

THE STATISTICAL INSTITUTE OF JAMAICA

SERIAL N° (SLC 97)

JAMAICA SURVEY OF LIVING CONDITIONS

1998

SERIAL N°

DATE OF THE INTERVIEW
DAY MONTH YEAR

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

AREA

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

-----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: _____

P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER

INDIVIDUAL N°	1	2	3	4	5	6	7	8	9					
	Have you witnessed or participated in a violent act during the past 4 weeks? YES, WITNESSED...1 YES, PARTICIPATED.2 NO.....3	Have you had any injury during the past 4 weeks? For example due to an accident at your workplace, gunshot, stabbing, accidental fall or other injury? YES, DUE TO MOTOR VEHICLE ACCIDENT...1 YES, ACCIDENT AT WORKPLACE.....2 YES, WAS SHOT.....3 YES, WAS STABBED...4 YES, OTHER ACCIDENT.5 YES, OTHER.....6 NONE.....7	Have you had any illness, other than that due to injury during the past 4 weeks? For example, have you had a cold, diarrhea, or any other illness? YES....1 NO.....2 (≥26 if Q2=7)	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 (≥ 19)	How many visits did you make in the past 4 weeks to health practitioners? NUMBER OF VISITS	Where did the visit(s) take place? In a...					
									Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health or Maternity Centre/Doctor's Office?	Alternate Private Practitioners e.g. Chiropractors Masseurs?	Other? (SPECIFY)
									YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2
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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	21	22
	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 J\$	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 J\$	How much did you have to pay at alternate private practitioners 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 J\$	Did you spend a night in a public hospital or other establishment during the past 4 weeks? YES....1 NO.....2 (► 16)	How many nights during the past 4 weeks did you spend in the public hospital? NIGHTS	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 J\$	Did you spend a night in a private hospital or other establishment during the past 4 weeks? YES...1 NO....2 (► 19)	How many nights during the past 4 weeks did you spend in the private hospital? NIGHTS	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 J\$	Did you buy medicines during the past 4 weeks for this illness or injury? YES...1 NO....2 (► 26)	Were these medicines.... PRESCRIBED...1 OVER THE COUNTER.....2 BOTH.....3	Did you finish taking the medication YES.....1 (► 23) NO.....2	Why were you unable to complete the course of treatment? SUPPLIES NOT AVAILABLE.....1 COULD NOT AFFORD MEDICATION.....2 GOT BETTER BEFORE IT WAS FINISHED.....3 OTHER (SPECIFY).....4
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P A R T 3 - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

I N D I V I D U A L N°	23 Did you purchase medicines in a.....		24 How much have you spent for medicines at public sources eg. public hospital health centre, during the past 4 weeks? Do not include costs paid for by insurance?	25 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?	26 Are you covered by any health insurance?	27 ASK ALL WOMEN 13-49 YEARS		28	29	30	31
	Public Facility?	Private Facility or Pharmacy?				Do you have a child under six months?	Do you have a child under one year?	Are you currently pregnant?	ASK IF YES FOR Q27 OR Q29 Are you attending a public health clinic?	ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS Has this child attended a public health facility ?	
	YES.....1 NO.....2	YES.....1 NO.....2	IF NOTHING SPENT WRITE ZERO	IF NOTHING SPENT WRITE ZERO	YES.....1 NO.....2	YES.....1 NO.....2	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 3YRS AND OLDER

I N D I V I D U A L N°	1 What type of school is ..[NAME].. attending this academic year ?	2 Is this school public or private?	3 What grade is[NAME]... in at school this year ?	4 How far is ..[NAME]'S... school from this house?		5 How does ..[NAME]... usually get to school?	6 For those days that school was in session during the 4 week period April 20- May 15 how many days was ..[NAME].. not sent to school?	7 What was the main reason for ..[NAME]'s... absence from school?				8 Is ..[NAME]... usually sent to school on a Friday?	9 What is main reason for ...[NAME]'s... absence on this day?	10 Does ..[NAME]'s... school operate a school feeding programme?
	BASIC/INFANT/NURSERY/ KINDERGARTEN1 (➤ NEXT PERSON) PRIMARY.....2 ALL AGE SCHOOL (GRADES 1-6).....3 ALL AGE SCHOOL (GRADES 7-9).....4 PRIMARY/JUNIOR HIGH(GRADES 1-6).....5 PRIMARY/JUNIOR HIGH(GRADES 7-9).....6 JUNIOR HIGH (GRADES 7-9).....7 NEW SECONDARY.....8 COMPREHENSIVE.....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCAT/AGRIC.....12➤ NEXT UNIVERSITY.....13➤ P OTHER TERTIARY(PUBLIC).....14➤ E OTHER TERTIARY(PRIVATE).....15➤ R ADULT LITERACY CLASSES.....16➤ S ADULT EDUCATION/NIGHT.....17➤ O SPECIAL SCHOOL.....18➤ N NONE.....15 (➤ 13)	PUBLIC..1 PRIVATE.2	PRIMARY..(1-6) GRADE 7 GRADE 8 GRADE 9 GRADE 10 GRADE 11 GRADE 12 GRADE 13	MILES YARDS	PUBLIC TRANSPORT..1 WALK.....2 PRIVATE VEHICLE...3 SCHOOL BUS.....4 OTHER (SPECIFY).5		IF SENT ON ALL DAYS ➤ 8 DAYS	ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEMS DUE TO POOR ROADS.....6 OTHER TRANSPORT PROBLEMS.....7 SCHOOL CLOSED.....8 SHOES/UNIFORM MISSING/DIRTY/WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND..12 OTHER (SPECIFY).....13 IF MORE THAN 1 REASON LIST IN ORDER OF IMPORTANCE FIRST SECOND R N R N				YES..1 (➤ 10) NO...2	TRUANCY.....1 WORKING OUTSIDE THE HOME.....2 NEEDED AT HOME.....3 MARKET DAY.....4 SHOES/UNIFORM MISSING/DIRTY/WET.5 MONEY PROBLEMS....6 OTHER (SPECIFY)...7	YES,MILK AND/OR NUTRIBUN...1 YES, COOKED MEAL.....2 YES, BOTH.....3 NO.....4 (➤ 12) DON'T KNOW.....5 (➤ 12)
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R - REASON N - # OF TIMES

PART B: EDUCATION (CONCLUDED)

INDIVIDUAL No	11. Does ..[NAME].. usually take the meal provided by the school? YES....1 (> 15) NO.....2	12. What does ..[NAME].. usually have for lunch? SNACK/MEAL FROM SCHOOL CANTEN/ VENDORS....1 SNACK/MEAL FROM HOME.....2 OTHER.....3 NOTHING....4 15	13. What type of school did ..[NAME].. last attend? BASIC/ INFANT....1 PRIMARY....2 SECONDARY...3 TERTIARY...4 NONE.....5	14. How many years did ..[NAME].. complete at that school? NEXT PERSON YEARS	SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)							16. FOR SECONDARY SCHOOL STUDENTS [EXCLUDING ALL AGE SCHOOLS]			
					15. How much did ..[NAME]'s.. family pay in the past 12 months for the following school expenses?							16. FOR SECONDARY SCHOOL STUDENTS [EXCLUDING ALL AGE SCHOOLS]			
					a. Extra lessons (outside school)	b. Transport	c. Lunch and snacks at school	d. Uniforms	e. Books	f. Other supplies	g. Board	a. How much is ..[NAME]' school fee for the year, and does this include books? YES....1 NO.....2	b. What portion of the school fee did [NAME]'s. family pay or is committed to pay? ALL....1 (>NEXT PERSON) PART...2 NONE...3	c. Who paid or will pay the other portion of the school fee? MINISTRY.....1 MP2 (> NEXT PERSON) MINISTRY & MP..3 MINISTRY & OTHER.....4 MP & OTHER.....5 (> NEXT PERSON) MINISTRY, MP & OTHER.....6 OTHER (SPECIFY).....7 (> NEXT PERSON)	d. How much did the Ministry contribute towards the payment of the school fee? (\$)
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P A R T C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

INDIVIDUAL N°	1 When was...[NAME]...born?			2 What was the weight of...[NAME]...at birth?		3 AGE		4 IS THE DATE OF BIRTH IN Q1. BASED ON BIRTH CERTIFICATE.....1 IMMUNIZATION CARD.....2 PARENTAL INFORMATION.....3 OTHER RELATIVE/GUARDIAN...4		5 WAS THIS CHILD MEASURED? YES.....1 (→ 7) NO.....2		6 REASON CHILD NOT MEASURED AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 ILLNESS.....2 DEFORMITY...3 OTHER (SPECIFY)...4 → 10		7 WEIGHT KILOGRAMS		8 LENGTH CENTI-METERS		9 Was the child measured lying down or standing? LYING DOWN...1 STANDING...2		10 Was the birth of this child registered? YES...1 NO....2		11 In the past two weeks, has the child had running belly (diarrhea) ie. three or more loose stools per day YES...1 NO....2		RECORD IMMUNIZATION STATUS OF THE CHILD				16 For Q12 - Q15, was Immun. card seen?	
	DAY	MONTH	YEAR	LBS	OZS	YEARS	MONTHS																						
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PART D: FOOD STAMPS - TO BE ASKED OF EACH HOUSEHOLD MEMBER

ALL MEMBERS		RECEIVING FOOD STAMPS									
N°	1 Which of the following Food Stamp situations applies to you? RECEIVING FOOD STAMPS.....1 RECEIVED FOOD STAMPS EARLIER BUT NOT NOW RECEIVING.....2 (➤NEXT PERSON) APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING3 (➤15) APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING.....4 (➤18) NEVER APPLIED.....5 (➤19)	2 Category? ASK TO SEE CARD PREGNANT WOMAN.....1 LACTATING MOTHER.....2 CHILD UNDER 6..3 ELDERLY POOR, INDIGENT AND HANDICAPPED....4 SINGLE MEMBER HOUSEHOLD.....5 FAMILY PLAN....6 KEROSENE PLAN..7	3 Do you usually send someone to pick-up your food stamps? YES...1 (➤ 9) NO....2	4 How far is the pay station from your house?		5 On average how long does it take to get from your home to the pay station?		6 How do you normally get to the pay station? PUBLIC TRANSPORTATION.1 WALK.....2 (➤ 8) "BEG A RIDE"...3 (➤ 8) OWN VEHICLE....4 (➤ 8)	7 If public transportation, how much do you pay to get to and from the pay station? \$	8 On average how long does it take from the time of arrival at the pay station for you to get your food stamps?	
				MILES	YARDS	HOURS	MINS.			HOURS	MINS.
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PART D: FOOD STAMPS (CONTINUED)

RECEIVING FOOD STAMPS - CONTINUED														
I N D I V I D U A L N°	9 Do you buy ...[ITEM]... wih the food stamps? YES.....1 NO.....2									10 If you did not have to pick up food stamps what would you be doing? "BE AT WORK".....1 HOUSEHOLD WORK (KITCHEN, GARDEN, REPAIRS AND WORK AROUND THE HOUSE....2 ATTENDING TO CHILDREN/FAMILY.....3 LEISURE4 OTHER (SPECIFY).....5 <div>ASK IF ANSWER TO QUESTION 3. IS 2</div>	11 What is the value of food stamps received last March or April? IF DID NOT RECEIVE WRITE ZERO	12 IF ANSWER TO QUESTION 11 IS ZERO. Why didn't you receive food stamps last March or April? NO LONGER ELIGIBLE...1 DID NOT GO TO PAY STATION.....2 NO ONE AT PAY STATION.....3 WENT, BUT COULD NOT WAIT.....4 WENT, BUT FORGOT ID...5 DID NOT RECEIVE ENTITLEMENT BY MAIL..6 WENT, BUT TOLD NOT ON LIST.....7 OTHER (SPECIFY).....8	13 Have you had any problems picking up food stamps? YES....1 NO.....2 (NEXT PERSON)	14 What was the main problem? OFFICER LATE/ DID NOT COME.....1 OFFICER RUDE/ UNPLEASANT.....2 PAY STATION HAS INADEQUATE ACCOMODATION.....3 PAY STATION CROWD DISORDERLY.....4 PAY STATION FAR AWAY, TRANSPORTATION DIFFICULTIES.....5 LONG LINE6 NOT BEING RECEIVED IN THE MAIL.....7 OTHER.....8
	Cornmeal	Sugar	Rice	Flour	Milk	Meats	Kerosene	Other Food Item	Other Non-Food Item (Specify)					
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PART D: FOOD STAMPS (CONTINUED)

APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING		APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING		NEVER APPLIED	
15 How long ago was the application made?	16 What happened to the application?	17 Why didn't you get food stamps last March or April?	18 What is the reason why you have never received food stamps?	19 Why have you never applied for food stamps?	
INDIVIDUAL	APPROVED.....1 PUT ON 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.....4 DON'T KNOW/ NOT INFORMED.....5	APPROVED, BUT NEVER CHECKED BACK.....1 PUT ON FILE.....2 TURNED DOWN, NOT ELIGIBLE.....3 DID NOT RECEIVE IN MAIL.....4 DON'T KNOW/ NOT INFORMED.....5	DOES NOT SEE SELF AS ELIGIBLE.....1 BENEFITS TOO SMALL, CAN'T BE BOTHERED.....2 DOES NOT WANT STIGMA...3 IGNORANCE/DON'T KNOW HOW TO OBTAIN.....4 OTHER5	
N°	MONTHS	» NEXT PERSON	» NEXT PERSON	» NEXT PERSON	
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PART E: DAILY EXPENSES

<p>1</p> <p>During the past 7 days, has this household spent money on any of the following items?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p> <div style="text-align: center;">↓</div>	<p>2</p> <p>How much have you spent for ...[]... during the past 7 days?</p> <p style="text-align: center;">AMOUNT J\$</p>
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Food and beverages consumed away from home (including gifts)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">YES-></td></tr> <tr><td style="padding: 2px;"><-NO</td></tr> </table>	YES->	<-NO	101	
YES->					
<-NO					
Coal	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">YES-></td></tr> <tr><td style="padding: 2px;"><-NO</td></tr> </table>	YES->	<-NO	102	
YES->					
<-NO					
Kerosene	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">YES-></td></tr> <tr><td style="padding: 2px;"><-NO</td></tr> </table>	YES->	<-NO	103	
YES->					
<-NO					
Wood	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">YES-></td></tr> <tr><td style="padding: 2px;"><-NO</td></tr> </table>	YES->	<-NO	104	
YES->					
<-NO					
Other fuel for cooking or lighting different than cooking gas and electricity	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">YES-></td></tr> <tr><td style="padding: 2px;"><-NO</td></tr> </table>	YES->	<-NO	105	
YES->					
<-NO					
Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">YES-></td></tr> <tr><td style="padding: 2px;"><-NO</td></tr> </table>	YES->	<-NO	106	
YES->					
<-NO					

E

RESPONDENT (INDIVIDUAL # FROM ROSTER) :

PART F: 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 CONSUMED DURING THE PAST 30 DAYS.	Have you bought ... during the past 7 days? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 7 days? AMOUNT J\$	How much did you spend on ... during the past 30 days? AMOUNT J\$	During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home-produced ... you ate during the past 7 days? IF NOTHING ENTER 0 AND (> 7) AMOUNT J\$	How much would it cost to buy the amount of home-produced ... you ate during the past 30 days? IF NOTHING ENTER 0 AND (> 8) AMOUNT J\$	How much would it cost to buy the amount of ... you received as gift during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef	YES-> <-NO	201		Fresh or frozen beef	YES-> <-NO	201	
Fresh or frozen pork	YES-> <-NO	202		Fresh or frozen pork	YES-> <-NO	202	
Fresh or frozen mutton	YES-> <-NO	203		Fresh or frozen mutton	YES-> <-NO	203	
Offal- heart, kidney, liver, tripe etc.	YES-> <-NO	204		Offal- heart, kidney, liver, tripe etc.	YES-> <-NO	204	
Other fresh or frozen (oxtail, trotters, cow's foot, hocks)	YES-> <-NO	205		Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks)	YES-> <-NO	205	
Salted, cured or canned meat (eg. pigtail)	YES-> <-NO	206		Salted, cured or canned meat (eg. pigtail)	YES-> <-NO	206	
Fresh or frozen fish and shellfish	YES-> <-NO	207		Fresh or frozen fish and shellfish	YES-> <-NO	207	
Salted codfish	YES-> <-NO	208		Salted codfish	YES-> <-NO	208	
Canned mackerel, sardines, herring	YES-> <-NO	209		Canned mackerel, sardines, herring	YES-> <-NO	209	
Other salted or canned fish and shellfish (e.g. mackerel, red herring)	YES-> <-NO	210		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		Fresh or frozen whole chicken or parts	YES-> <-NO	211	
Chicken necks and back	YES-> <-NO	212		Chicken necks and backs	YES-> <-NO	212	
Other poultry, fresh, frozen salted, cured or canned	YES-> <-NO	213		Other poultry, fresh, frozen salted, cured or canned	YES-> <-NO	213	

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
<p>During the past 30 days, has this household bought any of the following foods?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>	<p>Have you bought ... during the past 7 days?</p> <p>YES...1</p> <p>NO...2 (→ 4)</p>	<p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p>	<p>During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?</p> <p>IF NOTHING ENTER 0 AND (→ 7)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 30 days?</p> <p>IF NOTHING ENTER 0 AND (→ 8)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of ... you received as gift during the past 30 days?</p> <p>IF NOTHING ENTER 0</p> <p>AMOUNT JS</p>
Liquid milk (raw milk, pasteurized milk or reconstituted milk powder)	YES-> -<NO	214		Liquid milk (raw milk, pasteurized milk or reconstituted milk powder)	YES-> -<NO	214	
Condensed milk	YES-> -<NO	215		Condensed milk	YES-> -<NO	215	
Evaporated milk	YES-> -<NO	216		Evaporated milk	YES-> -<NO	216	
Powdered milk (D.S.M)	YES-> -<NO	217		Powdered milk (D.S.M)	YES-> -<NO	217	
Butter of margarine (chiffon)	YES-> -<NO	218		Butter of margarine (chiffon)	YES-> -<NO	218	
Cheese	YES-> -<NO	219		Cheese	YES-> -<NO	219	
Eggs	YES-> -<NO	220		Eggs	YES-> -<NO	220	
Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	221		Other dairy products (yogurt, ice cream, ...)	YES-> -<NO	221	
Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	222		Oils and fats (vegetable oil, coconut oil, lard...)	YES-> -<NO	222	
Bread	YES-> -<NO	223		Bread	YES-> -<NO	223	
Crackers and Unsweetened biscuits	YES-> -<NO	224		Crackers and Unsweetened biscuits	YES-> -<NO	224	
Other baked products - (sweetened biscuits, cakes buns, bullas etc.)	YES-> -<NO	225		Other baked products - (sweetened biscuits, cakes buns, bullas etc.)	YES-> -<NO	225	
Bammy/Cassava Bread	YES-> -<NO	226		Bammy/Cassava Bread	YES-> -<NO	226	
Flour	YES-> -<NO	227		Flour	YES-> -<NO	227	

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
<p>1 During the past 30 days, has this household bought any of the following foods?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p> <p>YES-> -<NO</p>	<p>2 Have you bought ... during the past 7 days?</p> <p>YES..1 NO...2 (* 4)</p>	<p>3 How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>4 How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p>	<p>5 During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p> <p>YES-> -<NO</p>	<p>6 How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?</p> <p>IF NOTHING ENTER 0 AND (* 7)</p> <p>AMOUNT JS</p>	<p>7 How much would it cost to buy the amount of home-produced ... you ate during the past 30 days?</p> <p>IF NOTHING ENTER 0 AND (* 8)</p> <p>AMOUNT JS</p>	<p>8 How much would it cost to buy the amount of ... you received as gift during the past 30 days?</p> <p>IF NOTHING ENTER 0</p> <p>AMOUNT JS</p>
Rice	228			Rice	228		
Cornmeal	229			Cornmeal	229		
Dried peas and beans	230			Dried peas and beans	230		
Breakfast cereals (cornflakes, oats, Hominy corn, ...)	231			Breakfast cereals (cornflakes, oats, Hominy corn, ...)	231		
Yams (white, yellow, negro, St. Vincent, Lucea, ...)	232			Yams (white, yellow, negro, St. Vincent, Lucea, ...)	232		
Irish potatoes	233			Irish potatoes	233		
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	234			Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	234		
Other starchy fruits (plantains, green banana, bread fruit, ...)	235			Other starchy fruits (plantains, green banana, bread fruit, ...)	235		
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string beans)	236			Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, peas & beans, corn cobs, string beans)	236		
Frozen canned and dried vegetables	237			Frozen canned and dried vegetables	237		
Ackee	238			Ackee	238		
Fruit and vegetable juices (fresh or frozen)	239			Fruit and vegetable juices (fresh or frozen)	239		
Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	240			Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	240		
Canned and dried fruits	241			Canned and dried fruits	241		

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1	2	3	4	5	6	7	8
<p>During the past 30 days, has this household bought any of the following foods?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>	<p>Have you bought ... during the past 7 days?</p> <p>YES...1</p> <p>NO...2 (> 4)</p>	<p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT JS</p>	<p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT JS</p>	<p>During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?</p> <p>IF NOTHING ENTER 0 AND (> 7)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of home-produced ... you ate during the past 30 days?</p> <p>IF NOTHING ENTER 0 AND (> 8)</p> <p>AMOUNT JS</p>	<p>How much would it cost to buy the amount of ... you received as gift during the past 30 days?</p> <p>IF NOTHING, ENTER 0</p> <p>» NEXT FOOD ITEM</p> <p>AMOUNT JS</p>
Sugar	YES-> -<NO	242		Sugar	YES-> -<NO	242	
Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<NO	243		Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<NO	243	
Soups (packaged, canned, frozen, ...)	YES-> -<NO	244		Soups (packaged, canned, frozen, ...)	YES-> -<NO	244	
Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<NO	245		Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<NO	245	
Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<NO	246		Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<NO	246	
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<NO	247		Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<NO	247	
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<NO	248		Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<NO	248	
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<NO	249		Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<NO	249	
Nuts (peanuts, cashew, coconut, ...)	YES-> -<NO	250		Nuts (peanuts, cashew, coconut, ...)	YES-> -<NO	250	
Baby food (milk food, cereals, strained food, ...)	YES-> -<NO	251		Baby food (milk food, cereals, strained food, ...)	YES-> -<NO	251	
Other food (chips, snacks, cheese trix, ...)	YES-> -<NO	252		Other food (chips, snacks, cheese trix, ...)	YES-> -<NO	252	
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<NO	253		Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<NO	253	
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<NO	254		Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<NO	254	
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<NO	255		Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<NO	255	

RESPONDENT (INDIVIDUAL # FROM ROSTER):

PART G: 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 RECEIVED OR 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 RECEIVED OR 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					Cooking gas	YES-> -<NO				
Cosmetics (lotions, deodorants, ...)	YES-> -<NO					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES-> -<NO				
Hair and body care (lotions, dyes, etc)	YES-> -<NO					Furniture, outdoor (lawn chair, barbecue grill, ...)	YES-> -<NO				
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES-> -<NO					Furnishings (carpets, drapes, sheets, towels, ...)	YES-> -<NO				
Polishes, waxes, air freshener, insect sprays	YES-> -<NO					Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES-> -<NO				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES-> -<NO					Cooking ware (pots, pans, shilleys, ...)	YES-> -<NO				
Toilet supplies (toilet paper, cleanser, ...)	YES-> -<NO					Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES-> -<NO				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries...)	YES-> -<NO					Radio (do not include radio/cassette player)	YES-> -<NO				
Home help services (cook, nurse maid, household help, gardener, ...)	YES-> -<NO					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...)	YES-> -<NO				
Laundry and dry cleaning services	YES-> -<NO					Repairs on furniture or household equipment	YES-> -<NO				
Rental of equipment (radio, television, ...)	YES-> -<NO					Medicines (pills, tonics, drugs, family planning supplies)	YES-> -<NO				
						Medical services (doctor's fee, hospital care, prescriptions, spectacles...)	YES-> -<NO				
						Health Insurance	YES-> -<NO				

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 PURCHASED OR RECEIVED AS GIFT 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				
Shoes and sandals for children	YES-> -<NO				
Clothing materials for adults (dacron, linen, cotton, silk, ...)	YES-> -<NO				
Clothing materials for children (dacron, linen, cotton, silk, ...)	YES-> -<NO				
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	YES-> -<NO				
Children clothing (shirts, trousers, coats, jeans, ...)	YES-> -<NO				
Making and repair of clothes (adult and children)	YES-> -<NO				
Accessories (watches, jewelry, sunglasses, ...)	YES-> -<NO				
Reading materials (Books, magazines, newspapers, ...)	YES-> -<NO				
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)	YES-> -<NO				
Education expenses (tuition, books, boarding, fees, ...)	YES-> -<NO				
Sporting activities (club membership, equipment, entrance fees, ...)	YES-> -<NO				
Other recreational activities (cinema, theatre, dance clubs, records, tapes)	YES-> -<NO				

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

+ Do not include the amount given in Part J.

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

PART H: NON - CONSUMPTION EXPENDITURES

1
During the past 12 months, has this household spent on any of the following items?
PUT A CROSS IN THE APPROPRIATE BOX
ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.
THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS. V

2	3	4
Have you spent on ... during the past 30 days?	How much did you spend on ... during the past 30 days?	How much did you spend on ... during the past 12 months?
YES..1		
NO...2 (> 4)	AMOUNT J\$	AMOUNT J\$

Life & General Insurance	YES-> -<NO	401			
Horse racing	YES-> -<NO	402			
Other gambling expenses	YES-> -<NO	403			
Weddings, funerals	YES-> -<NO	404			
Donations and gifts (church or union dues, gifts, charities, ...)	YES-> -<NO	405			
Repayment of loans, interest payments	YES-> -<NO	406			
Support for children who live elsewhere	YES-> -<NO	407			
Other maintenance of relatives outside the home	YES-> -<NO	408			
NHT	YES-> -<NO	409			
NIS	YES-> -<NO	410			
Pension	YES-> -<NO	411			
Other non-consumption expenditures (legal services, anything else, ...)	YES-> -<NO	412			
Direct Taxes (Income tax and Education tax)	YES-> -<NO	413			

PART I: HOUSING AND RELATED EXPENSES

<p>1 TYPE OF DWELLING</p> <p>SEPARATE HOUSE DETACHED.....1 SEMI-DETACHED HOUSE.....2 PART OF A HOUSE.....3 APARTMENT BUILDING.....4 TOWN-HOUSE.....5 IMPROVED HOUSING UNIT.....6 PART OF COMMERCIAL BUILDING.....7 OTHER.....8 (SPECIFY.....)</p> <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD.....1 STONE.....2 BRICK *.....3 CONCRETE NOG.....4 BLOCK & STEEL.....5 WATTLE/ADOBE.....6 OTHER (SPECIFY.....).....7</p> <p>3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms) ?</p> <p>NO. OF ROOMS: <input style="width: 50px;" type="text"/></p> <p>4 What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER...1 W.C. NOT LINKED.....2 PIT.....3 OTHER.....4 NONE.....5 (→ 6)</p> <p>5 Are the toilet facilities used only by your household, or do other households use the same facilities?</p> <p>EXCLUSIVE USE...1 SHARED.....2</p> <p>6 Is the kitchen used only by your household, or do other households use the same kitchen?</p> <p>EXCLUSIVE USE...1 SHARED.....2 NONE.....3</p> <p>7 Does this household own or lease this dwelling?</p> <p>OWNED.....1 LEASED.....2 (→ 9) PRIVATE RENTED.....3 (→ 9) GOVERNMENT RENTED.....4 (→ 18) RENT FREE.....5 (→ 17) SQUATTED.....6 (→ 18) OTHER.....7 (→ 18)</p>	<p>8 Does this household own or lease the land on which this dwelling is?</p> <p>OWNED.....1 LEASED.....2 PRIVATE RENTED.....3 GOVERNMENT RENTED.....4 RENT FREE.....5 SQUATTED.....6 OTHER.....7</p> <p><input type="checkbox"/> GO TO 12</p> <p>9 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?</p> <p>RELATIVE.....1 PRIVATE EMPLOYER.....2 PUBLIC AGENCY.....3 PRIVATE INDIVIDUAL OR AGENCY.....4</p> <p>10 How much money does your household pay in rent for this dwelling?</p> <p>IF NO MONEY PAYMENT, ENTER ZERO</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>PER:</p> <p>WEEK...3 MONTH...4 YEAR...5</p> <p>11 Does somebody who is not a member of the household, help to pay the rent for this dwelling? For example, a relative, a public agency (GIVE EXAMPLES), or a private individual or agency?</p> <p>RELATIVE.....1 PRIVATE EMPLOYER.....2 PUBLIC AGENCY.....3 PRIVATE INDIVIDUAL OR AGENCY.....4 NOBODY HELPS.....5</p> <p><input type="checkbox"/> → 18</p> <p>12 Do you make mortgage payments on this dwelling?</p> <p>YES...1 NO....2 (→ 15)</p> <p>13 How much was your last payment?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p>	<p>14 How often do you make these payments?</p> <p>No. OF TIMES: <input style="width: 50px;" type="text"/> PER: <input style="width: 50px;" type="text"/> MONTH...4 YEAR...5</p> <p>15 Do you have to pay property taxes for this dwelling?</p> <p>YES...1 NO....2 (→ 16a)</p> <p>16 How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>PER:</p> <p>MONTH...4 YEAR...5</p> <p>16a How much was spent on maintenance, minor repairs and decoration in the past year?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>17 How much could you rent your dwelling for per month?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>18 What is the main source of drinking water for your household</p> <p>INDOOR TAP/PIPE...1 OUTSIDE PRIVATE PIPE/TAP.....2 PUBLIC STANDPIPE...3 (→ 22) WELL.....4 (→ 22) RIVER, LAKE, SPRING, POND.....5 (→ 22) RAINWATER (TANK)...6 (→ 24) OTHER (SPECIFY.....).....7 (→ 22)</p> <p>19 Have you a group or individual meter?</p> <p>GROUP.....1 INDIVIDUAL...2 NO METER.....3</p> <p>20 How much was the latest water bill for your household?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>21 How many months were covered by this bill?</p> <p>MONTHS : <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> → 24</p>	<p>22 Is this ...[SUPPLY SOURCE IN-18]... used by your household only, or is it shared with others?</p> <p>THIS HOUSEHOLD ONLY.....1 SHARED.....2</p> <p>23 How far from this dwelling is this ...[SUPPLY SOURCE IN-18]...?</p> <p>DISTANCE ----> <input style="width: 100px;" type="text"/></p> <p>DISTANCE <input style="width: 50px;" type="text"/> MILES.....1 CODE ----> <input style="width: 50px;" type="text"/> YARDS.....2</p> <p>24 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1 KEROSENE.....2 (→ 27) OTHER.....3 (→ 27) NONE.....4 (→ 27)</p> <p>25 How much was the latest electric bill for your household?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>26 How many months of consumption were covered by this bill?</p> <p>MONTHS: <input style="width: 50px;" type="text"/></p> <p>27 Does this household have a telephone?</p> <p>YES...1 NO....2 (→ NEXT SECTION)</p> <p>28 How much was the latest telephone bill for your household (including cellular bill)?</p> <p>AMOUNT J\$: <input style="width: 100px;" type="text"/></p> <p>29 How many months of consumption were covered by this bill ?</p> <p>MONTHS : <input style="width: 50px;" type="text"/></p>
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* CEMENT BLOCKS ARE NOT BRICKS

PART J: INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

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

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

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

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

1 Please describe all the []... owned by members of your household.			2 In what year did you acquire this ...[]?	3 How much did you pay for this ...[]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ...[]...when you acquired it?	4 If you wanted to sell this ...[] today, how much would you receive? » 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 K: MISCELLANEOUS

1

During the past 12 months, has any member of your household received income in cash or in kind from the following sources?

X

↓

701

YES-1

1-NO

702

YES-2

1-NO

703

YES-1

1-NO

704

YES-1

ε-NO

705

YES-1

1-NO

706

YES - *

1-NO

707

1000

1. no

708

1-NO

709

YES - *

4-NO

710

YES - *

1
E-NO

2. What is the value of all income received by the members of your household in cash or in kind from ...[].... during the past 12 months?					
INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT (\$)	INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT (\$)

F

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

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

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

4. What is his/her employment status?

IN THE HOUSEHOLD:

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

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

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 ROSTER FOR ROUND 12

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

1

Marital Status

MARRIED.....	1
NEVER MARRIED...	2
DIVORCED.....	3
SEPARATED.....	4
WIDOWED.....	5

2

Union Status

MARRIED.....	1
COMMON LAW...	2
VISITING.....	3
SINGLE.....	4
NONE.....	5

3

Is this partner a household member ?

YES . . . 1
NO 2

4

COPY THE
IDENTIFI-
CATION
CODE OF
THE
PARTNER

5

Is ..[NAME]..
receiving
Public Assist-
ance or Poor
Relief?

PUBLIC ASSISTANCE...	1
POOR RELIEF.....	2
NONE.....	3

**FOR
ALL HOUSEHOLD
MEMBERS**

1

Is .. [NAME]
physically
or mentally
disabled ?

YES.....1

NO.....2

▶ NEXT

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 3
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