

# JAMAICA SURVEY OF LIVING CONDITIONS

## 1999

DATE OF THE INTERVIEW			PARISH	CONSTITUENCY	ENUMERATION DISTRICT N°				DWELLING N°				H/H	AREA	SERIAL N°
DAY	MONTH	YEAR													3076

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

-----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

I N D I V I D U A L  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 Q1=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	Other? (SPECIFY)
									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)

I N D I V I D U A L  N°	10	11	12	13	14	15	16	17	18	19	20	21
	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\$	Did you spend a night in a public hospital or other establishment during the past 4 weeks?  YES....1 NO.....2 (► 15)	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 (► 18)	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 (► 25)	Were these medicines.....  PRESCRIBED.....1 OVER THE COUNTER .....2 BOTH.....3	Did you finish taking the medication?  YES....1 (►22) 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 STILL TAKING MEDICATION.....4 OTHER (SPECIFY).....5
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P A R T A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

I N D I V I D U A L  Nº	22 Did you purchase medicines in a ....		23 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.	24 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.	25 Are you covered by any health insurance?	26 27 28 ASK ALL WOMEN 13-49 YEARS			29	30
	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 Q26 OR Q28  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 AMOUNT J\$	IF NOTHING 0	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 <sup>o</sup>	1	2	3	4		5	6	7				8	9	10
	What type of school is ..[NAME].. attending this academic year ?	Is this school public or private?	What grade is ....[NAME]... in at school this year ?	How far is ..[NAME]'S... school from this house?		How does ..[NAME]... usually get to school?	During the 4 week period April 19 - May 14 how many days was ..[NAME].. sent to school?	What was the main reason for ..[NAME]'s.. absence from school?	Is ..[NAME].. usually sent to school on a Friday?				What is main reason for ...[NAME]'s.. absence on this day?	Does ...[NAME]'s.. school operate a school feeding programme?
	BASIC/INFANT/NURSERY/ KINDERGARTEN .....1 (➤ 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.....19 (➤ 13)	PUBLIC..1  PRIVATE.2	PRIMARY..(1-6) GRADE 7 GRADE 8 GRADE 9 GRADE 10 GRADE 11 GRADE 12 GRADE 13         GRADE	MILES	YARDS	PUBLIC TRANSPORT..1  WALK.....2  PRIVATE VEHICLE...3  SCHOOL BUS.....4  OTHER (SPECIFY) .5	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	YES..1 (➤ 10)  NO...2	TRUANCY.....1 WORKING OUTSIDE.....2 THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 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)			
IF MORE THAN 1 REASON LIST IN ORDER OF IMPORTANCE		FIRST		SECOND		R	N	R	N					
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PART B: EDUCATION (CONTINUED)

I N D I V I D U A L  N°	11. Does .. [NAME].. usually take the meal provided by the school?	12. What does .. [NAME].. usually have for lunch?	13. What type of school did..... ... [NAME].... last attend?	14. How many years did. .. [NAME].. complete at that school?	15. What is the highest (academic) examination that..... [NAME]... have passed?
	YES....1 (> 15)	SNACK/MEAL FROM SCHOOL CANTEEN/ VENDORS....1	BASIC/INFANT.....1 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 VOCT/AGRIC.....12 UNIVERSITY.....13 OTHER TERTIARY (PUBLIC).....14 OTHER TERTIARY (PRIVATE).....15 ADULT LITERACY CLASSES.....16 ADULT EDUCATION/NIGHT.....17 SPECIAL SCHOOL.....18 NONE.....19		NONE.....1 CXC Basic, JSC 5, SSC, 3rd JL.....2 CXC Gen, GCE O 1-2.....3 CXC Gen, GCE O 3-4.....4 CXC Gen, GCE O 5+, GCE A 1-2.....5 GCE A 3 or MORE.....6 DEGREE.....7 OTHER.....8 NOT STATED.....9
	NO....2	SNACK/MEAL FROM HOME.....2 OTHER.....3 NOTHING....4			
		> 15	>NEXT PERSON	YEARS	
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PART B: EDUCATION (CONCLUDED)

SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)

I N D I V I D U A L  N°	16. How much did ..[NAME]'s.. family pay in the past 12 months for the following school expenses?							17. 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]'S... school fee for the year and does this include books?	b. What portion of the school fee did [NAME]'S. family pay or is committed to pay?	c. Who paid or will pay the other other portion of the school fee?	d. How much did the Ministry contribute towards the payment of the school fee?
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	YES....1 NO.....2	ALL....1 (->NEXT PERSON) PART...2 NONE...3	MINISTRY.....1 MP .....2 (-> NEXT PERSON) MINISTRY & MP..3 MINISTRY & OTHER.....4 MP & OTHER.....5 (-> NEXT PERSON) MINISTRY,MP & OTHER.....6 OTHER (SPECIFY).....7 (-> NEXT PERSON)	(\$)
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PART D: FOOD STAMPS - TO BE ASKED OF EACH HOUSEHOLD MEMBER

I N D I V I D U A L	ALL MEMBERS	RECEIVING FOOD STAMPS								
	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 RECEIVING .....3(*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?  MILES YARDS	5 On average how long does it take to get from your home to the pay station?  HOURS MINS.		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?  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  LEISURE .....4  OTHER (SPECIFY).....5  ASK IF ANSWER TO QUESTION 3. IS 2	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/.....2 UNPLEASANT PAY STATION HAS INADEQUATE ACCOMODATION.....3 PAY STATION CROWD DISORDERLY.....4 PAY STATION FAR AWAY, TRANSPORTATION DIFFICULTIES.....5 LONG LINE.....6 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 (CONCLUDED)

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?  INDIVIDUAL N° MONTHS	16 What happened to the application?  APPROVED.....1 PUT ON FILE.....2 (»NEXT PERSON) TURNED DOWN.....3 (»NEXT PERSON) DON'T KNOW/ NOT INFORMED.....4 (»NEXT PERSON)	17 Why didn't you get food stamps last March or April?  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  » NEXT PERSON	18 What is the reason why you have never received food stamps?  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  » NEXT PERSON	19 Why have you never applied for food stamps?  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 OTHER .....5  » NEXT PERSON
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PART E: DAILY EXPENSES

1

During the past 7 days, has this household spent money on any of the following items?

PUT A CROSS IN THE APPROPRIATE BOX

ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.

THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.

↓

2

How much have you spent for ...[ ]... during the past 7 days?

AMOUNT J\$

Food and beverages consumed away from home (including gifts)	YES->	101	
	<-NO		

Coal	YES->	102	
	<-NO		

Kerosene	YES->	103	
	<-NO		

Wood	YES->	104	
	<-NO		

Other fuel for cooking or lighting different than cooking gas and electricity	YES->	105	
	<-NO		

Tobacco products (cigars, cigarettes, chewing tobacco, pipes, ...)	YES->	106	
	<-NO		

E

PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER) :

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
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\$
Liquid milk (raw milk, pasturized milk or reconstituted milk powder)	YES-> -<-NO	214		Liquid milk (raw milk, pasturized 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	
Banmy/Cassava Bread	YES-> -<-NO	226		Banmy/Cassava Bread	YES-> -<-NO	226	
Flour	YES-> -<-NO	227		Flour	YES-> -<-NO	227	

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
1 During the past 30 days, has this household bought any of the following foods? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ... during the past 7 days? YES..1 NO...2 (> 4)	3 How much did you spend on ... during the past 7 days? AMOUNT J\$	4 How much did you spend on ... during the past 30 days? AMOUNT J\$	5 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.	6 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\$	7 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\$	8 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\$
Rice	YES-> -<NO	228		Rice	YES-> -<NO	228	
Cornmeal	YES-> -<NO	229		Cornmeal	YES-> -<NO	229	
Dried peas and beans	YES-> -<NO	230		Dried peas and beans	YES-> -<NO	230	
Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<NO	231		Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<NO	231	
Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<NO	232		Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<NO	232	
Irish potatoes	YES-> -<NO	233		Irish potatoes	YES-> -<NO	233	
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	234		Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<NO	234	
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<NO	235		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		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		Frozen canned and dried vegetables	YES-> -<NO	237	
Ackee	YES-> -<NO	238		Ackee	YES-> -<NO	238	
Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	239		Fruit and vegetable juices (fresh or frozen)	YES-> -<NO	239	
Fresh fruit, (oranges, lime, apples, bananas, melons, pineapples, avocado pears)	YES-> -<NO	240		Fresh fruit, (oranges, lime, apples, bananas, melons, pineapples, avocado pears)	YES-> -<NO	240	
Canned and dried fruits	YES-> -<NO	241		Canned and dried fruits	YES-> -<NO	241	

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 > NEXT FOOD ITEM AMOUNT J\$
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 J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	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 J\$	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 J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	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 J\$
Personal care supplies (soaps, toothpaste, brushes, shaving cream, razors and blades)						Cooking gas					
Cosmetics (lotions, deodorants, ...)						Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)					
Hair and body care (lotions, dyes, etc)						Furniture, outdoor (lawn chair, barbecue grill, ...)					
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)						Furnishings (carpets, drapes, sheets, towels, ...)					
Polishes, waxes, air freshener, insect sprays						Dinner ware (plates, glasses, knives, forks, spoons, ...)					
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)						Cooking ware (pots, pans, shillets, ...)					
Toilet supplies (toilet paper, cleanser, ...)						Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)					
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)						Radio (do not include radio/cassette player)					
Home help services (cook, nurse maid, household help, gardener, ...)						Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...)					
Laundry and dry cleaning services						Repairs on furniture or household equipment					
Rental of equipment (radio, television, ...)						Medicines (pills, tonics, drugs, family planning supplies)					
						Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...)					
						Health Insurance					

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. V	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 J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	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 J\$
Shoes and sandals for adults YES-> -<NO	325				
Shoes and sandals for children YES-> -<NO	326				
Clothing materials for adults (dacron, linen, cotton, silk, ...) YES-> -<NO	327				
Clothing materials for children (dacron, 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				
Stationary 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	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. V	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 J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	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 J\$
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				

+ Do not include the amount given in Part J.

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

P A R T 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 (&gt; 4)</p>	<p>3</p> <p>How much did you spend on ...[ ]... during the past 30 days?</p> <p>AMOUNT J\$</p>	<p>4</p> <p>How much did you spend on ...[ ]... during the past 12 months?</p> <p>AMOUNT J\$</p>
<p>Life &amp; General Insurance</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	401		
<p>Horse racing</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	402		
<p>Other gambling expenses</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	403		
<p>Weddings, funerals</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	404		
<p>Donations and gifts (church or union dues, gifts, charities, ...)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	405		
<p>Repayment of loans, interest payments</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	406		
<p>Support for children who live elsewhere</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	407		
<p>Other maintenance of relatives outside the home</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	408		
<p>NHT</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	409		
<p>NIS</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	410		
<p>Pension</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	411		
<p>Other non-consumption expenditures (legal services, anything else, ..)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	412		
<p>Direct Taxes (Income tax and Education tax)</p> <p>YES-&gt;</p> <p>&lt;-NO</p>	413		

P A R T 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  IMPROVISED 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 &amp; STEEL.....5  WATTLE/ADOBE.....6  OTHER (SPECIFY:.....)  .....7</p> <p>3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms) ?</p> <p>NO. OF ROOMS: [ ]</p> <p>4 What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER..1  W.C. NOT LINKED.....2  PIT.....3  OTHER.....4  NONE.....5 (→ 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 (→ 17)  RENT FREE.....5 (→ 17)  SQUATTED.....6 (→ 17)  OTHER.....7 (→ 17)</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>[ GO TO 12 ]</p> <p>9 From whom is the dwelling rented? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency?</p> <p>RELATIVE.....1  PRIVATE EMPLOYER.....2  PUBLIC AGENCY.....3  PRIVATE INDIVIDUAL  OR AGENCY.....4</p> <p>10 How much money does your household pay in rent for this dwelling?</p> <p>IF NO MONEY PAYMENT, ENTER ZERO</p> <p>AMOUNT J\$: [ ]</p> <p>PER:</p> <p>WEEK...3  MONTH..4  YEAR...5</p> <p>11 Does somebody who is not a member of the household, help to pay the rent for this dwelling? For example, a relative, a public agency (GIVE EXAMPLES), or a private individual or agency?</p> <p>RELATIVE.....1  PRIVATE EMPLOYER.....2  PUBLIC AGENCY.....3  PRIVATE INDIVIDUAL  OR AGENCY.....4  NOBODY HELPS.....5</p> <p>[ → 17 ]</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\$: [ ]</p>	<p>14 How often do you make these payments?</p> <p>No. OF TIMES: [ ] PER: [ ]  MONTH..4  YEAR...5</p> <p>15 Do you have to pay property taxes for this dwelling?</p> <p>YES...1  NO....2 (→ 17)</p> <p>16 How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$: [ ]</p> <p>PER:</p> <p>MONTH..4  YEAR...5</p> <p>17 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 (→ 21)  WELL.....4 (→ 21)  RIVER, LAKE,  SPRING, POND.....5 (→ 21)  RAINWATER (TANK)..6 (→ 23)  OTHER (SPECIFY:  .....).....7 (→ 21)</p> <p>18 Have you a group or individual meter?</p> <p>GROUP.....1  INDIVIDUAL...2  NO METER.....3</p> <p>19 How much was the latest water bill for your household?</p> <p>AMOUNT J\$: [ ]</p> <p>20 How many months were covered by this bill?</p> <p>MONTHS : [ ]</p> <p>[ → 23 ]</p> <p>21 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>22 How far from this dwelling is this ... [SUPPLY SOURCE IN 17]..?</p> <p>DISTANCE ----&gt; [ ]</p> <p>DISTANCE [ ] MILES.....1  CODE ----&gt; [ ] YARDS.....2</p> <p>23 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1  KEROSENE.....2 (→ 26)  OTHER.....3 (→ 26)  NONE.....4 (→ 26)</p> <p>24 How much was the latest electric bill for your household?</p> <p>AMOUNT J\$: [ ]</p> <p>25 How many months of consumption were covered by this bill?</p> <p>MONTHS: [ ]</p> <p>26 Does this household have a telephone?</p> <p>YES....1  NO....2 (→ NEXT SECTION)</p> <p>27 How much was the latest telephone bill for your household (including cellular bill)?</p> <p>AMOUNT J\$: [ ]</p> <p>28 How many months of consumption were covered by this bill ?</p> <p>MONTHS : [ ]</p>
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\* CEMENT BLOCKS ARE NOT BRICKS

P A R T 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		
Computer/Printer/Fax etc.	616		

1 Please describe all the ..[ ]... owned by members of your household.			2 In what year did you acquire this ...[ ]?	3 How much did you pay for this ...[ ]...? IF IT WAS A GIFT OR AN EXCHANGE: What was the value of this ...[ ]...when you acquired it?	4 If you wanted to sell this ..[ ] today, how much would you receive?
I T E M	WRITE THE ITEM AND DESCRIPTION (MAKE, COLOR, ETC.) FOR EACH OF THE GOODS. COPY THE CODE AND THEN GO TO THE NEXT ITEM IN THE LIST FOR WHICH THE ANSWER WAS YES.	ASK QUESTION 1 FOR ALL GOODS BEFORE GOING TO 2-4.	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					

» NEXT  
ITEM



PART-L: POVERTY AND COPING STRATEGIES

OCCUPATIONAL STATUS AND RELIGION (TO BE COMPLETED BY ALL HOUSEHOLD MEMBERS)

I N D I V I D U A L  N O	1 What is the main occupation of.. [NAME]..?  IF NONE, SKIP TO 5	2 In what industry is.. [NAME]..working?	3 What is.. [NAME].. employment status in this job?  Employee of Central/Local Govt.....1 Other Govt. Agencies.....2 Private sector Business.....3 Unpaid worker.....4 Employer.....5 Own Account Worker.....6 Unemployed.....7 Not stated.....8 Other.....9	4 What is the secondary occupation of.. [NAME]..?	5 Do you or any other member of this H/H engage in other activity to meet H/H expenses?  Yes.....1 No.....2 (> 8)	6 Name activities	7 Level of importance  very important....1 important....2 not important....3	8 To what religion/denomination do you belong?  Anglican.....1 Adventist.....10 Baptist.....2 United Church....11 Brethren.....3 Disciples of Christ.....12 Church of God.....4 Rastafarian/Witness.....5 Ethiopian Methodist.....6 Orthodox.....13 Moravian.....7 Not stated.....14 Pentecostal..8 Other (specify)..15 Salvation Army.....9
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

PART :L POVERTY AND COPING STRATEGIES

OCCUPATIONAL STATUS AND RELIGION

JOB SUPPORT (FOR IND. WITH MAIN OCCUPATION)

FOR OWN ACCOUNT WORKER

SOCIAL WELL BEING (TO BE COMPLETED BY H/H HEAD)

	9	10	11	12	13	14	15	16
I N D I V I D U A L N O	How often do you attend?	Are you actively practising your religion?	Are you entitled to the following benefits?  CODE ALL THAT APPLY	Are you contributing to?  CODE ALL THAT APPLY	How satisfied are you with life in general?	Why?	What is the economic situation for you/family compared to 5 years ago?	How do you view the future?
	weekly.....1 monthly.....2 every two months.....3 every six months.....4 once per year.....5 never.....6 not stated...7	yes...1 no....2	health insurance.....1 disability insurance.....2 retirement plan.....3 transportation..4 laundry.....5 uniform allowances.....6 paid leave.....7 performance incentives....8 NIS.....9 maternity leave.....10 lunch/meal subsidy.....11 life insurance.....12 other (specify).....13 NO.....14	NHT.....1 NIS.....2 Education Tax.....3 Life Insurance.....4 Health Insurance.....5 Other(specify).....6 No.....7	Disastisfied.....1 Very Disastisfied.....2 Neither satisfied/ disastisfied.....3 ( > 15) Satisfied.....4 ( >15) Very satisfied.....6 ( >15) Dont know.....7 ( >15)		better.....1 equal.....2 worse off....3 dont know...4	unsure.....1 very unsure....2 hopeful.....3 very hopeful....4 dont know.....5

01								
02								
03								

04								
05								
06								

07								
08								
09								

10								
11								
12								

PART:-L POVERTY AND COPING STRATEGIES

COMMUNITY (TO BE COMPLETED BY H/H HEAD)

	17	18	19	20	21	22	23	24
I N D I V I D U A L	How long have you lived in this community? one year or less....1 under 2 years.....2 2 to 5 years.....3 6 to 10 years.....4 more than 10 years..5	What do you think of life in your community compared to 5 years ago? better.....1 equal to.....2 worse off....3 dont know....4	How many community organisations are there? none.....0 (*25) dont know...9 (*21)	Indicate type of organisation/club? CODE ALL THAT APPLY youth club.....1 sports club.....2 training center...3 JAS.....4 community club.....5 neighbourhood watch.....5 citizens organisation.....7 other (specify)....8	Are you a member of any organisation in your community? yes active.....1 yes-inactive...2 no.....3 (* 25)	Is the organisation of any help to your community? great deal.....1 some.....2 only a little...3 no help.....4 dont know.....5	Would you say that any member of this household benefited from this organisation? yes.....1 no.....2 (* 25) dont know..3 (* 25)	What benefit?
N O								
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

PART:-L POVERTY AND COPING STRATEGIES

COMMUNITY CONTINUED (TO BE COMPLETED BY HH HEAD)

PERCEPTION OF SOCIAL STATUS (FOR HEAD OF HOUSEHOLD ONLY)

INDIVIDUAL	25	26	27	28	29	30	31	
	Are you a member of any organisation outside your community?	Is the organisation any help to community?	Would you say that any member of household benefited from this organisation?	What benefit?	To which class does family belong?	In your opinion, why is it that some people in Jamaica are poor?  CODE ALL THAT APPLY	What do you think are the most essential goods/services needed for a person's survival?	
	yes active.....1 yes inactive....2 no .....3 (* 29)	a great deal.....1 some.....2 little.....3 none.....4 dont know....5	yes.....1 no.....2 (*29)		upper.....1 upper middle...2 middle middle...3 lower middle...4 working.....5 poor.....6 dont know.....7	bad luck.....1 lack of jobs.....2 too many children..3 alchol/drugs.....4 gambling.....5 society is unjust to poor....6 govt does not help.....7 does not work hard enough.....8	rich exploit the poor.....9 divine propesy....10 lack of employment opportunity.....11 lack of educational skills.....12 poor health.....13 family background...14 govt. oppression....15 dont know.....16 other (specify).....17	proper health care.....1 proper access to education.....2 having a job.....3 family.....4 skills/trade.....5 opportunity.....6 dont know.....7 other(specify).....8
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

PART-L: POVERTY AND COPING STRATEGIES

INDIVIDUAL NO.	PERCEPTION OF SOCIAL STATUS (CONTINUED)				TRANSPORTATION (FOR H/H MEMBERS WITH MAIN OCCUPATION)			COPING STRATEGIES (TO BE COMPLETED BY H/H HEAD)	
	32	33	34	35	36	37	38	39	40
	What is the minimum weekly amount of money you consider necessary for the survival of you and your family?  \$	What is the minimum monthly amount of money you consider necessary for a poor person to survive?  \$	What do you think should be the minimum weekly wage?  \$	In your opinion, to which class do the majority of people in this neighbourhood belong? upper.....1 upper middle.....2 middle middle.....3 lower middle.....4 working.....5 poor.....6 dont know.....7	How far do you live from work?  miles/km	What type of transportation do you usually use to get to work? private car.....1 motorcycle.....2 public bus.....3 private bus.....4 taxi.....5 robot.....6 bicycle.....7 walk.....8 other (specify).....9	How long does it usually take you to get to work?	Are you experiencing financial difficulties?  yes...1 no....2 (→48)	What are the financial difficulties?  CODE ALL THAT APPLY unable to: pay utility bills.....1 pay mortgage.....2 buy food.....3 pay transportation costs.....4 pay school/education fees.....5 cover health-related expenses.....6 pay loans/debts.....7 afford local vacation.8 afford vacation overseas..... 9 cover entertainment costs.....10 buy clothing.....11 pay housing costs.....12 other (specify)...13
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									

PART:-L POVERTY AND COPING STRATEGIES

COPING STRATEGIES CONTINUED  
TO BE COMPLETED BY H/H HEAD)

IN TIMES OF FINANCIAL DIFFICULTY, WHICH WOULD YOUR H/H MOST LIKELY TO DO WITHOUT?

I N D I V I D U A L N O.	41		42		43	(a)	(b)	(c)	(d)	(e)	(f)	(g)					
	How long have you been facing these difficulties?	PERIOD CODES WEEK.....1 MONTH.....2 YEAR.....3	How do you cope? CODE ALL THAT APPLY	do not pay bills on time....8 stop paying bills.....9 plan to migrate.....10 borrow from established creditors.....11 hustle (sell on the side)....12 illegal activities.....13 do extra jobs....14 other(specify)...15	health care	yes....1 no....2	meals/food for self.....1 children.....2 spouse.....3 other (specify)....4	clothes	self.....1 children...2 spouse....3 other (specify)..4	entertainment	self.....1 children...2 spouse....3 other (specify)...4	school/education	self.....1 children...2 spouse....3 other (specify)....4	transportation	yes.....1 no.....2	any other	yes..1 what? no...2
	#	CODE															
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	

PART:L-POVERTY AND COPING STRATEGIES

FOR H/H WITH CHILDREN IN SCHOOL

I N D I V I D U A L  N O	FOR H/H WITH CHILDREN IN SCHOOL				BENEFITS FROM NATIONAL POVERTY ERADICATION		EMOTIONAL DIFFICULTIES			
	44	45	46	47	48	49	50	51 (a)	52	53
	Do you ever stop your children from school because of financial difficulties? yes.....1 no.....2 (*48)	Which children?	Gender? male.....1 female.....2	How long do you stop children from school? (days)	Has your community benefited from JSIF, SDC, MIDA? yes.....1 no.....2 dont know.....3	Have you received any benefits from the National Poverty Eradication Programme? yes.....1 no.....2	Are you experiencing any emotional difficulties? yes.....1 no.....2 (* NEXT PERSON)	What is causing these? TICK ALL THAT APPLY job insecurity/ stress.....1 spouse problem.....2 other domestic problem.....3 uncertain about future.....4 general stress.....5 crime.....6 other(specify).....7	Have you ever contemplated suicide? yes.....1 no.....2	How do you cope? leave everything to god....1 talk to pastor.....2 meditate.....3 dont think about it/them...4 exercise.....5 seek medical advice.....6 planning to migrate.....7 turn to family for support...8 turn to neighbours.....9 turn to organizations.....10 turn to friends.....11 smoke cigarettes.....12 alcohol(privately).....13 go to bar.....14 other(specify).....15
01										
02										
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HOUSEHOLD ROSTER FOR ROUND 13

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

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.

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

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

Breakfasts \_\_\_\_\_  
Lunches \_\_\_\_\_  
Dinners \_\_\_\_\_

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

1	2	3	4	5	6
<b>Marital Status</b> MARRIED.....1 NEVER MARRIED...2 DIVORCED.....3 SEPARATED.....4 WIDOWED.....5	<b>Union Status</b> MARRIED.....1 COMMON LAW...2 VISITING.....3 SINGLE.....4 NONE.....5	Is this partner a household member? YES....1 NO....2 (> 5)	<b>COPY THE IDENTIFICATION CODE OF THE PARTNER</b>	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
USE LOWEST CODE IF MORE THAN ONE APPLIES	USE LOWEST CODE IF MORE THAN ONE APPLIES				

INDIVIDUAL

INDIVIDUAL NO IN SLC '98

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