Statistical Institute of Jamaica
7 Cecelio Ave, Kingston 10
Tel: 630-1600 / Fax : 926-1138
E-mail: info@statinja.gov.jm

2024
JAMAICA SURVEY OF LIVING CONDITIONS

FORM SLC 024

SERIAL NO.

PARISH | CONSTITUENCY | SAMPLING REGION | ED. NO. | DWELLING NO. | H/H NO. | AREA

DATE OF INTERVIEW: Day | Month | Year

ADDRESS OF DWELLING: Street/District | Post Office

NUMBER OF TIMES HOUSEHOLD VISITED

START OF INTERVIEW (24 hr. Clock): Hours | Mins

END OF INTERVIEW (24 hr. Clock): Hours | Mins

TOTAL TIME OF INTERVIEW: Hours | Mins

INTERVIEWER: First name | Last name | Interviewer's No.

SUPERVISOR: First name | Last name | Supervisor's No.

SENIOR SUPERVISOR: First name | Last name | Snr. Supervisor's No.

RESULT OF HOUSEHOLD INTERVIEW

1. COMPLETED INTERVIEW
2. PARTLY COMPLETED INTERVIEW
3. VACANT
4. CLOSED
5. REFUSAL
6. DEMOLISHED
7. OTHER (specify) _____

Supervisor's Signature

Senior Supervisor's Signature

SECTIONS COMPLETED: R | A | B | D | E | F | G | H | I | J | K | L | M | N

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

INDIVIDUAL NO.	Q1) In the past 4 weeks have you/has (NAME) had any injury resulting from road traffic accident, fall, domestic or violent incident that required medical attention? 1. YES 2. NO	Q3) Have you/Has (NAME) had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma attack or an episode relating to hypertension, diabetes or any other illness? (In the past 4 weeks) 1. Yes, chronic illness 2. Yes, other illness 3. Yes, both 4. No (>Q22 if 2 at Q1)	Q4) What was the duration of the most recent episode? **(CAN BE > 28 DAYS)** **DAYS**	Q5) For how long were you/(NAME) unable to carry out normal activities? **(CAN BE > 28 DAYS)** **DAYS**	Q6) Has a doctor, nurse, pharmacist, midwife , any other health practitioner or healer been visited? 1. Yes 2. No (>Q17)	Q7) How many visits did you/(NAME) make to the health practitioner or healer in the past 4 weeks?	Q8Y) Where did you/(NAME) go the last time you visited a health practitioner or healer? 1. UWI 1a. Public Hospital (other) 2. Private Hospital 3. Public Health Centre 4. Private Health Centre 5. Doctor's Office 6. Traditional Healer 96. Other (specify)	Q9Z) How much did you/(NAME) have to pay for your LAST care/service at this facility? Do not include the cost of drugs nor any costs paid by your insurance. **IF NOTHING WRITE ZERO** **AMOUNT J$** ($0 > Q11)	Q10a) What goods or service did you/(NAME) pay for ? A. Physical examination B. Lab Services C. Blood test D. Pharmacy E. Accessories F. Other (Specify) 1. Yes 2. No **A** **B** **C** **D** **E** **F**	Q11) Were you/was (NAME) admitted (spent a night) to a public hospital or other public health establishment in the past 4 weeks? 1. Yes 2. No **(>Q14)**	QA12) How many nights during the past 4 weeks did you/(NAME) spend in the public hospital? **No of nights**	QA13) How much have you/(NAME) paid or will have to pay altogether for this stay in a public hospital? Do not include the cost of medicines or any costs paid by your insurance. **IF NOTHING SPENT WRITE** **IF NOTHING WRITE ZERO** **AMOUNT J$**	Q14) Were you/was (NAME) admitted (spent a night) to a private hospital or other private establishment in the past 4 weeks? 1. Yes 2. No **(>Q18)**	Q15) How many nights during the past 4 weeks did you/(NAME) spend in the private hospital? **No of nights**
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONT'D)

Q35 FOR HOUSEHOLD MEMBERS 5 YRS & OVER

INDIVIDUAL NO.	Q16) How much have you/ (NAME) paid or will have to pay altogether for this stay in a private hospital? Do not include the cost of medicines or any costs paid by your insurance. **IF NOTHING WRITE ZERO** **AMOUNT J$** **(>>Q18)**	Q17) Why didn't you..(NAME).. seek care for this past/ current illness? 1. Could not afford 2. Wasn't ill enough 3. Preferred home remedies 4. Didn't have time to go 5. Other (Specify) 6. Fear of contracting COVID	Q18) Did you/..(NAME).. buy medicines/ fill the prescription during the past 4weeks for this illness or injury? 1. Prescribed medicines 2. Partial prescription 3. Prescribed/over the counter 4. Over the counter 5. Prescribed/didn't buy/fill **(>Q22)** 6. None prescribed/required **(>Q22)**	Q19) Did you/(NAME) purchase medicines in a..... a) Public Facility? 1. Yes 2. No	b) Private Facility or Pharmacy ? 1. Yes 2. No	Q20) How much have you.(NAME).. spent for medicines at public source e.g. Public hospital, health centre, during the past 4 weeks? Do not include the costs paid for by your insurance. **IF NOTHING WRITE ZERO** **AMOUNT J$**	Q21) How much have you..(NAME).. spent for medicines at private source e.g. private doctor, pharmacy, etc. during the past 4 weeks? Do not include the costs paid for by your insurance **IF NOTHING WRITE ZERO** **AMOUNT J$**	Q22) Are you/Is/(NAME) covered by any health insurance? A. Private B. NI Gold C. Other (Specify) 1. Yes 2. No **MULTIPLE RESPONSES**	Q24) Have you/Has ..(NAME).. ever been told by a doctor/other health worker that you /he/she have/ has any of the following chronic diseases/illnesses? A. Asthma B. Diabetes C. Hypertension D. Arthritis E. COPD F. Heart Disease G. Sickle Cell H. Depression I. Dementia J. Any other mental disorder K. Cancer Type _____ L. Stroke M. Epilepsy N. Kidney Disease **1. Yes in the past 12 months** **2. Yes, more than 12 months** **3. No** **4. Don't know** **5. No response**	Q35) Do you/Does (NAME) have difficulty doing any of the following ? A. Seeing, even if wearing glasses B. Hearing, even if using a hearing aid C. Walking or climbing steps D. Remembering or concentrating E. With self-care (washing all over or dressing) F. Using usual language, communicating, understanding or being understood 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it at all
								MULTIPLE RESPONSES			
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PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

INDIVIDUAL NO.	Q1) What type of school is (NAME) attending this academic year 2023/2024?	Q2) What is the name of the school that (NAME) attends?	Q3) Is this school public or private?	Q3X) Was (NAME) participating in learning activities provided by the school during the 2024 Summer Term (May to July)	Q3Y) What was the MAIN modality used to interact with the Teacher during the 2024 Summer Term (May to July)	Q3Z) Why didn't (NAME participate in learning activities provided by the school for the 2024 Summer Term (May to July)	Q4) What grade is (NAME) in at school this year?	Q5) How far is (NAME)'s school from this house?		Q8) How does (NAME) usually get to school?	Q9) During the 4 week period April 22 - May 17, 2024, how many days was (NAME) sent to school?
	1. Nursery/Day care → **Next person** **(INCLUDE NEWBORN BABIES)** 2. Infant school department 3. Basic /Kindergarten 4. Primary 5. Preparatory 6. All age school 7. Primary and Junior high 8. Secondary 9. Technical 10. Agricultural High 11. University 12. HEART TRUST NTA 13. Other Tertiary Public 14. Other Tertiary Private 15. Adult education/night 16. Special school 17. JFLL/Adult literacy classes **(> Q23)** 18. None **(>Q20)**		1. Public 2. Private	1. Yes 2. No **(>> Go to Q3Z)**	1. Face-to-Face (Classroom) 2. Material delivered/ picked up 3. Online classroom (e.g. Zoom, Microsoft teams etc) 4. Texts/WhatsApp 5. Email 6. Other (specify) **(>>Go to Q4)**	1. School closed 2. Could not afford to 3. No Internet Access 4. Poor internet access 5. No device (tablet, laptop,computer) 6. Other (specify)	Basic/Infant/ Kindergarten…0 Primary ..... 1 Primary ..... 2 Primary ..... 3 Primary ..... 4 Primary ..... 5 Primary ..... 6 ASTEP.....7A ASTEP.....7B Grade..... 7 Grade..... 8 Grade..... 9 Grade..... 10 Grade..... 11 Grade..... 12 (lower sixth form) Grade..... 13 (upper sixth form/ Cap2)	**UNIT** 1. Miles 2. Kilometers 3. Yards 4. Meters 5. Chains	**Distance** **Unit**	1. Public transport 2. Walk 3. Private vehicle 4. School bus 5. Other (specify)	**IF SENT ON ALL DAYS, GO TO Q11**
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PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

INDIVIDUAL NO.	Q10) What were the two "main" reasons why (NAME) was not sent to school? 1. Illness 2. Truancy 3. Working outside the home 4. Needed at home 5. Market day 6. Transport problem 7. Transport cost 8. School closed 9. Shoes/Uniform missing /dirty /wet 10 Rain 11. Money problems 12. Had to run an errand 13. Not safe at school 14. Not safe in community 15. Violence 16 Other (specify)		Q 11) Since the start of the school year 2023/2024, has..(NAME)..ever been kept from school because of the following reasons? 1. Illness 2. Truancy 3. Working outside the home 4. Needed at home 5. Market day 6. Transport problem 7. Transport cost 8. School closed 9. Shoes/Uniform missing /dirty /wet 10. Rain 11. Money problems 12. Had to run an errand 13. Not safe at school 14. Not safe in community 15. Violence 16. Never absent 17 Other (specify)		Q13) Does (NAME)'s school operate a school feeding programme? 1. Yes 2. No (>Q17) 3. Don't know (>Q17) A. Nutribun B. Cooked meal (Gov't) C. Cooked meal (Not Gov't) **MULTIPLE RESPONSES**			Q14) Does (NAME) usually take the meal provided by the school? 1. Yes (>Q16) 2. No 3. Don't know (>Q18) A. Nutribun B. Cooked meal (Gov't) C. Cooked meal (Not Gov't) **MULTIPLE RESPONSES**			Q15) Why doesn't (NAME) take the meal/snack provided by the school? 1. Because of stigma 2. Doesn't like it 3. Expensive/Cant afford 4. Line too long 5. Don't taste too good 6. Other (specify) A. Nutribun B. Cooked meal (Gov't) C. Cooked meal (Not Gov't) **(Go to Q17)**			Q16) Does (NAME) pay for this meal or get it free? 1. Always pays 2. Pay sometimes 3. Doesn't pay/Get it free 4. Don't know **(>Q18)** 5. Not stated	Q16B) How much does (NAME) pay for this meal? **(Go to Q18)**	Q17) What does (NAME) usually have for lunch? 1. Snack/Meal from school canteen/tuck shop 2. Snack/Meal from vendors 3. Snack/Meal from home 4. Other (specify) 5. Nothing
		FIRST		**SECOND**																
		R	**N**	**R**	**N**		**A**	**B**	**C**	**A**	**B**	**C**	**A**	**B**	**C**			
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PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

INDIVIDUAL NO.	Q18) Does (NAME) have the required and supplemental books required by the school? 1. Yes, required and supplemental(>Q29) 2. Yes, only required 3. Yes, only supplemental 4. Yes, some required 5. Yes, some supplemental 6. Yes, some required and supplemental 7. Has none	Q19) Why doesn't (NAME) have all the required and supplemental textbooks for school? A. Has not paid school fees B. Has not paid book rental fee C. School does not have the books D. Books hard to find E. Money problems F. Books expensive G. Some books not necessary H. Other (specify) 1. Yes 2. No 9. Don't know **(Go to Q29**							Q20) What type of school did (NAME) last attend? 1. Basic/Infant /Kindergarten 2. Primary 3. Preparatory 4. All age school 5. Primary and Junior high 6. Junior High (Grades 7-9) 7. New Secondary 8. Comprehensive 9. Secondary High 10. Technical 11. Vocational/Agricultural 12. University 13. Other Tertiary Public 14. Other Tertiary Private 15. Adult education/night **(>> Q23)** 16. Special school 17. HEART TRUST NTA 18. JFLL/Adult literacy classes 19. None	Q21) What was the last grade (NAME) completed at that school?	Q23) How many years of schooling have you / has (NAME) had?	Q24) What is the highest (academic /vocational) examination that (NAME) has passed? 1. None 2. Junior High School Certificate 3. Grade Nine Achievement Test 4. CSEC Basic/JSC 5/SSC.3rd JL **(>Q26)** 5. CSEC General/GCE O Level 6. NVQJ Level 1 7. NVQJ Level 2 **(>Q26)** 8a. CAPE Unit 1 8b. CAPE Unit 2/GCE A Level 9. NVQJ Level 3 10. Associate degree/NVQJ Level 4 11. Undergraduate degree/NVQJ Level 5 **(>Q26)** 12. Higher degrees and professional qualification 13. City and Guilds 14. Other (specify) 15. Not stated **(>Q26)**		Q25) Do the examinations that (NAME) passed include **CXC GENERAL & ABOVE** 1. Yes, both 2. Math only 3. English only 4. No (None) 5. Don't Know	Q26) Has (NAME) ever enrolled/ involved in any skills training program? 1. Yes, HEART ACADEMY/workforce colleges 2. Yes, HEART-VTC/TVET Institutes 3. Yes, HEART-SLTOPS/Apprenticeship 4. Yes, HEART - other 5. Yes, private (specify) 6. Yes other public (specify) 7. No **(> NEXT PERSON)**	Q28) Did (NAME) successfully completed the programme of study? 1. Yes 2. No 3. Currently enrolled
		A	**B**	**C**	**D**	**E**	**F**	**G**	**H**				**CODE**	**NO. OF SUBJECTS**			
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PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

INDIVIDUAL NO.	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) ☐ OR Weekly (only) ☐		
	A. Exam Fees	B. Tuition Fees (Including books)	C. Tuition Fees (Excluding books)	D (1) Auxiliary fees only	D (2) Other fees and contributions	E. Extra Lessons	F. Transport	G. Lunch and snacks at school	H. Uniform	I. Books	J. Other supplies	K . Boarding	A. Food	B. Transportation	C. Other
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PART D: SOCIAL PROTECTION (TO BE ASKED OF ALL HOUSEHOLD MEMEBERS)

						ASK Q9 & Q12 OF MEMBERS AGED 60 YEARS AND OVER								=>18 yrs	Q17-19 TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 18 YEARS AND OVER			RESP #
INDIVIDUAL NO.	Q1) Did any member of this household apply to the Programme of Advancement Through Health and Education 1. Yes, 12 months ago or less **(>Q3)** 2. Over 12 months ago **(>Q3)** 3. No, never applied	Q3) Has any member of this household ever received assistance from PATH? 1. Yes 2. No **(>Q9)**	Q5) In what category does (NAME) receive a PATH benefit? 1. Child 0-71 mnths 2. Child 6-17+ yrs 3. Elderly 4. Person with disability 5. Adult poor 6. Pregnant or lactating 7. Not a beneficiary **(>Q9)**	Q6) Did (NAME) receive a PATH benefit in April this year 1. Yes 2. No	Q7) How does this household currently receive its PATH cash benefit? 1. By cheque at P.O. 2. By cash card (ATM card) 3. Through money transfer agency 4. Household not currently receiving benefit	Q9) Does (NAME) receive any of the following pensions? A. NIS pension B. Occupational pension C. Other private pension D. Other (specify) 1. Yes 2. No **(If no to all, go to Q12)** **MULTIPLE RESPONSES**				Q12) Is (NAME) registered on any of the following programmes A. National Health Fund (NHF) B. National Insurance Scheme (NIS) C Jamaica Drugs for the Elderly (JADEP) D. Poor Relief **1. Yes 2. No** **MULTIPLE RESPONSES**				Q13) Has (NAME) ever contributed to the NIS? 1. Yes, within the past 12 months (>Q15) 2. Yes, but more than 12 months ago 3. No, never contributed	Q17) During the past 4 weeks, do you believe that this household has had enough food to eat on a daily basis? 1. Yes generally 2. Yes sometimes 3. No	Q18) What is the main source of livelihood for this household ? 1. Work in somebody's business /company 2. Work in somebody's home 3. Buy and sell for myself 4. Provide services in own business 5. Produce/plant goods or rear animals 6. Get help from others 7. Other self-employed 8. Remittance 9. Pension 10. Other (specify)	Q19) How would you describe this livelihood? 1. Provides reliable income stream 2. Provides only for basic needs 3. Inadequate income for basic needs 4. Not consistent/unreliable	Q20) How would you describe the economic (financial) situation for your household compared to a year ago? 1 Better 2. Equal /same 3. Worse off 4. Don't know
						A	**B**	**C**	**D**	**A**	**B**	**C**	**D**					
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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	☐ Yes ☐ No	10200			BREAKFAST - meals brought away from home (including gifts)	☐ Yes ☐ No	10710		
Kerosene	☐ Yes ☐ No	10300			LUNCH - meals bought away from home (including gifts)	☐ Yes ☐ No	10720		
Wood	☐ Yes ☐ No	10400			DINNER - meals brought away from home (including gifts)	☐ Yes ☐ No	10730		
Other fuel for cooking or lighting (different than cooking gas and electricity)	☐ Yes ☐ No	10500			Snacks - Sandwiches, Burgers, Patties, etc.	☐ Yes ☐ No	10800		
Tobacco products (cigars, cigarettes, chewing tobacco, pipes)	☐ Yes ☐ No	10600			Dairy products e.g. milk, supligen, nutriment, etc.	☐ Yes ☐ No	10900		
Beer (alcoholic and non-alcoholic) including malta	☐ Yes ☐ No	11110			Soft drinks (sodas, carbonated beverages, flavoured water, et	☐ Yes ☐ No	11001		
Rum	☐ Yes ☐ No	11121			Fruit and Vegetable juices (canned fruit drinks, bag drink, etc.)	☐ Yes ☐ No	11002		
Wine/Sherry (alcoholic and non-alcoholic) including tonic wines e.g.magnum	☐ Yes ☐ No	11122			Bottled water (natural and purified)	☐ Yes ☐ No	11003		
Bus/Taxi-fare	☐ Yes ☐ No	11210			Other non - Alcoholic beverages (energy drinks, powdered drink mix, etc.)	☐ Yes ☐ No	11004		
Gasoline/petrol (domestic use only)	☐ Yes ☐ No	11220			TOTAL	☐ Yes ☐ No	11500		

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	☐ Yes ☐ No	20100				Fresh or frozen beef	☐ Yes ☐ No	20100			
Fresh or frozen pork	☐ Yes ☐ No	20200				Fresh or frozen pork	☐ Yes ☐ No	20200			
Fresh or frozen mutton	☐ Yes ☐ No	20300				Fresh or frozen mutton	☐ Yes ☐ No	20300			
Offal-heart, kidney, liver, tripe etc.	☐ Yes ☐ No	20400				Offal-heart, kidney, liver, tripe etc.	☐ Yes ☐ No	20400			
Other fresh or frozen meat (oxtail, trotters, cow foot, hocks)	☐ Yes ☐ No	20500				Other fresh or frozen meat (oxtail, trotters, cow foot, hocks)	☐ Yes ☐ No	20500			
Salted, cured or canned meat (eg. pigtail)	☐ Yes ☐ No	20600				Salted, cured or canned meat (eg. Pigtail)	☐ Yes ☐ No	20600			
Fresh or frozen fish	☐ Yes ☐ No	20710				Fresh or frozen fish	☐ Yes ☐ No	20710			
Fresh or frozen shellfish	☐ Yes ☐ No	20720				Fresh or frozen shellfish	☐ Yes ☐ No	20720			
Salted codfish	☐ Yes ☐ No	20800				Salted codfish	☐ Yes ☐ No	20800			
Canned mackerel, sardines, herring	☐ Yes ☐ No	20900				Canned mackerel, sardines, herring	☐ Yes ☐ No	20900			
Other salted or canned fish and shellfish (eg mackerel, red herring ect.)	☐ Yes ☐ No	21000				Other salted or canned fish and shellfish (eg mackerel, red herring ect.)	☐ Yes ☐ No	21000			
Fresh or fozen whole chicken or parts	☐ Yes ☐ No	21100				Fresh or fozen whole chicken or parts	☐ Yes ☐ No	21100			
Chicken neck, back, foot, liver, gizzard	☐ Yes ☐ No	21200				Chicken neck, back, foot, liver, gizzard	☐ Yes ☐ No	21200			
Other poultry, fresh frozen salted, cured or canned	☐ Yes ☐ No	21300				Other poultry, fresh frozen salted, cured or canned	☐ Yes ☐ No	21300			

PART F: FOOD EXPENSES (CONTINUED)

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.			2 Have you bought ..( ).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.( ).during the past 7 days? AMOUNT J$	4 How much did you spend on ..( )..during the past 30 days? AMOUNT J$
Liquid milk (including flavoured milk)	☐ Yes ☐ No	21400			
Condensed / Evaporated Milk	☐ Yes ☐ No	21500			
Powdered milk (D.S.M.)	☐ Yes ☐ No	21600			
Other dairy products (liquid food supplements, supligen, ensure, etc.)	☐ Yes ☐ No	21710			
Powdered food drink mix (flavoured lasco)	☐ Yes ☐ No	21720			
Butter	☐ Yes ☐ No	21800			
Cheese	☐ Yes ☐ No	21900			
Other dairy products (yogurt)	☐ Yes ☐ No	22010			
Other dairy products (ice cream)	☐ Yes ☐ No	22020			
Eggs	☐ Yes ☐ No	22100			
Oils and fats (vegetable oil, lard, hard/ soft margarine)	☐ Yes ☐ No	22200			
Bread	☐ Yes ☐ No	22300			
Crackers and unsweetened biscuits	☐ Yes ☐ No	22400			
Other baked products (sweetened biscuits, cakes, buns bullas, etc.)	☐ Yes ☐ No	22500			
Cassava bread/ bammy	☐ Yes ☐ No	22600			

HOME PRODUCTIONS/GIFTS

5 During the past 30 days have you eaten in this household any.( ). that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.			6 How much would it cost to buy the amount of home produced .( ). you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J$	7 How much would it cost to buy the amount of home-produced .( ).you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J$	8 How much would it cost to buy the amoun of .( ).you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J$
Liquid milk (including flavoured milk)	☐ Yes ☐ No	21400			
Condensed / Evaporated Milk	☐ Yes ☐ No	21500			
Powdered milk (D.S.M.)	☐ Yes ☐ No	21600			
Other dairy products (liquid food supplements, supligen, ensure, etc.)	☐ Yes ☐ No	21710			
Powdered food drink mix (flavoured lasco)	☐ Yes ☐ No	21720			
Butter	☐ Yes ☐ No	21800			
Cheese	☐ Yes ☐ No	21900			
Other dairy products (yogurt)	☐ Yes ☐ No	22010			
Other dairy products (ice cream)	☐ Yes ☐ No	22020			
Eggs	☐ Yes ☐ No	22100			
Oils and fats (vegetable oil, lard, hard/ soft margarine)	☐ Yes ☐ No	22200			
Bread	☐ Yes ☐ No	22300			
Crackers and unsweetened biscuits	☐ Yes ☐ No	22400			
Other baked products (sweetened biscuits, cakes, buns bullas, etc.)	☐ Yes ☐ No	22500			
Cassava bread/ bammy	☐ Yes ☐ 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	☐ Yes ☐ No	22700				Flour	☐ Yes ☐ No	22700			
Rice	☐ Yes ☐ No	22800				Rice	☐ Yes ☐ No	22800			
Cornmeal	☐ Yes ☐ No	22900				Cornmeal	☐ Yes ☐ No	22900			
Dried peas and beans, soya	☐ Yes ☐ No	23100				Dried peas and beans, soya	☐ Yes ☐ No	23100			
Textured vegetable protein (Tofu,vege chunks)	☐ Yes ☐ No	23020				Textured vegetable protein (Tofu,vege chunks)	☐ Yes ☐ No	23020			
Breakfast cereals (cornflakes, oats, hominy corn)	☐ Yes ☐ No	23100				Breakfast cereals (cornflakes, oats, hominy corn)	☐ Yes ☐ No	23100			
Yams (white, yellow, Negro, St. Vincent, Lucea)	☐ Yes ☐ No	23200				Yams (white, yellow, Negro, St. Vincent, Lucea)	☐ Yes ☐ No	23200			
Irish Potatoes	☐ Yes ☐ No	23300				Irish Potatoes	☐ Yes ☐ No	23300			
Other roots and tubers (cassava, coco, sweet potatoes, dasheen)	☐ Yes ☐ No	23400				Other roots and tubers (cassava, coco, sweet potatoes, dasheen)	☐ Yes ☐ No	23400			
Other starchy fruits (plantains, green banana)	☐ Yes ☐ No	23510				Other starchy fruits (plantains, green banana)	☐ Yes ☐ No	23510			
Other starchy fruits (breadfruit)	☐ Yes ☐ No	23520				Other starchy fruits (breadfruit)	☐ Yes ☐ No	23520			
Fresh vegetables (tomatoes, carrots, lettuce, turnip, onion, corn on the cobs)	☐ Yes ☐ No	23610				Fresh vegetables (tomatoes, carrots, lettuce, turnip, onion, corn on the cobs)	☐ Yes ☐ No	23610			
Fresh vegetables (string beans, peas and beans)	☐ Yes ☐ No	23200				Fresh vegetables (string beans, peas and beans)	☐ Yes ☐ No	23200			
Frozen canned dried vegetables	☐ Yes ☐ No	23700				Frozen canned dried vegetables	☐ Yes ☐ No	23700			

PART F: FOOD EXPENSES (CONTINUED)

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.			2 Have you bought ..( ).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.( ).during the past 7 days? AMOUNT J$	4 How much did you spend on ..( )..during the past 30 days? AMOUNT J$
Ackee	☐ Yes ☐ No	23800			
Fruit and vegetable juices (fresh or frozen)	☐ Yes ☐ No	23900			
Fresh fruit (cane)	☐ Yes ☐ No	24010			
Fresh fruit (oranges, lime)	☐ Yes ☐ No	24020			
Fresh fruit (apples, melons, pineapples, pears)	☐ Yes ☐ No	24030			
Fresh fruit (plantain, bananas)	☐ Yes ☐ No	24040			
Canned and dried fruits	☐ Yes ☐ No	24100			
Sugar	☐ Yes ☐ No	24200			
Honey	☐ Yes ☐ No	24310			
Sweets (sugars, sweeteners, jams, jellies, molasses, syrup)	☐ Yes ☐ No	24320			
Soups (packaged, canned, frozen)	☐ Yes ☐ No	24400			
Prepared meats (curried mutton, etc.)	☐ Yes ☐ No	24510			
Prepared fish (fish fingers, etc.)	☐ Yes ☐ No	24520			
Dry packaged foods (macaroni, spaghetti, gluten)	☐ Yes ☐ No	24600			
Coconut milk/powder	☐ Yes ☐ No	24701			
Vinegar, baking powder and soda, yeast	☐ Yes ☐ No	24702			

HOME PRODUCTION/GIFTS

5 During the past 30 days have you eaten in this household any.( ). that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.			6 How much would it cost to buy the amount of home produced( ) you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J$	7 How much would it cost to buy the amount of home-produced .( ).you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J$	8 How much would it cost to buy the amount of .. .( ).you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J$
Ackee	☐ Yes ☐ No	23800			
Fruit and vegetable juices (fresh or frozen)	☐ Yes ☐ No	23900			
Fresh fruit (cane)	☐ Yes ☐ No	24010			
Fresh fruit (oranges, lime)	☐ Yes ☐ No	24020			
Fresh fruit (apples, melons, pineapples, pears)	☐ Yes ☐ No	24030			
Fresh fruit (plantain, bananas)	☐ Yes ☐ No	24040			
Canned and dried fruits	☐ Yes ☐ No	24100			
Sugar	☐ Yes ☐ No	24200			
Honey	☐ Yes ☐ No	24310			
Sweets (sugars, sweeteners, jams, jellies, molasses, syrup)	☐ Yes ☐ No	24320			
Soups (packaged, canned, frozen)	☐ Yes ☐ No	24400			
Prepared meats (curried mutton, etc.)	☐ Yes ☐ No	24510			
Prepared fish (fish fingers, etc.)	☐ Yes ☐ No	24520			
Dry packaged foods (macaroni, spaghetti, gluten)	☐ Yes ☐ No	24600			
Coconut milk/powder	☐ Yes ☐ No	24701			
Vinegar, baking powder and soda, yeast	☐ Yes ☐ No	24702			

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, etc.)	☐ Yes ☐ No	24800				Sauces and relishes(ketchup, mayonnaise, pepper sauce, pickles, etc.)	☐ Yes ☐ No	24800			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	☐ Yes ☐ No	24900				Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	☐ Yes ☐ No	24900			
Nuts (peanuts, cashew, coconut, etc.)	☐ Yes ☐ No	25000				Nuts (peanuts, cashew, coconut, etc.)	☐ Yes ☐ No	25000			
Baby food (formula, cereals, strained food, etc.)	☐ Yes ☐ No	25100				Baby food (formula, cereals, strained food, etc.)	☐ Yes ☐ No	25100			
Other food (chips, cheese trix, etc.)	☐ Yes ☐ No	25200				Other food (chips, cheese trix, etc.)	☐ Yes ☐ No	25200			
Flavoured breakfast drinks, cocoa based beverage preparations	☐ Yes ☐ No	25310				Flavoured breakfast drinks, cocoa based beverage preparations	☐ Yes ☐ No	25310			
Breakfast drinks - coffee, tea	☐ Yes ☐ No	25320				Breakfast drinks - coffee, tea	☐ Yes ☐ No	25320			
Soft drinks (sodas, carbonated beverages, flavoured water, etc.)	☐ Yes ☐ No	25401				Soft drinks (sodas, carbonated beverages, flavoured water, etc.)	☐ Yes ☐ No	25401			
Fruit and Vegetable juices (canned fruit drinks, bag drink, etc.)	☐ Yes ☐ No	25402				Fruit and Vegetable juices (canned fruit drinks, bag drink, etc.)	☐ Yes ☐ No	25402			
Other non-alcoholic beverages (energy drinks, powder drink mix, etc.)	☐ Yes ☐ No	25403				Other non-alcoholic beverages (energy drinks, powder drink mix, etc.)	☐ Yes ☐ No	25403			
Beer (alcoholic and non-alcoholic) including malta	☐ Yes ☐ No	25510				Beer (alcoholic and non-alcoholic) including malta	☐ Yes ☐ No	25510			
Rum	☐ Yes ☐ No	25521				Rum	☐ Yes ☐ No	25521			
Wine/Sherry (alcoholic and non-aloholic) including tonic wines e.g. magnum	☐ Yes ☐ No	25522				Wine/Sherry (alcoholic and non-aloholic) including tonic wines e.g. magnum	☐ Yes ☐ No	25522			
Bottled Water (Natural and purified)	☐ Yes ☐ No	25600				Bottled Water (Natural and purified)	☐ Yes ☐ No	25600			

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$
Personal care supplies (soap, toothpaste/brushes, shaving cream, razors & blades)	☐ Yes ☐ No	30100					
Cosmetics (deodorants,..)	☐ Yes ☐ No	30200					
Hair and body care (lotions, dyes,etc.)	☐ Yes ☐ No	30300					
Laundry supplies (soap bars/ powders, bleach, starch, clothes pin,..)	☐ Yes ☐ No	30400					
Polishes, waxes, air fresheners, insect sprays	☐ Yes ☐ No	30500					
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid, etc.)	☐ Yes ☐ No	30600					
Toilet supplies (toilet paper, cleanser, etc.)	☐ Yes ☐ No	30700					
Other household cleaning supplies (scouring pads, brooms, etc.)	☐ Yes ☐ No	30801					
Home help services (cook, nurse maid, household help, gardener, etc.)	☐ Yes ☐ No	30900					
Laundry and dry cleaning services	☐ Yes ☐ No	31000					
Rental of equipment (radio, television,..)	☐ Yes ☐ No	31100					
Cooking Gas	☐ Yes ☐ No	31200					
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet, etc.)	☐ Yes ☐ No	31300					
Other furniture (lawn chair, etc.)	☐ Yes ☐ No	31401					

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$
Furnishing (carpets, drapes, sheets, towels, etc.)	☐ Yes ☐ No	31500					
Dinner ware (plates, cups, saucers, glasses, knives, forks, spoons, etc.)	☐ Yes ☐ No	31600					
Cook ware (pots, pans, skillets, etc.)	☐ Yes ☐ No	31700					
Other small equipment (toaster, mixer, hot plate, blender, etc.)	☐ Yes ☐ No	31800					
Other household utensils (ice box, thermos, etc.)	☐ Yes ☐ No	31801					
Large kitchen appliances (Fridge, stove, microwave, freezer, water heater, barbeque grill, etc.)	☐ Yes ☐ No	31900					
Radio, TV, VCR, DVD, DSS, CD player,component set	☐ Yes ☐ No	32010					
Information processing equipment (e.g. computer, printer, fax)	☐ Yes ☐ No	32020					
Electric appliances for personal care (hair dryer, electric razor, etc.)	☐ Yes ☐ No	32111					
Other personal effects (suitcases, baby carriages, hand-bags, wallets, purses, etc.)	☐ Yes ☐ No	32112					
Motorized tools and equipment (electric drills, electric screwdrivers, lawn mowers)	☐ Yes ☐ No	32113					
Other tools and miscellaneous accessories (hammers, screwdrivers, wrenches, batteries, light bulbs, etc.	☐ Yes ☐ No	32114					
Camera	☐ Yes ☐ No	32120					
Rental an repair of games and toys (e.g. subscription to online games, rental of game software, etc.)	☐ Yes ☐ No	36000					

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$
Electric iron, fan	☐ Yes ☐ No	32130					
Repair of furniture	☐ Yes ☐ No	32201					
Repais of household equipment	☐ Yes ☐ No	32202					
Medicines (all medicines including oral contraceptives and herbal medicines)	☐ Yes ☐ No	32301					
Medical products (diagnostic equiment, pregnancy test, condoms and other mechanical contraceptives, inhalers, etc.)	☐ Yes ☐ No	32302					
Doctor's fees	☐ Yes ☐ No	32401					
Dentist fees	☐ Yes ☐ No	32402					
Hospital care	☐ Yes ☐ No	32403					
Assistive products (test glasses, contact lenses, artificial legs, wheelchairs, etc.)	☐ Yes ☐ No	32404					
Lab fees (urine test, blood test, x-ray, CT scan, MRI, etc.)	☐ Yes ☐ No	32405					
Health Insurance	☐ Yes ☐ No	32500					
Shoes and sandals for adults	☐ Yes ☐ No	32600					
Shoes and sandals for children	☐ Yes ☐ No	32700					
Clothing material for adult (dacron, linen, cotton, silk)	☐ Yes ☐ No	32800					
Clothing material for children (Dacron, linen, cotton, silk)	☐ Yes ☐ No	32900					
Adult clothing (suits, dresses, jeans, swim wear, underwear, etc.)	☐ Yes ☐ No	33000					
Infant clothing (0 to under 2 years) (shirts, trousers, coats, jeans, etc.)	☐ Yes ☐ No	33101					
School uniforms	☐ Yes ☐ No	33102					
Diapers (adult and children)	☐ Yes ☐ No	33103					
Making of clothes (adult and children)	☐ Yes ☐ No	33201					
Repair of clothes (adult and children)	☐ Yes ☐ No	33202					
Watches, jewellery	☐ Yes ☐ No	33301					
Accessories (sunglasses, lighters, etc.)	☐ Yes ☐ No	33302					

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$
Other books	☐ Yes ☐ No	33401					
Newspapers, magazines	☐ Yes ☐ No	33402					
Stationery and writing equipment (notebooks, pens, pencils, envelops, crayon, etc.)	☐ Yes ☐ No	33501					
Postal and courier services (stamps, courier fees, etc.)	☐ Yes ☐ No	33502					
Education expenses - Early childhood and primary education (tuition, auxiliary fees, lab fees, etc.)	☐ Yes ☐ No	33601					
Education expenses - Secondary education (tuition, auxiliary fees, lab fees, etc.)	☐ Yes ☐ No	33602					
Education expenses - Post-secondary non-tertiary education (tuition, auxiliary fees, lab fees, etc.)	☐ Yes ☐ No	33603					
Education expenses - Tertiary education (tuition, auxiliary fees, lab fees, etc.)	☐ Yes ☐ No	33604					
Education expenses - Education not defined by level (tuition, auxiliary fees, lab fees, etc.)	☐ Yes ☐ No	33605					
Textbooks	☐ Yes ☐ No	33606					
Boarding fees	☐ Yes ☐ No	33607					
Sporting activities (stadiums, amusement parks, nightclubs, entrance fees, etc.)	☐ Yes ☐ No	33711					
Club Membership	☐ Yes ☐ No	33720					
Cinema fees	☐ Yes ☐ No	33801					
Records, tapes, DVDs, CDs	☐ Yes ☐ No	33803					
Cable rental, cable fee	☐ Yes ☐ No	33804					
Purchased transportation (taxi, bus, car)	☐ Yes ☐ No	33910					
Purchased transportation (air fare)	☐ Yes ☐ No	33920					
Gasoline, motor oil, diesel	☐ Yes ☐ No	34000					
Repair and maintenance of car/ motor cycle	☐ Yes ☐ No	34101					
Parts and accessories for car/ motor cycle (tyres, motor parts, etc.)	☐ Yes ☐ No	34102					
Car/ motor cycle insurance	☐ Yes ☐ 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	☐ Yes ☐ No	34300					
Purchase of new vehicle for personal use	☐ Yes ☐ No	34401					
Purchase of used vehicle for personal use	☐ Yes ☐ No	34402					
Purchase of new or used motor cycles for personal use	☐ Yes ☐ No	34403					
Other transport expenses (motor vehicle and driver licenses, traffic tickets, toll fee)	☐ Yes ☐ No	34500					
Vacation expenses (excluding fares) (hotels, travel tax, etc.)	☐ Yes ☐ No	34600					
Garden products, plants and flowers (plants, flowers, seeds, oil, etc.)	☐ Yes ☐ No	34701					
Pet and pet products	☐ Yes ☐ No	34702					
Landline telephone (Instrument)	☐ Yes ☐ No	34811					
Cellphone (Instrument)	☐ Yes ☐ No	34812					
Telephone Services - Internet/phone Cards	☐ Yes ☐ No	34820					
Other consumption expenditure (fee, to pay bills, etc.)	☐ Yes ☐ No	34900					
Purchase for special occasions (parties- bounce about etc.)	☐ Yes ☐ No	35010					
Purchase of wedding clothes (including headpiece, hat, tiara, etc.)	☐ Yes ☐ No	35021					
Making or rental of wedding clothes	☐ Yes ☐ No	35022					
Purchase of wedding shoes	☐ Yes ☐ No	35023					
Wedding decorations (bouquets, flowers, etc.)	☐ Yes ☐ No	35024					
Wedding jewellery (rings, etc.)	☐ Yes ☐ No	35025					
Wedding cake	☐ Yes ☐ No	35026					
Wedding - food and drinks	☐ Yes ☐ No	35027					
Wedding venue (ceremony, reception)	☐ Yes ☐ No	35028					
Wedding - transport	☐ Yes ☐ No	35029					
Wedding photography/videography	☐ Yes ☐ No	35001					
Wedding - honeymoon	☐ Yes ☐ No	35002					
Other wedding related expenses (pastor/MC, invitations, make-up, etc.)	☐ Yes ☐ No	35003					
Purchase for special occasions (entertainment relating to weddings)	☐ Yes ☐ No	35020					
Purchase for special occasions (entertainment relating to funerals)	☐ Yes ☐ No	35030					

PART H: NON-CONSUMPTION EXPENDITURES

Q1) 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 LAST.** **THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEMS PURCHASED DURING THE PAST 12 MONTHS**			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	☐ YES ☐ NO	4010			J$
Horse Racing	☐ YES ☐ NO	4020		J$	J$
Other gambling expenses	☐ YES ☐ NO	4030		J$	J$
Weddings **(Outside of Household)**	☐ YES ☐ NO	4041			J$
Funerals **(Outside of Household)**	☐ YES ☐ NO	4042			J$
Donations and gifts (church or union dues, gifts, charities, etc…)	☐ YES ☐ NO	4050		J$	J$
Repayment of loans, interest payments	☐ YES ☐ NO	4060			J$
Support for children who live elsewhere	☐ YES ☐ NO	4070		J$	J$
Other maintenance of relatives outside the home	☐ YES ☐ NO	4080		J$	J$
NHT	☐ YES ☐ NO	4090		J$	J$
NIS	☐ YES ☐ NO	4100		J$	J$
Pension	☐ YES ☐ NO	4110		J$	J$
Other non-consumption expenditures (legal services, anything else)	☐ YES ☐ NO	4120		J$	J$
Direct taxes (Income tax and Education tax	☐ YES ☐ NO	4130		J$	J$

H

PART I: HOUSING AND RELATED EXPENSES

Q1) Type of Dwelling
1. Separate house detached
2. Semi detached
3. Part of a house
4. Apartment building
5. Townhouse
6. Improvised housing unit
7. Part of a commercial building
8. Other (specify)

Q2) Material of outer walls
1. Wood
2. Stone
3. Brick
4. Concrete nog
5. Concrete block & steel
6. Wattle & daub/adobe
7. Other (specify)

Q3) How many rooms are occupied by this household? (EXCLUDE VERANDA, KITCHEN AND BATHROOMS)

No of Rooms ☐☐

Q4) Does this dwelling have toilet facilities?
1. Yes, inside
2. Yes, outside
3. No (>Q7)

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)
6. None → **(>Q7)**

Q6 Are toilet facilities used only by your household, or do other households use the same facilities
1. Exclusive use
2. Shared

Q7) Does this dwelling have kitchen facilities?
1. Yes, inside
2. Yes, outside
3. No → **(>Q9)**

Q8) Is the kitchen used only by your household, or do other households use the same facilities
1. Exclusive use
2. Shared

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
5. Rent free
6. Squatted
7. Other (specify)

→ **(>Q10)**

Q9a) Is there a legal title for the land?
1. Yes, registered
2. Yes, common law
3. No

Q10) Does any member of this household own, rent or lease this dwelling?
1. Owned
2. Leased **(>Q14)**
3. Private rented **(>Q14)**
4. Government rented **(>Q27)**
5. Rent free
6. Squatted
7. Other (specify) **(>Q27)**

Q11) if you were to pay rent for this dwelling, how much would you pay per month ?

J$

ASK QUESTION 12 ONLY IF DWELLING IS OWNED , IF DWELLING IS RENT FREE OR SQUATTED GO TO Q27

Q12) Does any member of this household own a dwelling other than this one
1. Yes
2. No → (>Q19)

Q14. How much money does your household pay in rent/lease for this dwelling?

IF NO MONEY IS PAID ENTER ZERO

Amount J$

1. Weekly
2. Monthly
3. Yearly

Q15) Is maintenance included in the rent?
1. Yes
2.No **(>Q17)**

Q16) How much is the maintenance?

J$

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)
1. Relative
2. Private employer
3. Public agency
4. Private individual or agency
5. Nobody Helps

Q19) Does any member of this household make mortgage payments on the dwelling you currently occupy?
1. Yes
2. No → **(>Q22)**

Q20) How much was the last payment?

J$

Q21) How often are these payments made?

No of times ☐☐

4. Per month
5. Per year

Q22) Does any member of this household pay insurance for this dwelling?
1. Yes
2. No

Q23) Does any member of this household pay property taxes for the land this dwelling is on?
1. Yes
2. No → **(>Q25)**

Q24) How much property taxes is paid for the land this dwelling is on?

Amount J$

4. Per month
5. Per year

Q25) Do you pay maintenance fees?
1. Yes
2. No → **(>Q27)**

Q26) How much do you pay per month?

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
5. River/lake/spring/pond

→ **(>Q35)**

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)

→ **(>Q36)**

Q28) How many times have you had a water source lock off in the last 30 days?

☐☐

Q29) How do you normally store water to deal with lock offs? (MAIN SOURCE)
1. Plastic tanks
2. Drums
3. Buckets
4. Other (specify)
5. Don't have lock off
6. Does not store

→ **(>Q31)**

*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 ☐

Weeks ☐

Q31) Have you a group or individual meter?

1. Group
2. Individual
3. No meter

☐

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

Amount J$ ☐

Q33) How many months were covered by this bill?

Months ☐

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

1. This household only
2. Shared

(> Q36) ☐

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

Distance ☐

UNIT CODE
1. Kilometers
2. Meters
3. Miles
4. Yards
5. Chains

☐

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
5. Other (specify)
6. None

(>Q40) ☐

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

Days ☐

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

Amount J$ ☐

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

Months ☐

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

1. Yes
2. No

Landline ☐

Cell (Postpaid) ☐

Cell (Prepaid) ☐

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

Land line Amount J$ ☐

Cell (Postpaid) Amount J$ ☐

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

1. Yes
2. No ☐

A. Laptop (portable) computer ☐

B. Desktop ☐

C. Tablet ☐

D. Other (specify) ☐

Q44) Is there Internet access in this household?

1. Yes
2. No → (>Q46)
3. Don't know → (>Q48)

☐

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)

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)		

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	

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
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) _____

☐

Q49) What type of light bulbs do you generally use in this dwelling?

1. Use light bulbs
2. Do not use light bulbs → (>Q50)

	1. Yes	**2. No**
A. Incandescent	☐	
B. Fluorescent	☐	
C. LED	☐	
D. Other (specify)	☐	

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

☐

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 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

J

PART K: MISCELLANEOUS - RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD

1 During the past 12 months, has any member of your household received income in cash or in kind from the following sources? PUT A TICK IN THE APPROPRIATE BOX FOR EACH ITEM? ASK QUESTION 1 FOR ALL ITEMS FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.		
Support for children from parents who live in Jamaica	3213	☐ YES ☐ NO
Support for children from parents who live abroad?	3220	☐ YES ☐ NO
Spouse / Partner who lives in Jamaica	3230	☐ YES ☐ NO
Spouse/ Partner who lives abroad?	3240	☐ YES ☐ NO
Child / children who lives / live in Jamaica	3250	☐ YES ☐ NO
Child / children who lives / live abroad	3260	☐ YES ☐ NO
Other relatives or friends who live in Jamaica	3270	☐ YES ☐ NO
Other relatives or friends who live abroad?	3280	☐ YES ☐ NO
Rental payments for use of land or other property owned by household members?	3290	☐ YES ☐ NO
Social Security (NIS)	3300	☐ YES ☐ NO
Private,Government or other pension fund?	3310	☐ YES ☐ NO
Public Assistance?	3320	☐ YES ☐ NO
Dividend / Interest from loans made by household members or from money deposited in the bank or	3330	☐ YES ☐ NO
Windfall receipts ?(lotteries, gambling, inheritances)	3331	☐ YES ☐ NO
Other?	3332	☐ YES ☐ NO

INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	HOW OFTEN IS THIS MONEY / GOODS RECEIVED?		INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	HOW OFTEN IS THIS MONEY / GOODS RECEIVED?	
				TIME	PERIOD					TIME	PERIOD

**Daily.....1 Monthly.....4 Yearly.....7
**Weekly.....2 Quarterly.....5 Occassionally.....8
**Fortnightly.....3 Half yearly.....6 Only when requested....9

PART L: ICT

TO BE ASKED OF ALL HOUSEHOLD MEMBERS

INDIVIDUAL NO.	1 Did you **use** a cellular telephone during the past 3 months? YES....1 NO.....2	1A Did you **own** a cellular telephone during the past 3 months? YES....1 NO.....2 IF NO GO TO Q2	1B Did you **own** a smart phone during the past 3 months? YES....1 NO.....2	2 Did you use a computer from any location during the past 3 months? YES....1 NO.....2 IF NO GO TO Q4	3 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 YES....1 NO.....2 MULTIPLE RESPONSES	4 Have you used the Internet from any location in the past 3 months? YES....1 NO.....2 IF NO GO TO Q9	5 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 MULTIPLE RESPONSES	6 For which of the following personal activities did you use the Internet in the past 3 months (from any location)? Sending or receiving email.....A Information search/Browsing.....B Telephoning over the internet.....C Participating in social networks.....D Accessing chat sites, blogs, news groups or online discussions.....E Purchasing/ordering goods or services.....F Internet banking or other financial services.....G Education, research and related activities.....H Reading/downloading online newspapers,magazines,books.....I Streaming or downloading images,movies, videos, music; playing or downloading games.....J Seeking jobs, submitting job applications,participating in professional networks ...K Using storage space on the internet to save documents, pictures, music, video or other files.....L Using software run over the internet for editing documents, spreadsheets or presentations.....M Other (Specify).....X YES....1 NO.....2 MULTIPLE RESPONSES
					A B C D E F G H I		A B C D E F G H X	A B C D E F G H I J K L M X
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

PART L: ICT

TO BE ASKED OF ALL HOUSEHOLD MEMBERS

RESP. No.

INDIVIDUAL NO.

7
How often did you use the Internet during the past 3 months (from any location)?

Daily.....1
Weekly.....2
Monthly.....3
Occasionally.....4

8
In the past 3 months, what type of device and network did you use to access the Internet?

MOBILE PHONE
Via mobile cellular network.....A
WiFi or other wireless networks.....B

TABLET
Via a mobile cellular network, using USB dongle or integrated data SIM card.....C
WiFi or other wireless networks.....D
Fixed networks.....E

LAPTOP(PORTABLE) COMPUTER
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
OTHER PORTABLE DEVICES.....I
DESKTOP COMPUTER.....J
OTHER DEVISES (e.g. SMART TV) Specify.....X

YES....1
NO.....2 > NEXT PERSON /SECTION

MULTIPLE RESPONSES

9
Why have you not used the Internet in the past 3 months?

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)_____X

YES....1
NO.....2

MULTIPLE RESPONSES

		A	B	C	D	E	F	G	H	I	J	X	A	B	C	D	E	F	G	H	I	X	
1																							
2																							
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9																							
10																							

PART M: LABOUR FORCE

TO BE COMPLETED BY HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

INDIVIDUAL NO.	1 Did you do any work during week ending June 1, 2024? YES....1 NO.....2	2 What were you / was (NAME) doing most of the time during week ending June 1, 2024? Working.....1 (>Q8) With job not working.....2 Looking for work.....3 At home.....4 At school full-time....5 IF AGE ≤ 17 GO TO NEXT PERSON Incapable of working.....6 NEXT PERSON Other (Specify).....96	3 Did you/(NAME) do anything like farming, buying & selling, odd jobs or hustling, during week ending June 1, 2024? YES....1 (>Q8) NO.....2	4 Did you/(NAME) 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 June 1, 2024? YES....1 (>Q8) NO.....2 (If Q2 =2>Q8)	5 Did you/(NAME) have a job or business from which you/he/she were/was temporarily absent (e.g. on vacation or sick leave) during week ending June 1, 2024? YES....1 (>Q8) NO.....2 (If Q1 =1 >Q8) (If Q2 =3 NEXT PERSON)	6 Did you/(NAME) wish to work at any time during the six months ending June 1, 2024? YES....1 NO.....2 (NEXT PERSON)	7 What would prevent you/(NAME) from taking a job if one were available during week ending June 1, 2024? 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).....96 NEXT PERSON	8 How many hours do you/ does (NAME) usually work per week ?	9 What was the main kind of work that you were/(NAME) was engaged in during week ending June 1, 2024?	10 In what kind of business or industry were you/was (NAME) working?	11 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.....99
1										
2										
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12										

HOUSEHOLD ROSTER

ASK Q17-21 FOR ALL HOUSEHOLD MEMBERS 15 YEARS AND OLDER

PRINCIPAL EARNER'S OCCUPARION/EMPLOYMENT STATUS

Q1) Who is the principal Earner for the household? **(Give Individual number in the roster)** ☐☐

Q2) What is his/her occupation? _____ ☐☐☐☐

Q3) What is the industry?_____ ☐☐☐☐

Q4) What is the employment status?_____ ☐☐

Q5) Who is the main caregiver? (ENTER INDIVIDUAL #) ☐☐

INDIVIDUAL NO	Q6) Name of (CURRENT) household members	Q7) Age (Yrs. / MTh)	Q8) Sex (1. Male 2. Female)	Q9) Relationships and codes from Population Census	Q12) During the past 12 months, how many months did this person live in the household? **No of months**	Q13) Who in the household plays the role of the child's father? 1. Birth father 2. Adopted father (Legally) 3. Step father 4. Grandfather 5. Mother's boyfriend 6. Uncle 7. Other male relative 8. Other male non-relative 9. No father figure **(>Q15)**	Q14) COPY THE ID/CODE OF THE FATHER OR FATHER FIGURE	Q15) Who in the household plays the role of the child's mother? 1. Birth mother 2. Adopted mother (Legally) 3. Step mother 4. Grandmother 5. Father's girlfriend 6. Aunt 7. Other female relative 8. Other non-female relative 9. No mother figure **(>Q17)**	Q16) COPY THE ID/CODE OF THE MOTHER OR MOTHER FIGURE	Q17) Marital Status? 1. Married 2. Never Married **(>Q19)** 3. Divorced **(>Q19)** 4. Separated **(>Q19)** 5. Widowed **(>Q19)**	Q18) How long have you been married? **YEARS**	Q19) Union Status? 1. Married 2. Common law 3. Visiting ….**(Next person)** 4. Single …..**(Next person)**	Q20) Is this partner a household member? 1. Yes 2. No	Q21) Copy the ID CODE of the Partner
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													