

STATISTICAL INSTITUTE OF JAMAICA

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2017

<b>FORM</b>	SLC	017	

SERIAL NO.

<b>JAMA</b>	ICA	SURVE	EY O	FLI	VING	CONDITIONS
AMPLING REGION	ED. No.	DWELLING NO.	H/H No.	AREA		

PARISH CONSTITUENCY SAMPLING REGION ED. No. DWELLING NO. H/H No. AREA	ATE OF INTERVIEW				
		Day	Mont	n	Year
ADDRESS OF DWELLING Street/District Post Office			Н	ours	Min
$\mathbf{S}^{r}$	TART OF INTERVIE	<b>W</b> (24 hr.Clo			Min
NUMBER OF TIMES HOUSEHOLD VISITED	ND OF INTERVIEW	(24 hr. clock)		ours	Min
	OTAL TIME OF INTE	ERVIEW	H	ours	Min
INTERVIEWER					<u> </u>
First name Last name Interviewer's No.	ESULT OF HOUSEHO	OLD INTE	RVIEW	<sup>/</sup> —	_
1. COMPLETE	ED INTERVIEW			$\perp$	_
SUPERVISOR 2. PARTLY CO	OMPLETED INTERVI	<b>IEW</b>		L	_
First name Last name Supervisor's No. 3. VACANT					_
Supervisor's Signature  4. CLOSED					
5. REFUSAL					
SENIOR SUPERVISOR 6. DEMOLISH	ED				
First name  Last name  Snr. Supervisor's No.  7. OTHER(spe	cify)		_		
Tristname Lastname Sin. Supervisor 8 No.					
Senior Supervisor's Signature		T 7 77		. 3.7	
COMPLETED:		I J K			

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

	1.	2.						3	4.	5.	6.	7	8 Whe	re did t	he mo	st rece	ent visits tak	ke pla	ce?In	1												
			t type					Have you/has	What was	For how	Has a	How many	a.	a (i)			b.	b (i)			C.	c (i	).		d.	d (i)			e.	e (i)		
1.		incid	lent/a	ccide	nt?			.(NAME) had any illnesses	the duration of	long were you/was	doctor, nurse, pharmacist,	visits did you/	Public		r most		Private		our m		Public		our m		Private		ır most		Other?	In	.,	
N D	you/has .(NAME)	MOT	OR VE	HICL	E			other than that	this most	(NAME).	midwife,	(NAME).		recent		o the	Hospital?		ent vi		Health		ent vis		Health		t visit to		(Specify)		/(NAN	
1 2	had any	DOM	FOTIO					due to injury? For	recent	unable to	healer or any			Hospi		a t			Priva spital,		Centre		Publicalth	3	Centre / Doctor's	Centre	te Hea	tor's		. mo visit	st rece	nt
Ϊ́ν	injury		ESTIC					example a cold,		carry out	other health	health		time d					at time				ntre,w	nat	Office		, what				,V	what
Ιi	resulting	INDU	ISTRIA	L AC	CIDE	NT	C	diarrhoea,	-	normal	practitioner	practitioner		(NAM		,		you		Julu			e did		011100		u.(NAN				did yo	
D	from road							asthma attack, or		activities?	been visited?	s in the		(	,				AME).			you	ı(NAl	ME)		1	`	´			,	
ļυ		DOM	ESTIC	INCI	DEN.	Г		an episode				past 4														A. arri	ive,			A. ar	rrive,	
A	accident, a	отн	ER VIC	LEN	Т			relating to				weeks?		A. arri				1	arrive,				arrive,			<b>B</b> .regi	ister				egistera	
L	fall, a domestic or	REL	ATED I	NCID	ENT.			hypertension, diabetes or any						B. reg	ister				registe	er			egiste	r		and				l	ee the	
	violent	ОТИ	ER SP	FOIF	.,			other illnesses?	(CAN BE >	(CAN BE >				and	ام مالا ،	4/		and		_		and		_			e the d	octor/			or/ hea	
No.	incident that	ОІП	EK SP	ECIF	ĭ		Г	(In the past 4	28 DAYS )					C. see		OCTOI/		doc	see th	ie			see th	е		health	ı ssional'	,		profe	essiona	<i>3</i> 1 ?
140.	required							weeks)	' '	' '			VEC	profes		?	VEC 4	hea			YES1		alth		VEC 4	profes	Silliai	- 1	VEC 4			
	medical							YES, CHRONIC					YES, UHWI1			•	YES1 NO2		fessio	nal?	NO2	1	fessio	nal?	YES1 NO2				YES1 NO2			
	attention?		ES					ILLNESS1					YES,				1102	'			1402	1			1102				1102			
		"			2			YES, OTHER					PUBLIC2 NO3																			
								ILLNESS2			VEO 4		140	(24 hr	clock	١.						(24	hr. cl	ock)		(24 hr	. clock	、		(24 k	nr. cloc	·k)
	YES1	MUL	.TIPL	= KE	SPC	NSE	-8	YES, BOTH3	DAYS	DAYS	YES1 NO2 (> Q17)			(24 111	. CIOCK	.)						(24	· III. CI	JUK)		(24 111	. CIOCK	'		(241	11. 0100	K)
	NO2 (> Q3)	)										1															I I					
		Α	В	С	D	Е	F	NO4 (> Q22 if 2 in Q1)						Α	В	С		Α	В	С		Α	В	С		Α	В	С		Α	В	С
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## PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

	9	10	11	12	13	14	15	16	17	18	19		20
I N D I V I D U A L	How much did you/(NAME) 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/(NAME) 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.	(NAME) admitted (spent a night) to a public hospital	weeks did you(NAME)	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 medicines or any costs paid by your insurance.	(NAME) admitted (spent a night) to a private hospital or other private establishment in	How many nights during the past 4 weeks did you(NAME) spend in the private hospital?	How much have.(NAME) 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.	COULD NOT AFFORD1 WASN'T ILL ENOUGH2 PREFERRED HOME	PRESCRIPTION2		.(NAME) e medicines	How much have you.(NAME) 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	YES1		IF NOTHING SPENT WRITE ZERO			IF NOTHING SPENT WRITE ZERO	DIDN'T HAVE TIME TO GO4	THE COUNTER3  OVER THE COUNTER4  PRESCRIBED/ DIDN'T BUY/FILL5	Facility?	Private Facility or Pharmacy?	WRITE ZERO
	AMOUNT J\$	AMOUNT J\$	NO2 (> Q14)	NIGHTS	AMOUNT J\$	YES1 NO2 (> Q18)	NIGHTS	AMOUNT J\$ (>>Q18)	(SPECIFY)5	(>Q22)  NONE PRESCRIBED/ REQUIRED6 (> Q22)	YES1 NO2		AMOUNT J\$
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED) MEMBERS 25 YRS & OVER 22 23 27 How much Do you/does..(NAME).. suffer from any Have you/has ..(NAME).. been told by a health professional Have you/ Are you What screening tests did Are How is you/is..(NAME).. your/..(NAME). chronic disease / illness? within the last 12 months that you have a chronic disease? .(NAME). willing to you/..(NAME).. do? have you..(NAME).. covered by any .health in ever say what spent for health general? done a screening D ASTHMA..... medicines at insurance? screening test(s) you DIABETES private source test for ..(NAME).. DIABETES..... PAP SMEAR..... HYPERTENSION..... e.g. private HYPERTENSION..... cancer? did? BREAST EXAMINATION BY ARTHRITIS..... ARTHRITIS..... A DOCTOR OR NURSE..... doctor, COPD..... MAMMOGRAM...... pharmacy, etc. HEART DISEASE..... HEART DISEASE..... RECTAL EXAMINATION OF during the past PRIVATE..... .A VERY GOOD.... SICKLE CELL..... SICKLE CELL..... THE PROSTATE..... 4 weeks? Do DEPRESSION..... GOOD DEPRESSION..... PSA BLOOD TEST..... NI GOLD.... DEMENTIA..... not include the DEMENTIA..... BLOOD STOOL TEST..... ANY OTHER MENTAL costs paid for by ANY OTHER MENTAL SIGMOIDOSCOPY OR DISORDER..... OTHER PUBLIC POOR. No. your insurance COLONOSCOPY..... DISORDER..... CANCER......K TYPE (SPECIFY)..... CANCER..... ....K TYPE OTHER(SPECIFY) \_\_\_\_\_ ..CVERY POOR.... STROKE STROKE..... DON'T KNOW..... EPILEPSY..... EPILEPSY..... KIDNEY DISEASE..... KIDNEY DISEASE..... **IF NOTHING SPENT WRITE ZERO** Yes.....1 Yes.....1 AMOUNT No.....2 Yes..1 Yes..1 No.....2 J\$ Yes.....1 Yes.....1 (DO NOT LEAVE BLANK) No..2 No....2 NA.....3 No.....2 IF NO TO ALL >> Q 26 > Q.29 > Q.29 MULTIPLE MULTIPLE RESPONSES RESPONSES **MULTIPLE RESPONSES** L M N Α В С В C D E F G J K Α В С D E F G J L M Ν В С D Е F G Н 2 3 4 5 6 7 8 9 10 11 12

Qs 26 -28 FOR HOUSEHOLD

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

Qs 29 - 32 FOR HOUSEHOLD MEMBERS 14 YRS & OVER

. ,			,			ME	MRFK:	S 14 YR	S & OVER									
	29	30	31	32					33	34	35	36						
N D   >   D U A L No.	Do you/ does(NAME) smoke?	Do you/does(NAME) currently smoke any tobacco products (cigarettes, cigars, etc.?	How often did you/(NAME) smoke tobacco in the past?	During the smoke in.  AN INDOO WORK INSIDE YOU HOME PUBLIC TRANSPO PUBLIC PLACE BUS STO SPORTS, FACILITIE EDUCATI INSTITUT HEALTH FACILITY	OR ARE	ON	E YOU	A		Does the disability limit your(NAME) activities compared with most people of the same age?	Are you willing to say what type of disability / disabilities you(NAME) have?	HEARI SPEEC PHYSI LEARN INTELI	ONLY  TONLY  ING ON  CHON  ICAL D  NING D  LECTU	AME)  (  NLY  ILY  DISABII  DISABII  JAL DI	have?	ΓΥ		B C D E
	No2  Don't  Know8	YES, BUT NOT EVERY DAY	DID NOT SMOKE EVERYDAY2	GOVERN BUILDING	MENT G Yes					Yes1 No2	Yes1  No2 (> NEXT PERSON)	LEARNING DISABILITY  INTELLECTUAL DISABILITY  OTHER (SPECIFY)  Yes1  No2  MULTIPLE RESPONSI  A B C D E		SES				
				АВ	С	E F	G	н і				Α	В	С	D	E	F	G
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## PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L	(NEXT PERSON)       1         INFANT SCHOOL DEPARTMENT       2         BASIC/KINDERGARTEN       3         PRIMARY       4         PREPARATORY       5         ALL AGE SCHOOL       6         PRIMARY & JUNIOR HIGH       7         SECONDARY HIGH       8         TECHNICAL HIGH       9         AGRICULTURAL HIGH       10         UNIVERSITY       11         HEART TRUST NTA       12         OTH TERT PUB       13         OTH TERT PVT       14         ADULT LITERACY       >> Q23         CLASSES       15	What is the name of the school that (NAME) attends?	public or private?  PUBLIC1	BASIC/INFAI PRIMARY PRIMARY ASTEP GRADE GRADE GRADE GRADE GRADE	13	How far in(NAME) school fr house?  MILES KMS YARDS METER CHAINS	's om this 1 3 S4	KMS YARDS METER	to the primary123	nearest seconda school? MILES KMS YARDS.	to the ry123 S4 S5	school?	During the 4 week period April 24 - May 19 how many days was .(NAME). sent to school?  IF SENT ON ALL DAYS >> Q11	why.(N. ILLNES TRUAN WORKI THE HO NEEDE MARKE TRANS TRANS SCHOOS SHOES DIRTY/ RAIN MONEY HAD TO NOT SA VIOLEN	ere the two AME) wa S CY NG OUTS DME D AT HOM. PORT PR PORT CO DL CLOSE /UNIFORM WET PROBLE D RUN AN AFE IN CO ICE (SPECIF' >>1'	S not sent  IDE  ME OBLEM STS D M/MISSING ERRAND HOOL MMUNITY	to school?12345678 G/10111213 /1415
	ADULT EDUCATION/NIGHT16 SPECIAL SCHOOL17 JFLL					D	U	D	U	D	U			FIRST R	N	SECOI R	ND N
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12								CF U=I							eason: N=-		

PAR	B: EDUCATION (CONTINUED)															
I N D	Since the start of the school year has.(NAME)ever been kept from school because of the following reasons? (MULTIPLE ANSWERS ALLOWED)	12 How ofte	en has this	s happened	?								AME'S)school operate a ding programme?	14 Does(NAI the meal preschool?	ME)usually ovided by the	take
V I D U A L	ILLNESS	Occasio	nally		2							Yes No DK	1 2 (> Q.17) 3 (> Q.17)	No	1 (> Q. 16) 2 3 ( >Q. 18)	
No.	TRANSPORT PROBLEM												NA MEAL (GOVT.)B		MEAL (GOVT.	
	MONEY PROBLEMS				R=	Reason; I	F=Frequenc	:y				COOKED MEAL (NC	OT GOVT)C	COOKED MEAL (NO	Г GOVT.)	C
	NOT SAFE IN COMMUNITY	FIR	1	SEC	COND	7	HIRD		FOURTH	F	IFTH	Ye	s1			
	OTHER (SPECIFY)17	R	F	R	F	R	F	R	F	R	F	No	) <b>2</b>	No	1 2	
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PAR	T B: EDUCATION (CONTINUED)													
I N D I V I D U A L	Why doesn't(NAME) take the meal/snack provided by the school?  BECAUSE OF STIGMA	16 Does(NAME) pay for this meal or get it free?  ALWAYS PAYS1 (> Q16B) PAY SOMETIMES2 (> Q16B) DOESN'T PAY/GET IT FREE3 (> Q18) DON'T KNOW4 (> Q18) NOT STATED	How much does(NAME) pay for this meal?	What does(NAME) usually have for lunch?  Snack/Meal from school canteen/ tuck shop	18       Does (NAME)have the required textbooks for school?         Yes,has all	Hass Sch Boo Mor Boo Son	tbooks s not p s not p nool do oks ha ney P oks ex me bo HER (	s for so paid to for roblem so paid so	NAME chool? chool fook report have find	essary	1		iredABCDEF	What type of school did(NAME) last attend?
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	DT D. FDUCATION (CONTINUE	ED)							
PAF I N D I V I	21 What was the last grade(NAME).completed at that school?	ED)  22  IF COMPLETED SCHOOL BEFORE GRADE 11  Why did you.(NAME) stop attending school?	23 How many years of schooling have you / has(NAME)had?	24 What is the highest (academi that(NAME)has passed? NONE JUNIOR HIGH SCHOOL CEF GRADE NINE ACHIEVEMEN CSEC Basic, JSC 5, SSC. 3r	1 (> Q.26) RTIFICATE2 (> Q.26) IT TEST3 (> Q.26)	Do the examinations that(NAME)passed include Math and English?  (CXC GENERAL & ABOVE)	26 Has.(NAME)ever enrolled/ involved in any skills training program?  YES, HEART ACADEMY/ WORKFORCE	27 What skills did(NAME)learn/ are(NAME) learning?	28 Did(NAME) successfully completed the programme of study?
U A L No.		REACHED TERMINAL GRADE		CSEC Gen,/GCE O LEVEL  NVQJ LEVEL 1  NVQJ LEVEL 2  CAPE UNIT 1  CAPE UNIT 2/ GCE A LEVEI  TERTIARY CERT./DIPLOMA  NVQJ LEVEL 3  ASSOCIATE DEGREE/  NVQJ LEVEL 4  DEGREE/NVQJ LEVEL 5  HIGHER DEGREES AND  PROFESSIONAL QUALIFIC/	5	Yes Both	COLLEGES		YES
	GRADE	FAMILY PROBLEMS6  OTHER (SPECIFY)7		CITY AND GUILDS OTHER NOT STATED	14		(SPECIFY)		
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10									

PART D: SOCIAL PROTECTION - TO BE ASKED OF ALL HOUSEHOLD MEMBERS RESPONDENT (INDIVIDUAL # FROM ROSTER): 10 11 Did any member What is the main reason why Has anv How long has What benefit type has this Did ..(NAME).. How does this Does any person What is the In what income range Is..(NAME).. registered this household has not this household received under receive a PATH in this household on any of the following of this household member of this household currently source of the do the monthly PATH (i.e. ever received)? programmes apply to the applied to PATH for household ever household been benefit in April receive its PATH receive a pension? pension receipts for cash benefit? Programme of assistance? received this pension? this household fall? Advancement assistance from receipt of PATH? year? National Health Fund Through Health Does not know about the PATH? Cash transfer.....A NIS pension.....A (NHF).....A. and Education programme.....1 By cheque at P.O..... D Five years PATH)? Local.....1 Transport subsidy.....B Occupational or more.....1 under \$10000......1 National Insurance Benefits not enough.....2 pension.....B Scheme(NIS).....B By cash card V Overseas.....2 Housing......C Four years.....2 \$10000 - \$19999...... Application process too (ATM card)..... YES, 12 MONTHS YES.....1 Post-secondary Other private difficult......3 Jamaica Drugs for the AGO OR Both..... pension......C scholarship......D D Three years....3 .3 Elderly(JADEP).....C \$20000 - \$39999...... Through money LESS.....1 NO.....2 U YES...1 Stigma attached to receiving transfer agency......3 (>Q3) Tertiary bursary.....E Other, Specify Two years.....4 benefits.....4 .4 Poor \$40000 - \$59999.... NO ....2 (> Q8) Relief......D Household not OVER 12 Entrepreneurship grant One year Do not think household is \$60000 and over..... currently receiving MONTHS (Steps to Work).....F or less.....5 eligible.....5 benefit.....4 AGO.....2 (>Q3)YES.....1 Other......G No longer Have to give too much YES.....1 receiving......6 information......6 YES.....1 NO, NEVER NO .....2 NO .....2 APPLIED......3 Do not need welfare.....7 NO .....2 **MULTIPLE** MULTIPLE **RESPONSES MULTIPLE RESPONSES** Other.....8 **RESPONSES** >> Q8 A B C D E С D В С 2 3 4 5 6 7 8 9 10 11 12 D1

	T D: SOCIAL PROTECTION (CO ED 18 YEARS AND OVER	ONTINUED) Q12 to 15 TO BE	COMPLETED FOR HOL	JSEHOLD MEMBERS					
	12 Has(NAME)ever contributed to the NIS?	13 What is the main reason for not contributing to the NIS?	contributed to a		During the past 4 weeks, do you believe that this household has had enough food to eat on a daily basis?	17 What is the main source of livelihood for this household?	18 How would you describe this main livelihood?	How is the economic (financial) situation for your household compared to a year ago?	20 Who provides the major economic support for this household?
D I V I	Yes,within the past 12 mths1(> Q14) Yes, but more than 12 mths ago2 No, never contributed3	Did not know how to	Yes, but more than 12 mths ago2 No, involved in	Yes, within the past 12 mths	Yes, sometimes2 No3	somebody's home	for basic needs3		Household member(s)
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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\$	What is the value of all that( ) you received as gift during the past 7 days?  AMOUNT J\$	During the past 7 days, has this household spent money on or refollowing items as meals away from home?  TICK THE APPROPRIATE BOX  ASK QUESTION 4 FIRST FOR ALL ITEMS IN THE L  THEN ASK QUESTIONS 5 AND 6 FOR ALL ITEMS RECIEVED AS GIFT DURING THE PAST 7 DAYS.	JST.		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	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	SPONDENT (INDIVID	DUAL # 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 FOOD 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\$		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\$	
Fresh or frozen beef	0			Fresh or frozen beef		Yes	2010			
Fresh or frozen pork	20			Fresh or frozen pork		Yes	2020			
Fresh or frozen mutton Yes No 20	30			Fresh or frozen mutton		Yes No	2030			
Offal-heart, kidney, liver, tripe etc.	10			Offal-heart, kidney, liver, tripe etc.			2040			
Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	50			Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)			2050			
Salted,cured or canned	60			Salted,cured or canned meat(eg.pigtail)			2060			
Fresh or frozen fish	<b>'</b> 1			Fresh or frozen fish		Yes No	2071			
Fresh or frozen shellfish	72			Fresh or frozen shellfish		Yes No	2072			
Salted codfish	30			Salted codfish		Yes No	2080			
Canned mackerel,sardines, herring	90			Canned mackerel,sardines, herring		Yes No	2090			
Other salted or canned fish and shellfish(eg.Mackerel,red herring)    No 21	00			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, aizzard Yes 21	20			Chicken neck, back,foot,liver, gizzard		Yes No	2120			
Other poultry,fresh frozen salted,cured or canned Yes No	30			Other poultry,fresh frozen salted,cured or canned			2130			

PART F:FOOD EXPENSES (CONTINUED)

PURCHASED						HOME PRODUCTIONS/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.			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\$	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?  IF NOTHING ENTER 0  AMOUNT J\$
Liquid milk(including flavoured milk)	☐ 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 ☐ No	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										
1 During the past 30 days, has this any of the following foods?  TICK THE APPROPRIATE BOY ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.  THEN ASK QUESTION 2 TO 4 CONSUMED DURING THE PA	X 4 FOR ALL F	OODS	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?	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.				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)				<b>□</b> v		AIVIOUNT J\$	AIVIOOIVI 3\$	AIVIOUNT 35
Flour	☐ Yes ☐ No	2270				Flour	☐ Yes ☐ 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	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											
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 eaten in this household any.(). that was home-produced, or received as a gift?  TICK THE APPROPRIATE BOX  ASK QUESTION 5 FIRST			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 FOR ALL FOODS			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 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?	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	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)	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	(24)			Sauces and relishes( ketchup, mayonnaise, pepper sauce, pickles)	Yes 2480	AMOUNT J\$	AMOUNT J\$	AMOUNT J\$
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	Yes No	2490				Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	□ No 2480 □ Yes 2490			
Nuts(peanuts, cashew,coconut,)	☐ Yes	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 ☐ No	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):					
TICK THE APPROPRIATE BOX  ASK QUESTION 1 FIRST FOR		ems? spe () dur	 ing the t 30	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?	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		owing	spent()	3 How much did you spend on. ( ).during the past 30 days?	4 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.			S = 1 = 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 PURCHASE OR RECEIVED AS GOURING THE PAST 12 MONTHS.	IFT			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 3	3020						Furniture outdoors (lawn chair, barbecue grill,)	☐ Yes ☐ No	3140					
Hair and body care (lotions, dyes,etc.)	□ Voc	3030						Furnishing(carpets,drapes, sheets,towels,)	Yes No	3150					
Laundry supplies (soap bars/ powders, bleach, starch, clothes pin,)	□ No	3040						Dinner ware (plates, cups, saucers glasses, knives, forks, spoons,)	yes No	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 3	3060						Other small kitchen equipment ( ice box, toaster, mixer, hot plate,)	☐ Yes	3180					
Toilet supplies (toilet paper, cleanser,)	☐ Yes 3	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 3	3090						Radio, TV, VCR, DVD, DSS, CD player,component set,	☐ Yes	3201					
Laundry and dry cleaning services	<b>—</b> 37	3100						Information processing equipment (e.g. computer, printer, fax)	☐ Yes ☐ No	3202					
Rental of equipment (radio, television,)	D Voc	3110						Other small household equipment (tools,hair dryer, suitcase,)	☐ Yes ☐ No	3211					
Cooking Gas		3120						Camera	☐ Yes ☐ No	3212					

PART G:CONSUMPTION EXPENDITURES (CONTINUED)														
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	3240						Sporting activities( exercise equipment, bicycle, tricycle,	Yes 3371	-				
Health Insurance	☐ Yes ☐ No	3250						entrance fees, )	<b>—</b>					
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 has pent on, or received as gift any of thitems? 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.	3	Pave you spent() during the past 30 days?  YES = 1 NO = 2 (>4)	How mud you spen on.().dur the past days?	nd ring	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\$	
Vehicles taxes, duties	☐ Yes	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 ☐ No	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)	3502							
Purchase for special occasions (entertainment relating to funerals)								



PART H: NON- CONSUMPTION EXPENDITURES	S					
1 During the past 12 months,has this household spent items?	t on any of the	following	2 Have you spent on( ). during the past 30 days?	3  How much did you spend on( ) during the past 30 days?	4 How much did you spend on( ) during the past 12 months?	
TICK THE APPROPRIATE BOX						
ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS F THE PAST 12 MONTHS.		DURING	YES1 NO2 (>4)	AMOUNT J\$		
Life & General Insurance	☐ YES ☐ NO	4010				
Horse Racing	YES NO	4020				
Other gambling expenses	☐ YES ☐ NO	4030				
Weddings	☐ YES ☐ NO	4041				
Funerals	☐ YES ☐ NO	4042				
Donations and gifts(church or union dues, gifts, charities,,)	☐ YES ☐ NO	4050				
Repayment of loans, interest payments	☐ YES ☐ NO	4060				
Support for children who live elsewhere	☐ YES ☐ NO	4070				
Other maintenance of relatives outside the home	☐ YES ☐ NO	4080				
NHT	☐ YES ☐ NO	4090				
NIS	☐ YES ☐ NO	4100				
1 GHSIOTI	☐ YES ☐ NO	4110				
Other non-consumption expenditures( legal services anything else,)	,□ YES □ NO	4120				
Direct Taxes (Income tax and Education tax)	☐ YES ☐ NO	4130				

PART I HOUSING AND RELATED EXPENSES			
Type of Dwelling     SEPARATE HOUSE DETACHED1     SEMI-DETACHED2	9. Does any member of this household own, rent or lease the land this dwelling is on?  OWNED1	15. Is maintenance included in the rent? YES1 NO	24. How much property taxes is paid for this dwelling?
PART OF A HOUSE	LEASED	16. How much is the maintenance?	AMOUNT J\$  PER: MONTH4
BUILDING7 OTHER8	SQUATTED	AMOUNT J\$	YEAR5  25. Do you pay maintenance fees?
2. Main Material of outer walls  WOOD	9a. Is there a legal title for the land? YES REGISTERED	17. 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)?	YES1 NO2( > 27 )
CONCRETE NOG4 CONCRETE BLOCK &STEEL5 WATTLE AND DAUB / ADOBE6 OTHER (SPECIFY)7	10. Does any member of this household own, rent or lease this dwelling?  OWNED	RELATIVE	26. How much do you pay per month?  AMOUNT J\$  27. What is the main source of drinking water for this
How many rooms are occupied by this household? (excluding ver. ,kitchens and bathrooms?     NO. OF ROOMS	PRIVATE RENTED3(> 13) GOVERNMENT RENTED4(> 18) RENT FREE5 SQUATTED6 OTHER7(>18)	Does any member of this household own a dwelling?	household?   INDOOR TAP/PIPE1   OUTSIDE PRIVATE PIPE/TAP2   PUBLIC STANDPIPE3(>35)
4. Does this dwelling have toilet facilities? YES INSIDE	11. If you were to pay rent for this dwelling, how much would you pay per month?	YES	WELL
What kind of toilet facilities are used by your household?     W.C. LINKED TO CENTRAL SEWER     NETWORK1	ASK QUESTION 12 ONLY IF DWELLING IS OWNED.IF DWELLING IS RENT FREE OR SQUATTED GO TO QUESTION 18	Does any member of this household make mortgage payments on the dwelling you currently occupy?	TRUCKED WATER (NWC) NPID9(>36) TRUCKED WATER PRIV.)PID10(>36) TRUCKED WATER PRIV.)NPID11(>36) BOTTLED WATER12(>36)
W. C. LINKED TO OFF-SITE DISPOSAL SYSTEM	12. Does any member of this household own a dwelling other than this one? YES1 (>19) NO2 (> 19)	YES1 NO2 (> 22 )  20. How much was the last payment?	OTHER (SPECIFY)13(>36)
PIT	13. From whom is the dwelling rented /leased? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or	AMOUNT J\$  21. How often are these payments made?	28. How many times have you had a water source lock-off in the last 30 days?
Are toilet facilities used only by your household, or do other households use the same facilities     EXCLUSIVE	agency? RELATIVE	No. OF TIMES  PER MONTH4	29. How do you normally store water to deal with lock offs? (MAIN SOURCE)
USE	14. How much money does your household pay in	YEAR5  22. Does any member of this household pay insurance for this dwelling?	Plastic tank (Black or White)
YES INSIDE	rent/ lease for this dwelling? IF NO MONEY PAYMENT, ENTER ZERO  AMOUNT: J\$	YES1 NO2	Don't have lock off
8. Is the kitchen used only by your household, or do other households use the same kitchen?  EXCLUSIVE USE1  SHARED 2	PER: WEEK	23. Does any member of the household pay property taxes for this dwelling? YES1 NO2 ( > 25 )	* PID : Piped into dwelling ** NPID : Not piped into dwelling

Р	ART I HOUSING AND RELATED EXPENSES (CONTI	INUED)		
30.	How long does this storage serve your household?	36. What is the main source of lighting for this dwelling?	44 Is there Internet access in this household?	48 What is the main method of garbage disposal for this household?
	DAYS WEEK(S)	ELECTRICITY FROM THE GRID1 ELECTRICITY FROM SOLAR2 ( > 40) ELECTRICITY FROM WIND3 ( > 40)	YES1 NO2 (> 46) DONT KNOW3 (> 47)	REGULAR PUBLIC COLLECTION SYSTEM1 IRREGULAR PUBLIC COLLECTION SYSTEM 2
		KEROSENE	45.What type of Internet connection is used in this household?  MULTIPLE RESPONSES	PRIVATE COLLECTION SYSTEM3 BURN4 BURY5
31.	Have you a group or individual meter? GROUP1	37. How many times have you had a	YES1 NO2	DUMP IN SEA/RIVER/POND/GULLY6 DUMP IN OWN YARDÕ
	NDIVIDUAL2 NO METER3	power outage in the last 30 days?  38. How much was the latest electricity bill	Fixed (wired) broadband networkA  Terrestrial fixed (wireless)	OTHER DUMPING9 OTHER10
32	How much was the latest water bill for your	for your household? AMOUNT J\$	broadband network	(Specify)
32.	household?	39 How many months of consumption were covered by this bill?	via a handsetD  Mobile broadband network via a card	49. What type of light bulbs do you generally use in this dwelling?
	AMOUNT J\$	MONTHS:  40 Does any member of this household have	or USB modemE >> Q47	Use light bulbs1 Do not use light bulbs2 >Q50
33.	How many months were covered by this bill?	a telephone? YES1 LAND:	46. Why does this household not have Internet access?	YES1 NO2
	MONTHS:	NO2 (>43) CELL(Post Paid) :	YES	INCANDESCENTA
24	Is this[SUPPLY SOURCE IN 27] used by your	CELL(Pre Paid)  41. How much did you pay in the last 30 days for	Do not need internetA  Have internet access elsewhereB  Lack of confidence, knowledge or	OTHER(SPECIFY)D
34.	household only, or is it shared with others? THIS HOUSEHOLD	your household telephone bill(including cellular bill)	skills to use the internet	50. What type of fuel does this household use most for cooking?
	ONLY	LAND AMOUNT J\$:  (Post Paid)	Privacy/security concernsF Internet service is not available in the areaG Internet service is available in the area but	GAS1 ELECTRICITY2
		CELL AMOUNT J\$:	it does not correspond to household needsH  Cultural reasonsI	WOOD3 KEROSENE4
35.	How far from this dwelling is thiso [SUPPLY	42. In the past three months, how many members of this household owned a mobile cellular telephone?	Other (Specify)	CHARCOAL5 BIOGAS6 SOLAR7
	SOURCE IN 27 ] (for options 3,4,5)?  DISTANCE>	Total Smart phone	47 What type of television services are used in this household?	OTHER8 NONE9
		Other mobile phone	TV in household? YES1 No2 >Q48	
	UNIT CODE: KILOMETERSÕ Õ1 METERSÕ Õ Õ Õ2	43. Is there a working laptop,desktop or tablet in this household?	YES1 NO 2	51 What is the minimum amount of income needed for you to provide for you and your family in order to cover
	MILES3 YARDS4 CHAINS5	YES1 NO2 > Q44 YES1 NO2	MULTIPLE RESPONSES           Free to Air	expenses for food, housing,health care light,water,education and transportation for one month?
		MULTIPLE RESPONSES  Laptop (portable) computerA  DesktopB	Satellite TV	TOTAL AMT J\$
		Tablet	Don't KnowF	

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 K \*\*Weekly.....2 Quarterly.....5 Occassionally.....8

\*\*Fortnightly......3

Half yearly.....6

Only when requested....9

PA	ART L: ICT	TO BE ASKE	ED OI	ALL	HOUS	SEHOL	LD MEI	MBER:	S																												
I N D	Did you use a cellular telephone	Did you use a computer from any	did y	ou pe	rform	in the	past 3	month	is?		1	4 Have you used the Internet from any location in the	use t	he Int	ternet	t in th	ne pas	st 3 r	cations months	?		nterne	et in t	the p	ast 3 n	nonth	ns (fro	m an	y locat	tion)?						Δ	7 How often did you use the Internet during the past 3 months (from any location)?
V I D U A L		during the past 3 months?	Usin infor Send Usin spre Condition	g cop matio ding e g bas adshe nectin ing/do vare	y and property and	paste to cume with find hemati multing nating nations	tools to ntsiles atta iical for new dev	move ached. mulae vices g new	e/duplic	cate	B C	past 3 months?	Work Place Anoth Com- acce Com- acce Any p	e of ed ner per munit ss fact merci ss fact blace	ducaterson y Intectility al Intectility via a	ion 's horernet ernet mob	me				B Information Info	matio phonii icipatii essing chasin net ba cation ding/d	n sea ng ov ng in chat g/ord ankin ,rese	arch/liver the social s	Browsine inter al netwal, blog g goods other fi and reng onling	ng net orks s, ne s or s nand lated ne ne	ews gr service cial se d active	oups es ervice vities.	or onli	ine dis	scuss	sions				B C E F G H	Daily1
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PA	PART L: ICT TO BE ASKED OF ALL HOUSEHOLD MEMBERS  [8 9																	RESP.				
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PΔF	ST W.	LABO	IIR F	ORCE

# 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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4	2										
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11	11										
12	12										

PAF	RT N: E	N: ECD / HEALTH : TO BE ASKED ABOUT EACH CHILD LESS THAN 9 YEARS OLD															CHILD MUS 12 MONTHS		СНІ	LD ML	JST BE	5 YE	ARS (	OR OL	.DER	,											
I N D I V I D U A L	adult i Read books Told s Sung Played with Spent drawir	in the to or stories song d gan child.	shown sto child swith comes with chaming on special YES	the chi	nting,?	F	Toys shape Toys to tear Toys/move Legos Book school Toy of instru	or games and some some some some some some some some	es which bers requiring building than s)	g fine blocks,	BCD	Slap Bea Qua Rem gam Den Talk Swo Pino Igno Rea	In the past month when .NAME has been disciplined what method was used?  Slapping/hitting with hands								4. HasNAME witnessed any type of violence within the community?  YES1 NO2	5. HasNAME witnessed any type of violence at home ?  YES1 NO2	Is all Will Has App Disp Take Is a lette Is a Is all basi Und Is all under Is a	try to trouble ears feel lays resident to the total lays the seed of the total lays are the lays are t	help so e stick earful cespect egs that identify he alph recogr say who sort an eacterist ds time communitable to unders	omeoning to or anxion for addition to not addition to not addition to the condition of the condition to the condition of the	ne who any account of the country and accountry accountry and accountry accountry and accountry accountry and accountry accountry accountry and accountry accountry and accountry accountry accountry accountry accountry accountry accountry and accountry ac	o is hur ctivity ong to h is the hape, c today, ls in a	him/her bigger (colour) mornin way	of the tw	/o	B C E F H I I					
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# HOUSEHOLD ROSTER

ASK Q13-16 FOR ALL HOUSEHOLD MEMBERS UNDER 18 YEARS

ASK Q17-21 FOR ALL HOUSEHOLD MEMBERS

	PRINCIPAL EARNER'S O	CCUPA	MOITA	FMPI OY	MENT ST	ATUS				13.	14	15	16	17	18	19
ı	Who is the principal Earner fo     (Give Individual number in the)	r the h	ouseho					Remember to end about all member new members	•	Who in this Household plays the role of the child's father?	COPY THE ID CODE OF THE FATHER /	Who in this Household plays the role of the child's mother?	COPY THE ID CODE OF THE MOTHER /	Marital Status  MARRIED1	How long have you been married?	Union Status  MARRIED1
N	2. What is his / her occupation? [	Describ	e					11	12		FATHER FIGURE		MOTHER FIGURE	NEVER		COMMON LAW2
	3. What is the Industry?							Why is this During the individual no longer past 12		BIRTH FATHER1	TIGUILE	BIRTH MOTHER1  ADOPTED MOTHER (LEGALLY))2	TIOOKL	MARRIED2 ( > 19) DIVORCED3( > 19)		VISITING3 (NEXT PERSON)
٧	4. What is his/ her employment s							a household member?	months how many	ADOPTED FATHER ( LEGALLY)2		STEPMOTHER 3		SEPERATED4( > 19) WIDOWED5 ( > 19)		SINGLE4 (NEXT PERSON)
I D	5.Who is the main caregiver (EN	IIEK II	טועוטו	UAL#) 8	9		10	MIGRATED TO OTHER HOUSEHOLD IN	months did	STEPFATHER3		GRANDMOTHER4		, ,		
U A L	Name	A	ge	Sex	RELATIO AND COL FROM POPULA	DES TION		PARISH	this person live in the household?	MOTHER'S BOYFRIEND5 UNCLE6		FATHER'S GIRLFRIEND5 AUNT6 OTHER FEMALE				
No.		Yrs.	Mth.	MALE1 FEMALE2	CENSUS		(>12) NO LONGER A MEMBER2 NEW MEMBER3 (>12)	ANOTHER COUNTRY3  DIED4  DON'T KNOW5  OTHER (Specify)6		OTHER MALE RELATIVE7 OTHER MALE NON RELATIVE8 NO FATHER FIGURE9 ( > 15 )		RELATIVE			YEARS	
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# 15 YEARS AND OVER

13 TEARS AN	ID OVER
20 Is this partner a household member?	21 COPY THE ID CODE OF THE PARTNER
YES1	
NO2	