Statistical Institute of Jamaica FORM SLC 019 2019 7 Cecelio Ave, Kingston 10 **SERIAL NO.** Tel: 630-1600 / Fax : 926-1138 **JAMAICA SURVEY OF LIVING CONDITIONS** E-mail: info@statinja.gov.jm **SAMPLING REGION DWELLING NO.** H/H NO. **PARISH** CONSTITUENCY ED. NO. **AREA DATE OF INTERVIEW** Day Month ADDRESS OF DWELLING Street/District **Post Office** Hours NUMBER OF TIMES HOUSEHOLD VISITED START OF INTERVIEW (24 hr. Clock) Hours END OF INTERVIEW (24 hr. Clock) First name Interviewer's No. Last name Hours **INTERVIEWER: TOTAL TIME OF INTERVIEW RESULT OF HOUSEHOLD INTERVIEW** First name Supervisor's No. Last name SUPERVISOR: 1. COMPLETED INTERVIEW 2. PARTLY COMPLETED INTERVIEW 3. VACANT 4. CLOSED 5. REFUSAL **SENIOR SUPERVISOR:** 6. DEMOLISHED 7. OTHER (specify) ___

Supervisor's Signature

Senior Supervisor's Signature

First name

SECTIONS COMPLETED

Last name

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7			1

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Snr. Supervisor's No.

Year

Mins

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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

	Q1) In the past		02) Wha	at tvn	e of		Q3) Have	O4) What	Q5) For how	Q6) Has a	Q7) How								08) W	here did th	e visits	take pl	ace? Ir	1							
	4 weeks have			dent/				you/Has	was the	long were		many visits did	a)		a (i)		b)		b (I)	ςυ,	c) Public	7.5.6	c (i)		d)		d (i)	e)	Other?		e (i)	
	you/has		OTOR					(NAME) had any		you/(NAME)	pharmacist,	you/(NAME)	Public	In vou	r most re	ecent	Private	In vou	r most i	recent	health	In vou	ır most ı	recent		In your	most rece					cent
	(NAME) had							illnesses other	of the	unable to	midwife , any	make to the	Hospital?		o the Pu		Hospital?		o the Pi		Centre	-	to the P		health		the Priva				visit to	
	any injury	B. DO	OMES.	TIC A	CCIDE	NT		than that due to		carry out	other health	health	1105pital.		al, what		-		al, wha		Centre		alth Cen		Centre/		lealth					vhat
	resulting from	C. IN	DUST	RIAL	ACCID	ENT		injury? For	recent	normal		practitioner or			ou/ (NAI				ou/ (NA				time dic		Doctor's		e/Doctor'	اء'		time	e did you	
	road traffic	D. D	OMES	TIC IN	ICIDE	NT		example a cold,	episode?	activities?	healer been	healer in the		uiu y	Ju/ (IVAI	VIE).		ulu yo	Ju/ (INA	λivi⊑).			(NAME)		office?		what tim				e ala you NAME).	'
	accident, fall,	F. 01	THER \	VIOLE	NT			diarrhoea,	CDISOUC:	detivities:	visited?	past 4 weeks?	1 Voc										(IVAIVIE)	•	offices					(1	INAIVIE).	
N	domestic or		DENT					asthma attack			visiteu:	past 4 weeks:	UHWI													ala yo	u/ (NAME	=).				
D													UHWI																			
- 1	violent	F. OT	ΓHER ((SPEC	IFY)			or an episode									1. Yes				1. Yes				1. Yes			1.	Yes			
٧	incident that							relating to	(CAN BE >				2. Yes,																			
-1	required							hypertension,	28 DAYS)	28 DAYS)			Public				2. No				2. No				2. No			2.	No			
D	medical							diabetes or any						A. Arri	VA		(>Q8c)	A. Arri	Ve		(>Q8d)	A. Arr	ive		(>Q8e)	A. Arriv	۵	(>0	Q9a)	A. Arriv	<i>1</i> 0	
U	attention?							other illness? (In			1 //		2 No								(, 400)				(, 400)			(,,				
Α								the past 4			1. Yes		3. No	B. Reg	ister			B. Regi	ister			B. Reg	ister			B. Regis	iter			B. Regis	ster	
L		1. YE	S					weeks)			2. No (>Q17)		(>Q8b)	C. See	the nurs	se l		C. See	the nur	rse		C. See	the nur	se		C. See t	he nurse			C. See t	the nurse	
		2. NO	C																													
N														D. See	the			D. See	the			D. See	the			D. See t	:he			D. See 1	the	
0														doctor	/health			doctor	/health	1		docto	r/health	ı		doctor/	health			doctor	/health	
														profes	sional			profes	sional			profes	ssional			profess	ional			profess	sional	
'	1 VEC							1. Yes, chronic																								
	1. YES							illness																								
	2. NO (>Q3)							2. Yes, other																								
								illness																								
			MULT	ΓIPLE	RESP	ONSE	S	3. Yes, both																								
								4. No (>Q22 if 2						(2)	4 hr. clo	ck)		(24 hr	r. clock	١		(24 h	r. clock	١		(24 hr.	clock)			(24 hr	. clock)	
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								at Q1)	DAVS	DAVC																						
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		Α	В	С	D	E	F	at Q1)	DAYS	DAYS				A E	С	D		Α	ВС	D		Α	ВС	D		A I	3 C	D		A	ВС	D
1		А	В	С	D	E	F	at Q1)	DAYS	DAYS				A E	С	D		Α	ВС	D		Α	ВС	D		AI	3 C	D		A	ВС	D
\vdash		Α	В	С	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	ВС	D		AI	3 C	D		A 1	ВС	D
1 2		A	В	С	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	ВС	D
2		А	В	С	D	E	F	at Q1)	DAYS	DAYS				A B	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	ВС	D
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3		A	В	С	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	B C	D		A	3 C	D		A	B C	D
2		A	В	С	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	B C	D		A	3 C	D		A	B C	D
3 4		A	В	c	D	E	F	at Q1)	DAYS	DAYS				A B	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	ВС	D
2 3 4 5		A	В	С	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	B C	D
2 3 4 5		A	В	c	D	E	F	at Q1)	DAYS	DAYS				AE	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	ВС	D
2 3 4 5		A	В	c	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	B C	D
2 3 4 5 6 7		A	В	c	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	B C	D
2 3 4 5 6 7 8		A	В	c	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D		A	ВС	D		A	3 C	D		A	B C	D
2 3 4 5 6 7 8		A	В	c	D	E	F	at Q1)	DAYS	DAYS				A E	C	D		A	ВС	D					ISTER", EN					A	B C	D

IF ai,bi,ci,di,ei is "DID NOT REGISTER", ENTER CODE "87:00"
IF ai,bi,ci,di,ei is "DID NOT SEE DOCTOR", ENTER CODE "88:00"
IF ai,bi,ci,di,ei is "DID NOT SEE NURSE", ENTER CODE "89:00"

I N D I V I D	Q9 (a) How much did you/(NAME) have to pay for care/service at public health centre for all visits made during the past 4 weeks? Do not			- AME) pa			Q10) How much did you/(NAME) have to pay at private health centre for all visits made during the past 4 weeks? Do not include the	a night) to a	did	QA13) How much have you/(NAME) paid or will have to pay altogether for this stay in a public hospital? Do not include the cost of	a night) to a	many nights during the past 4 weeks did you/(NAME)	Q16) How much have you/ (NAME) paid or will have to pay altogether for this stay in a private hospital? Do not include the cost of	Q17) Why didn't you(NAME) seek care for this past/ current illness?	Q18) Did you/(NAME) buy medicines/ fill the prescription during the past 4weeks for this illness or injury?	Q19) Did yo purchase m a a) Public Facility?	b) Private Facility or Pharmacy	Q20) How much have you.(NAME) spent for medicines at public source e.g. Public hospital, health centre, during the past 4 weeks? Do not
A L N O	include the cost of drugs nor any costs paid by your insurance.	C. Phar D. Acce E. Oth	macy essories				cost of drugs nor any cost paid by your insurance.	the past 4 weeks?		medicines or any costs paid by your insurance.	weeks?	·	medicines or any costs paid by your insurance.	 Wasn't ill enough Preferred home remedies Didn't have time to go 	1. Prescribed medicines 2. Partial prescription 3. Prescribed/over the counter 4. Over the counter 5. Prescribed/didn't buy/fill (>Q22)		?	include the costs paid for by your insurance.
	IF NOTHING WRITE ZERO AMOUNT J\$		2. No				IF NOTHING WRITE ZERO AMOUNT J\$	1. Yes 2. No (>Q14)	No of nights		1. Yes 2. No (>Q18)	No of nights	IF NOTHING WRITE ZERO AMOUNT J\$ (>>Q18)	5. Other (Specify)	6. None prescribed/required (>Q22)		1. Yes 2. No	IF NOTHING WRITE ZERO
	(\$0 > Q10)	Α	В	С	D	E												AMOUNT J\$
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	Q21) How much		(22) A		Q23) How is							ever b							:h					ME)									C	(26) Have	Q27) Are		B) Wha	t scree			you/(N	AME)		
N D	have you(NAME)		/Is/(N/ ered b		your/(NAME) health in		work	ker th	at you	u /he/		ave/ hases/ill			e foll	owing	g chro	nic		chr	ronic	diseas	e/illne	ess, ha		ou/he edicat		been	takinį	g any	presc	ribed		you/ (NAME)	you willing to say what				do?					
ı	spent for		health			A. As	thma				uise	1363/11	1116336	3:						A. Asth	nma				1116	cuicat	1011:							ever	screening		p smea							
٧	medicines at	in	surano	ce?		B. Dia	abetes	s												3. Diab	etes													one a test/	test(s) you				ion by	doctor	/nurse			
D	private source e.g. private					C. Hy														С. Нур		sion												creening test for	(NAME) did?	C. Ma			,		,			
U	doctor,					D. Ar						1	. Yes	in the	nast	12 m	onth	ς.). Arth														cancer?					ion of	the nro	state			
A	pharmacy, etc. during the past	Δ Pr	ivate		1. Very Good	E. CO							. Yes,							. COP																	A Bloo		.1011 01	ine pro	State			
	during the past 4 weeks? Do not				2. Good	F. He		sease												. Heai		ase															od sto							
N i	include the costs	C Ot	her			G. Sic							. Don				Q20,			. Neui 6. Sick																			or colo	noscon	w			
0	paid for by your	(Spec				H. De							. No r							i. Dep													1	Yes	1. Yes		her (Sp		01 0010	позсор	' Y			
•	insurance	(Spec	Σ11 y <i>)</i>		5. Very Poor		mentia). INU I	espo	1136 (>	'QZUJ	'		l'	. Dep		711											1.	163	1. 165		n't kno							
					3. Very 1 001		y othe		ntal d	isorda	ır								l'i	. Any		ment	al disc	ordor									,	No	2. No	1. 501	i t kiio	vv						
		1. Ye	c			K. Ca														. Ally i				oruer 										Q29)	(>Q29)									
		2. No				L. Str			Type											Strol			уре									_	'	Q29)	(/Q29)		1 Vo	sdid	tost					
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTD)

Q29 & 30 FOR HOUSEHOLD MEMBERS 14 YRS & OVER I Q29) Do you/does (NAME) smoke any of Q30) During the past 30 days did anyone smoke in?																						Q35	FOR HC	OUSEHO	LD MEN	IBERS 5	/RS & OVER				
ı	Q29) Do you	ı/does (NAME) s	smoke a	ny of	Q30) D	uring the	e past 30	0 days d	id anyor	ie smoke	e in?		Q31) Do		Q33) Are you willing to	Q34)) What t	ype of d	isability	do you/d	does(N	AME)h	ave?	Q35) Do	you/Do	oes (NAI	ME) hav	e difficul	ty doing any of
N		fo	llowing	product	s?										you/does	disability limit	say what type of											the	followir	ıg ?	
D							A. An ir	ndoor ar	ea wher	e you w	ork				(NAME) have a	your/(NAME)	disability / disabilities														
I	A. Ciga	rettes (D	o not ir	nclude el	ectronic		B. Insid	le your h	nome/ya	ırd					disability?	activities	you	A. Sight	t only							A. Seeir	ıg, even	if weari	ng glass	es	
V	cigaret							ic transp								compared	(NAME)have?		ing only							B. Heari					
1		a/ Marij	uana				D. Bus									with most			ch only									imbing s		Ū	
D	_							ts, athle	tic or sir	nilar fac	lities					people of the			ical disa	bility						D. Reme				ing	
U	C. Elect	ronic cia	garettes	(e-cigar	ettes. Ni											same age?			ning disa											over or di	ressing)
Α		kahs (wa			· · · · · ,			lth facilit																						unicating	
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Ν	i . Otile	ii (Speeiii	,,																or (opcon	11						1. No di	fficulty				
0	1. Yes.	Daily					1. Yes								1. Yes	1. Yes	1. Yes	1. Yes								2. Some		tv			
			overvda	w													2. No (>Q35)									3. A lot					
							2.110								2. 110 (200)	2	2.110 (200)	['\								4. Cann					
																										F. Carill	or ao it	at ull			
		2. Yes, but not everyday 2. No 3. No, I no longer smoke 4. No, I have never smoked 5. No response 2. No 2. No 2. No 2. No 3. No (>Q35) 4. No 3. No (>Q35) 5. No																													
	3. 110 11	сэропэс																													
	Α	В	С	D	E	F	Α	В	С	D	E	F	G	Н				Α	В	С	D	Е	F	G	Н	Α	В	С	D	Е	F
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				EDUCATION TO BE													
1	Q1) What type of school is (NAME) attending	Q2) What is the	Q3) Is this	Q4) What grade is (NAME) in at	Q5) How												reasons why
N	this academic year?	name of the	school public	school this year?	(NAM				to the neares		usually get to school?	period April 29 -	((NAME)	was not s	ent to so	chool?
D		school that	or private?		school fro	om this	scho	ol?	scho	ool?		May 24 how many					
1	1. Nursery/Day careNext	(NAME)			hous	e?						days was					
	(INCLUDE NEWBORN BABIES) person	attends?										(NAME) sent	1. Illness	5			
1	2. Infant school department				UNIT		UNIT		UNIT			to school?	2. Truan	CV			
D	3. Basic /Kindergarten			Basic/Infant/ Kindergarten0	1. Miles		1. Miles		1. Miles		1. Public transport			•	de the ho		
1 () (2. Walk					Jille	
A	4. Primary			Primary 1	2. Kilometers	5	2. Kilometers		2. Kilometers	S	Z. Walk		4. Need	ed at hor	me		
L	5. Preparatory			Primary 2	3. Yards		3. Yards		3. Yards		3. Private vehicle		5. Marke	et day			
	6. All age school			Primary 3	4. Meters		4. Meters		4. Meters		4. School bus	IF SENT ON ALL DAYS,	6. Trans	port pro	blem		
N	7. Primary and Junior high				5. Chains		5. Chains		5. Chains		5. Other (specify)	GO TO Q11		port cost			
	8. Secondary				S. Chams		S. Chams		S. Cridins		o. Other (speelig)	00 10 411		-	•		
				Primary 5									8. Schoo				
	9. Technical		1. Public	Primary 6									9. Shoes	/Uniforr	n missing	dirty /	wet
	10. Agricultural High			ASTEP7A									10 Rain				
	11. University		2. Private	ASTEP7B									11. Mon	ev probl	lems		
	12. HEART TRUST NTA			Grade 7											n errand		
	13. Other Tertiary Public																
	·			Grade 8									13. Not				
	14. Other Tertiary Private (> Q23)			Grade 9									14. Not	safe in co	ommunit	У	
	15. Adult education/night			Grade 10									15. Viole	ence			
	16. Special school			Grade 11									16 Othe	r (snecify	/)		
	17. JFLL/Adult literacy classes												10 01110	(Specify	11		
				Grade 12													
	18. None (>Q20)			(lower sixth form)													
				Grade 13									_				
				(upper sixth form)					1					FIR	ST	SECC	OND
				(apper sixtii form)	Distance	Unit	Distance	Unit	Distance	Unit			1	T			
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1 1	Q 11) Since the start of the school year			D: EDUCA			as this happened)				O12) Da	es (NAME	l's school	014) Do	oes (NAME)	\ ucually
N	has.(NAME)ever been kept from school				`	Q12) How orten i	as tilis liappelleu	•					e aschoo			meal pro	
D	because of the following reasons?												orogramme			the school?	
1	-																
٧	1. Illness																
l D	2. Truancy				FREQUENCY												
1 - 1	Working outside the home				1. Frequently												
A	4. Needed at home				2. Occasionally												
L	5. Market day				3. Seldom							A. Nutrib	ıın		A. Nutribu	ın	
	6. Transport problem				3. Scidoni								d meal (Go	ov't)		d meal (Go	v't)
IN	7. Transport cost												d meal (No			d meal (No	
0	8. School closed											C. COOKC	a mear (ive	or dov ty	C. COOKE	a mear (140	it dov tj
	9. Shoes/Uniform missing /dirty /wet																
	10. Rain																
	11. Money problems																
	12. Had to run an errand																
	13. Not safe at school																
	14. Not safe in community											1. Yes			1. Yes		(>Q16)
														(>017)			(>Q15) (>Q15)
	15. Violence											 No Don't' 	lmaur		2. No		
	16. Never absent	FIF	oc .	SEC.	OND		IRD	501	JRTH	I	TH		KNOW FIPLE RESP	(>Q17)	3. Don't' l	TIPLE RESPO	(>Q18)
	17 Other (specify)	FIF	(5)	SEC	I	'''	IKU	FOC	Kin I	rii	· i n	MIOL	I IPLE RESP	ONSES	IVIOLI	IPLE RESPO	ONSES
		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY					ı	I
		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	С	A	В	С
1		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	С	А	В	С
1 2		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	С	A	В	С
		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	С	A	В	c
2		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	С	A	В	С
3 4		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	C	A	В	С
2		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	C	A	В	c
3 4		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	C	A	В	c
2 3 4 5		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	C	A	В	c
3 4 5		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	C	A	В	C
2 3 4 5 6		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	C	A	В	c
2 3 4 5 6 7 8		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	A	В	C	A	В	c

I	Q15) Why doesn't (NAME) take the	Q16) Does (NAME)		Q17) What does (NAME) usually	Q18) Does (NAME) have the required						all the re	equired	and	Q20) What type of school did	
N	meal/snack provided by the school?	pay for this meal or get it free?	(NAME) pay for this	have for lunch?	and supplemental books required by	d by supplemental textbooks for school?								(NAME) last attend?	
D			meal?		the school?										
V														1. Basic/Infant /Kindergarten	
ľ														2. Primary	
D	1. Because of stigma	1. Always pays	Q16B)	Snack/Meal from school	1. Yes, required and (>Q29)	A. Has	not pai	d schoo	l fees					3. Preparatory	
U	2. Doesn't like it	2. Pay sometimes	(100)	canteen/tuck shop	supplemental (>Q29)	B. Has	not pai	d book	rental fe	ee				4. All age school	
Α.	3. Expensive/Cant afford	3. Doesn't pay/Get it free		2. Snack/Meal from vendors	2. Yes, only required	C. Sch	ool does	s not ha	ve the b	ooks				5. Primary and Junior high	
	4. Line too long	4. Don't know (>Q1	3)	2. Snack/ivieal from vendors	3. Yes, only supplemental	D. Boo	ks hard	to find						6. Junior High (Grades 7-9)	
N	5. Don't taste too good	5. Not stated		3. Snack/Meal from home	4. Yes, some required	E. Moi	ney prol	blems						7. New Secondary	
0	6. Other (specify)				5. Yes, some supplemental	F. Boo	ks expe	nsive						8. Comprehensive	
				4. Other (specify)	6. Yes, some required and	G. Some books not necessary H. Other (specify)					9. Secondary High				
					supplemental	H. Other (specify)					10. Technical				
				5. Nothing	7. Has none						11. Vocational/Agricultural				
						1. Yes 2. No					12. University	<u>ا</u> [
						2. No					13. Other Tertiary Public				
											14. Other Tertiary Private				
	(Go to Q17)		(Go to Q18)			2. No							15. Adult education/night		
										_				16. Special school	(>> Q23)
								(Go t	o Q29					17. HEART TRUST NTA	
														18. JFLL/Adult literacy classes	
														19. None	J
								l			l	1	I	1	
						Α	В	С	D	E	F	G	Н		
1															
2															
3															
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	Q21) What was the		O22) How many years	Q24) What is the highest (acade		nation	Q25) Do the examinations that	Q26) Has (NAME) ever		Q28) Did (NAME) successfully	
N	last grade (NAME)	IF SCHOOL COMPLETED BEFORE	of schooling have you /	that (NAME)		iiatioii	(NAME) passed include	enrolled/ involved in any skills	Q27) What skills did	completed the programme of stud	
D	completed at that	GRADE 11	has (NAME) had?	triat (NAIVIE)	ilas passeu:		Math and English?	training program?	(NAME) learn/ are (NAME) learning?	completed the programme of stud	Jy:
	school?	Q22) Why did you (NAME) stop	ilas (IVAIVIL) ilau:				iviatii aliu Liigiisii:	training program:	(including informally)		
V	SCHOOL:	attending school?		1. None					, , , , , , , , , , , , , , , , , , , ,		
1				Junior High School Certificate		035)	CXC GENERAL & ABOVE				
D U		1. Reached terminal grade		3. Grade Nine Achievement Test	(>(·Q26)					
Α		2. Money Problems		4. CSEC Basic/JSC 5/SSC.3rd JL			1. Yes, both	1. Yes, HEART		1. Yes	
L		3. Pregnancy		5. CSEC General/GCE O Level				ACADEMY/workforce colleges			
N		4. Expelled		6. NVQJ Level 1	(>)	·Q26)	3. English only	2. Yes, HEART-VTC/TVET		2. No	
0		5. No interest in school		7. NVQJ Level 2		Q20,	4. No (None)	Institutes			
		6. Family problems		8a. CAPE Unit 1				3. Yes, HEART-		3. Currently enrolled	
		7. Other (specify)		8b. CAPE Unit 2/GCE A Level				SLTOPS/Apprenticeship			
				9. NVQJ Level 3				4. Yes, HEART - other			
				10. Associate degree/NVQJ Level				5. Yes, private (specify)			
				11. Undergraduate degree/NVQJ) > (>i	·Q26)		6. Yes other public (specify)			
				Level 5				7. No (>Q27 THEN NEXT			
					1			PERSON)			
				12. Higher degrees and professio qualification	onai						
				13. City and Guilds							
				14. Other (specify)							
					s /s/	036)					
				15. Not stated —————	— (20	·Q26)					
				CODE	NO. OF SUBJECTS	s					
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N D V D U A L N O .			SCHOOL EXP					OL- BASIC, PRIM		DARY LEVEL)				ge, how much does spend to send (NAME) to school?	the household
,	A. Exam Fees	B. Tuition Fees (Including books)	C. Tuition Fees (Excluding books)	D (1) Auxiliary fees only	D (2) Other fees and contributions	E. Extra Lessons	F. Transport	G. Lunch and snacks at school	H. Uniform	I. Books	J. Other supplies	K . Boarding	A. Food	B. Transportation	C. Other
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PART D: SOCIAL PROTECTION (TO BE ASKED OF ALL HOUSEHOLD MEMEBERS)

Respondent (INDIVIDUAL # FROM ROSTER):

I	Q1) Did any member of	Q2) What is the MAIN	Q3. Has any	Q4) How long has	Q5) In what category	Q6) Did	Q7) How does	Q8) \	What b	enefit	type ha	as this	house	hold	Q9) D	oes any	person	in this	Q10). What is	Q11) In what income	Q12) I	s (NAME) regist	ered on
N	this household apply to	reason why this	member of this	this	does (NAME) receive	(NAME)	this household	recei	ived un	der PA	TH (i.e	e. ever	receiv	ed)?	househ	old rece	eive a p	ension?		range do the monthly	a	ny of the		ng
D	the Programme of	household has not	household ever		a PATH benefit?	receive a	currently												the pension?	pension receipts for		progra	ammes	
	Advancement Through	applied to PATH for	received	in			receive its PATH													this household fall?				
V	Health and Education	assistance?	assistance from PATH?	receipt of PATH?		in April this year	cash benefit?	A. Mo	nthly c	ash tra	nsfer													
D		1. Does not know about				, ca.		B. Trai	nsport	Subsid	у				A. NIS p	ension					A. Natio	onal Heal	th Fund	(NHF)
U		the programme						C. Hou	using						B. Occu	pationa	ıl pensio	on		1. Under \$10,000	B. Natio	nal Insur	rance Sc	heme
Α		2. Benefits not enough						D. Pos	t-secor	ndary s	cholars	ship			C. Othe	r privat	e pensio	on	1. Local	2. \$10,000-\$19,999	(NIS)			
L		3. Application process		1 5:	1. Child 0-71 months	1. Yes	1. By cheque at	E. Tert	tiary bu	irsary					D. Othe	er (speci	fy)			3. \$20,000-\$39,999	C Jamai	ica Drugs	for the	Elderly
N		too difficult		1. Tive years or	2. Child 6-17+ years		P.O.				grant	(Sten	s to wo	rk)					2. Overseas	4. \$40,000-\$59,999	(JADEP)			,
0	1. Yes, 12										Branc	(Step.	3 10 110	,, , , ,						5 \$60 000-\$69 999				
.	months ago or (>Q3)	 Stigma attached to receiving benefits 	1. Yes	2. Four years	3. Elderly		2. By cash card (ATM card)	G. Oth	er (Spe	ecify)											D. Poor	Relief		
	less	receiving benefits			4. Person with		(ATIVICATU)								1. Yes		2. No		3. Both	6. \$70,000-\$79,999				
		5. Do not think	2. No (>Q9)	4. Two years	disability		3. Through	1. Yes												7. \$80,000-\$89,999				
	2. Over 12 months ago (>Q3)	household is eligible		5. One year or less	5. Adult poor		money transfer	2. No							(If no to	o all go	to Q12))		8. \$90,000-\$99,999	1. Yes		2. No	
	months ago	6. Have to give too much		5. One year or less	6. Pregnant or		agency													9. \$100,000 & over				
	3. No, never applied	information		6. No longer	lactating		4. Household		MUL	TIPLE R	ESPON	NSES			MU	LTIPLE	RESPON	ISES			М	ULTIPLE	RESPON	ISES
		7. Do not need welfare		receiving	7. Not a beneficiary		not currently																	
		8. Other (specify)		(>Q6)	(>Q9)		receiving benefit																	
		or other (speenly)					benent		ь	С		-	F	G	•	В	С	D			_	В	С	D
-								Α	В	_	D	E	r	G	Α	В		۳			Α			+
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PART D: SOCIAL PROTECTION (CONTD.)

	Q13-16 TO BE	COMPLETED FOR HO	USEHOLD MEMBERS AGED 1	18 YEARS AND OVER		Q17-21 TO BE ANSWERED BY ADULT RESP	ONDENT	RESPONDENT #	_
- N D -	Q13) Has (NAME) ever contributed to the NIS?	Q14) What is the MAIN reason for not contributing to the NIS?	Q15) Has (NAME) ever contributed to a GOVERNMENT PENSION SCHEME?	Q16) Has (NAME) ever contributed to a PRIVATE PENSION SCHEME?	Q17) During the past 4 weeks, do you believe that this household has had	Q18) What is the main source of livelihood for this household ?	Q19) How would you describe this livelihood?	Q20) How would you describe the economic (financial) situation for your household compared to a year ago?	Q21) Who provides the major economic support for this household ?
V I D U A L	1. Yes, within the past 12 months (>Q15)	Did not know about NIS Did not know how	Yes, within the past 12 months 2. Yes, but more than 12	Yes, within the past 12 months 2. Yes, but more than 12	enough food to eat on a daily basis?	 Work in somebody's business/company Work in somebody's home Buy and sell for myself Provide services in own business 	Provides reliable income stream Provides only for basic needs		Household members Family locally Family overseas
N O	2. Yes, but more than 12 months ago	to contribute 3. Benefit too small	months ago 3. No, involved in non- contributory pension	months ago 3. No, never contributed	1. Yes generally	5. Produce/plant goods or rear animals6. Get help from others7. Other self-employed	Inadequate income for basic needs 4. Not consistent/unreliable		4. Neighbours and friends 5.Government assistance 6. Church/Faith based organization
	3. No, never contributed	4. Never worked/Not working	4. No, never contributed		2. Yes sometimes3. No	8. Remittance 9. Pension 10. Other (specify)			7. Other (specify)
		5. Opted to save independently6. Other (specify)							
1									
3									
4									
5									
7									
8									
10									_

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

PART F:FOOD EXPENSES		RES	RESPONDENT (INDIVIDUAL # FROM ROSTER): Do you use nutrition labels to guide what foods you buy? 1. Yes, always 2.Yes, sometimes3.No							
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 yo household any.(). that was home received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FIRST CONSUMED DURING THE PASE	e-prod	duced,	or	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\$
Fresh or frozen beef	0			Fresh or frozen beef		Yes	2010			
Fresh or frozen pork	0			Fresh or frozen pork		Yes	2020			
Fresh or frozen mutton Yes No 203	0			Fresh or frozen mutton		Yes No	2030			
Offal-heart, kidney, liver, tripe etc. Yes No 204	0			Offal-heart, kidney, liver, tripe etc.			2040			
Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	0			Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)			2050			
Salted,cured or canned meat(eg.pigtail) Yes 206	0			Salted,cured or canned meat(eg.pigtail)			2060			
Fresh or frozen fish	1			Fresh or frozen fish		Yes No	2071			
Fresh or frozen shellfish	2			Fresh or frozen shellfish		Yes No	2072			
Salted codfish	0			Salted codfish		Yes No	2080			
Canned mackerel, sardines, herring	0			Canned mackerel,sardines, herring		Yes No	2090			
Other salted or canned fish and shellfish(eg.Mackerel,red herring) Yes	0			Other salted or canned fish and shellfish(eg.Mackerel,red herring)		Yes	2100			
Fresh or frozen whole chicken or parts	0			Fresh or frozen whole chicken or parts		Yes No	2110			
Chicken neck, back,foot,liver, dizzard	0			Chicken neck, back,foot,liver, gizzard		Yes No	2120			
Other poultry,fresh frozen salted,cured or canned Yes No	0			Other poultry,fresh frozen salted,cured or canned			2130			

PART F:FOOD EXPENSES (CONTINUED)

PURCHASED						HOME PRODUCTIONS/GIFTS					
During the past 30 days, has this household boug 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 FOOL CONSUMED DURING THE PAST 30 DAYS. Liquid milk(including flavoured milk)			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 yo household any.(). that was home received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FIRST CONSUMED DURING THE PASS	e-produced, d	or	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\$
	☐ Yes ☐ No	2140				Liquid milk(including flavoured milk)	☐ Yes 2	140			
Condensed/Evaporated Milk	☐ Yes ☐ No	2150				Condensed/Evaporated Milk	☐ Yes ☐ No 2	150			
Powdered milk(D.S.M) Dairy	☐ Yes ☐ No	2160				Powdered milk(D.S.M)	□ No	160			
Liquid Food Supplements	☐ Yes ☐ No	2171				Liquid Food Supplements	□ NO	171			
Powdered food drink mix	☐ Yes ☐ No	2172				Powdered food drink mix	□ NO	172			
Butter	☐ Yes ☐ No	2180				Butter	□ No	180			
Cheese	☐ Yes ☐ No	2190				Cheese	□ No	190			
Other dairy products (yogurt,)	☐ Yes ☐ No	2201				Other dairy products(yogurt,)	☐ Yes 2	201			
Other dairy products (ice cream)	☐ Yes ☐ No	2202				Other dairy products(ice cream)	☐ Yes 2	202			
Eggs	☐ Yes ☐ No	2210				Eggs	□ Yes 2	210			
Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	☐ Yes ☐ No	2220				Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	□ No	220			
Bread	☐ Yes ☐ No	2230				Bread	□ No	230			
Crackers and unsweetened biscuits	☐ Yes ☐ No	2240				Crackers and unsweetened biscuits	☐ Yes 2	240			
Other baked products(sweetened biscuits,cakes,buns,bullas etc.)	☐ Yes ☐ No	2250				Other baked products(sweetened biscuits,cakes,buns,bullas etc.)	□ No	250			
Cassava bread/Bammy	☐ Yes ☐ No	2260				Cassava bread/Bammy	☐ Yes ☐ No 2	260			

PART F:FOOD EXPENSES (CONTINUED)

PURCHASED						HOME PRODUCTION/GIFTS					
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. YE NO			2 Have you bought() during the past 7 days? YES = 1 NO = 2 (>4)	How much did you spend on.().during the past 7 days?	How much did you spend on()during the past 30 days?	5 During the past 30 days have yo household any.(). that was home received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FIRST CONSUMED DURING THE PASE	e-produced	or OODS		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\$
	Пусс	1	(> 1)			☐ Yes			AIVIOUNT J\$	AIVIOOIVI 3\$	AIVIOUNT 35
Flour	☐ Yes ☐ No	2270				Flour	☐ No	2270			
Rice	Yes No	2280				Rice	Yes No	2280			
Cornmeal	☐ Yes ☐ No	2290				Cornmeal	☐ Yes ☐ No	2290			
Dried peas and beans, soya	☐ Yes ☐ No	2301				Dried peas and beans, soya	☐ Yes ☐ No	2301			
Textured vegetable protein, (Tofu,vege chunks)	☐ Yes ☐ No	2302				Textured vegetable protein, (Tofu,vege chunks)	☐ Yes ☐ No	2302			
Breakfast cereals (cornflakes, oats, hominy corn)	☐ Yes	2310				Breakfast cereals (cornflakes, oats, hominy corn)	☐ Yes	2310			
Yams (white, yellow, Negro, St. Vincent, Lucea,)	☐ Yes☐ No	2320				Yams (white, yellow, Negro, St. Vincent, Lucea,)	☐ Yes ☐ No	2320			
Irish Potatoes	Yes	2330				Irish Potatoes	☐ Yes ☐ No	2330			
Other roots and tubers(cassava, coco, sweet potatoes,dasheen)	☐ Yes ☐ No	2340				Other roots and tubers(cassava, coco, sweet potatoes,dasheen)	☐ Yes ☐ No	2340			
Other starchy fruits (Plantains, green banana, .)	☐ Yes ☐ No	2351				Other starchy fruits (Plantains, green banana, .)	☐ Yes ☐ No	2351			
Other starchy fruits(breadfruit)	☐ Yes	2352				Other starchy fruits(breadfruit)	☐ Yes ☐ No	2352			
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs,)	☐ Yes ☐ No	2361				Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs,)	☐ Yes ☐ No	2361			
Fresh vegetables, (string beans, peas and beans)	☐ Yes ☐ No	2362				Fresh vegetables, (string beans, peas and beans)	☐ Yes ☐ No	2362			
Frozen canned and dried vegetables	☐ Yes ☐ No	2370				Frozen canned and dried vegetables	☐ Yes ☐ No	2370			F3

PURCHASED			HOME PRODUCTION/GIFTS								
1 During the past 30 days, has th any of the following foods? TICK THE APPROPRIATE BOX		d bought	2 Have you bought() during the past 7 days?	3 How much did you spend on.().during the past 7 days?	4 How much did you spend on()during the past 30 days?	During the past 30 days have you household any.(). that was home received as a gift? TICK THE APPROPRIATE BOX	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days?	7 How much would it cost to buy the amount of home-produced .().you ate during the past 30 days?	8 How much would it cost to buy the amount of().you received during the past 30 days?		
ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4	LEOR ALL I	=OODS				ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 F	OR ALL FO	OODS	IF NOTHING ENTER 0 AND(>7)	IF NOTHING ENTER 0 AND(>8)	IF NOTHING ENTER 0
CONSUMED DURING THE PA			YES = 1 NO = 2 (>4)	AMOUNT J\$	AMOUNT J\$	CONSUMED DURING THE PAST			AMOUNT J\$	AMOUNT J\$	AMOUNT J\$
	☐ Yes						Yes	l			
Ackee	□ No	2380				Ackee	□ No	2380			
Fruit and vegetable juices (fresh or	☐ Yes	2390				Fruit and vegetable juices (fresh or	☐ Yes	2390			
frozen)	□ No	2390				frozen)	□No	2390			
Fresh fruit (cane)	☐ Yes ☐ No	2401				Fresh fruit (cane)	☐ Yes ☐ No	2401			
Fresh fruit (oranges, lime)	☐ Yes ☐ No	2402				Fresh fruit (oranges, lime)	☐ Yes ☐ No	2402			
Fresh fruit (apples , melons, pineapples, pears)	☐ Yes ☐ No	2403				Fresh fruit (apples, melons, pineapples, pears)	☐ Yes ☐ No	2403			
Fresh fruit (plantain, bananas)	☐ Yes ☐ No	2404				Fresh fruit (plantain, bananas)	☐ Yes ☐ No	2404			
Canned and dried fruits	☐ Yes ☐ No	2410				Canned and dried fruits	☐ Yes ☐ No	2410			
Sugar	☐ Yes ☐ No	2420				Sugar	Yes No	2420			
Honey	☐ Yes ☐ No	2431				Honey	☐ Yes ☐ No	2431			
Sweets (sugars,sweeteners, jams, jellies, molasses,syrup)	☐ Yes	2432				Sweets (sugars,sweeteners, jams, jellies, molasses,syrup)	☐ Yes	2432			
Soups(packaged,canned,frozen)	Yes No	2440				Soups(packaged,canned,frozen)	Yes No	2440			
Prepared meats (curried mutton,)	Yes No	2451				Prepared meats (curried mutton,)	Yes No	2451			
Prepared fish(fish fingers)	Yes	2452				Prepared fish(fish fingers)	Yes	2452			
Dry packaged foods(macaroni, spaghetti,gluten.)	□ No □ Yes □ No	2460				Dry packaged foods(macaroni, spaghetti,gluten.)	□ No □ Yes □ No	2460			
Powders,flavouring and extracts baking powder&soda,yeast,coconut milk/powder,vinegar)	☐ Yes☐ No	2470				Powders,flavouring and extracts baking powder&soda,yeast,coconut milk/powder,vinegar)	Yes No	2470			

PART F:FOOD EXPENSES	(CONTINUED)
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PURCHASED			•			HOME PRODUCTIONS/GIFTS				
1 During the past 30 days, has the 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 CONSUMED DURING THE PASE	OODS	2 Have you bought() during the past 7 days? YES = 1 NO = 2	3 How much did you spend on.().during the past 7 days?	4 How much did you spend on()during the past 30 days?	5 During the past 30 days have you household any.(). that was home 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 CONSUMED DURING THE PAST	-produced,or OR ALL FOODS	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)	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)	8 How much would it cost to buy the amount of().you received during the past 30 days? IF NOTHING ENTER 0	
Sauces and relishes(ketchup, mayonnaise, pepper sauce,pickles)	Yes	2480	(>4)			Sauces and relishes(ketchup, mayonnaise, pepper sauce,pickles)	☐ Yes	AMOUNT J\$	AMOUNT J\$	AMOUNT J\$
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	□ No □ Yes □ No	2490				Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	□ No 2480 □ Yes 2490			
Nuts(peanuts, cashew,coconut,)	Yes No	2500				Nuts(peanuts, cashew,coconut,)	☐ Yes ☐ No 2500			
Baby food (milk food, cereals,strained food,)	☐ Yes ☐ No	2510				Baby food (milk food, cereals,strained food,)	☐ Yes ☐ No 2510			
Other food (chips, snacks, cheese trix,)	☐ Yes	2520				Other food (chips, snacks, cheese trix,)	☐ Yes ☐ No 2520			
Flavoured breakfast drinks, cocoa based beverage preparations	☐ Yes	2531				Flavoured breakfast drinks, cocoa based beverage preparations	☐ Yes 2531			
Breakfast drinks - coffee, tea	☐ Yes ☐ No	2532				Breakfast drinks - coffee, tea	☐ Yes 2532			
Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water, bag drink, box drink)	☐ Yes ☐ No	2540				Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water, bag drink, box drink)	Yes 2540			
Alcoholic beverages,(beer)	☐ Yes	2551				Alcoholic beverages,(beer)	☐ Yes 2551			
Alcoholic beverages (rum, whisky, wine, sherry)	☐ Yes ☐ No	2552				Alcoholic beverages (rum, whisky, wine, sherry)	☐ Yes 2552			
Bottled Water(Natural and purified)	☐ Yes	2560				Bottled Water(Natural and purified)	☐ Yes 2560			

PART G:CONSUMPTION EXPENDIT	TURES							RESPONDENT (INDIVIDUAL # F	ROM ROS	TER):					
1 During the past 12 months, has this spent on,or received as gift any of the TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR		items?	Have you spent() during the past 30 days?	you spend on.().during	How much did you spend on ()during the past 12 months?	Did you received any(). as gift during the past 12 months?	6 What is the value of all that().you received as gift during the past 12 months?	During the past 12 months, has this spent on, or received as gift any of items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR	s househol	d owing	spent()	3 How much did you spend on. ().during the past 30 days?	How much did you spend on ()during the past 12 months?	5 Did you received any(). as gift during the past 12 months?	6 What is the value of all that().you received as gift during the past 12 months?
ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR PURCHASE OR RECEIVED AS GIF DURING THE PAST 12 MONTHS.			YES = 1 NO = 2 (>5)	AMOUNT J\$	AMOUNT J\$	YES = 1 NO = 2 (>NEXT ITEM)	ESTIMATE MONETARY VALUE AMOUNT J\$	ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS. YES = 1 NO = 2 (>4)			AMOUNT J\$	AMOUNT J\$	YES = 1 NO = 2 (>NEXT ITEM)	ESTIMATE MONETARY VALUE AMOUNT J\$	
Personal care supplies (soap, toothpaste/brushes, shaving cream, razors & blades)	☐ Yes ☐ No	3010						Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet,)	☐ Yes	3130					
Cosmetics (deodorants,)	☐ Yes ☐ No	3020						Furniture outdoors (lawn chair, barbecue grill,)	☐ Yes ☐ No	3140					
Hair and body care (lotions, dyes,etc.)	Yes No	3030						Furnishing(carpets,drapes, sheets,towels,)	☐ Yes ☐ No	3150					
Laundry supplies (soap bars/ powders, bleach, starch, clothes pin,)	☐ Yes ☐ No	3040						Dinner ware (plates, cups, saucers glasses, knives, forks, spoons,)	Yes	3160					
Polishes, waxes, air fresheners, insect sprays	☐ Yes ☐ No	3050						Cook ware (pots, pans, skillets,)	Yes No	3170					
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid,)	☐ Yes ☐ No	3060						Other small kitchen equipment (ice box, toaster, mixer, hot plate,)	Yes	3180					
Toilet supplies (toilet paper, cleanser,)	☐ Yes ☐ No	3070						Large kitchen appliances (Fridge,							
Other household supplies(scouring pads, liquid cleanser, brooms, light bulbs, batteries,)	☐ Yes	3080						stove, microwave, freezer, water heater.)	☐ Yes ☐ No	3190					
Home help services (cook, nurse maid, household help, gardener,)	Yes No	3090						Radio, TV, VCR, DVD, DSS, CD player,component set,	Yes No	3201					
Laundry and dry cleaning services	☐ Yes☐ No	3100						Information processing equipment (e.g. computer, printer, fax)	☐ Yes ☐ No	3202					
Rental of equipment (radio, television,)	Yes No	3110						Other small household equipment (tools,hair dryer, suitcase,)	☐ Yes ☐ No	3211					
Cooking Gas	— 7/22	3120						Camera	☐ Yes ☐ No	3212					

PART G:CONSUMPTION EXPEND	DITURES	(CONT	INUED)											
1 During the past 12 months, has this spent on, or received as gift any of t items? FICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	he followi	ng	2 Have you spent () during the past 30 days? YES = 1 NO = 2 (>4)	How much did you spend on.().during the past 30 days?	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\$	TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.		spent() during the past 30 days?	3 How much did you spend on .().during the past 30 days? AMOUNT J\$		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	☐ Yes	3213							Yes 3340					
Repairs on furniture or nousehold equipment	☐ Yes ☐ No	3220							☐ Yes 3350					
Medicines (pills, tonics, drugs,family planning supplies,herbal medicine, mechanical contraceptive devices- condoms,IUD,etc.)	Yes	3230						Education expenses(tuition,	Yes 3360					
Medical services (doctor's fee, nospital care, prescriptions, spectacles, lab fees)	☐ Yes ☐ No	3240						Sporting activities(exercise equipment, bicycle, tricycle,	Yes 3371	-				
Health Insurance	☐ Yes ☐ No	3250						entrance fees,)	—					
Shoes and sandals for adults	☐ Yes ☐ No	3260							Yes 3372					
Shoes and sandals for children	☐ Yes ☐ No	3270						Other recreational activities(cinema, dance clubs,records, tapes, DVD, CD,Cable rental,Cable fee)	Yes 3380					
Clothing material for adult (Dacron, inen, cotton, silk)	☐ Yes ☐ No	3280						Purchased transportation(taxi,bus,	☐ Yes 3391					
Clothing material for children (Dacron, linen, cotton, silk)	☐ Yes ☐ No	3290							No Yes 3392					
Adult clothing(suits, dresses, jeans, swim wear, underwear, pampers)	☐ Yes ☐ No	3300						Gasoline, motor oil, diesel	No Yes 3400					
Children clothing (shirts, trousers, coats,jeans, pampers.)	Yes No	3310						Car/ motor cycle repair tyres motor	☐ No 3400 ☐ Yes 3410					
Making and repair of clothes (adult and children)	☐ Yes ☐ No	3320						Car/motor cycle insurance	□ No	-				
Accessories (watches, ewelry,sunglasses,)	Yes	3330							Yes 3420					
	1					l		Items 3391-3420	should relate to	those vehi	cles which are	exclusively used t	or household	

PART G:CONSUMPTION EXPEND	ITURES (
1 During the past 12 months, has this h spent on, or received as gift any of th items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR PURCHASE OR RECEIVED AS GIF DURING THE PAST 12 MONTHS.	e following	3	Have you spent() during the past 30 days? YES = 1 NO = 2 (>4)	3 How mud you sper on.().dui the past days? AMOUNT J\$	nd ring	How much did you spend on()during the past 12 months?	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\$
Vehicles taxes, duties	☐ Yes ☐ No	3430						
Purchase of car, motor cycles for personal use	☐ Yes ☐ No	3440						
Other transport expenses(motor vehicle and driver licenses, traffic tickets, toll fee)	☐ Yes ☐ No	3450						
Vacation expenses (excluding fares) (hotels, travel tax)	☐ Yes ☐ No	3460						
Gardening and horticulture(plants, fertilizer, garden equipment, home animals)	☐ Yes	3470						
Telephone/Cellphone (Instrument)	☐ Yes ☐ No	3481						
Telephone Services - Internet/phone Cards	☐ Yes ☐ No	3482						
Other consumption expenditure (flowers, etc.)	☐ Yes ☐ No	3490						
Purchase for special occasions (parties- bounce about) etc.	☐ Yes ☐ No	3501	-					
Purchase for special occasions(entertainment relating to weddings)	☐ Yes	3502						
Purchase for special occasions (entertainment relating to funerals)	☐ Yes ☐ No	3503						



PART H: NON-CONSUMPTION EXPENDITURES

ASK QUESTION 2 TO 4 POR ALL ITEMS PURCHASED DURING THEN ASK QUESTION 2 TO 4 POR ALL ITEMS PURCHASED DURING THE AST 12 MON THE	Q1) During the past 12 months, has this household spent	on any of the following iter	ms?	Q2) Have you spent on() during the past 30 days?	Q3) How much did you spend on() during the past 30 days?	Q4) How much did you spend on() during the past 12 months?		
THE MASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS	TICK THE APPROPRIATE BOX			1. YES				
THE PAST 12 MONTHS Life & General Insurance YES NO NO NO NO NO NO NO N	ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LAST.							
Life & General Insurance	THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASE	D DURING		2. NO (>Q4)				
NO 4010 15	THE PAST 12 MONTHS							
No	Life & General Insurance	=	4010			J\$		
No	Horse Racing	=	4020		J\$	J\$		
Weddings (Outside of Household) Funerals (Outside of Household) Pures NO A041 VES NO A050 JS JS JS JS JS JS JS JS JS J	Other gambling expenses		4030		J\$	J\$		
Funerals (Outside of Household) NO 4042 Donations and gifts (church or union dues, gifts, charities, etc) Repayment of loans, interest payments Support for children who live elsewhere NO 4070 Other maintenance of relatives outside the home NO 4080 NO 40	Weddings (Outside of Household)		4041			J\$		
charities, etc) Repayment of loans, interest payments Support for children who live elsewhere YES NO A070 15 15 15 15 15 15 15 15 15 1	Funerals (Outside of Household)	=	4042			ış		
Support for children who live elsewhere	Donations and gifts (church or union dues, gifts, charities, etc)		4050		ış	ış		
Support for children who live elsewhere NO Other maintenance of relatives outside the home NO NO A080 IS IS IS IS IS OTHER maintenance of relatives outside the home NO NO NO NO NO NO NO NO A090 IS IS IS IS IS IS IS IS IS I	Repayment of loans, interest payments		4060			ış		
Other maintenance of relatives outside the home NO NO NO VES NO NO NO NO NO NO NO NO NO N	Support for children who live elsewhere		4070		ış	ış		
NIS NIS Pension Other non-consumption expenditures (legal services, anything else) Direct taxes (Income tax and Education tax August 15 Incomplete 1410	Other maintenance of relatives outside the home		4080		ış	ış		
Pension Other non-consumption expenditures (legal services, anything else) Direct taxes (Income tax and Education tax At 100 At 10	NHT	=	4090		ış	ış		
Other non-consumption expenditures (legal services, anything else) Pension NO 4110 J\$ J\$ J\$ J\$ J\$ J\$ J\$ J\$ J\$ J	NIS	=	4100		ış	ış		
anything else) NO 4120 J\$ J\$ J\$ J\$ J\$ J\$	Pension	=	4110		ış	ış		
Direct taxes (Income tax and Education tax I 🗮 I 4130 I I I I I I I I I I I I I I I I I I I	Other non-consumption expenditures (legal services, anything else)		4120		ış	ış		
	Direct taxes (Income tax and Education tax		4130		ış	ış		

PART I: HOUSING AND RELATED EXPENSES

Q1) Type of Dwelling	Q9 Does any member of this household own, rent or lease the land this	Q15) Is maintenance included in the rent?	Q24) How much property taxes is paid for the land this dwelling is on?		
Separate house detached	dwelling is on?	1. Yes			
2. Semi detached	1. Owned	2.No (>Q17)	Amount J\$		
3. Part of a house	2. Leased				
4. Apartment building	3. Private rented	Q16) How much is the maintenance?	4. Per month		
5. Townhouse	4 Government rented		5. Per year		
6. Improvised housing unit	5. Rent free (>Q10)	J\$	'		
7. Part of a commercial building	6. Squatted		Q25) Do you pay maintenance fees?		
8. Other (specify)	7. Other (specify)	Q17) Does somebody who is not a member of the household,			
		help to pay the rent for this dwelling? For example, a relative, a	1. Yes		
Q2) Material of outer walls	Q9a) Is there a legal title for the land?	public agency, a private individual or agency? (Give example)	2. No		
1. Wood	1. Yes, registered				
2. Stone	2. Yes, common law	1. Relative	Q26) How much do you pay per month?		
3. Brick	3. No	2. Private employer			
4. Concrete nog	Q10) Does any member of this household own, rent or lease this dwelling?	3. Public agency	J\$		
5. Concrete block & steel		4. Private individual or agency			
6. Wattle & daub/adobe	1. Owned	5. Nobody Helps	Q27) What is the MAIN source of drinking water for this household?		
7. Other (specify)	2. Leased (>Q13)	Q18) Does any member of this household own a dwelling?	1 '		
Q3) How many rooms are occupied by this household? (EXCLUDE	3. Private rented (>Q13)	1 Vas	1. Indoor tap/pipe		
VERANDA, KITCHEN AND BATHROOMS)	4. Government rented (>Q18)	2. No (>Q27)	2. Outside private tap/pipe		
'	5. Rent free		3. Public standpipe		
No of Rooms	6. Squatted	Q19) Does any member of this household make mortgage	4. Well (>Q35)		
	7. Other (specify) (>Q18)	payments on the dwelling you currently occupy?	5. River/lake/spring/pond		
Q4) Does this dwelling have toilet facilities?	Q11) if you were to pay rent for this dwelling, how much would you pay	j. , , , , , , , , , , , , , , , , , , ,	6. Rainwater (Tank) PID*		
1. Yes, inside	per month ?	1. Yes	7. Rainwater (Tank) NPID*		
2. Yes, outside		2. No	8. Trucked water (NWC) PID		
3. No (>Q7)] J\$		9. Trucked water (NWC) NPID		
		Q20) How much was the last payment?	10. Trucked water (PRIVATE) PID (>Q36)		
Q5) What kind of toilet facilities are used by your household?	ASK QUESTION 12 ONLY IF DWELLING IS OWNED , IF DWELLING IS RENT FREE	• •	11. Trucked water (PRIVATE) NPID		
WC linked to central sewer network	OR SQUATTED GO TO Q18] J\$	12. Bottled water		
2. WC linked to off-site disposal system	Q12) Does any member of this household own a dwelling other than this	† <u>L</u>	13. Other (specify)		
3. WC linked to on-site disposal system	one	Q21) How often are these payments made?	1 '' "		
4. Pit	1. Yes		Q28) How many times have you had a water source lock off in the last 30		
5. Other (specify)	2. No (>Q19)	No of times	days?		
6. None — → (>Q7)					
		4. Per month			
Q6 Are toilet facilities used only by your household, or do other	Q13) From whom is the dwelling rented/leased? Is it from a relative, public	5. Per year			
households use the same facilities	agency (GIVE EXAMPLES) or a private individual or agency				
1. Exclusive use	1. Relative	Q22) Does any member of this household pay insurance for this	Q29) How do you normally store water to deal with lock offs?		
2. Shared	2. Private employer	dwelling?	(MAIN SOURCE)		
	3. Public agency				
Q7) Does this dwelling have kitchen facilities?	4. Private individual or agency	1. Yes	1. Plastic tanks		
1. Yes, inside		2. No	2. Drums		
2. Yes, outside	Q14. How much money does your household pay in rent/lease for this	4	3. Buckets		
3. No (>Q9)	dwelling?	Q23) Does any member of this household pay property taxes for			
	IF NO MONEY IS PAID ENTER ZERO	the land this dwelling is on?	5 Don't have lock off		
Q8) Is the kitchen used only by your household, or do other			6. Does not store (>Q31)		
households use the same facilities	Amount J\$	1. Yes			
1. Exclusive use	1. Weekly	2. No (>Q25)			
2. Shared	2. Monthly		*PID - Piped into dwelling		
	3. Yearly		*NPID - Not piped into dwelling		
	•	•	· · · · ·		

	PART I: HOUSING	AND RELATED EXPENSES	
Q30) How long does this storage serve your household?		Q44) Is there Internet access in this household?	Q 48) What is the MAIN method of garbage disposal for this household?
Days Weeks	Q37) How many times have you had a power outage in the last 30 day	1. Yes 2. No — (>Q46) 3. Don't know — (>Q47)	1 Regular public collection system 2. Irregular public collection system 3. Private collection system
	Q38) How much was the latest electricity bill for your household?		4. Burn
Q31) Have you a group or individual meter?		Q45) What type of Internet connection is used in this household	? 5. Bury
1. Group 2. Individual	Amount J\$	A. Fixed (wired) broadband network	6. Dump in sea/river/pond/gully 7. Dump in own yard 8. Dump in municipal site 7. Dump in municipal site
3. No meter	Q39) How many months of consumption were covered by this bill?	B. Terrestrial fixed (wireless) broadband network	9. Other dumping 10. Other (specify)
Q32) How much was the latest water bill for your household?	Months	C. Satellite broadband network	Q49) What type of light bulbs do you generally use in this dwelling?
Amount J\$	Q40) Does any member of this household have a telephone?	D. Mobile broadband network via a handset E. Mobile broadband network via a card or	1. Use light bulbs 2. Do not use light bulbs ———→ (>Q50)
Q33) How many months were covered by this bill?	1. Yes Landline	USB modem	1. Yes 2. No
Months	2. No Cell (Postpaid)	(Go to Q47) Q46) Why does this household not have Internet access?	A. Incandescent
O24) In this (CURRIN COURCE IN O27). The distribution of both and	Cell (Prepaid)	1. Yes 2. No	
Q34) Is this(SUPPLY SOURCE IN Q27) Used by your household only or is it shared with other households?	Q41) How much did you pay in the last 30 days for your household tel	A. Do not need Internet ephone B. Have internet access elsewhere	B. Fluorescent
	bill? (Including cellular bill)	C. Lack of confidence knowledge or skills to	C. LED
1. This household only 2. Shared (> Q36)	Land line Amount J\$	use the Internet D. High cost of equipment E. High cost of service	D. Other (specify)
Q35) How far from this dwelling is(SUPPLY SOURCE IN Q27)[FOR OPTIONS 3, 4, 5]?	Cell (Postpaid) Amount	F. Privacy/security concerns G. Internet service is not available in the area	Q50) What type of fuel does this household use most for cooking?
Distance	Q42) In the past three months, how many members of this household a mobile cellular phone?	H. Internet service is available in the area but it does not correspond to household needs	1.Gas 2. Electricity 3. Wood
UNIT CODE	Total	I. Cultural reasons	4. Kerosene
1. Kilometers 2. Meters 3. Miles	Smartphone	J. Other (specify)	5. Charcoal 6. Biogas 7. Solar
4. Yards	Other mobile phone		8. Other (specify)
5. Chains Q36) What is the MAIN source of lighting for this dwelling?	Q43) Is there a working laptop, desktop or tablet in this household?	Q47) What type of television services are used in this household?	9. None
Electricity from the grid Electricity from solar	1. Yes 2. No	TV in 1. Yes household? 2. No → (>Q48)	Q51) What is the minimum amount of income needed for you to provide for you and your family in order to cover expenses for food, housing, health care
3. Electricity from wind 4. Kerosene 5. Other (specify)	A. Laptop (portable) computer	A. Free to Air B. Cable TV C. Satellite TV	, light, water, education and transportation for one month?
6. None	B. Desktop	D. Internet Protocol TV (IPTV) E. Digital Terrestrial TV (DTTV)	Amount J\$
	C. Tablet	F. Don't know	
	D. Other (specify)		

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 Conditioners?	605		
Fans?	606		
Radio/CD players,Stereo Equipment,Other stereo Equipment?	607		
TV sets?	608		
DVD Player?	609		
Electronic game equipment ?	610		
Washing Machine?	611		
Clothes Dryer?	612		

Do the members of your household have....

ITEM	CODE	YES	NO
Bicycles?	613		
Motorbikes?	614		
Motor vehicles, excluding motor bikes?	615		
Computer/Computerised Equipment(Tablets,Laptops e.g. lpads,E-book readers,Playbooks,etc. ?	616		
Printer, Computer peripherals (DVD, CD burner, scanner, fax machine, etc.)?	617		
Solar Panels for electricity	618		
Wind Power for electricity	619		
Other Electrical Equipment (Toasters, blenders ,microwaves etc?)	620		
Musical equipment (piano,keyboard etc?)	621		
Generator?	622		
Water Heater (Electrical)?	623		
Water Heater (Solar) ?	624		
Water Tank ?	625		

ITEMS MUST BE IN WORKING CONDITION

PART K: MISCELLANEOUS - RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD During the past 12 months, has any member of your household received What is the value of the income received by members of your household in cash or in kind from ... [] ... during the past 12 months? income in cash or in kind from the following sources? PUT A TICK IN THE APPROPRIATE BOX FOR EACH ITEM? INDIVIDUAL HOW OFTEN IS THIS HOW OFTEN IS **ORIGINAL** ITEM INDIVIDUAL ITEM AMOUNT ORIGINAL NUMBER AS MONEY / GOODS THIS MONEY / **AMOUNT** ASK QUESTION 1 FOR ALL ITEMS FOR WHICH THE ANSWER IS YES, CURRENCY CODE NUMBER AS CODE CURRENCY RECEIVED? GOODS RECEIVED? IN ROSTER ASK QUESTION 2. IN ROSTER ☐ YES Support for children from parents who live in Jamaica 701 TIME **PERIOD** □ NO TIME PERIOD ☐ YES 702 Support for children from parents who live abroad? □ NO ☐ YES 703 Spouse / Partner who lives in Jamaica □ NO ☐ YES 704 Spouse/ Partner who lives abroad? □ NO ☐ YES 705 Child / children who lives / live in Jamaica □ NO YES 706 **I**NO Child / children who lives / live abroad ☐ YES 707 Other relatives or friends who live in Jamaica □ NO T YES Other relatives or friends who live abroad? 708 □ NO ☐ YES Rental payments for use of land or other property 709 □ NO owned by household members? 710 ☐ YES Social Security (NIS) □ NO YES Private, Government or other pension fund? 711 **I**NO 712 ☐ YES Public Assistance? □ NO Dividend / Interest from loans made by household ☐ YES 713 members or from money deposited in the bank or □ NO other financial Institutions? YES Windfall receipts ?(lotteries, gambling, inheritances) 714 □ NO 715 ☐ YES Other? □ NO **Daily.....1 Monthly.....4 Yearly......7 Κ **Weekly.....2 Quarterly.....5 Occassionally.....8

**Fortnightly......3

Half yearly.....6

Only when requested....9

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TO BE COMPLETED BY HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

I any work during week ending? I week ending? V working	1	2	3	4	5	6	7	8	9	10	11
2 3 4 4 A A A A A A A A A A A A A A A A A	I any work during D week ending? I D U A L No.	most of the time during week ending? Working	do anything like farming, buying & selling, odd jobs or hustling, during week ending?	any form of work for others or in your/his/her/ own business (including unpaid work in a family business but not work in and around the nouse) during the week ending?	job or business from which you/he/she were/was temporarily absent (e.g. on vacation or sick leave) during week ending? Yes1(>>Q8) No2(If Q1 =1 >>Q8)	to work at any time during the six months ending? Yes1 No2 (NEXT	from taking a job if one were available during week ending? Nothing, would accept	many hours do you/ does usually work per week ?	main kind of work that you were/ was engaged in during week	business or industry were you/was	What is your employment status in your/his/her present or main job? Employee of Central or Local Govt
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HOUSEHOLD ROSTER

ASK Q13-16 FOR ALL HOUSEHOLD MEMBERS UNDER 18 YEARS ASK Q17-21 FOR ALL HOUSEHOLD MEMBERS 15 YEARS AND OLDER Q16) COPY Q17) Marital Status? Q18) How Q19) Union Status? PRINCIPAL EARNER'S OCCUPARION/EMPLOYMENT STATUS Q13) Who in the Q14) COPY Q15) Who in the Q20) Is this Q21) Copy the ID CODE of the REMEMBER TO ENQUIRE ABOUT ALL household plays the household plays the Q1) Who is the principal Earner for the household? THE THE long have partner a Partner **MEMBERS** role of the child's role of the child's ID/CODE (Give Individual number in the roster) ID/CODE you been household father? mother? OF THE OF THE married? member? Q12) During Q11) Why is this FATHER OR MOTHER individual no longer a the past 12 1 FATHER Q2) What is his/her occupation? . Birth father . Birth mother OR 1. Married 1. Married household member? months, how **FIGURE** MOTHER 2. Never 2. Adopted father . Adopted mother Ν many months (Legally) **FIGURE** Married (>Q19) 2. Common law Q3) What is the industry?__ (Legally) D did this person 1. Migrated to other live in the household in parish 3. Visiting(Next person) Q4) What is the employment status?_ 3. Step father 3. Step mother 3. Divorced (>Q19) 1. Yes household? V 2. Migrated to other household in another D U Q5) Who is the main caregiver? (ENTER INDIVIDUAL #) parish 4. Grandfather 4. Single(Next person) 2. No 4. Grandmother 4. Separated (>Q19) U 3. Migrated to another 5. Mother's boyfriend 5. Father's girlfriend 5. Widowed (>Q19) country Q6) Q7) Q8) Q9) Q10) 4. Died 6. Uncle 6. Aunt Ν Name of household members in the Age Sex Relationships Household member? 5. Don't know 7. Other female 0 past 12 months and codes from 6. Other (specify) 7. Other male relative relative 0 Population 1. Still a (>Q12) 8. Other male non-8. Other non-female Census . Male member relative relative MTh 2. No longer a Yrs. 2. Female No of months YEARS 9. No father figure 9. No mother figure member (>Q15) (>Q17) (>Q12) 3. New member