

# JAMAICA SURVEY OF LIVING CONDITIONS 1993

DATE OF THE INTERVIEW  
DAY MONTH YEAR

PARISH		CONSTITUENCY		ENUMERATION DISTRICT N°				DWELLING N°				H/H	

AREA

SERIAL N°  
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="checkbox"/>													

-----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 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? YES....1 NO.....2 (> 20)	2 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	3 For how many days during the past 4 weeks have you suffered from this illness or injury? DAYS	4 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	5 Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited during the past 4 weeks? YES....1 NO.....2 (> 16)	6 How many visits did you make in the past 4 weeks to health practitioners? NUMBER OF VISITS	7 Where did the visit(s) take place? In a...								8 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	9 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	
							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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P A R T 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
	YES....1 NO....2 (> 13)	NIGHTS		YES...1 NO....2 (> 16)	NIGHTS		YES...1 NO....2 (> 20)	YES....1 NO....2	YES....1 NO....2			YES...1 NO....2

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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 J\$	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 J\$	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 J\$	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 J\$	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
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02										
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04										
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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 HOW TO OBTAIN.....[4]  
 OTHER.....[5]

» NEXT SECTION

PERSONS RECEIVING FOOD STAMPS					
4	5	6	7	8	9
INDIVIDUAL NUMBER (FROM ROSTER)	Category ASK TO SEE CARD	Did you receive the food stamps in September or October?	Why didn't you receive food stamps in September or October?	Have you had any problems picking up food stamps?	What problems ?
	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)	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
					»NEXT PERSON

PERSONS APPLIED BUT NOT YET RECEIVING FOOD STAMPS			
10	11	12	13
INDIVIDUAL NUMBER (FROM ROSTER)	How long ago was the application made ? MONTHS	What happened to the application ?	Why didn't you get food stamps in September or October?
		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 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, skillets, ...)	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		
Dyeing 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								

F2

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

PART G: NON - CONSUMPTION EXPENDITURES

<p>1</p> <p>During the past 12 months, has this household spent on any of the following items?</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 ITEMS PURCHASED DURING THE PAST 12 MONTHS.</p>	<p>2</p> <p>Have you spent on ... during the past 30 days?</p> <p>YES..1</p> <p>NO...2 (» 4)</p>	<p>3</p> <p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p>	<p>4</p> <p>How much did you spend on ... during the past 12 months?</p> <p>AMOUNT JS</p>	
<p>Life &amp; General Insurance</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	250			
<p>Horse racing</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	251			
<p>Other gambling expenses</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	252			
<p>Weddings, funerals</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	253			
<p>Donations and gifts (church or union dues, gifts, charities, ...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	254			
<p>Repayment of loans, interest payments</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	255			
<p>Support for children who live elsewhere</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	256			
<p>Other maintenance of relatives outside the home</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	257			
<p>Taxes &amp; duties not elsewhere classified</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	258			
<p>Other non-consumption expenditures (legal services, anything else, ..)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	259			

G

RESPONDENT (Individual # from ROSTER):

PART H: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
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 BOUGHT 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	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 ... gift you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT JS
Fresh or frozen beef YES-> -<NO	401			Fresh or frozen beef YES-> -<NO	401		
Fresh or frozen pork YES-> -<NO	402			Fresh or frozen pork YES-> -<NO	402		
Fresh or frozen mutton YES-> -<NO	403			Fresh or frozen mutton YES-> -<NO	403		
Offal- heart, kidney, liver, tripe etc. YES-> -<NO	404			Offal- heart, kidney, liver, tripe etc. YES-> -<NO	404		
Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks) YES-> -<NO	405			Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks) YES-> -<NO	405		
Salted, cured or canned meat (eg. pigtail) YES-> -<NO	406			Salted, cured or canned meat (eg. pigtail) YES-> -<NO	406		
Fresh or frozen fish and shellfish YES-> -<NO	407			Fresh or frozen fish and shellfish YES-> -<NO	407		
Salted codfish YES-> -<NO	408			Salted codfish YES-> -<NO	408		
Canned mackerel, sardines, herring YES-> -<NO	409			Canned mackerel, sardines, herring YES-> -<NO	409		
Other salted or canned fish and shellfish (e.g. mackerel, red herring) YES-> -<NO	410			Other salted or canned fish and shellfish (e.g. mackerel, red herring) YES-> -<NO	410		
Fresh or frozen whole chicken or parts YES-> -<NO	411			Fresh or frozen whole chicken or parts YES-> -<NO	411		
Chicken necks and back YES-> -<NO	412			Chicken necks and backs YES-> -<NO	412		
Other poultry, fresh, frozen, salted, cured or canned YES-> -<NO	413			Other poultry, fresh, frozen, salted, cured or canned YES-> -<NO	413		

PART H: FOOD EXPENSES

PURCHASED		2	3	4
<p>1 During the past 30 days, has this household bought any of the following foods?                  PUT A CROSS IN THE APPROPRIATE BOX                  ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.                  THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>		<p>Have you bought ... during the past days?                  YES..1                  NO...2 (= 4)</p>	<p>How much did you spend on ... during the past 7 days?                  AMOUNT JS</p>	<p>How much did you spend on ... during the past 30 days?                  AMOUNT JS</p>
Liquid milk (raw milk, pasturized 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
<p>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.</p>	<p>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</p>	<p>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</p>	<p>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</p>
Liquid milk (raw milk, pasturized 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 N: FOOD EXPENSES

PURCHASED		2	3	4
1 During the past 30 days, has this household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.		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, Lucre, ...)	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 (tomatos, 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 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, Lucre, ...)	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 (tomatos, 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 ... gift you received 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                  It was more than adequate for your family's needs.....2                  It was just adequate for your family's needs.....3                  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><b>1 TYPE OF DWELLING</b></p> <p>SEPARATE HOUSE  DETACHED.....1  SEMI-DETACHED HOUSE...2  PART OF A HOUSE.....3  APARTMENT BUILDING...4  TOWN-HOUSE.....5  IMPROVED HOUSING UNIT.....6  PART OF COMMERCIAL BUILDING.....7  OTHER.....8  (SPECIFY.....)</p>	<p><b>8 Does this household own or lease the land on which this dwelling is?</b></p> <p>OWNED.....1  LEASED.....2  PRIVATE RENTED.....3  GOVERNMENT RENTED.....4  RENT FREE.....5  SQUATTED.....6  OTHER.....7  (GO TO 12)</p>	<p><b>14 How often do you make these payments?</b></p> <p>No. OF TIMES: <input type="text"/> PER; <input type="text"/>  MONTH...4  YEAR...5</p>	<p><b>22 Is this ... [SUPPLY SOURCE IN 18]... used by your household only, or is it shared with others?</b></p> <p>THIS HOUSEHOLD ONLY.....1  SHARED.....2</p>
<p><b>2 MAIN MATERIAL OF OUTER WALLS</b></p> <p>WOOD.....1  STONE.....2  BRICK.....3  CONCRETE BLOCK.....4  BLOCK &amp; STEEL.....5  WATTLE/ADOBÉ.....6  OTHER (SPECIFY).....7</p>	<p><b>9 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES) or from a private individual or agency?</b></p> <p>RELATIVE.....1  PRIVATE EMPLOYER.....2  PUBLIC AGENCY.....3  PRIVATE INDIVIDUAL OR AGENCY.....4</p>	<p><b>15 How much could you rent your dwelling for?</b></p> <p>AMOUNT J\$: <input type="text"/></p>	<p><b>23 How far from this dwelling is this ... [SUPPLY SOURCE IN 18]...?</b></p> <p>DISTANCE ----&gt; <input type="text"/></p> <p>DISTANCE CODE ----&gt; <input type="text"/> MILES.....1  YARDS.....2</p>
<p><b>3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms)?</b></p> <p>NO. OF ROOMS: <input type="text"/></p>	<p><b>10 How much money does your household pay in rent for this dwelling?</b></p> <p>IF NO MONEY PAYMENT, ENTER ZERO</p> <p>AMOUNT J\$: <input type="text"/></p> <p>PER: <input type="text"/>  WEEK...3  MONTH...4  YEAR...5</p>	<p><b>16 Do you have to pay property taxes for this dwelling?</b></p> <p>YES...1  NO...2 (&gt; 18)</p>	<p><b>24 What is the source of lighting for this dwelling?</b></p> <p>ELECTRICITY...1  KEROSENE...2 (&gt; 27)  OTHER...3 (&gt; 27)  NONE...4 (&gt; 27)</p>
<p><b>4 What kind of toilet facilities are used by your household?</b></p> <p>W.C. LINKED TO SEWER...1  W.C. NOT LINKED...2  PIT.....3  OTHER.....4  NONE.....5 (&gt; 6)</p>	<p><b>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?</b></p> <p>RELATIVE.....1  PRIVATE EMPLOYER.....2  PUBLIC AGENCY.....3  PRIVATE INDIVIDUAL OR AGENCY.....4  NOBODY HELPS.....5</p>	<p><b>17 How much taxes do you pay for this dwelling?</b></p> <p>AMOUNT J\$: <input type="text"/></p> <p>PER: <input type="text"/>  MONTH...4  YEAR...5</p>	<p><b>25 How much was the latest electric bill for your household?</b></p> <p>AMOUNT J\$: <input type="text"/></p>
<p><b>5 Are the toilet facilities used only by your household or do other households use the same facilities?</b></p> <p>EXCLUSIVE USE...1  SHARED.....2</p>	<p><b>12 Do you make mortgage payments on this dwelling?</b></p> <p>YES...1  NO...2 (&gt; 15)</p>	<p><b>18 What is the main source of drinking water for your household?</b></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><b>26 How many months of consumption were covered by this bill?</b></p> <p>MONTHS: <input type="text"/></p>
<p><b>6 Is the kitchen used only by your household or do other households use the same kitchen?</b></p> <p>EXCLUSIVE USE...1  SHARED.....2  NONE.....3</p>	<p><b>13 How much was your last payment?</b></p> <p>AMOUNT J\$: <input type="text"/></p>	<p><b>19 Have you a group or individual meter?</b></p> <p>GROUP.....1  INDIVIDUAL...2  NO METER...3</p>	<p><b>27 Does this household have a telephone?</b></p> <p>YES...1  NO...2 (&gt; NEXT SECTION)</p>
<p><b>7 Does this household own or lease the dwelling?</b></p> <p>OWNED.....1  LEASED.....2  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><b>20 How much was the latest water bill for your household?</b></p> <p>AMOUNT J\$: <input type="text"/></p>	<p><b>21 How many months were covered by this bill?</b></p> <p>MONTHS : <input type="text"/></p> <p>&gt; 24</p>	<p><b>28 How much was the latest telephone bill for your household?</b></p> <p>AMOUNT J\$: <input type="text"/></p> <p><b>29 How many months of consumption were covered by this bill?</b></p> <p>MONTHS : <input type="text"/></p>

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?  » 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					

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> <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>AMOUNT JS</p>
--	---

X  
 ↓

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

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

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  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?

						Occupation	Code	Industry	Code	MON	TUE	WED	THU	FRI	SAT	SUN	TOT	





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?

DESCRIPTION	CODE	MON	TUE	WED	THU	FRI	SAT	SUN	TOT	AMOUNT (\$)	PER	DESCRIPTION	CODE	MON	TUE	WED	THU	FRI	SAT	SUN	TOT		









