

# JAMAICA SURVEY OF LIVING CONDITIONS

## 2001

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

INTERVIEWER: \_\_\_\_\_

SUPERVISOR : \_\_\_\_\_

ADDRESS OF DWELLING: \_\_\_\_\_

TOTAL TIME OF INTERVIEW -- HOURS :  MINUTES : NUMBER OF TIMES HOUSEHOLD VISITED -- 

ANTHROPOMETRIST: \_\_\_\_\_

DATE OF ANTHROPOMETRIC		
DAY	MONTH	YEAR

SECTIONS COMPLETED:	R	A	B	C	D	E	F	G	H	I	J	K	L
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-----TO BE COMPLETED BY SUPERVISOR-----

HAS THIS QUESTIONNAIRE BEEN RETURNED TO THE FIELD FOR RECTIFICATION OF ERRORS? YES....1 NO....2 

IF YES, FOR WHICH ITEMS: \_\_\_\_\_

PART A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER

I N D I V I D U A L  N°	1	2	3	4	5	6	7	8	9				
	Have you witnessed or participated in a violent act during the past 4 weeks?  YES, WITNESSED.....1 YES, PARTICIPATED...2 NO.....3	Have you had any injury during the past 4 weeks? For example due to an accident at your workplace, gunshot, stabbing, accidental fall or other injury?  YES, DUE TO MOTOR VEHICLE ACCIDENT...1 YES, ACCIDENT AT WORKPLACE.....2 YES, WAS SHOT.....3 YES, WAS STABBED...4 YES, OTHER ACCIDENT.5 YES, OTHER.....6 NONE.....7	Have you had any illness, other than that due to injury? For example a cold, diarrhea, asthma attack, hypertension, diabetes or any other illness?  YES.....1 NO.....2 (►25 if Q2=7)	Is this a recurring illness eg. asthma, diabetes, hypertension?  YES...1 NO...2	How long did this last episode of illness last?  DAYS	For how long were you unable to carry out normal activities?  DAYS	Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited?  YES.....1 NO.....2 (► 18)	How many visits did you make to health practitioners?  NUMBER OF VISITS	Where did the visit(s) take place? In a ...				
									Public Hospital?	Private Hospital?	Public Health/Maternity Centre?	Private Health or Maternity Centre/Doctor's Office	Other? (SPECIFY)
									YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
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P A R T A: HEALTH - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL No	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 establishment during the past 4 weeks? YES....1 NO....2 (► 15)	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 for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	15 Did you spend a night in a private hospital or other establishment during the past 4 weeks? YES...1 NO....2 (► 18)	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 for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT JS	18 Did you buy medicines during the past 4 weeks for this illness or injury? YES...1 NO....2 (► 25)	19 Were these medicines..... PRESCRIBED.....1 OVER THE COUNTER .....2 BOTH.....3	20 Did you finish taking the medication? YES....1 (► 22) NO.....2	21 Why were you unable to complete the course of treatment? SUPPLIES NOT AVAILABLE.....1 COULD NOT AFFORD MEDICATION.....2 GOT BETTER BEFORE IT WAS FINISHED.....3 STILL TAKING MEDICATION.....4 OTHER (SPECIFY).....5
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PART A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

INDIVIDUAL No	22 Did you purchase medicines in a ....		23 How much have you spent for medicines at public sources, e.g. public hospital, health centre, during the past 4 weeks? Do not include costs paid for by your insurance.	24 How much have you spent for medicines at private sources eg. private doctor, pharmacy, etc. during the past 4 weeks? Do not include costs paid for by insurance.	25 Are you covered by any health insurance?	26 Have you visited a health practitioner for any other reason, during the last 6 months?	27 If yes what for?	28 On a scale of 1-5, how satisfied were you with the service?	
	Public Facility?	Private Facility or Pharmacy?	IF NOTHING SPENT WRITE ZERO AMOUNT J\$	IF NOTHING 0	YES...1 NO....2	YES, PUBLIC....1 YES, PRIVATE....2 YES, BOTH.....3 NO.....4 (*29)	ENTER ALL THAT APPLY  ILLNESS.....1 GENERAL CHECK-UP....2 EYES.....3 TEETH.....4	PUBLIC	PRIVATE
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P A R T A - TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONCLUDED)

I N D I V I D U A L N°	29 Is . . . NAME . . . physically or mentally disabled?	30 If yes, when did this disability occur?	31	32	33	34	35
	YES, MENTAL RETARDATION . . . . . 1 YES, SIGHT ONLY . . . . . 2 YES, HEARING ONLY . . . . . 3 YES, SPEECH ONLY . . . . . 4 YES, HEARING & SPEECH . . . . . 5 YES, PHYSICALLY (LEGS & ARMS) . . . . . 6 YES, MULTIPLE DISABILITY . . . . . 7 NO . . . . . 8 (* NEXT PERSON)	FROM BIRTH . . . . . 1 IN CHILD UNDER FIVE YEARS . . . . . 2 CHILD 5 -18 YEARS . . . . . 3 YOUNG ADULT (18-34) YEARS . . . . . 4 MATURE WORKER (35-64) . . . . . 5 ELDERLY (65 & OVER) . . . . . 6	ASK ALL WOMEN 13-49 YEARS				ASK FOR ALL CHILDREN 6 MONTHS TO 71 MONTHS
			Do you have a child under six months.	Do you have a child under one year.	Are you currently pregnant?	Are you visiting a health practitioner ?	Has this child visited a health practitioner in the past 12 months?
			YES . . . 1 NO . . . . 2	YES . . . 1 NO . . . . 2	YES . . . 1 NO . . . . 2	ASK IF YES FOR Q31 OR Q33 YES, PUBLIC . 1 YES, . . . . . PRIVATE . . 2 BOTH . . . . . 3 NO . . . . . 4	YES, PUBLIC . 1 YES, . . . . . PRIVATE . . 2 BOTH . . . . . 3 NO . . . . . 4

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PART B : EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS AGED 3YRS AND OLDER

I N D I V I D U A L  N°	1 What type of school is ..[NAME].. attending this academic year ?	2 What is the name of the school that ...[NAME].. attends ?	3 Is this school public or private ?	4 What grade is ...[NAME].. in at school this year ?	5 How far is ...[NAME]'S... school from this house ?		6 What is the distance to the nearest primary school ?		7 What is the distance to the nearest secondary school ?		8 How does ...[NAME].. usually get to school ?	9 During the 4 week period April 23 - May 18 how many days was ...[NAME].. sent to school ?	10 What was the main reason for ...[NAME]'S.. absence from school ?	11 Is ...[NAME].. usually sent to school on a Friday ?	
	BASIC/INFANT/NURSERY/ KINDERGARTEN .....1 ( > NEXT PERSON ) PRIMARY .....2 ALL AGE SCHOOL (GRADES 1-6) .....3 ALL AGE SCHOOL (GRADES 7-9) .....4 PRIMARY/JUNIOR HIGH (GRADES 1-6) .....5 PRIMARY/JUNIOR HIGH (GRADES 7-9) .....6 JUNIOR HIGH (GRADES 7-9) .....7 NEW SECONDARY .....8 COMPREHENSIVE .....9 SECONDARY HIGH .....10 TECHNICAL .....11  VOCAT/AGRIC .....12> UNIVERSITY .....13> OTHER TERTIARY (PUBLIC) .....14> OTHER TERTIARY (PRIVATE) .....15> ADULT LITERACY CLASSES .....16> ADULT EDUCATION/NIGHT .....17> SPECIAL SCHOOL .....18> NONE .....19 (> 17)				PRIMARY (1-6) GRADE 7 GRADE 8 GRADE 9 GRADE 10 GRADE 11 GRADE 12	MILES	YARDS	MILES	YARDS	MILES	YARDS	PUBLIC TRANSPORT...1  WALK.....2  PRIVATE VEHICLE...3  SCHOOL BUS.....4  OTHER (SPECIFY) .5	IF SENT ON ALL DAYS > 11  DAYS..	ILLNESS .....1 TRUANCY .....2 WORKING OUTSIDE THE HOME .....3 NEEDED AT HOME .....4 MARKET DAY .....5 TRANSPORT PROBLEM DUE TO POOR ROADS .....6 OTHER TRANSPORT PROBLEMS .....7 SCHOOL CLOSED .....8 SHOES/UNIFORM MISSING/DIRTY/WET .....9 RAIN .....10 MONEY PROBLEMS .....11 HAD TO RUN AN ERRAND .....12 OTHER (SPECIFY) .....13	YES...1 ( > 14)  NO.....2
		NAME		PUBLIC..1 PRIVATE.2	GRADE									FIRST R N SECOND R N	
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R - REASON N- # OF TIMES

## PART B: EDUCATION (CONTINUED)

I N D I V I D U A L  N°	12. What is the main reason for ...[NAME]'S.... absence on this day ?	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 ?	16. What does ...[NAME]... usually have for lunch ?	17. What type of school did..... ...[NAME]....last attend?	18. How many years did ...[NAME]... complete at that school ?	19. What is the highest (academic) examination that ...[NAME].... have passed ?	20. Do you have any kind of skill ?
	TRUANCY.....1 WORKING OUTSIDE THE HOME.....2 NEEDED AT HOME...3 MARKET DAY.....4 SHOES/UNIFORM MISSING/DIRTY/WET.5 MONEY PROBLEM.....6 OTHER (SPECIFY)...7	VERY GOOD.....1 GOOD.....2 NEITHER GOOD NOR BAD.....3 BAD.....4 VERY BAD.....5	YES, MILK AND/OR NUTRIBUN...1 YES, COOKED MEAL.....2 YES, BOTH.....3 NO.....4 (> 16) DON'T KNOW.....5 (> 16)	YES....1 (> 24) NO.....2	SNACK/MEAL FROM SCHOOL...1 CANTEEN/ VENDORS SNACK/MEAL FROM HOME.....2 OTHER.....3 NOTHING.....4 > 24	BASIC/INFANT.....1 PRIMARY.....2 ALL AGE SCHOOL (GRADES 1-6)...3 ALL AGE SCHOOL (GRADES 7-9)...4 PRIMARY/JUNIOR HIGH (GRADES 1-6).....5 PRIMARY/JUNIOR HIGH (GRADES 7-9).....6 JUNIOR HIGH (GRADES 7-9).....7 NEW SECONDARY.....8 COMPREHENSIVE.....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCT/AGRIC.....12 UNIVERSITY.....13 OTHER TERTIARY (PUBLIC).....14 OTHER TERTIARY (PRIVATE).....15 ADULT LITERACY CLASSES.....16 ADULT EDUCATION/NIGHT.....17 SPECIAL SCHOOL.....18 NONE.....19 (>20)	YEARS	NONE.....2 CXC Basic, JSC 5, SSC.3rd JL.....2 CXC Gen, GCE O 1-2.....3 CXC Gen, GCE O 3-4.....4 CXC Gen, GCE O 5+, GCE A 1-2.....5 GCE A 3 or MORE.....6 DEGREE.....7 OTHER.....8 NOT STATED.....9	YES...1 NO.....2 (> 22)
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## PART B: EDUCATION (CONCLUDED)

INDIVIDUAL N°	21. What kind of skill do you have?  NEXT PERSON	22. Are you interested in learning a skill?  YES...1 NO....2(» NEXT PERSON )	23. What skill would you like to learn?	SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL)										25. FOR SECONDARY SCHOOL STUDENTS [EXCLUDING ALL AGE SCHOOLS]			
				24. How much did ...[NAME]'s... family pay in the past 12 months for the following school expenses?							a. How much is ..... [NAME]'S... school fee for the year and does this include books?		b. What portion of the school fee did [NAME]'S family pay or is committed to pay?  ALL....1 (»NEXT PERSON) PART...2 NONE...3	c. Who paid or will pay the other other portion of the school fee?  MINISTRY.....1 MP .....2 (» NEXT PERSON) MINISTRY & MP...3 MINISTRY & OTHER.....4 MP & OTHER.....5 (» NEXT PERSON) MINISTRY,MP & OTHER.....6 OTHER (SPECIFY).....7 (» NEXT PERSON)	d. How much did the Ministry contribute towards the payment of the school fee?  (\$)		
				a. Extra lessons (outside school)	b. Transport	c. Lunch and snacks at school	d. Uniforms	e. Books	f. Other supplies	g. Board	(\$)	CODE					
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PART C: FOR ALL CHILDREN 0 - 59 MONTHS OLD

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

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

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

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

PUT A CROSS IN THE APPROPRIATE BOX

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

↓

YES ->

< - NO

102

YES ->

< - NO

103

**YES ->**

< -NO

104

YES ->

<-NO

105

YES ->

< - NO

106

2

AMOUNT JS

3

PUT A CROSS IN THE APPROPRIATE BOX

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

1

YES ->

<- NO

**YES ->**

<-NO

**YES ->**

< - NO

**YES ->**

< - NC

YES ->

**<-NC**

**YES ->**

<-NC

YES ->

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**E**

## PART F: FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER): 

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 JS	4 How much did you spend on ... during the past 30 days? AMOUNT JS	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 JS	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 JS	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 JS
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 JS	How much did you spend on ... during the past 30 days?  AMOUNT JS	During the past 30 days have you eaten in this household any ... that was home-produced, or received as a gift?  PUT A CROSS IN THE APPROPRIATE BOX. ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home-produced ... you ate during the past 7 days?  IF NOTHING ENTER 0 AND (> 7) AMOUNT JS	How much would it cost to buy the amount of home-produced ... you ate during the past 30 days?  IF NOTHING ENTER 0 AND (> 8) AMOUNT JS	How much would it cost to buy the amount of ... you received as gift during the past 30 days?  IF NOTHING ENTER 0 AMOUNT JS
Liquid milk (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	
Banmy/Cassava Bread	YES-> -<NO	226		Banmy/Cassava Bread	YES-> -<NO	226	
Flour	YES-> -<NO	227		Flour	YES-> -<NO	227	

## PART F: FOOD EXPENSES

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



PART F: FOOD EXPENSES

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

## 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? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS RECEIVED OR PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (→ 5)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (→ NEXT ITEM)	What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$	During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 6 FOR ALL ITEMS RECEIVED OR PURCHASED DURING THE PAST 12 MONTHS.	Have you spent on ... during the past 30 days? YES...1 NO...2 (→ 4)	How much did you spend on ... during the past 30 days? AMOUNT J\$	How much did you spend on ... during the past 12 months? AMOUNT J\$	Did you receive any ... as gift during the past 12 months? YES...1 NO...2 (→ NEXT ITEM)	What is the value of all that ... you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Personal care supplies (soaps, toothpaste/brushes, shaving cream, razors and blades)	YES- -<NO					Cooking gas	YES- -<NO				
Cosmetics (lotions, deodorants, ...)	YES- -<NO					Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, ...)	YES- -<NO				
Hair and body care (lotions, dyes, etc)	YES- -<NO					Furniture, outdoor (lawn chair, barbecue grill, ...)	YES- -<NO				
Laundry supplies (soap bars/powders, bleach, starch, clothes pins, ...)	YES- -<NO					Furnishings (carpets, drapes, sheets, towels, ...)	YES- -<NO				
Polishes, waxes, air freshener, insect sprays	YES- -<NO					Dinner ware (plates, glasses, knives, forks, spoons, ...)	YES- -<NO				
Kitchen supplies (napkins, matches, garbage bags, dishwashing liquid, ...)	YES- -<NO					Cooking ware (pots, pans, shillies, ...)	YES- -<NO				
Toilet supplies (toilet paper, cleanser, ...)	YES- -<NO					Other small kitchen equipment (ice box, toaster, mixer, hot plate, ...)	YES- -<NO				
Other household supplies (scouring pads, liquid cleanser, brooms, light bulbs, batteries, ...)	YES- -<NO					Radio (do not include radio/cassette player)	YES- -<NO				
Home help services (cook, nurse maid, household help, gardener, ...)	YES- -<NO					Other small household equipment (tools, camera, hair dryer, suitcase, electric iron, fan, ...)	YES- -<NO				
Laundry and dry cleaning services	YES- -<NO					Repairs on furniture or household equipment	YES- -<NO				
Rental of equipment (radio, television, ...)	YES- -<NO					Medicines (pills, tonics, drugs, family planning supplies)	YES- -<NO				
						Medical services (doctor's fee, hospital care, prescriptions, spectacles, ...)	YES- -<NO				
						Health Insurance	YES- -<NO				

## PART 3: CONSUMPTION EXPENDITURES (END)

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

1
During the past 12 months, has this household spent or received as gift any of the following items? PUT A CROSS IN THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS RECEIVED OR PURCHASED DURING THE PAST 12 MONTHS.
Purchased transportation (taxi, bus, train, car rental, air fare)

YES->	338
-<NO	

Gasoline, motor oil	YES->	339
	-<NO	

Car repairs, tires	YES->	340
	-<NO	

Car insurance	YES->	341
	-<NO	

Vehicle taxes, duties	YES->	342
	-<NO	

Purchase of car, motor cycles for personal use	YES->	343
	-<NO	

Other transport expenses (parking charges, motor vehicle and driver licenses)	YES->	344
	-<NO	

Vacation expenses (excluding fares) (hotels, travel tax, ...)	YES->	345
	-<NO	

Gardening & horticulture (plants, fertilizer, garden equipment, home animals...)	YES->	346
	-<NO	

Telegrams, telephone, + cablegrams	YES->	347
	-<NO	

Other consumption expenditures (flowers, etc.)	YES->	348
	-<NO	

Purchases for special occasions (parties, entertainment relating to weddings, funerals etc. )	YES->	349
	-<NO	

+ Do not include the amount given in Part J.

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

P A R T 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-> -<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 the toilet facilities used only by your household, or do other households use the same facilities?

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

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

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

7 Does this household own or lease this dwelling?

OWNED.....1  
LEASED.....2 (→ 9)  
PRIVATE RENTED.....3 (→ 9)  
GOVERNMENT RENTED.....4 (→ 17)  
RENT FREE.....5 (→ 17)  
SQUATTED.....6 (→ 17)  
OTHER.....7 (→ 17)

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

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

GO TO 12

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

RELATIVE.....1  
PRIVATE EMPLOYER.....2  
PUBLIC AGENCY.....3  
PRIVATE INDIVIDUAL  
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 (GIVE EXAMPLES), or a private individual or agency?

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

→ 17

12 Do you make mortgage payments on this dwelling?

YES...1  
NO...2 (→ 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 have to 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 (→ 21)  
WELL.....4 (→ 21)  
RIVER, LAKE  
SPRING, POND.....5 (→ 21)  
RAINWATER (TANK)...6 (→ 23)  
OTHER (SPECIFY:.....).....7 (→ 21)

18 Have you a group or individual meter?

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

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

AMOUNT J\$: [ ]

20 How many months were covered by this bill?

MONTHS : [ ]

→ 23

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

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

22 How far from this dwelling is this ...[SUPPLY SOURCE IN 17]...?

DISTANCE -----> [ ]

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

23 What is the source of lighting for this dwelling?

ELECTRICITY...1  
KEROSENE.....2 (→ 26)  
OTHER.....3 (→ 26)  
NONE.....4 (→ 26)

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

AMOUNT J\$: [ ]

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

MONTHS: [ ]

26 Does this household have a telephone?

YES...1  
NO...2 (→ NEXT SECTION)

27 How much was the latest telephone bill for your household (including cellular bill)?

AMOUNT J\$: [ ]

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

MONTHS : [ ]

29 How do you dispose of your garbage including plant cuttings?

COLLECTED BY GARBAGE TRUCK...1  
PLACE IN SKIP.....2  
BURN.....3  
BURY.....4  
DUMP IN EMPTY LOT.....5  
DUMP IN GULLY.....6  
OTHER (specify).....7

30 Do you have problems with rats?

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

PART J: INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

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

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

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

ITEM	CODE	YES	NO
Sewing machines?	601		
Gas stoves?	602		
Electric stoves?	603		
Refrigerators or freezers?	604		
Air conditioners?	605		
Fans?	606		
Radio/cassettes players?	607		
Phonographs?	608		
Stereo equipment?	609		
Video equipment?	610		
Washing machine?	611		
TV sets?	612		
Bicycles?	613		
Motorbikes?	614		
Cars, other vehicles?	615		
Computer/Printer/Fax etc.	616		

1	Please describe all the...[ ]... owned by members of your household.	2	In what year did you acquire this ...[ ]?	3	How much did you pay for this ...[ ]...?  IF IT WAS A GIFT OR AN EXCHANGE:  What was the value of this ...[ ]...when you acquired it?	4	If you wanted to sell this ..[ ] today, how much would you receive?
I	WRITE THE ITEM AND DESCRIPTION (MAKE, COLOR, ETC.)						
T	FOR EACH OF THE GOODS. COPY THE CODE AND						
E	THEN GO TO THE NEXT ITEM IN THE LIST FOR WHICH THE						
M	ANSWER WAS YES.						
	ASK QUESTION 1 FOR ALL GOODS BEFORE GOING TO 2-4.						
	ITEM	DESCRIPTION	CODE	YEAR	AMOUNT J\$	AMOUNT J\$	» NEXT ITEM
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

## PART K : MISCELLANEOUS

1

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

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?	YES-
701	←-NO

Other relatives or friends who live in Jamaica?	YES →
702	← NO

Other relative or friends who live abroad?	YES →
703	← NO

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

YES-  
704  
←-NO

Social Security (NIS) ?	YES →
705	← NO

Private, Government or other pension fund?	YES →
706	← NO

Public Assistance, Poor Relief and Food Stamps?	YES →
707	← 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

[illegible]

**K**

## PART-L: YOUTH MODULE

WORK SITUATION (TO BE COMPLETED BY ALL HOUSEHOLD MEMBERS 17 - 29 YEARS)

	1	2	3	4	5	6	7	8	9		10
	Are you currently ?	What kind of work do you do ?	Are you hired by any person/ company, or you work for yourself/family	How satisfied are you with this way of making your living?	Why are you dissatisfied ?	Does this type of work require more or less education or training than you currently have ?	Have you ever worked ?	What kind of work did you last do?	When did you stop working in that job?		Why did you stop working?
I N D I V I D U A L  N O	Studying....1 (→ 7)		Wage-earner...1 Self employed/ Family Worker.....2	Generally Satisfied...1(→6) Neither Satisfied nor Dissatisfied .....2 (→6) Dissatisfied .....3		Needs less....1 About the same.....2 Needs more....3	Yes....1 No....2 (→11)				
	Working.....2 Working/ Studying.....3 Neither.....4 (→ 7)								MONTH	YEAR	
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											



P A R T L: YOUTH MODULE

11					12				13	14	15
I N D I V I D U A L	Have you ever participated in any of the following programmes? TICK ALL THAT APPLY ?				What benefit have you received? ANSWER IF YES TO ANY OF Q.11				Are you entirely responsible for your own financial maintenance?	What kind of financial responsibilities do you have to meet on a regular basis? SELECT ALL THAT APPLY	Has it been difficult lately for you to meet these expenses?
	NYS	STEP ?	Youth in Agriculture?	HEART Training?	NYS	STEP ?	Youth in Agriculture?	HEART Training?			
	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	YES....1 NO.....2	Yes.....1 No, receives help from family...2 No, receives help from partner.....3 No, receives help from other sources.....4	Food and clothing for self.....1 Food and clothing for partner.....2 Food and clothing for children.....3 Expenses related to own schooling.....4 Expenses related to children's schooling.....5 Support for parents.....6 Rent/mortgage for self or family.....7 utility Bills.....8 Support for siblings.....9 Health expenses.....10 Transportation.....11 Entertainment.....12 Other (specify).....13 None.....14 ( *18)	Very difficult.....1 Somewhat difficult.....2 Not very difficult.....3 Not at all difficult.....4 (*18)
N°											
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											

## PART:-L YOUTH MODULE

## FINANCIAL SITUATION (CONTINUED)

	16	17	18	19	20	21
I N D I V I D U A L  N O	How do you cope when you are under financial pressure?	What would you need in order to be in a more secure financial position?	Over the last 5 years, have you been able to make any significant progress?  Yes.....1 Somewhat.....2 No progress.....3 ( →20 )	In what ways?	To which class does your family belong?  Upper.....1 Upper middle...2 Middle middle..3 Lower middle..4 Working .....5 Poor.....6 Don't know.....7	In your opinion, why is it that some people in Jamaica are poor? <div style="border: 1px solid black; padding: 2px; display: inline-block;">SELECT ALL THAT APPLY</div> Bad luck.....1 Lack of jobs.....2 Too many children..3 Gambling.....4 Society is unjust to poor.....5 Govt does not help.....6 Does not work hard enough.....7 Rich exploit the poor.....8 Divine prophecy.....9 Alcohol/drugs.....10 Lack of education/skills.....11 Poor health.....12 Family background.....13 Govt oppression.....14 Don't know.....15 Other (specify).....16
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
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## PART:-L YOUTH MODULE

## SOCIAL NETWORKS AND WELL-BEING

	22	23	24	25	26	27
I N D I V I D U A L  N O	In what parish were you born (mother's residence)	Are you a member of any clubs/organisation within your community (not including church)?  Yes, active member.....1 Yes, inactive.....2 No.....3 (*25)	What types of organizations? <div style="border: 1px solid black; padding: 2px; text-align: center;">TICK ALL THAT APPLY</div> Youth clubs.....1    Neighbourhood watch.....8 Community club.....2    Political party group.....9 Citizens' association.....3    Corner crew/neighbourhood posse.....4 Church youth group.....10 Parent-teachers assn.....5 Sports clubs.....6 Gang.....7 Other (specify).....11	(If not a member of any organization) Why are you not a member of any organization in your community?	Are you a member of any organization outside your community?  Yes, active .....1 Yes, inactive.....2 No.....3 ( *28)	What types of organization? <div style="border: 1px solid black; padding: 2px; text-align: center;">SELECT ALL THAT APPLY</div> Youth clubs.....1 Political party group.....2 JAS.....3 Parent-teachers Assn.....4 Sports clubs.....5 Service organization.....6 Other (specify).....7
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## SOCIAL NETWORKS AND WELL-BEING (CONTINUED)

	28	29	30	31	32	33	34	35	36
INDIVIDUAL NO.	If not a member of any organization. Why are you not a member?	Do you ever do any kind of welfare work to help those who are less fortunate?  Currently assisting.....1 Have previously done.....2 No.....3 ( *31)	What kind of work?	Do you participate in any physical sports on a regular basis?  Yes.....1 No.....2 Occasionally..3	In regard to your social life, how often do you have contact with friends?  More than once weekly.....1 Once a week.....2 A few times a month.....3 Once a month or less often.....4	Is there anyone to whom you can turn to discuss your problems or worries, without having to hold back your feelings?  Yes.....1 No.....2 ( *36)	What is the relationship of this/ these person(s) to you?  SELECT ALL THAT APPLY Family member.....1 Male friend.....2 Partner.....3 Church sister/ brother.....4 Female friend.....5 Pastor/ counselor.....6 Other (specify).....7	When you do have a problem/ worry, how often do you talk to someone about it?  Almost always.....1 Usually.....2 Sometimes.....3 Almost never.....4	Over the last year, have you found yourself in any dangerous situation, where you had to fear for your life?  Yes.....1 No.....2 ( *40)
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PART:-L YOUTH MODULE  
SOCIAL NETWORKS AND WELL-BEING (CONTINUED)

	37	38	39	40	41	42	43
INDIVIDUAL NO.	What was the cause of this danger? <div>SELECT ALL THAT APPLY</div> Violence/threats from a partner.....1 Violence/threats at school.....2 Gunmen/other criminal.....3 Violence within a prison.....4 Violence/threats from family member.....5 Gang violence.....6 Police or army.....7 Other (specify).....8	Do you consider that you are still at great risk from this source? Yes.....1 No.....2 Somewhat.....3	What steps have you taken to reduce this danger? <div>SELECT ALL THAT APPLY</div> None.....1 Made peace with enemies.....2 Obtained protection.....3 Prayed.....4 Made police report.....5 Increased physical security.....6 Saw Counselor.....7 Relocated.....8 Other (specify).....9	Have you ever been in any situation where you were forced to have sex? Yes.....1 No.....2 (*43)	How old were you when this first happened?	What was the relationship of this person you?	Are you currently experiencing any emotional problems or worries? Yes.....1 No.....2 (*45)
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## PART:L-YOUTH MODULE

## SOCIAL NETWORKS AND WELL-BEING (CONTINUED)

	44	45	46	47	48	49	50	51
I N D I V I D U A L N O	What is causing these problems? <div>SELECT ALL THAT APPLY</div> Unemployment.....1    General Job stress.....2    Stress.....11 Spouse/partner    Poor Living problems.....3    Conditions...12 Loneliness.....4    Other.....13 Crime.....5    (specify) Group Conflict...6 Job Insecurity...7 Lack of money...8 Other domestic problems.....9 Uncertainty about the future.....10	When things are bad, have you ever contemplated suicide?  Yes.....1 No.....2	How do you cope? <div>SELECT ALL THAT APPLY</div> Leave everything    Turn to to God.....1    neighbours.....9 Talk to pastor/    Turn to counselor.....2    organizations...10 Meditate.....3    Turn to Don't think    friends.....11 about it.....4    Smoke.....12 Exercise.....5    Drink alcohol Seek medical    (privately).....13 advice.....6    Go to bar/ Plan to migrate..7    nightclub.....14 Turn to family    Resort to violence/ for support.....8    express anger...15 Other.....16	To what religion or denomination do you belong?  <div>IF NONE »50</div>	How often do you attend your place of worship?	Are you actively practising your religion?  Yes.....1 No.....2	In general,how satisfied are you with your life ?  Very dissatisfied...1 Dissatisfied...2 Neither satisfied or dissatisfied...3 Satisfied.....4 Very satisfied.....5	How do you view the future?  Unsure.....1 Very unsure.....2 Hopeful.....3 Very hopeful.....4 Don't know.....5
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## FERTILITY AND SEXUALITY AND SEXUAL PRACTICES

	52	53	54	55	56	57	58	59	60	61
I N D I V I D U A L  N O	Do you to be living here in Jamaica in five years time?	How many children have you had (born alive)?	How old were you when your first child was born?	When was the last child born?	Do you expect to have any/more children?	If you plan to have more children, how many more do expect to have?	Are you currently in any sexual relationship?	How many partners do you have?	During the last 3 months, how often did you use a condom during sex with your steady partner?	During the last 3 months, how many times did you use a condom during sex with a non-steady (casual) partner?
	YES.....1 NO.....2 UNSURE....3	IF NONE SCORE ZERO AND →56		MONTH    YEAR	Definitely yes.....1 Probably yes.....2 Uncertain....3 Probably no.....4 (→58) Definitely no.....5 (→58)		Steady.....1 Casual.....2 Both.....3 None.....4 (→ 62)	Always.....1 Usually.....2 About half of the time.....3 Seldom.....4 Never.....5 Did not have sex.....6	Always.....1 Usually.....2 About half of the time.....3 Seldom.....4 Never.....5 Did not have sex.....6	
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I N D I V I D U A L  N O	62	63			
	Do you consider yourself to be at risk of being exposed to the AIDS virus?	Please indicate whether you agree or disagree with the following statements			
	Yes high risk.....1	A girl should have a baby by the time she is 18, to prove she is not a mule.	A boy should father a baby by the time he is 18, to prove he is a man.	There is something wrong with a boy who has not had sex by age 16.	There is something wrong with a girl who has not had sex by age 16.
	Yes moderate risk.....2				
	Yes low risk.....3				
	No not any risk.....4				
	Does not know about AIDS.....5	AGREE ...1 DISAGREE..2	AGREE ...1 DISAGREE..2	AGREE ...1 DISAGREE..2	AGREE ...1 DISAGREE..2
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PRINCIPAL EARNER'S OCCUPATION/EMPLOYMENT STATUS

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

IN THE HOUSEHOLD:

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

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

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

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

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

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

HOUSEHOLD ROSTER FOR ROUND 15

ASK QUESTIONS 1 - 4 FOR ALL HOUSEHOLD MEMBERS UNDER 15.

1 Is the natural father a member of the household?  
YES....1  
NO....2  
(= 3)

2 COPY THE IDENTIFICATION CODE OF THE FATHER  
YES....1  
NO....2  
(= NEXT PERSON)

3 Is the natural mother a member of the household?  
YES....1  
NO....2  
(= NEXT PERSON)

4 COPY THE IDENTIFICATION CODE OF THE MOTHER  
YES....1  
NO....2  
(= NEXT PERSON)

ASK QUESTIONS 5 - 9 FOR ALL HOUSEHOLD MEMBERS AGE 15 AND OVER.

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

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

7 Is this partner a household member?  
YES....1  
NO....2  
(= 9)

8 COPY THE IDENTIFICATION CODE OF THE PARTNER  
YES....1  
NO....2  
(= 9)

9 Is...[NAME]... receiving Public Assistance or Poor Relief?  
PUBLIC ASSISTANCE...1  
POOR RELIEF.....2  
NONE.....3

INDIVIDUAL IN SLC 2000

INDIVIDUAL N°

	N A M E	A G E	S E X MALE...1 FEMALE...2	RELATIONSHIP AND CODES FROM LABOUR FORCE SURVEY RELATION   CODE	HOUSEHOLD MEMBER? STILL A MEMBER.....1 NO LONGER A MEMBER...2 NEW MEMBER.....3	DURING PAST 12 MONTHS HOW MANY MONTHS DID THIS PERSON LIVE IN THE HOUSEHOLD?	1	2	3	4	5	6	7	8	9	
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