



Household Expenditure Survey 2017/18

Parish Constituency ED Dwelling Num. Household Num.

Name of Household Head: _____ Telephone Number: _____	Q1. How many persons usually live in this household? <input type="text"/> <input type="text"/>
--	--

Good day, my name is I am an interviewer from the Statistical Institute of Jamaica (STATIN). We are currently conducting a survey on the spending patterns of Jamaican households. Your participation in this survey would be greatly appreciated to ensure the accuracy and completeness of the survey results. I assure you that any answer you provide will be kept confidential. May I ask you some questions at this time?	Q2. Access Type <input type="checkbox"/> 1. Gated with guard <input type="checkbox"/> 2. Gated without guard <input type="checkbox"/> 3. Unrestricted
---	---

Contact History					D. Final Result Code <input type="text"/> <input type="text"/>	
Visit Number	Date (dd/mm/yyyy)	Visit Time (24 hr)		A. Initial Contact Code	B. Result Code	C. Refusal Code
		Start Time	End Time			
1		:	:			
2		:	:			
3		:	:			
4		:	:			

CODES			
A. Initial Contact Code	B. Result Code	C. Refusal Code	D. Final Result Code
01 Contact made with household	01 Completed interview	01 Does not have the time	01 Completed interview
02 Temporarily absent	02 Partially completed interview	02 Questions too personal	02 Partially completed interview
03 Non-contact	03 Call back scheduled	03 Does not trust surveys/confidentiality	03 Inadequate respondent
04 No access to household	04 Inadequate respondent	04 Doesn't get anything in exchange for answering	04 Temporarily absent
05 Refused	96 Other (Specify)	05 Is tired of answering surveys	05 Non-contact
06 Vacant/demolished dwelling		06 Does not respond to surveys	06 No access to household
07 Listing error/not a dwelling		07 Is prevented from answering	07 Refused
08 Closed		08 No reason given	08 Vacant/demolished dwelling
96 Other (Specify)		96 Other (Specify)	09 Listing error/not a dwelling
			10 Closed
			96 Other (Specify)

Non-respondent's Basic Information:

Name: _____

Age: _____ Sex: _____

Interviewer Comments:

Supervisor Comments:

FOR INTERNAL USE ONLY				
	Interviewer	Field Supervisor	Data Coding Officer	Data Entry Officer
Name:				
Signature:				
Date:				

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1 HOUSEHOLD ROSTER

Date Section Completed / / Respondent number

Starting with the Head of the Household, please give me the names of those persons who are usual residents of this household. Include live-in domestic helpers and persons who usually live here, but are temporarily absent for six (6) months or less e.g. away at school, at hospital, overseas etc. Do not include visitors or people who are only staying with you for a short time (i.e. less than 6 months), or persons who have permanently left the household.

No.	Name	Age	DOB (dd/mm/yyyy)	Sex	Relationship to Head	Education		
						Highest Grade Completed	Highest Exam Passed	Currently in School/Training ¹
01					01			<input type="checkbox"/> Y <input type="checkbox"/> N
02								<input type="checkbox"/> Y <input type="checkbox"/> N
03								<input type="checkbox"/> Y <input type="checkbox"/> N
04								<input type="checkbox"/> Y <input type="checkbox"/> N
05								<input type="checkbox"/> Y <input type="checkbox"/> N
06								<input type="checkbox"/> Y <input type="checkbox"/> N
07								<input type="checkbox"/> Y <input type="checkbox"/> N
08								<input type="checkbox"/> Y <input type="checkbox"/> N
09								<input type="checkbox"/> Y <input type="checkbox"/> N
10								<input type="checkbox"/> Y <input type="checkbox"/> N

CODES

Sex	
1	Male
2	Female

Relationship to Household Head	
01	Head of Household
02	Spouse of Head
03	Child of Spouse/Head
04	Spouse/Partner of Child
05	Grandchild of Spouse/Head
06	Parent of Spouse or Head
07	Brother/Sister of Spouse/Head
08	Other Relative of Spouse/Head
09	Domestic Employee
10	Other Non-Relative
96	Not Stated

Highest Grade Completed	
01	None
02	Primary (Grades 1-6)
03	Lower Secondary (Grades 7-9)
04	Upper Secondary (Grades 10-11)
05	Post-secondary, non-tertiary
06	Tertiary level certificate or diploma/Short Cycle Tertiary
07	Undergraduate/First Degree
08	Graduate Degree
09	Doctorate or higher

Highest Exam Passed	
01	None
02	GSAT/Common Entrance
03	Junior High School Certificate/3 or less CSEC/CXC/GCE/CCLSC
04	4+ CSEC/CXC/GCE, SSC/School Leaving Certificate
05	CAPE/A-Level/Non-Tertiary Certificate/Diploma
06	Professional/Technical Certificate/Diploma
07	Bachelor's Degree
08	Master's Degree/Post Graduate Diploma/Certificate
09	Doctorate
96	Other (Specify)

¹ Refers only to structured programmes designed to meet particular learning objectives. Do not include children below age four (4). Do not include unorganized technical, vocation or religious training or on-the-job orientation.

2 ECONOMIC ACTIVITY

Date Section Completed / / y y Respondent number

2.1 Working Criteria (For Persons 14 Years and Older)

For each of the following questions, code 1 for Yes and 2 for No for each household member 14 YEARS OR OLDER.

	Person Number									
	01	02	03	04	05	06	07	08	09	10
Shade if the household member is age 14 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3.1 During the PAST 4 WEEKS ending ..., did you/... do any of the following activities, even if only for one hour:										
a. Help, without being paid, in any kind of business operated by someone outside your own household or immediate family?										
Q3.2 During the PAST 4 WEEKS ending ..., did you/... do any of the following activities, even if only for one hour:										
a. Do any construction or major repair work on your own dwelling, farm or business?										
b. Make household goods, such as furniture, clothing etc., primarily FOR CONSUMPTION BY YOUR HOUSEHOLD OR FAMILY MEMBERS?										
c. Do any work on a plot, farm, garden, or help in growing farm produce primarily FOR CONSUMPTION BY YOUR HOUSEHOLD OR FAMILY MEMBERS or looking after animals intended primarily FOR CONSUMPTION BY YOUR HOUSEHOLD OR FAMILY MEMBERS?										
d. Catch fish, wild animals or other food primarily FOR CONSUMPTION BY YOUR HOUSEHOLD OR FAMILY MEMBERS?										
e. Collect or process any fire wood/other fuel or fetch water primarily FOR CONSUMPTION BY YOUR HOUSEHOLD OR FAMILY MEMBERS?										
Q3.3 During the WEEK ENDING ..., did you/... do any of the following activities, even if only for one hour:										
a. Spend any time doing unpaid housework, yard work or home maintenance for this household or for family members living in another household?										
b. Spend any time providing unpaid care, help or assistance to children or family members, in this or another household , because of a disability, illness, or problems related to old age?										
Q3. 4 During the WEEK ENDING ... did you/... do any of the following activities, even if only for one hour:										
a. Operate or do any kind of business, big or small for yourself or with one or more partners?										
b. Do any work for wage, salary, commission or any payment in kind (including apprenticeship/internship but excluding domestic work)?										
c. Do any work as a domestic worker for wage, salary or any payment in kind?										
d. Help, without being paid, in any kind of business operated by a family member living inside the same or another household?										
e. Do any work on your own (or your household's) plot, farm, garden, or help in growing farm produce primarily FOR SALE or looking after animals intended primarily FOR SALE?										
f. Catch fish, wild animals or other food primarily FOR SALE?										
If ANY answer to Q3.4 is Yes (1) , go to Q9 If ALL answers to Q3.4 are No (2) , go to Q4										
Q4. Even though you/... did not do any of these activities during the WEEK ENDING ... did you/... have a job, business or other economic or farming activity that you were paid for and will definitely return to?										
If the answer to Q4 is Yes for a household member, skip to Section 2.2 for that individual, then go to Q3.1 for the next household member.										
Q5. Did you/... look for work or try to start a business during the PAST 30 DAYS? <i>If Yes, go to next household member</i>										
Q6. Did you already have a job which you will start at a later date? <i>If Yes, go to next household member</i>										
Q7. Did you already take all necessary steps to start a business at a later date? <i>If Yes, go to next household member</i>										
Q8. During the WEEK ENDING ... could you have started to work if a job had been offered to you? <i>Go to next household member</i>										

2.2 Employed Persons

Employment Status Codes	
01. Paid Government employee (for pay in cash or in kind)	04. Unpaid family worker (helping without pay in the business or farm of another household/family member)
02. Paid employee in private sector (working for someone else for pay in cash or in kind)	05. Own account worker/self-employed (without employees)
03. Employer (employing one or more persons)	98. Not stated

Location of Business Codes			
01. At own family dwelling	04. Industry/Factory/Office	07. Market, Stall On the street (no fixed location)	96. Other
02. Plantation, Farm, Garden	05. Construction site	08. On the street (fixed location)	98. Don't Know, Not Stated
03. Employer's house	06. Shop, Store	09. On the street (no fixed location)	

Person No.	Q9. What is the main task/duty that you/... did during the week ending ... and what is your/... job title?	Q10. What is the main kind of activity that is carried out at your/... place of work and what is the name of the establishment?	Q11. What is your/... employment status in your/... main job?	Q12. Where is the business located?
01	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
02	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
03	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
04	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
05	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		

Employment Status Codes			
01. Paid Government employee (for pay in cash or in kind)	04. Unpaid family worker (helping without pay in the business or farm of another household/family member)		
02. Paid employee in private sector (working for someone else for pay in cash or in kind)	05. Own account worker/self-employed (without employees)		
03. Employer (employing one or more persons)	98. Not stated		
Location of Business Codes			
01. At own family dwelling	04. Industry/Factory/Office	07. Market, Stall On the street (no fixed location)	96. Other
02. Plantation, Farm, Garden	05. Construction site	08. On the street (fixed location)	98. Don't Know, Not Stated
03. Employer's house	06. Shop, Store	09. On the street (no fixed location)	

Person No.	Q9. What is the main task/duty that you/... did during the week ending ... and what is your/... job title?	Q10. What is the main kind of activity that is carried out at your/... place of work and what is the name of the establishment?	Q11. What is your/... employment status in your/... main job?	Q12. Where is the business located?
06	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
07	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
08	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
09	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		
10	Task/duty: Title: JSOC Code	Activity: Name: JIC Code		

3 HOUSING QUALITY

Date Section Completed / / 2 0 Respondent number

Q13. Type of housing unit

- 1. Separate House/Detached
- 2. Attached House
- 3. Apartment
- 4. Townhouse
- 5. Part of a Commercial Building
- 6. Improvised Housing Unit
- 96. Other (Specify).....

Q14. Main material of outer wall

- 1. Concrete and blocks
- 2. Wood and concrete
- 3. Stone and brick
- 4. Wood
- 96. Other (Specify)

Q15. Main type of roofing material

- 1. Metal sheeting (zinc)
- 2. Concrete (slab)
- 3. Shingle/Tile
- 96. Other (Specify)

Q16. What type of fuel does this household mainly use for cooking?

- 1. Electricity
- 2. Liquid petroleum gas (LPG)
- 3. Charcoal/wood
- 96. Other (Specify)

Q17. How many rooms does this household occupy?

EACH ROOM MUST BE COUNTED ONLY ONCE. DO NOT COUNT ROOMS USED SOLELY FOR BUSINESS PURPOSES

Rooms 99. Not stated

Q18. How many rooms are used primarily for sleeping? Include all rooms designed as bedrooms even if they are now used for something else, for example, as guest rooms or television rooms.

Rooms 99. Not stated

Q19. Does this household have the use of a kitchen or kitchenette?

- 1. Yes, for use only by this household
- 2. Yes, shared with another household
- 3. No
- 99. Not Stated

Q20. What is the main source of drinking water for this household?

- 1. Public piped into dwelling
- 2. Public piped into yard
- 3. Private piped into dwelling
- 4. Public standpipe
- 5. Well water/Tank
- 6. Spring/River
- 7. Bottled water
- 96. Other (Specify).....
- 99. Not stated

Q21. What type of toilet facilities does this household have?

- 1. Flushed toilet
- 2. Pit latrine
- 3. No facility
- 96. Other (Specify).....
- 99. Not stated

Q22. Does this household share toilet facilities with other households?

- 1. Yes
- 2. No

Q23. How many of the following items do you or any member of this household have? ITEMS MUST BE IN WORKING CONDITION (READ LIST OF ITEMS)

Inventory of Goods and Services within the Household	How many?
1. Radio/DVD Player/CD Player	_____
2. Television	_____
3. Cable Service	_____
4. Computer (laptop, desktop, or tablet)	_____
5. Internet within the Household (does not include internet on smart phones)	_____
6. Refrigerator	_____
7. Freezer	_____
8. Gas Stove	_____
9. Electric Stove	_____
10. Dishwasher	_____
11. Motor Vehicle	_____
12. Motor Cycle (Bike)	_____
13. Washing Machine	_____
14. Clothes Dryer	_____
15. Air Condition	_____
16. Fan	_____
17. Electric Water Heater	_____
18. Solar Water Heater	_____
19. Generator	_____
20. Security System	_____

Q24. Is there a business operating out of this dwelling?

1. Yes 2. No

4 PLACE AND LOCATION OF PURCHASE

In the past 12 months, did this household purchase any ...? <i>If "N", go to next item</i>		Name of <u>MAIN</u> Outlet	Address of Outlet	Parish of Outlet	Outlet Code	Remarks
Meat	<input type="checkbox"/> Y <input type="checkbox"/> N					
Fish & Seafood	<input type="checkbox"/> Y <input type="checkbox"/> N					
Breads & Biscuits	<input type="checkbox"/> Y <input type="checkbox"/> N					
Groceries (e.g. snacks, juice, butter, rice, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Fruits	<input type="checkbox"/> Y <input type="checkbox"/> N					
Vegetables	<input type="checkbox"/> Y <input type="checkbox"/> N					
Starchy Foods (Ground Provision)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Alcoholic Beverages	<input type="checkbox"/> Y <input type="checkbox"/> N					
Tobacco & Narcotics (e.g. cigarette, marijuana, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Restaurant (Fast Food)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Household Articles & Supplies (e.g. broom, bucket, dish drainer, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Cleaning Supplies (e.g. bleach, laundry soap, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Grooming Products (e.g. crème, make-up, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Personal Care & Grooming Services (e.g. barber, hairdresser, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Watch & Jewellery	<input type="checkbox"/> Y <input type="checkbox"/> N					
Purses, Bags & Luggage	<input type="checkbox"/> Y <input type="checkbox"/> N					
Clothing for Men and Boys	<input type="checkbox"/> Y <input type="checkbox"/> N					
Clothing for Women and Girls	<input type="checkbox"/> Y <input type="checkbox"/> N					
Footwear for Men and Boys	<input type="checkbox"/> Y <input type="checkbox"/> N					

In the past 12 months, did this household purchase any ...? <i>If "N", go to next item</i>		Name of <u>MAIN</u> Outlet	Address of Outlet	Parish of Outlet	Outlet Code	Remarks
Footwear for Women and Girls	<input type="checkbox"/> Y <input type="checkbox"/> N					
Articles for Babies (0-2 years old) e.g. receiver, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N					
Housing Fixtures & Finishes (e.g. paint, paint brush, plumbing fixtures, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Other Construction Materials (e.g. cement, grout, floor board, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Home Décor & Furnishings (e.g. mirrors, blinds, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Household Textiles (e.g. sheet, curtains, mats, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Household Utensils	<input type="checkbox"/> Y <input type="checkbox"/> N					
Fuels for Cooking	<input type="checkbox"/> Y <input type="checkbox"/> N					
Furniture & Appliances (e.g. bed, dresser, stove, refrigerator, kettle, fan, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Electronics (e.g. TV, computer, phone, camera, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Tools & Equipment (e.g. hammer, water pump, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Doctor Visits	<input type="checkbox"/> Y <input type="checkbox"/> N					
Laboratory Services (e.g. x-ray, blood test, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Prescription Drugs	<input type="checkbox"/> Y <input type="checkbox"/> N					
Other Medical Expenses (eg glasses, ointments, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Used Motor Vehicles	<input type="checkbox"/> Dealer	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Another household					
Motor Vehicle Maintenance & Repair	<input type="checkbox"/> Establishment	<input type="checkbox"/> Y <input type="checkbox"/> N				
	<input type="checkbox"/> Informal mechanic	<input type="checkbox"/> Y <input type="checkbox"/> N				
Motor Vehicles Parts, Fuels & Accessories	<input type="checkbox"/> Y <input type="checkbox"/> N					

In the past 12 months, did this household purchase any ...? <i>If "N", go to next item</i>		Name of <u>MAIN</u> Outlet	Address of Outlet	Parish of Outlet	Outlet Code	Remarks
Books & Stationery	<input type="checkbox"/> Y <input type="checkbox"/> N					
Games & Toys	<input type="checkbox"/> Y <input type="checkbox"/> N					
Pet Services & Supplies	<input type="checkbox"/> Y <input type="checkbox"/> N					
Plants, Flowers & Garden Supplies	<input type="checkbox"/> Y <input type="checkbox"/> N					
Recreational & Sporting Services (e.g. gym fees, hire of golf shoes, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Games of Chance	<input type="checkbox"/> Y <input type="checkbox"/> N					
Accommodation Services (e.g. hotel, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Wedding Packages	<input type="checkbox"/> Y <input type="checkbox"/> N					
Rental of Wedding Garments & Supplies	<input type="checkbox"/> Y <input type="checkbox"/> N					
Wedding Decorations, Flowers & Supplies	<input type="checkbox"/> Y <input type="checkbox"/> N					
Wedding Entertainment	<input type="checkbox"/> Y <input type="checkbox"/> N					
Wedding Photography	<input type="checkbox"/> Y <input type="checkbox"/> N					
Honeymoon	<input type="checkbox"/> Y <input type="checkbox"/> N					
Funeral Packages	<input type="checkbox"/> Y <input type="checkbox"/> N					
Nursing Home Fees	<input type="checkbox"/> Y <input type="checkbox"/> N					
Life Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N					
Health Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N					
Transport Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N					
Non-Life Insurance (e.g. educational insurance)	<input type="checkbox"/> Y <input type="checkbox"/> N					
Miscellaneous Goods & Services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N					

5 FOOD AND NON-ALCOHOLIC BEVERAGES

Date Section Completed / /

Respondent number

The food products classified in this section are those purchased or produced **for consumption at home**. **Excluded** from this section are food products sold for intermediate consumption by businesses and products sold specifically as pet food. **Please record EITHER the price per unit OR the total value at question d.**

5.1 Food

5.1.1 Bread and Cereals

Q25. Does this household purchase rice, cornmeal or flour?		<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q26)							
a. In the past 12 months, did you or any member of this household purchase any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity	
	b. How often did you purchase ... in the past 30 days?	c. What quantity of ... was purchased?			d. How much was spent on ...?				
		Regularity		Quantity		Price per unit J\$				Value J$
	Frequency	Code	Amount	Code	Frequency						Code
1. Rice – White, Brown, Seasoned etc. (loose or packaged) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Cornmeal – Refined or Unrefined (loose or packaged) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Flour - All Purpose, Whole Wheat etc. (loose or packaged) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	

Q26. Does this household purchase baked products such as breads, buns, cakes, wraps, bagels, pasta etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q27)					
a. In the past 12 months, did you or any member of this household purchase any ...? <i>If "N" go to next item</i>			Past 30 days				e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity			
			b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?					d. How much was spent on ...?	
					Codes						
			Regularity		Quantity					Price per unit J\$	Value J\$	Regularity
Frequency	Code	Amount	Code	Frequency	Code						
1. Bread (e.g. hard dough, wheat, bran, etc.) Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								
2. Flavoured Breads (e.g. coco bread, corn bread, raisin bread etc.) Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								
3. Other Frozen Breads (e.g. bagels, etc.) Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								
4. Other Unfrozen Breads (e.g. rolls, etc.) Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								
5. Biscuits – Sweetened (e.g. sandwich biscuits, cookies, etc.) Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								
6. Biscuits – Unsweetened (e.g. water crackers etc.) Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								
7. Buns Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								
8. Cakes – Whole or Individual Serving Type: _____ Size: _____ Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N								

a. In the past 12 months, did you or any member of this household purchase any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity	
	b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?		d. How much was spent on ...?				
			Codes		Price per unit J\$	Value J\$			
	13. Item	17. Loaf	Amount	Code						Frequency	Code
9. Other Pastry (e.g. cupcakes, danish, donuts, muffins, bulla etc.) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
10. Frozen Baked Goods (e.g. pancakes, waffles, pizza etc.) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
11. Cake Mixes Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
12. Other Pastry Mixes (e.g. festival, fritters, muffin, pancake, waffle, pizza crust etc.) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
13. Macaroni and Cheese Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
14. Noodles/Pasta (e.g. macaroni, spaghetti, ravioli, lasagne etc.) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	

Q27. Does this household purchase grains and cereals such as cornflakes, oats etc.?				<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q28)					
a. In the past 12 months, did you or any member of this household purchase any ...? <i>If "N" go to next item</i>	Past 30 days					e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity		
	b. How often did you purchase ... in the past 30 days?	c. What quantity of ... was purchased?		d. How much was spent on ...?					
		Codes 03. Box 14. Kg 24. lb		Price per unit J\$	Value J\$				
	Regularity		Quantity						
Frequency	Code	Amount	Code			Frequency	Code		
1. Breakfast Cereals (e.g. cornflakes, muesli, shredded wheat, granola etc.) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			
2. Instant Porridge Mix (e.g. oats, cornmeal, etc.) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			
3. Oats Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			
4. Other Cereals incl. Hominy Corn (Specify) Type: _____ Size: _____ Brand: _____	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			

5.1.2 Meat

Q28. Does this household purchase/produce fresh or frozen chicken including offal such as foot, neck, liver etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q29)				
a. In the past 12 months, did you or any member of this household purchase (Pu) or produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days				e. Is this how you normally purchase? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity		
			b. How often did you purchase /produce ... in the past 30 days?	c. What quantity of ... was purchased /produced?		d. How much was spent on ...?				
				Codes 14. Kg 24. lb		Price per unit J\$				Value J\$
			Regularity		Quantity					
Frequency	Code	Amount	Code			Frequency	Code			
1. Whole Chicken			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Type: _____ Brand: _____			Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Chicken Parts, Not Mixed (e.g. legs only, breast only)			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Type & Brand: _____ Place of Purchase: _____										
3. Chicken Mixed Parts			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Type & Brand: _____ Place of Purchase: _____										
4. Chicken Neck			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Brand: _____										
5. Chicken Foot			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Brand: _____										
6. Chicken Liver			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Brand: _____										
7. Chicken Back			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Type: _____ Brand: _____										
8. Other Chicken incl. chicken mince etc. (Specify)			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	
Type: _____ Brand: _____			Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N	

Q29. Does this household purchase/produce fresh or frozen pork including offal such as pig tail etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q30)					
a. In the past 12 months, did you or any member of this household purchase (Pu/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days				e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?			
			b. How often did you purchase /produce ... in the past 30 days?	c. What quantity of ... was purchased /produced?		d. How much was spent on...?					
				Regularity		Quantity		Price per unit J\$	Value J\$	Regularity	
			Frequency	Code	Amount	Code				14. Kg	24. lb	Frequency	Code
1. Pork Chops Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N			
2. Pork Spare Ribs Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N			
3. Pork Stew Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N			
4. Other Cuts of Pork (e.g. shoulder, leg, mixed cuts, etc.) Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N			
5. Pig Trotters and Pork Hock Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N			
6. Pig tail Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N			
7. Other Pork incl. Pork Mince and whole/live animal (Specify) Type: _____ Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N			
	Brand: _____	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___	___, ___	<input type="checkbox"/> Y <input type="checkbox"/> N		

Q30. Does this household purchase/produce fresh or frozen beef including offal such as liver, kidney, tripe, cow foot etc.?										<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q31)	
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity			
			b. How often did you purchase/produce ... in the past 30 days?		c. What quantity of ... was purchased /produced? Codes 14. Kg 24. lb		d. How much was spent on...? Price per unit J\$ Value J\$						
												Regularity		Quantity
			Frequency	Code	Amount	Code	Price per unit J\$	Value J\$				Frequency	Code
1. Beef Cuts (e.g. sirloin, t. bone, round, roast, shoulder, etc.) Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
2. Beef Mince Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
3. Beef Soup Bone and Meat Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
4. Beef Stew Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
5. Oxtail Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
6. Cow Skin Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
7. Cow Foot Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
8. Cow Tripe Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
9. Cow Liver (Beef Liver) Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
10. Cow Kidney Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
11. Salt Beef Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
12. Other Beef incl. whole/live animal (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N											
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N											

Q31. Does this household purchase/produce other fresh or frozen meats including goat, lamb, turkey, etc.?										<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q32)	
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase / produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity	
			b. How often did you purchase /produce ... in the past 30 days?	c. What quantity of ... was purchased /produced?		d. How much was spent on...?					
				Codes		Price per unit J\$	Value J\$				
			Regularity		Quantity						
Frequency	Code	Amount	Code	14. Kg	24. lb			Frequency	Code		
1. Goat Meat Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
2. Goat foot, Head and Tripe Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
3. Goat Liver and Kidney Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
4. Sheep (Imported Mutton) Mixed Cut, Boneless etc. Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
5. Lamb (e.g. chops, whole leg, shoulder, etc.) Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
6. Turkey Neck Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
7. Other Turkey Meat (e.g. Whole Bird, etc.) (Specify) Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
13. Other Meat incl. live animal (e.g. Rabbit etc.) (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			

Q32. Does this household purchase smoked or other prepared meats such as sausage, nuggets, ham, bacon, etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q33)					
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>			Past 30 days				e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity			
			b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?					d. How much was spent on...?	
			Regularity		Quantity					Price per unit J\$	Value J\$
			Frequency	Code	Amount	Code					
1. Chicken Nuggets Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
2. Sausage/Frankfurters - Pork, Beef, Chicken, Turkey Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
3. Ham - (Pork, Chicken, Turkey) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
4. Bacon (includes all types) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
5. Bologna/Salami Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
6. Smoked Chicken Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
7. Seasoned Chicken Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
8. Other Seasoned Meat (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
9. Prepared (Ready Made) Meals - Frozen (usually purchased in supermarket) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			

a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity	
	b. How often did you purchase ... in the past 30 days?	c. What quantity of ... was purchased?		d. How much was spent on...?					
		Codes		Price per unit J\$	Value J\$				
		02. Bag 13. Item 21. Pack							
Regularity		Quantity		Price per unit J\$	Value J\$				
Frequency	Code	Amount	Code			Frequency	Code		
10. Other Prepared Meals (e.g. packaged soup mix – corn, escallion, thyme, carrot, chicken foot, etc.)(Specify)... Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	

Q33. Does this household purchase canned meats such as corned beef, vienna sausage, etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q34)			
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity	
	b. How often did you purchase ... in the past 30 days?	c. What quantity of ... was purchased?		d. How much was spent on ...?					
		Codes		Price per unit J\$	Value J\$				
		05. Can							
Regularity		Quantity		Price per unit J\$	Value J\$				
Frequency	Code	Amount	Code			Frequency	Code		
1. Corned Beef (Canned) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Canned Sausages e.g. Vienna Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Luncheon Meat (Canned) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Other Canned Meats (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	

5.1.3 Fish and Seafood

Q34. Does this household purchase/produce any fresh or frozen fish including fresh water fish, fish from the sea, etc.?										<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q35)			
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?			
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced? Codes 14. Kg 21. Pack 24. lb		d. How much was spent on...?						
												Regularity		Quantity
			Frequency	Code	Amount	Code	Price per unit J\$	Value J\$				Frequency	Code
1. Snapper <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Parrot <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Banga Mary <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Trout <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Herring, Sprat <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
6. Salmon <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
7. Mixed Fish incl. fisherman's catch <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
8. Fresh Water Fish incl. tilapia <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		
9. Sliced Fish <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N		

a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
	b. How often did you purchase /produce ... in the past 30 days?	c. What quantity of ... was purchased /produced?		d. How much was spent on...?					
		Codes 14. Kg 21. Pack 24. lb		Price per unit J\$	Value J\$				
	Regularity		Quantity						
	Frequency	Code	Amount	Code			Frequency	Code	
10. Fish Fillet Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							
11. Other Fresh or Frozen Fish (e.g. doctor, butter) (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							

Q35. Does this household purchase/produce any other fresh or frozen seafood including shrimp, crab, lobster, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q36)			
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days					e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
			b. How often did you purchase / produce ... in the past 30 days?	c. What quantity of ... was purchased/ produced?		d. How much was spent on...?				
				Codes 14. Kg 21. Pack 24. lb		Price per unit J\$	Value J\$			
			Regularity		Quantity					
Frequency	Code	Amount	Code			Frequency	Code			
1. Shrimp/Crayfish Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Lobster Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Crab Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Conch Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Other Fresh or Frozen Seafood (e.g. oyster)(Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		

Q36. Does this household purchase/produce any prepared fish or seafood including salt fish, red herring, fish nuggets, dried shrimp, etc.?										<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q37)		
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days					e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>		f. How often do you normally purchase / produce ...?		
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on ...?					
					Codes 14. Kg 21. Pack 24. lb							
			Regularity		Quantity		Price per unit J\$	Value J\$	Regularity			
Frequency	Code	Amount	Code	Frequency	Code							
1. Fish Nuggets	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____												
2. Salted Fish (Cod Fish - Salted)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____												
3. Salted Mackerel	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____												
4. Red Herring	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____												
5. Seasoned Fish	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____												
6. Other Prepared Fish or Seafood (e.g. dried shrimp etc.)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____												
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			

Q37. Does this household purchase any canned fish or seafood including mackerel, tuna, sardines, etc.?											<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q38)	
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity Frequency Code		
			b. How often did you purchase ... in the past 30 days? Regularity Frequency Code		c. What quantity of ... was purchased? Codes 05. Can Quantity Amount Code		d. How much was spent on...? Price per unit Value J\$ J\$					
1. Mackerel (Canned)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____							—' ———	———' ———				
2. Tuna (Canned)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____							—' ———	———' ———				
3. Sardines (Canned)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____							—' ———	———' ———				
4. Salmon (Canned)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____							—' ———	———' ———				
5. Other Fish and Seafood (Specify)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____ Size: _____ Brand: _____							—' ———	———' ———				

5.1.4 Milk, Cheese and Eggs

Q38. Does this household purchase/produce any milk including non-dairy and flavoured milks, condensed milk, evaporated milk, powdered milk, etc.?											<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q39)	
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>		f. How often do you normally purchase / produce ...?			
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on...?							
					Codes									
			Regularity		Quantity		Price per unit J\$	Value J\$					Regularity	
Frequency	Code	Amount	Code	Frequency	Code									
1. Milk - Unflavoured (Pasteurized or Homogenized) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N												
2. Milk - Flavoured (Pasteurized or Homogenized) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												
3. Condensed Milk (Sweetened) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												
4. Evaporated Milk Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												
5. Powdered Milk (Dairy; Flavoured or unflavoured) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												
6. Powdered Milk (Non- Dairy; Flavoured or unflavoured) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												
7. Coffee Creamers Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												
8. Milk Non-Dairy – Almond Milk, Soy Milk, Rice Milk Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N												

a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase / produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?			
	b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on...?					Regularity	
			Codes								
	Regularity		Quantity		Price per unit J\$	Value J\$		Frequency	Code		
Frequency	Code	Amount	Code	Frequency			Code				
9. Milk Based Drinks (eg. Supligen, Egg Nog, Horlicks etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			
10. Other Milk (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N			

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Q39. Does this household purchase cheese including vegetarian cheese, cream cheese, etc.?				<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q40)							
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity	
			b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?		d. How much was spent on...?				
					Codes 13. Item 24. lb 29. Slice						
			Regularity		Quantity		Price per unit J\$	Value J\$				Regularity
Frequency	Code	Amount	Code	Frequency	Code						
1. Cheese Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Grated/Shredded or Powdered Cheese Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Cheese Spread incl. Cream Cheese Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Vegetarian Cheese Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Other Cheese (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		

Q40. Does this household purchase/produce other dairy products and the like including eggs, yogurt etc.?											<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q41)	
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase / produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?		
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on ...?					
					Codes 08. Dozen 13. Item							
			Regularity		Quantity		Price per unit J\$	Value J\$				Regularity
Frequency	Code	Amount	Code	Frequency	Code							
1. Eggs incl. liquid eggs Type: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					___/___	___/___	<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					___/___	___/___	<input type="checkbox"/> Y <input type="checkbox"/> N			
2. Yogurt Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					___/___	___/___	<input type="checkbox"/> Y <input type="checkbox"/> N			
3. Other dairy (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					___/___	___/___	<input type="checkbox"/> Y <input type="checkbox"/> N			

5.1.5 Oils and Fats

Q41. Does this household purchase oils and fats including cooking oil, butter, peanut butter, etc.?				<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q42)					
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>			b. How often did you purchase ... in the past 30 days?		Past 30 days		e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...?			
					c. What quantity of ... was purchased?					d. How much was spent on...?	
			Regularity		Quantity			Price per unit J\$	Value J\$	Regularity	
			Frequency	Code	Amount	Code				Frequency	Code
1. Cooking Oil Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Butter – Salted/Unsalted Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Margarine (Stick and Tub) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Peanut Butter Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Other Oils and Fats (Specify) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N		

5.1.6 Fruits and Nuts

Q42. Does this household purchase/produce fruits including ackee, avocado, prepared and canned fruits, etc.?				<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q43)							
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced? Codes 13.Item 14. Kg 24. lb		d. How much was spent on...?				
			Frequency	Code	Amount	Code	Frequency	Code			
1. Sugarcane – peeled or unpeeled	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Banana - Ripe <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Pineapple <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Orange <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Grapefruit	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
6. Lime and Lemon <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
7. Other Citrus (Specify) <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
8. Melon <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
9. Cantaloupe <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N					_, _	_, _	<input type="checkbox"/> Y <input type="checkbox"/> N		

a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days							e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
	b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?			d. How much was spent on...?				
			Codes 13.Item 14. Kg 24. lb			Price per unit J\$	Value J\$			
	Regularity		Quantity		Regularity					
Frequency	Code	Amount	Code			Frequency	Code			
10. Apple (Otaheite/Jamaican)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
11. Apple (American) <i>Type: -----</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
12. Grapes <i>Type: -----</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
13. Mangoes <i>Type: -----</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
14. Ackee	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
15. Avocado (Pear)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
16. Other Imported Fruits (e.g. pears, plums, kiwi, etc.) <i>Type: -----</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
17. Strawberries <i>Type: ----- Size: -----</i> <i>Brand: -----</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
18. Prunes	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
19. Raisins <i>Type: ----- Size: -----</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
20. Currants <i>Type: ----- Size: -----</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		

a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days							e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
	b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?			d. How much was spent on...?				
			Codes 14.Item 14. Kg 24. lb			Price per unit J\$	Value J\$			
	Regularity		Quantity		Regularity					
Frequency	Code	Amount	Code			Frequency	Code			
21. Canned Fruits incl. canned ackee (e.g. Peaches, Pineapple, Fruit Cocktails, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
22. Other Fruits (Specify) e.g. tangerine, tamarind, guinep, star fruit, naseberry, soursop, sweet sop, june plum, etc. Type: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	

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Q43. Does this household purchase/produce nuts including coconuts whether fresh or dried, etc.?										
<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q44)										
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days									
	b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on?		e. Is this how you normally purchase / produce...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?		
			Codes							
	Regularity		Quantity		Price per unit J\$	Value J\$		Regularity		
Frequency	Code	Amount	Code	Frequency				Code		
1. Coconut – Dried	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Coconut Water – (Jelly)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Coconut Cream/Milk – Frozen <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Coconut Milk – (Powdered) <i>Brand: _____ Size: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Peanuts (all types, incl. packaged) <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
6. Cashew (Dried, Roasted, etc.) <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
7. Mixed Nuts (Packaged) <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
8. Other Nuts (Specify) <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		

5.1.7 Vegetables

Q44. Does this household purchase/produce vegetables including tomatoes, lettuce, carrots, etc.?											<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q45)	
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days								e. Is this how you normally purchase / produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity		
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?			d. How much was spent on ...?						
					Codes									
			Regularity		Quantity		Price per unit J\$	Value J\$		Regularity				
Frequency	Code	Amount	Code	Frequency	Code									
1. Tomatoes (e.g. Marglobe, Plummy, Cherry etc.) <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
2. Carrots	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
3. Cucumber	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
4. Callaloo <i>Type: _____ Size: _____</i> <i>Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
5. Cabbage <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
6. Pak Choi	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
7. Lettuce <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
8. Cho-cho	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
9. Pumpkin	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N									<input type="checkbox"/> Y <input type="checkbox"/> N			

a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase / produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?		
	b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?			d. How much was spent on ...?		Regularity		
			Codes			Price per unit J\$		Value J\$	Frequency	Code
			14. Item	14. Kg	24. lb						Amount	Code
		Regularity	Quantity							
		Frequency	Code	Amount	Code			Frequency	Code	
10. Okra	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
11. Whole Corn (e.g. corn on the cob, sliced corn)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
12. Broccoli	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
13. Cauliflower	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
14. Canned Sweet Corn (Whole Kernel or Creamed) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
15. Other Canned Vegetables (Mixed Vegetables) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
16. Other Packaged Vegetables (Frozen Mixed Vegetables) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
17. Other Vegetables (Specify) (e.g. squash, celery) Type: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		

Q45. Does this household purchase/produce fresh, frozen or dried peas and beans including red peas, gungo peas, etc.?										<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q46)	
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase / produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity			
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on...?						
					Codes								
			Regularity		Quantity		Price per unit J\$	Value J\$					
Frequency	Code	Amount	Code	Frequency	Code								
1. Red Peas (Fresh or Dried) <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
2. Gungo Peas (Green or Dried) <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
3. Split peas	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
4. Cow peas	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
5. String Beans	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
6. Other Fresh, Frozen or Dried Peas and Beans (Specify) <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				

Q46. Does this household purchase canned/packaged peas and beans including baked beans, butter beans, red peas, gungo peas, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q47)			
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity		
	b. How often did you purchase ... in the past 30 days?	c. What quantity of ...was purchased?		d. How much was spent on...?						
		Codes 05. Can 21. Pack		Price per unit J\$	Value J\$					
	Regularity		Quantity							
Frequency	Code	Amount	Code			Frequency	Code			
1. Canned Baked Beans Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			
2. Canned Butter Beans, Broad Beans Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			
3. Canned Red Peas Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			
4. Other Canned /Packaged Peas and Beans (Specify)... Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N			

5.1.8 Starchy Foods

Q47. Does this household purchase/produce starchy foods including irish potato, yam, green banana, etc.?										<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q48)	
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" skip to "f" then go to next item</i>			Past 30 days						e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity			
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?			d. How much was spent on...?					
					Codes								
			Regularity		Quantity		Price per unit J\$	Value J\$					
Frequency	Code	Amount	Code	Frequency	Code								
					13. Item 14. Kg 24. lb								
1. Irish Potato	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Type: _____	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
2. Sweet Potato	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
		Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
3. Yam	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Type: _____	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
4. Green Banana	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
		Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
5. Plantain (Green)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
		Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
6. Plantain (Ripe)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Type: _____	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
7. Breadfruit	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
		Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
8. Cassava	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Type: _____	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
9. Coco, Dasheen/Eddoe	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Type: _____	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				
10. Other Starchy Foods (Specify)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N				
	Type: _____	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N				

5.1.9 Snack Foods

Q48. Does this household purchase chips, or other products of tuber or vegetable protein and foods including banana chips, bammy, tofu, etc.?										
<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q49)										
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...? Regularity		
	b. How often did you purchase ... in the past 30 days?	b. What quantity of ... was purchased? Codes 13. Item 14. Kg 21. Pack 24. lb		c. How much was spent on ...?						
						Regularity		Quantity		Price per unit J\$	Value J$
	Frequency	Code	Amount	Code	Frequency	Code				
1. Cheese Trix (e.g. cheese balls, corn curls, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Potato Chips Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Banana Chips Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Plantain Chips Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
5. Frozen Potato (e.g. fries, wedges, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
6. Bammy Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
7. Vegetable Protein (eg. Tofu, Veggie Chunks and Other Prepared Food) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
8. Other Chips, Snacks and Vegetable Products (Specify) (e.g. cassava chips) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	

5.1.10 Sugar, Jam, Chocolate and Other Confectionery

Q49. Does this household purchase/produce sugar, jam, chocolate and other confectionery including coconut drops, ice-cream, sweets etc.?										<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q50)		
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption at home (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days					e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?			
			b. How often did you purchase/produce ... in the past 30 days?	c. What quantity of ... was purchased/produced?			d. How much was spent on ...?					
				Regularity		Quantity			Price per unit J\$	Value J\$	Regularity	
			Frequency	Code	Amount	Code	Frequency				Code	
1. Brown Sugar Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
2. Granulated Sugar Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
3. Artificial Sweeteners (Splenda, Stevia, Equal, etc.) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
4. Glucose Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
5. Honey Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
			Pr	<input type="checkbox"/> Y <input type="checkbox"/> N								
6. Molasses Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
7. Syrup (include pancake, maple, <u>not</u> for drinking) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
8. Jams/Jellies/Marmalades Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
9. Chocolates (for baking , dessert preparation) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								

a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption at home (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...? Regularity Frequency Code		
	b. How often did you purchase/produce ... in the past 30 days?	c. What quantity of ... was purchased/produced?			d. How much was spent on ...?					
		Codes 02. Bottle 13. Item 24. lb			Price per unit J\$	Value J\$				
		Regularity		Quantity						
Frequency	Code	Amount	Code							
10. Ice-Cream Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
11. Ice-Cream products (e.g. Ice-Cream Cake, Drumsticks, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
12. Frozen Pops/Icicle Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
13. Chocolate Confectionery (e.g. Cadbury, Snickers, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
14. Coconut/Peanut Confectionery (e.g. Grater Cake, Gizzarda, Peanut Cake, Peanut Brittle, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
15. Granola Bar Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
16. Sweets/Toffee (e.g. Gummy Bear, Butter Scotch, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
17. Chewing Gum Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
18. Other Confectionery (Specify) (e.g. icing sugar, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		

5.1.11 Herbs, Spices, Sauces and Condiments

Q50. Does this household purchase/produce herbs, spices or seasonings including powdered seasoning, cinnamon, etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q51)					
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
			b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on...?				
					Codes 02. Bottle 13. Item 24. lb						
			Regularity		Quantity		Price per unit J\$	Value J\$		Regularity	
Frequency	Code	Amount	Code	Frequency	Code						
1. Salt (Sea, Iodized, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Pepper (Ground or Powdered, Black or White) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Powdered Seasonings (eg. chicken, pork, all-purpose, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Curry Powder Type & Brand: _____ Place of Purchase: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Wet Seasoning Blends (eg. Jerk Seasoning, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
6. Hot Pepper (e.g. Country, Scotch Bonnet, etc.) Type: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
7. Sweet Pepper (Bell Pepper) Type: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
8. Onion Type: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
9. Escallion incl. tie of escallion and thyme Type: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		

a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>	Past 30 days							e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
	b. How often did you purchase /produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on...?					
			Codes 02. Bottle 13. Item 24. lb		Price per unit J\$	Value J\$				
	Regularity		Quantity				Regularity			
Frequency	Code	Amount	Code			Frequency	Code			
10. Thyme	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
11. Garlic <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
12. Ginger <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
13. Pimento <i>Type: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
14. Other Herbs and spices (Basil, Parsley, Tumeric, etc.) <i>Type: _____ Size: _____ Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
15. Mixed Spices (e.g. Mrs Dash) <i>Type: _____ Size: _____ Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
16. Other Powdered Spices (e.g. cinnamon, nutmeg, etc.) <i>Type: _____ Size: _____ Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
17. Nutmeg , Cinnamon sticks/leaves <i>Type: _____ Size: _____ Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
18. Vanilla <i>Type: _____ Size: _____ Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
19. Other Essence (e.g. Almond, Rose Water etc.) <i>Type: _____ Size: _____ Brand: _____</i>	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N		

Q51. Does this household purchase sauces and condiments including ketchup, mayonnaise, soy sauce, vinegar, etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q52)					
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>			Past 30 days				d. How much was spent on...?		e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...?	
			b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?						
			Regularity		Quantity		Price per unit J\$	Value J\$				Regularity
			Frequency	Code	Amount	Code			Frequency	Code	
1. Ketchup								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											
2. Barbeque Sauce								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											
3. Vinegar								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											
4. Soy Sauce								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											
5. Browning								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											
6. Mayonnaise								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											
7. Salad Dressings and Vinaigrettes								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											
8. Other Sauces (Specify)								<input type="checkbox"/> Y <input type="checkbox"/> N			
Type: _____	Size: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N								
Brand: _____											

Q52. Does this household purchase any Other Sauces, Condiments including baking powder, baking soda, soups, etc.?										<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q53)	
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>			Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase ...?			
			b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?		d. How much was spent on ...?						
					Codes								
			Regularity		Quantity		Price per unit J\$	Value J\$				Regularity	
Frequency	Code	Amount	Code	Frequency	Code								
1. Baking Powder Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Baking Soda Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
3. Canned Soup Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
4. Powdered Soups (eg. Cock soup, Chicken Noodle, etc.) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
5. Noodle Soup incl. Cup Soup (e.g. Ramen Noodles, etc.) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		
6. Other Condiments (Specify) (e.g. broth, etc.) Type: _____ Size: _____ Brand: _____			Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N		

5.2 Non-Alcoholic Beverages

5.2.1 Coffee, Tea and Cocoa

Q53. Does this household purchase/produce any coffee, tea or cocoa?			<input type="checkbox"/> Yes		<input type="checkbox"/> No (skip to Q54)					
a. In the past 12 months, did you or any member of this household purchase (Pu)/produce for consumption by this household (Pr) any ...? <i>If "N" go to next item</i>			Past 30 days				e. Is this how you normally purchase/produce ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?		
	b. How often did you purchase / produce ... in the past 30 days?		c. What quantity of ... was purchased /produced?		d. How much was spent on...?					
			Codes		Price per unit J\$	Value J\$		Regularity		
			02. Bottle	03. Box				Frequency	Code	Frequency	Code
		13. Item		27.Sachet						
1. Coffee (Ground and Beans) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Coffee (Instant, Decaffeinated and Caffeinated) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Tea (e.g. Black /Green, Lipton, Earl Grey, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Herbal Tea (e.g. Peppermint, ginger, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
5. Bush Tea (e.g. Fever grass, cerasee, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
6. Chocolate and Cocoa Tea (Sachets and natural) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
7. Milo/Ovaltine Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
8. Other Coffee, Tea and Cocoa (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	
	Pr	<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N	

5.2.2 Mineral Waters, Soft Drinks, Fruit and Vegetable Juices

Q54. Does this household purchase/produce any waters, soda, fruit or vegetable juices and drinks?			<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q55)						
a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
	b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?		d. How much was spent on...?				
	Regularity		Quantity		Price per unit J\$	Value J\$		Regularity	
	Frequency	Code	Amount	Code				Frequency	Code
			Codes						
			01. Bag 02. Bottle						
			03. Box 05. Can						
1. Bag Water Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Bottled Water (Spring, Purified, Mineral) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Coconut Water (Bottled, Canned, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Flavoured Water Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
5. Energy Drinks (e.g. Red bull, Boom, Gatorade, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
6. Carbonated Beverages (e.g. Soda) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
7. Cranberry Juice (Bottled, Canned, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
8. Apple Juice (Bottled, Canned, Boxed) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
9. Orange Juice Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	

a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
	b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?		d. How much was spent on...?				
			Codes		Price per unit J\$	Value J\$			
	Frequency	Code	Amount	Code				Frequency	Code
10. Pineapple Juice Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
11. Combination Fruit Juices (e.g. fruit punch, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
12. Other Juices of Fruits or Vegetables (Specify) (e.g. soursop, june plum, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
13. Bag Drink /Juice Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
14. Other Fruit Drinks Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
15. Lime Juice and Lime Concentrate Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
16. Syrup for Beverage Preparations (e.g. Cal's, Anchor, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
17. Concentrate for Beverage Preparation (e.g. Cordial, Squash, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
18. Powdered Drink Mixes (e.g. Kool Aid, Tang, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	

a. In the past 12 months, did you or any member of this household purchase (Pu) any ...? <i>If "N" go to next item</i>	Past 30 days						e. Is this how you normally purchase ...? <i>If "Y" go to next item</i>	f. How often do you normally purchase / produce ...?	
	b. How often did you purchase ... in the past 30 days?		c. What quantity of ... was purchased?		d. How much was spent on...?				
			Codes						
	Regularity		Quantity		Price per unit J\$	Value J\$			
Frequency	Code	Amount	Code	Frequency			Code		
19. Ice incl. party ice, block ice and bag ice Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N		
20. Other Waters, Soft Drinks, Fruit and Vegetable Drink (Specify) (e.g. shakes, iced tea, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N		

SPECIMEN

6 ALCOHOLIC BEVERAGES, TOBACCO AND NARCOTICS

Date Section Completed / / 2 0

Respondent number

6.1 Alcoholic Beverages

This section relates to spending on alcoholic beverages and low or non-alcoholic beverages which are generally alcoholic (such as non-alcoholic beer and non-alcoholic wine) for consumption at home. It **excludes** alcoholic beverages sold for immediate consumption away from home by bars, hotels, restaurants, street vendors etc.

Also included in this section are the purchases of **tobacco products** by households; **excluding** smokers' articles or accessories such as lighters, ashtrays, etc. In addition, this section covers household spending on narcotics.

a. In the past 30 days, did you or any member of this household purchase (Pu) any ... for consumption at home? <i>If "N" skip to Next Item</i>			b. How often did you purchase ...?		c. What quantity of ... was purchased?		d. How much was spent on ...? J\$	e. What type/brand did you purchase most often?
			Frequency	Code	Amount	Code		
6.1.1 Spirits								
Q55. Does this household purchase <u>spirits</u> such as rum, vodka, brandy, etc. or mixes thereof for consumption at home?						<input type="checkbox"/> Y (Go to "a")		<input type="checkbox"/> N (skip to Q56)
1. White Rum (e.g. Rum Bar, Wray & Nephew, etc.)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:
2. Red Rum incl. Patron (e.g. Appleton)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:
3. Brandy	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:
4. Vodka (e.g. Grey Goose)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:
5. Gin	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:
6. Whisky	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:
7. Rum Cream	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:
8. Liqueurs (e.g. Malibu)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, _____	Type & Size: Brand:

a. In the past 30 days, did you or any member of this household purchase (Pu) any ... for consumption at home? <i>If "N" skip to Next Item</i>			b. How often did you purchase ...?		c. What quantity of ... was purchased?		d. How much was spent on ...? J\$	e. What type/brand did you purchase most often?
			Frequency	Code	Amount	Code		
9. Alcoholic Mixes (e.g. Smirnoff Ice)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
10. Other Spirits (Specify) (e.g. Hennessy, Patron, etc.)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
6.1.2 Wines								
Q56. Does this household purchase any alcoholic and/or non-alcoholic wine for consumption at home?						<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q57)		
1. Alcoholic Wine	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
2. Non-alcoholic Wine	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
3. Cake Wines	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
4. Ginger Wines	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
5. Tonic Wines (e.g. Sanatogen, etc.)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
6. Other Wines incl. wines from "roots man" (Specify) (e.g. Real Vibes)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
6.1.3 Beers								
Q57. Does this household purchase any alcoholic and/or non-alcoholic beer for consumption at home?						<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q58)		
1. Beer/Lager incl. Light Beer (e.g. Red Stripe)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
2. Stouts (e.g. Guinness and Dragon)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:

a. In the past 30 days, did you or any member of this household purchase (Pu) any ... for consumption at home? <i>If "N" skip to Next Item</i>			b. How often did you purchase ...?		c. What quantity of ... was purchased?		d. How much was spent on ...? J\$	e. What type/brand did you purchase most often?
			Frequency	Code	Amount	Code		
3. Ales (e.g. Shandy)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
4. Malta incl. Vita Malt	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
5. Non - alcoholic Beers	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:
6. Other Beers (Specify)	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N					_____, ____	Type & Size: Brand:

SPECIMEN

6.2 Tobacco and Narcotics

Included in this section are the purchases of **tobacco products** by households including purchases of tobacco in restaurants, bars, cafes, service stations, etc. It **excludes** smokers' articles or accessories such as lighters, ashtrays, etc. This section also covers household spending on marijuana.

a. In the past 30 days, did you or any member of this household purchase ... for consumption at home? <i>If "N" skip to Next Item</i>	b. How often did you purchase ...		c. What quantity of ... was purchased?		d. How much was spent on ...? J\$	e. What type/brand did you purchase most often?
	Frequency	Code	Quantity	Code		
6.2.1 Tobacco and Narcotics						
Q58. Does this household purchase any cigarette, tobacco or other products for smoking?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Next Section)	
1. Cigarettes	<input type="checkbox"/> Y <input type="checkbox"/> N				_____/_____/____	Type: Brand:
2. e- Cigarettes	<input type="checkbox"/> Y <input type="checkbox"/> N				_____/_____/____	Type: Brand:
3. Cigars	<input type="checkbox"/> Y <input type="checkbox"/> N				_____/_____/____	Type: Brand:
4. Pipe Tobacco (e.g. Grabba, Donkey Rope)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____/_____/____	Type:
5. Rolling Paper (e.g. Rizzla)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____/_____/____	Type: Brand:
6. Marijuana/Weed/Ganja/Herb	<input type="checkbox"/> Y <input type="checkbox"/> N				_____/_____/____	
7. Other Tobacco Products or Products for Smoking (Specify)...	<input type="checkbox"/> Y <input type="checkbox"/> N				_____/_____/____	Type: Brand:

7 RESTAURANTS

Date Section Completed / / 2 0

Respondent number

7.1 Catering Services

Included in this section are meals, snacks, drinks (alcoholic and non-alcoholic) or refreshments purchased from restaurants, cafés, bars, etc. Also included are meals purchased at places providing recreational, cultural, sporting or entertainment services such as theatres, cinemas, sports stadiums/complexes, nightclubs, etc. This section also covers spending on food products and beverages for immediate consumption (on or off the premises) from automatic vending machines, kiosks, street vendors, catering contractors and the like. **Exclude** spending on food and beverages at weddings and funerals (to be reported in Section 17).

a. Do you or other members of this household spend at ...? Service (If "N", go to next item)	b. What do you or other members of this household purchase most often at ...?	c. In the past week/month, how much did you or other members of this household spend at ...? Include tips	
		J\$	How often?
7.1.1 Restaurants, Cafés, Canteens and the like <i>Include spending on tips</i>			
Q59. Do you or any member of this household spend at Dine-in restaurants, Fast-Food restaurants, cafés, bars, etc. or purchase meals away from home? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Next Section)			
1. Dine-in Restaurants (pay after you eat)	<input type="checkbox"/> Y <input type="checkbox"/> N	Breakfast <input type="checkbox"/> Y <input type="checkbox"/> N	____, _____, _____
		Lunch/Dinner <input type="checkbox"/> Y <input type="checkbox"/> N	____, _____, _____
2. Fast-Food Restaurants (pay before you eat)	<input type="checkbox"/> Y <input type="checkbox"/> N	Breakfast <input type="checkbox"/> Y <input type="checkbox"/> N	____, _____, _____
		Lunch/ Dinner <input type="checkbox"/> Y <input type="checkbox"/> N	____, _____, _____
3. Office/Workplace Canteens	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____
4. Take-out catering contractors, cafés, or the like	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____
5. Pastry Shop/Snack Counter/Deli incl. patties, wraps, sandwiches etc.	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____
6. Bars	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____
7. Ice cream Parlours incl. Frozen Yogurt (e.g. Tutti Fruitti)	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____
8. Street Vendors/cook shops	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____
9. Lunch money/meals, snacks, drinks or refreshments from school canteen	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____
10. Other catering services (Specify) (e.g. fish fry, automatic vending machines, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		____, _____, _____

8 GOODS & SERVICES FOR ROUTINE HOUSEHOLD MAINTENANCE AND OTHER ARTICLES & PRODUCTS FOR PERSONAL CARE

Date Section Completed / / 2 0

Respondent number

In this section, record household spending on non-durable household goods such as cleaning and maintenance products, articles for cleaning, paper products and other non-durable household articles. It also includes spending on polishes, creams and other shoe cleaning articles as well as fire extinguishers for households. It **does not include** brushes, scrapers for paint/varnish/wallpaper; fire extinguishers for transport equipment; products specifically for the cleaning and maintenance of transport equipment; horticultural products; cigarette, cigar and pipe lighters and lighter fuel.

Also included in this section is household spending on articles and products for personal care such as non-electric appliances, articles for personal hygiene and beauty products. It **does not include** handkerchiefs made of fabric.

8.1 Goods and Services for Routine Household Maintenance

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to "next item")</i>	b. How often did you purchase...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code		
8.1.1 Cleaning and Maintenance Products				
Q60. In the past 12 months, did you or any member of this household spend on any cleaning or maintenance products for the house? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q61)				
1. Bleach	<input type="checkbox"/> Y <input type="checkbox"/> N			Type & Size: Brand:
2. Dettol incl. wipes and sprays	<input type="checkbox"/> Y <input type="checkbox"/> N			Type & Size: Brand:
3. Savlon incl. wipes and sprays	<input type="checkbox"/> Y <input type="checkbox"/> N			Type & Size: Brand:
4. Deodorizers, Disinfectants incl. wipes and sprays (e.g. Lysol, Pinesol, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			Type & Size: Brand:
5. All Purpose Cleaners	<input type="checkbox"/> Y <input type="checkbox"/> N			Type & Size: Brand:
6. Dishwashing Liquid or Cream	<input type="checkbox"/> Y <input type="checkbox"/> N			Type & Size: Brand:
7. Cleansers and Powders (e.g. Zif, Comet, Ajax, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			Type & Size: Brand:

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to "next item")</i>		b. How often did you purchase...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
		Frequency	Code		
8. Air Freshener	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
9. Toilet Bowl Cleanser	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q61. In the past 12 months, did you or any member of this household spend on any laundry products?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q62)	
10. Laundry Soap (Powder)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
11. Laundry Soap (Cake)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
12. Liquid Detergents	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
13. Fabric Softener	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
14. Pre-treatment cleaner (e.g. Oxi-Clean, Shout, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
15. Spray Starch	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q62. In the past 12 months, did you or any member of this household spend on any products used to clean carpets, furniture or shoes?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q63)	
1. Upholstery, Carpet and Rug Cleaner	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
2. Glass Cleaner (e.g. Windex, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Floor Polish and Wax	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:

a. In the past 3 months, did this household purchase any ...? (If "N", go to "next item")		b. How often did you purchase...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
		Frequency	Code		
4. Furniture Polish/Wax/Cream	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
5. Shoe Polish, Cream, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q63. In the past 12 months, did you or any member of this household spend on any insect repellent?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q64)	
1. Mosquito Destroyer	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
2. Insect Powder and Spray	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Insect Repellent (Liquid/Spray)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q64. In the past 12 months, did you or any member of this household spend on any articles used for cleaning?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q65)	
1. Mops	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
2. Brooms	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Rubber Gloves	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
4. Scrub Brush (e.g. Washing Brush)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
5. Scouring Pads and Sponges (e.g. Scotch Brite, Steel Wool etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
6. Plunger	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to "next item")</i>		b. How often did you purchase...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
		Frequency	Code		
7. Toilet Brushes	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
8. Other articles used for cleaning (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q65. In the past 12 months, did you or any member of this household spend on any paper products and the like used in routine household maintenance?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q66)
1. Matches	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
2. Aluminium Foil	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Cling Wrap	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
4. Grease Paper	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
5. Storage Bags (e.g. plastic bags, resealable bags, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
6. Paper Towels	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
7. Paper Napkins	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
8. Garbage Bags	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q66. In the past 12 months, did you or any member of this household spend on any other products used in routine household maintenance?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q67)
1. Candles	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to "next item")</i>	b. How often did you purchase...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code		
2. Needles and pins <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Washers for pipe <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
4. Nails, Bolts and Screws <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
5. Other goods and services for routine household maintenance <i>(Specify) (e.g. drain cleaner, clothes pin, etc.)</i> <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:

8.2 Other Articles and Products for Personal Care

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to "next item")</i>	b. How often did you purchase ...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code		
Q67. In the past 12 months, did you or any member of this household purchase any personal hygiene products? <input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Q68)</i>				
1. Toothbrush incl. toothbrush for babies <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
2. Toothpaste incl. toothpaste for babies <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Mouthwash <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
4. Dental Floss <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
5. Bath Soap (Bar) <input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:

a. In the past 3 months, did this household purchase any ...? (If "N", go to "next item")		b. How often did you purchase ...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
		Frequency	Code		
6. Shower Gel	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
7. Shampoo	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
8. Conditioner	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
9. Deodorant	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
10. Perfume and Colognes	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
11. Shaving Cream and After Shave	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
12. Hair Remover	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
13. Razors - Disposable	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
14. Lotions (Hand and Body) incl. baby lotion and baby oil	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
15. Powder incl. baby powder	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q68. In the past 12 months, did you or any member of this household purchase any personal care products?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q69)	
1. Wipes incl. baby wipes	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:

a. In the past 3 months, did this household purchase any ...? (If "N", go to "next item")		b. How often did you purchase ...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
		Frequency	Code		
2. Toilet paper/Tissue	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Sanitary Pads /Tampons	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
4. Disposable diapers - Adults	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
5. Cotton Wool/Balls	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
Q69. In the past 12 months, did you or any member of this household purchase any grooming products?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Next Section)	
1. Hair Brushes and Combs	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
2. Hair Pins and Hair Curlers (e.g. Flexi Rollers, Setters, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
3. Hair Oil/Lotion/Moisturizer incl. mousse, oil sheen, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
4. Wig and Hair Extension (not put in by a household member)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
5. Hair Dye	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
6. Crème/Relaxer	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:
7. Moisturizer/Activator (Face Lotion)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	Type & Size: Brand:

a. In the past 3 months, did this household purchase any ...? (If "N", go to "next item")	b. How often did you purchase ...?		c. How much was spent on ...? (J\$)	d. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code		
8. Skin lightening products	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
9. Face Powder/Foundation	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
10. Lipstick/Lip Balm/Lip Gloss	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
11. Other Make-up and Make-up Removal Products (e.g. Eye Liner, Lip Liner etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
12. Make-up tools (e.g. Powder Brushes and Puffs)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
13. Nail Polish	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
14. Nail Polish Remover	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
15. Other personal grooming products (Specify) (e.g.eyelashes, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:
16. Other appliances, articles and products for personal care (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	Type & Size: Brand:

9 CLOTHING AND FOOTWEAR

Date Section Completed / /

Respondent number

This section relates to household spending on clothing materials, garments, other articles of clothing and accessories, shoes and other footwear. It also includes the cleaning, repair and rental of clothing and footwear. Include all items purchased for present or future use. **Include sales taxes.**

Excluded from this section are: fabrics for furnishings, articles for medical use, babies' napkins, gloves and other articles of rubber, protective gear, etc.

9.1 Clothing

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to Next Item)</i>	b. In the past 3 months, how often did this household buy ...?		c. How many/much ... was purchased?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code	Amount	Code		

9.1.1 Garments for Men and Boys 2 Years and Older

Q70. In the past 12 months, did you or any member of this household spend on any garments for men and boys 2 years and older?						<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q77)
1. Dress Shirts	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:
2. Bush Jackets/Shirt Jackets	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:
3. Casual Shirt	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:
4. T-shirt, Polo shirt	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:
5. Jackets/Blazers/Coats	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:
6. Pullovers/Sweaters/Windbreaker (e.g. Hoodie)	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:
7. Trousers	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:

Clothing and Footwear

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to Next Item)</i>		b. In the past 3 months, how often did this household buy ...?		c. How many/much ... was purchased?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
		Frequency	Code	Amount	Code		
8. Denim Pants (Jeans)	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
9. Shorts	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
10. Suits	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
11. School uniform (ready-made)	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
12. Socks	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
13. Other garments for men and boys (Specify) e.g. vests, pyjamas, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
9.1.2 Underwear for Men and Boys 2 Years and Older							
Q71. In the past 12 months, did you or any member of this household spend on any underwear for men and boys 2 years and older?						<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q72)	
1. Under vests /Merinos/Undershirts	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
2. Briefs/Underpants/Boxer Shorts	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:
3. Other Underwear for Men and Boys (Specify) (e.g. Spanx, Tights)	<input type="checkbox"/> Y <input type="checkbox"/> N					_____ , _____	Type: Brand:

a. In the past 3 months, did this household purchase any ...? (If "N", go to Next Item)	b. In the past 3 months, how often did this household buy ...?		c. How many/much ... was purchased?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code	Amount	Code		
9.1.3 Garments for Women and Girls 2 Years and Older						
Q72. In the past 12 months, did you or any member of this household spend on any garments for women and girls 2 years and older? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q73)						
1. Blouses and Shirts	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
2. Jackets/Blazers/Coats	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
3. Pants/Trousers and Slacks	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
4. Denim Pants (Jeans)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
5. Shorts	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
6. Skirts incl. divided skirts (e.g. Sarong, Wrap Skirts)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
7. Pants/Skirt Suits	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
8. Dresses (day/work dresses)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
9. Bathrobes/Dusters/Housecoats	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
10. Sleepwear - Nightgowns/Sleep Shirts/Pyjamas	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:

Clothing and Footwear

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to Next Item)</i>	b. In the past 3 months, how often did this household buy ...?		c. How many/much ... was purchased?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code	Amount	Code		
11. Exercise suits incl. track suits	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
12. Swimsuits/Beach Outfits	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
13. School Uniforms (ready-made)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
14. Leotards and Tights	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
15. Stockings/Panty-hose	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
16. Socks	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
17. Other garments for women and girls (Specify) e.g. Raincoats	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
9.1.4 Underwear for Women and Girls 2 Years and Older						
Q73. In the past 12 months, did you or any member of this household spend on any underwear for women and girls 2 years and older?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q74)	
1. Panties	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
2. Brassieres	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
3. Camisoles, Vests and Merinos	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to Next Item)</i>	b. In the past 3 months, how often did this household buy ...?		c. How many/much ... was purchased?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code	Amount	Code		
4. Shape Wear incl. Girdles	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
5. Other underwear for women and girls (Specify) e.g. Slips	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
9.1.5 Other Articles of Clothing and Clothing Accessories						
Q74. In the past 12 months, did you or any member of this household spend on any other articles of clothing and clothing accessories?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q75)	
1. Belts - Men and Boys	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
2. Belts - Women and Girls	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
3. Berets/Tams/Mantilla/Chapel Caps and Cloches	<input type="checkbox"/> Y <input type="checkbox"/> N					Type:
4. Caps/Hats	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
5. Hair Clips and Decorations	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
6. Gloves (incl. garden) excl. rubber gloves	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
7. Scarves, Wraps, Sarongs	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
8. Ties	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:

a. In the past 3 months, did this household purchase any ...? <i>(If "N", go to Next Item)</i>		b. In the past 3 months, how often did this household buy ...?		c. How many/much ... was purchased?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
		Frequency	Code	Amount	Code		
9. Thread, Trimmings and accessories (incl. embroidery and crochet threads, Ribbons, Lace, Buttons, Zippers and Buckles)	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:
10. Other Articles of Clothing and Clothing Accessories (Specify) (e.g. Braces and Suspenders, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N						Type: Brand:

9.1.6 Cleaning, Repair, Making and Hire of Clothing

a. In the past 3 months, did this household purchase (Pu)/produce (Pr) any ...? <i>(If "N", go to Next Item)</i>		b. In the past 3 months, how often did this household buy/make ...?		c. How many/much ... was purchased/produced?		d. How much was spent on/what is the estimated value of ...? (J\$)	e. What type/brand did you purchase/produce <u>most often</u> ?
		Frequency	Code	Amount	Code		
Q75. In the past 12 months, did you or any member of this household spend on any cleaning, repair, making or hire/rental of clothing? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q76)							
1. Dry Cleaning - Clothes	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu					Type: Brand:
2. Laundromat (Coin Operated or otherwise)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu					Type: Brand:
3. Repair of Clothing – Men and Boys	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu					Type: Brand:
4. Repair of Clothing – Women and Girls	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu					Type: Brand:
5. Making of Clothing (made-to-measure) – Men and Boys	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu					Type:
6. Making of Clothing (made-to-measure) – Women and Girls	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu					Type:

a. In the past 3 months, did this household purchase (Pu)/produce (Pr) any ...? (If "N", go to Next Item)	b. In the past 3 months, how often did this household buy/make ...?		c. How many/much ... was purchased/produced?		d. How much was spent on/what was the estimated value of ...? (J\$)	What type/brand did you purchase/produce <u>most often</u> ?
	Frequency	Code	Amount	Code		
7. Other cleaning, repair, making and hire of clothing (Specify) e.g. repair of Headgear - Men/Women	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu				Type:
	<input type="checkbox"/> Y <input type="checkbox"/> N	Pr				Brand: Type:

9.1.7 Clothing Materials (plain and printed)

a. In the past 3 months, what type of clothing material did you purchase most often?	b. How much was spent on clothing material in the past 3 months? (J\$)
Q76. In the past 12 months, did you or any member of this household spend on any <u>clothing materials such as linen, cotton, sheer, lace, etc.?</u>	<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q77)
Type:,

9.2 Footwear

a. In the past 3 months, did this household purchase any ...? (If "N", go to Next Item)	b. In the past 3 months, how often you buy ...?		c. How many ... did this household buy?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code	Amount	Code		
9.2.1 Shoes and other Footwear						
Q77. In the past 12 months, did you or any member of this household spend on any shoes or other footwear for MEN?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q78)	
1. Boots and Shoes (Dress or Casual)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
2. Sports shoes incl. running Shoes suitable for everyday or leisure wear e.g. gym/training shoes	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
3. Game-specific footwear (e.g. football boots/studs, spikes, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
4. Sandals /Slippers	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
5. Parts of Footwear (such as heels, soles, shoe laces etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
6. Other shoes or footwear for men (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
Q78. In the past 12 months, did you or any member of this household spend on any shoes or other footwear for WOMEN?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q79)	
1. Boots and Shoes (dress or Casual)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
2. Sports shoes incl. running Shoes suitable for everyday or leisure wear e.g. gym/training shoes	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
3. Game-specific footwear (e.g. football boots/studs, spikes, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
4. Sandals /Slippers	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
5. Parts of Footwear (such as Heels, Soles, Shoelaces, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:
6. Other shoes or footwear for women (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____ , _____	Type: Brand:

a. In the past 3 months, did this household purchase any ...? (If "N", go to Next Item)	b. In the past 3 months, how often you buy ...?		c. How many ... did this household buy?		d. How much was spent on ...? (J\$)	e. What type/brand did you purchase <u>most often</u> ?
	Frequency	Code	Amount	Code		
Q79. In the past 12 months, did you or any member of this household spend on any shoes or other footwear for CHILDREN?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q80)	
1. Boots and Shoes (Dress or Casual)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
2. Sports shoes incl. running Shoes suitable for everyday or leisure wear e.g. gym/training shoes	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
7. Game-specific footwear (e.g. football boots/studs, spikes, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
3. Sandals /Slippers	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
4. Parts of Footwear (such as Heels, Soles, Shoelaces etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
5. Other shoes or footwear for children (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
Q80. In the past 12 months, did you or any member of this household spend on any repairs to shoes or other footwear?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q81)	
1. Repair of Footwear – Men and Boys	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
2. Repair of Footwear – Women and Girls	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:

10 BABIES AND INFANTS UNDER 2 YEARS OLD

Date Section Completed / /

Respondent number

Record in this section all expenditure on items that are used primarily by babies and infants under 2 years old (less than 24 months), regardless of whether or not they were consumed entirely by a baby or infant; for example formula, etc.

Q81. Did you or any member of this household spend on items used mainly by babies or infants under two (2) years old?

1. Yes 2. No (skip to next Section)

10.1 Food and Beverages for Babies and Infants Under 2 Years Old

a. In the past 30 days, did you or any member of this household purchase (Pu) any ...? <i>If "N" skip to next item</i>	Past 30 days				d. Is this how you normally purchase ...? <i>If "Y" skip to next item</i>	e. How often do you normally purchase ...?	
	b. What quantity of ... was purchased?		c. How much was spent on ...?			Regularity	
	Codes 03.Can/Tin 06. Case 08. Dozen		Price per unit J\$	Value J\$		Frequency	Code
	Quantity Amount	Code						How often?

10.1.1 Food and Beverages for Babies or Infants under 2 Years Old

Q82. In the past 30 days, did you or any member of this household spend on any food and beverages for babies under 2 years old? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q83)									
1. Formula Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
2. Baby Food (e.g. puree, sauces, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Cereals (e.g. Nestum, etc.) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Other food and beverages for babies and infants under 2 years old (Specify) Type: _____ Size: _____ Brand: _____	Pu	<input type="checkbox"/> Y <input type="checkbox"/> N						<input type="checkbox"/> Y <input type="checkbox"/> N	

10.2 Clothing and Footwear for Babies and Infants Under 2 Years Old

a. In the past 30 days did this household purchase (Pu) any ...? (If "N", go to Next Item)	b. How many/much ... was purchased in the 30 days?		c. How much was spent on ...? (J\$)	What type/brand did you purchase <u>most often</u> ?	
	Quantity				How often?
	Amount	Unit			

10.2.1 Articles for Babies and Infants under 2 Years Old (24 months)

Q83. In the past 30 days, did you or any member of this household spend on any articles for babies under 2 years old? Y (Go to "a") N (skip to Q84)

1. Disposable Diapers	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:
2. Other Diapers incl. Nappies	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:

10.2.2 Garments for Babies or Infants Under 2 Years Old

Q84. In the past 30 days, did you or any member of this household spend on any garments for babies under 2 years old? Y (Go to "a") N (skip to Q85)

1. Onesies and Rompers (babies body suit)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:
2. Vests (Chemise)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:
3. Baby Garments incl. sleepwear – boys (e.g. pants, jackets, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:
4. Baby Garments incl. sleepwear – girls (e.g. blouses, dresses, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:
8. Making and Repair of Baby Garments	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:
9. Other Garments for Babies (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:

10.2.3 Other Articles of Clothing and Clothing Accessories for Babies or Infants Under 2 Years Old

Q85. In the past 30 days, did you or any member of this household spend on any other articles of clothing and clothing accessories for babies under 2 years old? Y (Go to "a") N (skip to Q86)

1. Rags	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			_____ , _____	Type & Brand:
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a. In the past 30 days did this household purchase (Pu) any ...? (If "N", go to Next Item)	<input type="checkbox"/> Y <input type="checkbox"/> N	b. How many/much ... was purchased in the 30 days?		c. How much was spent on ...? (J\$)	What type/brand did you purchase <u>most often</u> ?	
		Quantity				How often?
		Amount	Unit			
2. Bibs	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			Type & Brand:	
3. Receivers and Burp Cloths	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			Type & Brand:	
4. Crib Sheets and Bumpers	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			Type & Brand:	
5. Shoes (Dress or Casual)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			Type & Brand:	
6. Other Articles of Clothing, Clothing Accessories and Footwear (Specify) (e.g. Hair Clips and Decorations, bonnets, caps, boots, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pu:			Type & Brand:	

SPECIMEN

10.3 Furnishings and Household Equipment for Babies and Infants Under 2 Years Old

Record Type /Brand and Description if purchased in the past 12 months	a.		b.		c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")					
	Did this household purchase any ... in the past 12 months? (If "N", go to next item)		How many...?				Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e. How much was deposited for the ...? (J\$)	Instalments/Payments		h. How long is the hire purchase agreement? (months)
	Amt.	Code	f. How much are the payments? (J\$)	g. How often are the payments made?								
10.3.1 Furniture and Furnishings												
Q86. Did you or any member of this household spend on any furniture used mainly by babies in the past 12 months?						<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q87)						
1. Baby High Chairs Type: <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	____, ____ , ____	____, ____ , ____				
<i>Specify Type/Item description here</i>												
2. Cribs Type: <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	____, ____ , ____	____, ____ , ____				
<i>Specify Type/Item description here</i>												
3. Playpens Type: <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	____, ____ , ____	____, ____ , ____				
<i>Specify Type/Item description here</i>												
4. Other Furniture for babies (Specify) (e.g. changing tables, etc.) Type: <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	____, ____ , ____	____, ____ , ____				
<i>Specify Type/Item description here</i>												

10.4 Miscellaneous Goods and Services for Babies and Infants Under 2 Years Old

a. In the past 3 months, did you or any member of this household purchase any of the following: <i>(If "N", go to Next Item)</i>	b. What type/brand did you or any household member purchase <u>most often</u> ?	c. How often do you buy...?		d. How much was spent on...? (J\$)
		Frequency	Code	
10.4.1 Miscellaneous Goods and Services				
Q87. Did you or any member of this household spend on any <u>miscellaneous good and services for babies under 2 years old</u> in the past 3 months?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Next Section)
1. Day-care/Nursery Fees incl. pre-school fees for babies and infants 0 – 2 years old	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:		_____ , _____
2. Shampoo/Shower Gel	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:		_____ , _____
3. Baby Bottles/Nipples/Cups	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:		_____ , _____
4. Stroller/Walker	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:		_____ , _____
5. Other items for babies and infants under 2 years old (Specify) (e.g. spoons, forks, teething gel, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:		_____ , _____

11 HOUSING AND HOUSING EXPENSES

Date Section Completed / / 2 0

This section contains questions about this and other dwellings owned or occupied by members of this household. It includes questions on tenure, mortgages and rent, repairs and improvements to dwellings and other housing related expenses.

11.1 Tenure

Q88. Is this dwelling owned, rented or leased by any member of this household?

1. Owned without a mortgage
 2. Owned with a mortgage
 3. Rented (*skip to Q90*)
 4. Leased (*skip to Q90*)
 5. Occupied rent-free

11.2 Owner Occupied Dwellings and Rent-free

This section should only be completed by households who own and occupy their current dwelling, or occupy the dwelling rent free. That is, option 1, 2 or 5 at Q88. All others skip to Section 11.3

Q89. If you were to rent this dwelling today, how much would you expect to rent it for? (*skip to Q92*)

, , Dollars

1. Weekly
 2. Fortnightly
 3. Monthly
 4. Yearly
 5. Other (Specify)
 96. Not stated

11.3 Dwellings Rented or Leased

Q90. How much is usually paid for rent/lease by this household?

, , Dollars

1. Weekly
 2. Fortnightly
 3. Monthly
 4. Yearly
 5. Other (Specify)
 96. None

Q91. Which of the following are included in your rental/lease payments? (Shade ALL that Apply)

- A. Electricity
 B. Water
 C. Cable
 D. Internet
 E. Furniture, appliances and furnishings
 F. Building repair and maintenance
 G. Security
 H. Care and upkeep of shared spaces
 I. Amenities
 J. None
 X. Other (Specify)

11.4 Mortgage Payment

Q92. Do you or any other member of this household have any current mortgages on dwellings owned?

1. Yes, this dwelling
 2. Yes, another dwelling (*skip to Q94*)
 3. No (*skip to Q95*)

Q93. In the past 12 months, what was the usual mortgage payment for this dwelling? *Exclude other loans e.g. home equity loans (skip to Q95)*

, , Dollars

1. Monthly
 2. Quarterly
 3. Semi-annually
 4. Yearly
 5. Other (Specify)
 96. Not stated

Q94. In the past 12 months, what was the usual mortgage payment for any other dwellings owned? *Exclude other loans e.g. home equity loans*

, , Dollars

1. Monthly
 2. Quarterly
 3. Semi-annually
 4. Yearly
 5. Other (Specify)
 96. Not stated

Q95. Do you or any other member this household own a vacation/weekend home?

1. Yes
 2. No (*skip to Q97*)

Q96. How much was spent by you or any other member of this household on the routine maintenance of this vacation/weekend home in the past 12 months? DO NOT INCLUDE MAJOR CONSTRUCTION OR RENOVATION

, , Dollars Not stated

1. Monthly 3. Semi-annually 5. Other (Specify)
 2. Quarterly 4. Yearly 96. Not stated

Q97. How much was spent by you or any other member of this household on property taxes for this premises in the past 12 months?

, , Dollars Not stated

1. Monthly 3. Semi-annually 5. Other (Specify)
 2. Quarterly 4. Yearly 96. Not stated

Q98. How much was spent by you or any other member of this household on property taxes for any other premises in the past 12 months?

, , Dollars Not stated

1. Monthly 3. Semi-annually 5. Other (Specify)
 2. Quarterly 4. Yearly 96. Not stated

Q99. In the past 12 months, did you or any other member of this household pay for any of the following:

Item		How much was paid? (J\$)	How often?
1. Home and Content Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
2. Other housing related expenses (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	

11.5 Maintenance and Repairs of Dwelling

Maintenance and repair of dwellings are distinguished by two features: first, they are activities that have to be undertaken regularly in order to maintain the dwelling in good working order; second, they do not change the dwelling's performance, capacity or expected service life.

There are two types of maintenance and repair of dwellings: those which are minor, such as painting touch-ups and repairs to fittings, which are commonly carried out by both tenants and owners; and those which are major, such as re-plastering walls or repairing roofs, which are carried out by owners only.

Only expenditures which tenants and owner-occupiers incur on materials and services for minor maintenance and repair are part of the individual consumption expenditure of households. Expenditures which owner-occupiers incur on materials and services for major maintenance and repair are not part of the individual consumption expenditure of households.

Q100. In the past 12 months, did you or any member of this household make any minor repairs or improvements to dwellings owned or occupied by this household?

1. Yes, minor repairs (routine maintenance) 3. No (*skip to Section 11.6*)
 2. Yes, major repairs (*skip to Section 11.6*)

Q101. What kind of minor repairs or improvements were made to dwellings owned or occupied by this household? (Shade all that apply)

- A. Roof
 B. Tiling
 C. Plumbing
 D. Electrical
 E. Paint
 X. Other (*Specify*)

11.5.1 Materials for the Maintenance and Minor Repair of the Dwelling

Include here, the purchases of materials made by tenants or owner-occupiers with the intention of undertaking the maintenance or repair themselves.

a. In the past 12 months, did you or any member of this household purchase any ...? (If "N", go to Next Item)		b. What type and brand did you purchase most often in the past 12 months?	c. How often?		d. What quantity of ... was purchased?		e. How much was spent on ...? (J\$)
			Frequency	Code	Amount	Code	
Q102. In the past 12 months, did any member of this household purchase any material for the maintenance or minor repair of your primary dwelling?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q103)		
1. Cement	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
2. Floor Boards and Tiles incl. laminate	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
3. Plumbing Fixtures	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
4. Paints	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
5. Wall finishes incl. trowel on, pebble dash, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
6. Varnishes and Paint Thinner	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
7. Paint Accessories (e.g. paint brush, roller, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
8. Grout and Thin-Set	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
9. Silicone	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____
10. Putty/Crack Filler	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:					_____, _____

a. In the past 12 months, did you or any member of this household purchase any ...? <i>(If "N", go to Next Item)</i>	b. What type and brand did you purchase most often in the past 12 months?	c. How often?		d. What quantity of ... was purchased?		e. How much was spent on ...? (J\$)
		Frequency	Code	Amount	Code	
11. Other material for maintenance or minor repair (Specify) (e.g. wallpaper and wall covering, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:					_____, _____

11.5.2 Services for the Maintenance and Repair of the Dwelling

If tenants or owner-occupiers pay an enterprise or person to carry out the maintenance or repair, **the total value of the service, including the costs of the materials used, should be shown** here.

a. In the past 12 months, did you or any member of this household pay for the services of a ...? <i>(If "N", go to Next Item)</i> <i>Include the cost of materials purchased</i>	b. How much was spent on ... in the past 12 months? (J\$)
Q103. In the past 12 months, did this household spend any services for the maintenance and repair of your primary dwelling? <input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Section 11.6)</i>	
1. Carpenter	<input type="checkbox"/> Y <input type="checkbox"/> N _____, _____, _____
2. Electrician	<input type="checkbox"/> Y <input type="checkbox"/> N _____, _____, _____
3. Mason	<input type="checkbox"/> Y <input type="checkbox"/> N _____, _____, _____
4. Painter	<input type="checkbox"/> Y <input type="checkbox"/> N _____, _____, _____
5. Plumber	<input type="checkbox"/> Y <input type="checkbox"/> N _____, _____, _____
6. Other Services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N _____, _____, _____

a. Does this household spend on/pay for ...? <i>If "N" skip to "Next Item"</i>		b. In the past 30 days, how much in total did you or other members of this household pay for ...? (J\$)	c. What type of ... do you <u>usually</u> pay for/buy?
11.6.1 Internet, Telephone and Cable			
Q110. Does this household spend on/pay for Internet, telephone or cable?		<input type="checkbox"/> Y (Go to "i") <input type="checkbox"/> N (skip to Q111)	
i. Does this household pay for the following services as a package or bundle: fixed telephone (landline), mobile telephone, cable TV, or internet?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q110.7)	
Packaged/Bundled Services from the same provider			
1. Internet and Cable	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
2. Internet and Fixed (landline)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
3. Cable and Fixed Telephone	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
4. Fixed Telephone, Internet and Cable	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
5. Quad Play (Fixed and Mobile Telephone, Internet and Cable)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
6. Other Telephone, Cable or Internet Packages (Specify)...	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
Single Services			
7. Fixed Telephone only	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
8. Mobile Telephone, Post-paid only	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
9. Cable TV only	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
10. Internet only	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
11.6.2 Domestic and Home Services			
Q111. In the past 12 months, did this household spend on domestic or home services?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q112)	
1. Garbage Collection and Disposal	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
2. Live-in workers (e.g. domestic helper, gardener, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
3. Day workers (not live-in) (e.g. domestic helper, gardener, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
4. Dry Cleaning and Laundering of household linen (e.g. comforter, carpet, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	

a. Does this household spend on/pay for ...? <i>If "N" skip to "Next Item"</i>		b. In the past 30 days, how much in total did you or other members of this household pay for ...? (J\$)	c. What type of ... do you usually pay for/buy?
5. Nurse/Caregiver incl. baby sitter	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
6. Security Services	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
7. Other Domestic and Home Services (Specify) e.g. cook, driver, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	

11.6.3 Fuels for Cooking and Other Household Expenses

a. In the past 12 months, did this household spend on/pay for ...? <i>If "N" skip to "next item"</i>		b. How often do you pay for/buy ...?		c. How much was spent on ...? (J\$)	d. What type/brand of ... do you usually buy/pay for?
		Frequency	Code		
Q112. In the past 12 months, did this household purchase fuels used for cooking?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q113)			
1. Cooking Gas (LPG)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	
2. Kerosene	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	
3. Charcoal	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	
4. Other Fuels (Specify) e.g. wood	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	
Q113. Does this household spend on/pay for pest control or sewage collection etc.?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Next section)			
1. Pest Control & Extermination Services	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	
2. Sewage Collection and Disposal (Cesspool Emptier)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	

12 COMMUNICATION

Date Section Completed / /

Respondent number

12.1 Telephone, Telefax and Postal Services

This section relates to spending on communication services by this household. **Do not include** amounts charged against businesses.

a. Did this household spend on ... (If "N", go to "Next Item")	b. What type do you purchase <u>most often</u> ?	c. How often do you usually purchase ...?		d. How much was spent on ...? (J\$)
		Regularity	Code	
12.1.1 Telephone and Telefax Services				
Q114. In the past 30 days, did you or any member of this household spend on any telephone or telefax services such as phone cards, internet café, etc.?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q115)
1. Prepaid Telephone Card (Phone Card) - Landline	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____
2. Prepaid Telephone Card (Phone Card) - Mobile	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____
3. Internet Services at Cyber Cafe	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____
4. Printing, scanning, photocopying services	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____
5. Other Telephone and Telefax Services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____
12.1.2 Postal Services				
Q115. In the past 12 months, did you or any member of this household spend on any postal or courier services?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q116)
1. Courier Services (Dom. & Intl.)	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____
2. Post Box Rental	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____
3. Other Postal Services (Specify) e.g. stamp	<input type="checkbox"/> Y <input type="checkbox"/> N Type:			_____, _____

12.2 Telephone and Telefax Equipment

a. In the past 12 months, did this household spend on ...? <i>(If "N", go to "Next Item")</i>	b. In the past 12 months, how much did you or other members of this household spend on ...? (J\$)	c. How many ... did you or other members of this household purchase?	d. What type/brand did you purchase <u>most often</u> in the past 12 months?
Q116. In the past 12 months, did you or any member of this household spend on any telephone or telefax equipment?		<input type="checkbox"/> Y <i>(Go to "a")</i>	<input type="checkbox"/> N <i>(skip to Next Section)</i>
1. Telephone (Landline)	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	Type: Brand:
2. Cellular Phone	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	Type: Brand:
3. Fax Machine/Scanner	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	Type: Brand:
4. Other Telephone & Telefax Equipment <i>(Specify)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	Type: Brand:
5. Repair of Telephone and Telefax Equipment incl. cell phone repair & unlocking	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	Type: Brand:

13 FURNISHINGS, HOUSEHOLD EQUIPMENT AND ROUTINE HOUSEHOLD MAINTENANCE

Date Section Completed / / 2 0

Respondent number

This section relates to spending on household furnishings and equipment in the past 12 months. Expenditure recorded in this section should include the cost of delivery and installation where applicable.

13.1 Furniture and Furnishings, Carpets and Other Floor Coverings

Record Type /Brand /Description if purchased in the past 12 months	a.		b.		c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase any ... in the past 12 months? (If "N", go to next item)		How many... were purchased in the past 12 months?		Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
			Amount	Code			How much was deposited for the ...? (J\$)	f.	g.	How long is the hire purchase agreement? (months)
								How much are the payments? (J\$)	How often are the payments made?	
13.1.1 Furniture and Furnishings										
Q117. Did you or any member of this household spend on any living room furniture in the past 12 months?						<input type="checkbox"/> Y (Go to "a")		<input type="checkbox"/> N (skip to Q118)		
1. Entertainment Centres/What-nots	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
2. Tables – (coffee table, side table etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
3. Living Room Suite/Settee/Sofa	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
4. Recliners/Chairs	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
5. Hassocks/Ottomans	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
6. Desks	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
7. Figurines	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
8. Other Living Room Furniture (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										

Record Type /Brand /Description if purchased in the past 12 months	a.		b.		c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase any ... in the past 12 months? (If "N", go to next item)		How many... were purchased in the past 12 months?		Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
			Amount	Code			How much was deposited for the ...? (J\$)	f.	g.	How long is the hire purchase agreement? (months)
								How much are the payments? (J\$)	How often are the payments made?	
Q118. Did you or any member of this household spend on any dining room furniture in the past 12 months?						<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q119)				
1. China Closet/Buffer/Breakfront	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
2. Dining Sets	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
3. Dining/Kitchen Table	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
4. Bar and Bar Sets	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
5. Other Dining Room Furniture	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
Q119. Did you or any member of this household spend on any furniture for the kitchen in the past 12 months?						<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q120)				
1. Kitchen Cabinet (sold as furniture)	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
2. Kitchen Chair/Stool	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
3. Kitchen Table and Chair Set	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
4. Utility Cart, Microwave Stands	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
5. Other furniture and furnishings used mainly in the kitchen (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										

Record Type /Brand /Description if purchased in the past 12 months	a.		b.		c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase any ... in the past 12 months? (If "N", go to next item)		How many... were purchased in the past 12 months?		Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
			Amount	Code			How much was deposited for the ...? (J\$)	f.	g.	How long is the hire purchase agreement? (months)
Q120. Did you or any member of this household spend on any bedroom furniture in the past 12 months?						<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q121)				
1. Bed	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
2. Headboard Frame	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
3. Mattress	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
4. Chest of Drawers	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
5. Dresser/Vanity	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
6. Night Table	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
7. Bedroom Chairs	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
8. Wardrobe/Armoire	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
9. Bedroom Suite	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								
10. Other Bedroom Furniture and Furnishings (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:	<input type="checkbox"/> New <input type="checkbox"/> Used |									
Brand:	.....								

Record Type /Brand /Description if purchased in the past 12 months	a.		b.		c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase any ... in the past 12 months? (If "N", go to next item)		How many... were purchased in the past 12 months?		Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
			Amount	Code			How much was deposited for the ...? (J\$)	f.	g.	How long is the hire purchase agreement? (months)
							<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q122)			
Q121. Did you or any member of this household spend on any outdoor furniture in the past 12 months?										
1. Patio Set	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
2. Outdoor Furniture	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
3. Other outdoor furniture and furnishings (Specify)...	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:										
Q122. Did you or any member of this household spend on any furnishings (accessories for the home) in the past 12 months?							<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q123)			
1. Mirrors	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
2. Blinds	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
3. Paintings, Pictures and Sculptures	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
4. Ceiling and Wall Lights	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
5. Shelves and Shelving	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
6. Bathroom Space Saver	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										
7. Lamp (e.g. bedside lamp, floor lamp, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |										

Record Type /Brand /Description if purchased in the past 12 months	a.	b.		c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase any ... in the past 12 months? (If "N", go to next item)	How many... were purchased in the past 12 months?		Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e. How much was deposited for the ...? (J\$)	Instalments/Payments		h. How long is the hire purchase agreement? (months)
		Amount	Code				f. How much are the payments? (J\$)	g. How often are the payments made?	
8. Other Furniture and Furnishings (Specify) e.g. candle holders and sticks Type: <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N					

13.1.2 Carpets and Other Floor Coverings

Q123. Did you or any member of this household spend on any carpets and other floor coverings in the past 12 months?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q124)				
1. Carpets - Installed (includes service charge to lay) Type:	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N					
2. Carpets (Not Installed) and Rugs Type:	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N					
3. Linoleum Type:	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N					
4. Other Floor Coverings Type:	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N					

13.1.3 Repair of Furniture, Furnishings and Floor Coverings

Included here is total value of the repair service including both the cost of labour and the cost of the material. Also included is the restoration of works of art, antique furniture and antique floor coverings other than those acquired primarily as stores of value. Excluded from this section is the separate purchase of materials made by households with the intention of undertaking the repair themselves and dry-cleaning of carpets.

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)	b. Specify the type of repairs made in the past 12 months?	c. How much was spent on ... in the past 12 months? (J\$)	d. Period
Q124. In the past 12 months, did you or any member of this household spend on repairs of furniture, furnishings and floor coverings?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q125)	
1. Repairs of Furniture	<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Repairs of Furnishings	<input type="checkbox"/> Y <input type="checkbox"/> N		

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)	b. Specify the type of repairs made in the past 12 months?	c. How much was spent on ... in the past 12 months? (J\$)	d. Period
3. Repairs of Carpets and Floor Coverings	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
4. Re-upholstery of Furniture	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
5. Other repairs of furniture, furnishings and floor coverings (Specify)...	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	

13.2 Household Textiles

a. In the past 12 months, did this household spend on/buy any ...? (If "N", go to next item)	b. What type/brand did you purchase most often in the past 12 months?	c. How often do you buy ...?		d. How much was spent, on ... in the past 12 months? (J\$)
		Frequency	Code	
13.2.1 Household textiles				
Q125. In the past 12 months, did you or any member of this household spend on any fabrics used for furnishing the house?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q126)		
1. Curtain Material	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
2. Curtains and Drapes	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
3. Awning (Cloth)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
4. Shower Curtains	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
5. Other fabric used for furnishing the home (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
Q126. In the past 12 months, did you or any member of this household spend on any bedding or bed linen?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q127)		
1. Sheet	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
2. Bedspreads/Comforters	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____

a. In the past 12 months, did this household spend on/buy any ...? <i>(If "N", go to next item)</i>		b. What type/brand did you purchase most often in the past 12 months?	c. How often do you buy ...?		d. How much was spent, on ... in the past 12 months? <i>(J\$)</i>
			Frequency	Code	
3. Blankets	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
4. Pillow Cases	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
5. Pillows and Cushions	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
6. Mosquito Nets	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
7. Other Bedding or Bed linen (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
Q127. In the past 12 months, did you or any member of this household spend on any table linen or bathroom linen?			<input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Q128)</i>		
1. Kitchen Towels	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
2. Table Cloth and Napkins	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
3. Runner/Doily	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
4. Rags	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
5. Bathroom Towels	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
6. Bathroom Mats	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
7. Door Mats	<input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____

a. In the past 12 months, did this household spend on/buy any ...? <i>(If "N", go to next item)</i>	b. What type/brand did you purchase most often in the past 12 months?	c. How often do you buy ...?		d. How much was spent, on ... in the past 12 months? (J\$)
		Frequency	Code	
8. Other table linen or bathroom linen (Specify) <input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____
Q128. In the past 12 months, did you or any member of this household spend on any other household textiles or make any repairs to any household textile?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q129)
1. Other household textiles and repair of household textiles e.g. laundry bags <input type="checkbox"/> Y <input type="checkbox"/> N				____,____,____

13.3 Household Appliances

Record Type /Brand and Description if purchased in the past 12 months	a.	b.	c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase a ... in the past 12 months? <i>(If "N", go to next item)</i>	How many... were purchased in the past 12 months?	Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
					How much was deposited for the ...? (J\$)	e. How much are the payments? (J\$)	f. How often are the payments made?	How long is the hire purchase agreement? (months)
13.3.1 Major Appliances								
Q129. Did you or any member of this household purchase any major kitchen appliances in the past 12 months?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q130)			
1. Refrigerator <input type="checkbox"/> Y <input type="checkbox"/> N Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	____,____,____	____,____,____		
2. Freezer <input type="checkbox"/> Y <input type="checkbox"/> N Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	____,____,____	____,____,____		
3. Stove and Stove Top <input type="checkbox"/> Y <input type="checkbox"/> N Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	____,____,____	____,____,____		
4. Microwave/Convection Oven <input type="checkbox"/> Y <input type="checkbox"/> N Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____			<input type="checkbox"/> Y <input type="checkbox"/> N	____,____,____	____,____,____	____,____,____		
5. Other major kitchen appliances (Specify) e.g. dishwasher <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N					

Record Type /Brand and Description if purchased in the past 12 months	a.	b.	c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase a ... in the past 12 months? (If "N", go to next item)	How many... were purchased in the past 12 months?	Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
					How much was deposited for the ...? (J\$)	e. How much are the payments? (J\$)	f. How often are the payments made?	How long is the hire purchase agreement? (months)
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
Q130. Did you or any member of this household purchase any major laundry appliances in the past 12 months?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q131)				
1. Washing Machines	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
2. Dryers	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
3. Other major laundry appliances (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
Q131. Did you or any member of this household purchase any other major appliances in the past 12 months?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q132)				
1. Air Conditioning Unit	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
2. Water Heater (Solar, Electric and Gas)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
3. Generator	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
4. Vacuum Cleaner	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used | Brand: _____				____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		

Record Type /Brand and Description if purchased in the past 12 months	a.	b.	c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase a ... in the past 12 months? (If "N", go to next item)	How many... were purchased in the past 12 months?	Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
					How much was deposited for the ...? (J\$)	e.	f.	How long is the hire purchase agreement? (months)
					How much are the payments? (J\$)	How often are the payments made?		
5. Other major appliance (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand: _____								
13.3.2 Small Appliances								
Q132. Did you or any member of this household purchase any small kitchen appliances in the past 12 months?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q133)				
1. Electric Kettle	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand: _____								
2. Toaster/ Toaster Oven	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand: _____								
3. Mixer	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand: _____								
4. Blender	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand: _____								
5. Food Processor	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand: _____								
6. Hot Plate	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand: _____								
7. Percolator/Coffee Maker	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								

Record Type /Brand and Description if purchased in the past 12 months	a.	b.	c.	d.	To be asked only if purchased on Hire Purchase (see response at "c")			
	Did this household purchase a ... in the past 12 months? (If "N", go to next item)	How many... were purchased in the past 12 months?	Is the/are any of the ... on hire purchase?	What was the purchase price/cash price of all the ... purchased in the past 12 months? (J\$)	e.	Instalments/Payments		h.
					How much was deposited for the ...? (J\$)	e. How much are the payments? (J\$)	f. How often are the payments made?	How long is the hire purchase agreement? (months)
Brand:								
8. Grill e.g. barbecue grill	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand:								
9. Electric Pots and Pans (e.g. Rice Cooker, Slow Cooker, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand:								
10. Other small kitchen appliances (Specify) e.g. sandwich maker	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand:								
Q133. Did you or any member of this household purchase any other small appliances in the past 12 months?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q134)				
1. Clothes Iron	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand:								
2. Fan	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand:								
3. Insect Repellent (Electric)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type:								
Brand:								
4. Other small appliances (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
Type: <input type="checkbox"/> New <input type="checkbox"/> Used |								
Brand:								

13.3.3 Repair of Household Appliances

Included here is the total value of the service for the repair of household appliances. This includes both the cost of labour and the cost of materials. Also included are the charges for the leasing or rental of major household appliances during the time of repair. **Excluded** from this section are separate purchases of materials made by households with the intention of undertaking the repair themselves.

a. In the past 12 months, did this household spend on the following: <i>(If "N", go to next item)</i>	b. Specify the type of repairs made in the past 12 months?	c. How often did this household make repairs to ...?		d. How much was spent on ...? (J\$)
		Frequency	Code	
Q134. In the past 12 months, did you or any member of this household spend on repairs of household appliances?		<input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Q135)</i>		
1. Repair of Major Household Appliances	<input type="checkbox"/> Y <input type="checkbox"/> N			_____, _____, _____
2. Repair of Small Electric Household Appliances	<input type="checkbox"/> Y <input type="checkbox"/> N			_____, _____, _____

13.4 Audio-Visual, Photographic and Information Processing Equipment

Record in this section household spending on audio-visual, photographic and information processing equipment. This section **excludes** household spending on batteries.

a. In the past 12 months, did this household purchase any ...? <i>(If "N", go to next item)</i>	b. What type/brand did you purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many ... did this household purchase?
13.4.1 Equipment for Reception, Recording and Production of Sound and Pictures			
Q135. In the past 12 months, did you or any member of this household purchase any equipment to receive, record or produce sound and pictures?			<input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Q136)</i>
1. Television Sets	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____, _____, _____	
2. Television Antennas/Aerials	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____, _____, _____	
3. DVD Player/Blu-Ray Player	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____, _____, _____	
4. Television Streaming Devices, Set Top Boxes etc.	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____, _____, _____	

a. In the past 12 months, did this household purchase any ...? <i>(If "N", go to next item)</i>		b. What type/brand did you purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many ... did this household purchase?
5. Other TV Equipment (Specify) (e.g. Video Cassette Players)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
6. Radio/Component Sets	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
7. Car Radios	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
8. Other Radio Equipment (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
9. CD Players	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
10. MP3/MP4 Players	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
11. Earphones/Head Sets	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
12. Speakers, Tuners, Amplifiers	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
13. Other Equipment (Specify) e.g. microphones	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
13.4.2 Photographic and Cinematographic Equipment and Optical Instruments				
Q136. In the past 12 months, did you or any member of this household purchase any photographic and cinematographic equipment or optical instruments?				<input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Q137)</i>
1. Still Cameras	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	

a. In the past 12 months, did this household purchase any ...? <i>(If "N", go to next item)</i>	b. What type/brand did you purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many ... did this household purchase?
2. Other Photograph and Cinema Equipment/Optical Instruments (Specify) e.g. video camera, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
13.4.3 Information Processing Equipment			
Q137. In the past 12 months, did you or any member of this household purchase any information processing equipment?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q138)	
1. Personal Computers incl. Laptops, Desktops	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
2. Tablets,	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
3. Phablets	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
4. Printers and Computer Accessories	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
5. Computer software packages (e.g. Operating Systems, Applications, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
6. Calculators incl. Pocket Calculators	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
7. Other information processing equipment (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
13.4.4 Recording Media			
Q138. In the past 12 months, did you or any member of this household purchase any recording media equipment?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q139)	
1. USB Flash Drive	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	
2. Memory Card	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	____,____,____	

a. In the past 12 months, did this household purchase any ...? <i>(If "N", go to next item)</i>	b. What type/brand did you purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many ... did this household purchase?
3. Compact Discs (CD-R)/(DVD+R) or DVD-R: Blank	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	
4. Compact Discs (CD-R)/(DVD+R) or DVD-R: Pre-Recorded	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	
5. Blu-Ray Disc (Single or Dual Layer)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	
6. CD-ROMS with books, dictionaries, foreign language trainers etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	
7. Other recording media (Specify) e.g. photographic supplies	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	
13.4.5 Repair of Audio-visual, Photographic and Information Processing Equipment			
Q139. In the past 12 months, did you or any member of this household spend on any repair of audio-visual, photographic and information processing equipment?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q140)
1. Repair of audio-visual equipment (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	
2. Repair of photographic equipment (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	
3. Repair of information processing equipment (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand: ____,____,____	

13.5 Glassware, Tableware and Household Utensils

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)		b. How much was spent on ... in the past 12 months? (J\$)	
13.5.1 Glassware, tableware and household utensils			
Q140. In the past 12 months, did you or any member of this household spend on any table or kitchen ware?		<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q141)
1. Plates	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Non glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Disposable	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
2. Cups and Saucers	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Non glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Disposable	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
3. Drinking Glasses (Single or Set)	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Non Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Disposable	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
4. Bowls	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Non Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Disposable	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
5. Dinner Sets	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____
	Non Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)			b. How much was spent on ... in the past 12 months? (J\$)
6. Jugs/Jug Sets	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
	Non Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
7. Vases	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
	Non Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
8. Other Glassware, Crystal ware, Ceramic Ware, China Ware or Disposables (Specify)	Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
	Non Glass	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
Q141. In the past 12 months, did you or any member of this household spend on cutlery, flatware or silverware whether for cooking or eating?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q142)
1. Cooking ware (e.g. knives, forks etc.)		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
2. Flatware incl. disposable flatware (e.g. forks, spoons, dinner knives etc.)		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
Q142. In the past 12 months, did you or any member of this household spend on any non-electric kitchen utensils?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q143)
1. Grater		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
2. Strainer		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
3. Dish Drainer		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
4. Kettle (non-electric)		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
5. Pots (Sets or Single)		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____
6. Pressure Cooker		<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)		b. How much was spent on ... in the past 12 months? (J\$)	
7. Baking Tins/Muffin Tins	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	
8. Other non-electric kitchen utensils (Specify) e.g. rolling pin, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	
Q143. In the past 12 months, did you or any member of this household spend on any other non-electric household articles?		<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q144)
1. Bathroom Caddy	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	
2. Buckets, Basins, Baths, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	
3. Clothes Basket	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	
4. Ironing Boards	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	
5. Waste Bins /Waste-paper Baskets	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	
6. Other non-electric household articles (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____	

13.6 Tools and Equipment for House and Garden

Included in this section are charges for leasing or rental of do-it-yourself machinery and equipment.

a. In the past 12 months, did this household spend on the following: (If "N", go to next item)	b. How often did you spend on ...?		c. How much was spent on ... in the past 12 months? (J\$)	d. What type and/or brand did you purchase most often?
	Frequency	Code		
13.6.1 Major Tools and Equipment				
Q144. In the past 12 months, did you or any member of this household spend on any major tools and equipment?			<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q145)
1. Water Tank	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____	Type: Brand:
2. Water Pump, Compressor	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____	Type: Brand:

a. In the past 12 months, did this household spend on the following: (If "N", go to next item)		b. How often did you spend on ...?		c. How much was spent on ... in the past 12 months? (J\$)	d. What type and/or brand did you purchase most often?
		Frequency	Code		
3. Weed Whacker/ Lawn Mower/ Hedge Cutter	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
4. Saws – (Chain, Circular, Reciprocating)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
5. Electric Drill and Electric Screw Driver	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
6. Other Major tools and equipment (Specify) e.g. nail gun, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
7. Leasing or rental of do-it-yourself machinery and equipment	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
13.6.2 Small tools and miscellaneous accessories					
Q145. In the past 12 months, did you or any member of this household spend on any hand tools?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q146)	
1. Hammer	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
2. Machete	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
3. File	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
4. Pliers, Screwdriver, Spanner, Wrench, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
5. Tool Kit	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
6. Other hand tools (Specify) e.g. axe, hacksaw, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
Q146. In the past 12 months, did you or any member of this household spend on any garden tools?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q147)	
1. Hose	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
2. Rake	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:

a. In the past 12 months, did this household spend on the following: (If "N", go to next item)		b. How often did you spend on ...?		c. How much was spent on ... in the past 12 months? (J\$)	d. What type and/or brand did you purchase most often?
		Frequency	Code		
3. Shovel, Spade	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
4. Fork (Garden)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
5. Scissors/Clippers	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
6. Sprays and Spraying Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
7. Wheelbarrows	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
8. Other Garden Tools (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
Q147. In the past 12 months, did you or any member of this household spend on any ladders and steps, door fittings and other household articles?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q148)
1. Ladder, Steps	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
2. Door Fittings (Hinges, Handles & Locks)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
3. Padlock	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
4. Curtain Rods	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
5. Other door ladders, steps, fittings, accessories and household articles (Specify) e.g. mailbox, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
Q148. In the past 12 months, did you or any member of this household spend on any small accessories?					<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q149)
1. Light Bulbs	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
2. Batteries	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
3. Alarms and Detectors incl. smoke detectors	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:

a. In the past 12 months, did this household spend on the following: (If "N", go to next item)		b. How often did you spend on ...?		c. How much was spent on ... in the past 12 months? (J\$)	d. What type and/or brand did you purchase most often?
		Frequency	Code		
4. Flashlight, Rechargeable Lamps	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
5. Kerosene Lamp	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
6. Other small Electric Accessories (Specify) e.g. house bell, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
7. Repair of tools and miscellaneous accessories	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:

SPECIMEN

14 HEALTH

Date Section Completed / / 2 0

Respondent number

This section relates to spending on health related products (purchased with or without prescriptions), outpatient and hospital (in-patient) health services. Also included here are health services purchased from school and university health centres.

14.1 Medical Products and Appliances

Included in this section are purchases of medicaments, prostheses, medical appliances and other health related products (with or without prescriptions) that are intended for use or consumption outside health facilities or institutions usually from dispensing chemists, pharmacists or medical equipment suppliers. Where health insurance is used, only record the portion paid by the patient **that was not reimbursed**.

a. In the past 30 days, did this household spend on ...? <i>(If "N", go to next item)</i>	b. Did you use a health card?	c. What type of health card?	d. How much was spent on ... in the past 30 days? (J\$)	e. What type/brand did you purchase most often?
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14.1.1 Pharmaceutical Products

Q149. In the past 12 months, did you or any member of this household spend on any pharmaceutical products?			<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q150)
1. Prescription Drugs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	Type: Brand:
2. Over-the-counter pain medication (e.g. Aspirin, Paracetamol, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	Type: Brand:
3. Over-the-counter cold and flu medication e.g. tablets, medicines, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	Type: Brand:
4. Other over-the-counter drugs incl. antihistamine, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	Type: Brand:
5. Serums and Vaccines incl. vaccines for babies and children	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	Type: Brand:
6. Vitamins and Minerals	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	Type: Brand:
7. Fish Oils e.g. cod liver oil, omega 3, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	Type: Brand:

a. In the past 30 days, did this household spend on ...? <i>(If "N", go to next item)</i>		b. Did you use a health card?	c. What type of health card?	d. How much was spent on ... in the past 30 days? (J\$)	e. What type/brand did you purchase most often?
8. Herbal Supplements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
9. Oral contraceptives, incl. Emergency Contraceptive Pills /Morning After	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
10. Condoms incl. female condoms	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
11. Diabetic testing supplies (test strips and lancets)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
12. Hypodermic Syringes	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
13. Ointments e.g. Desitin, A&D, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
14. Rubbing Alcohol	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
15. Other Pharmaceutical Products (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:

14.1.2 Other Medical Products					
a. In the past 12 months, did this household spend on ...? (If "N", go to next item)	b. Did you use a health card?	c. What type of health card?	d. How much was spent on ... in the past 12 months? (J\$)	e. What type/brand did you purchase most often?	
Q150. In the past 12 months, did you or any member of this household spend on any other medical products?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q151)		
1. Other Mechanical Contraceptive Devices (e.g. coil, diaphragm, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
2. Pregnancy Tests	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
3. Bandages (adhesive and non-adhesive) incl. Band-Aid, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
4. Spacers (e.g. spacer used with asthma pump/inhaler)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
5. Other medical products (Specify)... e.g. clinical thermometers, ice bags, first aid kits, knee supports, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
14.1.3 Therapeutic Appliances and Equipment					
Q151. In the past 12 months, did you or any member of this household spend on any therapeutic appliances and equipment?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q152)		
1. Corrective Eyeglasses (prescription/tested)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
2. Contact Lenses (prescription)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
3. Reading glasses	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
4. Sunglasses/shades	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
5. Contact Lens Fluid/Glasses Cleaner	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	
6. Hearing Aids	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____ , _____ , _____	Type: Brand:	

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)		b. Did you use a health card?	c. What type of health card?	d. How much was spent on ... in the past 12 months? (J\$)	e. What type/brand did you purchase most often?
7. Dentures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
8. Artificial Limbs	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
9. Orthopaedic Footwear	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
10. Medical Massage Equipment and Health Lamps	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
11. Invalid Carriages and Wheelchairs (powered and unpowered)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
12. Crutches	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
13. Devices for monitoring blood pressure, glucose/diabetes etc. (electronic and other)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
14. Other Therapeutic Appliances and Equipment (Specify)...e.g. fashion contact lenses, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
15. Repair of Therapeutic Appliances and Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:

14.2 Outpatient Service

Include here expenditure on medical, dental and paramedical services for outpatients whether the services are delivered at home, in individual or group consultancy facilities, outpatient clinics of hospitals or other facilities that exclusively provide outpatient care.

a. In the 12 past months, did this household spend on ...? <i>(If "N", go to next item)</i>	b. Did you use a health card?	c. What type of health card?	d. How much did this household spend on ... in the past 12 months? (J\$)	e. What type did you spend on <u>most</u> often in the past 12 months?
14.2.1 Medical Services				
Q152. In the past 12 months, did you or any member of this household spend on any outpatient medical services?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q153)	
1. Physicians - General	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____/_____/_____	
2. Physicians - Specialist incl. Orthodontists	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____/_____/_____	Type:
3. Other Outpatient Medical Services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____/_____/_____	Type:
14.2.2 Outpatient Dental Services				
Q153. In the past 12 months, did you or any member of this household spend on any outpatient dental services?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q154)	
1. Dentists incl. fitting denture, bridge, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____/_____/_____	Type:
2. Oral Hygienists and Other Dental Auxiliaries	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____/_____/_____	Type:
3. Other Outpatient Dental Services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____/_____/_____	Type:
14.2.3 Outpatient Paramedical Services				
Q154. In the past 12 months, did you or any member of this household spend on any outpatient paramedical services?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q155)	
1. Medical Labs and X-Ray Centres incl. ultra sound, MRI, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: _____/_____/_____	Type:

a. In the 12 past months, did this household spend on ...? <i>(If "N", go to next item)</i>	b. Did you use a health card?	c. What type of health card?	d. How much did this household spend on ... in the past 12 months? (J\$)	e. What type did you spend on <u>most</u> often in the past 12 months?
2. Nurses and Midwives	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:
3. Physiotherapists	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: ____ / ____ / ____	
4. Acupuncturists, Chiropractors, Optometrists, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:
5. Traditional Medicine Practitioners	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:
6. Hire of Therapeutic Equipment (e.g. special beds)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:
7. Private Ambulance Transport	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:

14.3 Hospital Services

This section includes spending on services offered by general and specialist hospitals, medical centres, maternity centres, nursing and convalescent homes that primarily provide in-patient health care, institutions serving the elderly in which medical monitoring is an essential component and rehabilitation centres providing in-patient health care and rehabilitative therapy where the objective is treatment, not long-term support.

It **excludes** spending on services of retirement homes for the elderly, institutions for disabled persons and rehabilitation centres providing primarily long-term support.

a. In the 12 past months, did this household spend on ...? <i>(If "N", go to next item)</i>	b. Did you use a health card?	c. What type of health card?	d. How much did this household spend on ... in the past 12 months? (J\$)	e. What type/brand did you purchase most often in the past 12 months?	
14.3.1 Hospital (In-Patient) Services					
Q155. In the past 12 months, was any member of this household hospitalized? <input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Q156)</i>					
1. Administration (Registration Fee)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	
2. Accommodation (Room and Board)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	
3. Food and Drink	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
4. Supervision and Care by Non-Specialist Staff (Nursing Auxiliaries)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
5. Ambulance Transport	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
6. Medicines and Other Pharmaceutical Products	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
7. Therapeutic Appliances and Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type: Brand:
8. Physicians (General or Specialist)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type:
9. Surgeons and Dentists	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____	Type:

a. In the 12 past months, did this household spend on ...? <i>(If "N", go to next item)</i>	b. Did you use a health card?	c. What type of health card?	d. How much did this household spend on ... in the past 12 months? (J\$)	e. What type/brand did you purchase most often in the past 12 months?
10. Medical and X-Ray Lab Fees	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:
11. Paramedical Services (eg. of Nurses, Midwives, Physiotherapists, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:
12. Other hospital services incl. final hospital bill if services cannot be disaggregated (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N Type: .....	..... ____ / ____ / ____	Type:

SPECIMEN

15 EDUCATION

Date Section Completed / /

Respondent number

This section covers spending on educational services. It also includes spending on educational materials, education support, transport, catering and accommodation services. Spending on literacy programmes for students older than primary school age and out-of-school education for adults and young people are also included here. Expenses related to children attending special schools/schools for the disabled as well as expenses related to nurseries and day cares for children 3 years and older are also included here. **Do not include** driving lessons.

a. In the past 12 months, did this household spend on ...? <i>(If "N", go to next item)</i>	b. How many persons did this household pay/purchase ... for in the past 12 months?	c. How often does this household spend on ...?		d. How much do you or other members of this household spend on ...? J\$
		Frequency	Code	
Q156. In the past 12 months, did you or any member of this household spend on any educational services? (check if children are in the household)				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Next Section)
1. School fee: Pre-school/Early Childhood/Pre-primary Level	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
2. School fee: Primary/Preparatory Level	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
3. School fee: Secondary Level	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
4. School fee: Post-secondary non-tertiary level	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
5. Tuition: Tertiary Level	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
6. School fee: Online/Correspondence course	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
7. Other tuition/school fees and other fees (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
8. Other school fees (e.g. library and auxiliary fees) Specify	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____
9. Examination fees	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____

Education

a. In the past 12 months, did this household spend on ...? <i>(If "N", go to next item)</i>		b. How many persons did this household pay/purchase ... for in the past 12 months?	c. How often does this household spend on ...?		d. How much do you or other members of this household spend on ...? J\$
			Frequency	Code	
10. Extra lessons	<input type="checkbox"/> Y <input type="checkbox"/> N				_____, _____, _____
11. Summer school	<input type="checkbox"/> Y <input type="checkbox"/> N				_____, _____, _____
12. Recreational classes (e.g. dancing, karate, swimming etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____, _____, _____
13. Books and E-books (Educational)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____, _____, _____
14. Book Rental	<input type="checkbox"/> Y <input type="checkbox"/> N				_____, _____, _____
15. Accommodation (e.g. boarding)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____, _____, _____
16. Other educational related services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				_____, _____, _____

16 TRANSPORT

Date Section Completed / / 2 0

Respondent number

Included in this section is the expenditure on the purchase of vehicles used as a mode of transport, the costs associated with the operation of personal transport equipment and the cost of transport services.

16.1 Purchase and Sale of Vehicles

Included here is the expenditure on vehicles used as a mode of transport. Also included in this section is the expenditure on animals required to draw the animal-drawn vehicles and related equipment (yokes, collars, harnesses, bridles, reins, etc.). Purchases of recreational vehicles such as camper vans, caravans, trailers, airplanes and boats are **not to be included** in this section. **Also excluded** from this section are expenditure on invalid carriages, golf carts, toy bicycles, tricycles, horses and ponies, horse and pony drawn vehicles and related equipment purchased for recreational purposes.

In this section, the term **“Motor Vehicle”** is taken to include all motor cars, passenger vans, station wagons, and the like with either two-wheel drive or four-wheel drive which are used as a mode of transport. The term **“Motor Cycle”** is taken to mean all types of motor cycles, scooters and powered bicycles including side cars.

Record Type /Brand /Description if purchased in the past 12 months	a.	b.	c.	d.	To be asked only if purchased on with a loan (see response at “d”)	
	Did this household purchase a ... in the past 12 months? (If “N”, go to next item)	How many... were purchase in the past 12 months?	What was the purchase price of all the ... purchased in the past 12 months? (J\$)	Were any of the ... purchased using a loan?	Instalments/Payments	
					e.	f.
					How much are the payments? (J\$)	How often are the payments made?
15.1.1 Purchase of Vehicles						
Q157. In the past 12 months, did you or any member of this household purchase a motor vehicle, motor cycle, bicycle or any other vehicle for domestic use?				<input type="checkbox"/> Y (Go to “a”) <input type="checkbox"/> N (skip to Error! Reference source not found.)		
1. A brand new motor vehicle	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Body Type:	Cars: <input type="checkbox"/> 1. Sedan <input type="checkbox"/> 2. Coupe <input type="checkbox"/> 3. Hatchback <input type="checkbox"/> 4. Station Wagon Light Trucks: <input type="checkbox"/> 5. Mini-van <input type="checkbox"/> 6. SUV/CUV <input type="checkbox"/> 7. Pickup <input type="checkbox"/> 8. Van					
Make:	<input type="checkbox"/> 1. Toyota <input type="checkbox"/> 2. Honda <input type="checkbox"/> 3. Suzuki <input type="checkbox"/> 4. Nissan <input type="checkbox"/> 5. Mitsubishi <input type="checkbox"/> 6. Mazda <input type="checkbox"/> 7. Subaru <input type="checkbox"/> 8. VW <input type="checkbox"/> 9. Mercedes <input type="checkbox"/> 10. BMW <input type="checkbox"/> 11. Audi <input type="checkbox"/> 12. Kia <input type="checkbox"/> 13. Hyundai <input type="checkbox"/> 96. Other (Specify)		_____ , _____ , _____		_____ , _____ , _____	
Model:	_____					
Year:	_____					

Record Type /Brand /Description if purchased in the past 12 months	a.	b.	c.	d.	To be asked only if purchased on with a loan (see response at "d")	
	Did this household purchase a ... in the past 12 months? (If "N", go to next item)	How many... were purchase in the past 12 months?	What was the purchase price of all the ... purchased in the past 12 months? (J\$)	Were any of the ... purchased using a loan?	Instalments/Payments	
					e. How much are the payments? (J\$)	f. How often are the payments made?
2. A used motor vehicle Body Type: Cars: <input type="checkbox"/> 1. Sedan <input type="checkbox"/> 2. Coupe <input type="checkbox"/> 3. Hatchback <input type="checkbox"/> 4. Station Wagon Light Trucks: <input type="checkbox"/> 5. Mini-van <input type="checkbox"/> 6. SUV/CUV <input type="checkbox"/> 7. Pickup <input type="checkbox"/> 8. Van Fuel type: <input type="checkbox"/> 1. Petrol <input type="checkbox"/> 2. Diesel <input type="checkbox"/> 3. Hybrid (Petrol) <input type="checkbox"/> 4. Hybrid (Diesel) <input type="checkbox"/> 5. Electric Make: <input type="checkbox"/> 1. Toyota <input type="checkbox"/> 2. Honda <input type="checkbox"/> 3. Suzuki <input type="checkbox"/> 4. Nissan <input type="checkbox"/> 5. Mitsubishi <input type="checkbox"/> 6. Mazda <input type="checkbox"/> 7. Subaru <input type="checkbox"/> 8. VW <input type="checkbox"/> 9. Mercedes <input type="checkbox"/> 10. BMW <input type="checkbox"/> 11. Audi <input type="checkbox"/> 12. Kia <input type="checkbox"/> 13. Hyundai <input type="checkbox"/> 96. Other (Specify) Model: Year:	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____ ' _____ ' _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ ' _____ ' _____	
3. Motor Cycle/Bike (new or used) Type: Make: Model:	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____ ' _____ ' _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ ' _____ ' _____	
4. Bicycle or Tricycle (new or used) Type: Brand: Model:	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____ ' _____ ' _____			
5. Other vehicle (new or used) Type: Brand: Model:	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____ ' _____ ' _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ ' _____ ' _____	

Q158. In the past 12 months, did you sell any motor car, truck, van or motor cycle used for domestic purposes?

1. Yes 2. No (*skip to Q159*)

Vehicle		a. How many ... did you sell?	b. Sale Price (J\$)
1. Motor Car (sedan, coupe/hatchback, station wagon, sports car)	<input type="checkbox"/> Y <input type="checkbox"/> N		____, ____ , ____
2. Light truck (mini-van, SUV/CUV, pick-up, van)	<input type="checkbox"/> Y <input type="checkbox"/> N		____, ____ , ____
3. Motor Cycle	<input type="checkbox"/> Y <input type="checkbox"/> N		____, ____ , ____

16.2 Operation of Personal Transport Equipment

Include here the purchases of lubricants, spare parts or accessories made by households with the intention of undertaking the maintenance, repair or intervention themselves.

16.2.1 Fuels and Lubricants for Personal Transport Equipment

Included in this section is the expenditure on fuels and lubricants for vehicles used for domestic purposes. Also included is the expenditure on and acquisition of fuel for major tools and equipment and recreational vehicles.

Do not include charges for oil changes and greasing.

Q159. In the past 12 months, did you or any member of this household purchase any fuel for motor vehicles used for domestic purposes?

1. Yes 2. No (*skip to Q165*)

Q160. What type of fuel do you normally purchase?

1. Unleaded Gasoline – 87 Octane 3. Diesel
 2. Unleaded Gasoline – 90 Octane 4. Ultra Low Sulphur Diesel

Q161. How many litres of fuel do you usually purchase?

--	--	--

1. Per Week 2. Per Month 3. Other (Specify) 98. Don't know

Q162. How much do you usually spend on fuel?

____, ____ , ____

Q163. How often do you usually purchase fuel?

1. Daily 2. Weekly 3. Fortnightly 4. Monthly 96. Other (Specify)

Q164. Where do you usually purchase fuel?

Name of Gas Station: _____

Location of Gas Station: _____

a. In the past 12 months, did this household purchase any ...? <i>(If "N", go to next item)</i>	b. How many/how much ... did you purchase in the past 12 months?		c. How often do you buy...?		d. How much was spent on ... in the past 12 months? (J\$)	e. What type/brand did you purchase most often in the past 12 months?
	Amount	Code	Frequency	Code		
Q165. In the past 12 months, did you or any member of this household purchase any other fuels lubricants or fluids for motor vehicles used for domestic purposes?						<input type="checkbox"/> Y <i>(Go to "a")</i> <input type="checkbox"/> N <i>(skip to Q166)</i>
1. Fuels for tools, equipment and recreational vehicles (e.g. two-stroke oil)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
2. Fuel additives (e.g. gas treatment)	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
3. Coolant	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
4. Motor oil	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
5. Transmission Fluid	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
6. Brake Fluid	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
7. Windscreen Wiper Fluid	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:
8. Other fluids and lubricants (Specify) e.g. fuel for lawnmowers, water pumps, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N					Type: Brand:

16.2.2 Spare Parts & Accessories, Maintenance and Repair of Personal Transport Equipment

Included here are all expenditure on the acquisition of spare parts and accessories for vehicles used as domestic transport. Expenditure on crash helmet is included here.

Also included here are the services purchased for the maintenance and repair of personal transport equipment such as fitting of parts and accessories, wheel balancing, technical inspection, breakdown services, oil changes, greasing and washing. Include the cost of materials used at "HM" if repairs are done by you or any household member. Include the total value of the service (that is, both the cost of labour and the cost of materials) at "AP" if repairs are done by automotive professionals such as mechanics, body work men and the like.

a. In the past 12 months, did this household spend on/pay for ...? <i>(If "N", go to next item)</i>	b. How often does this household spend on ...? Frequency Code	c. How much was spent on ...? (J\$)	d. What type did you purchase <u>most</u> often?
Q166. In the past 12 months, did you or any member of this household spend on any services for the maintenance or repair of personal transport equipment?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q167)
1. Washing Motor Vehicles (<u>past month</u>)	<input type="checkbox"/> Y <input type="checkbox"/> N	AP: _____, _____, _____	.....
2. Engine and interior wash	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....
3. Full Servicing, including parts	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....
4. Lubrication and Oil Change, including grease and spray	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....
5. Disc Pad & Clutch Repair, including the purchase of disc pads and clutches	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....
6. Engine Tune – Up, including spark plugs	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....
7. Batteries	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....
8. Filters	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....
9. Shock Absorbers	<input type="checkbox"/> Y <input type="checkbox"/> N	HM: _____, _____, _____	.....
		AP: _____, _____, _____	.....

a. In the past 12 months, did this household spend on/pay for ...? (If "N", go to next item)		b. How often does this household spend on ...?		c. How much was spent on ...? (J\$)	d. What type did you purchase <u>most</u> often?
		Frequency	Code		
10. Automobile Floor Mats	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
11. Automobile Seat Covers	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
12. Covers for Motor Cars, Motor Cycles, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
13. Motor Vehicle Crash Helmet	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	.....
				
14. Fire Extinguishers for Transport Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
15. Front - End Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
16. Tyre and Tube Repair and Installation	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
17. Wheel Alignment and Wheel Balancing	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
18. Diagnostic Test	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
19. Air Conditioning Repair, including gassing of AC	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....
20. Electrical System Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____	.....
				AP: _____, _____, _____	.....

a. In the past 12 months, did this household spend on/pay for ...? (If "N", go to next item)		b. How often does this household spend on ...?		c. How much was spent on ...? (J\$)	d. What type did you purchase <u>most</u> often?
		Frequency	Code		
21. Engine Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
22. Transmission Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
23. Exhaust System Repair (e.g. muffler)	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
24. Drive Axle, Drive Shaft, Front-End and Rear-End Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
25. Radiator Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
26. Body work and spray (duco) incl. sealers, waxes, bodywork polishes	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
27. Reupholstering	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
28. Towing Charges (Breakdown Services) - (e.g. wrecker fees)	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
29. Bicycle Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
30. Motor Bike Repair	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....
31. Other spare parts & accessories, services for the maintenance and repair of personal transport equipment	<input type="checkbox"/> Y <input type="checkbox"/> N			HM: _____, _____, _____ AP: _____, _____, _____	..... .....

16.2.3 Other Services in Respect of Personal Transport Equipment

Do not include the rental of motor vehicles with drivers or service charges for the insurance of personal transport equipment.

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)	b. How often does this household spend on ...?		c. How much was spent on ...? (J\$)	d. What type did you purchase most often?
	Frequency	Code		
Q167. In the past 12 months, did you or any member of this household spend on any other services in respect of personal transport equipment?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q168)	
1. Toll Charges (<u>past week or month</u>)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
2. Parking Charges (<u>past week or month</u>)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
3. Fitness Fee	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
4. Registration Fee	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
5. Licences Plates/Registration Plates	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
6. Valuation of Motor Vehicle	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
7. Automobile Rental (without drivers) incl. car rental	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
8. Truck Rental (Without Drivers)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
9. Vehicle Leasing	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....
10. Automotive Service Clubs (e.g. roadside assistance, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____	..... .....

a. In the past 12 months, did this household spend on ...? (If "N", go to next item)		b. How often does this household spend on ...?		c. How much was spent on ...? (J\$)	d. What type did you purchase most often?
		Frequency	Code		
11. Driving Lessons	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	..... .....
12. Driving Test - Fee	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	..... .....
13. Drivers' Licences	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____	..... .....
14. Other services in respect of personal transport equipment (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____

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16.3 Transport Services (excluding the cost of transport services purchased abroad)

Purchases of transport services are generally classified by mode of transport. This section includes spending on transport services. It also includes spending on meals, snacks, drinks, refreshments or accommodation services if covered by the fare and not separately priced. It **does not include** spending on meals, snacks, drinks, refreshments or accommodation services if they are separately priced. Also **excluded** are tickets that cover two or more modes of transport for which the expenditure cannot be apportioned between them.

a. In the past day/week/month, did this household spend on ...? (If "N", go to "next item")	b. How much was spent on ...? (J\$)		c. What type/route did you use most often? For Route, specify Start and End Point
	Amount	Period	
Q168. In the past 12 months, did you or any member of this household use any road passenger transport services for the transport of individuals or groups of persons? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q11769)			
1. Bus Fare	<input type="checkbox"/> Y <input type="checkbox"/> N	Pub: _____, _____ Priv: _____, _____	
2. Fixed-Route Shared Taxi (Route Taxi)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____	
3. Taxicab Fares (Charter/Hackney)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____	
4. Bike Taxi	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____	
5. Scheduled transportation (e.g. Knutsford Express)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____	
6. Limo Service/Private Car Service	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____	
7. Charter bus/Private School Bus	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____	
8. Other road passenger services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Pub: _____, _____	
		Priv: _____, _____	

Q169. In the past 12 months, did you or any member of this household use any air passenger transport services for the transport of individuals or groups of persons?					<input type="checkbox"/> Y (Go to "a")		<input type="checkbox"/> N (skip to Q170)	
a. In the past 12 months, did this household spend on ...? (If "N", go to "next item")			b. How often do you purchase ...?		c. How much was spent on ...? (J\$)	d. What type/route did you use most often? For Route, specify Start and End Point		
			Frequency	Code				
1. Air Fares - Domestic	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___ , ___			
2. Air Fares - International	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___ , ___			
3. Other air passenger services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___ , ___			
Q170. In the past 12 months, did you or any member of this household use any other purchased transport services for the transport of individuals or groups of persons?					<input type="checkbox"/> Y (Go to "a")		<input type="checkbox"/> N (skip to Q171)	
1. Travel Agent's Commission (if separately priced)	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___ , ___			
2. Removal Services	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___ , ___			
3. Storage Services	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___ , ___			
4. Other purchased transport services (Specify) e.g. porter services, luggage handlers, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				___, ___ , ___			

17 RECREATION AND CULTURE AND ACCOMMODATION SERVICES

Date Section Completed / / 2 0

Respondent number

17.1 Other Durables for Recreation and Culture

Record in this section spending on major durables for outdoor and indoor recreation, musical instruments and maintenance and repair of durables for **personal** recreation and culture. **Do not include** spending on horses or horse drawn vehicles and related equipment purchased for personal transport and fuel for recreational vehicles.

a. In the past 12 months, did you or any member of this household purchase any ...? (If "N", go to next item)	b. What type/brand did you or any household member purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many...?
17.1.1 Major Durables for Outdoor Recreation			
Q171. In the past 12 months, did you or any member of this household purchase any major durables for outdoor recreation? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q172)			
1. Sea diving and water sports equipment (e.g. surf boards, jet skis etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____	
2. Boats (e.g. sail boats, power boats etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____	
3. Boat equipment (e.g. sails, rigs etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____	
4. Golf carts	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____	
5. Other major durables for outdoor recreation (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____	
17.1.2 Musical Instruments and Major Durables for Indoor Recreation			
Q172. In the past 12 months, did you or any member of this household purchase any musical instruments and major durables for indoor recreation? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q173)			
1. Recorders	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____	
2. Trumpets and Saxophones	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____	

a. In the past 12 months, did you or any member of this household purchase any ...? (If "N", go to next item)		b. What type/brand did you or any household member purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many...?
3. Guitars and Violins	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
4. Drums	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
5. Keyboards and Pianos	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
6. Other musical instruments (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
7. Other major durables for indoor recreation (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	
8. Maintenance and Repair of Other Indoor and Outdoor Major Durables for Recreation and Culture (Specify) e.g. pool table, total value (cost of both labour and materials) of hangar services for private planes, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	_____ , _____ , _____	

17.2 Other Recreational Items and Equipment, Gardens and Pets

Record in this section spending on games, toys and hobbies, sporting, camping and open-air recreation equipment, gardens, plants and flowers, pets and related products, veterinary and services for pets. **Do not include** spending on unused postage stamps, crash helmets for motorcycles and bicycles, gardening gloves, services and equipment, insecticides and pesticides for household use and horses.

a. In the past 12 months, did you or any member of this household purchase any of the following: (If "N", go to next item)	b. What type/brand did you or any household member purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many...?
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17.2.1 Games, Toys and Hobbies

Q173. In the past 12 months, did you or any member of this household purchase any games, toys or hobbies? Y (Go to "a") N (skip to Q174)

1. Toys for children	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	
2. Playground equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	
3. Electronic gaming console (e.g. Nintendo DS, Play Station, X-Box, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	
4. Electronic game software and cartridges	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	
5. Board games (e.g. Ludo, Dominoes, chess, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	
6. Christmas decorations	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	
7. Memorabilia/Items for collection (e.g. coins, medals, spoons, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	
8. Other games, toys and hobbies (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____, _____, _____	

a. In the past 12 months, did you or any member of this household purchase any of the following: (If "N", go to next item)	b. What type/brand did you or any household member purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many...?
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17.2.2 Equipment for Sport, Camping and Open-Air Recreation

Q174. In the past 12 months, did you or any member of this household purchase any equipment for sports, camping and open-air recreation?		<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q175)
1. Exercise equipment (e.g. weights, dumb-bells, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____
2. Sporting equipment (e.g. discus, javelin, bats, golf clubs, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____
3. Balls (e.g. golf, tennis, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____
4. Other sporting equipment (e.g. shuttlecocks, sabres, fishing rods, frisbee, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____
5. Inflatable boats, rafts and swimming pools	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____
6. Protective sporting headgear excl. crash helmets for motor cycles and bicycles	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____
7. Other protective sporting gear (e.g. life jackets, goggles, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____
8. Other equipment for sports, camping and open-air recreation (Specify) e.g. air mattress	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____ / ____ / ____

a. In the past 3 months, did you or any member of this household purchase any of the following: (If "N", go to next item)	b. What type/brand did you or any household member purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many...?	
			Codes	
			01.Bag	02.Bottle	13.Item	21.Pack
			Amount	Code
17.2.3 Gardens, Plants and Flowers				
Q175. In the past 3 months, did you or any member of this household purchase any gardens, plants or flowers?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q176)		
1. Plants	<input type="checkbox"/> Y <input type="checkbox"/> N Type:	_____ , _____ , _____		
2. Seeds	<input type="checkbox"/> Y <input type="checkbox"/> N Type:	_____ , _____ , _____		
3. Cut Flowers	<input type="checkbox"/> Y <input type="checkbox"/> N Type:	_____ , _____ , _____		
4. Artificial Flowers	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____		
5. Flower Pots	<input type="checkbox"/> Y <input type="checkbox"/> N Type:	_____ , _____ , _____		
6. Top Soil	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____		
7. Christmas Trees	<input type="checkbox"/> Y <input type="checkbox"/> N Type:	_____ , _____ , _____		
8. Fertilizers and Manures	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____		
9. Garden Weedicides/Pesticides	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____		
10. Other Horticulture Items (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N Type: Brand:	_____ , _____ , _____		

a. In the past 12 months, did you or any member of this household purchase any of the following: <i>(If "N", go to next item)</i>	b. What type/brand did you or any household member purchase most often in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)	d. How many...?	
			Codes	
			01.Bag	13.Item	21.Pack
			Amount	Code
17.2.4 Pets and Related Products				
Q176. In the past 12 months, did you or any member of this household spend on pets and related products?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q177)		
1. Pets	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
2. Pet Food	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
3. Feeding bowls	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
4. Collars and Leashes	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
5. Animal housing incl. Kennels, Bird Cages, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
6. Fish tanks, supplies and accessories	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
7. Cat Litter	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
8. Veterinary and Grooming Products for Pets	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	
9. Other Pet Related Products (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____	

a. In the past 12 months, did you or any member of this household spend on any of the following: <i>(If "N", go to next item)</i>		b. What type did you or any household member spend on <u>most often</u> in the past 12 months?	c. How much did you or other members of this household spend on... in the past 12 months? (J\$)
17.2.5 Veterinary and Other Services for Pets			
Q177. In the past 12 months, did you or any member of this household purchase veterinary or related services for pets?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q178)	
1. Medical care for pets and animals (eg. vet bill)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____
2. Pet services (e.g. grooming, boarding, training, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____
3. Other Veterinary and Pet Services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____

17.3 Recreational, Cultural, Sporting or Entertainment Venues

This section includes spending on entrance fees, food and beverages at recreational, cultural, sporting or entertainment services at theatres, cinemas, sports stadiums, swimming pools, sports complexes, museums, art galleries, nightclubs, dancing establishments and the like.

a. Do you or other members of this household go to ...? <i>(If "N", go to next item)</i>	b. What do you or other members of this household spend on at ...?	c. In the past 30 days, how much did you or other members of this household spend at ...? <i>Include tips</i>		d. How often?	
		J\$		Frequency	Code
Q178. In the past 12 months, did you or any member of this household spend at any places providing recreational, cultural, sporting or entertainment services including sports stadiums, swimming pools, sports complexes, nightclubs, dancing establishments, etc.?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q179)	
1. Sports Stadiums/Sports Complexes (at spectator sports e.g. football, cricket, tennis, hockey, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry fee	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____	
		Food & Drinks	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____	
		Alcohol	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____	
2. Nightclubs/Dancing Establishments/Party/Street dance	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry fee	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____	
		Food & Drinks	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____	
		Alcohol	<input type="checkbox"/> Y <input type="checkbox"/> N	____,____	

a. Do you or other members of this household go to ...? (If "N", go to next item)	<input type="checkbox"/> Y <input type="checkbox"/> N	b. What do you or other members of this household spend on at ...?		c. In the past 30 days, how much did you or other members of this household spend at ...? <i>Include tips</i>	d. How often?	
				J\$	Frequency	Code
3. Musical Shows (e.g. Stage Shows, Jazz and Blues, ATI, Dream Weekend, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry fee	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
		Food & Drinks	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
		Alcohol	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
4. Fairgrounds and Amusement Parks (e.g. Mystic Mountain, Kool Runnings, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry fee	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
		Food & Drinks	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
5. Beaches and Falls incl. rafting (e.g. Dunn's River, YS Falls, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry fee	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
6. Package holidays incl. all-inclusive	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry fee	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
7. Package holidays incl. half-day or one-day excursion tours	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry fee	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
8. Other recreational, cultural, sporting or entertainment establishments (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Entry Fee	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
		Food & Drinks	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		
		Alcohol	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____		

17.4 Other Recreational and Cultural Services

Record in this section expenditure on recreational and sporting activities, cultural services and games of chance.

a. In the past 12 months, did you or any member of this household purchase any ...? <i>(If "N", go to next item)</i>	b. What type/brand did you or any household member purchase <u>most</u> often in the 12 months?	c. How much do you or other members of this household spend on...?	
		(J\$)	How often?
17.4.1 Recreational and Sporting Services			
Q179. In the past 12 months, did you or any member of this household purchase any of the following recreational or sporting services?		<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q180)
1. Sports Club Membership Dues	<input type="checkbox"/> Y <input type="checkbox"/> N		____,____,____
2. Horse Racing (e.g. entry fee into Caymanas Park, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	i. Entry Fee	____,____,____
		ii. Other Expenditure	____,____,____
3. Gym Fees	<input type="checkbox"/> Y <input type="checkbox"/> N		____,____,____
4. Hire of Equipment and Accessories for Sport and Recreation incl. game-specific footwear (e.g. golfing shoes)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type: Brand:	____,____,____
5. Out of School Individual or Group Lessons in Chess, Dancing, Aerobics, Music, Swimming etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____
6. Other Recreational and Sporting Services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____
17.4.2 Cultural Services			
<i>Include here package entrance fees or total costs, where they are not separate from entrance fees.</i>			
Q180. In the past 12 months, did you or any member of this household purchase any cultural services at theatres, cinemas, museums, art galleries, etc.?		<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q181)
1. Theatres and Cinemas e.g. plays	<input type="checkbox"/> Y <input type="checkbox"/> N	i. Entry Fee	____,____,____
		ii. Food and Drinks	____,____,____
2. Museums and Art Galleries	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____,____,____

a. In the past 12 months, did you or any member of this household purchase any ...? <i>(If "N", go to next item)</i>		b. What type/brand did you or any household member purchase <u>most</u> often in the 12 months?	c. How much do you or other members of this household spend on...? (J\$) How often?	
3. Zoo and Botanical Gardens (e.g. Hope Gardens, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____, ____ , ____	
4. Library Fees and Fines	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____, ____ , ____	
5. Photographic Expenses (e.g. photo enlarging etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____, ____ , ____	
6. Services of Musicians, Clowns, Performers for Private Entertainment	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____, ____ , ____	
7. Other cultural services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:	____, ____ , ____	

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17.4.3 Games of Chance					
a. In the past 30 days, did you or any member of this household purchase any ...? <i>(If "N", go to next item)</i>		b. How often did you purchase ...?		c. What type did you or any household member purchase <u>most</u> often in the past 30 days?	d. How much do you or other members of this household spend on... in the past 30 days?
		Frequency	Code		
Q181. In the past 30 days, did you or any member of this household purchase any games of chance?				<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q182)
1. Lottery, Cash Pot, Pick 3, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			Type:	____,____,____
2. Horse Racing or Other Gambling (incl. sports betting)	<input type="checkbox"/> Y <input type="checkbox"/> N			Type:	____,____,____
3. Bingo, Raffle ticket or Other Games of Chance	<input type="checkbox"/> Y <input type="checkbox"/> N			Type:	____,____,____
4. Gaming Machines	<input type="checkbox"/> Y <input type="checkbox"/> N			Type:	____,____,____
5. Other Games of Chance (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			Type:	____,____,____

17.5 Accommodation Services

Included in this section is expenditure on the accommodation services of: hotels, boarding houses, motels, inns and establishments offering “bed and breakfast”; holiday villages and holiday centres, camping sites etc.; public transport when priced separately. Also included here is the expenditure on tips, and porters. **Do not include** payments of households occupying a room in a hotel or boarding house as their main residence; rentals paid by households for a secondary residence for the duration of a holiday; telephone calls; catering services in such establishments except for breakfast or other meals included in the price of the accommodation; housing in orphanages, homes for disabled or maladjusted persons.

a. In the past 12 months, did this household spend on ...? (If “N”, go to next item)	b. How often do you or other members of this household go to ...?		c. How much did you or other members of this household usually spend at ...? J\$
	Frequency	Code	

17.5.1 Accommodation

Q182. In the past 12 months, did you or any member of this household spend on accommodation services locally?		<input type="checkbox"/> Y (Go to “a”)	<input type="checkbox"/> N (skip to Q183)
1. Hotels, motels, inns and establishments offering “bed and breakfast” incl. tips and porter	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____
2. Camping sites, holiday villages etc. incl. tips and porter	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____
3. Other accommodation services locally (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____

17.6 Newspapers, Books and Stationery

Record in this section all household expenditure of non-educational books, newspapers, periodicals and printed materials as well as stationery and drawing materials. It **excludes** household spending on pre-franked postcards, stamp albums and pocket calculators.

a. In the past 12 months, did you or any member of this household purchase any ...? (If “N”, go to next item)	b. How often do you purchase ...?		c. How much did you or other members of this household spend on...? (J\$)	d. What type did you or any household member purchase most often?
	Frequency	Code		

17.6.1 Books

Q183. In the past 12 months, did you or any member of this household purchase any books?		<input type="checkbox"/> Y (Go to “a”)	<input type="checkbox"/> N (skip to Q184)
1. Books and E-Books (Non- Educational)	<input type="checkbox"/> Y <input type="checkbox"/> N		Type:
2. Music Scores/Sheets	<input type="checkbox"/> Y <input type="checkbox"/> N		Type:

a. In the past 12 months, did you or any member of this household purchase any ...? <i>(If "N", go to next item)</i>		b. How often do you purchase ...?		c. How much did you or other members of this household spend on...? (J\$)	d. What type did you or any household member purchase most often?
		Frequency	Code		
3. Book Binding and repair	<input type="checkbox"/> Y <input type="checkbox"/> N			____, ____ , ____	Type:
4. Other Books (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			____, ____ , ____	Type:
17.6.2 Miscellaneous Printed Matter <i>This section excludes stamp album etc.</i>					
Q184. In the past 12 months, did you or any member of this household purchase any miscellaneous printed matter? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q185)					
1. Maps and Globes	<input type="checkbox"/> Y <input type="checkbox"/> N			____, ____ , ____	Type:
2. Postcards, Greeting Cards, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N			____, ____ , ____	Type:
3. Other Printed Materials incl. Posters and Calendars (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			____, ____ , ____	Type:

a. In the past 30 days, did you or any member of this household purchase any ...? (If "N", go to next item)	b. In the 30 days, how much did you or other members of this household spend on...? (J\$)	c. What type did you or any household member purchase most often in the past 30 days?
17.6.3 Newspapers and Periodicals		
Q185. In the past 30 days, did you or any member of this household purchase any newspapers and periodicals? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q186)		
1. Newspapers incl. electronic subscriptions	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
2. Magazines incl. electronic subscriptions	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
3. Other newspapers and periodicals (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
17.6.4 Stationery and Drawing Materials		
Q186. In the past 30 days, did you or any member of this household purchase any stationery and drawing materials? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q187)		
1. Notebooks	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
2. Pens	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
3. Pencils	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
4. Sharpeners and Erasers	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
5. Markers	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
6. Pencil Boxes/Cases	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
7. Glues	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
8. Paper Clips	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
9. Staplers, Staples and Paper Punches	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:

a. In the past 30 days, did you or any member of this household purchase any ...? (If "N", go to next item)		b. In the 30 days, how much did you or other members of this household spend on...? (J\$)	c. What type did you or any household member purchase most often in the past 30 days?
10. Geometry Instruments/Sets	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:
11. Scissors	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:
12. Inks, Toners and Cartridges	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:
13. Chalk	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:
14. Diaries	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:
15. Drawing and Painting Materials (e.g. canvas, paper, brushes, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:
16. Stationery incl. Envelopes	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:
17. Other stationery and drawing materials (Specify) e.g. diaries, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	____, ____ , ____	Type:

18 SPECIAL OCCASIONS

Date Section Completed / /

Respondent number

Record in this section expenditure on weddings (expenses of bride and/or groom only) and funerals (expenses for deceased only). **Exclude** spending on food and drinks already reported in Section 6 – Restaurants.

a. In the past 12 months, did you or any member of this household spend on ...? <i>(If "N", go to next item)</i>	b. How much was spent on ... in the past 12 months? <i>(J\$)</i>	c. What type did you spend on most often in the past 12 months?
18.1 Weddings		
Q187. In the past 12 months, did you or any other usual resident of this household get married? <input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q188)		
1. Wedding Package (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
2. Clothing (e.g. wedding dress and suits) for bride & groom	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
3. Rental of clothing (e.g. wedding dress and suits) for bride & groom	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
4. Shoes for bride and groom	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
5. Headpiece/Tiara/Fascinator/Hat	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
6. Bouquets/Flowers/Decorations	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
7. Rings for bride and groom	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:
8. Make-up and hair for bride and groom	<input type="checkbox"/> Y <input type="checkbox"/> N	Type:

a. In the past 12 months, did you or any member of this household spend on ...? <i>(If "N", go to next item)</i>		b. How much was spent on ... in the past 12 months? <i>(J\$)</i>	c. What type did you spend on most often in the past 12 months?
9. Venue - Ceremony	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
10. Venue - Reception	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
11. Pastor/Master of Ceremony	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
12. Cake	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
13. Food and Drinks	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
14. Tables/Chairs/Bistros	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
15. Plates/Forks/Cups/Napkins	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
16. Invitations/Programmes	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
17. Transport	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	Type:
18. Music/Entertainment	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
19. Photography/Videography	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
20. Honeymoon	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	
21. Other wedding related items (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____, _____, _____	

a. In the past 12 months, did you or any member of this household spend on ...? <i>(If "N", go to next item)</i>	b. How much was spent on ... in the past 12 months? (J\$)	c. How many?	d. What type did you spend on most often in the past 12 months?
18.2 Funerals			
Q188. In the past 12 months, did any member of this household die?		<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q189)	
1. Funeral package (e.g. casket, programmes, hearse, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	Items included:
2. Funeral preparations incl. burial spot, grave, set up/nine night/wake/dead yard, repast, music, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	

SPECIMEN

19 EXPENDITURE OVERSEAS

Date Section Completed / /

Respondent number

Include in this section spending on goods and services for personal use by members of this household while overseas. Do not include business expenses.

Q189. In the past 12 months, did you or any member of this household travel overseas?

1. Yes 2. No *(skip to next Section)*

Q190. While overseas, did you or any member of this household purchase any goods or services for personal use by you or any member of this household?

1. Yes 2. No *(skip to next Section)*

Q191. How much did you spend on the following while overseas?

Item	Amount (J\$)
1. Food and Non-alcoholic Beverages	_____ , _____ , _____
2. Clothing and Footwear	_____ , _____ , _____
3. Furnishings, Household Equipment and Items for Routine Household Maintenance	_____ , _____ , _____
4. Medical Products, Appliances and Equipment	_____ , _____ , _____
5. Medical Services	_____ , _____ , _____
6. Transportation	_____ , _____ , _____
7. Communication	_____ , _____ , _____
8. Recreation and Culture	_____ , _____ , _____
9. Restaurants and other Catering Services	_____ , _____ , _____
10. Hotel/Motel Services	_____ , _____ , _____
11. Package Holiday incl. all-inclusive holidays and half-day or one-day excursion tours	_____ , _____ , _____
12. Personal Care Items	_____ , _____ , _____
13. Other items (Specify)	_____ , _____ , _____

Total Expenditure Overseas: _____ , _____ , _____

20 MISCELLANEOUS GOODS AND SERVICES

Date Section Completed / /

Respondent number

This section includes household expenditure on **Personal Care Services** excluding those in spas and fitness centres, **Personal Effects** such as jewellery and watches excluding baby furniture, shopping bags and feeding bottles, **Social protection, Insurance** excluding service charges paid by owner-occupiers for the kinds of insurance typically taken out by landlords, **Financial Services, Donations and gifts, Other Services** for households. This section also excludes handkerchiefs made of fabric.

20.1 Personal Care and Grooming

a. In the past 3 months, did you or any member of this household spend on/purchase any ... (If "N", go to next item)	b. How often did this household spend on ... in the past 3 months?		c. How much this household spend on ...? (J\$)	d. What type/brand did you or any household member purchase most often?
	Frequency	Code		

20.1.1 Barber, Hair Dressing Salons and Personal Grooming Establishments

Q192. In the past 3 months, did you or any member of this household purchase any personal care services?		<input type="checkbox"/> Y (Go to "a")		<input type="checkbox"/> N (skip to Q193)	
1. Crème (Relax)/Chemical Processing (e.g. crème, jerry curl etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:
2. Braiding/Weaving, Interlocking, Palm Roll	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:
3. Wigs and Hair Extension	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:
4. Shampoo (incl. treat, colour) and Style	<input type="checkbox"/> Y <input type="checkbox"/> N				Type
5. Hair Cuts/Trim - Males	<input type="checkbox"/> Y <input type="checkbox"/> N				
6. Hair Cuts/Trim - Females	<input type="checkbox"/> Y <input type="checkbox"/> N				
7. Shave	<input type="checkbox"/> Y <input type="checkbox"/> N				
8. Waxing	<input type="checkbox"/> Y <input type="checkbox"/> N				Type

a. In the past 3 months, did you or any member of this household spend on/purchase any ... (If "N", go to next item)		b. How often did this household spend on ... in the past 3 months?		c. How much this household spend on ...? (J\$)	d. What type/brand did you or any household member purchase most often?
		Frequency	Code		
9. Facial	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type
10. Manicure	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type
11. Pedicure	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type
12. Massage (non-medical)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type
13. Package Salon Treatment (e.g. relax, eyebrow waxing, manicure and pedicure/trim, shave and facial)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type
14. Other hairdressing and personal grooming services (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:

SPECIMEN

a. In the past 12 months, did you or any member of this household spend on/purchase any ... <i>(If "N", go to next item)</i>	b. How often does this household spend on ...?		c. How much did you or other members of this household spend on...? (J\$)	d. What type/brand did you or any household member purchase most often?
	Frequency	Code		

20.1.2 Electric Appliances for Personal Care

Q193. In the past 12 months, did you or any member of this household purchase any electric appliances for personal care?				<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q194)
1. Hair Dryer incl. Blow Dryer	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:
2. Curling Iron/Flat Iron	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:
3. Electric Shaver	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:
4. Repair of electric personal care appliances	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:
5. Other electric appliances for personal care incl. electric toothbrush (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				Type: Brand:

20.2 Personal Effects

a. In the past 12 months, did you or any member of this household spend on/purchase any ... <i>(If "N", go to next item)</i>	b. How often does this household spend on ...?		c. How much did you or other members of this household spend on...? (J\$)	d. What type/brand did you or any household member purchase most often?
	Frequency	Code		

20.2.1 Jewellery, Clocks and Watches

Q194. In the past 12 months, did you or any member of this household purchase any jewellery, clocks and watches?					<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q195)
1. Earrings	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
2. Necklaces/Chains, Pendants	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
3. Hand Accessories (e.g. Bangles, Bracelets, Rings excl. wedding rings (men and women)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
4. Watches (Children, Women and Men)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
5. Clocks	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
6. Studs, Cuff Links, Tie Pins, Clips, Brooches	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
7. Repair of Jewellery, Clocks and Watches	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
8. Other Jewellery, Clocks and Watches (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:

20.2.2 Other Personal effects

Q195. In the past 12 months, did you or any member of this household purchase any other personal effects?					<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q196)
1. Scales	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
2. Car/Booster Seats incl. those for children under 3 years old.	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:
3. Wallet/Purse	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:	Brand:

a. In the past 12 months, did you or any member of this household spend on/purchase any ... (If "N", go to next item)		b. How often does this household spend on ...?		c. How much did you or other members of this household spend on...? (J\$)	d. What type/brand did you or any household member purchase most often?
		Frequency	Code		
4. Handbags / Pocket book	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
5. Suitcases and Travelling Bags	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
6. Umbrella	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
7. Articles for Smokers (e.g. Lighter, Pipe, Ashtray etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
8. Walking Sticks	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
9. Repair of Personal Effect Items	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:
10. Other Personal Effects (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type: Brand:

20.3 Social Protection

a. In the past 30 days, did you or any member of this household spend on/purchase any ...? <i>(If "N", go to next item)</i>	b. How much did you or other members of this household spend on... in the past 30 days? (J\$)
---	---

20.3.1 Social Protection

Q196. In the past month, did you or any member of this household purchase any social protection services?		<input type="checkbox"/> Y <i>(Go to "a")</i>	<input type="checkbox"/> N <i>(skip to Q197)</i>
1. Maintenance of physically/mentally challenged relatives in public nursing home	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
2. Maintenance of physically/mentally challenged relatives in private nursing home	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
3. Maintenance of aged relatives outside public family homes	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	
4. Maintenance of aged relatives outside private family homes	<input type="checkbox"/> Y <input type="checkbox"/> N	_____ , _____ , _____	

20.4 Insurance

a. In the past 12 months, did you or any member of this household spend on/purchase any ...? <i>(If "N", go to next item)</i>	b. How often does this household spend on ...?		c. How much did you or other members of this household spend on...? (J\$)
	Frequency	Code	

20.4.1 Life Insurance

Q197. In the past 12 months, did you or any member of this household spend on any life insurance?		<input type="checkbox"/> Y <i>(Go to "a")</i>	<input type="checkbox"/> N <i>(skip to Q198)</i>
1. Life Insurance Premiums	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____
2. Critical Illness Insurance Premiums	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____

20.4.2 Insurance Connected with Health

Q198. In the past 12 months, did you or any member of this household spend on any insurance connected with health?		<input type="checkbox"/> Y <i>(Go to "a")</i>	<input type="checkbox"/> N <i>(skip to Q199)</i>
1. Premium Individual	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____
2. Premium Family	<input type="checkbox"/> Y <input type="checkbox"/> N		_____ , _____ , _____

a. In the past 12 months, did you or any member of this household spend on/purchase any ...? (If "N", go to next item)	b. How often does this household spend on ...?		c. How much did you or other members of this household spend on...? (J\$)
	Frequency	Code	
20.4.3 Insurance Connected with Transport and Other Insurance			
Q199. In the past 12 months, did you or any member of this household spend on any insurance connected with transport?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q200)
1. Comprehensive Insurance- Motor Vehicle, Motor Bike	<input type="checkbox"/> Y <input type="checkbox"/> N		_____,'_____',_____
2. Third Party Liability- Motor Vehicle, Motor bike	<input type="checkbox"/> Y <input type="checkbox"/> N		_____,'_____',_____
3. Other Insurance (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____,'_____',_____
20.4.4 Other Non-Life Insurance			
Q200. In the past 12 months, did you or any member of this household spend on any other non-life insurance?			<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q201)
1. Educational related insurance (e.g. Omni Educator, Heritage Fund, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____,'_____',_____
2. Other (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____,'_____',_____

20.5 Other Services

a. In the past 12 months, did you or any member of this household spend on/purchase any ... (If "N", go to "d")		b. How often does this household spend on ...?		c. How much did you or other members of this household spend on...? (J\$)	d. What type/brand did you or any household member purchase most often?
		Frequency	Code		
Q201. In the past 12 months, did you or any member of this household spend on any other financial services?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q202)	
1. Bank Charges (Credit Card Fees, ATM fees, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
2. Fees for Money Transfers	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
3. Fees of brokers, investment advisor	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
4. Other financial services (incl. Bill payment fees)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
Q202. In the past 12 months, did you or any member of this household purchase any other services?				<input type="checkbox"/> Y (Go to "a") <input type="checkbox"/> N (skip to Q203)	
1. Certificate (Birth, Death and Marriage)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
2. Passport	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
3. Visa Payments	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
4. Legal Services	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:
5. Other Services (Specify) e.g. fee for clearing barrel	<input type="checkbox"/> Y <input type="checkbox"/> N			_____ , _____ , _____	Type:

21 DONATIONS AND GIFTS

a. In the past 12 months, did you or any member of this household spend on ...? (If "N", go to next item)		b. How often does this household spend on ...?		c. How much did you or other members of this household spend on...? (J\$)
		Frequency	Code	
Q203. In the past 12 months, did you or any member of this household give any donations or gifts?		<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (skip to Q204)	
1. Church Dues incl. Tithes and Offerings	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
2. Union Dues	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
3. Donations to Charities	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
4. Service Club Fees (e.g. Rotary, Optimist, Kiwanis, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
5. Donations in cash, to other persons outside this household	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
6. Donations in kind, to other persons outside this household (e.g. value of food, health expenses, utility bills etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
7. Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
8. Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____
9. Other (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,_____,_____

22 HOUSEHOLD INCOME

Date Section Completed / /

Respondent number

This section includes the sources of income for households.

a. Did you or any member of this household receive income/withdraw from any ... in the past 12 months? <i>(If "N", go to next item)</i>	b. In the past 12 months, how often did you or other members of this household receive ...?		c. How much did you or other members of this household receive from...? (J\$)
	Frequency	Code	
22.1 Sources of Income			
Q204. In the past 12 months, what were the sources of income for you and the other members of this household?		<input type="checkbox"/> Y (Go to "a")	<input type="checkbox"/> N (End Interview)
1. Property Income (Interest, Dividends, Investment Income)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
2. Rental Income	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
3. Business Income (e.g. income from self-employment, hustle, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
4. Pensions and Life Insurance Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
5. NIS Pension	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
6. Social Assistance Grants (e.g. funeral grants, Food for the Poor, Church, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
7. P.A.T.H Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
8. Remittances from Abroad	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
9. Alimony (Payment from former Spouse)	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
10. Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____
11. Donations from other persons outside this household	<input type="checkbox"/> Y <input type="checkbox"/> N		_____'_____'_____

a. Did you or any member of this household receive income/withdraw from any ... in the past 12 months? <i>(If "N", go to next item)</i>		b. In the past 12 months, how often did you or other members of this household receive ...?		c. How much did you or other members of this household receive from...? (J\$)
		Frequency	Code	
12. Receipts from insurance claims (motor vehicle, health, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
13. Net winnings from games of chance	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
14. Other Sources of Income (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
15. Wages and Salaries				
Household Member 1	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 2	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 3	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 4	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 5	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 6	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 7	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 8	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 9	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____
Household Member 10	<input type="checkbox"/> Y <input type="checkbox"/> N			_____,'_____'_____

23 REGULARITY, QUANTITY AND OUTLET TYPE CODES

Regularity of Purchase Codes	
01	Daily
02	Weekly
03	Fortnightly
04	Monthly
05	Quarterly (every 3 months)
06	Semi-Annually
07	Annually
96	Other (Specify)
98	Don't know/Can't Remember/Refused
99	Never/None

Unit of Quantity Codes							
01	Bag	11	Gill	21	Pack	31	Tie
02	Bottle	12	Gram	22	Pair	32	Tube
03	Box	13	Item/Each	23	Pint	33	Tub
04	Bundle	14	Kilogram	24	Pound	34	Yard
05	Can/Tin	15	Length	25	Quart	96	Other (Specify)
06	Case	16	Litre	26	Roll		
07	Cup	17	Loaf	27	Sachet		
08	Dozen	18	Metre	28	Scoop		
09	Feet	19	Millilitre	29	Slice		
10	Gallon	20	Ounce	30	Stick		

Outlet Type Codes					
01	Abroad	08	Hardware Store	15	Supermarket
02	Bread Shop/Bakery	09	Ice Cream Parlour	16	Vegetable Market
03	Department Store	10	Liquor Store	17	Wholesale Outlet
04	Farmgate	11	Market	96	Other (Specify)
05	Fish/Meat Market	12	Mobile Vendor/Cart	98	Don't know/Can't Remember/Refused
06	Furniture Store	13	Online		
07	Grocery Shop/Corner Shop	14	Pharmacy		