

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

I N D I V I D U A L No.	1. In the past 4 weeks have you/had any injury resulting from road traffic accident, a fall, a domestic or violent incident that required medical attention? YES.....1 NO...2 (> Q3)	2. What type of incident/accident? MOTOR VEHICLE.....A DOMESTIC ACCIDENT.....B INDUSTRIAL ACCIDENT.....C DOMESTIC INCIDENT.....D OTHER VIOLENT RELATED INCIDENT.....E OTHER SPECIFY.....F YES.....1 NO.....2 MULTIPLE RESPONSES						3. Have you/had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma attack, or an episode relating to hypertension, diabetes or any other illnesses? (In the past 4 weeks) YES, CHRONIC ILLNESS.....1 YES, OTHER ILLNESS.....2 YES, BOTH.....3 NO.....4 (> Q22 if 2 in Q1)	4. What was the duration of this most recent episode? (CAN BE > 28 DAYS) DAYS	5. For how long were you/was unable to carry out normal activities? (CAN BE > 28 DAYS) DAYS	6. Has a doctor, nurse, pharmacist, midwife, healer or any other health practitioner been visited? YES...1 NO.....2 (> Q17)	7. How many visits did you/ make to health practitioners in the past 4 weeks?	8 Where did the most recent visits take place?In.....											
		a. Public Hospital? YES, UHWI.....1 YES, PUBLIC.....2 NO.....3	a (i) In your most recent visit to the Public Hospital, what time did you/ (NAME). A. arrive, B. register and C. see the doctor/ health professional? (24 hr. clock)	b. Private Hospital? YES...1 NO.....2	b (i) In your most recent visit to the Private Hospital, what time did you/ (NAME). A. arrive, B. register and C. see the doctor/ health professional?	c. Public Health Centre YES.....1 NO.....2	c (i). In your most recent visit to the Public Health Centre, what time did you..(NAME) A. arrive, B. register and C. see the doctor/ health professional? (24 hr. clock)						d. Private Health Centre / Doctor's Office YES.....1 NO.....2	d (i) In your most recent visit to Private Health Centre /Doctor's Office, what time did you.(NAME). A. arrive, B. register and C. see the doctor/ health professional? (24 hr. clock)	e. Other? (Specify)	e (i) In your/..(NAME). . most recent visit to....., what time did you A. arrive, B. register and C. see the doctor/ health professional? (24 hr. clock)								
		A	B	C	D	E	F				A	B	C	A	B	C	A	B	C	A	B	C		
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IF ai,bi,ci, di or ei is "DID NOT REGISTER" ENTER CODE "87:00"
IF ai,bi,ci, di or ei is "DID NOT SEE THE DOCTOR" ENTER CODE "88:00"

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

INDIVIDUAL No.	9	10	11	12	13	14	15	16	17	18	19		20
	How much did you/..(NAME)... have to pay at public health centre for all visits made during the past 4 weeks? Do not include the cost of drugs nor any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	How much did you/..(NAME).. have to pay at private health centre for all visits made during the past 4 weeks? Do not include the cost of drugs nor any cost paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	Were you/was ..(NAME).. admitted (spent a night) to a public hospital or other public health establishment in the past 4 weeks? YES.....1 NO.....2 (> Q14)	How many nights during the past 4 weeks did you..(NAME).. spend in the public hospital? NIGHTS	How much have you..(NAME).. paid or will have to pay altogether for this stay in a public hospital? Do not include the cost of medicines or any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$	Were you/was ..(NAME).. admitted (spent a night) to a private hospital or other private establishment in the past 4 weeks? YES.....1 NO.....2 (> Q18)	How many nights during the past 4 weeks did you..(NAME).. spend in the private hospital? NIGHTS	How much have.(NAME).. you paid or will have to pay altogether for this stay in a private hospital? Do not include the cost of medicines or any costs paid by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$ (>>Q18)	Why didn't you..(NAME).. seek care for this past/ current illness? COULD NOT AFFORD.....1 WASNT ILL ENOUGH.....2 PREFERRED HOME REMEDIES.....3 DIDN'T HAVE TIME TO GO.....4 OTHER (SPECIFY).....5	Did you/..(NAME).. buy medicines/ fill the prescription during the past 4 weeks for this illness or injury? PRESCRIBED MEDICINES.....1 PARTIAL PRESCRIPTION.....2 PRESCRIBED/OVER THE COUNTER.....3 OVER THE COUNTER.....4 PRESCRIBED/ DIDN'T BUY/FILL.....5 (>Q22) NONE PRESCRIBED/ REQUIRED.....6 (> Q22)	Did you/..(NAME).. purchase medicines in a..... Public Facility? YES.....1 NO.....2	Private Facility or Pharmacy? YES.....1 NO.....2	How much have you..(NAME).. spent for medicines at public source e.g.public hospital, health centre, during the past 4 weeks? Do not include the costs paid for by your insurance. IF NOTHING SPENT WRITE ZERO AMOUNT J\$
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

Qs 26 -28 FOR HOUSEHOLD MEMBERS 25 YRS & OVER

I N D I V I D U A L No.	21	22	23	24	25	26	27	28
	How much have you..(NAME).. spent for medicines at private source e.g. private doctor, pharmacy, etc. during the past 4 weeks? Do not include the costs paid for by your insurance	Are you/is..(NAME).. covered by any health insurance?	How is your/..(NAME).. health in general?	Do you/does..(NAME).. suffer from any chronic disease / illness? ASTHMA.....A DIABETES.....B HYPERTENSION.....C ARTHRITIS.....D COPD.....E HEART DISEASE.....F SICKLE CELL.....G DEPRESSION.....H DEMENTIA.....I ANY OTHER MENTAL DISORDER.....J CANCER.....K TYPE _____ STROKE.....L EPILEPSY.....M KIDNEY DISEASE.....N Yes.....1 No.....2 (DO NOT LEAVE BLANK) IF NO TO ALL >> Q 26 MULTIPLE RESPONSES	Have you/has ..(NAME).. been told by a health professional within the last 12 months that you have a chronic disease? ASTHMA.....A DIABETES.....B HYPERTENSION.....C ARTHRITIS.....D COPD.....E HEART DISEASE.....F SICKLE CELL.....G DEPRESSION.....H DEMENTIA.....I ANY OTHER MENTAL DISORDER.....J CANCER.....K TYPE _____ STROKE.....L EPILEPSY.....M KIDNEY DISEASE.....N Yes.....1 No.....2	Have you/..(NAME).. ever done a screening test for cancer?	Are you willing to say what screening test(s) you..(NAME).. did?	What screening tests did you/..(NAME).. do? PAP SMEAR.....A BREAST EXAMINATION BY A DOCTOR OR NURSE.....B MAMMOGRAM.....C RECTAL EXAMINATION OF THE PROSTATE.....D PSA BLOOD TEST.....E BLOOD STOOL TEST.....F SIGMOIDOSCOPY OR COLONOSCOPY.....G OTHER(SPECIFY) _____H DON'T KNOW.....I Yes.....1 No.....2 NA.....3 MULTIPLE RESPONSES
	AMOUNT J\$	PRIVATE.....A NI GOLD.....B OTHER PUBLIC (SPECIFY).....C	VERY GOOD.....1 GOOD.....2 FAIR.....3 POOR.....4 VERY POOR.....5			Yes..1 No..2 > Q.29	Yes..1 No....2 > Q.29	
	A B C	A B C D E F G H I J K L M N	A B C D E F G H I J K L M N	A B C D E F G H I J K L M N	A B C D E F G H I	A B C D E F G H I		
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PART B: EDUCATION (CONTINUED)

I N D I V I D U A L No.	11	12										13			14			
	Since the start of the school year has (NAME) ever been kept from school because of the following reasons? (MULTIPLE ANSWERS ALLOWED) ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEM.....6 TRANSPORT COSTS.....7 SCHOOL CLOSED.....8 SHOES/UNIFORM/MISSING/DIRTY/WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND.....12 NOT SAFE AT SCHOOL.....13 NOT SAFE IN COMMUNITY.....14 VIOLENCE.....15 NEVER ABSENT.....16 (> Q13) OTHER (SPECIFY).....17	How often has this happened? Frequently.....1 Occasionally.....2 Seldom.....3 R= Reason; F=Frequency										Does...(NAME'S)...school operate a school feeding programme? Yes.....1 No.....2 (> Q.17) <input type="checkbox"/> DK.....3 (> Q.17)			Does...(NAME)...usually take the meal provided by the school? Yes.....1 (> Q. 16) <input type="checkbox"/> No.....2 DK.....3 (> Q. 18)			
		FIRST		SECOND		THIRD		FOURTH		FIFTH		NUTRIBUN.....A			NUTRIBUN.....A			
		R	F	R	F	R	F	R	F	R	F	R	F	COOKED MEAL (GOVT.)...B			COOKED MEAL (GOVT.).....B	
										COOKED MEAL (NOT GOVT).....C			COOKED MEAL (NOT GOVT.).....C					
										Yes.....1 No.....2			Yes.....1 No.....2					
										MULTIPLE RESPONSES			MULTIPLE RESPONSES					
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PART B: EDUCATION (CONTINUED)

I N D I V I D U A L No.	15	16	16B	17	18	19	20							
	Why doesn't..(NAME).. take the meal/snack provided by the school? BECAUSE OF STIGMA.....1 DOESN'T LIKE IT.....2 TOO EXPENSIVE / CAN'T AFFORD.....3 LINE TOO LONG.....4 DON'T TASTE GOOD.....5 OTHER (SPECIFY).....6 <div style="border: 1px solid black; width: 80px; height: 40px; margin: 10px auto; text-align: center;">>> Q17</div>	Does..(NAME).. pay for this meal or get it free? ALWAYS PAYS.....1 (> Q16B) PAY SOMETIMES.....2 (> Q16B) DOESN'T PAY/GET IT FREE.....3 (> Q18) DON'T KNOW.....4 (> Q18) NOT STATED.....5 (> Q18)	How much does..(NAME).. pay for this meal? <div style="border: 1px solid black; width: 80px; height: 40px; margin: 10px auto; text-align: center;">>> Q18</div>	What does..(NAME).. usually have for lunch? Snack/Meal from school canteen/ tuck shop.....1 Snack/Meal from vendors.....2 Snack/Meal from home.....3 Other (SPECIFY).....4 Nothing.....5	Does.. (NAME)..have the required textbooks for school? Yes,has all.....1 (>> Q29) Has some.....2 Has none.....3 Don't know.....4 Not stated.....5	Why doesn't..(NAME)..have all the required textbooks for school? Has not paid school Fees.....A Has not paid book rental Fee.....B School does not have the books.....C Books hard to find.....D Money Problems.....E Books expensive.....F Some books not necessary.....G OTHER (SPECIFY).....H Yes.....1 No.....2 DK/Not stated.....9 MULTIPLE RESPONSES <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px auto; text-align: center;">>> Q29</div>	What type of school did....(NAME)... last attend? BASIC/INFANT/ KINDERGARTEN.....1 PRIMARY.....2 PREPARATORY.....3 ALL AGE SCHOOL.....4 PRIMARY &JUNIOR HIGH5 JUNIOR HIGH (GRADES7-9).....6 NEW SECONDARY.....7 COMPREHENSIVE.....8 SECONDARY HIGH.....9 TECHNICAL.....10 VOCAT/AGRI.....11 UNIVERSITY.....12 OTH TERT PUB.....13 OTH TERT PVT.....14 ADULT LITERACY CLASSES.....15 ADULT EDUCATION/NIGHT.....16 SPECIAL SCHOOL.....17 HEART TRUST NTA.....18 JFLL.....19 NONE.....20							
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12 - 20
>>Q23

PART B: EDUCATION (CONTINUED)

I N D I V I D U A L No.	29 SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL- BASIC, PRIMARY & SECONDARY LEVEL) How much did ..(NAME).. pay in the past 12 months for the following school expenses?												30 On average, how much does the household spend to send ..(NAME)..to school? daily <input type="checkbox"/> weekly <input type="checkbox"/>			31 FOR SECONDARY STUDENTS (EXCLUDING PRIMARY & JUNIOR HIGH & ALL AGE SCHOOLS) How much of ..(NAME'S).. fees was paid by Parent(s)/ Guardian(s), Family/Friends, MOEYC,MP, Community (including church) ,Other Public? ALL (100%).....1 THREE QUARTER(75%).....2 ONE HALF(50%).....3 QUARTER(25%).....4 OTHER (SPECIFY).....5					
	a	b	c	d1	d2	e	f	g	h	i	j	k	Food	Transportation	Other	a	b	c	d	e	f
	Exam Fees	Tuition Fees (Including books)	Tuition Fees (Excluding books)	Auxiliary Fees only	Other Fees and Contributions	Extra Lessons (inside & outside school)	Transport	Lunch and snacks at school	Uniform	Books	Other (supplies)	Boarding				Parent(s) Guardian	Family/ Friends	MOE	MP	Community	Other
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PART D: SOCIAL PROTECTION (CONTINUED) Q12 to 15 TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 18 YEARS AND OVER

I N D I V I D U A L No.	12 Has..(NAME)..ever contributed to the NIS?	13 What is the main reason for not contributing to the NIS?	14 Has..(NAME)..ever contributed to a GOVERNMENT PENSION SCHEME ?	15 Has..(NAME)..ever contributed to any PRIVATE PENSION SCHEME ?	16 During the past 4 weeks, do you believe that this household has had enough food to eat on a daily basis?	17 What is the main source of livelihood for this household?	18 How would you describe this main livelihood?	19 How is the economic (financial) situation for your household compared to a year ago?	20 Who provides the major economic support for this household?
	Yes,within the past 12 mths.....1(> Q14) Yes, but more than 12 mths ago.....2 No, never contributed.....3	Did not know about NIS.....1 Did not know how to contribute.....2 Benefit too small.....3 Never worked / Not working.....4 Opted to save independently.....5 Other(specify).....6	Yes,within the past 12 mths.....1 Yes, but more than 12 mths ago.....2 No, involved in non-contributory pension.....3 .. No, never contributed.....4	Yes,within the past 12 mths.....1 Yes, but more than 12 mths ago.....2 No, never contributed.....3	Yes, generally.....1 Yes, sometimes...2 No.....3	Work in somebody's business/company.....1 Work in somebody's home.....2 Buy and sell for myself.....3 Produce/plant /rear animals/ produce goods.....4 Get help from others.....5 Other.....6	Provides reliable income stream.....1 Provides only for basic needs.....2 Inadequate income for basic needs.....3 Not consistent/ unreliable.....4	Better.....1 Equal/same.....2 Worse off.....3 Don't Know.....4	Household member(s).....1 Family locally.....2 Family overseas.....3 Neighbours and friends.....4 Government assistance.....5 Church/Faith-based organization.....6 Other.....7 Have no support.....8
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PART E: DAILY EXPENSES

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

PART F:FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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

PURCHASED			HOME PRODUCTION/GIFTS				
1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$	5 During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .(.)..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of .(.)..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Fresh or frozen beef	<input type="checkbox"/> Yes <input type="checkbox"/> No	2010		Fresh or frozen beef	<input type="checkbox"/> Yes <input type="checkbox"/> No	2010	
Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	2020		Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	2020	
Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	2030		Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	2030	
Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2040		Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2040	
Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2050		Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2050	
Salted,cured or canned meat(eg.pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2060		Salted,cured or canned meat(eg.pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2060	
Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2071		Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2071	
Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2072		Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2072	
Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080		Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080	
Canned mackerel,sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	2090		Canned mackerel,sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	2090	
Other salted or canned fish and shellfish(eg.Mackerel,red herring..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2100		Other salted or canned fish and shellfish(eg.Mackerel,red herring..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2100	
Fresh or frozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	2110		Fresh or frozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	2110	
Chicken neck, back,foot,liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	2120		Chicken neck, back,foot,liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	2120	
Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	2130		Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	2130	

PART F:FOOD EXPENSES (CONTINUED)

PURCHASED			HOME PRODUCTIONS/GIFTS				
1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$	5 During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .()..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of .()..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Liquid milk(including flavoured milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2140		Liquid milk(including flavoured milk)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2140	
Condensed/Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	2150		Condensed/Evaporated Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	2150	
Powdered milk(D.S.M) Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2160		Powdered milk(D.S.M)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2160	
Liquid Food Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	2171		Liquid Food Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No	2171	
Powdered food drink mix	<input type="checkbox"/> Yes <input type="checkbox"/> No	2172		Powdered food drink mix	<input type="checkbox"/> Yes <input type="checkbox"/> No	2172	
Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	2180		Butter	<input type="checkbox"/> Yes <input type="checkbox"/> No	2180	
Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	2190		Cheese	<input type="checkbox"/> Yes <input type="checkbox"/> No	2190	
Other dairy products (yogurt,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2201		Other dairy products(yogurt,)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2201	
Other dairy products (ice cream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2202		Other dairy products(ice cream)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2202	
Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	2210		Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	2210	
Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2220		Oils and fats(vegetable oil,coconut oil,lard,hard/soft margarine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2220	
Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	2230		Bread	<input type="checkbox"/> Yes <input type="checkbox"/> No	2230	
Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	2240		Crackers and unsweetened biscuits	<input type="checkbox"/> Yes <input type="checkbox"/> No	2240	
Other baked products(sweetened biscuits,cakes,buns,bullas etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2250		Other baked products(sweetened biscuits,cakes,buns,bullas etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2250	
Cassava bread/Bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2260		Cassava bread/Bammy	<input type="checkbox"/> Yes <input type="checkbox"/> No	2260	

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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

PART G: CONSUMPTION EXPENDITURES (CONTINUED)

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

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

PART G: CONSUMPTION EXPENDITURES (CONTINUED)

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

PART H: NON- CONSUMPTION EXPENDITURES

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

PART I HOUSING AND RELATED EXPENSES

1. Type of Dwelling
 SEPARATE HOUSE DETACHED.....1
 SEMI-DETACHED.....2
 PART OF A HOUSE.....3
 APARTMENT BUILDING.....4
 TOWNHOUSE.....5
 IMPROVISED HOUSING UNIT.....6
 PART OF COMMERCIAL BUILDING.....7
 OTHER.....8

2. Main Material of outer walls
 WOOD.....1
 STONE.....2
 BRICK.....3
 CONCRETE NOG.....4
 CONCRETE BLOCK & STEEL.....5
 WATTLE AND DAUB / ADOBE.....6
 OTHER (SPECIFY).....7

3. How many rooms are occupied by this household? (excluding ver., kitchens and bathrooms?)
 NO. OF ROOMS

4. Does this dwelling have toilet facilities?
 YES INSIDE.....1
 YES OUTSIDE.....2
 NO.....3

5. What kind of toilet facilities are used by your household?
 W.C. LINKED TO CENTRAL SEWER NETWORK.....1
 W.C. LINKED TO OFF-SITE DISPOSAL SYSTEM.....2
 W.C. LINKED TO ON-SITE DISPOSAL SYSTEM.....3
 PIT.....4
 OTHER.....5
 NONE.....6(> 7)

6. Are toilet facilities used only by your household, or do other households use the same facilities
 EXCLUSIVE USE.....1
 SHARED.....2

7. Does this dwelling have kitchen facilities?
 YES INSIDE.....1
 YES OUTSIDE.....2
 NO.....3(> 9)

8. Is the kitchen used only by your household, or do other households use the same kitchen?
 EXCLUSIVE USE.....1
 SHARED.....2

9. Does any member of this household own, rent or lease the land this dwelling is on?
 OWNED.....1
 LEASED.....2(> 10)
 PRIVATE RENTED.....3(> 10)
 GOVERNMENT RENTED.....4(> 10)
 RENT FREE.....5(> 10)
 SQUATTED.....6(> 10)
 OTHER.....7(> 10)

9a. Is there a legal title for the land?
 YES REGISTERED.....1
 YES COMMON LAW.....2
 NO.....3

10. Does any member of this household own, rent or lease this dwelling?
 OWNED.....1
 LEASED.....2(> 13)
 PRIVATE RENTED.....3(> 13)
 GOVERNMENT RENTED.....4(> 18)
 RENT FREE.....5
 SQUATTED.....6
 OTHER.....7(>18)

11. If you were to pay rent for this dwelling, how much would you pay per month?

ASK QUESTION 12 ONLY IF DWELLING IS OWNED. IF DWELLING IS RENT FREE OR SQUATTED GO TO QUESTION 18

12. Does any member of this household own a dwelling other than this one?
 YES.....1 (>19)
 NO.....2 (> 19)

13. From whom is the dwelling rented /leased? Is it from a relative, a public agency (GIVE EXAMPLES), or from a private individual or agency? RELATIVE.....1
 PRIVATE EMPLOYER.....2
 PUBLIC AGENCY.....3
 PRIVATE INDIVIDUAL OR AGENCY.....4

14. How much money does your household pay in rent/ lease for this dwelling?
 IF NO MONEY PAYMENT, ENTER ZERO

AMOUNT: J\$
 PER:
 WEEK.....3
 MONTH.....4
 YEAR.....5

15. Is maintenance included in the rent?
 YES.....1
 NO.....2(>17)

16. How much is the maintenance?
 AMOUNT J\$

17. Does somebody who is not a member of the household, help to pay the rent for this dwelling? For example, a relative, a public agency, a private individual or agency (GIVE EXAMPLE)?
 RELATIVE.....1
 PRIVATE EMPLOYER.....2
 PUBLIC AGENCY.....3
 PRIVATE INDIVIDUAL/AGENCY.....4
 NOBODY HELPS.....5

18. Does any member of this household own a dwelling?
 YES.....1 (> 27)
 NO.....2 (> 27)

19. Does any member of this household make mortgage payments on the dwelling you currently occupy?
 YES.....1
 NO2 (> 22)

20. How much was the last payment?
 AMOUNT J\$

21. How often are these payments made?
 No. OF TIMES
 PER MONTH.....4
 YEAR.....5

22. Does any member of this household pay insurance for this dwelling?
 YES.....1
 NO.....2

23. Does any member of the household pay property taxes for this dwelling?
 YES.....1
 NO.....2 (> 25)

24. How much property taxes is paid for this dwelling?
 AMOUNT J\$
 PER:
 MONTH.....4
 YEAR.....5

25. Do you pay maintenance fees?
 YES.....1
 NO.....2(> 27)

26. How much do you pay per month?
 AMOUNT J\$

27. What is the main source of drinking water for this household?
 INDOOR TAP/PIPE.....1
 OUTSIDE PRIVATE PIPE/TAP.....2
 PUBLIC STANDPIPE.....3(>35)
 WELL.....4(>35)
 RIVER, LAKE, SPRING, POND.....5(>35)
 RAINWATER (TANK) PID*.....6(>36)
 RAINWATER (TANK) NPID**.....7(>36)
 TRUCKED WATER (NWC)PID.....8 (>36)
 TRUCKED WATER (NWC) NPID.....9(>36)
 TRUCKED WATER PRIV.)PID.....10(>36)
 TRUCKED WATER PRIV.)NPID.....11(>36)
 BOTTLED WATER.....12(>36)
 OTHER (SPECIFY).....13(>36)

28. How many times have you had a water source lock-off in the last 30 days?

29. How do you normally store water to deal with lock offs? (MAIN SOURCE)
 Plastic tank (Black or White).....1
 Drums.....2
 Buckets.....3
 Other (specify)4
 Don't have lock off.....5(>31)
 Does not store.....9(>31)

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

PART I HOUSING AND RELATED EXPENSES (CONTINUED)

30. How long does this storage serve your household?

DAYS

WEEK(S)

31. Have you a group or individual meter?

GROUP.....1

INDIVIDUAL.....2

NO METER.....3

32. How much was the latest water bill for your household?

AMOUNT J\$

33. How many months were covered by this bill?

MONTHS :

34. Is this ..[SUPPLY SOURCE IN 27] used by your household only, or is it shared with others?

THIS HOUSEHOLD

ONLY.....1 (> 36)

SHARED.....2 (> 36)

35. How far from this dwelling is thisδ [SUPPLY SOURCE IN 27] (for options 3,4,5)?

DISTANCE --->

UNIT CODE:

KILOMETERSδ δ ...1

METERSδ δ δ δ ...2

MILES.....3

YARDS.....4

CHAINS.....5

36. What is the main source of lighting for this dwelling?

ELECTRICITY FROM THE GRID.....1

ELECTRICITY FROM SOLAR.....2 (> 40)

ELECTRICITY FROM WIND.....3 (> 40)

KEROSENE.....4 (> 40)

OTHER5 (> 40)

NONE.....6 (>40)

37. How many times have you had a power outage in the last 30 days?

38. How much was the latest electricity bill for your household?

AMOUNT J\$

39. How many months of consumption were covered by this bill?

MONTHS:

40. Does any member of this household have a telephone?

YES..1 LAND :

NO...2 (>43) CELL(Post Paid) :

CELL(Pre Paid)

41. How much did you pay in the last 30 days for your household telephone bill(including cellular bill)

LAND AMOUNT J\$:

(Post Paid)

CELL AMOUNT J\$:

42. In the past three months, how many members of this household owned a mobile cellular telephone?

Total

Smart phone

Other mobile phone

43. Is there a working laptop,desktop or tablet in this household?

YES.....1

NO.....2 > Q44

MULTIPLE RESPONSES

Laptop (portable) computer.....A

Desktop.....B

Tablet.....C

Other (SPECIFY).....D

44. Is there Internet access in this household?

YES.....1

NO2 (> 46)

DONT KNOW....3 (> 47)

45. What type of Internet connection is used in this household?

MULTIPLE RESPONSES

YES.....1

NO2

Fixed (wired) broadband network.....A

Terrestrial fixed (wireless) broadband network.....B

Satellite broadband network.....C

Mobile broadband network via a handset.....D

Mobile broadband network via a card or USB modem.....E

>> Q47

46. Why does this household not have Internet access?

MULTIPLE RESPONSES

YES.....1

NO2

Do not need internet.....A

Have internet access elsewhere.....B

Lack of confidence, knowledge or skills to use the internet.....C

High cost of equipment.....D

High cost of serviceE

Privacy/security concerns.....F

Internet service is not available in the area.....G

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

Cultural reasons.....I

Other (Specify).....J

47. What type of television services are used in this household?

TV in household? YES.....1

No.....2 >Q48

MULTIPLE RESPONSES

YES.....1

NO2

Free to Air.....A

Cable TV.....B

Satellite TV.....C

Internet Protocol TV(IPTV).....D

Digital Terrestrial TV (DTT).....E

Don't Know.....F

48. What is the main method of garbage disposal for this household?

REGULAR PUBLIC COLLECTION SYSTEM.....1

IRREGULAR PUBLIC COLLECTION SYSTEM... 2

PRIVATE COLLECTION SYSTEM.....3

BURN.....4

BURY.....5

DUMP IN SEA/RIVER/POND/GULLY.....6

DUMP IN OWN YARDδ7

DUMP IN MUNICIPAL SITE.....8

OTHER DUMPING.....9

OTHER.....10

(Specify).....

49. What type of light bulbs do you generally use in this dwelling?

Use light bulbs.....1

Do not use light bulbs.....2 >Q50

MULTIPLE RESPONSES

YES.....1

NO2

INCANDESCENT.....A

FLORESCENT.....B

LED.....C

OTHER(SPECIFY).....D

50. What type of fuel does this household use most for cooking?

GAS.....1

ELECTRICITY.....2

WOOD.....3

KEROSENE.....4

CHARCOAL.....5

BIOGAS.....6

SOLAR.....7

OTHER8

NONE.....9

51. What is the minimum amount of income needed for you to provide for you and your family in order to cover expenses for food, housing,health care light,water,education and transportation for one month?

TOTAL AMT J\$

PART J :INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

FOR EACH ITEM IN THE LIST BELOW, ASK THE FOLLOWING QUESTION:

Do members of your household have any ..[name of goods]...?
DO NOT INCLUDE RENTED ITEMS

PUT A TICK IN THE APPROPRIATE BOX FOR EACH ITEM. THEN GO TO THE NEXT ITEM

Do the members of your household have....

ITEM	CODE	YES	NO
Sewing machine?	601		
Gas Stoves?	602		
Electric Stoves?	603		
Refrigerators or freezers?	604		
Air Conditioners?	605		
Fans?	606		
Radio/CD players,Stereo Equipment,Other stereo Equipment ?	607		
TV sets?	608		
DVD Player?	609		
Electronic game equipment ?	610		
Washing Machine?	611		
Clothes Dryer?	612		

Do the members of your household have....

ITEM	CODE	YES	NO
Bicycles?	613		
Motorbikes?	614		
Motor vehicles, excluding motor bikes?	615		
Computer/Computerised Equipment(Tablets,Laptops e.g. Ipads,E-book readers,Playbooks,etc. ?	616		
Printer,Computer peripherals (DVD, CD burner, scanner, fax machine,etc.)?	617		
Solar Panels for electricity	618		
Wind Power for electricity	619		
Other Electrical Equipment (Toasters, blenders ,microwaves etc?)	620		
Musical equipment (piano,keyboard etc?)	621		
Generator?	622		
Water Heater (Electrical)?	623		
Water Heater (Solar) ?	624		
Water Tank ?	625		

ITEMS MUST BE IN WORKING CONDITION

PART L: ICT TO BE ASKED OF ALL HOUSEHOLD MEMBERS

RESP. No.

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

TO BE COMPLETED BY HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

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