

JAMAICA SURVEY OF LIVING CONDITIONS

2004

DATE OF THE INTERVIEW			PARISH	CONSTITUENCY	SAMPLING REGION-ENUMERATION DISTRICT N°			DWELLING N°			H/H	AREA	SERIAL N°
DAY	MONTH	YEAR											2192

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

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

ID	1. In the past 4 weeks have you had any injury resulting from a road traffic accident, a fall, a domestic or criminal incident that required medical attention? YES 1 NO2(>3) <i>new</i>	2. What types of incident? MOTOR VEHICLE.....1 <i>04</i> DOMESTIC ACCIDENT...2 INDUSTRIAL ACCIDENT...3 DOMESTIC INCIDENT4 OTHER CRIMINAL INCIDENT5 OTHER SPECIFY....6	3. Have you had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma attack, hypertension, diabetes or any other illnesses? (In the past four weeks) YES 1 NO 2 (> Q23 if 2 in Q1) <i>05</i>	4. Is this a diagnosed (chronic) recurring illness? (Indicate all that apply) YES, COLD 1 YES, DIARRHOEA...2 YES, ASTHMA.....3 YES, DIABETES....4 YES, HYPERTENSION...5 YES, ATHRITIS.....6 YES, OTHER (SPECIFY).....7 NO.....8 <i>06</i>	5. How long did this last episode of illness last? DAYS	6. For how long were you unable to carry out normal activities? DAYS	7. Has a doctor, nurse, pharmacist midwife healer or any other health practioner been visited? YES..... 1 NO 2 (>18) <i>07</i>	8. How many visits did you make to health practioners? <i>08</i>	9. Where did the visits take place? In					
									a. Public hospital?	b. Private hospital?	c. Public Health/ Maternity Centre?	d. Private Health or Maternity Centre/ Doctor's Office	e. Other? (Specify)	
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PART A. HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONT.)

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ID	10. How much did you have to pay at public health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	11. How much did you have to pay at private health facilities for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	12. Did you spend a night in a public hospital or other public health establishment in the past 4 weeks? YES = 1 NO = 2 (> Q15)	13. How many nights during the past 4 weeks did you spend in the public hospital? NIGHTS	14. 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 by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	15. Did you spend a night in a private hospital or other private establishment in the past 4 weeks? YES = 1 NO = 2 (> Q19)	16. How many nights during the past 4 weeks did you spend in the private hospital? NIGHTS	17. 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 by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	18. Why didn't you seek care for this past/current illness? COULD NOT AFFORD.....1 WASN'T ILL ENOUGH....2 PREFERRED HOME REMEDIES...3 DIDN'T HAVE TIME TO GO.....4 OTHER (SPECIFY)...5	19. Did you buy medicines/ fill the prescription during the past 4 weeks for this illness or injury? PRESCRIBED MEDICINES...1 PARTIAL PRESCRIPTION.....2 PRESCRIBED/OVER THE COUNTER...3 OVER THE COUNTER...4 PRESCRIBED/DIDN'T BUY.....5 NONE PRESCRIBED/REQUIRED...6	20. Did you purchase medicines in a.....		21. How much have you spent for medicines at public source e.g. public hospital, health centre, during the past 4 weeks? Do not include the costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	22. How much have you spent for medicines at private source e.g. private doctor, pharmacy, etc. during the past 4 weeks? Do not include the costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	23. Are you covered by any health insurance? YES, PUBLIC.....1 YES, PRIVATE...2 BOTH.....3 NO.....4	24. How is your health in general? VERY GOOD.....1 GOOD.....2 FAIR.....3 POOR.....4 VERY POOR.....5
											Public Facility? YES.....1 NO.....2	Private Facility Or Pharmacy? YES.....1 NO.....2				
	12	13	14	15	16	17	18	19	20		26	27	28	A	new	
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PART B: EDUCATION (CONTINUED)

	11. Since the start of the school year, has...(NAME) ever been kept from school because of the following reasons? (MULTIPLE ANSWERS ALLOWED)	12. How often has this happened?					13. In your opinion how good is the school that...(NAME)... attends?	14. Does...(NAME)'S... school operate a school Feeding programme?	15. Does...(NAME)... usually take the meal provided by the school?
		a. H/H could Not provide Lunch money	b. School Fees Not paid	c. H/H could not afford Transportation costs	d. Uniform/ shoes not available	e. Other (Specify)			
	Household could not Provide lunch money.....1 School fees not paid.....2 Household could not afford Transportation costs.....3 Household could not afford Uniform/ shoes.....4 Other (Specify).....5 No Problems.....6(>> 13)	Frequently.....1 Occasionally.....2 Seldom.....3					VERY GOOD.....1 GOOD.....2 NEITHER GOOD OR BAD.....3 BAD.....4 VERY BAD.....5	YES, MILK AND/OR NUTRIBUN.....1 YES, COOKED MEAL.....2 YES, BOTH.....3 NO.....4 (>> 18) DON'T KNOW.....5 (>> 18)	YES, MILK AND/OR NUTRIBUN.....1 (>> 17) YES, COOKED MEAL.....2 (>> 17) YES, BOTH.....3 (>> 17) NO.....4 DON'T KNOW NOT STATED.....5 (>> 19)
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ID	PART B: CONTINUED							23. IF COMPLETED SCHOOL BEFORE GRADE 11
	16. Why doesn't ..(NAME)... take the meal / snack provided by the school ?	17. Does ..(NAME)...pay For this meal or get it free?	18. What does ..(NAME)... Usually have for lunch?	19. Does ..(NAME)... have the required textbooks for school ?	20. Why doesn't.(NAME)... have all the required main textbooks for school?	21. What type of school did..(NAME)... last attend?	22. What was the last grade ..(NAME)... completed at that school?	
	BECAUSE OF STIGMA.....1 DOESN'T LIKE IT.....2 TOO EXPENSIVE.....3 OTHER (SPECIFY).....4 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">> 18</div>	ALWAYS PAYS.....1 PAY SOMETIMES.....2 DOESN'T PAY.....3 DON'T KNOW.....4 NOT STATED.....5 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">>19</div>	Snack / Meal from school canteen/ tuck shop.....1 Snack / Meal From vendors.....2 Snack / Meal From home.....3 Other (specify).....4 Nothing.....5	Yes, has all.....1 (> 29) Has some.....2 Has none.....3 Don't know.....4 Not stated.....5	Has not paid school Fees.....1 Has not paid book rental Fee.....2 School does not have the books.....3 Books hard to Find.....4 Money Problems.....5 OTHER (SPECIFY6 DK/Not stated.....7 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">>>29</div>	BASIC / INFANT KINDERGARTEN.....1 PRIMARY/ PREPARATORY.....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 <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Q12-Q19 GO TO Q24</div>	GRADE	Why did you / ..(NAME)... stop Attending school? REACHED TERMINAL GRADE....1 MONEY PROBLEMS.....2 PREGNANCY.....3 EXPELLED.....4 NO INTEREST IN SCHOOL.....5 FAMILY PROBLEMS.....6
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PART 2 CONTINUED

ID	24. What is the highest (academic) examination that (NAME)... has passed? NONE.....1 >26 JUNIOR HIGH SCHOOL CERT.....2 >26 GRADE NINE ACHIEVEMENT TEST...3 >26 CXC Basic, JSC 5, SSC, 3 rd JL.....4 CXC Gen, GCE O 1- 2.....5 CXC Gen, GCE O 3- 46 CXC Gen, GCE O 5 +.....7 GCE A LEVEL 1- 2.....8 GCE A LEVEL 3 or MORE.....9 TERTIARY CERT. / DIPLOMA.....10 DEGREE.....11 OTHER.....12 NOT STATED.....13	25. Does the examinations that (NAME)... has passed include Math and English? YES Both.....1 Maths Only.....2 English Only.....3 NO (None).....4	26. Has (NAME)... ever enrolled in any skills training program? YES, HEART ACADEMY.....1 YES, HEART - VTC.....2 YES, HEART - SLTOPS/ APPRENTICESHIP.....3 YES, HEART - OTHER.....4 YES, PRIVATE.....5 NO.....6	27. What skills did (NAME)... learn / are (NAME)... learning?	28. Did (NAME)... Receive a diploma /certificate? YES.....1 NO.....2 CURRENTLY ENROLLED.....3
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ID	PART B: EDUCATION (CONCLUDED)																
	29. SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL- PRIMARY & SECONDARY LEVEL) How much did...(NAME)...pay in the past 12 months for the following school expenses?											30. FOR SECONDARY STUDENTS (EXCLUDING ALL AGE SCHOOLS) How much of...(NAME)'S tuition fees was paid by Parent (s) / Guardian (s), Family / Friends, MOEYC, MP, Community (including church), Other Public?					
	a. Exam Fees	b. Tuition Fees (Including) books	c. Tuition Fees (Excluding) books	d. Other Fees and Contribution	e. Extra Lessons (inside & outside school)	f. Transport	g. Lunch and snacks at school	h. Uniform	i. Books	j. Other (supplies)	k. Boarding	a. Parent (s) Guardian	b. Family/ Friends	c. MOEYC	d. MP	e. Community	f. Other Public
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PART C: FOR ALL CHILDREN 0-59 MONTHS OLD

I N D I V I D U A L	1. When was (NAME) born?			2. Where was (NAME) born? HOSPITAL.....1 HEALTH CENTER.....2 HOME.....3 OTHER.....4	3. Who actually delivered your baby? MEDICAL DOCTOR.....1 REGISTERED NURSE.....2 NANA.....3 UNTRAINED RELATIVE/ FRIEND OR STRANGER...4 SELF.....5 OTHER.....6	4. Was the birth of (NAME) registered? YES.....1 NO.....2 DON'T KNOW/ NOT STATED.....3	5. What was the weight of (NAME) at birth?	6. AGE			7. Is the date of birth in Q1 based on? BIRTH CERTIFICATE.....1 IMMUNISATION CARD.....2 PARENTAL INFORMATION.....3 OTHER RELATIVE/ GUARDIAN 4.	8. Was the child measured? YES.....1(>10) NO.....2	9. Reason child not Measured? AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 ILLNESS.....2 DEFORMITY..3 OTHER (SPECIFY)..4	10. WEIGHT	11. LENGTH	12. Was this child measured lying down or standing? Lying down... 1 Standing..... 2
	DAY	MONTH	YEAR					KG	YRS	MTHS				KILOGRAMS	CENTIMETERS	
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PART C: FOR ALL CHILDREN 0-59 MONTHS OLD

I N D I V I D U A L	1. When was (NAME) born?			2. Where was (NAME) born?	3. Who actually delivered your baby?	4. Was the birth of (NAME) registered?	5. What was the weight of (NAME) at birth?	6. AGE			7. Is the date of birth in Q1 based on?	8. Was the child measured?	9. Reason child not Measured?	10. WEIGHT	11. LENGTH	12. Was this child measured lying down or standing?
	CALCULATE CHILD'S AGE. ASK RESPONDENT TO CONFIRM IT AND RECORD IN Q.6			HOSPITAL.....1 HEALTH CENTER.....2 HOME.....3 OTHER.....4	MEDICAL DOCTOR.....1 REGISTERED NURSE.....2 NANA.....3 UNTRAINED RELATIVE/ FRIEND OR STRANGER...4 SELF.....5 OTHER.....6	YES.....1 NO.....2 DON'T KNOW/ NOT STATED.....3						YES.....1(>10) NO.....2	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 ILLNESS.....2 DEFORMITY..3 OTHER (SPECIFY)..4			
	DAY	MONTH	YEAR					KG	YRS	MTHS				KILOGRAMS	CENTIMETERS	
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PART D: PATH (ASK OF ALL PERSONS)

ID	1. Which of the following PATH situations applies to you? Received a Benefit in April.....1 Received PATH earlier, but did not receive in April.....2 Applied within past 12 months but not receiving.....3 Go to Q11 Applied more than 12 months ago but not receiving.....4 Go to Q11 Never applied.....5 Go to Q11	2. In what category does this recipient/past recipient fall? State number for each category. Child 0-71 Months.....1 Child 6-17 Years.....2 Pregnant and Lactating.....3 Person with Disability.....4 Elderly- 60 years And over.....5 Adult poor.....6	3. What was the value of the benefit received in your April 2004 payment? (If did not receive any write zero and go to Q4 else go to Q6). \$	4. Why didn't ...NAME.. receive a benefit in April? Have been suspended from the programme for non-Compliance.....1 (Go to Q9) Did not go to collect benefit.....2 Went but payment had not arrived.....3 Went but no one at post office to give payment...4 Other.....5	5. Has the person received benefit since? Yes.....1 No.....2 Not sure...3	6. Have ..NAME.. had any problems collecting ..NAME.. benefit in April? Yes.....1 No.....2 (>Q8)	7. What was the main problem? Post office Closed.....1 PO crowded/ Disorderly Conduct.....2 Long lines in PO.....3 Delays in Notification.....4 Could not afford Transportation.....5 Was ill.....6 Other (specify).....7	8. Have you ..(NAME) ever been suspended from the programme because conditions were not met? Yes.....1 No.....2 (>Q10)	9. IF yes, what conditions were not met? Children did not attend school enough.....1 Did not visit the Health Centre.....2 Did not collect payments.....3 Not sure which one(s).....4	10. Has anyone from PATH ever visited to discuss non-compliance? (Answer for each beneficiary) Yes.....1 No.....2	11. Is any member of the family participating in any of the following? Secondary School Fee Assistance(Cost Sharing).....1 National Health Fund.....2 JADEP3 Other welfare assistance (specify).....4 Not Applicable /No.....5
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PART E: DAILY EXPENSES

<p>1 During the past 7 days, has this household spent money on any of the following items ?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p>			<p>2 How much have you spent for[]... during the past 7 days?</p> <p>AMOUNT J S</p>
Coal	YES→ ←NO	102	
Kerosene	YES→ ←NO	103	
Wood	YES→ ←NO	104	
Other fuel for cooking or lighting different than cooking gas and electricity	YES→ ←NO	105	
Tobacco products (cigars, cigarettes, chewing tobacco, pipes.....)	YES→ ←NO	106	

MEALS AWAY FROM HOME

<p>3. During the past 7 days, has this Household spent money on any of The following items, as meals away from home ?</p> <p>PUT A CROSS IN THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 FOR ALL ITEMS PURCHASED DURING THE PAST 7 DAYS.</p>			<p>4 How much have you spent for[]... during the past 7 days?</p> <p>AMOUNT J S</p>
Meat, poultry or fish meals bought away from home (including gifts)	YES→ ←NO	107	
Sandwiches, Burgers Patties	YES→ ←NO	108	
Dairy Products e.g. milk, Supligen, Nutrament Etc.	YES→ ←NO	109	
Breakfast beverages e.g. tea, coffee, milo etc.	YES→ ←NO	110	
Fruits, juices & vegetables	YES→ ←NO	111	
Drinks – box, bottle, etc	YES→ ←NO	112	
Others eg. soups, vegetarian meals, etc.	YES→ ←NO	113	

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. red herring) YES-> -<-NO	210			Other salted or canned fish and shellfish (e.g. red herring) 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 (including flavoured milk) YES-> / <-NO	214			Liquid milk (including flavoured milk) YES-> / <-NO	214		
Condensed/Evaporated Milk YES-> / <-NO	215			Condensed/Evaporated Milk YES-> / <-NO	215		
Powdered milk (D.S.M) YES-> / <-NO	216			Powdered milk (D.S.M) YES-> / <-NO	216		
Food Drink (including Lasco, Supligen, Enerplus Nutrament) YES-> / <-NO	217			Food Drink (including Lasco, Supligen, Enerplus Nutrament) YES-> / <-NO	217		
Butter YES-> / <-NO	218			Butter YES-> / <-NO	218		
Cheese YES-> / <-NO	219			Cheese YES-> / <-NO	219		
Other dairy products (yogurt, ice cream, ...) YES-> / <-NO	220			Other dairy products (yogurt, ice cream, ...) YES-> / <-NO	220		
Eggs YES-> / <-NO	221			Eggs YES-> / <-NO	221		
Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)) YES-> / <-NO	222			Oils and fats (vegetable oil, coconut oil, lard, margarine (chiffon)) YES-> / <-NO	222		
Bread YES-> / <-NO	223			Bread YES-> / <-NO	223		
Crackers and Unsweetened biscuits YES-> / <-NO	224			Crackers and Unsweetened biscuits YES-> / <-NO	224		
Other baked products - (sweetened biscuits, cakes buns, bullas etc.) YES-> / <-NO	225			Other baked products - (sweetened biscuits, cakes buns, bullas etc.) YES-> / <-NO	225		
Bammy/Cassava Bread YES-> / <-NO	226			Bammy/Cassava Bread YES-> / <-NO	226		
Flour YES-> / <-NO	227			Flour YES-> / <-NO	227		

PART F: FOOD EXPENSES

PURCHASED				HOME PRODUCTION / GIFTS			
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			Rice	YES-> -<-NO		
Cornmeal	YES-> -<-NO			Cornmeal	YES-> -<-NO		
Dried peas and beans	YES-> -<-NO			Dried peas and beans	YES-> -<-NO		
Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<-NO			Breakfast cereals (cornflakes, oats, Hominy corn, ...)	YES-> -<-NO		
Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<-NO			Yams (white, yellow, negro, St. Vincent, Lucea, ...)	YES-> -<-NO		
Irish potatoes	YES-> -<-NO			Irish potatoes	YES-> -<-NO		
Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<-NO			Other roots and tubers (cassava, coco, dasheen, sweet potatoes...)	YES-> -<-NO		
Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<-NO			Other starchy fruits (plantains, green banana, bread fruit, ...)	YES-> -<-NO		
Fresh vegetables, (tomatos, carrots, lettuce, turnip, avocado, onion, peas&beans, corn cobs, string beans)	YES-> -<-NO			Fresh vegetables, (tomatos, carrots, lettuce, turnip, avocado, onion, peas&beans, corn cobs, string beans)	YES-> -<-NO		
Frozen canned and dried vegetables	YES-> -<-NO			Frozen canned and dried vegetables	YES-> -<-NO		
Ackee	YES-> -<-NO			Ackee	YES-> -<-NO		
Fruit and vegetable juices (fresh or frozen)	YES-> -<-NO			Fruit and vegetable juices (fresh or frozen)	YES-> -<-NO		
Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	YES-> -<-NO			Fresh fruit, (oranges, lime apples, bananas, melons, pineapples, avocado pears)	YES-> -<-NO		
Canned and dried fruits	YES-> -<-NO			Canned and dried fruits	YES-> -<-NO		

PART 1F: 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			Sugar	YES-> -<-NO		
Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<-NO			Sweets (sugar, honey, sweeteners, jams, jellies)	YES-> -<-NO		
Soups (packaged, canned, frozen, ...)	YES-> -<-NO			Soups (packaged, canned, frozen, ...)	YES-> -<-NO		
Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<-NO			Prepared meats and fish (curried mutton, fish fingers, ...)	YES-> -<-NO		
Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<-NO			Dry packaged foods (macaroni, vermicelli, ...)	YES-> -<-NO		
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<-NO			Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, ...)	YES-> -<-NO		
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<-NO			Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles, ...)	YES-> -<-NO		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<-NO			Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, ...)	YES-> -<-NO		
Nuts (peanuts, cashew, coconut, ...)	YES-> -<-NO			Nuts (peanuts, cashew, coconut, ...)	YES-> -<-NO		
Baby food (milk food, cereals, strained food, ...)	YES-> -<-NO			Baby food (milk food, cereals, strained food, ...)	YES-> -<-NO		
Other food (chips, snacks, cheese trix, ...)	YES-> -<-NO			Other food (chips, snacks, cheese trix, ...)	YES-> -<-NO		
Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<-NO			Breakfast drinks (coffee, tea, Ovaltine, Milo, ...)	YES-> -<-NO		
Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<-NO			Non alcoholic beverages (Coke, nectars, canned fruit drinks, powdered & frozen, ...)	YES-> -<-NO		
Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<-NO			Alcoholic beverages (rum, whiskey, wine, beer, sherry, ...)	YES-> -<-NO		

PART G CONSUMPTION EXPENDITURES

1 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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ... during the past 30 days? YES = 1 NO = 2 (> 5)	3 How much did you spend on ... during the past 30 days? AMOUNT JS	4 How much did you spend on ... during the past 12 months? AMOUNT JS	5 Did you receive any ... as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS	1 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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ... during the past 30 days? YES = 1 NO = 2 (> 4)	3 How much did you spend on ... during the past 30 days? AMOUNT JS	4 How much did you spend on ... during the past 12 months? AMOUNT JS	5 Did you receive any ... as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Personal care supplies soap, toothpaste/brushes shaving cream, razors & blades	Yes →	301					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	Yes →	313				
	←No							←No					
Cosmetics (lotions, deodorants, ...)	Yes →	302					Furniture outdoors (lawn chair, barbecue grill,...)	Yes →	314				
	←No							←No					
Hair and body care (lotions, dyes, etc)	Yes →	303					Furnishing (carpets, drapes, sheets, towels, ...)	Yes →	315				
	←No							←No					
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	Yes →	304					Dinner ware (plates, glasses, knives, forks, spoons, ...)	Yes →	316				
	←No							←No					
Polishes, waxes, air fresheners, insect sprays	Yes →	305					Cook ware (pots, pans, skillets ...)	Yes →	317				
	←No							←No					
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid, ...)	Yes →	306					Other small kitchen equipment (ice box, toaster, mixer, hot plate, .)	Yes →	318				
	←No							←No					
Toilet supplies (toilet paper, cleanser, ...)	Yes →	307					Large kitchen appliances (Fridge, stove, microwave, freezer...)	Yes →	319				
	←No							←No					
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)	Yes →	308					Radio, TV, VCR, DVD,DSS, CD player, component set, computer, printer, fax	Yes →	320				
	←No							←No					
Home help services (cook, nurse maid, household help, gardener, ...)	Yes →	309					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan...)	Yes →	321				
	←No							←No					
Laundry and dry cleaning services	Yes →	310					Repairs on furniture or household equipment	Yes →	322				
	←No							←No					
Rental of equipment (radio, television, ...)	Yes →	311					Medicines (pills, tonics, drugs, family planning supplies)	Yes →	323				
	←No							←No					
Cooking Gas	Yes →	312					Medical services (doctor's fee, hospital care, prescriptions, spectacles...)	Yes →	324				
	←No							←No					
							Health Insurance	YES→	325				
								←NO					

PART G CONSUMPTION EXPENDITURES

1 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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. during the past 30 days? YES = 1 NO = 2 (>4)	3 How much did you spend on ..[]... during the past 30 days? AMOUNT JS	4 How much did you spend on ..[]... during the past 12 months? AMOUNT JS	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS	1 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 PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..[].. during the past 30 days? YES = 1 NO = 2 (>4)	3 How much did you spend on ..[]... during the past 30 days? AMOUNT JS	4 How much did you spend on ..[]... during the past 12 months? AMOUNT JS	5 Did you received any ..[].. as gift during the past 12 months? YES = 1 NO = 2 (>Next Item)	6 What is the value of all that ..[].. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT JS
Shoes and sandals for adults	Yes →	326					Purchased transportation (taxi, bus, car, rental, air fare)	Yes →	339				
	←No							←No					
Shoes and sandals for children	Yes →	327					Gasoline, motor oil, diesel	Yes →	340				
	←No							←No					
Clothing material for adult (Dacron, linen, cotton, silk ...)	Yes →	328					Car repair, tires, motor parts	Yes →	341				
	←No							←No					
Clothing material for children (Dacron, linen, cotton, silk ...)	Yes →	329					Car insurance	Yes →	342				
	←No							←No					
Adult clothing (suits, dresses, jeans, swim wear, underwear, ...)	Yes →	330					Vehicles taxes, duties	Yes →	343				
	←No							←No					
Children clothing (shirts, trousers, coats, jeans, ...)	Yes →	331					Purchase of car, motor cycles for personal use	Yes →	344				
	←No							←No					
Making and repair of clothes (adult and children)	Yes →	332					Other transport expenses (motor vehicle and driver licenses)	Yes →	345				
	←No							←No					
Accessories (watches, jewelry, sunglasses, ...)	Yes →	333					Vacation expenses (excluding fares) (hotels, travel tax ...)	Yes →	346				
	←No							←No					
Reading materials (Books, magazines, newspapers, ...)	Yes →	334					Gardening and horticulture (plants, fertilizer, garden equipment, home animals ...)	Yes →	347				
	←No							←No					
Stationary and writing equipment (pens, pencils, envelopes, stamps, ...)	Yes →	335					Telephone	Yes →	348				
	←No							←No					
Education expenses (tuition, books, boarding, fees, ...)	Yes →	336					Other consumption expenditures (flowers, etc.)	Yes →	349				
	←No							←No					
Sporting activities (equipment, entrance fees, Club membership...)	Yes →	337					Purchases for special occasions (parties, entertainment relating to weddings, funerals etc.)	Yes →	350				
	←No							←No					
Other recreational activities (cinema, dance clubs, records, tapes, ...)	Yes →	338											
	←No												

+ Do not include 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

1		2	3	4
During the past 12 months, has this household spent on any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS.		Have you spent on ... during the past 30 days? YES...1 NO...2 (> 4)	How much did you spend on ... during the past 30 days? AMOUNT JS	How much did you spend on ... during the past 12 months? AMOUNT JS
Life & General Insurance	YES-> -<NO	401		
Horse racing	YES-> -<NO	402		
Other gambling expenses	YES-> -<NO	403		
Weddings, funerals	YES-> -<NO	404		
Donations and gifts (church or union dues, gifts, charities, ...)	YES-> -<NO	405		
Repayment of loans, interest payments	YES-> -<NO	406		
Support for children who live elsewhere	YES-> -<NO	407		
Other maintenance of relatives outside the home	YES-> -<NO	408		
NHT	YES-> -<NO	409		
NIS	YES-> -<NO	410		
Pension	YES-> -<NO	411		
Other non-consumption expenditures (legal services, anything else, ...)	YES-> -<NO	412		
Direct Taxes (Income tax and Education tax)	YES-> -<NO	413		

PART I : HOUSING AND RELATED EXPENSES

1. Type of Dwelling
- SEPARATE HOUSE
 - DETACHED.....1
 - SEMI-DETACHED HOUSE.....2
 - PART OF A HOUSE.....3
 - APARTMENT BUILDING.....4
 - TOWN HOUSE.....5
 - IMPROVISED HOUSING UNIT.....6
 - PART OF COMMERCIAL BUILDING.....7
 - OTHER.....8 (SPECIFY)
2. Main Material of Outer Walls
- WOOD.....1
 - STONE.....2
 - BRICK*.....3
 - CONCRETE NOG.....4
 - BLOCK & STEEL.....5
 - WATTLE/ADOBE.....6
 - OTHER (SPECIFY).....7
3. How many rooms are occupied by this household? (excluding verandahs, kitchens and bathrooms?)
- NO. OF ROOMS
4. What kind of toilet facilities are used by your household?
- W.C. LINKED TO SEWER...1
 - W.C. NOT LINKED.....2
 - PIT.....3
 - OTHER.....4
 - NONE.....5 (> 6)
5. Are toilet facilities used only by your household, or do other households use the same facilities?
- EXCLUSIVE USE.....1
 - SHARED.....2
6. Is the kitchen used only by your household, or do other households use the same kitchen?
- EXCLUSIVE USE.....1
 - SHARED.....2
 - NONE.....3
7. Does this household own, rent or lease this dwelling?
- OWNED.....1
 - LEASED.....2(> 9)
 - PRIVATE RENTED.....3(> 9)
 - GOVERNMENT RENTED...4(>17)
 - RENT FREE.....5(> 17)
 - SQUATTED.....6(> 17)
 - OTHER.....7(> 17)

8. Does this household own a dwelling other than this one?
- YES.....1
 - NO.....2
- >> GO TO QUESTION 12**
9. From whom is the dwelling rented? Is it from a relative, a public agency(GIVE EXAMPLES), or from a private individual or agency?
- RELATIVE.....1
 - PRIVATE EMPLOYER.....2
 - PUBLIC AGENCY.....3
 - PRIVATE INDIVIDUAL OR AGENCY.....4
10. How much money does your household pay in rent for this dwelling?
- IF NO MONEY PAYMENT, ENTER ZERO
- AMOUNT: J\$
- PER:
- WEEK...3
 - MONTH..4
 - YEAR...5
11. Does somebody who is not a member of the household, help to pay the rent for this dwelling? For example, a relative, a public agency, a private individual or agency (GIVE EXAMPLE)?
- RELATIVE.....1
 - PRIVATE EMPLOYER.....2
 - PUBLIC AGENCY.....3
 - PRIVATE INDIVIDUAL/AGENCY...4
 - NOBODY HELPS.....5
- >> GO TO QUESTION 17**
12. Do you make mortgage payments on this dwelling?
- YES...1
 - NO2 (> 15)
13. How much was your last payment?
- AMOUNT J\$
14. How often do you make these payments?
- No. OF TIMES: PER:
- MONTH...4
 - YEAR...5
15. Do you pay property taxes for this dwelling?
- YES.....1
 - NO.....2 (> 17)

16. How much taxes do you pay for this dwelling?
- AMOUNT J\$
- PER: MONTH...4
- YEAR.....5
17. What is the main source of drinking water for your household?
- INDOOR TAP / PIPE.....1
 - OUTSIDE PRIVATE PIPE/TAP.....2
 - PUBLIC STANDPIPE.....3 (>22)
 - WELL.....4 (>22)
 - RIVER, LAKE, SPRING, POND.....5 (>22)
 - RAINWATER (TANK) PID.....6 (>24)
 - RAINWATER (TANK) NPID**.....7 (>24)
 - TRUCKED WATER (NWC) PID.....8 (>24)
 - TRUCKED WATER (NWC) NPID...9 (>24)
 - BOTTLED WATER.....10 (>22)
 - OTHER (SPECIFY).....11 (>22)
18. Have you had a water lock-off in the last 20 days?
- ONCE.....1
 - 2 - 3 TIMES.....2
 - 4 - 5 TIMES.....3
 - MORE THAN 5 TIMES...4
 - NONE.....5
19. Have you a group or individual meter?
- GROUP.....1
 - INDIVIDUAL.....2
 - NO METER.....3
20. How much was the latest water bill for your household?
- AMOUNT J\$
21. How many months were covered by this bill?
- MONTHS :
- >> GO TO QUESTION 24**
22. Is this [SUPPLY SOURCE IN 17] used by your household only, or is it shared with others?
- THIS HOUSEHOLD ONLY.....1
 - SHARED.....2

23. How far from this dwelling is this...[SUPPLY SOURCE IN 17]
- DISTANCE--->
- DISTANCE CODE---> KILOMETRES ..1
- METERS2
24. What is the main source of lighting for this dwelling?
- ELECTRICITY.....1
 - KEROSENE.....2 (> 27)
 - OTHER.....3 (> 27)
 - NONE.....4 (> 27)
25. How much was the latest electricity bill for your household?
- AMOUNT J\$
26. How many months of consumption were covered by this bill?
- MONTHS:
27. Does this household have a telephone?
- YES.....1
 - NO.....2
- LAND :
- CELL :
- IF NO FOR LAND & CELL >> Q30**
28. How much was the latest telephone bill for your household (including cellular bill)
- LAND
- AMOUNT J\$:
- CELL
- AMOUNT J\$:
29. How many months of consumption were covered by this bill?
- LAND
- MONTHS :
- CELL
- MONTHS:
30. How do you dispose of your garbage including plant cuttings?
- COLLECTED BY GARBAGE TRUCK...1
 - PLACE IN SKIP2
 - BURN.....3
 - BURY.....4
 - DUMP IN EMPTY LOT.....5
 - DUMP IN GULLY.....6
 - OTHER.....7
- (Specify)

**NPID is " not piped into dwelling"

Part J: Inventory of Durable Goods

INSTRUCTIONS:

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

Do the members of your household have any ..[name of goods]..?
DO NOT INCLUDE RENTED ITEMS

PUT A CROSS IN THE APPROPRIATE BOX FOR EACH ITEM. THEN GO TO THE NEXT ITEM

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 Conditions?	605		
Fans?	606		
Radio / Cassettes players?	607		
Stereo Equipment?	608		
Other stereo Equipment?	609		
TV sets?	610		
VCR/DVD Player	611		
Video equipment/Game Boy/Play Station	612		
Washing Machine?	613		
Dryer?	614		

Do the members of your household have ...

ITEM	CODE	YES	NO
Bicycles?	615		
Motorbikes?	616		
Cars, other vehicles?	617		
Computer, printer, etc?	618		
Computer scanner?	619		
CD Burner?	620		
DVD Burner?	621		
Other Electrical Equipment (Toasters, blenders, microwaves etc)	622		
Musical equipment (piano, keyboard etc)	623		
DSS	624		

Part L Parenting Module

Parent/Child Social Activities/Interaction (QUESTION 1 MUST BE ASKED FOR ALL OF THE CHILDREN (0-18yrs) WHO ARE THE RESPONSIBILITY OF THE CAREGIVER)

ID	1. Are you the biological parent of this child? Yes, Biological Parent1 No, Guardian2	2. How often do you spend time talking with your child/ren about his/her/their feelings and interests? Daily 1 Almost daily 2 A few times per week 3 A few times per month 4 Almost never 5	3. Which one of the following do you do with your child/ren? Praise1 Hug /Kiss 2 Praise and Hug/Kiss 3 Don't really show affection4 Other (specify).....5	4. Does the family engage in any recreational activities together? Yes, often.....1 Sometimes.....2 Rarely.....3 Almost never.....4	5. In the past month, did you or any other adult family member do any of the following with any of your children? (MULTIPLE ANSWERS ALLOWED) READ EACH OPTION TO RESPONDENT 1 Read books or look at picture books with child 2 Tell stories to child 3 Sing songs with child 4 Play games/play with child (eg. Football) 5 Take child out 6 Spend time with child in learning activities, eg. drawing, painting, helping with schoolwork 7 Do household chores with child eg. cooking, caring for animals 8 Teach child about spiritual/ religious practices, ethical or moral
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Parent/Child Social Activities/Interaction (QUESTIONS 7 - 9 RELATE TO CHILDREN 6 - 18 YEARS OLD)

Part L Parenting Module

Parent/School Involvement In Current School Year (For Questions 1 to 4, Information is to be collected for each child of Responding Primary Caregiver who lives in the Household)
ALL QUESTIONS (1 – 6) ARE TO BE COLLECTED FOR CHILDREN 3 TO 18 YEARS OLD AND IN SCHOOL

ID	<p>1. Which of the following are you involved in regarding child's education? (MULTIPLE ANSWERS ARE ALLOWED)</p> <p><u>1</u> I help my child with homework / school projects</p> <p><u>2</u> I provide the school books and materials needed</p> <p><u>3</u> I encourage my child to do his/her best</p> <p><u>4</u> I am involved in whatever is happening at my child's school such as Sports Day, Prize Giving, Christmas Concerts</p> <p><u>5</u> I regularly discuss with the school my child's progress and overall development</p> <p><u>6</u> I assist the school with fundraising</p> <p><u>7</u> I assist the school with extra-curricular activities (including sports)</p> <p><u>8</u> I am involved in the PTA and/or attend most meetings</p>	<p>2. Are there any barriers preventing more of your involvement in child's school? NAME THE MAIN BARRIER</p> <p>NONE, NO BARRIERS1</p> <p>Not feeling welcomed at child's school by teachers and/or principal.....2</p> <p>Competing responsibilities at home and work.....3</p> <p>Bad feeling between a teacher(s) and myself.....4</p> <p>I don't feel I can make any difference5</p> <p>Other (specify).....6</p> <p>Don't Know7</p>	<p>3. On what occasions since the start of the school year have you spoken to any of child's teachers about his/her behaviour or performance at school?</p> <p>At the start of every term1</p> <p>At the beginning of the school year.....2</p> <p>After getting test results.....3</p> <p>When the child told me that he/she could not understand the work.....4</p> <p>When I realized that the child needed help in a subject/subjects5</p> <p>When called by school for child's misbehaving6</p> <p>Other (specify).....7</p> <p>None.....8</p> <p>(MULTIPLE ANSWERS ALLOWED)</p>	<p>4. Do you ensure that child's homework is done?</p> <p>Yes, regularly.....1</p> <p>Sometimes.....2</p> <p>Rarely.....3</p> <p>No/Not really.....4</p>	<p>5. If child/ren need(s) help with homework or school projects that you/the family cannot assist with, what do you do?</p> <p>I actively seek help.....1</p> <p>I leave it up to my child to get help.....2</p> <p>Not Applicable3</p> <p>Other (Specify) 4</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

6. Do you usually reward (including kissing and hugging) child/ren for good performance in school work?

YES REGULARLY.....1

YES SOMETIMES.....2

RARELY.....3

NO, NOT REALLY.....4

Part L Parenting Module

Parenting Support (ASK QUESTIONS 5 TO 7 FOR EACH CHILD)

ID	1. Have you ever received any information on parenting? YES 1 NO 2 (IF NO, SKIP TO Q3) <input type="text"/>	2. From where have you received information on parenting? (MULTIPLE ANSWERS ARE ALLOWED) FORMAL TRAINING WORKSHOP(S) 1 RADIO/TV PROGRAMME.....2 BOOKS / MAGAZINES / NEWSPAPERS.....3 FAMILY MEMBERS4 FRIENDS5 CHURCH / COMMUNITY PROGRAMME66 SCHOOL / PTA MEETING7 HEALTH CENTRE8 OTHER (SPECIFY).....9 <input type="text"/>	ID	5. ASK FOR EACH CHILD Who mainly takes care of the child's financial needs? MYSELF ONLY1 MYSELF & MY SPOUSE/PARTNER.....2 MYSELF & CHILD'S FATHER.....3 MYSELF & CHILD'S MOTHER4 CHILD HIMSELF/HERSELF5 CHILD'S FATHER6 CHILD'S MOTHER7 MY SPOUSE/PARTNER 8 CHILD'S OLDER SIBLING9 OTHER RELATIVE10 GOVERNMENT11 OTHER (SPECIFY)12 (WHERE MAIN FINANCIAL PROVIDER LIVES IN H/H , OR IS THE GOVERNMENT, SKIP TO Q7)	6. ASK FOR EACH CHILD Is this person living in Jamaica or living overseas? LIVING IN JAMAICA1 LIVING OVERSEAS2	7. ASK ONLY IF CHILD'S BIOLOGICAL FATHER/MOTHER IS NOT THE RESPONDENT Does any one of the child's biological parents normally play/reason/talk with him/her? YES, REGULARLY 1 YES, OCCASSIONALLY 2 RARELY 3 NO, NEVER 4	8. OPEN-ENDED QUESTION When/At what stage do you think that a boy should start contributing to the economic needs of the household or to his own needs? <input type="text"/>
	3. Have you ever heard of any parenting hotline facility? YES1 NO 2 <input type="text"/>	4. Have you ever had to seek help outside of your immediate family for a parenting / parent-child relationship problem? (MULTIPLE ANSWERS ARE ALLOWED) YES, HOTLINE FACILITY.....1 YES, PROFESSIONAL COUNSELLOR..... 2 YES, CHURCH 3 YES, PERSONS IN THE COMMUNITY / FRIENDS 4 YES, RELATIVE 5 YES, SCHOOL6 YES, OTHER PARENTS.....7 YES, POLICE8 YES, CHILD GUIDANCE CLINIC/FAMILY COURT9 YES, OTHER 10 NO, NEVER..... 11 <input type="text"/>	1				9. OPEN-ENDED QUESTION When/At what stage do you think that a girl should start contributing to the economic needs of the household or to her own needs? <input type="text"/>
			2				
			3				
			4				
			5				
			6				
			7				
			8				
			9				
			10				
			11				
			12				

Part L Parenting Module

Child Care (QUESTION 2 IS RELEVANT ONLY WHERE THERE ARE CHILDREN 0 TO 11 YEARS OLD)

<p>1. Regarding the children (0-18 years) living here at home with you, who generally does more of the following?</p>				<p>2. ASK ONLY FOR CHILDREN 0 TO 11 YEARS OLD Regarding the child/ren under 12 years, what do you usually do with him/her/them when you have to leave the house to go to work, shopping, business, pleasure, etc. and you cannot take them with you? (Such as after school, on school vacation, weekends, etc.)</p>	
<p>a. Nurtures (dealing with fears, emotions, feelings, crying, etc)</p> <p>I1</p> <p>MY SPOUSE/PARTNER.....2</p> <p>MYSELF & MY SPOUSE3</p> <p>CHILD'S MOTHER4</p> <p>CHILD'S FATHER5</p> <p>OTHER RELATIVE6</p> <p>HOUSEHOLD HELPER7</p> <p>OTHER NON-RELATIVE8</p> <p><input type="text"/></p>	<p>b. Spends time doing activities with children</p> <p>I1</p> <p>MY SPOUSE/PARTNER.....2</p> <p>MYSELF & MY SPOUSE3</p> <p>CHILD'S MOTHER4</p> <p>CHILD'S FATHER.....5</p> <p>OTHER RELATIVE6</p> <p>HOUSEHOLD HELPER7</p> <p>OTHER NON-RELATIVE8</p> <p><input type="text"/></p>	<p>c. Disciplines</p> <p>I1</p> <p>MY SPOUSE/PARTNER.....2</p> <p>MYSELF & MY SPOUSE3</p> <p>CHILD'S MOTHER4</p> <p>CHILD'S FATHER.....5</p> <p>OTHER RELATIVE6</p> <p>HOUSEHOLD HELPER7</p> <p>OTHER NON-RELATIVE8</p> <p><input type="text"/></p>	<p>d. Helps with school work</p> <p>I1</p> <p>MY SPOUSE/PARTNER.....2</p> <p>MYSELF & MY SPOUSE3</p> <p>CHILD'S MOTHER4</p> <p>CHILD'S FATHER.....5</p> <p>OTHER RELATIVE6</p> <p>HOUSEHOLD HELPER7</p> <p>OTHER NON-RELATIVE8</p> <p><input type="text"/></p>	<p>LEAVE CHILD/REN WITH ADULT RELATIVE.....1</p> <p>LEAVE CHILD/REN WITH GRANDPARENTS2</p> <p>LEAVE CHILD/REN WITH OTHER ADULTS (H/H HELPER, FRIEND, ETC.3</p> <p>LEAVE CHILD/REN WITH SIBLING(S) / CHILD/REN THEIR AGE4</p> <p>LEAVE CHILD/REN WITH SIBLING(S) OLDER THAN HIM/HER/THEM5</p> <p>LEAVE CHILD/REN ALONE IF I CAN'T FIND ANYBODY TO HELP6</p> <p>NOT APPLICABLE (CHILD ALWAYS WITH ME)7</p> <p>ENTER RESPONSE CODE</p> <p>0 - 5 YEARS ----- 6 - 11 YEARS -----</p> <p><input type="text"/> <input type="text"/></p>	

Part L Parenting Module

Television Viewing / Supervision (ASK ONLY WHERE H/H HAS ACCESS TO VIEWING A TELEVISION; QUESTIONS 2 TO 9 PERTAIN TO H/Hs WITH CHILDREN 6 TO 18 YEARS OLD)

<p>1. Does your household have access to viewing a television?</p> <p>YES..... 1 NO 2 (IF NO, GO TO Q9)</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2. Approximately how much time is spent per week day by your child/ren, watching television?</p> <p>LESS THAN 1 HOUR 1 BETWEEN 1 AND 2 HOURS 2 3 + HOURS 3 NONE4 DON'T KNOW5</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3. At what time is television usually watched?</p> <p>AFTER SCHOOL, BEFORE HOMEWORK IS COMPLETED1 BEFORE SCHOOL 2 AFTER HOMEWORK IS COMPLETED.....3 AFTER CHORES ARE COMPLETED 4 AFTER H/W&CHORES ARE COMPLETED5 WEEKENDS ONLY 6 ANYTIME7 OTHER (SPECIFY) 8 DON'T KNOW9</p> <p>ENTER RESPONSE CODE</p> <p>6 - 11 YEARS — 12 - 18 YEARS —</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	<p>4. Do you know which shows your child/ren watch(es)?</p> <p>YES, I KNOW ALL / A GREAT DEAL 1 I HAVE A FAIR IDEA 2 I ONLY KNOW A LITTLE 3 I DON'T KNOW 4</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>5. Do you watch any television with your child/ren?</p> <p>YES..... 1 NO 2 (IF NO, SKIP TO Q. 7)</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>6. Do you try to point out any behaviour that you think is wrong?</p> <p>ALMOST ALWAYS 1 SOMETIMES..... 2 RARELY 3 NEVER 4</p> <p style="text-align: center;"><input type="checkbox"/></p>								
<p>7. Are you aware of the ratings of television programmes?</p> <p>YES 1 NO 2 (IF NO, SKIP TO Q9)</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>8. Do you use the ratings to guide your child/ren's TV programme selections?</p> <p>YES, ALL 1 YES, SOME 2 NO, NOT REALLY.... 3</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>9. Approximately how much supervision do you give regarding your child/ren's involvement in the following?</p> <p>A LOT..... 1 SOME 2 VERY LITTLE 3 NONE 4 NOT APPLICABLE 5</p> <p>Television / Cable programme viewing..... Video Games played..... Videotapes watched..... Movies (Cinema) attended..... Magazines read..... Song Lyrics.....</p>	<table border="1"> <tr><td> </td></tr> </table>										

Part L Parenting Module

Discipline and Corporal Punishment in the home (SKIP QUESTION 4 IF HOUSEHOLD HAS ONLY ONE CHILD)

ID	1. Do you usually praise/reward child/ren for good behaviour?	2. When you have to discipline child, what main disciplinary method do you use? (ANSWER FOR BOTH AGE COHORTS IF RELEVANT)	3. If slapping/hitting, beating or any other physical act (mentioned in Q.2), on how many days, if any, have you had to do this to child/any of your children in the past week?	4. Is there any particular child in your household who gives the most trouble?																																										
	ALWAYS1 OFTEN2 SOMETIMES3 RARELY4 NEVER5 <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 20px;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Less than 12 Years</th> <th style="width: 50%;">12 – 18 Years</th> </tr> </thead> <tbody> <tr> <td>__1__ Slapping/hitting with hands</td> <td>__1__ Slapping/hitting with hands</td> </tr> <tr> <td>__2__ Beating with an implement</td> <td>__2__ Beating with an implement</td> </tr> <tr> <td>__3__ Quarrelling/shouting</td> <td>__3__ Quarrelling/shouting</td> </tr> <tr> <td>__4__ Removing privileges</td> <td>__4__ Removing privileges</td> </tr> <tr> <td>__5__ Denying food</td> <td>__5__ Denying food</td> </tr> <tr> <td>__6__ Time out (put in corner/ send to room/isolate)</td> <td>__6__ Time out (put in corner/ send to room/isolate)</td> </tr> <tr> <td>__7__ Reasoning/discussing</td> <td>__7__ Reasoning/discussing</td> </tr> <tr> <td>__8__ Ignoring</td> <td>__8__ Ignoring</td> </tr> <tr> <td>__9__ Other</td> <td>__9__ Other</td> </tr> <tr> <td>__10__ None</td> <td>__10__ None</td> </tr> </tbody> </table> <p>IF NO SLAPPING/HITTING WITH HANDS OR BEATING WITH AN IMPLEMENT, OR ANY OTHER PHYSICAL ACT, SKIP TO Q4.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Less than 12 Years</td> <td style="width: 50%; text-align: center;">12 – 18 Years</td> </tr> <tr> <td style="text-align: center;"><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td> <td style="text-align: center;"><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td> </tr> </table>	Less than 12 Years	12 – 18 Years	__1__ Slapping/hitting with hands	__1__ Slapping/hitting with hands	__2__ Beating with an implement	__2__ Beating with an implement	__3__ Quarrelling/shouting	__3__ Quarrelling/shouting	__4__ Removing privileges	__4__ Removing privileges	__5__ Denying food	__5__ Denying food	__6__ Time out (put in corner/ send to room/isolate)	__6__ Time out (put in corner/ send to room/isolate)	__7__ Reasoning/discussing	__7__ Reasoning/discussing	__8__ Ignoring	__8__ Ignoring	__9__ Other	__9__ Other	__10__ None	__10__ None	Less than 12 Years	12 – 18 Years	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	NO DAY 1 1 DAY 2 2 – 4 DAYS 3 EVERYDAY4 <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 20px;"></div>	<p style="text-align: center;">IF YES, WHICH CHILD & WHAT AGE?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Boys</th> <th style="width: 50%;">Girls</th> </tr> </thead> <tbody> <tr> <td>__1__ 0 – 4 yrs</td> <td>__1__ 0 – 4 yrs</td> </tr> <tr> <td>__2__ 5 – 9 yrs</td> <td>__2__ 5 – 9 yrs</td> </tr> <tr> <td>__3__ 10 – 14 yrs</td> <td>__3__ 10 – 14 yrs</td> </tr> <tr> <td>__4__ 15+ yrs</td> <td>__4__ 15+ yrs</td> </tr> <tr> <td>__5__ None</td> <td>__5__ None</td> </tr> </tbody> </table> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">BOYS</td> <td style="width: 50%; text-align: center;">GIRLS</td> </tr> <tr> <td style="text-align: center;"><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td> <td style="text-align: center;"><div style="border: 1px solid black; width: 100%; height: 20px;"></div></td> </tr> </table>	Boys	Girls	__1__ 0 – 4 yrs	__1__ 0 – 4 yrs	__2__ 5 – 9 yrs	__2__ 5 – 9 yrs	__3__ 10 – 14 yrs	__3__ 10 – 14 yrs	__4__ 15+ yrs	__4__ 15+ yrs	__5__ None	__5__ None	BOYS	GIRLS	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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Part L Parenting Module

Parent/Child Separation (QUESTIONS 2 TO 6 ARE TO BE ASKED FOR EACH RELAVANT CHILD)

1. Are you responsible for any child/ren living here with you in this household whose BOTH biological parents are absent/do not live here? YES 1 NO 2 (IF NO, GO TO NEXT SECTION) <input type="text"/>	ID	2. How long has the child been living with you?		3. What is the main reason for the child's separation from his/her biological mother? MOTHER IS DEAD1 (SKIP TO Q5) MOTHER IS OVERSEAS 2 MOTHER IS IN PRISON3 MOTHER IS MENTALLY INCOMPETENT4 MOTHER IN A NEW RELATIONSHIP AND CANNOT KEEP CHILD 5 CHILD HAS DISCIPLINARY PROBLEMS 6 SCHOOL RELATED REASONS..... 7 FINANCIAL REASONS..... 8 MOTHER TOO SICK TO CARE FOR CHILD 9 MOTHER DOES NOT HAVE CUSTODY10 OTHER (SPECIFY)11	4. What kind of relationship does child's mother maintain with child? GOOD, LOVING1 FAIRLY GOOD, LOVING2 POOR3 NO RELATIONSHIP4 DON'T KNOW5	5. What is the main reason for the child's separation from his/her biological father? FATHER IS DEAD1 (SKIP TO NEXT SECTION) FATHER IS OVERSEAS 2 FATHER IS IN PRISON 3 FATHER IS MENTALLY INCOMPETENT 4 FATHER IN A NEW RELATIONSHIP AND CANNOT KEEP CHILD 5 CHILD HAS DISCIPLINARY PROBLEMS 6 SCHOOL RELATED REASONS..... 7 FINANCIAL REASONS..... 8 FATHER TOO SICK TO CARE FOR CHILD 9 FATHER DOES NOT HAVE CUSTODY 10 OTHER (SPECIFY)11	6. What kind of relationship does child's father maintain with child? GOOD, LOVING1 FAIRLY GOOD, LOVING2 POOR3 NO RELATIONSHIP4 DON'T KNOW5
		YEARS	MTHS				
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						

Part L Parenting Module

Parental Attitude to Child's Sexual Awareness (THIS SECTION RELATES TO OLDER CHILDREN, 11 TO 18 YEARS OLD)

<p>1. Have you spoken to your child/ren about sex?</p> <p>YES I HAVE SPOKEN 1 (> Q. 3)</p> <p>I HAVE NOT SPOKEN, BUT HAVE GIVEN CHILD/REN LITERATURE ABOUT SEX 2</p> <p>BOTH 1 AND 2 3 (> Q. 3)</p> <p>NO, I HAVEN'T SPOKEN OR GIVEN INFO. 4</p> <p>(IF 2 OR 4, ASK Q2 & SKIP TO Q4)</p> <p style="text-align: center;"><input type="text"/></p>	<p>2. Why haven't you spoken to or given information to your child/ren about sex? (MULTIPLE ANSWERS ARE ALLOWED)</p> <p>I AM UNCOMFORTABLE 1</p> <p>I DON'T KNOW ENOUGH 2</p> <p>I DON'T WANT TO SPARK ANY INTEREST 3</p> <p>I PREFER TO WAIT UNTIL THEY ASK 4</p> <p>I DON'T THINK THAT PARENTS SHOULD DISCUSS THAT SUBJECT WITH CHILDREN 5</p> <p>OTHER (SPECIFY) 6</p> <p style="text-align: center;"><input type="text"/></p>	<p>3. How comfortable do you /did you feel talking about sex with child/ren?</p> <p>VERY COMFORTABLE 1</p> <p>COMFORTABLE 2</p> <p>UNCOMFORTABLE 3</p> <p>VERY UNCOMFORTABLE 4</p> <p style="text-align: center;"><input type="text"/></p>	<p>4. Have you spoken to or informed child/ren about body changes that are part of growing up and maturing?</p> <p>YES, I HAVE SPOKEN 1</p> <p>I HAVE NOT SPOKEN, BUT HAVE GIVEN CHILD/REN LITERATURE ABOUT BODY CHANGES 2</p> <p>BOTH 1 AND 2 3</p> <p>NO, I HAVEN'T SPOKEN OR GIVEN INFO. 4</p> <p style="text-align: center;"><input type="text"/></p>	<p>5. How competent or informed are you about issues regarding reproductive health (STIs, contraception, sexual feelings/urges)?</p> <p>VERY COMPETENT/INFORMED 1</p> <p>SOMEWHAT COMPETENT/INFORMED 2</p> <p>NOT COMPETENT/INFORMED 3</p> <p style="text-align: center;"><input type="text"/></p>
<p>6. What are your TWO (2) major concerns regarding children's sexuality generally?</p> <p>FEAR OF PREGNANCY/GETTING A GIRL PREGNANT 1</p> <p>STIs 2</p> <p>HIV/AIDS 3</p> <p>PEER PRESSURE 4</p> <p>INFLUENCE OF COMMON MYTHS 5</p> <p>FEAR OF SEXUAL ABUSE (INCLUDING RAPE, BUGGERY) 6</p> <p>HOMOSEXUALITY / LESBIANISM 7</p> <p>EARLY SEXUAL ACTIVITY 8</p> <p>OTHER (SPECIFY) 9</p> <p>NONE 10</p> <p style="text-align: center;"><input type="text"/></p>	<p>7. When do you think it is acceptable for boys to engage in sexual intercourse?</p> <p>YOUNGER THAN 14 YEARS 1</p> <p>BETWEEN 14 AND 16 YEARS 2</p> <p>17 YEARS AND OLDER 3</p> <p>WHEN THEY HAVE A JOB/WORK 4</p> <p>WHEN THEY ARE MARRIED 5</p> <p>OTHER (SPECIFY) 6</p> <p style="text-align: center;"><input type="text"/></p>	<p>8. When do you think it is acceptable for girls to engage in sexual intercourse?</p> <p>YOUNGER THAN 14 YEARS 1</p> <p>BETWEEN 14 AND 16 YEARS 2</p> <p>17 YEARS AND OLDER 3</p> <p>WHEN THEY HAVE A JOB/WORK 4</p> <p>WHEN THEY ARE MARRIED 5</p> <p>OTHER (SPECIFY) 6</p> <p style="text-align: center;"><input type="text"/></p>		

Part L Parenting Module

Parental Stress (QUESTION 4 TO BE ASKED OF PARENTS/PRIMARY CAREGIVERS 25 YEARS AND YOUNGER)

<p>1. How much do you enjoy being a parent / primary caregiver?</p> <p>A GREAT DEAL 1 A REASONABLE AMOUNT 2 NOT MUCH 3 NOT AT ALL 4</p> <p style="text-align: center;">[]</p>	<p>2. Do you ever feel that you cannot cope with your parenting / care-giving responsibilities?</p> <p>ALMOST ALWAYS1 OFTEN.....2 SOMETIMES3 RARELY4 NEVER 5</p> <p style="text-align: center;">[]</p>	<p>3. Which one of the following best describes how you generally feel about your parenting / care-giving responsibilities?</p> <p>TRAPPED..... 1 CONTROLLED BY CHILD/REN'S NEEDS ... 2 FULFILLED 3 INDIFFERENT 4 OTHER (SPECIFY) 5 DON'T KNOW 6</p> <p style="text-align: center;">[]</p>	<p>ASK ONLY < OR = 25 YEARS</p> <p>4. What TWO main difficulties, if any, do you face as a young parent or young primary caregiver?</p> <p>UNEMPLOYMENT1 LITTLE/NO MONEY2 SELF DENIAL/SACRIFICE3 NO SUPPORT FROM CHILD/REN'S FATHER/MOTHER4 ABSENCE OF CHILD/REN'S FATHER/MOTHER5 PROBLEMS CONTROLLING CHILD/REN6 ABSENCE OF SUPPORT GROUPS7 INCREASED WORK LOAD8 FEELING ASHAMED9 OTHER (SPECIFY)10 NONE11</p> <p style="text-align: center;">Primary Secondary</p>	<p>5. How often do you take time for yourself for relaxation?</p> <p>ALMOST ALWAYS1 SOMETIMES2 RARELY3 NEVER4 (IF 4, SKIP TO Q.7)</p> <p style="text-align: center;">[]</p>	<p>6. What do you do most often for relaxation?</p> <p>READING1 SPORTING ACTIVITIES2 DANCING3 COOKING/BAKING4 PARTICIPATION IN A CLUB5 GOING TO THE BEACH6 GARDENING/FARMING7 VISITING OR ENTERTAINING FRIENDS/RELATIVES8 GOING TO THE BAR/CLUB.....9 WATCHING A MOVIE10 OTHER (Specify)11</p> <p style="text-align: center;">[]</p>	
<p>ASK ONLY FOR CHILDREN 11-18 YEARS</p> <p>7. Which THREE (3) areas would you say you have most difficulty with your pre-teen / teen (11 - 18 years)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>___1___ Academic problems</p> <p>___2___ Bad attitude / Disrespect</p> <p>___3___ Breaking rules / Challenging my authority</p> <p>___4___ Household Chores</p> <p>___5___ Dress Appearance</p> <p>___6___ Drugs / Alcohol use</p> <p>___7___ Thinks he/she is too big / Growing up too fast</p> <p>___8___ Coming in late</p> <p>___9___ Boyfriend / Girlfriend Issues</p> </td> <td style="width: 50%; vertical-align: top;"> <p>___10___ Friends / Peers</p> <p>___11___ Sexual activity</p> <p>___12___ Time spent on telephone</p> <p>___13___ Lying/Stealing</p> <p>___14___ Unacceptable lyrics</p> <p>___15___ Mood swings</p> <p>___16___ Relationship with younger siblings</p> <p>___17___ Relationship with older siblings</p> <p>___18___ Unreasonable demands</p> <p>___19___ Other (Specify) _____</p> <p>___20___ None</p> </td> </tr> </table>		<p>___1___ Academic problems</p> <p>___2___ Bad attitude / Disrespect</p> <p>___3___ Breaking rules / Challenging my authority</p> <p>___4___ Household Chores</p> <p>___5___ Dress Appearance</p> <p>___6___ Drugs / Alcohol use</p> <p>___7___ Thinks he/she is too big / Growing up too fast</p> <p>___8___ Coming in late</p> <p>___9___ Boyfriend / Girlfriend Issues</p>	<p>___10___ Friends / Peers</p> <p>___11___ Sexual activity</p> <p>___12___ Time spent on telephone</p> <p>___13___ Lying/Stealing</p> <p>___14___ Unacceptable lyrics</p> <p>___15___ Mood swings</p> <p>___16___ Relationship with younger siblings</p> <p>___17___ Relationship with older siblings</p> <p>___18___ Unreasonable demands</p> <p>___19___ Other (Specify) _____</p> <p>___20___ None</p>	<p>8. Apart from any challenges related to what child/ren do(es) or fail(s) to do, what other problem do you face as a parent / primary caregiver?</p> <p>(MULTIPLE ANSWERS ARE ALLOWED)</p> <p>___1___ Not having a spouse/partner to help me</p> <p>___2___ Financial insecurity / not having enough money to provide for the family</p> <p>___3___ Security / fear that child/ren may be molested</p> <p>___4___ Having to work long hours and not being able to spend more time with child/ren</p> <p>___5___ Not being able to see child/ren often</p> <p>___6___ Other (Specify) _____</p> <p>___7___ None</p> <p style="text-align: center;">[]</p>	<p>9. How well do you think you are fulfilling your parenting / care-giving responsibilities?</p> <p>VERY WELL 1 WELL 2 NOT WELL 3</p> <p style="text-align: center;">[]</p>	<p>10. How would you describe your household?</p> <p>GENERALLY HAPPY / CARING / SUPPORTIVE 1 GENERALLY UNCARING / UNSUPPORTIVE 2 GENERALLY QUARRELSOME / TENSE / VIOLENT 3 OTHER (SPECIFY)4 DON'T KNOW 5</p> <p style="text-align: center;">[]</p>
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HOUSEHOLD ROSTER

ASK Q1-4 FOR ALL H/H MEMBERS UNDER 15 YEARS

ASK Q5-9 FOR ALL H/H MEMBERS 15 YEARS AND OVER

ID	PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS					Remember to enquire about all members and add new members	1. Is the natural father a member of the household? YES.....1 NO.....2 (> 3)	2. COPY THE ID CODE OF THE FATHER	3... Is the natural mother, a member of the household? YES.....1 NO.....2 (> 5)	4. COPY THE ID CODE OF THE MOTHER	5. Marital Status MARRIED...1 NEVER MARRIED...2 (>7) DIVORCED...3 (>7) SEPARATED...4 (>7) WIDOWED...5 (>7)	6. How long have you been married?	7. Union Status MARRIED...1 (>8) COMMON LAW...2 (>8) VISITING...3 > Q10 SINGLE...4 > Q10 NONE...5 > Q10	8. Is this partner a household member? YES.....1 NO.....2 >Q10	9. COPY THE ID CODE OF THE PARTNER	10. Is this individual a PATH beneficiary Yes...1 No....2
	Name	Age	Sex MALE.....1 FEMALE.....2	RELATIONSHIPS AND CODES FROM LABOUR FORCE SURVEY	HOUSEHOLD MEMBER? STILL A MEMBER...1 NO LONGER A MEMBER...2 NEW MEMBER.....3											
1																
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