

# 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

| INDIVIDUAL<br>N° | 1<br>Have you witnessed or participated in a violent act during the past 4 weeks?<br><br>YES, WITNESSED.....1<br>YES, PARTICIPATED..2<br>NO.....3 | 2<br>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?<br><br>YES, DUE TO MOTOR VEHICLE ACCIDENT...1<br>YES, ACCIDENT AT WORKPLACE.....2<br>YES, WAS SHOT.....3<br>YES, WAS STABBED...4<br>YES, OTHER ACCIDENT.5<br>YES, OTHER.....6<br>NONE.....7 | 3<br>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?<br><br>YES....1<br>NO.....2 (►26 if Q1=7) | 4<br>Did this illness or injury begin within the past 4 weeks or before the past 4 weeks?<br><br>WITHIN PAST 4 WEEKS ..... 1<br>BEFORE PAST 4 WEEKS ..... 2 | 5<br>For how many days during the past 4 weeks have you suffered from this illness or injury?<br><br>DAYS | 6<br>For how many days during the past 4 weeks were you unable to carry on your usual activities because of this illness or injury?<br><br>DAYS | 7<br>Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited during the past 4 weeks?<br><br>YES....1<br>NO.....2 (► 19) | 8<br>How many visits did you make in the past 4 weeks to health practitioners?<br><br>NUMBER OF VISITS | 9<br>Where did the visit(s) take place? In a ...<br><br>Public Hospital? Private Hospital? Public Health/Maternity Centre? Private Health or Maternity Centre/Doctor's Office Other? (SPECIFY)<br><br>YES....1 YES....1 YES....1 YES....1 YES....1<br>NO.....2 NO.....2 NO.....2 NO.....2 NO.....2 |  |  |  |  |
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>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.<br><br>IF NOTHING SPENT<br>WRITE ZERO<br><br>AMOUNT<br>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.<br><br>IF NOTHING SPENT<br>WRITE ZERO<br><br>AMOUNT<br>J\$ | Did you spend a night in a public hospital or other establishment during the past 4 weeks?<br><br>YES....1<br>NO.....2 (► 15) | How many nights during the past 4 weeks did you spend in the public hospital?<br><br>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.<br><br>IF NOTHING SPENT<br>WRITE ZERO<br><br>AMOUNT<br>J\$ | Did you spend a night in a private hospital or other establishment during the past 4 weeks?<br><br>YES....1<br>NO.....2 (► 18) | How many nights during the past 4 weeks did you spend in the private hospital?<br><br>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.<br><br>IF NOTHING SPENT<br>WRITE ZERO<br><br>AMOUNT<br>J\$ | Did you buy medicines during the past 4 weeks for this illness or injury?<br><br>YES...1<br>NO....2 (► 25) | Were these medicines.....<br><br>PRESCRIBED.....1<br>OVER THE COUNTER .....2<br>BOTH.....3 | Did you finish taking the medication?<br><br>YES....1 (► 22)<br>NO.....2 | Why were you unable to complete the course of treatment?<br><br>SUPPLIES NOT AVAILABLE.....1<br>COULD NOT AFFORD MEDICATION.....2<br>GOT BETTER BEFORE IT WAS FINISHED.....3<br>STILL TAKING MEDICATION.....4<br>OTHER (SPECIFY).....5 |
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P A R T A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>N° | 22<br>Did you purchase medicines in a .... |                               | 23<br>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<br>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<br>Are you covered by any health insurance? | 26<br>ASK ALL WOMEN 13-49 YEARS |                    |                    | 27<br>Do you have a child under six months? | 28<br>Do you have a child under one year? | 29<br>Are you currently pregnant?                                      | 30<br>ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS   |
|--|--|-------------------------------|---|--|--|---------------------------------|--------------------|--------------------|---|---|--|--|
|  | Public Facility?                           | Private Facility or Pharmacy? |   |  |  |                                 |                    |                    |   |   | ASK IF YES FOR Q26 OR Q28<br>Are you attending a public health clinic? | Has this child attended a public health facility ? |
|  | YES.....1<br>NO.....2                      | YES.....1<br>NO.....2         | IF NOTHING SPENT<br>WRITE ZERO<br>AMOUNT JS   | IF NOTHING 0   | YES...1<br>NO....2                             | YES....1<br>NO.....2            | YES...1<br>NO....2 | YES...1<br>NO....2 | YES...1<br>NO....2                          | YES....1<br>NO.....2                      | YES.....1<br>NO.....2  | NEXT PERSON  |
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|  | 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<br>(➔ NEXT PERSON ).....1   |                                   | PRIMARY..(1-6)<br>GRADE 7<br>GRADE 8<br>GRADE 9<br>GRADE 10<br>GRADE 11<br>GRADE 12<br>GRADE 13 |   | PUBLIC TRANSPORT..1<br><br>WALK.....2<br><br>PRIVATE VEHICLE...3<br><br>SCHOOL BUS.....4<br><br>OTHER (SPECIFY) .5 | IF SENT ON ALL DAYS ➔ 8<br><br>DAYS  | ILLNESS.....1<br>TRUANCY.....2<br>WORKING OUTSIDE THE HOME.....3<br>NEEDED AT HOME.....4<br>MARKET DAY.....5<br>TRANSPORT PROBLEMS DUE TO POOR ROADS.....6<br>OTHER TRANSPORT PROBLEMS.....7<br>SCHOOL CLOSED.....8<br>SHOES/UNIFORM MISSING/DIRTY/WET.....9<br>RAIN.....10<br>MONEY PROBLEMS.....11<br>HAD TO RUN AN ERRAND.....12<br>OTHER (SPECIFY).....13 | YES..1<br>(➔ 10)<br><br>NO...2                     | TRUANCY.....1<br>WORKING OUTSIDE THE HOME.....2<br>NEEDED AT HOME.....3<br>MARKET DAY.....4<br>SHOES/UNIFORM MISSING/DIRTY/WET.....5<br>MONEY PROBLEMS.....6<br>OTHER (SPECIFY)..7 | YES,MILK AND/OR NUTRIBUN...1<br><br>YES, COOKED MEAL.....2<br><br>YES, BOTH.....3<br><br>NO.....4<br>(➔ 12)<br>DON'T KNOW.....5<br>(➔ 12) |
|  | VOCAT/AGRIC.....12➔<br>UNIVERSITY.....13➔<br>OTHER TERTIARY(PUBLIC)...14➔<br>OTHER TERTIARY(PRIVATE)...15➔<br>ADULT LITERACY CLASSES...16➔<br>ADULT EDUCATION/NIGHT...17➔<br>SPECIAL SCHOOL.....18➔<br><br>NONE.....19 (➔ 13) | NEXT PERSON                       | PUBLIC..1<br><br>PRIVATE.2  | GRADE   | MILES YARDS  |  |   | FIRST SECOND<br>R N R N                            |  |   |

[illegible]

## PART B: EDUCATION (CONTINUED)

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>N° | 11.<br>Does<br>..[NAME]..<br>usually take<br>the meal<br>provided by<br>the school?<br><br>YES....1<br>(> 15)<br>NO.....2 | 12.<br>What does<br>..[NAME]..<br>usually<br>have for<br>lunch?<br><br>SNACK/MEAL<br>FROM SCHOOL<br>CANTEEN/<br>VENDORS....1<br><br>SNACK/MEAL<br>FROM<br>HOME.....2<br>OTHER.....3<br>NOTHING....4<br><br>[ > 15 ] | 13.<br>What type of school did.....<br>...[NAME]....last attend?<br>BASIC/INFANT.....1<br>PRIMARY.....2<br>ALL AGE SCHOOL(GRADES 1-6).....3<br>ALL AGE SCHOOL(GRADES 7-9)....4<br>PRIMARY/JUNIOR HIGH<br>(GRADES 1-6).....5<br>PRIMARY JUNIOR HIGH<br>(GRADES 7-9).....6<br>JUNIOR HIGH (GRADES 7-9).....7<br>NEW SECONDARY.....8<br>COMPREHENSIVE.....9<br>SECONDARY HIGH.....10<br>TECHNICAL.....11<br>VOCT/AGRIC.....12<br>UNIVERSITY.....13<br>OTHER TERTIARY (PUBLIC).....14<br>OTHER TERTIARY (PRIVATE).....15<br>ADULT LITERACY CLASSES.....16<br>ADULT EDUCATION/NIGHT.....17<br>SPECIAL SCHOOL.....18<br>NONE.....19<br><br>[ > NEXT PERSON ] | 14.<br>How many<br>years did.<br>...[NAME]..<br>complete<br>at that<br>school?<br><br>YEARS | 15.<br>What is the highest (academic) examination<br>that.....[NAME]...have passed?<br><br>NONE.....1<br>CXC Basic,JSC 5,SSC,3rd JL.....2<br>CXC Gen,GCE O 1-2.....3<br>CXC Gen,GCE O 3-4.....4<br>CXC Gen,GCE O 5+,GCE A 1-2.....5<br>GCE A 3 or MORE.....6<br>DEGREE.....7<br>OTHER.....8<br>NOT STATED.....9 |
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## PART B: EDUCATION (CONCLUDED)

| SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL) |  |              |                               |             |          |                   |          |  |  |   |  |
|---|--|--------------|-------------------------------|-------------|----------|-------------------|----------|--|--|---|--|
| INDIVIDUAL<br>N°  | 16. How much did ..[NAME]'s... family pay in the past 12 months for the following school expenses? |              |                               |             |          |                   |          | 17. FOR SECONDARY SCHOOL STUDENTS<br>[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 .....<br>[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<br>NO.....2   | ALL....1<br>(→NEXT PERSON)<br>PART...2<br>NONE...3                                 | MINISTRY.....1<br>MP .....2<br>(→ NEXT PERSON)<br>MINISTRY & MP..3<br>MINISTRY &<br>OTHER.....4<br>MP & OTHER.....5<br>(→ NEXT PERSON)<br>MINISTRY,MP &<br>OTHER.....6<br>OTHER<br>(SPECIFY).....7<br>(→ NEXT PERSON) | (\$)   |
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PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

| INDIVIDUAL<br>N° | 1<br>When was...[NAME]...born?<br><br>CALCULATE CHILD'S AGE. ASK RESPONDENT TO CONFIRM IT IN COL. 3 --> |       |      | 2<br>What was the weight of...[NAME]... at birth? |     | 3<br>AGE |        | 4<br>IS THE DATE OF BIRTH IN Q1. BASED ON<br><br>BIRTH CERTIFICATE.....1<br>IMMUNIZATION CARD.....2<br>PARENTAL INFORMATION.....3<br>OTHER RELATIVE/GUARDIAN...4 | 5<br>WAS THIS CHILD MEASURED?<br><br>YES.....1<br>(≥ 7)<br>NO.....2 | 6<br>REASON CHILD NOT MEASURED<br><br>AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1<br>ILLNESS.....2<br>DEFORMITY...3<br>OTHER (SPECIFY)...4<br><br>▶ 10 | 7<br>WEIGHT<br><br>KILOGRAMS | 8<br>LENGTH<br><br>CENTI-METERS | 9<br>Was the child measured lying down or standing?<br><br>LYING DOWN...1<br>STANDING...2 | 10<br>Was the birth of this child registered?<br><br>YES...1<br>NO....2 | 11<br>In the past two weeks, has the child had running belly (diarrhea) ie. three or more loose stools per day<br><br>YES...1<br>NO....2 | RECORD IMMUNIZATION STATUS OF THE CHILD |         |  |  | 16<br>For Q12 - Q15, was Immun. card seen? |
|------------------|---|-------|------|---|-----|----------|--------|--|---|---|------------------------------|---------------------------------|---|---|--|---|---------|--|--|--|
|                  | DAY   | MONTH | YEAR | LBS   | OZS | YEARS    | MONTHS |  |   |   |                              |                                 |   | O.P.V.  | D.P.T.   | B.C.G.                                  | MEASLES |  |  |  |
| 01               |   |       |      |   |     |          |        |  |   |   |                              |                                 |   |   |  |   |         |  |  |  |
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PART D: FOOD STAMPS - TO BE ASKED OF EACH HOUSEHOLD MEMBER

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

## RECEIVING FOOD STAMPS - CONTINUED

| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>N° | 9<br>Do you buy ...[ITEM]... with the food stamps?<br><br>YES.....1<br>NO.....2 |       |      |       |      |       |          |                 |                               | 10<br>If you did not have to pick up food stamps what would you be doing?<br><br>"BE AT WORK".....1<br><br>HOUSEHOLD WORK (KITCHEN, GARDEN, REPAIRS AND WORK AROUND THE HOUSE....2<br><br>ATTENDING TO CHILDREN/FAMILY.....3<br>LEISURE .....4<br>OTHER (SPECIFY).....5<br><br>ASK IF ANSWER TO QUESTION 3. IS 2 | 11<br>What is the value of food stamps received last March or April?<br><br>IF DID NOT RECEIVE WRITE ZERO | 12<br>IF ANSWER TO QUESTION 11 IS ZERO.<br><br>Why didn't you receive food stamps last March or April?<br><br>NO LONGER ELIGIBLE...1<br>DID NOT GO TO PAY STATION.....2<br>NO ONE AT PAY STATION.....3<br>WENT, BUT COULD NOT WAIT.....4<br>WENT, BUT FORGOT ID...5<br>DID NOT RECEIVE ENTITLEMENT BY MAIL..6<br>WENT, BUT TOLD NOT ON LIST.....7<br>OTHER (SPECIFY).....8 | 13<br>Have you had any problems picking up food stamps?<br><br>YES....1<br>NO.....2<br>(➤ NEXT PERSON) | 14<br>What was the main problem?<br><br>OFFICER LATE/DID NOT COME.....1<br>OFFICER RUDE/PAY STATION UNPLEASANT.....2<br>HAS INADEQUATE ACCOMODATION.....3<br>PAY STATION CROWD DISORDERLY.....4<br>PAY STATION FAR AWAY, TRANSPORTATION DIFFICULTIES.....5<br>LONG LINE .....6<br>NOT BEING RECEIVED IN THE MAIL.....7<br>OTHER.....8 |
|--|---|-------|------|-------|------|-------|----------|-----------------|-------------------------------|--|---|--|--|---|
|  | Cornmeal  | Sugar | Rice | Flour | Milk | Meats | Kerosene | Other Food Item | Other Non-Food Item (Specify) |  |   |  |  |   |
| 01   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 02   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 03   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 04   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 05   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 06   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 07   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 08   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 09   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 10   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 11   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |
| 12   |   |       |      |       |      |       |          |                 |                               |  |   |  |  |   |

## PART D: FOOD STAMPS (CONCLUDED)

| APPLIED WITHIN PAST 12 MONTHS BUT NOT RECEIVING |  |   | APPLIED MORE THAN 12 MONTHS AGO BUT NOT RECEIVING   | NEVER APPLIED   |
|---|--|---|---|---|
| INDIVIDUAL<br>N°                                | 15<br>How long ago was the application made? | 16<br>What happened to the application?<br><br>APPROVED.....1<br>PUT ON FILE.....2 (»NEXT PERSON)<br>TURNED DOWN.....3 (»NEXT PERSON)<br>DON'T KNOW/<br>NOT INFORMED.....4 (»NEXT PERSON)   | 17<br>Why didn't you get food stamps last March or April?<br><br>NO LONGER ELIGIBLE.....1<br>WENT TO PAY STATION BUT NOT YET ON LIST....2<br>HAVE NOT GONE TO CHECK.....3<br>OTHER.....4<br>DON'T KNOW/<br>NOT INFORMED.....5<br><div>» NEXT PERSON</div> | 18<br>What is the reason why you have never received food stamps?<br><br>APPROVED, BUT NEVER CHECKED BACK.....1<br>PUT ON FILE.....2<br>TURNED DOWN, NOT ELIGIBLE.....3<br>DID NOT RECEIVE IN MAIL.....4<br>DON'T KNOW/<br>NOT INFORMED.....5<br><div>» NEXT PERSON</div> |
|   |  | 19<br>Why have you never applied for food stamps?<br><br>DOES NOT SEE SELF AS ELIGIBLE.....1<br>BENEFITS TOO SMALL, CAN'T BE BOTHERED.....2<br>DOES NOT WANT STIGMA...3<br>IGNORANCE/DON'T KNOW HOW TO OBTAIN.....4<br>OTHER .....5<br><div>» NEXT PERSON</div> |   |   |
| 01  |  |   |   |   |
| 02  |  |   |   |   |
| 03  |  |   |   |   |
| 04  |  |   |   |   |
| 05  |  |   |   |   |
| 06  |  |   |   |   |
| 07  |  |   |   |   |
| 08  |  |   |   |   |
| 09  |  |   |   |   |
| 10  |  |   |   |   |
| 11  |  |   |   |   |
| 12  |  |   |   |   |

## PART E: DAILY EXPENSES

| 1   |       | 2   |  |
|---|-------|---|--|
| During the past 7 days, has this household spent money on any of the following items? |       | How much have you spent for ...[ ]... during the past 7 days? |  |
| 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.                   |       |   |  |
| ↓   |       |   |  |
| 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?<br>PUT A CROSS IN THE APPROPRIATE BOX<br>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.<br>THEN ASK QUESTIONS 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS. | Have you bought ... during the past 7 days?<br>YES...1<br>NO...2 (> 4) | How much did you spend on ... during the past 7 days?<br>AMOUNT J\$ | How much did you spend on ... during the past 30 days?<br>AMOUNT J\$ | During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?<br>PUT A CROSS IN THE APPROPRIATE BOX<br>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.<br>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?<br>IF NOTHING ENTER 0 AND (> 7)<br>AMOUNT J\$ | How much would it cost to buy the amount of home-produced ... you ate during the past 30 days?<br>IF NOTHING ENTER 0 AND (> 8)<br>AMOUNT J\$ | How much would it cost to buy the amount of ... you received as gift during the past 30 days?<br>IF NOTHING ENTER 0<br>AMOUNT J\$ |
| Fresh or frozen beef   | YES-><br>-<NO  | 201   |  | Fresh or frozen beef  | YES-><br>-<NO   | 201  |   |
| Fresh or frozen pork   | YES-><br>-<NO  | 202   |  | Fresh or frozen pork  | YES-><br>-<NO   | 202  |   |
| Fresh or frozen mutton   | YES-><br>-<NO  | 203   |  | Fresh or frozen mutton  | YES-><br>-<NO   | 203  |   |
| Offal- heart, kidney, liver, tripe etc.  | YES-><br>-<NO  | 204   |  | Offal- heart, kidney, liver, tripe etc.   | YES-><br>-<NO   | 204  |   |
| Other fresh or frozen (oxtail, trotters, cow's foot, hocks)  | YES-><br>-<NO  | 205   |  | Other fresh or frozen meat (oxtail, trotters, cow's foot, hocks)  | YES-><br>-<NO   | 205  |   |
| Salted, cured or canned meat (eg. pigtail)   | YES-><br>-<NO  | 206   |  | Salted, cured or canned meat (eg. pigtail)  | YES-><br>-<NO   | 206  |   |
| Fresh or frozen fish and shellfish   | YES-><br>-<NO  | 207   |  | Fresh or frozen fish and shellfish  | YES-><br>-<NO   | 207  |   |
| Salted codfish   | YES-><br>-<NO  | 208   |  | Salted codfish  | YES-><br>-<NO   | 208  |   |
| Canned mackerel, sardines, herring   | YES-><br>-<NO  | 209   |  | Canned mackerel, sardines, herring  | YES-><br>-<NO   | 209  |   |
| Other salted or canned fish and shellfish (e.g. mackerel, red herring)   | YES-><br>-<NO  | 210   |  | Other salted or canned fish and shellfish (e.g. mackerel, red herring etc.)   | YES-><br>-<NO   | 210  |   |
| Fresh or frozen whole chicken or parts   | YES-><br>-<NO  | 211   |  | Fresh or frozen whole chicken or parts  | YES-><br>-<NO   | 211  |   |
| Chicken necks and back   | YES-><br>-<NO  | 212   |  | Chicken necks and backs   | YES-><br>-<NO   | 212  |   |
| Other poultry, fresh, frozen salted, cured or canned   | YES-><br>-<NO  | 213   |  | Other poultry, fresh, frozen salted, cured or canned  | YES-><br>-<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>YES-&gt;<br/>NO...2 (&gt; 4)</p> | <p>Have you bought ... during the past 7 days?</p> <p>YES...1<br/>NO...2 (&gt; 4)</p> | <p>How much did you spend on ... during the past 7 days?</p> <p>AMOUNT J\$</p> | <p>How much did you spend on ... during the past 30 days?</p> <p>AMOUNT J\$</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>YES-&gt;<br/>NO...2 (&gt; 4)</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 (&gt; 7)</p> <p>AMOUNT J\$</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 (&gt; 8)</p> <p>AMOUNT J\$</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 J\$</p> |  |
| Liquid milk (raw milk, pasturized milk or reconstituted milk powder)  | YES-><br>-<NO   | 214  |   |  | Liquid milk (raw milk, pasturized milk or reconstituted milk powder)  | YES-><br>-<NO  | 214  |  |
| Condensed milk  | YES-><br>-<NO   | 215  |   |  | Condensed milk  | YES-><br>-<NO  | 215  |  |
| Evaporated milk   | YES-><br>-<NO   | 216  |   |  | Evaporated milk   | YES-><br>-<NO  | 216  |  |
| Powdered milk (D.S.M)   | YES-><br>-<NO   | 217  |   |  | Powdered milk (D.S.M)   | YES-><br>-<NO  | 217  |  |
| Butter of margarine (chiffon)   | YES-><br>-<NO   | 218  |   |  | Butter of margarine (chiffon)   | YES-><br>-<NO  | 218  |  |
| Cheese  | YES-><br>-<NO   | 219  |   |  | Cheese  | YES-><br>-<NO  | 219  |  |
| Eggs  | YES-><br>-<NO   | 220  |   |  | Eggs  | YES-><br>-<NO  | 220  |  |
| Other dairy products (yogurt, ice cream, ...)   | YES-><br>-<NO   | 221  |   |  | Other dairy products (yogurt, ice cream, ...)   | YES-><br>-<NO  | 221  |  |
| Oils and fats (vegetable oil, coconut oil, lard...)   | YES-><br>-<NO   | 222  |   |  | Oils and fats (vegetable oil, coconut oil, lard...)   | YES-><br>-<NO  | 222  |  |
| Bread   | YES-><br>-<NO   | 223  |   |  | Bread   | YES-><br>-<NO  | 223  |  |
| Crackers and Unsweetened biscuits   | YES-><br>-<NO   | 224  |   |  | Crackers and Unsweetened biscuits   | YES-><br>-<NO  | 224  |  |
| Other baked products - (sweetened biscuits, cakes buns, bullas etc.)  | YES-><br>-<NO   | 225  |   |  | Other baked products - (sweetened biscuits, cakes buns, bullas etc.)  | YES-><br>-<NO  | 225  |  |
| Banmy/Cassava Bread   | YES-><br>-<NO   | 226  |   |  | Banmy/Cassava Bread   | YES-><br>-<NO  | 226  |  |
| Flour   | YES-><br>-<NO   | 227  |   |  | Flour   | YES-><br>-<NO  | 227  |  |

## PART F: FOOD EXPENSES

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

PART F: FOOD EXPENSES

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



## PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

| 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?<br>PUT A CROSS IN THE APPROPRIATE BOX<br>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.<br>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?<br>YES...1<br>NO...2 (> 5) | How much did you spend on ... during the past 30 days?<br>AMOUNT JS | How much did you spend on ... during the past 12 months?<br>AMOUNT JS | Did you receive any ... as gift during the past 12 months?<br>YES...1<br>NO...2 (>NEXT ITEM) | What is the value of all that ... you received as gift during the past 12 months?<br>ESTIMATE MONETARY VALUE<br>AMOUNT JS | During the past 12 months, has this household spent or received as gift any of the following items?<br>PUT A CROSS IN THE APPROPRIATE BOX<br>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.<br>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?<br>YES...1<br>NO...2 (> 4) | How much did you spend on ... during the past 30 days?<br>AMOUNT JS | How much did you spend on ... during the past 12 months?<br>AMOUNT JS | Did you receive any ... as gift during the past 12 months?<br>YES...1<br>NO...2 (>NEXT ITEM) | What is the value of all that ... you received as gift during the past 12 months?<br>ESTIMATE MONETARY VALUE<br>AMOUNT JS |
| Personal care supplies (soaps, toothpaste, brushes, shaving cream, razors and blades)  | YES-><br>-<NO   |   |   |  |   | Cooking gas  | YES-><br>-<NO   |   |   |  |   |
| Cosmetics (lotions, deodorants, ...)   | YES-><br>-<NO   |   |   |  |   | Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)   | YES-><br>-<NO   |   |   |  |   |
| Hair and body care (lotions, dyes, etc)  | YES-><br>-<NO   |   |   |  |   | Furniture, outdoor (lawn chair, barbecue grill, ...)   | YES-><br>-<NO   |   |   |  |   |
| Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)  | YES-><br>-<NO   |   |   |  |   | Furnishings (carpets, drapes, sheets, towels, ...)   | YES-><br>-<NO   |   |   |  |   |
| Polishes, waxes, air freshener, insect sprays  | YES-><br>-<NO   |   |   |  |   | Dinner ware (plates, glasses, knives, forks, spoons, ...)  | YES-><br>-<NO   |   |   |  |   |
| Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)   | YES-><br>-<NO   |   |   |  |   | Cooking ware (pots, pans, shilleys, ...)   | YES-><br>-<NO   |   |   |  |   |
| Toilet supplies (toilet paper, cleanser, ...)  | YES-><br>-<NO   |   |   |  |   | Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)  | YES-><br>-<NO   |   |   |  |   |
| Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries...)   | YES-><br>-<NO   |   |   |  |   | Radio (do not include radio/cassette player)   | YES-><br>-<NO   |   |   |  |   |
| Home help services (cook, nurse maid, household help, gardener, ...)   | YES-><br>-<NO   |   |   |  |   | Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...)   | YES-><br>-<NO   |   |   |  |   |
| Laundry and dry cleaning services  | YES-><br>-<NO   |   |   |  |   | Repairs on furniture or household equipment  | YES-><br>-<NO   |   |   |  |   |
| Rental of equipment (radio, television, ...)   | YES-><br>-<NO   |   |   |  |   | Medicines (pills, tonics, drugs, family planning supplies)   | YES-><br>-<NO   |   |   |  |   |
|  |   |   |   |  |   | Medical services (doctor's fee, hospital care, prescriptions, spectacles...)   | YES-><br>-<NO   |   |   |  |   |
|  |   |   |   |  |   | Health Insurance   | YES-><br>-<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?<br>PUT A CROSS IN THE APPROPRIATE BOX<br>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.<br>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?<br>YES...1<br>NO...2 (> 4) | How much did you spend on ... during the past 30 days?<br>AMOUNT J\$ | How much did you spend on ... during the past 12 months?<br>AMOUNT J\$ | Did you receive any ... as gift during the past 12 months?<br>YES...1<br>NO...2 (>NEXT ITEM) | What is the value of all that ... you received as gift during the past 12 months?<br>ESTIMATE MONETARY VALUE<br>AMOUNT J\$ |
| Shoes and sandals for adults<br>YES-><br>-<NO  | 325   |  |  |  |  |
| Shoes and sandals for children<br>YES-><br>-<NO  | 326   |  |  |  |  |
| Clothing materials for adults (dacron, linen, cotton, silk, ...)<br>YES-><br>-<NO  | 327   |  |  |  |  |
| Clothing materials for children (dacron, linen, cotton, silk, ...)<br>YES-><br>-<NO  | 328   |  |  |  |  |
| Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)<br>YES-><br>-<NO   | 329   |  |  |  |  |
| Children clothing (shirts, trousers, coats, jeans, ...)<br>YES-><br>-<NO   | 330   |  |  |  |  |
| Making and repair of clothes (adult and children)<br>YES-><br>-<NO   | 331   |  |  |  |  |
| Accessories (watches, jewelry, sunglasses, ...)<br>YES-><br>-<NO   | 332   |  |  |  |  |
| Reading materials (Books, magazines, newspapers, ...)<br>YES-><br>-<NO   | 333   |  |  |  |  |
| Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)<br>YES-><br>-<NO  | 334   |  |  |  |  |
| Education expenses (tuition, books, boarding, fees, ...)<br>YES-><br>-<NO  | 335   |  |  |  |  |
| Sporting activities (Club membership, equipment, entrance fees, ...)<br>YES-><br>-<NO  | 336   |  |  |  |  |
| Other recreational activities (cinema, theatre, dance clubs, records, tapes)<br>YES-><br>-<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?<br>PUT A CROSS IN THE APPROPRIATE BOX<br>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.<br>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?<br>YES...1<br>NO...2 (> 4) | How much did you spend on ... during the past 30 days?<br>AMOUNT J\$ | How much did you spend on ... during the past 12 months?<br>AMOUNT J\$ | Did you receive any ... as gift during the past 12 months?<br>YES...1<br>NO...2 (> NEXT ITEM) | What is the value of all that ... you received as gift during the past 12 months?<br>ESTIMATE MONETARY VALUE<br>AMOUNT J\$ |
| Purchased transportation (taxi, bus, train, car rental, air fare)<br>YES-><br>-<NO   | 338   |  |  |   |  |
| Gasoline, motor oil<br>YES-><br>-<NO   | 339   |  |  |   |  |
| Car repairs, tires<br>YES-><br>-<NO  | 340   |  |  |   |  |
| Car insurance<br>YES-><br>-<NO   | 341   |  |  |   |  |
| Vehicle taxes, duties<br>YES-><br>-<NO   | 342   |  |  |   |  |
| Purchase of car, motor cycles for personal use<br>YES-><br>-<NO  | 343   |  |  |   |  |
| Other transport expenses (parking charges, motor vehicle and driver licenses)<br>YES-><br>-<NO   | 344   |  |  |   |  |
| Vacation expenses (excluding fares) (hotels, travel tax, ...)<br>YES-><br>-<NO   | 345   |  |  |   |  |
| Gardening & horticulture (plants, fertilizer, garden equipment, home animals, ...)<br>YES-><br>-<NO  | 346   |  |  |   |  |
| Telegrams, telephone, + cablegrams<br>YES-><br>-<NO  | 347   |  |  |   |  |
| Other consumption expenditures (flowers, etc.)<br>YES-><br>-<NO  | 348   |  |  |   |  |
| Purchases for special occasions (parties, entertainment relating to weddings, funerals etc. )<br>YES-><br>-<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.

PART H: NON - CONSUMPTION EXPENDITURES

| 1  | 2   | 3   | 4   |
|--|---|---|---|
| <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>Have you spent on [ ] during the past 30 days?</p> <p>YES...1</p> <p>NO...2 (&gt; 4)</p> | <p>How much did you spend on ...[ ]... during the past 30 days?</p> <p>AMOUNT J\$</p> | <p>How much did you spend on ...[ ]... during the past 12 months?</p> <p>AMOUNT J\$</p> |
| Life & General Insurance   | YES-><br>-<NO   | 401   |   |
| Horse racing   | YES-><br>-<NO   | 402   |   |
| Other gambling expenses  | YES-><br>-<NO   | 403   |   |
| Weddings, funerals   | YES-><br>-<NO   | 404   |   |
| Donations and gifts (church or union dues, gifts, charities, ...)  | YES-><br>-<NO   | 405   |   |
| Repayment of loans, interest payments  | YES-><br>-<NO   | 406   |   |
| Support for children who live elsewhere  | YES-><br>-<NO   | 407   |   |
| Other maintenance of relatives outside the home  | YES-><br>-<NO   | 408   |   |
| NHT  | YES-><br>-<NO   | 409   |   |
| NIS  | YES-><br>-<NO   | 410   |   |
| Pension  | YES-><br>-<NO   | 411   |   |
| Other non-consumption expenditures (legal services, anything else, ...)  | YES-><br>-<NO   | 412   |   |
| Direct Taxes (Income tax and Education tax)  | YES-><br>-<NO   | 413   |   |

PART I: HOUSING AND RELATED EXPENSES

|   |   |  |   |
|---|---|--|---|
| <p>1 TYPE OF DWELLING</p> <p>SEPARATE HOUSE<br/>DETACHED.....1<br/>SEMI-DETACHED HOUSE.....2<br/>PART OF A HOUSE.....3<br/>APARTMENT BUILDING.....4<br/>TOWN-HOUSE.....5<br/>IMPROVISED HOUSING<br/>UNIT.....6<br/>PART OF COMMERCIAL<br/>BUILDING.....7<br/>OTHER.....8<br/>(SPECIFY.....)</p> | <p>8 Does this household own or lease the land on which this dwelling is?</p> <p>OWNED.....1<br/>LEASED.....2<br/>PRIVATE RENTED.....3<br/>GOVERNMENT RENTED.....4<br/>RENT FREE.....5<br/>SQUATTED.....6<br/>OTHER.....7</p> <p>GO TO 12</p>   | <p>14 How often do you make these payments?</p> <p>No. OF TIMES: <input type="text"/> PER: <input type="text"/><br/>MONTH...4<br/>YEAR...5</p>   | <p>22 How far from this dwelling is this ...[SUPPLY SOURCE IN 17]...?</p> <p>DISTANCE ----&gt; <input type="text"/></p> <p>DISTANCE <input type="text"/> MILES.....1<br/>CODE ----&gt; <input type="text"/> YARDS.....2</p> |
| <p>2 MAIN MATERIAL OF OUTER WALLS</p> <p>WOOD.....1<br/>STONE.....2<br/>BRICK *.....3<br/>CONCRETE NOG.....4<br/>BLOCK &amp; STEEL.....5<br/>WATTLE/ADOBE.....6<br/>OTHER (SPECIFY:.....)<br/>.....7</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<br/>PRIVATE EMPLOYER.....2<br/>PUBLIC AGENCY.....3<br/>PRIVATE INDIVIDUAL<br/>OR AGENCY.....4</p>  | <p>15 Do you have to pay property taxes for this dwelling?</p> <p>YES...1<br/>NO...2 (→ 17)</p>  | <p>23 What is the source of lighting for this dwelling?</p> <p>ELECTRICITY...1<br/>KEROSENE.....2 (→ 26)<br/>OTHER.....3 (→ 26)<br/>NONE.....4 (→ 26)</p>   |
| <p>3 How many rooms are occupied by this household (excluding verandahs, kitchens and bathrooms)?</p> <p>NO. OF ROOMS: <input type="text"/></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 type="text"/></p> <p>PER: <input type="text"/></p> <p>WEEK...3<br/>MONTH...4<br/>YEAR...5</p>  | <p>16 How much taxes do you pay for this dwelling?</p> <p>AMOUNT J\$: <input type="text"/></p> <p>PER: <input type="text"/></p> <p>MONTH...4<br/>YEAR...5</p>  | <p>24 How much was the latest electric bill for your household?</p> <p>AMOUNT J\$: <input type="text"/></p>   |
| <p>4 What kind of toilet facilities are used by your household?</p> <p>W.C. LINKED TO SEWER...1<br/>W.C. NOT LINKED.....2<br/>PIT.....3<br/>OTHER.....4<br/>NONE.....5 (→ 6)</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<br/>PRIVATE EMPLOYER.....2<br/>PUBLIC AGENCY.....3<br/>PRIVATE INDIVIDUAL<br/>OR AGENCY.....4<br/>NOBODY HELPS.....5</p> | <p>17 What is the main source of drinking water for your household?</p> <p>INDOOR TAP/PIPE...1<br/>OUTSIDE PRIVATE<br/>PIPE/TAP.....2<br/>PUBLIC STANDPIPE...3 (→ 21)<br/>WELL.....4 (→ 21)<br/>RIVER, LAKE,<br/>SPRING, POND.....5 (→ 21)<br/>RAINWATER (TANK)...6 (→ 23)<br/>OTHER (SPECIFY:.....)<br/>.....7 (→ 21)</p> | <p>25 How many months of consumption were covered by this bill?</p> <p>MONTHS: <input type="text"/></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<br/>SHARED.....2</p>   | <p>12 Do you make mortgage payments on this dwelling?</p> <p>YES...1<br/>NO...2 (→ 15)</p>  | <p>18 Have you a group or individual meter?</p> <p>GROUP.....1<br/>INDIVIDUAL...2<br/>NO METER.....3</p>   | <p>26 Does this household have a telephone?</p> <p>YES....1<br/>NO....2 (→ NEXT SECTION)</p>  |
| <p>6 Is the kitchen used only by your household, or do other households use the same kitchen?</p> <p>EXCLUSIVE USE...1<br/>SHARED.....2<br/>NONE.....3</p>  | <p>13 How much was your last payment?</p> <p>AMOUNT J\$: <input type="text"/></p>   | <p>19 How much was the latest water bill for your household?</p> <p>AMOUNT J\$: <input type="text"/></p>   | <p>27 How much was the latest telephone bill for your household (including cellular bill)?</p> <p>AMOUNT J\$: <input type="text"/></p>  |
| <p>7 Does this household own or lease this dwelling?</p> <p>OWNED.....1<br/>LEASED.....2 (→ 9)<br/>PRIVATE RENTED.....3 (→ 9)<br/>GOVERNMENT RENTED.....4 (→ 17)<br/>RENT FREE.....5 (→ 17)<br/>SQUATTED.....6 (→ 17)<br/>OTHER.....7 (→ 17)</p>  | <p>20 How many months were covered by this bill?</p> <p>MONTHS : <input type="text"/></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<br/>ONLY.....1<br/>SHARED.....2</p>  | <p>28 How many months of consumption were covered by this bill?</p> <p>MONTHS : <input type="text"/></p>  |

\* 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<br>Please describe all the ..[ ]...<br>owned by members of your household. |      |             | 2<br>In what<br>year did<br>you<br>acquire<br>this<br>...[ ]? | 3<br>How much did you<br>pay for this<br>...[ ]...?<br>IF IT WAS A GIFT<br>OR AN EXCHANGE:<br>What was the<br>value of this<br>...[ ]...when<br>you acquired it? | 4<br>If you wanted to<br>sell this ..[ ]<br>today, how much<br>would you receive? |               |
|--|------|-------------|---|--|---|---------------|
| I<br>T<br>E<br>M   | ITEM | DESCRIPTION | CODE  | YEAR   | AMOUNT<br>J\$   | AMOUNT<br>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 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?

PUT A CROSS IN THE APPROPRIATE BOX FOR EACH ITEM.

ASK QUESTION 1 FOR ALL ITEMS.  
FOR ALL ITEMS FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.

☒ X

↓

Support for children from parents who live elsewhere?

701

YES →

← NO

Other relatives or friends who live in Jamaica?

702

YES →

← NO

Other relative or friends who live abroad?

703

YES →

← NO

Rental payments for use of land or other property owned by household members?

704

YES →

← NO

Social Security (NIS) ?

705

YES →

← NO

Private, Government or other pension fund?

706

YES →

← NO

Public Assistance, Poor Relief and Food Stamps?

707

YES →

← NO

Interest from loans made by household members or from money deposited in a bank or other financial institutions?

708

YES →

← NO

Dividends?

709

YES →

← NO

Windfall Receipts? (lotteries, gambling inheritances etc.)

710

YES →

← 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<br>NUMBER<br>AS IN<br>ROSTER | ITEM<br>CODE | AMOUNT<br><br>(\$) | INDIVIDUAL<br>NUMBER<br>AS IN<br>ROSTER | ITEM<br>CODE | AMOUNT<br><br>(\$) |
|---|--------------|--------------------|---|--------------|--------------------|
|---|--------------|--------------------|---|--------------|--------------------|

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## PART-L: POVERTY AND COPING STRATEGIES

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

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

## PART :L POVERTY AND COPING STRATEGIES

| OCCUPATIONAL STATUS<br>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<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>N<br>O | How often do you attend?  | Are you actively practising your religion?  | Are you entitled to the following benefits?<br><br>CODE ALL THAT APPLY<br>health insurance.....1<br>disability insurance.....2<br>retirement plan.....3<br>transportation..4<br>laundry.....5<br>uniform allowances.....6<br>paid leave.....7<br>performance incentives....8<br>NIS.....9<br>maternity leave.....10<br>subsidy.....11<br>life insurance.....12<br>other (specify).....13<br>NO.....14 | Are you contributing to?<br><br>CODE ALL THAT APPLY<br>NHT.....1<br>NIS.....2<br>Education Tax.....3<br>Life Insurance.....4<br>Health Insurance.....5<br>Other (specify).....6<br>No.....7 | 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<br>monthly.....2<br>every two months.....3<br>every six months.....4<br>once per year.....5<br>never.....6<br>not stated...7 | yes...1<br>no....2                          |   |   | Disastisfied.....1<br>Very Disastisfied.....2<br>Neither satisfied/<br>disastisfied.....3<br>Satisfied.....4<br>Very satisfied.....6<br>Dont know.....7<br>(≥15) |      | better.....1<br>equal.....2<br>worse off....3<br>dont know...4         | unsure.....1<br>very unsure....2<br>hopeful.....3<br>very hopeful...4<br>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<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L | How long have you lived in this community?<br>one year or less.....1<br>under 2 years.....2<br>2 to 5 years.....3<br>6 to 10 years.....4<br>more than 10 years..5 | What do you think of life in your community compared to 5 years ago?<br>better.....1<br>equal to.....2<br>worse off.....3<br>dont know....4 | How many community organisations are there?<br>none.....0 (*25)<br>dont know...9 (*21) | Indicate type of organisation/club?<br>CODE ALL THAT APPLY<br>youth club.....1<br>sports club.....2<br>training center...3<br>JAS.....4<br>community club.....5<br>neighbourhood watch.....6<br>citizens organisation.....7<br>other(specify)....8 | Are you a member of any organisation in your community?<br>yes active.....1<br>yes-inactive...2<br>no.....3 (* 25) | Is the organisation of any help to your community?<br>great deal.....1<br>some.....2<br>only a little...3<br>no help.....4<br>dont know.....5 | Would you say that any member of this household benefited from this organisation?<br>yes.....1<br>no.....2 (* 25)<br>dont know..3 (* 25) | What benefit? |
| N<br>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 NO | 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?  | What do you think are the most essential goods/services needed for a person's survival?  |   |
|               | yes<br>active.....1<br>yes<br>inactive....2<br>no .....3<br>(→ 29) | a great<br>deal.....1<br>some.....2<br>little.....3<br>none.....4<br>dont know....5 | yes.....1<br>no.....2 (→ 29)   |               | upper.....1<br>upper middle...2<br>middle middle...3<br>lower middle...4<br>working.....5<br>poor.....6<br>dont know.....7 | <div style="border: 1px solid black; padding: 2px; display: inline-block;">CODE ALL THAT APPLY</div><br>bad luck.....1<br>lack of jobs.....2<br>too many children...3<br>alcohol/drugs.....4<br>gambling.....5<br>society is<br>unjust to poor.....6<br>govt does not<br>help.....7<br>does not work<br>hard enough.....8 | rich exploit<br>the poor.....9<br>divine prophesy.....10<br>lack of employment<br>opportunity.....11<br>lack of educational<br>skills.....12<br>poor health.....13<br>family background....14<br>govt. oppression.....15<br>dont know.....16<br>other (specify).....17 | proper health care.....1<br>proper access to<br>education.....2<br>having a job.....3<br>family.....4<br>skills/trade.....5<br>opportunity.....6<br>dont know.....7<br>other(specify).....8 |
| 01            |  |   |  |               |  |   |  |   |
| 02            |  |   |  |               |  |   |  |   |
| 03            |  |   |  |               |  |   |  |   |
| 04            |  |   |  |               |  |   |  |   |
| 05            |  |   |  |               |  |   |  |   |
| 06            |  |   |  |               |  |   |  |   |
| 07            |  |   |  |               |  |   |  |   |
| 08            |  |   |  |               |  |   |  |   |
| 09            |  |   |  |               |  |   |  |   |
| 10            |  |   |  |               |  |   |  |   |
| 11            |  |   |  |               |  |   |  |   |
| 12            |  |   |  |               |  |   |  |   |

## PART-L: POVERTY AND COPING STRATEGIES

## PERCEPTION OF SOCIAL STATUS (CONTINUED)

## TRANSPORTATION (FOR H/H MEMBERS WITH MAIN OCCUPATION)

## COPING STRATEGIES (TO BE COMPLETED BY H/H HEAD)

| INDIVIDUAL NO. | 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?<br>upper.....1<br>upper middle.....2<br>middle middle.....3<br>lower middle.....4<br>working.....5<br>poor.....6<br>dont know.....7 | How far do you live from work?<br><br>miles/km | What type of transportation do you usually use to get to work?<br>private car.....1<br>motorcycle.....2<br>public bus.....3<br>private bus.....4<br>taxi.....5<br>robot.....6<br>bicycle.....7<br>walk.....8<br>other (specify).....9 | How long does it usually take you to get to work? | Are you experiencing financial difficulties?<br><br>yes...1<br>no....2 (→48) | What are the financial difficulties?<br><div>CODE ALL THAT APPLY</div><br>unable to:<br>pay utility bills.....1<br>pay mortgage.....2<br>buy food.....3<br>pay transportation costs.....4<br>pay school/education fees.....5<br>cover health-related expenses.....6<br>pay loans/debts.....7<br>afford local vacation.8<br>afford vacation overseas.....9<br>cover entertainment costs.....10<br>buy clothing.....11<br>pay housing costs.....12<br>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<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L<br><br>N<br>O. | 41   | 42  | 43                                 | (a)  | (b)   | (c)  | (d)   | (e)                                     | (f)                                 | (g) |
|---|--|---|------------------------------------|--|---|--|---|---|-------------------------------------|-----|
|   | How long have you been facing these difficulties?<br><br>PERIOD CODES<br>WEEK.....1<br>MONTH.....2<br>YEAR.....3<br><br># CODE | How do you cope? CODE ALL THAT APPLY<br>dip into savings.....1<br>sell assets.....2<br>ask local relatives for help.....3<br>ask relatives abroad for help.....4<br>ask friends overseas for help.....5<br>forego some necessities.....6<br>pray to god.....7<br>do not pay bills on time....8<br>stop paying bills.....9<br>plan to migrate.....10<br>borrow from established creditors.....11<br>hustle (sell on the side)....12<br>illegal activities.....13<br>do extra jobs....14<br>other(specify)...15 | health care<br>yes....1<br>no....2 | meals/food for<br>self.....1<br>children.....2<br>spouse.....3<br>other (specify)....4 | clothes<br>self.....1<br>children.....2<br>spouse.....3<br>other (specify)..4 | entertainment<br>self.....1<br>children.....2<br>spouse.....3<br>other (specify)...4 | school/education<br>self.....1<br>children.....2<br>spouse.....3<br>other (specify).....4 | transportation<br>yes.....1<br>no.....2 | any other<br>yes..1 what?<br>no...2 |     |
| 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

BENEFITS FROM NATIONAL  
POVERTY ERADICATION

## EMOTIONAL DIFFICULTIES

|  | 44   | 45              | 46  | 47  | 48   | 49  | 50   | 51 (a)   | 52                                  | 53   |
|--|--|-----------------|---|---|--|---|--|--|-------------------------------------|--|
| I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L | Do you ever stop your children from school because of financial difficulties?<br>yes.....1<br>no.....2 (≥48) | Which children? | Gender?<br><br>male.....1<br>female.....2 | How long do you stop children from school? (days) | Has your community benefited from JSIF, SDC, MIDA? | Have you received any benefits from the National Poverty Eradication Programme? | Are you experiencing any emotional difficulties? | What is causing these?<br>TICK ALL THAT APPLY  | Have you ever contemplated suicide? | How do you cope?   |
| N<br>O   |  |                 |   |   | yes.....1<br>no.....2<br>dont know.....3           | yes.....1<br>no.....2   | yes.....1<br>no.....2<br>(→ NEXT PERSON)         | job insecurity/<br>stress.....1<br>spouse problem.....2<br>other domestic problem.....3<br>uncertain about future.....4<br>general stress.....5<br>crime.....6<br>other(specify).....7 | yes.....1<br>no.....2               | leave everything to god....1<br>talk to pastor.....2<br>meditate.....3<br>dont think about it/them...4<br>exercise.....5<br>seek medical advice.....6<br>planning to migrate.....7<br>turn to family for support.8<br>turn to neighbours.....9<br>turn to organizations.....10<br>turn to friends .....11<br>smoke cigarettes.....12<br>alcohol(privately).....13<br>go to bar.....14<br>other(specify).....15 |
| 01   |  |                 |   |   |  |   |  |  |                                     |  |
| 02   |  |                 |   |   |  |   |  |  |                                     |  |
| 03   |  |                 |   |   |  |   |  |  |                                     |  |
| 04   |  |                 |   |   |  |   |  |  |                                     |  |
| 05   |  |                 |   |   |  |   |  |  |                                     |  |
| 06   |  |                 |   |   |  |   |  |  |                                     |  |
| 07   |  |                 |   |   |  |   |  |  |                                     |  |
| 08   |  |                 |   |   |  |   |  |  |                                     |  |
| 09   |  |                 |   |   |  |   |  |  |                                     |  |
| 10   |  |                 |   |   |  |   |  |  |                                     |  |
| 11   |  |                 |   |   |  |   |  |  |                                     |  |
| 12   |  |                 |   |   |  |   |  |  |                                     |  |

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

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 13

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 |

Union Status

UNION STATUS  
MARRIED.....1  
COMMON LAW...2  
VISITING.....3  
SINGLE.....4

Is this partner a household member ?

100

COPY THE  
IDENTIFI  
CATION  
CODE OF  
THE  
PARTNER

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

PUBLIC  
ASSISTANCE...  
POOR  
RELIEF.....  
NONE.....

FOR  
ALL HOUSEHOLD  
MEMBERS

6  
Is ..[NAME]..  
physically  
or mentally  
disabled?

YES.....1  
NO.....2  
▶ NEXT PERSON

INDIVIDUAL NO IN SLC '98

**R**