

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

I N D I V I D U A L No.	1.	2.	3.	4.	5.	6.	7.	8 Where did the visits take place?In.....														
	In the past 4 weeks have you had any injury resulting from road traffic accident, a fall, a domestic or violent incident that required medical attention? YES.....1 NO.. .2 (> Q3)	What type of incident? MOTOR VEHICLE.....1 DOMESTIC ACCIDENT.....2 INDUSTRIAL ACCIDENT?.....3 DOMESTIC INCIDENT.....4 OTHER VIOLENT RELATED INCIDENT.....5 OTHER SPECIFY.....6	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 4 weeks) YES.....1 NO.....2 (> Q22 if 2 in Q1)	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 (> Q17)	How many visits did you make to health practitioners in the past 4 weeks?	a. Public Hospital? YES.....1 NO.....2	b. How long did you have to wait to see a health professional after being registered?		c. Private Hospital? YES.....1 NO.....2	d. How long did you have to wait to see a health professional after being registered?		e. Public Health/ Maternity Centre YES.....1 NO.....2	f. How long did you have to wait to see a health professional after being registered?		g. Private Health/ Maternity Centre/ Doctor's Office YES.....1 NO.....2	h. How long did you have to wait to see a health professional after being registered?		i. Other? (Specify) YES.....1 NO.....2	j. How long did you have to wait to see a health professional after being registered?	
									HRS	MINS		HRS	MINS		HRS	MINS		HRS	MINS		HRS	MINS
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONT.)

I N D I V I D U A L	9	10	11	12	13	14	15	16	17	18	19		20
	How much did you have to pay at public health centre for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance.	How much did you have to pay at private health centre for all visits made during the past 4 weeks? Do not include the cost of drugs nor any cost paid by your insurance.	Did you spend a night in a public hospital or other public health establishment in the past 4 weeks?	How many nights during the past 4 weeks did you spend in the public hospital?	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.	Did you spend a night in a private hospital or other private establishment in the past 4 weeks?	How many nights during the past 4 weeks did you spend in the private hospital?	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.	Why didn't you seek care for this past/ current illness? COULD NOT AFFORD.....1 WASN'T ILL ENOUGH.....2 PREFERRED HOME REMEDIES.....3	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 (>Q22) NONE PRESCRIBED/ REQUIRED.....6 (> Q22)	Public Facility? YES.....1 NO.....2	Private Facility or Pharmacy? YES.....1 NO.....2	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.
No.	IF NOTHING SPENT WRITE ZERO	IF NOTHING SPENT WRITE ZERO		NIGHTS	IF NOTHING SPENT WRITE ZERO		NIGHTS	IF NOTHING SPENT WRITE ZERO					IF NOTHING SPENT WRITE ZERO
	AMOUNT J\$	AMOUNT J\$	YES.....1 NO.....2 (> Q14)		AMOUNT J\$			AMOUNT J\$ >>Q18	DIDN'T HAVE TIME TO GO....4 OTHER (SPECIFY).....5				AMOUNT J\$
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONT.)

14 YRS & OVER

	21	22	23	24	25	26	27	28
I N D I V I D U A L No.	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	Are you covered by any health insurance? YES, PRIVATE.....1 YES, NI GOLD.....2 YES, OTHER PUBLIC (SPECIFY).....3 NO.....4	How is your health in general? VERY GOOD.....1 GOOD2 FAIR.....3 POOR.....4 VERY POOR.....5	Do you/does.(NAME). suffer from any chronic disease / illness? YES, ASTHMA.....1 YES, DIABETES.....2 YES, HYPERTENSION.....3 YES, ARTHRITIS.....4 YES, MENTAL ILLNESS.....5 YES, OTHER (SPECIFY).....6 NO.....7 MULTIPLE RESPONSES	Does this individual smoke? Yes.....1 No.....2 Don't Know....8	Do you/does(NAME)... suffer from any disability? Yes.....1 No.....2 (>> Next Person)	Does the disability limit your.(NAME)..activities compared with most people of the same age? Yes.....1 No.....2	What type of disability do you/does..(NAME).....have SIGHT ONLY.....1 HEARING ONLY.....2 SPEECH ONLY.....3 PHYSICAL DISABILITY.....4 MULTIPLE DISABILITY.....5 SLOWNESS OF LEARNING.....6 MENTAL RETARDATION.....7 OTHER (SPECIFY).....8 NOT STATED.....9 ONE RESPONSE
	AMOUNT J\$							
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PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L No.	1 What type of school is..(NAME).. attending this academic year? NURSERY/DAYCARE (INCLUDE NEWBORN BABIES)1 (NEXT PERSON).....1 BASIC/INFANT/KINDERGARTEN.....2 PRIMARY.....3 PREPARATORY.....4 ALL AGE SCHOOL(GRADES 1-6).....5 ALL AGE SCHOOL (GRADE 7-9).....6 PRIMARY/JUNIOR HIGH (GRADES 1-6).....7 PRIMARY JUNIOR HIGH (GRADES 7-9).....8 JUNIOR HIGH (GRADES7-9).....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCAT/AGRI.....12 UNIVERSITY.....13 OTHER TERTIARY (PUBLIC).....14 OTHER TERTIARY (PRIVATE).....15 ADULT LITERACY CLASSES.....16 ADULT EDUCATION/NIGHT.....17 SPECIAL SCHOOL.....18 NONE.....19 >>12	2 What is the name of the school that (NAME)..... attends?	3 Is this school public or private? PUBLIC.....1 PRIVATE...2	4 What grade is .. (NAME)...in at school this year? BASIC.....0 PRIMARY.....1-3 PRIMARY4-6 GRADE.....7 GRADE8 GRADE9 GRADE10 GRADE11 GRADE12 GRADE.....13	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? PUBLIC TRANSPORT...1 WALK.....2 PRIVATE VEHICLE.....3 SCHOOL BUS.....4 OTHER SPECIFY.....5	9 During the 4 week period April 27- May 22 how many days was (NAME). sent to school? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">IF SENT ON ALL DAYS>>12</div>	10 What were the two main reasons for (NAME'S).. absence from school? ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEM.....6 TRANSPORT COSTS.....7 SCHOOL CLOSED.....8 SHOES/UNIFORM/MISSING/DIRTY/WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND...12 NOT SAFE AT HOME.....13 NOT SAFE IN COMMUNITY...14 VIOLENCE.....15 OTHER (SPECIFY).....16			
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Next person

D = DISTANCE U = UNIT OF MEASURE

R- Reason; N-# of times

PART B: EDUCATION (CONCLUDED)

I N D I V I D U A L No.	11 What type of school did..(NAME).. last attend? NURSERY/DAYCARE.....1 BASIC/INFANT/KINDERGARTEN.....2 PRIMARY.....3 PREPARATORY.....4 ALL AGE SCHOOL(GRADES 1-6).....5 ALL AGE SCHOOL (GRADE 7-9).....6 PRIMARY/JUNIOR HIGH (GRADES 1-6).....7 PRIMARY JUNIOR HIGH (GRADES 7-9).....8 JUNIOR HIGH (GRADES 7-9).....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCAT/AGRI.....12 UNIVERSITY.....13 OTHER TERTIARY.(PUBLIC).....14 OTHER TERTIARY(PRIVATE).....15 ADULT LITERACY CLASSES.....16 ADULT EDUCATION/NIGHT.....17 SPECIAL SCHOOL.....18 NONE.....19	N E X T P E R S O N	12.SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL- BASIC, PRIMARY & SECONDARY LEVEL) How much did ..(NAME).. pay in the past 12 months for the following school expenses?										13.FOR SECONDARY STUDENTS(EXCLUDING PRIMARY & JUNIOR HIGH & ALL AGE SCHOOLS) How much of..(NAME'S).. fees was paid by Parent(s)/ Guardian(s), Family/Friends, MOEYC,MP, Community (including church) ,Other Public? WRITE IN THE PERCENTAGES							
			a	b	c	d	e	f	g	h	i	j	k	a	b	c	d	e	f	
			Exam Fees	Tuition Fees (Including books)	Tuition Fees (Excluding books)	Other Fees and Contributions	Extra Lessons (inside & outside school)	Transport	Lunch and snacks at school	Uniform	Books	Other (supplies)	Boarding	Parent(s) Guardian	Family/ Friends	MOE	MP	Community	Other Public	
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PART D: SOCIAL PROTECTION - TO BE ASKED OF ALL HOUSEHOLD MEMBERS

I N D I V I D U A L No.	1. Did any member of this household apply to the Programme of Advancement Through Health and Education (PATH) ? YES, 12 MONTHS AGO OR LESS.....1 OVER 12 MONTHS AGO.....2 NO, NEVER APPLIED.....3 >Q13	2 Has any member of this household ever received assistance from PATH ? YES.....1 NO2> Q13	3 How long has this household been in receipt of PATH? Five years and more.....1 Four years.....2 Three years.....3 Two years.....4 One year or less.....5 No longer receiving.....6	4 Is this respondent the PATH family representative? YES.....1 NO2	5 In what category does ..(NAME).. receive a PATH benefit? Child 0-71 months.....1 Child 6-17 years.....2 Elderly.....3 Person with disability.....4 Adult Poor.....5 Pregnant and Lactating...6 Not a beneficiary.....7	6 Did ..(NAME).. receive a PATH benefit in April this year? YES.....1 NO.....2	7 What do you do if your benefit payment is less than the regular amount you expect for your household? CHECK WITH MLSS PARISH OFFICE.....1 ASK AT THE POST OFFICE.....2 CHECK WITH SCHOOL OR HEALTH CENTRE.....3 CALL TOLL FREE LINE FOR PATH4 DO NOTHING.....5 BENEFIT HAS NEVER BEEN LESS THAN EXPECTED.....6	8 Has your household had any difficulty with collecting the PATH payment? LONG LINES IN P.O.1 DELAYS IN NOTIFICATION.....2 CHEQUE DID NOT ARRIVE AT PO.3 COULD NOT AFFORD TRANSPORTATION.....4 OTHER.....5 NO DIFFICULTY.....6	9 Has ..(NAME).. ever missed a payment because compliance requirements were not met? YES, CHILD DID NOT ATTEND SCHOOL REGULARLY.....1 YES, CHILD DID NOT VISIT HEALTH CENTRE AS REQUIRED.....2>Q11 YES, NOT SURE WHY.....3>Q12 NO.....4 >Q12
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PART D: SOCIAL PROTECTION - TO BE ASKED OF ALL HOUSEHOLD MEMBERS

I N D I V I D U A L No.	10	11	12	13								14								15							
	Name the reason(s) why school attendance compliance requirements were not met?	Name the main reason(s) why health centre compliance requirements were not met?	How does this household interact with the PATH programme? INDICATE ALL THAT APPLY Social workers visit at home.....1 Attend community meetings.....2 Attend school meetings.....3 Go to MLSS office.....4 No Interaction.....5	Has any member of this household received assistance from any of the following programmes within the last 12 months? A. Poor Relief B. Social and Economic Support Programme (SESP) C. Jamaica Drugs for the Elderly (JADEP) D. National Health Fund (NHF) E. Health fee waivers F. National Insurance Scheme (NIS) G. Private pension scheme H. Government pension scheme YES.....1 NO2								In what way has the programme(s) benefited your household? ENTER THE MAIN BENEFITS FOR EACH OF THE PROGRAMMES IDENTIFIED IN Q13 Helped me to maintain dignity.....1 Has reduced borrowing/begging.....2 Helped to keep children in school.....3 Helped to manage health needs.....4 Assisted me with meals.....5 Other(specify).....6 Has not helped.....7> Q15								Why has the programme(s) not been helpful to you? ENTER THE MAIN REASONS FOR EACH OF THE PROGRAMMES IDENTIFIED IN Q13 Benefits are inadequate.....1 Too much time to collect/access benefit.....2 Too costly to collect.....3 Compliance requirements too difficult.....4 Household had other unmet basic needs.....5 Other.....6							
				PROGRAMMES								PROGRAMMES								PROGRAMMES							
			A	B	C	D	E	F	G	H	A	B	C	D	E	F	G	H	A	B	C	D	E	F	G	H	
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PART E: DAILY EXPENSES

1 During the past 7 days, has this household spent money on or recieved as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 AND 3 FOR ALL ITEMS PURCHASED OR RECIEVED AS GIFT DURING THE PAST 7 DAYS.			2 How much have you spent for.. ..().. during the past 7 days? AMOUNT J\$	3 What is the value of all that ... ()... you recieved as gift during the past 7 days? AMOUNT J\$	4 During the past 7 days, has this household spent money on or recieved as gift any of the following items as meals away from home ? TICK THE APPROPRIATE BOX ASK QUESTION 4 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTIONS 5 AND 6 FOR ALL ITEMS PURCHASED OR RECIEVED AS GIFT DURING THE PAST 7 DAYS.			5 How much have you spent for().. during the past 7 days? AMOUNT J\$	6 What is the value of all that ... ()... you recieved as gift during the past 7 days? AMOUNT J\$
Coal	<input type="checkbox"/> Yes <input type="checkbox"/> No	1020			BREAKFAST - meals bought away from home (including gifts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1071		
Kerosene	<input type="checkbox"/> Yes <input type="checkbox"/> No	1030			LUNCH- meals bought away from home (including gifts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1072		
Wood	<input type="checkbox"/> Yes <input type="checkbox"/> No	1040			DINNER-meals bought away from home (including gifts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1073		
Other fuel for cooking or lighting (different than cooking gas and elecricity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1050			SNACKS-Sandwiches, Burgers, Patties etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	1080		
Tobacco products (cigars, cigarettes, chewing tobacco, pipes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1060			Dairy products e.g. milk, Supligen, Nutriment etc..	<input type="checkbox"/> Yes <input type="checkbox"/> No	1090		
Alcohol (Beer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1111			NON ALCOHOLIC drinks	<input type="checkbox"/> Yes <input type="checkbox"/> No	1100		
Alcohol (Rum Wine Sherry)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1112			TOTAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	1150		
Bus/Taxi-fare	<input type="checkbox"/> Yes <input type="checkbox"/> No	1121							
Gasoline/petrol (domestic use only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	1122							

PART F:FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

PURCHASED

1	2	3	4
During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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\$
Fresh or frozen beef <input type="checkbox"/> Yes <input type="checkbox"/> No	2010		
Fresh or frozen pork <input type="checkbox"/> Yes <input type="checkbox"/> No	2020		
Fresh or frozen mutton <input type="checkbox"/> Yes <input type="checkbox"/> No	2030		
Offal-heart,kidney,liver,triipe etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	2040		
Other fresh or frozen (oxtail, trotters,cow's foot,hocks) <input type="checkbox"/> Yes <input type="checkbox"/> No	2050		
Salted,cured or canned meat(eg.pigtail) <input type="checkbox"/> Yes <input type="checkbox"/> No	2060		
Fresh or frozen fish <input type="checkbox"/> Yes <input type="checkbox"/> No	2071		
Fresh or frozen shellfish <input type="checkbox"/> Yes <input type="checkbox"/> No	2072		
Salted codfish <input type="checkbox"/> Yes <input type="checkbox"/> No	2080		
Canned mackerel,sardines herring <input type="checkbox"/> Yes <input type="checkbox"/> No	2090		
Other salted or canned fish and shellfish(eg.Mackerel,red herring..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2100		
Fresh or frozen whole chicken or parts <input type="checkbox"/> Yes <input type="checkbox"/> No	2110		
Chicken neck, back,foot,liver, gizzard <input type="checkbox"/> Yes <input type="checkbox"/> No	2120		
Other poultry,fresh frozen salted,cured or canned <input type="checkbox"/> Yes <input type="checkbox"/> No	2130		

HOME PRODUCTION/GIFTS

5	6	7	8
During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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 during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef <input type="checkbox"/> Yes <input type="checkbox"/> No	2010		
Fresh or frozen pork <input type="checkbox"/> Yes <input type="checkbox"/> No	2020		
Fresh or frozen mutton <input type="checkbox"/> Yes <input type="checkbox"/> No	2030		
Offal-heart,kidney,liver,triipe etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	2040		
Other fresh or frozen (oxtail, trotters,cow's foot,hocks) <input type="checkbox"/> Yes <input type="checkbox"/> No	2050		
Salted,cured or canned meat(eg.pigtail) <input type="checkbox"/> Yes <input type="checkbox"/> No	2060		
Fresh or frozen fish <input type="checkbox"/> Yes <input type="checkbox"/> No	2071		
Fresh or frozen shellfish <input type="checkbox"/> Yes <input type="checkbox"/> No	2072		
Salted codfish <input type="checkbox"/> Yes <input type="checkbox"/> No	2080		
Canned mackerel,sardines herring <input type="checkbox"/> Yes <input type="checkbox"/> No	2090		
Other salted or canned fish and shellfish(eg.Mackerel,red herring..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2100		
Fresh or frozen whole chicken or parts <input type="checkbox"/> Yes <input type="checkbox"/> No	2110		
Chicken neck, back,foot,liver, gizzard <input type="checkbox"/> Yes <input type="checkbox"/> No	2120		
Other poultry,fresh frozen salted,cured or canned <input type="checkbox"/> Yes <input type="checkbox"/> No	2130		

PART F:FOOD EXPENSES

PURCHASED				HOME PRODUCTIONS/GIFTS					
<p>1 During the past 30 days, has this household bought any of the following foods?</p> <p>TICK THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>		<p>2 Have you bought ..(.).. during the past 7 days?</p> <p>YES = 1 NO = 2 (>4)</p>	<p>3 How much did you spend on.()..during the past 7 days?</p> <p>AMOUNT J\$</p>	<p>4 How much did you spend on ..(.)..during the past 30 days?</p> <p>AMOUNT J\$</p>	<p>5 During the past 30 days have you eaten in this household any.() . that was home-produced, or received as a gift?</p> <p>TICK THE APPROPRIATE BOX</p> <p>ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.</p>		<p>6 How much would it cost to buy the amount of home produced() you ate during the past 7 days?</p> <p>IF NOTHING ENTER 0 AND(>7)</p> <p>AMOUNT J\$</p>	<p>7 How much would it cost to buy the amount of home-produced .()..you ate during the past 30 days?</p> <p>IF NOTHING ENTER 0 AND(>8)</p> <p>AMOUNT J\$</p>	<p>8 How much would it cost to buy the amount of .()..you received during the past 30 days?</p> <p>IF NOTHING ENTER 0</p> <p>AMOUNT J\$</p>
Liquid milk(including flavoured milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2140			Liquid milk(including flavoured milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2140		
Condensed/Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	2150			Condensed/Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	2150		
Powered milk(D.S.M) Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2160			Powered milk(D.S.M)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2160		
Food Drink(including Supligen,Enerplus,Nutrament)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2170			Food Drink(including Supligen,Enerplus,Nutrament)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2170		
Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	2180			Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	2180		
Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	2190			Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	2190		
Other dairy products(yogurt,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2201			Other dairy products(yogurt,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2201		
Other dairy products(icecream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2202			Other dairy products(icecream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2202		
Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	2210			Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	2210		
Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2220			Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2220		
Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	2230			Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	2230		
Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	2240			Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	2240		
Other baked products(sweetened biscuits,cakes,buns,bullas etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2250			Other baked products(sweetened biscuits,cakes,buns,bullas etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2250		
Cassava bread/Bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2260			Cassava bread/Bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2260		

PART F:FOOD EXPENSES

PURCHASED				HOME PRODUCTION/GIFTS			
1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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 during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Flour <input type="checkbox"/> Yes <input type="checkbox"/> No	2270			Flour <input type="checkbox"/> Yes <input type="checkbox"/> No	2270		
Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	2280			Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	2280		
Cornmeal <input type="checkbox"/> Yes <input type="checkbox"/> No	2290			Cornmeal <input type="checkbox"/> Yes <input type="checkbox"/> No	2290		
Dried peas and beans, soya <input type="checkbox"/> Yes <input type="checkbox"/> No	2301			Dried peas and beans, soya <input type="checkbox"/> Yes <input type="checkbox"/> No	2301		
Textured vegetable protein, (Tofu,vege chunks) <input type="checkbox"/> Yes <input type="checkbox"/> No	2302			Textured vegetable protein, (Tofu,vege chunks) <input type="checkbox"/> Yes <input type="checkbox"/> No	2302		
Breakfast cereals (cornflakes, oats, hominy corn..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2310			Breakfast cereals (cornflakes, oats, hominy corn..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2310		
Yams (white, yellow, Negro, St. Vincent, Lucea,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2320			Yams (white, yellow, Negro, St. Vincent, Lucea,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2320		
Irish Potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No	2330			Irish Potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No	2330		
Other roots and tubers(cassava, coco, sweet potatoes,dasheen..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2340			Other roots and tubers(cassava, coco, sweet potatoes,dasheen..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2340		
Other starchy fruits (Plantains, green banana, .) <input type="checkbox"/> Yes <input type="checkbox"/> No	2351			Other starchy fruits (Plantains, green banana, .) <input type="checkbox"/> Yes <input type="checkbox"/> No	2351		
Other starchy fruits(breadfruit..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2352			Other starchy fruits(breadfruit..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2352		
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, <input type="checkbox"/> Yes <input type="checkbox"/> No	2361			Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs, <input type="checkbox"/> Yes <input type="checkbox"/> No	2361		
Fresh vegetables, (, string beans, peas and beans <input type="checkbox"/> Yes <input type="checkbox"/> No	2362			Fresh vegetables, (, string beans, peas and beans <input type="checkbox"/> Yes <input type="checkbox"/> No	2362		
Frozen canned and dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	2370			Frozen canned and dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	2370		

PART F:FOOD EXPENSES

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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\$
Ackee <input type="checkbox"/> Yes <input type="checkbox"/> No	2380		
Fruit and vegetable juices (fresh or frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No	2390		
Fresh fruit (,cane) <input type="checkbox"/> Yes <input type="checkbox"/> No	2401		
Fresh fruit (oranges, lime,) <input type="checkbox"/> Yes <input type="checkbox"/> No	2402		
Fresh fruit (apples , melons, pineapples, pears) <input type="checkbox"/> Yes <input type="checkbox"/> No	2403		
Fresh fruit (plantain, bananas,) <input type="checkbox"/> Yes <input type="checkbox"/> No	2404		
Canned and dried fruits <input type="checkbox"/> Yes <input type="checkbox"/> No	2410		
Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No	2420		
Honey <input type="checkbox"/> Yes <input type="checkbox"/> No	2431		
Sweets (sugars,,sweeteners, jams, jellies, molasses,syrup) <input type="checkbox"/> Yes <input type="checkbox"/> No	2432		
Soups(packaged,canned,frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No	2440		
Prepared meats (curried mutton,.. ..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2451		
Prepared fish(,fish fingers..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2452		
Dry packaged foods(macaroni, spaghetti,gluten.) <input type="checkbox"/> Yes <input type="checkbox"/> No	2460		
Powders,flavouring and extracts baking powder&soda,yeast,coconut milk/powder,vinegar..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2470		

HOME PRODUCTION/GIFTS

5 During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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 during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Ackee <input type="checkbox"/> Yes <input type="checkbox"/> No	2380		
Fruit and vegetable juices (fresh or frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No	2390		
Fresh fruit (,cane) <input type="checkbox"/> Yes <input type="checkbox"/> No	2401		
Fresh fruit (oranges, lime,) <input type="checkbox"/> Yes <input type="checkbox"/> No	2402		
Fresh fruit (apples , melons, pineapples, pears) <input type="checkbox"/> Yes <input type="checkbox"/> No	2403		
Fresh fruit (plantain, bananas,) <input type="checkbox"/> Yes <input type="checkbox"/> No	2404		
Canned and dried fruits <input type="checkbox"/> Yes <input type="checkbox"/> No	2410		
Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No	2420		
Honey <input type="checkbox"/> Yes <input type="checkbox"/> No	2431		
Sweets (sugars,,sweeteners, jams, jellies, molasses,syrup) <input type="checkbox"/> Yes <input type="checkbox"/> No	2432		
Soups(packaged,canned,frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No	2440		
Prepared meats (curried mutton,.. ..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2451		
Prepared fish(,fish fingers..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2452		
Dry packaged foods(macaroni, spaghetti,gluten.) <input type="checkbox"/> Yes <input type="checkbox"/> No	2460		
Powders,flavouring and extracts baking powder&soda,yeast,coconut milk/powder,vinegar..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2470		

PART F:FOOD EXPENSES

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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\$
Sauces and relishes(ketchup, mayonnaise, pepper sauce,pickles..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2480		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices) <input type="checkbox"/> Yes <input type="checkbox"/> No	2490		
Nuts(peanuts, cashew,coconut,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2500		
Baby food (milk food, cereals,strained food,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2510		
Other food (chips, snacks, cheese trix,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2520		
Breakfast drinks (coffee, tea, Ovaltine, Milo, Lasco..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2530		
Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water) <input type="checkbox"/> Yes <input type="checkbox"/> No	2540		
Alcoholic beverages,(beer.) <input type="checkbox"/> Yes <input type="checkbox"/> No	2551		
Alcoholic beverages (rum, whisky, wine, sherry..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2552		
Bottled Water(Natural and purified) <input type="checkbox"/> Yes <input type="checkbox"/> No	2560		

HOME PRODUCTIONS/GIFTS

5 During the past 30 days have you eaten in this household any.(.) that was home-produced,or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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 during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Sauces and relishes(ketchup, mayonnaise, pepper sauce,pickles..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2480		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices) <input type="checkbox"/> Yes <input type="checkbox"/> No	2490		
Nuts(peanuts, cashew,coconut,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2500		
Baby food (milk food, cereals,strained food,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2510		
Other food (chips, snacks, cheese trix,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2520		
Breakfast drinks (coffee, tea, Ovaltine, Milo, Lasco..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2530		
Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water) <input type="checkbox"/> Yes <input type="checkbox"/> No	2540		
Alcoholic beverages,(beer.) <input type="checkbox"/> Yes <input type="checkbox"/> No	2551		
Alcoholic beverages (rum, whisky, wine, sherry..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2552		
Bottled Water(Natural and purified) <input type="checkbox"/> Yes <input type="checkbox"/> No	2560		

PART G: CONSUMPTION EXPENDITURES

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	Have you spent ..(.).. 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 received 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, soap, toothpaste/brushes, shaving cream, razors & blades <input type="checkbox"/> Yes <input type="checkbox"/> No	3010				
Cosmetics (lotions, deodorants,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3020				
Hair and body care (lotions, dyes,etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	3030				
Laundry supplies (soap bars/ powders, bleach, starch, clothes pin,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3040				
Polishes, waxes, air fresheners, insect sprays <input type="checkbox"/> Yes <input type="checkbox"/> No	3050				
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3060				
Toilet supplies(toilet paper, cleanser,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3070				
Other household supplies(scouring pads, liquid cleanser, brooms, light bulbs, batteries,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3080				
Home help services (cook, nurse maid, household help, gardener,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3090				
Laundry and dry cleaning services <input type="checkbox"/> Yes <input type="checkbox"/> No	3100				
Rental of equipment (radio, television,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3110				
Cooking Gas <input type="checkbox"/> Yes <input type="checkbox"/> No	3120				

RESPONDENT (INDIVIDUAL # FROM ROSTER):

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	Have you spent ..(.).. 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 received 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\$
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3130				
Furniture outdoors (lawn chair, barbecue grill,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3140				
Furnishing(carpets,drapes, sheets,towels,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3150				
Dinner ware (plates, cups, saucers, glasses, knives, forks, spoons,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3160				
Cook ware (pots, pans, skillets,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3170				
Other small kitchen equipment (ice box, toaster, mixer, hot plate,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3180				
Large kitchen appliances (Fridge, stove, microwave, freezer, water heater.) <input type="checkbox"/> Yes <input type="checkbox"/> No	3190				
Radio, TV, VCR, DVD, DSS, CD player,component set, <input type="checkbox"/> Yes <input type="checkbox"/> No	3201				
Computer, printer, fax <input type="checkbox"/> Yes <input type="checkbox"/> No	3202				
Other small household equipment (tools,hair dryer, suitcase,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3211				
Camera <input type="checkbox"/> Yes <input type="checkbox"/> No	3212				

PART G: CONSUMPTION EXPENDITURES

1 During the past 12 months, has this household spent or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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 J\$	4 How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$	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 J\$	1 During the past 12 months, has this household spent or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 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 J\$	4 How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$	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 J\$
Electric iron,fan	<input type="checkbox"/> Yes <input type="checkbox"/> No	3213					Reading materials (Books, magazines, newspapers,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3340				
Repairs on furniture or household equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	3220					Stationary and writing equipment(pens pencils, envelops, stamps,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3350				
Medicines (pills, tonics, drugs,family planning supplies,herbal medicine, mechanical contraceptive devices-condoms,IUD,etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3230					Education expenses(tuition, books,boarding fees,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3360				
Medical services (doctor's fee, hospital care, prescriptions, spectacles, lab fees..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3240					Sporting activities(exercise equipment, bicycle, tricycle, entrance fees,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3371				
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	3250					Club Membership	<input type="checkbox"/> Yes <input type="checkbox"/> No	3372				
Shoes and sandals for adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	3260					Other recreational activities(cinema, dance clubs,records, tapes, DVD, CD,Cable rental,Cable fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3380				
Shoes and sandals for children	<input type="checkbox"/> Yes <input type="checkbox"/> No	3270					Purchased transportation(taxi,bus, car, rental)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3391				
Clothing material for adult (Dacron, linen, cotton, silk	<input type="checkbox"/> Yes <input type="checkbox"/> No	3280					Purchased transportation (air fare)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3392				
Clothing material for children (Dacron, linen, cotton, silk	<input type="checkbox"/> Yes <input type="checkbox"/> No	3290					Gasoline, motor oil, diesel	<input type="checkbox"/> Yes <input type="checkbox"/> No	3400				
Adult clothing(suits, dresses, jeans, swim wear, underwear, pampers..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3300					Car/ motor cycle repair, tyres, motor parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	3410				
Children clothing (shirts, trousers, coats,jeans, pampers.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3310					Car/motor cycle insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	3420				
Making and repair of clothes (adult and children)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3320											
Accessories (watches, jewelry,sunglasses,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3330											

Items 3391-3420 should relate to those vehicles which are exclusively used for household purposes

PART G: CONSUMPTION EXPENDITURES

<p>1 During the past 12 months, has this household spent or received as gift any of the following items?</p> <p>TICK THE APPROPRIATE BOX</p> <p>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.</p> <p>THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.</p>	<p>2 Have you spent ..(.).. during the past 30 days?</p> <p>YES = 1 NO = 2 (>4)</p>	<p>3 How much did you spend on.(.)..during the past 30 days?</p> <p>AMOUNT J\$</p>	<p>4 How much did you spend on ..(.)..during the past 12 months?</p> <p>AMOUNT J\$</p>	<p>5 Did you received any..(.).. as gift during the past 12 months?</p> <p>YES = 1 NO = 2 (>NEXT ITEM)</p>	<p>6 What is the value of all that..(.)..you received as gift during the past 12 months?</p> <p>ESTIMATE MONETARY VALUE</p> <p>AMOUNT J\$</p>
<p>Vehicles taxes, duties</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3430				
<p>Purchase of car, motor cycles for personal use</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3440				
<p>Other transport expenses(motor vehicle and driver licenses, traffic tickets, toll fee)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3450				
<p>Vacation expenses (excluding fares) (hotels, travel tax..)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3460				
<p>Gardening and horticulture(plants, fertilizer, garden equipment, home animals...)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3470				
<p>Telephone</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3481				
<p>Telephone Cards</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3482				
<p>Other consumption expenditure (flowers, etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3490				
<p>Purchase for special occasions (parties- bounce about) etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3501				
<p>Purchase for special occasions(entertainment relating to weddings)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3502				
<p>Purchase for special occasions (entertainment relating to funerals)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	3503				

PART H: NON- CONSUMPTION EXPENDITURES

1 During the past 12 months,has this household spent on any of the following items? TICK 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.			2 Have you spent on.....(). during the past 30 days? YES.....1 NO.....2 (>4)	3 How much did you spend on() during the past 30 days? AMOUNT J\$	4 How much did you spend on...() during the past 12 months?
Life & General Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	4010			
Horse Racing	<input type="checkbox"/> YES <input type="checkbox"/> NO	4020			
Other gambling expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	4030			
Weddings	<input type="checkbox"/> YES <input type="checkbox"/> NO	4041			
Funerals	<input type="checkbox"/> YES <input type="checkbox"/> NO	4042			
Donations and gifts(church or union dues, gifts, charities,,.....)	<input type="checkbox"/> YES <input type="checkbox"/> NO	4050			
Repayment of loans, interest payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	4060			
Support for children who live elsewhere	<input type="checkbox"/> YES <input type="checkbox"/> NO	4070			
Other maintenance of relatives outside the home	<input type="checkbox"/> YES <input type="checkbox"/> NO	4080			
NHT	<input type="checkbox"/> YES <input type="checkbox"/> NO	4090			
NIS	<input type="checkbox"/> YES <input type="checkbox"/> NO	4100			
Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	4110			
Other non-consumption expenditures(legal services, anything else,...)	<input type="checkbox"/> YES <input type="checkbox"/> NO	4120			
Direct Taxes (Income tax and Education tax)	<input type="checkbox"/> YES <input type="checkbox"/> NO	4130			

PART I HOUSING AND RELATED EXPENSES

1. Type of Dwelling
 SEPARATE HOUSE DETACHED.....1
 SEMI-DETACHED.....2
 PART OF A HOUSE.....3
 APARTMENT BUILDING.....4
 TOWNHOUSE.....5
 IMPROVISED HOUSING UNIT.....6
 PART OF COMMERCIAL BUILDING...7
 OTHER.....8

2. Main Material of outer walls
 WOOD.....1
 STONE.....2
 BRICK.....3
 CONCRETE NOG.....4
 CONCRETE BLOCK & STEEL.....5
 WATTLE/ ADOBE.....6
 OTHER (SPECIFY).....7

3. How many rooms are occupied by this household?
 (excluding ver., kitchens and bathrooms?)
 NO. OF ROOMS

4. DOES THIS DWELLING HAVE TOILET FACILITIES?
 YES INSIDE..... 1
 YES OUTSIDE.....2
 NO.....3

5. 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(> 7)

6. Are toilet facilities used only by your household, or do other households use the same facilities
 EXCLUSIVE USE.....1
 SHARED.....2

7. DOES THIS DWELLING HAVE KITCHEN FACILITIES?
 YES INSIDE..... 1
 YES OUTSIDE.....2
 NO.....3(> 9)

8. Is the kitchen used only by your household, or do other households use the same kitchen?
 EXCLUSIVE USE.....1
 SHARED.....2
 NO.....3

9. Does this household own, rent or lease this dwelling?
 OWNED.....1
 LEASED.....2(> 11)
 PRIVATE RENTED.....3(> 11)
 GOVERNMENT RENTED.....4(>.14)
 RENT FREE.....5(>.14)
 SQUATTED.....6(>.14)
 OTHER.....7(>.14)

10. Does this household own a dwelling other than this one?
 YES.....1 (>15)
 NO.....2 (> 15)

11. From whom is the dwelling rented /leased? 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

12. 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

13. 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

14. Does this household own a dwelling?
 YES.....1 (> 20)
 NO.....2 (> 20)

15. Do you make mortgage payments on this dwelling?
 YES.....1
 NO.....2 (> 18)

16. How much was your last payment? AMOUNT J\$

17. How often do you make these payments?
 No. OF TIMES
 PER MONTH.....4
 YEAR.....5

18. Do you pay property taxes for this dwelling?
 YES.....1
 NO.....2 (> 20)

19. How much taxes do you pay for this dwelling?
 AMOUNT J\$
 PER:
 MONTH.....4
 YEAR.....5

20. What is the main source of drinking water for your household?
 INDOOR TAP/PIPE.....1
 OUTSIDE PRIVATE PIPE/TAP...2
 PUBLIC STANDPIPE.....3(>26)
 WELL.....4(>26)
 RIVER, LAKE, SPRING, POND.....5(>26)
 RAINWATER (TANK) PID.....6(>27)
 RAINWATER (TANK)NPID**.....7(>27)
 TRUCKED WATER (NWC)PID...8(>27)
 TRUCKED WATER (NWC) NPID.9(>27)
 TRUCKED WATER PRIV.)PID...10(>27)
 TRUCKED WATER PRIV.)NPID.11(>27)
 BOTTLED WATER.....12(>27)
 OTHER (SPECIFY).....13(>27)

21. How many times have you had a water source lock-off in the last 20 days?

22. Have you a group or individual meter?
 GROUP.....1
 INDIVIDUAL.....2
 NO METER.....3

23. How much was the latest water bill for your household?
 AMOUNT J\$

24. How many months were covered by this bill?
 MONTHS :

25. Is this ..[SUPPLY SOURCE IN 20]used by your household only, or is it shared with others?
 THIS HOUSEHOLD ONLY.....1 (> 27)
 SHARED.....2 (> 27)

** NPID : Not piped into dwelling
 PID : Piped into dwelling

26. How far from this dwelling is this ..[SUPPLY SOURCE IN 20] (for options 3,4,5)?
 DISTANCE --->
 DISTANCE CODE:
 KILOMETERS.....1
 METERS.....2

27. What is the main source of lighting for this dwelling?
 ELECTRICITY.....1
 KEROSENE.....2 (> 30)
 OTHER3 (> 30)
 NONE.....4 (> 30)

28. How much was the latest electricity bill for your household?
 AMOUNT J\$

29. How many months of consumption were covered by this bill?
 MONTHS:

30. Does this household have a telephone?
 YES..1 LAND :
 NO...2 (>33) CELL(Post Paid) :

31. How much was the latest telephone bill for your household (including cellular bill)
 LAND AMOUNT J\$:
 (Post Paid)
 CELL AMOUNT J\$:

32. How many months of consumption were covered by this bill?
 LAND
 CELL (Postpaid)

33. What is the main method of garbage disposal for this household?
 REGULAR PUBLIC COLLECTION SYSTEM.....1
 IRREGULAR PUBLIC COLLECTION SYSTEM2
 PRIVATE COLLECTION SYSTEM.....3
 BURN.....4
 BURY.....5
 DUMP IN SEA/RIVER/POND/GULLY... 6
 DUMP IN OWN YARD..... 7
 DUMP IN MUNICIPAL SITE.....8
 OTHER DUMPING.....9
 OTHER.....10 (Specify.....)

34. Is there a working computer in this household?
 YES Laptop.....1
 YES Desktop...2
 YES Both.....3
 NO.....4 (> 36)

35. What type of internet connection is used with this computer?
 ADSL.....1
 DIAL UP (POST PAID).....2
 DIAL UP (PRE- PAID).....3
 WIRELESS.....4
 NONE.....5

36. FOR PERSONS WHO ANSWERED (1) to Q9 ask
 Do you pay insurance for this dwelling?
 YES.....1
 NO.....2

37. What type of light bulbs do you generally use?
 INCANDESCENT.....1
 FLORESCENT.....2
 BOTH.....3
 NONE.....4

38. What type of fuel does this dwelling use most for cooking?
 GAS.....1
 ELECTRICITY.....2
 WOOD.....3
 KEROSENE.....4
 CHARCOAL.....5
 BIOGAS.....6
 SOLAR.....7
 OTHER8
 NONE.....9

PART J:INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

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

PUT A TICK 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 machine?	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		
Generator?	625		
Water Heater (Electrical)?	626		
Water Heater (Solar) ?	627		
Water Tank ?	628		

ITEMS MUST BE IN WORKING CONDITION

PART K: MISCELLANEOUS - RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD

1			2											
During the past 12 months, has any member of your household received income in cash or in kind from the following sources? PUT A TICK IN THE APPROPRIATE BOX FOR EACH ITEM? ASK QUESTION 1 FOR ALL ITEMS FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.			What is the value of the income received by members of your household in cash or in kind from ... [] ... during the past 12 months?											
			INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	HOW OFTEN IS THIS MONEY / GOODS RECEIVED?		INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	HOW OFTEN IS THIS MONEY / GOODS RECEIVED?	
							TIME	PERIOD					TIME	PERIOD
Support for children from parents who live in Jamaica	701	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Support for children from parents who live abroad?	702	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Spouse / Partner who lives in Jamaica	703	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Spouse/ Partner who lives abroad?	704	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Child / children who lives / live in Jamaica	705	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Child / children who lives / live abroad	706	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Other relatives or friends who live in Jamaica	707	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Other relatives or friends who live abroad?	708	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Rental payments for use of land or other property owned by household members?	709	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Social Security (NIS)	710	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Private, Government or other pension fund?	711	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Public Assistance and Poor Relief?	712	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Dividend / Interest from loans made by household members or from money deposited in the bank or other financial Institutions?	713	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Windfall receipts ?(lotteries,gambling,inheritances)	714	<input type="checkbox"/> YES <input type="checkbox"/> NO												
Other?	715	<input type="checkbox"/> YES <input type="checkbox"/> NO												

PART L COPING STRATEGY (To be completed by Main breadwinner- see Roster ; else ask Respondent completing Consumption Modules)

1. Have you heard of the global recession/financial crisis?
 YES.....1
 NO.....2 (Go to Question 4)
2. Have you / your household been affected in the past year by this economic crisis ?
 YES.....1
 NO.....2 (Go to Question 4)
3. Please state in what ways you / this household has been affected.
 INDICATE ALL THAT APPLY
- The main breadwinner has lost his/her job.....1
 - A household member/household members here in Jamaica has/have lost their jobs.....2
 - Someone in the household will be made redundant3
 - Someone in the household has had to close his/her business.....4
 - Someone in the household is not doing as much business as he/she used to.....5
 - Someone in the household workdays/hours have been reduced at work.....6
 - A financial contributor to the household and who lives abroad has lost his/her/their job(s)7
 - Remittance receipts have been cut back.....8
 - We are having to help friends/ relatives more.....9
 - A past household member has had to come back home.....10
 - There is more stress.....11
 - Other(specify).....99

4. What has your household done in response to the economic situation being faced?
 INDICATE ALL THAT APPLY
- Nothing;going on as usual.....1
 - We have cut back on essential expenditure/ spending(food,clothing,transportation,etc).....2
 - We have cut back on recreational expenditure/spending (entertainment,travel ,etc).....3
 - We are conserving on electricity, water and telephone and cellular phone calling.....4
 - Cutting back on expenditure on education.....5
 - Using the public health system so as to cut back on health expenditure.....6
 - We are going to church more often.....7
 - We have started a little farming/a backyard garden.....8
 - We have started a little selling.....9
 - Renting a room of the house to earn income.....10
 - We are doing other income-generating activity.(SPECIFY).....11
 - We are dipping into savings.....12
 - We are 'buying in bulk'.....13
 - Other(SPECIFY).....98

5. Is there anything that the household is thinking of doing in order to cope financially ?

INDICATE ALL THAT APPLY

- Nothing;going on as usual.....1
- We will cut back on essential expenditure/ spending(food,clothing,transportation,etc).....2
- We will cut back on recreational expenditure/spending (entertainment,travel ,etc).....3
- We will conserve on electricity, water and telephone and cellular phone calling.....4
- Cutting back on expenditure on education.....5
- Using the public health system so as to cut back on health expenditure.....6
- We will go to church more often.....7
- We will start a little farming/a backyard garden.....8
- We will start a little selling.....9
- Renting a room of the house to earn income.....10
- We will do other income-generating activity.(SPECIFY).....11
- We will dip into savings.....12
- We will 'buy in bulk'.....13
- Other(SPECIFY).....98

15 YEARS AND OVER

19 Is this partner a household member? YES.....1 NO.....2	20 COPY THE ID CODE OF THE PARTNER

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