

JAMAICA SURVEY OF LIVING CONDITIONS

1994

POINT OF PURCHASE
MODULEORDER 1 ☐
ORDER 2 ☐
DON'T CANVASS ☐

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

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 ☐

-----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

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| | | | | | | Public Hospital? | Private Hospital? | Public Health/Maternity Centre? | Private Health/Maternity Centre? | Private Doctor's Office? | Private Pharmacy? | Patient's Home? | Other? (SPECIFY) | | |
| Have you had any illness, injury during the past 4 weeks? For example, have you had a cold, diarrhoea, injury due to an accident or any other illness? YES....1 NO....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 | 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 | 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 | YES....1 | YES....1 | YES....1 | YES....1 | YES....1 | YES....1 | YES....1 | | |
| | | | | | | NO....2 | NO....2 | NO....2 | NO....2 | NO....2 | NO....2 | NO....2 | NO....2 | | |
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

| N° | 10 Did you spend a night in a public hospital or other public establishment during the past 4 weeks? | 11 How many nights during the past 4 weeks did you spend in the public hospital? | 12 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 | 13 Did you spend a night in a private hospital or other establishment during the past 4 weeks? | 14 How many nights during the past 4 weeks did you spend in the private hospital? | 15 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 | 16 Did you buy medicines during the past 4 weeks for this illness or injury? | 17 Did you purchase medicines in a | | 18 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 | 19 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 | 20 Are you covered by any health insurance? |
|----|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| | YES....1 NO...2 (-13) | NIGHTS | | YES...1 NO...2 (-16) | NIGHTS | | YES...1 NO...2 (-20) | Public Facility? YES....1 NO.....2 | Private Facility or Pharmacy? YES....1 NO.....2 | | | YES...1 NO....2 |
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PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

| HOSPITALIZATION EXPENSES DURING PAST 12 MONTHS | | | | | | | 28 | 29 | 30 | 31 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|------------------------------------------------------------------------|---------------------------------------------------|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | ASK TO ALL WOMEN 13-49 YEARS | | ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS | |
| Have you been hospitalized during the past 12 months? | How many nights during the past 12 months did you spend in a public hospital or other public health facility? | How much have you paid or will have to pay altogether for this stay in a public hospital or other public health facility? | How much has your insurance company paid or will have to pay for this stay in a public hospital or other public health facility? | How many nights during the past 12 months did you spend in a private hospital or other private health facility? | How much have you paid or will have to pay altogether for this stay in a private hospital or other private health facility? | How much has your insurance company paid or will have to pay for this stay in a private hospital or other private health facility? | Do you have a child under six months? | Are you currently pregnant? | ASK IF YES FOR Q28 OR Q29 Are you attending a public health clinic? | Has this child attended a public health facility? |
| YES...1 NO....2(» 28) | IF ZERO (» 25) NIGHTS | Do not include the cost of medicines or any cost paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS | IF NOTHING SPENT WRITE ZERO AMOUNT JS | IF ZERO (» 28) NIGHTS | Do not include the cost of medicines or any cost paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS | IF NOTHING SPENT WRITE ZERO AMOUNT JS | YES....1 NO.....2 | YES...1 NO....2 | YES....1 NO.....2 | YES.....1 NO.....2 NEXT PERSON |
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PART B : EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 3 YEARS AND OLDER

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

| No. | 13. How much did ...[NAME]'s... family pay in the past 12 months for the following school expenses? | | | | | | | | 14. FOR SECONDARY SCHOOL STUDENTS | | | |
|-----|-----------------------------------------------------------------------------------------------------|------------------|--------------|-------------------------------|-------------|----------|-------------------|-------------------|----------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| | a. School tuition and fees | b. Extra lessons | c. Transport | d. Lunch and snacks at school | e. Uniforms | f. Books | g. Other supplies | h. Room and Board | a. How much is the school fee in the current year? | b. How much was paid or will be paid by government welfare fund? | c. Did you receive any other help in paying school fees? GOVT.....1 PRIVATE.....2 COMPANY.....2 RELATIVE..... OTHER THAN HOUSEHOLD MEMBER.....3 OTHER.....5 NONE.....5 (»NEXT PERSON) | d. How much was received? |
| | (\$) | (\$) | (\$) | (\$) | (\$) | (\$) | (\$) | (\$) | (\$) | (\$) | | (\$) |
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PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

[illegible]

P A R T D : SOCIAL MOBILITY - TO BE ASKED OF ALL HOUSEHOLD MEMBERS AGED 16 YEARS AND OLDER

| INDIVIDUAL N° | 1 Was...[NAME] living with both parents when he/she was about 14 years? | 2 Who was the person mainly responsible for [NAME]. when he /she was about 14 years? | 3 Where was [NAME] living when he/she was about 14 years? | 4 Was this area urban or rural? | 5 What kind of work was the person responsible doing when...[NAME]... was about 14 years? (State previous occupation if unemployed or not in labour force.) | 6 In what business or industry was this job? | 7 What was the employment status of the person responsible for ...[NAME]...? | 8 Did the person responsible for ...[NAME]... engage in farming when ...[NAME]... was about 14 years old? | 9 How much land was in farming then? | 10 Did the person responsible for ...[NAME]... have any formal education? |
|---------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | YES...1 NO....2 | FATHER1 MOTHER2 SISTER3 BROTHER4 MOTHER'S RELATIVE:5 MALE5 FEMALE6 FATHER'S RELATIVE:7 MALE7 FEMALE8 OTHER MALE9 OTHER FEMALE10 INSTITUTIONS...11 NO ONE NOT STATED....13 | PARISH CODES 01 - 14 | URBAN....1 RURAL....2 | RECORD FATHER'S OCCUPATION IF BOTH PARENTS TOGETHER. | OCCUPATION CODE INDUSTRY CODE | Employee in- Central/Local Government.....1 Other Govt. Agency.....2 Private Sector..3 Unpaid Worker...4 Employer.....5 Own Account Worker.....6 Not Reported....7 | YES...1 NO....2(×10) | (ACRES) LESS THAN 5.....1 5 - 25...2 OVER 25..3 DON'T KNOW.....4 NOT STATED...5 | NO FORMAL EDUCATION.....1 PRIMARY.....2 SECONDARY WITHOUT QUALIFICATION....3 SECONDARY WITH CERTIFICATE.....4 TERTIARY.....5 DON'T KNOW.....6 NOT STATED.....7 |
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PART E: DAILY EXPENSES

TIME STARTED PARTS E - H : HRS MINS

AM....1

PM....2

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

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

106

E

PART 1: FOOD EXPENSES

RESPONDENT

(INDIVIDUAL # FROM ROSTER) :

| PURCHASED | | | |
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| 1 | 2 | 3 | 4 |
| During the past 30 days, has this household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS. | Have you bought ... during the past 7 days? YES...1 NO...2 (= 4) | How much did you spend on ... during the past 7 days? AMOUNT JS | How much did you spend on ... during the past 30 days? AMOUNT JS |
| Fresh or frozen beef | YES-> -<NO | 201 | |
| Fresh or frozen pork | YES-> -<NO | 202 | |
| Fresh or frozen mutton | YES-> -<NO | 203 | |
| Offal- heart, kidney, liver, tripe etc. | YES-> -<NO | 204 | |
| Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks) | YES-> -<NO | 205 | |
| Salted, cured or canned meat (eg. pigtail) | YES-> -<NO | 206 | |
| Fresh or frozen fish and shellfish | YES-> -<NO | 207 | |
| Salted codfish | YES-> -<NO | 208 | |
| Canned mackerel, sardines, herring | YES-> -<NO | 209 | |
| Other salted or canned fish and shellfish (e.g. mackerel, red herring) | YES-> -<NO | 210 | |
| Fresh or frozen whole chicken or parts | YES-> -<NO | 211 | |
| Chicken necks and back | YES-> -<NO | 212 | |
| Other poultry, fresh, frozen salted, cured or canned | YES-> -<NO | 213 | |

| HOME PRODUCTION / GIFTS | | | |
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| 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 AMOUNT JS |
| Fresh or frozen beef | YES-> -<NO | 201 | |
| Fresh or frozen pork | YES-> -<NO | 202 | |
| Fresh or frozen mutton | YES-> -<NO | 203 | |
| Offal- heart, kidney, liver, tripe etc. | YES-> -<NO | 204 | |
| Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks) | YES-> -<NO | 205 | |
| Salted, cured or canned meat (eg. pigtail) | YES-> -<NO | 206 | |
| Fresh or frozen fish and shellfish | YES-> -<NO | 207 | |
| Salted codfish | YES-> -<NO | 208 | |
| Canned mackerel, sardines, herring | YES-> -<NO | 209 | |
| Other salted or canned fish and shellfish (e.g. mackerel, red herring etc.) | YES-> -<NO | 210 | |
| Fresh or frozen whole chicken or parts | YES-> -<NO | 211 | |
| Chicken necks and backs | YES-> -<NO | 212 | |
| Other poultry, fresh, frozen salted, cured or canned | YES-> -<NO | 213 | |

PART F: FOOD EXPENSES

| PURCHASED | | | |
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| 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 | 214 | |
| Condensed milk | YES-> -<NO | 215 | |
| Evaporated milk | YES-> -<NO | 216 | |
| Powdered milk (D.S.M) | YES-> -<NO | 217 | |
| Butter or margarine (chiffon) | YES-> -<NO | 218 | |
| Cheese | YES-> -<NO | 219 | |
| Eggs | YES-> -<NO | 220 | |
| Other dairy products (yogurt, ice cream, ...) | YES-> -<NO | 221 | |
| Oils and fats (vegetable oil, coconut oil, lard...) | YES-> -<NO | 222 | |
| Bread | YES-> -<NO | 223 | |
| Crackers and Unsweetened biscuits | YES-> -<NO | 224 | |
| Other baked products - (sweetened biscuits, cakes buns, bialles etc.) | YES-> -<NO | 225 | |
| Banmy/Cassava Bread | YES-> -<NO | 226 | |
| Flour | YES-> -<NO | 227 | |

| HOME PRODUCTION / GIFTS | | | |
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| 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 | 214 | |
| Condensed milk | YES-> -<NO | 215 | |
| Evaporated milk | YES-> -<NO | 216 | |
| Powdered milk (D.S.M) | YES-> -<NO | 217 | |
| Butter or margarine (chiffon) | YES-> -<NO | 218 | |
| Cheese | YES-> -<NO | 219 | |
| Eggs | YES-> -<NO | 220 | |
| Other dairy products (yogurt, ice cream, ...) | YES-> -<NO | 221 | |
| Oils and fats (vegetable oil, coconut oil, lard...) | YES-> -<NO | 222 | |
| Bread | YES-> -<NO | 223 | |
| Crackers and Unsweetened biscuits | YES-> -<NO | 224 | |
| Other baked products - (sweetened biscuits, cakes buns, bialles etc.) | YES-> -<NO | 225 | |
| Banmy/Cassava Bread | YES-> -<NO | 226 | |
| Flour | YES-> -<NO | 227 | |

PART F: FOOD EXPENSES

| PURCHASED | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| 1 | 2 | 3 | 4 |
| During the past 30 days, has this household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS. | Have you bought ... during the past 7 days? YES..1 NO...2 (= 4) | How much did you spend on ... during the past 7 days? AMOUNT JS | How much did you spend on ... during the past 30 days? AMOUNT JS |
| Rice | YES-> -<NO | 228 | |
| Corrment | YES-> -<NO | 229 | |
| Dried peas and beans | YES-> -<NO | 230 | |
| Breakfast cereals (cornflakes, oats, Hominy corn, ...) | YES-> -<NO | 231 | |
| Yams (white, yellow, negro, St. Vincent, Lucas, ...) | YES-> -<NO | 232 | |
| Irish potatoes | YES-> -<NO | 233 | |
| Other roots and tubers (cassava, coco, dasheen, sweet potatoes...) | YES-> -<NO | 234 | |
| Other starchy fruits (plantains, green banana, bread fruit, ...) | YES-> -<NO | 235 | |
| Fresh vegetables (tomatos, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string beans) | YES-> -<NO | 236 | |
| Frozen, canned and dried vegetables | YES-> -<NO | 237 | |
| Ackee | YES-> -<NO | 238 | |
| Fruit and vegetable juices (fresh or frozen) | YES-> -<NO | 239 | |
| Fresh fruit (oranges, lime apples, bananas, melons, pineapples, avocado pears) | YES-> -<NO | 240 | |
| Canned and dried fruits | YES-> -<NO | 241 | |

| 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 AMOUNT JS |
| Rice | YES-> -<NO | 228 | |
| Corrment | YES-> -<NO | 229 | |
| Dried peas and beans | YES-> -<NO | 230 | |
| Breakfast cereals (cornflakes, oats, Hominy corn, ...) | YES-> -<NO | 231 | |
| Yams (white, yellow, negro, St. Vincent, Lucas, ...) | YES-> -<NO | 232 | |
| Irish potatoes | YES-> -<NO | 233 | |
| Other roots and tubers (cassava, coco, dasheen, sweet potatoes...) | YES-> -<NO | 234 | |
| Other starchy fruits (plantains, green banana, bread fruit, ...) | YES-> -<NO | 235 | |
| Fresh vegetables (tomatos, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string beans) | YES-> -<NO | 236 | |
| Frozen, canned and dried vegetables | YES-> -<NO | 237 | |
| Ackee | YES-> -<NO | 238 | |
| Fruit and vegetable juices (fresh or frozen) | YES-> -<NO | 239 | |
| Fresh fruit (oranges, lime apples, bananas, melons, pineapples, avocado pears) | YES-> -<NO | 240 | |
| Canned and dried fruits | YES-> -<NO | 241 | |

PART F: FOOD EXPENSES

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

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

PART 6: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

| 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 |
| Personal care supplies (soaps, toothpaste/brushes and shaving cream, razors and blades) | YES-> -<NO | 301 | | | |
| Cosmetics (lotions, deodorants, ...) | YES-> -<NO | 302 | | | |
| Hair and body care (lotions, dyes, etc) | YES-> -<NO | 303 | | | |
| Laundry supplies (soap bars/powder, bleach, starch, clothes pins, ...) | YES-> -<NO | 304 | | | |
| Polishes, waxes, air freshener, insect sprays | YES-> -<NO | 305 | | | |
| Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...) | YES-> -<NO | 306 | | | |
| Toilet supplies (toilet paper, cleanser, ...) | YES-> -<NO | 307 | | | |
| Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...) | YES-> -<NO | 308 | | | |
| Home help services (cook, nurse maid, household help, gardener, ...) | YES-> -<NO | 309 | | | |
| Laundry and dry cleaning services | YES-> -<NO | 310 | | | |
| Rental of equipment (radio, television, ...) | YES-> -<NO | 311 | | | |

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

PART G: CONSUMPTION EXPENDITURES (END)

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

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

*** Items 339 - 342 should relate to those vehicles which are exclusively used for household purposes.

PART H: 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> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

| | | | | | |
|------------------------------------------------------------------------|-------|-----|--|--|--|
| Life & General Insurance | YES-> | 401 | | | |
| | <-NO | | | | |
| Horse racing | YES-> | 402 | | | |
| | <-NO | | | | |
| Other gambling expenses | YES-> | 403 | | | |
| | <-NO | | | | |
| Weddings, funerals | YES-> | 404 | | | |
| | <-NO | | | | |
| Donations and gifts (church or union dues, gifts, charities, ...) | YES-> | 405 | | | |
| | <-NO | | | | |
| Repayment of loans, interest payments | YES-> | 406 | | | |
| | <-NO | | | | |
| Support for children who live elsewhere | YES-> | 407 | | | |
| | <-NO | | | | |
| Other maintenance of relatives outside the home | YES-> | 408 | | | |
| | <-NO | | | | |
| Other non-consumption expenditures (legal services, anything else, ..) | YES-> | 409 | | | |
| | <-NO | | | | |

H

TIME COMPLETED PARTS E - H : HRS MINS

AM.....1

PM.....2

PART 1 : FOOD STAMPS

1. Is anyone in this household receiving food stamps?

YES.....[1] (» 4)

NO.....[2]

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

YES.....[1] (» 10)

NO.....[2]

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

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

» NEXT SECTION

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

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

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PART J: HOUSING AND RELATED EXPENSES

1 TYPE OF DWELLING

SEPARATE HOUSE
DETACHED.....1
SEMI-DETACHED HOUSE...2
PART OF A HOUSE.....3
APARTMENT BUILDING...4
TOWN-HOUSE.....5
IMPROVISED HOUSING.....6
UNIT OF COMMERCIAL...7
BUILDING.....8
OTHER.....9
(SPECIFY.....)

2 MAIN MATERIAL OF OUTER WALLS

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

3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms)?

NO. OF ROOMS: []

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

W.C. LINKED TO SEWER...1
PIT, NOT LINKED.....2
OTHER.....3
NONE.....4 (> 6)

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

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

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

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

7 Does this household own or lease this dwelling?

OWNED.....1
LEASED.....2 (> 2)
PRIVATE RENTED.....3 (> 6)
GOVERNMENT RENTED...4 (> 18)
RENT FREE.....5 (> 18)
SQUATTED.....6 (> 18)

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

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

GO TO 12

9 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?

RELATIVE.....1
PRIVATE EMPLOYER.....2
PUBLIC AGENCY.....3
PRIVATE INDIVIDUAL.....4
OR AGENCY.....5

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

IF NO MONEY PAYMENT, ENTER ZERO

AMOUNT JS: []

PER:

WEEK...3
MONTH...2
YEAR...5

11 Does somebody who is not a member of the household help to pay the rent for this dwelling? For example, a relative, a public agency (GIVE EXAMPLES), or a private individual or agency?

RELATIVE.....1
PRIVATE EMPLOYER.....2
PUBLIC AGENCY.....3
PRIVATE INDIVIDUAL.....4
OR AGENCY.....5
NOBODY HELPS.....6

> 18

12 Do you make mortgage payments on this dwelling?

YES...1
NO....2 (> 15)

13 How much was your last payment?

AMOUNT JS: []

14 How often do you make these payments?

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

15 How much could you rent your dwelling for?

AMOUNT JS: []

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

YES...1
NO....2 (> 18)

17 How much taxes do you pay for this dwelling?

AMOUNT JS: []

PER:

MONTH...4
YEAR...5

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

INDOOR TAP/PIPE...1
OUTSIDE PRIVATE...2
PIPE/TAP...3
PUBLIC STANDPIPE...4 (> 22)
WELL...5 (> 22)
RIVER/LAKE...6 (> 22)
SPRING/POND...7 (> 22)
RAINWATER (TANK)...8 (> 22)
OTHER (SPECIFY).....9 (> 22)

19 Have you a group or individual meter?

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

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

AMOUNT JS: []

21 How many months were covered by this bill?

MONTHS : []

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

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

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

DISTANCE -----> []

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

24 What is the source of lighting for this dwelling?

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

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

AMOUNT JS: []

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

MONTHS: []

27 Does this household have a telephone?

YES....1

NO.....2 (> NEXT SECTION)

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

AMOUNT JS: []

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

MONTHS : []

PART K: INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

FOR EACH ITEM IN THE LIST BELOW,
ASK THE FOLLOWING QUESTION:

Do the members of your household have any
..[NAME OF GOOD]..?
DO NOT INCLUDE RENTED ITEMS

PUT A CROSS IN THE APPROPRIATE BOX FOR EACH
ITEM. GO TO THE NEXT ITEM FOR ALL ITEMS
FOR WHICH THE ANSWER IS YES, ASK QUESTION 1.

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

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

TIME STARTED PART L : HRS MINS

AM....1
PM....2

TIME COMPLETED PART L : HRS MINS

AM....1
PM....2

| 1 Please describe all the ..[] owned by members of your household: I WRITE THE ITEM AND DESCRIPTION (MAKE, COLOR, ETC.) T FOR EACH OF THE GOODS. COPY THE CODE AND E THEN GO TO THE NEXT ITEM IN THE LIST FOR WHICH THE M ANSWER WAS YES. ASK QUESTION 1 FOR ALL GOODS BEFORE GOING TO 2-4. | | | 2 In what year did you acquire this ...[]? | 3 How much did you pay for this ...[]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ...[]...when you acquired it? | 4 If you wanted to sell this ..[] today, how much would you receive? » NEXT ITEM |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| ITEM | DESCRIPTION | CODE | YEAR | AMOUNT J\$ | AMOUNT J\$ |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
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| 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> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 10px;">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 JS</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-------------------------------------------------------|------------------------------------------|-----|
| Support for children from parents who live elsewhere? | YES- <input checked="" type="checkbox"/> | 701 |
| | ←NO | |

| | | |
|-------------------------------------------------|------------------------------------------|-----|
| Other relatives or friends who live in Jamaica? | YES- <input checked="" type="checkbox"/> | 702 |
| | ←NO | |

| | | |
|--------------------------------------------|------------------------------------------|-----|
| Other relative or friends who live abroad? | YES- <input checked="" type="checkbox"/> | 703 |
| | ←NO | |

| | | |
|-------------------------------------------------------------------------------|------------------------------------------|-----|
| Rental payments for use of land or other property owned by household members? | YES- <input checked="" type="checkbox"/> | 704 |
| | ←NO | |

| | | |
|-------------------------|------------------------------------------|-----|
| Social Security (NIS) ? | YES- <input checked="" type="checkbox"/> | 705 |
| | ←NO | |

| | | |
|--------------------------------------------|------------------------------------------|-----|
| Private, Government or other pension fund? | YES- <input checked="" type="checkbox"/> | 706 |
| | ←NO | |

| | | |
|--------------|------------------------------------------|-----|
| Poor relief? | YES- <input checked="" type="checkbox"/> | 707 |
| | ←NO | |

| | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|
| Interest from loans made by household members or from money deposited in a bank or other financial institutions? | YES- <input checked="" type="checkbox"/> | 708 |
| | ←NO | |

PART M: CONSUMPTION EXPENDITURE (PURCHASED) BY POINT OF PURCHASE

TIME STARTED PART M : HRS MINS

AM.....1
PM.....2

| Has any member of the household incurred any expenditure at any of the following shops during the last 30 days? | YES-1 NO-2 | If yes, amount spent during | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|----------------------|
| | | Last 7 Days | Last 30 Days |
| | | J\$ | J\$ |
| Block M1 | | | |
| 1.Meals, snacks, & beverages taken away from home at restaurants, snack parlours, bars, etc (including gifts) | <input type="checkbox"/> | 101 | <input type="text"/> |
| 2.Food, beverages and tobacco shops: | | | |
| (i) Supermarkets, wholesale markets, self service establishments selling food & household goods | | | |
| Total bill | <input type="checkbox"/> | 102 | <input type="text"/> |
| Out of which non-food items | <input type="checkbox"/> | 103 | <input type="text"/> |
| (ii) Green groceries and other agricultural produce shops | | | |
| Total bill | <input type="checkbox"/> | 104 | <input type="text"/> |
| Out of which non-food items | <input type="checkbox"/> | 105 | <input type="text"/> |
| (iii) Meat shops/vendors (including meat,poultry and fish) | <input type="checkbox"/> | 106 | <input type="text"/> |
| (iv) Liquor & beverages shops | | | |
| Total bill | <input type="checkbox"/> | 107 | <input type="text"/> |
| Out of which non-food items | <input type="checkbox"/> | 108 | <input type="text"/> |
| (v) Bakeries | <input type="checkbox"/> | 109 | <input type="text"/> |

| | YES-1 NO-2 | If yes, amount spent during | |
|----------------------------------------------------------------------------------------|--------------------------|-----------------------------|----------------------|
| | | Last 7 Days | Last 30 Days |
| | | J\$ | J\$ |
| (vi) Markets/street vendors in food, beverages and tobacco | | | |
| Total bill | <input type="checkbox"/> | 110 | <input type="text"/> |
| Out of which non-food items | <input type="checkbox"/> | 111 | <input type="text"/> |
| (vii) Vegetables & fruit shops | <input type="checkbox"/> | 112 | <input type="text"/> |
| (viii) Other retail stores dealing in food, beverages & tobacco and household supplies | | | |
| Total bill | <input type="checkbox"/> | 113 | <input type="text"/> |
| Out of which Non-Food items | <input type="checkbox"/> | 114 | <input type="text"/> |
| 3.Wood & charcoal vendors | <input type="checkbox"/> | 115 | <input type="text"/> |
| 4.Petrol/gasolene retailers | <input type="checkbox"/> | 116 | <input type="text"/> |
| 5.Kerosene dealers | <input type="checkbox"/> | 117 | <input type="text"/> |

PART M: CONSUMPTION EXPENDITURE (PURCHASED) BY POINT OF PURCHASE

| | | |
|---------------------------------------------------|--------------------------------|---------------------------|
| BLOCK M2 (COOKING GAS) | | CODE 201 |
| Are you using LPG gas ? | YES-1 <input type="checkbox"/> | |
| | NO-2 <input type="checkbox"/> | |
| If yes, how much did you spend on last cylinder ? | \$ | <input type="text"/> |
| Date Purchased dd/mm/yy | | / / |
| Total number of days a cylinder usually lasts ? | | Days <input type="text"/> |

| Has any member of the household incurred any expenditure at any of the following shops during the last 12 months ? | YES-1 NO-2 | | If yes, how much did you spend during the | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|-----|-------------------------------------------|----------------------|
| | | | Last 30 Days JS | Last 12 Months JS |
| Block M3 | | | | |
| 1. Textiles, apparel & footwear shops : (i) textile & apparel shops | <input type="checkbox"/> | 301 | <input type="text"/> | <input type="text"/> |
| (ii) Footwear Stores | <input type="checkbox"/> | 302 | <input type="text"/> | <input type="text"/> |
| 2. Retail stores dealing in jewellery, watches | <input type="checkbox"/> | 303 | <input type="text"/> | <input type="text"/> |
| 3. General purpose stores (like Woolworth, Times Stores, etc) | <input type="checkbox"/> | 304 | <input type="text"/> | <input type="text"/> |
| 4. Pharmacies / drug stores | <input type="checkbox"/> | 305 | <input type="text"/> | <input type="text"/> |
| 5. Dry goods stores | <input type="checkbox"/> | 306 | <input type="text"/> | <input type="text"/> |
| 6. Household furnishings and fittings (carpets drapes, etc) | <input type="checkbox"/> | 307 | <input type="text"/> | <input type="text"/> |
| 7. Furniture shops/ cabinet makers | <input type="checkbox"/> | 308 | <input type="text"/> | <input type="text"/> |
| 8. Household appliance shops (Electrical & non-electrical) | <input type="checkbox"/> | 309 | <input type="text"/> | <input type="text"/> |
| 9. Retailers in electronics, radios, TV, musical and photographic equipment | <input type="checkbox"/> | 310 | <input type="text"/> | <input type="text"/> |
| 10. Flower/ garden shops | <input type="checkbox"/> | 311 | <input type="text"/> | <input type="text"/> |
| 10. Pet shops | <input type="checkbox"/> | 312 | <input type="text"/> | <input type="text"/> |

| Has and member of the household incurred any expenditure at any of the following shops during the last 12 months ? | YES-1 NO-2 | | If yes, how much did you spend during the | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|-----|-------------------------------------------|----------------------|
| | | | Last 30 Days JS | Last 12 Months JS |
| 11. Curio/ antique vendors | <input type="checkbox"/> | 313 | <input type="text"/> | <input type="text"/> |
| 12. Market/ arcade vendors | <input type="checkbox"/> | 314 | <input type="text"/> | <input type="text"/> |
| 13. Flea markets | <input type="checkbox"/> | 315 | <input type="text"/> | <input type="text"/> |
| 14. Textbooks* | <input type="checkbox"/> | 316 | <input type="text"/> | <input type="text"/> |
| 15. Newspaper vendors* | <input type="checkbox"/> | 317 | <input type="text"/> | <input type="text"/> |
| 16. Book & stationery shops | <input type="checkbox"/> | 318 | <input type="text"/> | <input type="text"/> |
| 17. Sports goods shops | <input type="checkbox"/> | 319 | <input type="text"/> | <input type="text"/> |
| 18. Other shops | <input type="checkbox"/> | 320 | <input type="text"/> | <input type="text"/> |

* Excluding those purchased in book & stationery shops

PART M: CONSUMPTION EXPENDITURE (PURCHASED) BY POINT OF PURCHASE

| Has the household paid any of the following during the last 12 months | YES-1 NO-2 | If yes, amount spent during | |
|--------------------------------------------------------------------------------|--------------------------|-----------------------------|----------------------|
| | | Last 30 days | Last 12 months |
| | | J\$ | J\$ |
| BLOCK M4 | | | |
| 1. Garbage disposal charges | <input type="checkbox"/> | 401 | <input type="text"/> |
| 2. Motor car registration, licence fees etc. (used for household purpose only) | <input type="checkbox"/> | 402 | <input type="text"/> |
| 3. Motor car insurance | <input type="checkbox"/> | 403 | <input type="text"/> |
| 4. Health insurance | <input type="checkbox"/> | 404 | <input type="text"/> |
| 5. Any other taxes, rates and charges relating to household consumption | <input type="checkbox"/> | 405 | <input type="text"/> |
| 6. School fees (including examination fees and private tuition) | <input type="checkbox"/> | 406 | <input type="text"/> |
| 7. Laundry services | <input type="checkbox"/> | 407 | <input type="text"/> |
| 8. Barbers, hairdressers and beauty parlour services | <input type="checkbox"/> | 408 | <input type="text"/> |
| 9. Dressmaking and tailoring services | <input type="checkbox"/> | 409 | <input type="text"/> |

| Has the household or any member paid for following during the last 12 months | YES- 1 NO- 2 | If yes, amount spent during | |
|-----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|----------------------|
| | | Last 30 days | Last 12 months |
| | | J\$ | J\$ |
| BLOCK M4 | | | |
| 10. Photographic services | <input type="checkbox"/> | 410 | <input type="text"/> |
| 11. Home help, gardeners, handyman etc. | <input type="checkbox"/> | 411 | <input type="text"/> |
| 12. Repair services (footwear, electrical and other appliances, motor vehicles, watches and clocks, etc.) | <input type="checkbox"/> | 412 | <input type="text"/> |
| 13. Miscellaneous services (recreational, personal services etc.) | <input type="checkbox"/> | 413 | <input type="text"/> |
| 14. Daycare centres | <input type="checkbox"/> | 414 | <input type="text"/> |
| 15. House painting or repairs | <input type="checkbox"/> | 415 | <input type="text"/> |
| 16. Doctor/dentist fee | <input type="checkbox"/> | 416 | <input type="text"/> |
| 17. Other medical expenses (including hospitalisation expenses) | <input type="checkbox"/> | 417 | <input type="text"/> |
| 18. Bus/taxi fares | <input type="checkbox"/> | 418 | <input type="text"/> |

Time completed part M: Hrs Mins

AM.....1

PM.....2

PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS

- Who is the principal earner for the household?
(Give Individual Number in the Roster)
- What is his/her occupation? Describe...
- What is the industry in which he/she is working? Describe...
- What is his/her employment status?

IN THE HOUSEHOLD:

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

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

In addition to the household members, did any persons take meals from this household regularly during the past 7 days?
YES.....1
NO.....2

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

Breakfasts _____
Lunches _____
Dinners _____

HOUSEHOLD MEMBER?

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

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

HOUSEHOLD ROSTER FOR ROUND 8

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

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

INDIVIDUAL
N°

| | NAME | AGE | SEX MALE.....1 FEMALE.....2 | RELATIONSHIP AND CODES FROM LABOUR FORCE SURVEY RELATION CODE | HOUSEHOLD MEMBER? | DURING PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD? | 1 | 2 | 3 | 4 | 5 | 6 |
|----|------|-----|-----------------------------------|------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------|---|---|---|---|---|---|
| 1 | | | | : | | | | | | | | |
| 2 | | | | : | | | | | | | | |
| 3 | | | | : | | | | | | | | |
| 4 | | | | : | | | | | | | | |
| 5 | | | | : | | | | | | | | |
| 6 | | | | : | | | | | | | | |
| 7 | | | | : | | | | | | | | |
| 8 | | | | : | | | | | | | | |
| 9 | | | | : | | | | | | | | |
| 10 | | | | : | | | | | | | | |
| 11 | | | | : | | | | | | | | |
| 12 | | | | : | | | | | | | | |