

# JAMAICA SURVEY OF LIVING CONDITIONS

## 1993

DATE OF THE INTERVIEW			PARISH	CONSTITUENCY	ENUMERATION DISTRICT N°			DWELLING N°				H/H	AREA	SERIAL N°
DAY	MONTH	YEAR												0295

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	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

-----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	9
	Have you had any illness, injury during the past 4 weeks? For example, have you had a cold, diarrhea, injury due to an accident or any other illness?	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 (> 16)	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...								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	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
	YES.....1 NO.....2 (> 20)						Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health/Maternity Centre?	Private Doctor's Office?	Private Pharmacy?	Patient's Home?	Other? (SPECIFY)		
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02																
03																
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09																
10																
11																
12																

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

INDIVIDUAL N°	10	11	12	13	14	15	16	17		18	19	20
	Did you spend a night in a public hospital or other public establishment during the past 4 weeks?	How many nights during the past 4 weeks did you spend in the public hospital?	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	Did you spend a night in a private hospital or other establishment during the past 4 weeks?	How many nights during the past 4 weeks did you spend in the private hospital?	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	Did you buy medicines during the past 4 weeks for this illness or injury?	Did you purchase medicines in a ....  Public Facility? Private Facility or Pharmacy?		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	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	Are you covered by any health insurance?
	YES....1 NO....2 (> 13)			YES...1 NO....2 (> 16)			YES...1 NO....2 (> 20)	YES....1 NO.....2	YES....1 NO.....2			YES...1 NO....2
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												

P A R T A - TO BE ASKED OF EACH HOUSEHOLD MEMBER ( CONCLUDED )

I N D I V I D U A L  N°	HOSPITALIZATION EXPENSES DURING PAST 12 MONTHS						28	29	30	31	
	21 Have you been hospitalized during the past 12 months ?  YES...1 NO....2(» 28)	22 How many nights during the past 12 months did you spend in a public hospital or other public health facility ?  IF ZERO (» 25)  NIGHTS	23 How much have you paid or will have to pay altogether for this stay in a public hospital or other public health facility?  Do not include the cost of medicines or any cost paid for by your insurance.  IF NOTHING SPENT WRITE ZERO  AMOUNT JS	24 How much has your insurance company paid or will have to pay for this stay in a public hospital or other public health facility?  IF NOTHING SPENT WRITE ZERO  AMOUNT JS	25 How many nights during the past 12 months did you spend in a private hospital or other private health facility ?  IF ZERO (» 28)  NIGHTS	26 How much have you paid or will have to pay altogether for this stay in a private hospital or other private health facility?  Do not include the cost of medicines or any cost paid for by your insurance.  IF NOTHING SPENT WRITE ZERO  AMOUNT JS	27 How much has your insurance company paid or will have to pay for this stay in a private hospital or other private health facility?  IF NOTHING SPENT WRITE ZERO  AMOUNT JS	ASK TO ALL WOMEN 13-49 YEARS  Do you have a child under six months?  YES....1 NO.....2	Are you currently pregnant?  YES...1 NO....2	ASK IF YES FOR Q28 OR Q29  Are you attending a public health clinic?  YES....1 NO.....2	ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS  Has this child attended a public health facility ?  YES.....1 NO.....2  NEXT PERSON
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

**P A R T    B :    EDUCATION   TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 3 YEARS AND OLDER**

[illegible][illegible]

P A R T C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

[illegible]

PART D : 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.....[4]  
HOW TO OBTAIN.....[5]  
OTHER.....[5]

» NEXT SECTION

PERSONS RECEIVING FOOD STAMPS					
4	5 Category ASK TO SEE CARD	6 Did you receive the food stamps in September or October?	7 Why didn't you receive food stamps in September or October?	8 Have you had any problems picking up food stamps?	9 What problems ? OFFICER LATE OR DID NOT COME.....1 OFFICER RUDE/ UNPLEASANT.....2 PAY STATION CROWD DISORDERLY.....3 PAY STATION HAS INADEQUATE ACCOMMODATION.....4 PAY STATION FAR AWAY TRANSPORTATION DIFFICULTIES.....5 LONG LINE.....6 NOT BEING RECEIVED IN MAIL.....7 OTHER.....8
INDIVIDUAL NUMBER (FROM ROSTER)	PREGNANT WOMAN.....1 LACTATING MOTHER.....2 CHILD UNDER 6.....3 ELDERLY POOR, INDIGENT AND HANDICAPPED.....4 SINGLE MEMBER HOUSEHOLD.....5 FAMILY PLAN.....6	YES.....1 (» 8) NO.....2	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	YES..1 NO...2 » (NEXT PERSON )	»NEXT PERSON

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





**PART E: DAILY EXPENSES**  
**BLOCK E1: Meals and drinks consumed away from home during the past 7 days**  
**(DO NOT INCLUDE MEALS PREPARED AT HOME AND CONSUMED AWAY FROM HOME)**

[illegible]

<p>1</p> <p>During the past 7 days, has this household spent money on any of the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS</p>		<p>2</p> <p>How much have you spent for .[NAME].. during the past 7 days?</p> <p>AMOUNT \$</p>
Coal	Yes->	101
	<-No	
Kerosene	Yes->	102
	<-No	
Wood	Yes->	103
	<-No	
Other fuel for cooking or lighting other than cooking gas and electricity	Yes->	104
	<-No	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes...)	Yes->	105
	<-No	



RESPONDENT (Individual # from ROSTER):

PART F: CONSUMPTION EXPENDITURES

1	2	3	4	5	6	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 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	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
Personal care supplies (soaps, toothpaste, brushes, shaving cream, razors and blades) YES-> -<NO	201					Cooking gas YES-> -<NO	212				
Cosmetics (lotions, deodorants, ...) YES-> -<NO	202					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...) YES-> -<NO	213				
Hair and body care (lotions, dyes, etc) YES-> -<NO	203					Furniture, outdoor (lawn chair, barbecue grill, ...) YES-> -<NO	214				
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...) YES-> -<NO	204					Furnishings (carpets, drapes, sheets, towels, ...) YES-> -<NO	215				
Polishes, waxes, air freshener, insect sprays YES-> -<NO	205					Dinner ware (plates, glasses, knives, forks, spoons, ...) YES-> -<NO	216				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...) YES-> -<NO	206					Cooking ware (pots, pans, shillies, ...) YES-> -<NO	217				
Toilet supplies (toilet paper, cleanser, ...) YES-> -<NO	207					Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...) YES-> -<NO	218				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...) YES-> -<NO	208					Radio (do not include radio/cassette player) YES-> -<NO	219				
Home help services (cook, nurse maid, household help, gardener, ...) YES-> -<NO	209					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...) YES-> -<NO	220				
Laundry and dry cleaning services YES-> -<NO	210					Repairs on furniture or household equipment YES-> -<NO	221				
Rental of equipment (radio, television, ...) YES-> -<NO	211					Medicines (pills, tonics, drugs, family planning supplies) YES-> -<NO	222				
						Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...) YES-> -<NO	223				
						Health Insurance YES-> -<NO	224				

## PART F: CONSUMPTION, EXPENDITURES (END)

1	2	3	4	5	6	1	2	3	4	
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	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	
Shoes and sandals for adults	YES-> -<NO	225				Purchased transportation (taxi, bus, train, car rental, air fare, ...)	YES-> -<NO	238		
Shoes and sandals for children	YES-> -<NO	226				Gasoline, motor oil	YES-> -<NO	239		
Clothing materials for adults (dacron, linen, cotton, silk, ...)	YES-> -<NO	227				Car repairs, tyres	YES-> -<NO	240		
Clothing materials for children (dacron, linen, cotton, silk, ...)	YES-> -<NO	228				Car insurance	YES-> -<NO	241		
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES-> -<NO	229				Vehicle taxes, duties	YES-> -<NO	242		
Children clothing (shirts, trousers, coats, jeans, ...)	YES-> -<NO	230				Purchase of car, motor cycles for personal use	YES-> -<NO	243		
Making and repair of clothes (adult and children)	YES-> -<NO	231				Other transport expenses (parking charges, motor vehicle and driver licenses)	YES-> -<NO	244		
Accessories (watches, jewelry, sunglasses, ...)	YES-> -<NO	232				Vacation expenses (excluding fares) (hotels, travel tax, ...)	YES-> -<NO	245		
Reading materials (books, magazines, newspapers, ...)	YES-> -<NO	233				Gardening & horticulture (plants, fertilizer, garden equipment, home animals...)	YES-> -<NO	246		
Stationery and writing equipment (pens, pencils, envelopes, stamps, ...)	YES-> -<NO	234				Telegrams, telephone, cablegrams	YES-> -<NO	247		
Education expenses (tuition, books, boarding, fees, ...)	YES-> -<NO	235				Other consumption expenditures (flowers, etc.)	YES-> -<NO	248		
Sporting activities (club membership, equipment, entrance fees, ...)	YES-> -<NO	236				Purchases for special occasions (parties, entertainment relating to weddings, funerals etc)	YES-> -<NO	249		
Other recreational activities (cinema, theatre, dance clubs, records, tapes, ...)	YES-> -<NO	237								

Items 239 - 242 should relate to those vehicles which are used exclusively for household purposes.

PART G: 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 & General Insurance	YES-> -<NO	250		
Horse racing	YES-> -<NO	251		
Other gambling expenses	YES-> -<NO	252		
Weddings, funerals	YES-> -<NO	253		
Donations and gifts (church or union dues, gifts, charities, ...)	YES-> -<NO	254		
Repayment of loans, interest payments	YES-> -<NO	255		
Support for children who live elsewhere	YES-> -<NO	256		
Other maintenance of relatives outside the home	YES-> -<NO	257		
Taxes & duties not elsewhere classified	YES-> -<NO	258		
Other non-consumption expenditures (legal services, anything else, ...)	YES-> -<NO	259		

G

RESPONDENT (Individual # from ROSTER):

PART H: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
<p>During the past 30 days, 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 30 DAYS.</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 30 days?</p> <p>AMOUNT JS</p>	<p>During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?</p> <p>IF NOTHING ENTER 0 AND (* 7)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 30 days?</p> <p>IF NOTHING ENTER 0 AND (* 8)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of ... gift you received during the past 30 days?</p> <p>IF NOTHING ENTER 0</p> <p>AMOUNT JS</p>
<p>Fresh or frozen beef</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	401			<p>Fresh or frozen beef</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	401		
<p>Fresh or frozen pork</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	402			<p>Fresh or frozen pork</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	402		
<p>Fresh or frozen mutton</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	403			<p>Fresh or frozen mutton</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	403		
<p>Offal- heart, kidney, liver, tripe etc.</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	404			<p>Offal- heart, kidney, liver, tripe etc.</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	404		
<p>Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	405			<p>Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	405		
<p>Salted, cured or canned meat (eg. pigtail)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	406			<p>Salted, cured or canned meat (eg. pigtail)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	406		
<p>Fresh or frozen fish and shellfish</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	407			<p>Fresh or frozen fish and shellfish</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	407		
<p>Salted codfish</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	408			<p>Salted codfish</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	408		
<p>Canned mackerel, sardines, herring</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	409			<p>Canned mackerel, sardines, herring</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	409		
<p>Other salted or canned fish and shellfish (e.g. mackerel, red herring)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	410			<p>Other salted or canned fish and shellfish (e.g. mackerel, red herring etc.)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	410		
<p>Fresh or frozen whole chicken or parts</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	411			<p>Fresh or frozen whole chicken or parts</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	411		
<p>Chicken necks and back</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	412			<p>Chicken necks and backs</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	412		
<p>Other poultry, fresh, frozen, salted, cured or canned</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	413			<p>Other poultry, fresh, frozen, salted, cured or canned</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	413		

## PART H: 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
Liquid milk (raw milk, pasteurized milk or reconstituted milk powder)	YES-> -<NO	414	
Condensed milk	YES-> -<NO	415	
Evaporated milk	YES-> -<NO	416	
Powdered milk (D.S.M)	YES-> -<NO	417	
Butter of margarine (chiffon)	YES-> -<NO	418	
Cheese	YES-> -<NO	419	
Eggs	YES-> -<NO	420	
Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	421	
Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	422	
Bread	YES-> -<NO	423	
Crackers and Unsweetened biscuits	YES-> -<NO	424	
Other baked products - (sweetened biscuits, cakes, buns, bullas etc.)	YES-> -<NO	425	
Banmy/Cassava Bread	YES-> -<NO	426	
Flour	YES-> -<NO	427	

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
Liquid milk (raw milk, pasteurized milk or reconstituted milk powder)	YES-> -<NO	414	
Condensed milk	YES-> -<NO	415	
Evaporated milk	YES-> -<NO	416	
Powdered milk (D.S.M)	YES-> -<NO	417	
Butter of margarine (chiffon)	YES-> -<NO	418	
Cheese	YES-> -<NO	419	
Eggs	YES-> -<NO	420	
Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	421	
Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	422	
Bread	YES-> -<NO	423	
Crackers and Unsweetened biscuits	YES-> -<NO	424	
Other baked products - (sweetened biscuits, cakes, buns, bullas etc.)	YES-> -<NO	425	
Banmy/Cassava Bread	YES-> -<NO	426	
Flour	YES-> -<NO	427	

## PART II: 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-> -<NO	428	
Corrmeal	YES-> -<NO	429	
Dried peas and beans	YES-> -<NO	430	
Breakfast cereals (cornflakes, oats, hominy corn, ...)	YES-> -<NO	431	
Yams (white, yellow, negro, St. Vincent, Lucas, ...)	YES-> -<NO	432	
Irish potatoes	YES-> -<NO	433	
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	434	
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<NO	435	
Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas, beans, corn cobs, string beans)	YES-> -<NO	436	
Frozen canned and dried vegetables	YES-> -<NO	437	
Ackee	YES-> -<NO	438	
Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	439	
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, avocado pears)	YES-> -<NO	440	
Canned and dried fruits	YES-> -<NO	441	

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 a gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT JS
Rice	YES-> -<NO	428	
Corrmeal	YES-> -<NO	429	
Dried peas and beans	YES-> -<NO	430	
Breakfast cereals (cornflakes, oats, hominy corn, ...)	YES-> -<NO	431	
Yams (white, yellow, negro, St. Vincent, Lucas, ...)	YES-> -<NO	432	
Irish potatoes	YES-> -<NO	433	
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	434	
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<NO	435	
Fresh vegetables (tomatoes, carrots, lettuce, turnip, avocado, onion, peas, beans, corn cobs, string beans)	YES-> -<NO	436	
Frozen canned and dried vegetables	YES-> -<NO	437	
Ackee	YES-> -<NO	438	
Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	439	
Fresh fruit (oranges, lime, apples, bananas, melons, pineapples, avocado pears)	YES-> -<NO	440	
Canned and dried fruits	YES-> -<NO	441	

## PART H: 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
Sugar YES-> -<NO	442		
Sweets (sugar, honey, sweeteners, jams, jellies) YES-> -<NO	443		
Soups (packaged, canned, frozen, ...) YES-> -<NO	444		
Prepared meats and fish (curried mutton, fish fingers, ...) YES-> -<NO	445		
Dry packaged foods (macaroni, vermicelli, ...) YES-> -<NO	446		
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...) YES-> -<NO	447		
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...) YES-> -<NO	448		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...) YES-> -<NO	449		
Nuts (peanuts, cashew, coconut, ...) YES-> -<NO	450		
Baby food (milk food, cereals, strained food, ...) YES-> -<NO	451		
Other food (chips, snacks, cheese trix, ...) YES-> -<NO	452		
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...) YES-> -<NO	453		
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...) YES-> -<NO	454		
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...) YES-> -<NO	455		

## 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 a gift during the past 30 days? IF NOTHING, ENTER 0 -> NEXT FOOD ITEM AMOUNT JS
Sugar YES-> -<NO	442		
Sweets (sugar, honey, sweeteners, jams, jellies) YES-> -<NO	443		
Soups (packaged, canned, frozen, ...) YES-> -<NO	444		
Prepared meats and fish (curried mutton, fish fingers, ...) YES-> -<NO	445		
Dry packaged foods (macaroni, vermicelli, ...) YES-> -<NO	446		
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...) YES-> -<NO	447		
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...) YES-> -<NO	448		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...) YES-> -<NO	449		
Nuts (peanuts, cashew, coconut, ...) YES-> -<NO	450		
Baby food (milk food, cereals, strained food, ...) YES-> -<NO	451		
Other food (chips, snacks, cheese trix, ...) YES-> -<NO	452		
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...) YES-> -<NO	453		
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...) YES-> -<NO	454		
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...) YES-> -<NO	455		

P A R T I: ADEQUACY OF CONSUMPTION

RESPONDENT (Individual # from ROSTER):

<p>Now, I would like to ask about your opinion of your family's standard of living.</p>	<p>It was less than adequate for your family's needs.....1</p> <p>It was more than adequate for your family's needs.....2</p> <p>It was just adequate for your family's needs.....3</p> <p>Not applicable.....4</p>
<p>1. Concerning your family's food consumption over the last one month, which of the following is true?</p>	
<p>2. Concerning your family's housing, which of the following is true?</p>	
<p>3. Concerning your family's clothing, which of the following is true?</p>	
<p>4. Concerning your family's access to transport facilities, which of the following is true?</p>	
<p>5. Concerning the health care which your family gets, which of the following is true?</p>	
<p>6. Concerning your children's schooling, which of the following is true?</p>	



PART J: HOUSING AND RELATED EXPENSES

<p>1 TYPE OF DWELLING</p> <p>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.....7  BUILDING.....7  OTHER.....8  (SPECIFY.....)</p> <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD.....1  STONE.....2  BRICK.....3  CONCRETE BLOCK.....4  BLOCK &amp; STEEL.....5  WATTLE/ADOBE.....6  OTHER (SPECIFY.....).....7</p> <p>3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms)?</p> <p>NO. OF ROOMS: [ ]</p> <p>4 What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER...1  W.C. NOT LINKED.....2  PIT.....3  OTHER.....4  NONE.....5 (&gt; 6)</p> <p>5 Are the toilet facilities used only by your household or do other households use the same facilities?</p> <p>EXCLUSIVE USE...1  SHARED.....2</p> <p>6 Is the kitchen used only by your household or do other households use the same kitchen?</p> <p>EXCLUSIVE USE...1  SHARED.....2  NONE.....3</p> <p>7 Does this household own or lease the dwelling?</p> <p>OWNED.....1  LEASED.....2 (&gt; 8)  PRIVATE RENTED.....3 (&gt; 8)  GOVERNMENT RENTED.....4 (&gt; 8)  RENT FREE.....5 (&gt; 8)  SQUATTED.....6 (&gt; 8)  OTHER.....7 (&gt; 8)</p>	<p>8 Does this household own or lease the land on which this dwelling is?</p> <p>OWNED.....1  LEASED.....2  PRIVATE RENTED.....3  GOVERNMENT RENTED.....4  RENT FREE.....5  SQUATTED.....6  OTHER.....7  (GO TO 12)</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  PRIVATE EMPLOYER.....2  PUBLIC AGENCY.....3  PRIVATE INDIVIDUAL OR AGENCY.....4</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: [ ]</p> <p>WEEK...3  MONTH...4  YEAR...5</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 (GIVE EXAMPLES), or a private individual or agency?</p> <p>RELATIVE.....1  PRIVATE EMPLOYER.....2  PUBLIC AGENCY.....3  PRIVATE INDIVIDUAL OR AGENCY.....4  NOBODY HELPS.....5</p> <p>12 Do you make mortgage payments on this dwelling?</p> <p>YES...1  NO....2 (&gt; 15)</p> <p>13 How much was your last payment?</p> <p>AMOUNT J\$: [ ]</p>	<p>14 How often do you make these payments?</p> <p>No. OF TIMES: [ ] PER: [ ]  MONTH...4  YEAR...5</p> <p>15 How much could you rent your dwelling for?</p> <p>AMOUNT J\$: [ ]</p> <p>16 Do you have to pay property taxes for this dwelling?</p> <p>YES...1  NO....2 (&gt; 18)</p> <p>17 How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$: [ ]</p> <p>PER: [ ]  MONTH...4  YEAR...5</p> <p>18 What is the main source of drinking water for your household?</p> <p>INDOOR TAP/PIPE...1  OUTSIDE PRIVATE PIPE/TAP...2  PUBLIC STANDPIPE...3 (&gt; 22)  WELL.....4 (&gt; 22)  RIVER LAKE.....5 (&gt; 22)  SPRING POND.....6 (&gt; 24)  RAINWATER (TANK)...7 (&gt; 24)  OTHER (SPECIFY.....).....7 (&gt; 22)</p> <p>19 Have you a group or individual meter?</p> <p>GROUP.....1  INDIVIDUAL.....2  NO METER.....3</p> <p>20 How much was the latest water bill for your household?</p> <p>AMOUNT J\$: [ ]</p> <p>21 How many months were covered by this bill?</p> <p>MONTHS : [ ]</p> <p>[ ] 24</p>	<p>22 Is this ...[SUPPLY SOURCE IN 18]... used by your household only, or is it shared with others?</p> <p>THIS HOUSEHOLD ONLY.....1  SHARED.....2</p> <p>23 How far from this dwelling is this ...[SUPPLY SOURCE IN 18]...?</p> <p>DISTANCE ----&gt; [ ]</p> <p>DISTANCE [ ] MILES.....1  CODE ----&gt; [ ] YARDS.....2</p> <p>24 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1  KEROSENE.....2 (&gt; 27)  OTHER.....3 (&gt; 27)  NONE.....4 (&gt; 27)</p> <p>25 How much was the latest electric bill for your household?</p> <p>AMOUNT J\$: [ ]</p> <p>26 How many months of consumption were covered by this bill?</p> <p>MONTHS: [ ]</p> <p>27 Does this household have a telephone?</p> <p>YES....1  NO.....2 (&gt; NEXT SECTION)</p> <p>28 How much was the latest telephone bill for your household?</p> <p>AMOUNT J\$: [ ]</p> <p>29 How many months of consumption were covered by this bill?</p> <p>MONTHS : [ ]</p>
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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.			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?
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 L: MISCELLANEOUS INCOME

<p>1</p> <p>During the past 12 months, has any member of your household received income in cash or in kind from the following sources?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX.</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">X</div> <div style="text-align: center;">             ↓              ↓           </div> </div> <p>ASK QUESTION 1 FOR ALL ITEMS BEFORE GOING TO 2.</p>	<p>2</p> <p>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?</p> <p style="text-align: right;">AMOUNT J\$</p>
---	---

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	

L

ACTIVITY STATUS DURING PAST 7 DAYS						MAIN OCCUPATION (FOR EMPLOYED PERSONS)			
1	2	3	4	5	6	7	8	9	10
Ind. No.  (As in Roster)	What was...(NAME)... doing most of the time during past 7 days?  Working.....1 (= 7) With job, not working.....2 (= 7) Looking for work.....3 At home.....4 At school.....5 (Full-time) Physically incapable of work.....6 Other.....7 (specify)	Did..(NAME). do any form of work, for others or in his/her own business (including unpaid work in a family business, but not working in and around the house) during past 7 days?  Yes.....1 (= 7) No.....2	Did.(NAME). have a job or business from which he/she was absent (e.g. on vacation or sick leave) during past 7 days?  Yes.....1 (= 7) No.....2	Did..(NAME) .. wish to work during the six months ending....?  Yes.....1 (= 7) No.....2	What would prevent...(NAME). from taking a job if one were available during past 7 days?  Nothing, would accept.....1 (= 23) Not prepared..2 (= 28) Pregnancy.....3 (= 28) Have to stay with children or relative.....4 (= 28) Home duties...5 (= 28) Do not need job.....6 (= 28) Illness...7(= 28) Attend school.....8(= 28) Other.....9(= 28)	What kind of work was...(NAME)... mainly engaged in during past 7 days?	In what kind of business or industry was ..(NAME).. working?	What is...(NAME).. employment status in this job?  Employee of Central/Local Govt.....1 Other Govt. agencies.....2 Private sector Business.....3 Unpaid Worker.....4 Employer.....5 Own Account Worker.....6 Not stated...7	How many hours did.(NAME). work in this job in each of the past 7 days?

[illegible]

## PART-M: EMPLOYMENT AND TIME USE (TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER)

Ind. No.  (As in Roster)	MAIN OCCUPATION (CONTD)				SECOND OCCUPATION (FOR EMPLOYED PERSONS)				
	11	12	13	14	15	16	17	18	19
	Is this the usual number of hours per week..[NAME] works in this job?	What is the usual number of hours worked per week?	How many weeks did he/she work on this job during past 12 months?	How much did..[NAME]....earn for this work (including salary or wage, allowances tips, gratuities, commis-sions or business profits, or other earnings)?  PERIOD CODES: WEEK.....1 MONTH.....2 QUARTERLY.....3 YEAR.....4	In addition to the main job, what kind of work was..[NAME].. engaged in during past 7 days?  IF NONE, SKIP TO Q23	In what kind of business or industry was this second job?	What is his/her employment status in this second job?  Employee of Central/Local Govt.....1 Other Govt agencies...2 Private sector Business...3 Unpaid Worker.....4 Employer...5 Own Account Worker.....6 Not stated..7	How many hours did..[NAME].. work in this second job in each of the past 7 days?	Is this the usual number of hours ..[NAME].. works per week in this second job?
	Yes.....1 (= 13) No.....2								Yes.....1 (=21) No.....2

[illegible]

Ind. No.	SECOND OCCUPATION (CONTD)			LOOKING FOR WORK (ASK UNEMPLOYED AND ALSO EMPLOYED)				
	20	21	22	23	24	25	26	27
(As in Roster)	What is the usual number of hours worked per week	How many weeks did he/she work on this job during past 12 months?  (Number of weeks)	How much did.(NAME). earn for this work (including salary or wage, allowances tips, gratuities, commissions or business profits, or other earnings)?  PERIOD CODES: WEEK.....1 MONTH.....2 QUARTERLY...3 YEAR.....4	During past 7 days has .(NAME).. spent time looking for a job?  Yes.....1  No.....2 (= 25)	How many hours did..(NAME) spend in looking for job in each of the past 7 days?  [FOR EMPLOYED, GO TO QUESTION 28]	(FOR ALL UNEMPLOYED i.e.WITH CODE 1 IN Q6)  Has..(NAME).. worked in any job previously?  Yes.....1  No.....2 (=28)	What kind of work was..(NAME)..doing in the previous job?	In what kind of business or industry was ..(NAME).. working?

[illegible]

**PART-M: EMPLOYMENT AND TIME USE (TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER)**

Ind. No. (as in Roster)	OTHER ACTIVITIES WHICH CONTRIBUTE TO FAMILY CONSUMPTION					
	28	29	30	31	32	33
Has ...[NAME] engaged in any activity (NOT INCLUDED IN Q7 OR Q15) which contributed income to self or family during past 7 days?  Yes....1  No.....2 (> 32)	What is the nature of this activity?  (IF THERE ARE MORE THAN ONE ACTIVITIES, LIST THEM ONE BELOW THE OTHER WITH NUMBERING A, B, ETC.)	How many hours did...[NAME]..spend in this activity in each of the past 7 days?	How much did...[NAME].. earn for this work?  PERIOD CODES: WEEK.....1 MONTH.....2 QUARTERLY...3 YEAR.....4	Has...[NAME] ...engaged in any other activity which contributed to family consumption (e.g.kitchen garden, making clothes, etc.,)?  Yes.....1  No.....2 (>35)	What is the nature of this activity?	How many hours did...[NAME].. spend in this activity in each of the past 7 days?

[illegible]

1

MS



Ind. No (As in Roster)	HOUSEHOLD ACTIVITIES (CONTINUED)					
	41	42	43	44	45	46
	Did.... [NAME].. engage in washing ironing or mending clothes during the past 7 days?  Yes...1 NO...2 (= 43)	How many hours did..[NAME]..spend in this activity in each of the past 7 days?	Did ..[NAME].. engage in fetching water for the household during past 7 days?  Yes.....1  No.....2 (= 45)	How many hours did..[NAME]..spend in this activity in each of the past 7 days?	Did..[NAME].. engage in gathering fuel for the household during past 7 days?  Yes.....1  No.....2 (= 47)	How many hours did..[NAME].. spend in this activity in each of the past 7 days?

[illegible]

## T-M: EMPLOYMENT AND TIME USE (TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER)

[illegible]

T-M: EMPLOYMENT AND TIME USE (TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER)

Ind. No. As in Roster).	HOUSEHOLD ACTIVITIES (CONTINUED)			
	53	54	55	56
Did ..[NAME]..spend time exclu- sively in caring for children or sick or invalid during past 7 days?  Yes...1  No....2(> 55)	How many hours did..[NAME]..spend in this activity in each of the past 7 days?	Did..[NAME]...spend time in leisure activities such as reading, playing games, attending social and cultural functions, movies, etc. during past 7 days?  Yes.....1  No.....2(> 57)	How many hours did..[NAME]..spend in this activity in each of the past 7 days?	WHO ANSWERED THE QUESTIONS ON THIS INDIVIDUAL?  (GIVE INDIVIDUAL NUMBER AS IN ROSTER)

	MON	TUE	WED	THU	FRI	SAT	SUN	TOT		MON	TUE	WED	THU	FRI	SAT	SUN	TOT	

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

- |  |  |
|--|--|
|  |  |
|--|--|

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.

In addition to the household members, did any persons take meals from this household regularly during the past 7 days?

YES.....1 ☐

E If yes, in past 7 days, the total number of meals taken:

Lunches	_____
Dinners	_____

ASK QUESTIONS 1 - 6  
FOR ALL HOUSEHOLD MEMBERS  
AGE 15 AND OVER.

R