



**STATISTICAL INSTITUTE OF JAMAICA**

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# 2023

# JAMAICA SURVEY OF LIVING CONDITIONS













**PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS**

I N D I V I D U A L  N O .	SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL- BASIC, PRIMARY & SECONDARY LEVEL)											Q30) On average, how much does the household spend to send (NAME) to school?			
	Q29) How much did (NAME) pay in the past 12 months for the following school expenses?											Daily (only) <input style="width: 40px; height: 25px;" type="text"/>			
												OR			
												Weekly (only) <input style="width: 40px; height: 25px;" type="text"/>			
	A.	B.	C.	D (1)	D (2)	E.	F.	G.	H.	I.	J.	K.	A.	B.	C.
	Exam Fees	Tuition Fees (Including books)	Tuition Fees (Excluding books)	Auxiliary fees only	Other fees and contributions	Extra Lessons	Transport	Lunch and snacks at school	Uniform	Books	Other supplies	Boarding	Food	Transportation	Other
	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 RECEIVED 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 RECEIVED 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	10200					BREAKFAST - meals brought away from home (including gifts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	10710				
Kerosene	<input type="checkbox"/> Yes <input type="checkbox"/> No	10300					LUNCH - meals brought away from home (including gifts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	10720				
Wood	<input type="checkbox"/> Yes <input type="checkbox"/> No	10400					DINNER - meals brought away from home (including gifts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	10730				
Other fuel for cooking or lighting (different than cooking gas and electricity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	10500					Snacks - Sandwiches, Burgers, Patties, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	10800				
Tobacco products (cigars, cigarettes, chewing tobacco, pipes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	10600					Dairy products e.g. milk, supligen, nutriment, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	10900				
Beer (alcoholic and non-alcoholic) including malta	<input type="checkbox"/> Yes <input type="checkbox"/> No	11110					Soft drinks (sodas, carbonated beverages, flavoured water, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	11001				
Rum	<input type="checkbox"/> Yes <input type="checkbox"/> No	11121					Fruit and Vegetable juices (canned fruit drinks, bag drink, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	11002				
Wine/Sherry (alcoholic and non-alcoholic) including tonic wines e.g. magnum	<input type="checkbox"/> Yes <input type="checkbox"/> No	11122					Bottled water (natural and purified)	<input type="checkbox"/> Yes <input type="checkbox"/> No	11003				
Bus/Taxi-fare	<input type="checkbox"/> Yes <input type="checkbox"/> No	11210					Other non - Alcoholic beverages (energy drinks, powdered drink mix, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	11004				
Gasoline/petrol (domestic use only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	11220					TOTAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	11500				

E

**PART F: FOOD EXPENSES**

RESPONDENT (INDIVIDUAL # FROM ROSTER):

Do you use nutrition labels to guide what foods you buy?  
 1. Yes, always      2.Yes, sometimes      3.No

PURCHASED			HOME PRODUCTION/GIFTS							
1 During the past 30 days, has this household bought any of the following foods?  TICK THE APPROPRIATE BOX  ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.  THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.			2 Have you bought ..( ).. during the past 7 days?  YES = 1 NO = 2 (>4)	3 How much did you spend on.( )..during the past 7 days?  AMOUNT J\$	4 How much did you spend on..( )..during the past 30 days?  AMOUNT J\$	5 During the past 30 days, have 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	20100				Fresh or frozen beef	<input type="checkbox"/> Yes <input type="checkbox"/> No	20100		
Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	20200				Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	20200		
Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	20300				Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	20300		
Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	20400				Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	20400		
Other fresh or frozen meat (oxtail, trotters, cow foot, hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	20500				Other fresh or frozen meat (oxtail, trotters, cow foot, hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	20500		
Salted, cured or canned meat (eg. pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	20600				Salted, cured or canned meat (eg. Pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	20600		
Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	20710				Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	20710		
Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	20720				Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	20720		
Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	20800				Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	20800		
Canned mackerel, sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	20900				Canned mackerel, sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	20900		
Other salted or canned fish and shellfish (eg mackerel, red herring ect.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21000				Other salted or canned fish and shellfish (eg mackerel, red herring ect.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21000		
Fresh or fozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	21100				Fresh or fozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	21100		
Chicken neck, back, foot, liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	21200				Chicken neck, back, foot, liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	21200		
Other poultry, fresh frozen salted, cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	21300				Other poultry, fresh frozen salted, cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	21300		

**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	21400				Liquid milk (including flavoured milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21400			
Condensed / Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	21500				Condensed / Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	21500			
Powdered milk (D.S.M.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21600				Powdered milk (D.S.M.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21600			
Other dairy products (liquid food supplements, supligen, ensure, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21710				Other dairy products (liquid food supplements, supligen, ensure, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21710			
Powdered food drink mix (flavoured lasco)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21720				Powdered food drink mix (flavoured lasco)	<input type="checkbox"/> Yes <input type="checkbox"/> No	21720			
Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	21800				Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	21800			
Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	21900				Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	21900			
Other dairy products (yogurt)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22010				Other dairy products (yogurt)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22010			
Other dairy products (ice cream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22020				Other dairy products (ice cream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22020			
Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	22100				Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	22100			
Oils and fats (vegetable oil, lard, hard/ soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22200				Oils and fats (vegetable oil, lard, hard/ soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22200			
Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	22300				Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	22300			
Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	22400				Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	22400			
Other baked products (sweetened biscuits, cakes, buns bullas, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22500				Other baked products (sweetened biscuits, cakes, buns bullas, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	22500			
Cassava bread/ bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	22600				Cassava bread/ bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	22600			

**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	22700			Flour <input type="checkbox"/> Yes <input type="checkbox"/> No	22700			
Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	22800			Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	22800			
Cormeal <input type="checkbox"/> Yes <input type="checkbox"/> No	22900			Cormeal <input type="checkbox"/> Yes <input type="checkbox"/> No	22900			
Dried peas and beans, soya <input type="checkbox"/> Yes <input type="checkbox"/> No	23100			Dried peas and beans, soya <input type="checkbox"/> Yes <input type="checkbox"/> No	23100			
Textured vegetable protein (Tofu,vege chunks) <input type="checkbox"/> Yes <input type="checkbox"/> No	23020			Textured vegetable protein (Tofu,vege chunks) <input type="checkbox"/> Yes <input type="checkbox"/> No	23020			
Breakfast cereals (cornflakes, oats, hominy corn) <input type="checkbox"/> Yes <input type="checkbox"/> No	23100			Breakfast cereals (cornflakes, oats, hominy corn) <input type="checkbox"/> Yes <input type="checkbox"/> No	23100			
Yams (white, yellow, Negro, St. Vincent, Lucea) <input type="checkbox"/> Yes <input type="checkbox"/> No	23200			Yams (white, yellow, Negro, St. Vincent, Lucea) <input type="checkbox"/> Yes <input type="checkbox"/> No	23200			
Irish Potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No	23300			Irish Potatoes <input type="checkbox"/> Yes <input type="checkbox"/> No	23300			
Other roots and tubers (cassava, coco, sweet potatoes, dasheen) <input type="checkbox"/> Yes <input type="checkbox"/> No	23400			Other roots and tubers (cassava, coco, sweet potatoes, dasheen) <input type="checkbox"/> Yes <input type="checkbox"/> No	23400			
Other starchy fruits (plantains, green banana) <input type="checkbox"/> Yes <input type="checkbox"/> No	23510			Other starchy fruits (plantains, green banana) <input type="checkbox"/> Yes <input type="checkbox"/> No	23510			
Other starchy fruits (breadfruit) <input type="checkbox"/> Yes <input type="checkbox"/> No	23520			Other starchy fruits (breadfruit) <input type="checkbox"/> Yes <input type="checkbox"/> No	23520			
Fresh vegetables (tomatoes, carrots, lettuce, turnip, onion, corn on the cobs) <input type="checkbox"/> Yes <input type="checkbox"/> No	23610			Fresh vegetables (tomatoes, carrots, lettuce, turnip, onion, corn on the cobs) <input type="checkbox"/> Yes <input type="checkbox"/> No	23610			
Fresh vegetables (string beans, peas and beans) <input type="checkbox"/> Yes <input type="checkbox"/> No	23200			Fresh vegetables (string beans, peas and beans) <input type="checkbox"/> Yes <input type="checkbox"/> No	23200			
Frozen canned dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	23700			Frozen canned dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	23700			

**PART F: FOOD EXPENSES (CONTINUED)**

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\$	
Ackee <input type="checkbox"/> Yes <input type="checkbox"/> No 23800				Ackee <input type="checkbox"/> Yes <input type="checkbox"/> No 23800				
Fruit and vegetable juices (fresh or frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No 23900				Fruit and vegetable juices (fresh or frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No 23900				
Fresh fruit (cane) <input type="checkbox"/> Yes <input type="checkbox"/> No 24010				Fresh fruit (cane) <input type="checkbox"/> Yes <input type="checkbox"/> No 24010				
Fresh fruit (oranges, lime) <input type="checkbox"/> Yes <input type="checkbox"/> No 24020				Fresh fruit (oranges, lime) <input type="checkbox"/> Yes <input type="checkbox"/> No 24020				
Fresh fruit (apples, melons, pineapples, pears) <input type="checkbox"/> Yes <input type="checkbox"/> No 24030				Fresh fruit (apples, melons, pineapples, pears) <input type="checkbox"/> Yes <input type="checkbox"/> No 24030				
Fresh fruit (plantain, bananas) <input type="checkbox"/> Yes <input type="checkbox"/> No 24040				Fresh fruit (plantain, bananas) <input type="checkbox"/> Yes <input type="checkbox"/> No 24040				
Canned and dried fruits <input type="checkbox"/> Yes <input type="checkbox"/> No 24100				Canned and dried fruits <input type="checkbox"/> Yes <input type="checkbox"/> No 24100				
Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No 24200				Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No 24200				
Honey <input type="checkbox"/> Yes <input type="checkbox"/> No 24310				Honey <input type="checkbox"/> Yes <input type="checkbox"/> No 24310				
Sweets (sugars, sweeteners, jams, jellies, molasses, syrup) <input type="checkbox"/> Yes <input type="checkbox"/> No 24320				Sweets (sugars, sweeteners, jams, jellies, molasses, syrup) <input type="checkbox"/> Yes <input type="checkbox"/> No 24320				
Soups (packaged, canned, frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No 24400				Soups (packaged, canned, frozen) <input type="checkbox"/> Yes <input type="checkbox"/> No 24400				
Prepared meats (curried mutton, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No 24510				Prepared meats (curried mutton, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No 24510				
Prepared fish (fish fingers, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No 24520				Prepared fish (fish fingers, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No 24520				
Dry packaged foods (macaroni, spaghetti, gluten) <input type="checkbox"/> Yes <input type="checkbox"/> No 24600				Dry packaged foods (macaroni, spaghetti, gluten) <input type="checkbox"/> Yes <input type="checkbox"/> No 24600				
Coconut milk/powder <input type="checkbox"/> Yes <input type="checkbox"/> No 24701				Coconut milk/powder <input type="checkbox"/> Yes <input type="checkbox"/> No 24701				
Vinegar, baking powder and soda, yeast <input type="checkbox"/> Yes <input type="checkbox"/> No 24702				Vinegar, baking powder and soda, yeast <input type="checkbox"/> Yes <input type="checkbox"/> No 24702				

**PART G: CONSUMPTION EXPENDITURES**

1	2	3	4	5	6
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.	Have you spent ..( ).. during the past 30 days?  YES = 1 NO = 2 (>5)	How much did you spend on.( )..during the past 30 days?  AMOUNT J\$	How much did you spend on ..( )..during the past 12 months?  AMOUNT J\$	Did you received any..(). as gift during the past 12 months?  YES = 1 NO = 2 (>NEXT ITEM)	What is the value of all that..().you received as gift during the past 12 months?  ESTIMATE MONETARY VALUE AMOUNT J\$
Personal care supplies (soap, toothpaste/brushes, shaving cream, razors & blades)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30100			
Cosmetics ( deodorants,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30200			
Hair and body care (lotions, dyes,etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30300			
Laundry supplies (soap bars/ powders, bleach, starch, clothes pin,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30400			
Polishes, waxes, air fresheners, insect sprays	<input type="checkbox"/> Yes <input type="checkbox"/> No	30500			
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30600			
Toilet supplies (toilet paper, cleanser, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30700			
Other household cleaning supplies (scouring pads, brooms, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30801			
Home help services (cook, nurse maid, household help, gardener, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	30900			
Laundry and dry cleaning services	<input type="checkbox"/> Yes <input type="checkbox"/> No	31000			
Rental of equipment (radio, television,..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31100			
Cooking Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	31200			
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31300			
Other furniture (lawn chair, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31401			

**RESPONDENT (INDIVIDUAL # FROM ROSTER):**

1	2	3	4	5	6
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.	Have you spent ..( ).. during the past 30 days?  YES = 1 NO = 2 (>4)	How much did you spend on. ( )..during the past 30 days?  AMOUNT J\$	How much did you spend on ..( )..during the past 12 months?  AMOUNT J\$	Did you received any..(). as gift during the past 12 months?  YES = 1 NO = 2 (>NEXT ITEM)	What is the value of all that..().you received as gift during the past 12 months?  ESTIMATE MONETARY VALUE AMOUNT J\$
Furnishing (carpets, drapes, sheets, towels, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31500			
Dinner ware (plates, cups, saucers, glasses, knives, forks, spoons, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31600			
Cook ware (pots, pans, skillets, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31700			
Other small equipment (toaster, mixer, hot plate, blender, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31800			
Other household utensils (ice box, thermos, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31801			
Large kitchen appliances ( Fridge, stove, microwave, freezer, water heater, barbeque grill, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	31900			
Radio, TV, VCR, DVD, DSS, CD player,component set	<input type="checkbox"/> Yes <input type="checkbox"/> No	32010			
Information processing equipment (e.g. computer, printer, fax)	<input type="checkbox"/> Yes <input type="checkbox"/> No	32020			
Electric appliances for personal care (hair dryer, electric razor, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	32111			
Other personal effects (suitcases, baby carriages, hand-bags, wallets, purses, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	32112			
Motorized tools and equipment (electric drills, electric screwdrivers, lawn mowers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	32113			
Other tools and miscellaneous accessories (hammers, screwdrivers, wrenches, batteries, light bulbs, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	32114			
Camera	<input type="checkbox"/> Yes <input type="checkbox"/> No	32120			

**PART G: CONSUMPTION EXPENDITURES (CONTINUED)**

1	2	3	4	5	6
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.	Have you spent ..( ).. during the past 30 days? YES = 1 NO = 2 (>4)	How much did you spend on ( ) during the past 30 days? AMOUNT J\$	How much did you spend on ..( ).. during the past 12 months? AMOUNT J\$	Did you received any ..( ).. as gift during the past 12 months? YES = 1 NO = 2 (>NEXT ITEM)	What is the value of all that ..( ).. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Electric iron, fan <input type="checkbox"/> Yes <input type="checkbox"/> No	32130				
Repair of furniture <input type="checkbox"/> Yes <input type="checkbox"/> No	32201				
Repairs of household equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	32202				
Medicines (all medicines including oral contraceptives and herbal medicines) <input type="checkbox"/> Yes <input type="checkbox"/> No	32301				
Medical products (diagnostic equipment, pregnancy test, condoms and other mechanical contraceptives, inhalers, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	32302				
Doctor's fees <input type="checkbox"/> Yes <input type="checkbox"/> No	32401				
Dentist fees <input type="checkbox"/> Yes <input type="checkbox"/> No	32402				
Hospital care <input type="checkbox"/> Yes <input type="checkbox"/> No	32403				
Assistive products (test glasses, contact lenses, artificial legs, wheelchairs, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	32404				
Lab fees (urine test, blood test, x-ray, CT scan, MRI, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	32405				
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	32500				
Shoes and sandals for adults <input type="checkbox"/> Yes <input type="checkbox"/> No	32600				
Shoes and sandals for children <input type="checkbox"/> Yes <input type="checkbox"/> No	32700				
Clothing material for adult (dacron, linen, cotton, silk) <input type="checkbox"/> Yes <input type="checkbox"/> No	32800				
Clothing material for children (Dacron, linen, cotton, silk) <input type="checkbox"/> Yes <input type="checkbox"/> No	32900				
Adult clothing (suits, dresses, jeans, swim wear, underwear, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33000				
Infant clothing (0 to under 2 years) (shirts, trousers, coats, jeans, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33101				
School uniforms <input type="checkbox"/> Yes <input type="checkbox"/> No	33102				
Diapers (adult and children) <input type="checkbox"/> Yes <input type="checkbox"/> No	33103				
Making of clothes (adult and children) <input type="checkbox"/> Yes <input type="checkbox"/> No	33201				
Repair of clothes (adult and children) <input type="checkbox"/> Yes <input type="checkbox"/> No	33202				
Watches, jewellery <input type="checkbox"/> Yes <input type="checkbox"/> No	33301				
Accessories (sunglasses, lighters, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33302				

1	2	3	4	5	6
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.	Have you spent ..( ).. during the past 30 days? YES = 1 NO = 2 (>4)	How much did you spend on ( ) during the past 30 days? AMOUNT J\$	How much did you spend on ..( ).. during the past 12 months? AMOUNT J\$	Did you received any ..( ).. as gift during the past 12 months? YES = 1 NO = 2 (>NEXT ITEM)	What is the value of all that ..( ).. you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Other books <input type="checkbox"/> Yes <input type="checkbox"/> No	33401				
Newspapers, magazines <input type="checkbox"/> Yes <input type="checkbox"/> No	33402				
Stationery and writing equipment (notebooks, pens, pencils, envelops, crayon, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33501				
Postal and courier services (stamps, courier fees, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33502				
Education expenses - Early childhood and primary education (tuition, auxiliary fees, lab fees, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33601				
Education expenses - Secondary education (tuition, auxiliary fees, lab fees, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33602				
Education expenses - Post-secondary non-tertiary education (tuition, auxiliary fees, lab fees, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33603				
Education expenses - Tertiary education (tuition, auxiliary fees, lab fees, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33604				
Education expenses - Education not defined by level (tuition, auxiliary fees, lab fees, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33605				
Textbooks <input type="checkbox"/> Yes <input type="checkbox"/> No	33606				
Boarding fees <input type="checkbox"/> Yes <input type="checkbox"/> No	33607				
Sporting activities (stadiums, amusement parks, nightclubs, entrance fees, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	33711				
Club Membership <input type="checkbox"/> Yes <input type="checkbox"/> No	33720				
Cinema fees <input type="checkbox"/> Yes <input type="checkbox"/> No	33801				
Records, tapes, DVDs, CDs <input type="checkbox"/> Yes <input type="checkbox"/> No	33803				
Cable rental, cable fee <input type="checkbox"/> Yes <input type="checkbox"/> No	33804				
Purchased transportation (taxi, bus, car) <input type="checkbox"/> Yes <input type="checkbox"/> No	33910				
Purchased transportation (air fare) <input type="checkbox"/> Yes <input type="checkbox"/> No	33920				
Gasoline, motor oil, diesel <input type="checkbox"/> Yes <input type="checkbox"/> No	34000				
Repair and maintenance of car/ motor cycle <input type="checkbox"/> Yes <input type="checkbox"/> No	34101				
Parts and accessories for car/ motor cycle (tyres, motor parts, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	34102				
Car/ motor cycle insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	34200				

Items 33910-34200 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	34300					
Purchase of new vehicle for personal use	<input type="checkbox"/> Yes <input type="checkbox"/> No	34401					
Purchase of used vehicle for personal use	<input type="checkbox"/> Yes <input type="checkbox"/> No	34402					
Purchase of new or used motor cycles for personal use	<input type="checkbox"/> Yes <input type="checkbox"/> No	34403					
Other transport expenses (motor vehicle and driver licenses, traffic tickets, toll fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No	34500					
Vacation expenses (excluding fares) (hotels, travel tax, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	34600					
Garden products, plants and flowers (plants, flowers, seeds, oil, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	34701					
Pet and pet products	<input type="checkbox"/> Yes <input type="checkbox"/> No	34702					
Landline telephone (Instrument)	<input type="checkbox"/> Yes <input type="checkbox"/> No	34811					
Cellphone (Instrument)	<input type="checkbox"/> Yes <input type="checkbox"/> No	34812					
Telephone Services - Internet/phone Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	34820					
Other consumption expenditure (fee, to pay bills, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	34900					
Purchase for special occasions (parties- bounce about etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35010					
Purchase of wedding clothes (including headpiece, hat, tiara, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35021					
Making or rental of wedding clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No	35022					
Purchase of wedding shoes	<input type="checkbox"/> Yes <input type="checkbox"/> No	35023					
Wedding decorations (bouquets, flowers, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35024					
Wedding jewellery (rings, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35025					
Wedding cake	<input type="checkbox"/> Yes <input type="checkbox"/> No	35026					
Wedding - food and drinks	<input type="checkbox"/> Yes <input type="checkbox"/> No	35027					
Wedding venue (ceremony, reception)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35028					
Wedding - transport	<input type="checkbox"/> Yes <input type="checkbox"/> No	35029					
Wedding photography/videography	<input type="checkbox"/> Yes <input type="checkbox"/> No	35001					
Wedding - honeymoon	<input type="checkbox"/> Yes <input type="checkbox"/> No	35002					
Other wedding related expenses (pastor/MC, invitations, make-up, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35003					
Purchase for special occasions (entertainment relating to weddings)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35020					
Purchase for special occasions (entertainment relating to funerals)	<input type="checkbox"/> Yes <input type="checkbox"/> No	35030					

**PART H: NON-CONSUMPTION EXPENDITURES**

Q1) During the past 12 months, has this household spent on any of the following items? <b>TICK THE APPROPRIATE BOX</b> <b>ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LAST.</b> <b>THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS</b>			Q2) Have you spent on .....( ) during the past 30 days?  1. YES  2. NO (>Q4)	Q3) How much did you spend on .....( ) during the past 30 days?	Q4) How much did you spend on .....( ) during the past 12 months?
Life & General Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	4010		J\$	
Horse Racing	<input type="checkbox"/> YES <input type="checkbox"/> NO	4020	<input type="text"/>	J\$	J\$
Other gambling expenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	4030	<input type="text"/>	J\$	J\$
Weddings ( <b>Outside of Household</b> )	<input type="checkbox"/> YES <input type="checkbox"/> NO	4041			J\$
Funerals ( <b>Outside of Household</b> )	<input type="checkbox"/> YES <input type="checkbox"/> NO	4042			J\$
Donations and gifts (church or union dues, gifts, charities, etc...)	<input type="checkbox"/> YES <input type="checkbox"/> NO	4050	<input type="text"/>	J\$	J\$
Repayment of loans, interest payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	4060			J\$
Support for children who live elsewhere	<input type="checkbox"/> YES <input type="checkbox"/> NO	4070	<input type="text"/>	J\$	J\$
Other maintenance of relatives outside the home	<input type="checkbox"/> YES <input type="checkbox"/> NO	4080	<input type="text"/>	J\$	J\$
NHT	<input type="checkbox"/> YES <input type="checkbox"/> NO	4090	<input type="text"/>	J\$	J\$
NIS	<input type="checkbox"/> YES <input type="checkbox"/> NO	4100	<input type="text"/>	J\$	J\$
Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	4110	<input type="text"/>	J\$	J\$
Other non-consumption expenditures (legal services, anything else)	<input type="checkbox"/> YES <input type="checkbox"/> NO	4120	<input type="text"/>	J\$	J\$
Direct taxes (Income tax and Education tax	<input type="checkbox"/> YES <input type="checkbox"/> NO	4130	<input type="text"/>	J\$	J\$

## PART I: HOUSING AND RELATED EXPENSES

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

**PART I: HOUSING AND RELATED EXPENSES**

Q30) How long does this storage serve your household?

Days

Weeks

Q37) How many times have you had a power outage in the last 30 days?

Days

Q44) Is there Internet access in this household?

1. Yes

2. No  → (>Q46)

3. Don't know  → (>Q48)

Q 48) What is the MAIN method of garbage disposal for this household?

- Regular public collection system
- Irregular public collection system
- Private collection system
- Burn
- Bury
- Dump in sea/river/pond/gully
- Dump in own yard
- Dump in municipal site
- Other dumping
- Other (specify) \_\_\_\_\_

Q31) Have you a group or individual meter?

- Group
- Individual
- No meter

Q38) How much was the latest electricity bill for your household?

Amount

Q45) What type of Internet connection is used in this household?

1. Yes      2. No

A. Fixed (wired) broadband network

B. Terrestrial fixed (wireless) broadband network

C. Satellite broadband network

D. Mobile broadband network via a handset

E. Mobile broadband network via a card or USB modem

**(Go to Q48)**

Q50) What type of fuel does this household use most for cooking?

- Gas
- Electricity
- Wood
- Kerosene
- Charcoal
- Biogas
- Solar
- Other (specify) \_\_\_\_\_
- None

Q32) How much was the latest water bill for your household?

Amount

Q39) How many months of consumption were covered by this bill ?

Months

Q46) Why does this household not have Internet access?

1. Yes      2. No

A. Do not need Internet

B. Have internet access elsewhere

C. Lack of confidence knowledge or skills to use the Internet

D. High cost of equipment

E. High cost of service

F. Privacy/security concerns

G. Internet service is not available in the area

H. Internet service is available in the area but it does not correspond to household needs

I. Cultural reasons

J. Other (specify) \_\_\_\_\_

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

Q33) How many months were covered by this bill?

Months

Q40) Does any member of this household have a telephone?

- Yes      Landline
- No      Cell (Postpaid)
- Cell (Prepaid)

Q34) Is this ..(SUPPLY SOURCE IN Q27).. Used by your household only or is it shared with other households?

- This household only  → (> Q36)
- Shared

Q41) How much did you pay in the last 30 days for your household telephone bill? (Including cellular bill)

Land line Amount

Cell (Postpaid) Amount

Q35) How far from this dwelling is ..(SUPPLY SOURCE IN Q27)..[FOR OPTIONS 3, 4, 5]?

Distance

UNIT CODE

- Kilometers
- Meters
- Miles
- Yards
- Chains

Q42) In the past three months, how many members of this household owned a mobile cellular phone?

Total

Smartphone

Other mobile phone

Q36) What is the MAIN source of lighting for this dwelling?

- Electricity from the grid
- Electricity from solar
- Electricity from wind
- Kerosene
- Other (specify)
- None

(>Q40)

Q43) Is there a working laptop, desktop or tablet in this household?

- Yes
- No

A. Laptop (portable) computer

B. Desktop

C. Tablet

D. Other (specify)

Q47) What type of television services are used in this household?

TV in household?      1. Yes      2. No → (>Q48)

A. Free to Air

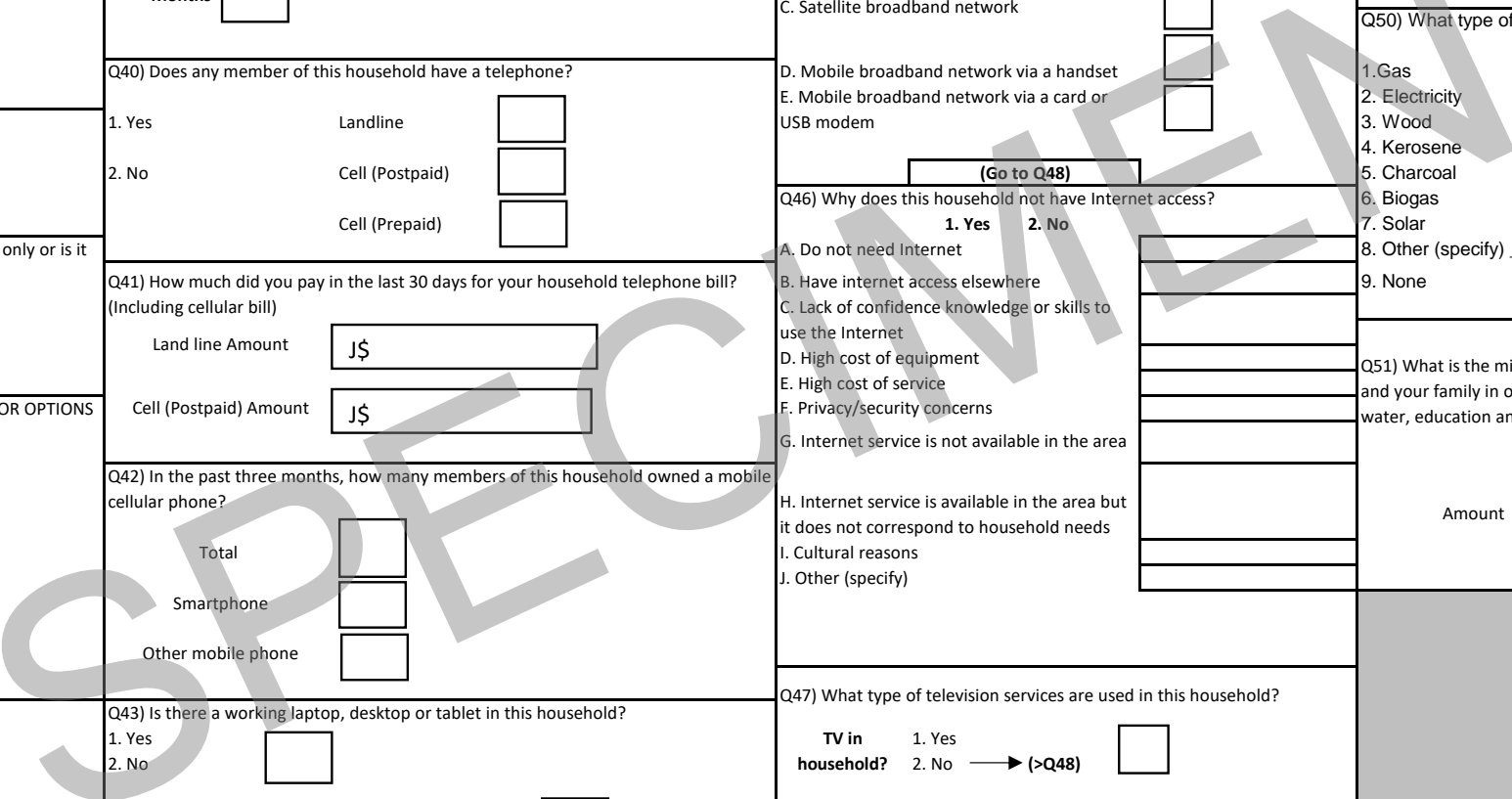
B. Cable TV

C. Satellite TV

D. Internet Protocol TV (IPTV)

E. Digital Terrestrial TV (DTTV)

F. Don't know



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

RESP.  
No.

I N D I V I D U A L No.	<p>8</p> <p>In the past 3 months, what type of device and network did you use to access the Internet?</p> <p><b>MOBILE PHONE</b> Via mobile cellular network.....A WiFi or other wireless networks.....B</p> <p><b>TABLET</b> Via a mobile cellular network, using USB dongle or integrated data SIM card.....C WiFi or other wireless networks.....D Fixed networks.....E</p> <p><b>LAPTOP(PORTABLE) COMPUTER</b> Via a mobile cellular network, using USB dongle or integrated data SIM card or mobile cellular telephone as modem.....F WiFi or other wireless networks.....G Fixed networks.....H</p> <p><b>OTHER PORTABLE DEVICES</b>.....I <b>DESKTOP COMPUTER</b>.....J <b>OTHER DEVICES (e.g. SMART TV) Specify</b>....K</p> <p>YES.....1 &gt; NEXT PERSON /SECTION NO.....2</p> <p><b>MULTIPLE RESPONSES</b></p>											<p>9</p> <p>Why have you <b>not</b> used the Internet in the past 3 months?</p> <p>Do not need the internet (not useful, not interesting).....A Do not know how to use the internet.....B Cost of internet use is too high.....C Privacy or security concerns.....D Internet service is not available in the area....E Cultural reasons.....F Don't know what internet is.....G Not allowed to use the internet.....H Lack of local content.....I Other (Specify).....J</p> <p>YES.....1 NO.....2</p> <p><b>MULTIPLE RESPONSES</b></p>										
	A	B	C	D	E	F	G	H	I	J	K	A	B	C	D	E	F	G	H	I	J	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						

PART M: LABOUR FORCE

TO BE COMPLETED BY HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

	1	2	3	4	5	6	7	8	9	10	11
I N D I V I D U A L  No.	Did you do any work during week ending.....?	What were you / was..... doing most of the time during week ending.....?  Working.....1 (>>Q8) With job not working.....2 Looking for work.....3 At home.....4 At school full-time....5 IF AGE m17 GO TO NEXT PERSON  Incapable of working.....6 NEXT PERSON Other (Specify).....7	Did you/..... do anything like farming, buying & selling, odd jobs or hustling, during week ending .....?  Yes...1 (>>Q8) No.....2	Did you/ ..... do 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 house) during the week ending .....?  Yes...1 (>>Q8) No....2 (If Q2 =2>>Q8)	Did you/ ..... have a job or business from which you/he/she were/was temporarily absent (e.g. on vacation or sick leave) during week ending .....?  Yes...1(>>Q8) No.....2(If Q1 =1 >>Q8) (If Q2 =3 NEXT PERSON)	Did you/....wish to work at any time during the six months ending.....?  Yes...1 No....2 (NEXT PERSON)	What would prevent you/ ..... from taking a job if one were available during week ending.....?  Nothing, would accept.....1 Awaiting, promised job.....2 Pregnancy.....3 Have/Has to stay with children/relative.....4 Home Duties.....5 Do/Does not need job.....6 Illness.....7 At school.....8 Other (Specify).....9  NEXT PERSON	How many hours do you/ does..... .. usually work per week ?	What was the main kind of work that you were/ ..... was engaged in during week ending .....?	In what kind of business or industry were you/was ..... working?	What is your employment status in your/his/her present or main job?  Employee of Central or Local Govt.....1 Employee of Other Govt Agencies.....2 Employee of Private Sector.....3 Unpaid family worker.....4 Employer.....5 Own Account worker.....6 Not Stated.....9
	Yes...1 No....2										
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											





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