMOUNT JS

4. Have you had any problems picking up your food stamps?
 FOOD STAMP OFFICER LATE OR DOESNT COME1
 FOOD STAMP OFFICER RUDE, UNPLEASANT, etc.....2
 PAY STATION CROWDED, DISORDERLY.....3
 PAY STATION HAS INADEQUATE ACCOMMODATION.....4
 PAY STATION FAR AWAY, TRANSPORT.....5
 LONG LINES.....6
 OTHER.....7

» NEXT SECTION

5. Has anyone in the household ever applied to get food stamps?
 YES.....1
 NO.....2 (» 8)

6. Was the application approved, put on file for the future or turned down?
 APPROVED.....1
 TURNED DOWN.....2 (» NEXT SECTION)
 DON'T KNOW.....3 (» NEXT SECTION)

7. Why did you not get foodstamps in September/October?
 NO LONGER ELIGIBLE.....1
 HAVEN'T TRIED TO PICK THEM UP.....2
 WENT TO PICK THEM UP BUT FORGOT CARD.....3
 WENT TO PICK THEM UP BUT FOOD STAMP OFFICER NOT THERE.....4
 OTHER.....5

» NEXT SECTION

8. 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/DO NOT KNOW HOW TO OBTAIN.....4
 OTHER.....5

FOR THE NEW MEMBERS TO
- - - - -

HOUSEHOLD MEMBERS?
STILL A MEMBER
NO LONGER A MEMBER
NEW MEMBER.....

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

AS FOR THE REMAINING BUSSELMANS
THEY ARE ALL DEAD.

[illegible]