



STATISTICAL INSTITUTE OF JAMAICA

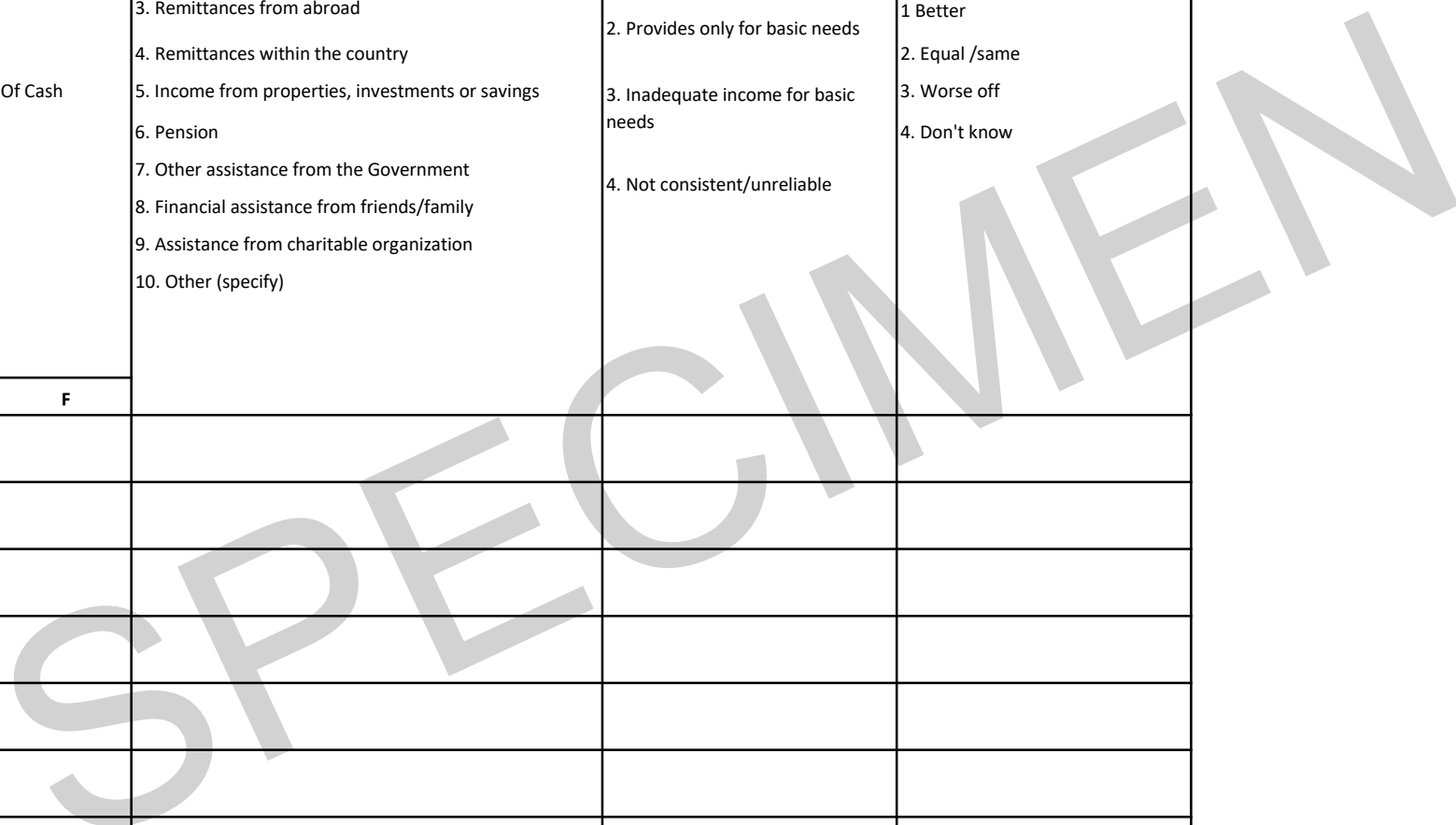
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2020

JAMAICA SURVEY OF LIVING CONDITIONS

PART D: SOCIAL PROTECTION (CONTD.)

Q14Z-20Y TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 18 YEARS AND OVER							RESPONDENT # <input type="text"/>		
I N D I V I D U A L	Q14Z) Between April and June of this year did (NAME) receive any of the following COVID-19 relief?						Q18) What is the main source of livelihood for this household ?	Q19) How would you describe this source of livelihood?	Q20Y) How would you describe the economic (financial) situation for your household now compared to six (6) months ago?
	A	B	C	D	E	F			
	A. Set Cash - Supporting Employees With Transfer Of Cash B. COVID-19 General Grants C. COVID-19 Compassionate Grants D. COVID-19 PATH Grants E. COVID-19 Student Loan Relief F. Other (specify)						1. Wage employment of household members 2. Self-employed 3. Remittances from abroad 4. Remittances within the country 5. Income from properties, investments or savings 6. Pension 7. Other assistance from the Government 8. Financial assistance from friends/family 9. Assistance from charitable organization 10. Other (specify)	1. Provides reliable income stream 2. Provides only for basic needs 3. Inadequate income for basic needs 4. Not consistent/unreliable	1 Better 2. Equal /same 3. Worse off 4. Don't know
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									



PART E: DAILY EXPENSES

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

PART F:FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

Do you use nutrition labels to guide what foods you buy?
 1. Yes, always 2.Yes, sometimes3.No

PURCHASED			HOME PRODUCTION/GIFTS				
1	2	3	4	5	6	7	8
During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	How much did you spend on.()..during the past 7 days? AMOUNT J\$	How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$	During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	How much would it cost to buy the amount of home-produced .(.)..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	How much would it cost to buy the amount of .(.)..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef	<input type="checkbox"/> Yes <input type="checkbox"/> No	2010		Fresh or frozen beef	<input type="checkbox"/> Yes <input type="checkbox"/> No	2010	
Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	2020		Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	2020	
Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	2030		Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	2030	
Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2040		Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2040	
Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2050		Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2050	
Salted,cured or canned meat(eg.pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2060		Salted,cured or canned meat(eg.pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2060	
Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2071		Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2071	
Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2072		Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2072	
Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080		Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080	
Canned mackerel,sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	2090		Canned mackerel,sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	2090	
Other salted or canned fish and shellfish(eg.Mackerel,red herring..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2100		Other salted or canned fish and shellfish(eg.Mackerel,red herring..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2100	
Fresh or frozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	2110		Fresh or frozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	2110	
Chicken neck, back,foot,liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	2120		Chicken neck, back,foot,liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	2120	
Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	2130		Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	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.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$	5 During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .(.)..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of .(.)..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Liquid milk(including flavoured milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2140		Liquid milk(including flavoured milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2140	
Condensed/Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	2150		Condensed/Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	2150	
Powdered milk(D.S.M) Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2160		Powdered milk(D.S.M)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2160	
Liquid Food Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	2171		Liquid Food Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	2171	
Powdered food drink mix	<input type="checkbox"/> Yes <input type="checkbox"/> No	2172		Powdered food drink mix	<input type="checkbox"/> Yes <input type="checkbox"/> No	2172	
Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	2180		Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	2180	
Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	2190		Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	2190	
Other dairy products (yogurt,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2201		Other dairy products(yogurt,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2201	
Other dairy products (ice cream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2202		Other dairy products(ice cream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2202	
Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	2210		Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	2210	
Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2220		Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2220	
Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	2230		Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	2230	
Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	2240		Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	2240	
Other baked products(sweetened biscuits,cakes,buns,bullas etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2250		Other baked products(sweetened biscuits,cakes,buns,bullas etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2250	
Cassava bread/Bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2260		Cassava bread/Bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2260	

PART F:FOOD EXPENSES (CONTINUED)

PURCHASED			HOME PRODUCTION/GIFTS				
1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$	5 During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .(.)..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of.. .(.)..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Flour <input type="checkbox"/> Yes <input type="checkbox"/> No	2270			Flour <input type="checkbox"/> Yes <input type="checkbox"/> No	2270		
Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	2280			Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	2280		
Cornmeal <input type="checkbox"/> Yes <input type="checkbox"/> No	2290			Cornmeal <input type="checkbox"/> Yes <input type="checkbox"/> No	2290		
Dried peas and beans, soya <input type="checkbox"/> Yes <input type="checkbox"/> No	2301			Dried peas and beans, soya <input type="checkbox"/> Yes <input type="checkbox"/> No	2301		
Textured vegetable protein, (Tofu,vege chunks) <input type="checkbox"/> Yes <input type="checkbox"/> No	2302			Textured vegetable protein, (Tofu,vege chunks) <input type="checkbox"/> Yes <input type="checkbox"/> No	2302		
Breakfast cereals (cornflakes, oats, hominy corn..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2310			Breakfast cereals (cornflakes, oats, hominy corn..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2310		
Yams (white, yellow, Negro, St. Vincent, Lucea,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2320			Yams (white, yellow, Negro, St. Vincent, Lucea,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2320		
Irish Potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No	2330			Irish Potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No	2330		
Other roots and tubers(cassava, coco, sweet potatoes,dasheen..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2340			Other roots and tubers(cassava, coco, sweet potatoes,dasheen..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2340		
Other starchy fruits (Plantains, green banana, .) <input type="checkbox"/> Yes <input type="checkbox"/> No	2351			Other starchy fruits (Plantains, green banana, .) <input type="checkbox"/> Yes <input type="checkbox"/> No	2351		
Other starchy fruits(breadfruit..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2352			Other starchy fruits(breadfruit..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2352		
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs,.) <input type="checkbox"/> Yes <input type="checkbox"/> No	2361			Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs,.) <input type="checkbox"/> Yes <input type="checkbox"/> No	2361		
Fresh vegetables, (string beans, peas and beans) <input type="checkbox"/> Yes <input type="checkbox"/> No	2362			Fresh vegetables, (string beans, peas and beans) <input type="checkbox"/> Yes <input type="checkbox"/> No	2362		
Frozen canned and dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	2370			Frozen canned and dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	2370		

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (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.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$	5 During the past 30 days have you eaten in this household any.(.) that was home-produced,or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .(.)..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of.. .(.)..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$		
Sauces and relishes(ketchup, mayonnaise, pepper sauce,pickles..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2480			Sauces and relishes(ketchup, mayonnaise, pepper sauce,pickles..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2480		
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2490			Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2490		
Nuts(peanuts, cashew,coconut,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2500			Nuts(peanuts, cashew,coconut,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2500		
Baby food (milk food, cereals,strained food,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2510			Baby food (milk food, cereals,strained food,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2510		
Other food (chips, snacks, cheese trix,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2520			Other food (chips, snacks, cheese trix,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2520		
Flavoured breakfast drinks, cocoa based beverage preparations	<input type="checkbox"/> Yes <input type="checkbox"/> No	2531			Flavoured breakfast drinks, cocoa based beverage preparations	<input type="checkbox"/> Yes <input type="checkbox"/> No	2531		
Breakfast drinks - coffee, tea	<input type="checkbox"/> Yes <input type="checkbox"/> No	2532			Breakfast drinks - coffee, tea	<input type="checkbox"/> Yes <input type="checkbox"/> No	2532		
Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water, bag drink, box drink)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2540			Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water, bag drink, box drink)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2540		
Alcoholic beverages,(beer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2551			Alcoholic beverages,(beer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2551		
Alcoholic beverages (rum, whisky, wine, sherry..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2552			Alcoholic beverages (rum, whisky, wine, sherry..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2552		
Bottled Water(Natural and purified)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2560			Bottled Water(Natural and purified)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2560		

PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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

PART G: CONSUMPTION EXPENDITURES (CONTINUED)															
1 During the past 12 months, has this household spent on, or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.			2 Have you spent ..(.).. during the past 30 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.(.)..during the past 30 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$	5 Did you received any..(.).. as gift during the past 12 months? YES = 1 NO = 2 (>NEXT ITEM)	6 What is the value of all that..(.)..you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$	1 During the past 12 months, has this household spent on, or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.			2 Have you spent ..(.).. during the past 30 days? YES = 1 NO = 2 (>4)	3 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$	5 Did you received any..(.).. as gift during the past 12 months? YES = 1 NO = 2 (>NEXT ITEM)	6 What is the value of all that..(.)..you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Electric iron,fan	<input type="checkbox"/> Yes <input type="checkbox"/> No	3213					Reading materials (Books, magazines, newspapers,...)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3340						
Repairs on furniture or household equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	3220					Stationary and writing equipment(pens pencils, envelops, stamps,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3350						
Medicines (pills, tonics, drugs,family planning supplies,herbal medicine, mechanical contraceptive devices-condoms,IUD,etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3230					Education expenses(tuition, books,boarding fees,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3360						
Medical services (doctor's fee, hospital care, prescriptions, spectacles, lab fees..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3240					Sporting activities(exercise equipment, bicycle, tricycle, entrance fees,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3371						
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	3250					Club Membership	<input type="checkbox"/> Yes <input type="checkbox"/> No	3372						
Shoes and sandals for adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	3260					Other recreational activities(cinema, dance clubs,records, tapes, DVD, CD,Cable rental,Cable fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3380						
Shoes and sandals for children	<input type="checkbox"/> Yes <input type="checkbox"/> No	3270					Purchased transportation(taxi,bus, car, rental)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3391						
Clothing material for adult (Dacron, linen, cotton, silk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3280					Purchased transportation (air fare)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3392						
Clothing material for children (Dacron, linen, cotton, silk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3290					Gasoline, motor oil, diesel	<input type="checkbox"/> Yes <input type="checkbox"/> No	3400						
Adult clothing(suits, dresses, jeans, swim wear, underwear, pampers..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3300					Car/ motor cycle repair, tyres, motor parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	3410						
Children clothing (shirts, trousers, coats,jeans, pampers.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3310					Car/motor cycle insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	3420						
Making and repair of clothes (adult and children)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3320													
Accessories (watches, jewelry,sunglasses,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3330													

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

PART G: CONSUMPTION EXPENDITURES (CONTINUED)

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

PART H: NON- CONSUMPTION EXPENDITURES

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

PART I: HOUSING AND RELATED EXPENSES

Q1) Type of Dwelling 1. Separate house detached 2. Semi detached 3. Part of a house <input type="checkbox"/> 4. Apartment building <input type="checkbox"/> 5. Townhouse 6. Improvised housing unit 7. Part of a commercial building 8. Other (specify)	Q9 Does any member of this household own, rent or lease the land this dwelling is on? 1. Owned 2. Leased 3. Private rented 4. Government rented <input type="checkbox"/> (>Q10) 5. Rent free 6. Squatted 7. Other (specify)	Q15) Is maintenance included in the rent? 1. Yes 2. No <input type="checkbox"/> (>Q17)	Q24) How much property taxes is paid for the land this dwelling is on? Amount J\$ <input style="width: 100px;" type="text"/> J\$
Q2) Material of outer walls 1. Wood 2. Stone 3. Brick <input type="checkbox"/> 4. Concrete nog 5. Concrete block & steel 6. Wattle & daub/adobe 7. Other (specify)	Q9a) Is there a legal title for the land? 1. Yes, registered <input type="checkbox"/> 2. Yes, common law 3. No	Q16) How much is the maintenance? <input style="width: 100px;" type="text"/> J\$	4. Per month <input type="checkbox"/> 5. Per year <input type="checkbox"/>
Q3) How many rooms are occupied by this household? (EXCLUDE VERANDA, KITCHEN AND BATHROOMS) No of Rooms <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Q10) Does any member of this household own, rent or lease this dwelling? 1. Owned 2. Leased <input type="checkbox"/> (>Q13) 3. Private rented <input type="checkbox"/> (>Q13) 4. Government rented <input type="checkbox"/> (>Q18) 5. Rent free 6. Squatted 7. Other (specify) <input type="checkbox"/> (>Q18)	Q18) Does any member of this household own a dwelling? 1. Yes <input type="checkbox"/> (>Q27) 2. No	Q25) Do you pay maintenance fees? 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> (>Q27)
Q4) Does this dwelling have toilet facilities? 1. Yes, inside <input type="checkbox"/> 2. Yes, outside 3. No (>Q7)	Q11) if you were to pay rent for this dwelling, how much would you pay per month ? <input style="width: 100px;" type="text"/> J\$	Q19) Does any member of this household make mortgage payments on the dwelling you currently occupy? 1. Yes 2. No <input type="checkbox"/> (>Q22)	Q26) How much do you pay per month? <input style="width: 100px;" type="text"/> J\$
Q5) What kind of toilet facilities are used by your household? 1. WC linked to central sewer network 2. WC linked to off-site disposal system 3. WC linked to on-site disposal system 4. Pit 5. Other (specify) <input type="checkbox"/> 6. None <input type="checkbox"/> (>Q7)	Q14. How much money does your household pay in rent/lease for this dwelling? IF NO MONEY IS PAID ENTER ZERO Amount <input style="width: 100px;" type="text"/> J\$ 1. Weekly 2. Monthly 3. Yearly <input type="checkbox"/>	Q20) How much was the last payment? <input style="width: 100px;" type="text"/> J\$	Q27) What is the MAIN source of drinking water for this household? 1. Indoor tap/pipe 2. Outside private tap/pipe 3. Public standpipe 4. Well <input type="checkbox"/> (>Q35) 5. River/lake/spring/pond 6. Rainwater (Tank) PID* 7. Rainwater (Tank) NPID* <input type="checkbox"/> 8. Trucked water (NWC) PID 9. Trucked water (NWC) NPID <input type="checkbox"/> (>Q36) 10. Trucked water (PRIVATE) PID 11. Trucked water (PRIVATE) NPID 12. Bottled water 13. Other (specify)
Q6) Are toilet facilities used only by your household, or do other households use the same facilities 1. Exclusive use <input type="checkbox"/> 2. Shared	Q22) Does any member of this household pay insurance for this dwelling? 1. Yes <input type="checkbox"/> 2. No	Q21) How often are these payments made? No of times <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 4. Per month <input type="checkbox"/> 5. Per year <input type="checkbox"/>	10. Trucked water (PRIVATE) PID 11. Trucked water (PRIVATE) NPID 12. Bottled water 13. Other (specify)
Q7) Does this dwelling have kitchen facilities? 1. Yes, inside 2. Yes, outside <input type="checkbox"/> 3. No <input type="checkbox"/> (>Q9)	Q23) Does any member of this household pay property taxes for the land this dwelling is on? 1. Yes 2. No <input type="checkbox"/> (>Q25)	4. Per month <input type="checkbox"/> 5. Per year <input type="checkbox"/>	Q28) How many times have you had a water source lock off in the last 30 days? <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
Q8) Is the kitchen used only by your household, or do other households use the same facilities 1. Exclusive use <input type="checkbox"/> 2. Shared			Q29) How do you normally store water to deal with lock offs? (MAIN SOURCE) 1. Plastic tanks 2. Drums 3. Buckets 4. Other (specify) <input type="checkbox"/> 5. Don't have lock off <input type="checkbox"/> (>Q31) 6. Does not store

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

PART I: HOUSING AND RELATED EXPENSES

Q30) How long does this storage serve your household? Days <input style="width: 30px; height: 20px;" type="text"/> Weeks <input style="width: 30px; height: 20px;" type="text"/>	Q39) How many months of consumption were covered by this bill ? Months <input style="width: 30px; height: 20px;" type="text"/>	Q45) What type of internet connection is used in this household? 1. Yes 2. No A. Fixed (wired) broadband network <input style="width: 20px; height: 20px;" type="checkbox"/> B. Terrestrial fixed (wireless) broadband network <input style="width: 20px; height: 20px;" type="checkbox"/> C. Satellite broadband network <input style="width: 20px; height: 20px;" type="checkbox"/> D. Mobile broadband network via a handset <input style="width: 20px; height: 20px;" type="checkbox"/> E. Mobile broadband network via a card or USB modem <input style="width: 20px; height: 20px;" type="checkbox"/>	Q 48) What is the MAIN method of garbage disposal for this household? 1. Regular public collection system 2. Irregular public collection system 3. Private collection system 4. Burn <input style="width: 20px; height: 20px;" type="checkbox"/> 5. Bury 6. Dump in sea/river/pond/gully 7. Dump in own yard 8. Dump in municipal site 9. Other dumping 10. Other (specify) _____										
Q31) Have you a group or individual meter? 1. Group <input style="width: 30px; height: 20px;" type="checkbox"/> 2. Individual 3. No meter	Q40) Does any member of this household have a telephone? 1. Yes Landline <input style="width: 20px; height: 20px;" type="checkbox"/> 2. No Cell (Postpaid) <input style="width: 20px; height: 20px;" type="checkbox"/> Cell (Prepaid) <input style="width: 20px; height: 20px;" type="checkbox"/>	(Go to Q47) <input style="width: 50px; height: 20px;" type="text"/>	Q49) What type of light bulbs do you generally use in this dwelling? 1. Use light bulbs 2. Do not use light bulbs (>Q50) <table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">1. Yes 2. No</td> </tr> <tr> <td>A. Incandescent</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>B. Fluorescent</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>C. LED</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>D. Other (specify)</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </table>		1. Yes 2. No	A. Incandescent	<input style="width: 20px; height: 20px;" type="checkbox"/>	B. Fluorescent	<input style="width: 20px; height: 20px;" type="checkbox"/>	C. LED	<input style="width: 20px; height: 20px;" type="checkbox"/>	D. Other (specify)	<input style="width: 20px; height: 20px;" type="checkbox"/>
	1. Yes 2. No												
A. Incandescent	<input style="width: 20px; height: 20px;" type="checkbox"/>												
B. Fluorescent	<input style="width: 20px; height: 20px;" type="checkbox"/>												
C. LED	<input style="width: 20px; height: 20px;" type="checkbox"/>												
D. Other (specify)	<input style="width: 20px; height: 20px;" type="checkbox"/>												
Q32) How much was the latest water bill for your household? Amount <input style="width: 80px; height: 20px;" type="text" value="J\$"/>	Q41) How much did you pay in the last 30 days for your household telephone bill? (Including cellular bill) Land line Amount <input style="width: 80px; height: 20px;" type="text" value="J\$"/> Cell (Postpaid) Amount <input style="width: 80px; height: 20px;" type="text" value="J\$"/>	Q46) Why does this household not have Internet access? 1. Yes 2. No A. Do not need Internet <input style="width: 20px; height: 20px;" type="checkbox"/> B. Have internet access elsewhere <input style="width: 20px; height: 20px;" type="checkbox"/> C. Lack of confidence knowledge or skills to use the Internet <input style="width: 20px; height: 20px;" type="checkbox"/> D. High cost of equipment <input style="width: 20px; height: 20px;" type="checkbox"/> E. High cost of service <input style="width: 20px; height: 20px;" type="checkbox"/> F. Privacy/security concerns <input style="width: 20px; height: 20px;" type="checkbox"/> G. Internet service is not available in the area <input style="width: 20px; height: 20px;" type="checkbox"/> H. Internet service is available in the area but it does not correspond to household <input style="width: 20px; height: 20px;" type="checkbox"/> I. Cultural reasons <input style="width: 20px; height: 20px;" type="checkbox"/> J. Other (specify) <input style="width: 20px; height: 20px;" type="checkbox"/>	Q50) What type of fuel does this household use most for cooking? 1. Gas 2. Electricity 3. Wood 4. Kerosene 5. Charcoal 6. Biogas 7. Solar 8. Other (specify) 9. None										
Q33) How many months were covered by this bill? Months <input style="width: 30px; height: 20px;" type="text"/>	Q43) Is there a working laptop, desktop or tablet in this household? 1. Yes 2. No A. Laptop (portable) computer <input style="width: 20px; height: 20px;" type="checkbox"/> B. Desktop <input style="width: 20px; height: 20px;" type="checkbox"/> C. Tablet <input style="width: 20px; height: 20px;" type="checkbox"/> D. Other (specify) <input style="width: 20px; height: 20px;" type="checkbox"/>	Q47Y) Is there a television in this household? TV in household? 1. Yes 2. No (>Q48) <input style="width: 20px; height: 20px;" type="checkbox"/>	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 , light, water, education and transportation for one month? Amount <input style="width: 80px; height: 20px;" type="text" value="J\$"/>										
Q34) Is this ..(SUPPLY SOURCE IN Q27).. Used by your household only or is it shared with other households? 1. This household only <input style="width: 30px; height: 20px;" type="checkbox"/> (> Q36) 2. Shared	Q37) How many times have you had a power outage in the last 30 days? Days <input style="width: 30px; height: 20px;" type="text"/>	Q44) Is there Internet access in this household? 1. Yes 2. No (>Q46) <input style="width: 20px; height: 20px;" type="checkbox"/> 3. Don't know (>Q47) <input style="width: 20px; height: 20px;" type="checkbox"/>	Q36) What is the MAIN source of lighting for this dwelling? 1. Electricity from the grid 2. Electricity from solar 3. Electricity from wind 4. Kerosene <input style="width: 20px; height: 20px;" type="checkbox"/> (>Q40) 5. Other (specify) 6. None										
Q38) How much was the latest electricity bill for your household? Amount <input style="width: 80px; height: 20px;" type="text" value="J\$"/>													

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. Ipads,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 L: ICT TO BE ASKED OF ALL HOUSEHOLD MEMBERS

I N D I V I D U A L N O .	1	2	3	4	5
	Did you use a cellular telephone during the past 3 months?	Did you use a computer from any location during the past 3 months?	Which of the following computer- related activities did you perform in the past 3 months? Copying/moving files/folders.....A Using copy and paste tools to move/duplicate information in documents.....B Sending e-mails with files attached.....C Using basic mathematical formulae in spreadsheets.....D Connecting/installing new devices.....E Finding/downloading/installing new software.....F Creating electronic presentations with presentation software.....G Transferring files between a computer and other devices.....H Writing computer programs using specialised programming language.....I	Have you used the Internet from any location in the past 3 months?	From which of the following locations did you use the Internet in the past 3 months? Home..... A Work.....B Place of education..... C Another person's home..... D Community Internet access facility... ..E Commercial Internet access facility.....F Any place via a mobile telephone.....G Any place via another mobile access device.....H Other (Specify).....X
	YES...1 NO.....2	YES...1 NO.....2 IF NO GO TO Q.4	YES...1 NO.....2 MULTIPLE RESPONSES A B C D E F G H I	YES...1 NO.....2 IF NO GO TO Q9	YES...1 NO.....2 MULTIPLE RESPONSES A B C D E F G H X
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					



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