

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

I N D I V I D U A L	9	10	11	12	13	14	15	16	17	18	19		20
	How much did you 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.	How much did you 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.	Did you spend a night in a public hospital or other public health establishment in the past 4 weeks?	How many nights during the past 4 weeks did you spend in the public hospital?	How much have you 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.	Did you spend a night in a private hospital or other private establishment in the past 4 weeks?	How many nights during the past 4 weeks did you spend in the private hospital?	How much have 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.	Why didn't you seek care for this past/ current illness? COULD NOT AFFORD.....1 WASN'T ILL ENOUGH.....2 PREFERRED HOME REMEDIES.....3 DIDN'T HAVE TIME TO GO...4 OTHER (SPECIFY).....5	Did you 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 purchase medicines in a..... Public Facility? Private Facility or Pharmacy?		How much have you 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.
No.	IF NOTHING SPENT WRITE ZERO	IF NOTHING SPENT WRITE ZERO	YES.....1 NO.....2 (> Q14)	NIGHTS	IF NOTHING SPENT WRITE ZERO	YES.....1 NO.....2 (> Q18)	NIGHTS	IF NOTHING SPENT WRITE ZERO					IF NOTHING SPENT WRITE ZERO
	AMOUNT J\$	AMOUNT J\$			AMOUNT J\$			AMOUNT J\$ >>Q18					AMOUNT J\$
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

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

14 YRS & OVER

	21	22	23	24	25	26	27	28
I N D I V I D U A L No.	How much have you spent for medicines at private source e.g. private doctor, pharmacy, etc. during the past 4 weeks? Do not include the costs paid for by your insurance IF NOTHING SPENT WRITE ZERO AMOUNT J\$	Are you covered by any health insurance? YES, PRIVATE.....1 YES, NI GOLD.....2 YES, OTHER PUBLIC (SPECIFY).....3 NO.....4	How is your health in general? VERY GOOD.....1 GOOD2 FAIR.....3 POOR.....4 VERY POOR.....5	Do you/does..(NAME).. suffer from any chronic disease / illness? YES, ASTHMA.....1 YES, DIABETES.....2 YES, HYPERTENSION.....3 YES, ARTHRITIS.....4 YES, MENTAL ILLNESS.....5 YES, HEART DISEASE.....6 YES, OTHER (SPECIFY).....7 NO.....8 MULTIPLE RESPONSES ALLOWED	Does this individual smoke? Yes.....1 No.....2 Don't Know....8	Do you/does ..(NAME).. have a disability? Yes.....1 No.....2 (>> Next Person)	Does the disability limit your..(NAME)..activities compared with most people of the same age? Yes.....1 No.....2	What type of disability do you/does..(NAME)..have? SIGHT ONLY.....1 HEARING ONLY.....2 SPEECH ONLY.....3 PHYSICAL DISABILITY.....4 LEARNING DISABILITY.....5 INTELLECTUAL DISABILITY.....6 MULTIPLE DISABILITY.....7 OTHER (SPECIFY).....8 NOT STATED.....9 ONE RESPONSE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L No.	1 What type of school is..(NAME).. attending this academic year? (NEXT PERSON)1 NURSERY/DAYCARE(INCLUDE NEWBORN BABIES) BASIC/INFANT/KINDERGARTEN.....2 PRIMARY.....3 PREPARATORY.....4 ALL AGE SCHOOL(GRADES 1-6).....5 ALL AGE SCHOOL (GRADE 7-9).....6 PRIMARY/JUNIOR HIGH (GRADES 1-6).....7 PRIMARY JUNIOR HIGH (GRADES 7-9).....8 JUNIOR HIGH (GRADES 7-9).....9 SECONDARY HIGH.....10 TECHNICAL.....11 VOCAT/AGRI.....12 UNIVERSITY.....13 OTH TERT PUB.....14 OTH TERT PVT.....15 ADULT LITERACY CLASSES.....16 ADULT EDUCATION/NIGHT.....17 SPECIAL SCHOOL.....18 JFLL.....19 NONE.....20	2 What is the name of the school that (NAME)..... attends?	3 Is this school public or private? PUBLIC.....1 PRIVATE...2	4 What grade is ..(NAME)...in at school this year? BASIC.....0 PRIMARY.....1-3 PRIMARY4-6 GRADE.....7 GRADE8 GRADE.....9 GRADE10 GRADE.....11 GRADE12 (lower sixth form) GRADE.....13 (upper sixth form)	5 How far is ..(NAME)'s.... school from this house?		6 What is the distance to the nearest primary school?		7 What is the distance to the nearest secondary school?		8 How does ..(NAME).. usually get to school? PUBLIC TRANSPORT...1 WALK.....2 PRIVATE VEHICLE.....3 SCHOOL BUS.....4 OTHER SPECIFY.....5	9 During the 4 week period April 30 - May 25 how many days was ..(NAME).. sent to school? IF SENT ON ALL DAYS>>11	10 What were the two "main" reasons for ..(NAME'S).. absence from school? 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 HOME.....13 NOT SAFE IN COMMUNITY...14 VIOLENCE.....15 OTHER (SPECIFY).....16							
					D	U	D	U	D	U			FIRST		SECOND					
													R	N	R	N				
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

>> 21

D = DISTANCE U = UNIT OF MEASURE

R= Reason; N=# of times

PART B: EDUCATION CONTINUED

I N D I V I D U A L No.	11	12										13		14	15													
	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?										In your opinion, how would you rate the school that..(NAME)..attends?		Does...(NAME'S)...school operate a school feeding programme?	Does...(NAME)...usually take the meal provided by the school?													
		Frequently.....1		Occasionally.....2		Seldom.....3		VERY GOOD.....1		GOOD.....2		NEITHER GOOD NOR BAD.....3		BAD.....4		VERY BAD.....5		DON'T KNOW.....6		YES, NUTRIBUN.....1	YES, NUTRIBUN.....1 (>> Q17)	YES, COOKED MEAL.....2	YES, COOKED MEAL.....2 (>> Q17)	YES, BOTH.....3	NO.....4 (>> Q18)	DON'T KNOW.....5 (>> Q18)	YES, BOTH.....3 (>> Q17)	NO.....4
R= Reason; F=Frequency		FIRST		SECOND		THIRD		FOURTH		FIFTH		Safety	Education Quality															
		R	F	R	F	R	F	R	F	R	F																	
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												

PART B: EDUCATION CONTINUED

INDIVIDUAL No.	16 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 OTHER (SPECIFY).....5 <div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto; text-align: center;">>> Q18</div>	17 Does..(NAME).. pay for this meal or get it free? ALWAYS PAYS.....1 PAY SOMETIMES.....2 DOESN'T PAY/GET IT FREE.....3 DON'T KNOW.....4 NOT STATED.....5 <div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto; text-align: center;">>> Q19</div>	18 What does..(NAME).. usually have for lunch? Snack/M meal from school canteen/ tuck shop.....1 Snack/M meal from vendors.....2 Snack/M meal from home.....3 Other (specify).....4 Nothing.....5	19 Does.. (NAME)..have the required textbooks for school? Yes,has all.....1 (>>29) Has some.....2 Has none.....3 Don't know.....4 Not stated.....5	20 Why doesn't..(NAME)..have all the required textbooks for school? Has not paid school Fees.....1 Has not paid book rental Fee.....2 School does not have the books.....3 Books hard to find.....4 Money Problems.....5 Books expensive.....6 Some books not necessary.....7 OTHER (SPECIFY).....8 DK/Not stated.....9 <p style="text-align: center;">MULTIPLE RESPONSES ALLOWED</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto; text-align: center;">>> Q29</div>	21 What type of school did....(NAME)... last attend? BASIC/INFANT/KINDERGARTEN.....1 PRIMARY.....2 PREPARATORY.....3 ALL AGE SCHOOL(GRADES1-6).....4 ALL AGE SCHOOL (GRADE 7-9).....5 PRIMARY/JUNIOR HIGH (GRADES1-6).....6 PRIMARY JUNIOR HIGH (GRADES 7-9).....7 JUNIOR HIGH (GRADES7-9).....8 NEW SECONDARY.....9 COMPREHENSIVE.....10 SECONDARY HIGH.....11 TECHNICAL.....12 VOCAT/AGRI.....13 UNIVERSITY.....14 OTH TERT PUB.....15 OTH TERT PVT.....16 ADULT LITERACY CLASSES.....17 ADULT EDUCATION/NIGHT.....18 SPECIAL SCHOOL.....19 JFLL.....20 NONE.....21 <div style="border: 1px solid black; width: 60px; height: 40px; margin: 0 auto; text-align: center;">14-21 >>Q24</div>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

PART B: EDUCATION CONTINUED

I N D I V I D U A L No.	22 What was the last grade..(NAME). completed at that school?	23 IF COMPLETED SCHOOL BEFORE GRADE 11 Why did you.(NAME)..stop attending school? REACHED TERMINAL GRADE.....1 MONEY PROBLEMS....2 PREGNANCY.....3 EXPELLED.....4 NO INTEREST IN SCHOOL.....5 FAMILY PROBLEMS.....6 OTHER (SPECIFY).....7	24 What is the highest (academic) examination that..(NAME)..has passed? NONE.....1>> Q.26 JUNIOR HIGH SCHOOL CERTIFICATE.....2>> Q.26 GRADE NINE ACHIEVEMENT TEST.....3>> Q.26 CXC Basic, JSC 5, SSC. 3rd JL.....4>>Q.26 CXC Gen./GCE O LEVEL.....5 NVQJ LEVEL 1.....6>>Q.26 NVQJ LEVEL 2.....7>>Q.26 CAPE/ GCE A LEVEL.....8 TERTIARY CERT./DIPLOMA.....9>> Q.26 ASSOCIATE DEGREE.....10>> Q.26 DEGREE.....11>> Q.26 OTHER.....12>> Q.26 NOT STATED.....13>> Q.26		25 Does the examinations that ..(NAME).. passed include Math and English? (CXC GENERAL & ABOVE) Yes Both.....1 Maths Only.....2 English Only.....3 No (None).....4 DON'T KNOW.....5	26 Has.(NAME)..ever enrolled/ involved in any skills training program? YES, HEART ACADEMY.....1 YES, HEART- VTC.....2 YES, HEART- SLTOPS/ APPRENTICESHIP.....3 YES, HEART- OTHER.....4 YES, PRIVATE (SPECIFY).....5 YES,OTHER PUBLIC (SPECIFY).....6 NO.....7(>> Q31)	27 What skills did ..(NAME)..learn/ are..(NAME).. learning? IF NONE >> Q31	28 Did..(NAME).. receive a diploma/ certificate? YES.....1 NO.....2 CURRENTLY ENROLLED.....3
	GRADE	CODE	No . OF SUBJECTS					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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 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	d	e	f	g	h	i	j	k	a	b	c	d	e	f
	Exam Fees	Tuition Fees (Including books)	Tuition Fees (Excluding books)	Auxillary Fees,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
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

PART B: EDUCATION CONCLUDED - TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

RESP. # (FROM ROSTER):

I N D I V I D U A L No.	31	32	33	34	35	36	
	Did you use a cellular telephone during some or all of the past 12 months?	Did you use a computer from any location in the past 12 months?	Have you used the Internet from any location or any device in the past 12 months?	How often did you use the Internet during the past 12 months (from any location)?	For which of the following personal activities did you use the Internet in the past 12 months (from any location)?	From which of the following locations did you use the Internet in the past 12 months?	
	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2>Next Person	Daily.....1 Weekly.....2 Monthly.....3 Occassionally.....4	Communication.....1 Information search/Browsing.....2 Purchasing/ordering goods or services.....3 Education,research and related activities.....4 Internet banking or other financial services.....5 Playing/downloading games,music,movies, software.....6 Reading/downloading online newspapers, magazines,books.....7 None.....8 Other(Specify).....9 MULTIPLE RESPONSES	Home..... 1 Work.....2 Place of education..... 3 Another person's home..... 4 Community Internet access facility... ..5 Commercial Internet access facility.....6 Any place via a mobile telephone.....7 Any place via another mobile access device.....8 Other (Specify).....9 MULTIPLE RESPONSES	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

PART C:FOR ALL CHILDREN 0-59 MONTHS OLD

I N D I V I D U A L No.	1 When was ..(NAME)..born?			2 Where was.(NAME) born?				3 Who actually delivered your baby?			4 Was the birth of ... (NAME)... registered?	5 What was the weight of.(NAME) at birth ?			6 AGE			7 Is the date of birth in Q1 based on?	8 WAS THE CHILD MEASURED?	9 REASON CHILD NOT MEASURED?	10 WEIGHT	11 LENGTH	12 WAS THE CHILD MEASURED LYING DOWN OR STANDING?		
	DAY	MONTH	YEAR	HOSPITAL.....1 HEALTH CENTRE.....2 HOME.....3 OTHER.....4	MEDICAL DOCTOR.....1 REGISTERED NURSE.....2 NANA.....3 UNTRAINED RELATIVE/ FRIEND OR STRANGER.....4 SELF.....5 OTHER.....6	YES.....1 NO.....2 DON'T KNOW/NOT STATED.....3	KG	YRS	MTHS	BIRTH CERTIFICATE.....1 IMMUNIZATION CARD.....2 PARENTAL INFORMATION.....3 OTHER RELATIVE/GUARDIAN.....4	YES.....1 (>10) NO.....2	AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 ILLNESS.....2 DEFORMITY.....3 OTHER (SPECIFY).....4	TO TWO DECIMAL PLACES	KILOGRAMS	CENTIMETERS	LYING DOWN1 STANDING.....2									
	CALCULATE CHILD'S AGE ASK RESPONDENT TO CONFIRM IT AND RECORD IN Q.6																								
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									

PART C:FOR ALL CHILDREN 0-59 MONTHS OLD

INDIVIDUAL No.	13	14	15	16	17	18	19	20	21	22
	In the past two weeks, has this child had running belly (diarrhoea) ie. three or more loose stools per day? YES.....1 NO.....2	RECORD IMMUNIZATION STATUS OF THE CHILD						FOR Q14 TO 19 WAS IMMUNIZATION CARD SEEN? YES.....1 NO.....2	What types of symptoms would cause you to take your child to a health facility right away? INDICATE ALL THAT APPLY CHILD NOT ABLE TO DRINK OR BREASTFEED.....1 CHILD DEVELOPS A FEVER.....2 CHILD HAS FAST/DIFFICULT BREATHING.....3 CHILD HAS BLOOD IN STOOL.....4 VOMITING.....5 DIARRHOEA.....6	When your child is ill when do you usually take him/her for medical treatment? ONE RESPONSE ONLY IMMEDIATELY.....1 AFTER OBSERVING 1-2 DAYS WITHOUT IMPROVEMENT.....2 AFTER GIVING HOME REMEDIES/OVER THE COUNTER/NO IMPROVEMENT....3 WHEN I GET MONEY.....4
	YES.....1 NO.....2	O.P.V. No. OF DOSES	D.P.T. / D.T. No. OF DOSES	B.C.G. YES.....1 NO.....2	M.M.R. No. OF DOSES	Hib No. OF DOSES	Hepatitis B No. OF DOSES			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

PART D: SOCIAL PROTECTION - TO BE ASKED OF ALL HOUSEHOLD MEMBERS

RESPONDENT (INDIVIDUAL # FROM ROSTER):

I N D I V I D U A L No.	1. Did any member of this household apply to the Programme of Advancement Through Health and Education (PATH) ? YES, 12 MONTHS AGO OR LESS.....1 >Q3 OVER 12 MONTHS AGO.....2 >Q3 NO, NEVER APPLIED.....3	2 What is the main reason why this household has not applied to PATH for assistance? Does not know about the programme.....1 Benefits not enough.....2 Application process too difficult.....3 Stigma attached to receiving benefits.....4 Do not think household is eligible.....5 Have to give too much information.....6 Do not need welfare.....7 Other.....8 >>Q11	3 Has any member of this household ever received assistance from PATH ? YES.....1 NO2> Q11	4 How long has this household been in receipt of PATH? Five years and more.....1 Four years.....2 Three years.....3 Two years.....4 One year or less.....5 No longer receiving.....6	5 Is / was this individual the family representative? YES.....1 NO2	6 In what category does ..(NAME).. receive a PATH benefit? Child 0-71 months.....1 Child 6-17 years.....2 Elderly.....3 Person with disability.....4 Adult Poor.....5 Pregnant and Lactating...6 Not a beneficiary.....7> Q11	7 Did ..(NAME).. receive a PATH benefit in April this year? YES.....1 NO.....2	8 How does this household currently receive its PATH benefit? By cheque at P.O.1 By cash card(ATM card).....2	9 Has your household had any difficulty with collecting the PATH payment in the past twelve months? GIVE MOST RECENT LONG LINES IN P.O.1 DELAYS IN NOTIFICATION.....2 CHEQUE DID NOT ARRIVE AT PO.3 COULD NOT AFFORD TRANSPORTATION.....4 OTHER.....5 MONEY NOT UPLOADED TO CASH CARD.....6 NO DIFFICULTY.....7 ONE RESPONSE REQUIRED	10 How would this household rate the quality of customer service experienced with PATH ? Very good.....1 Good.....2 Satisfactory.....3 Inadequate.....4 Poor.....5
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

PART D: SOCIAL PROTECTION

TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 18 YEARS AND OVER

I N D I V I D U A L No.	11 Is..(NAME).. registered on any of the following programmes National Health Fund (NHF).....1. National Insurance Scheme(NIS).....2 Jamaica Drugs for the Elderly(JADEP).....3 Poor Relief.....4 No.....5 MULTIPLE RESPONSES ALLOWED	12 Has ..(NAME)..received assistance(benefit) from any of the following Government programmes within the last 12 months? A. Poor Relief B. Jamaica Drugs for the Elderly (JADEP) C. National Health Fund (NHF) D. Health fee waivers(includes free health care E. National Insurance Scheme (NIS) F. Government pension scheme G. PATH tertiary grant H. Other post-secondary education grants YES.....1 NO2 MULTIPLE RESPONSES PROGRAMMES								13 Has..(NAME)..ever contributed to the NIS? Yes,within the past 12 mths.....1 >> Q15 Yes, more than 12 mths.....2 >> Q14 No, never contributed.....3	14 What is the main reason for not contributing to the NIS? 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	15 Has..(NAME)..ever contributed to a GOVERNMENT PENSION SCHEME ? Yes,within the past 12 mths.....1 Yes, more than 12 mths.....2 No, involved in non-contributory pension.....3 .. No, never contributed.....4	16 Has..(NAME)..ever contributed to any PRIVATE PENSION SCHEME ? Yes,within the past 12 mths.....1 Yes, more than 12 mths.....2 No, never contributed.....3	
	A	B	C	D	E	F	G	H						
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

PART E: DAILY EXPENSES

1 During the past 7 days, has this household spent money on or recieved 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 recieved as gift during the past 7 days? AMOUNT J\$	4 During the past 7 days, has this household spent money on or recieved 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 recieved 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):

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.		2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$
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 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		
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		
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		
Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080		
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		
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		
Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	2130		

HOME PRODUCTION/GIFTS

5 During the past 30 days have you eaten in this household any.(.) that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.			6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .()..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of .()..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
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 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			
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			
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			
Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080			
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			
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			
Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	2130			

PART F:FOOD EXPENSES

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 Suppliments	<input type="checkbox"/> Yes <input type="checkbox"/> No	2171		Liquid Food Suppliments	<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

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$
Flour <input type="checkbox"/> Yes <input type="checkbox"/> No	2270		
Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	2280		
Cornmeal <input type="checkbox"/> Yes <input type="checkbox"/> No	2290		
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		
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		
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 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		
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		
Frozen canned and dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	2370		

HOME PRODUCTION/GIFTS

5 During the past 30 days have you eaten in this household any.() . that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .()..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of.. .()..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Flour <input type="checkbox"/> Yes <input type="checkbox"/> No	2270		
Rice <input type="checkbox"/> Yes <input type="checkbox"/> No	2280		
Cornmeal <input type="checkbox"/> Yes <input type="checkbox"/> No	2290		
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		
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		
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 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		
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		
Frozen canned and dried vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No	2370		

PART F:FOOD EXPENSES

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$
Ackee <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		
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 (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		
Canned and dried fruits <input type="checkbox"/> Yes <input type="checkbox"/> No	2410		
Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No	2420		
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		
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 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		
Powders,flavouring and extracts baking powder&soda,yeast,coconut milk/powder,vinegar..) <input type="checkbox"/> Yes <input type="checkbox"/> No	2470		

HOME PRODUCTION/GIFTS

5 During the past 30 days have you eaten in this household any.() . that was home-produced, or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .() .you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the amount of ..(.)..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
Ackee <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		
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 (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		
Canned and dried fruits <input type="checkbox"/> Yes <input type="checkbox"/> No	2410		
Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No	2420		
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		
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 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		
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

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$
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	
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	
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	
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2540	
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	
Bottled Water(Natural and purified)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2560	

HOME PRODUCTIONS/GIFTS

5 During the past 30 days have you eaten in this household any.() . that was home-produced,or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	7 How much would it cost to buy the amount of home-produced .() .you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	8 How much would it cost to buy the 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	
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	
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	
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	
Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2540	
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	
Bottled Water(Natural and purified)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2560	

PART G: CONSUMPTION EXPENDITURES

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	Have you spent ..(.).. during the past 30 days? YES = 1 NO = 2 (>5)	How much did you spend on.(.)..during the past 30 days? AMOUNT J\$	How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$	Did you received any..(.).. as gift during the past 12 months? YES = 1 NO = 2 (>NEXT ITEM)	What is the value of all that..(.)..you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Personal care supplies, soap, toothpaste/brushes, shaving cream, razors & blades <input type="checkbox"/> Yes <input type="checkbox"/> No	3010				
Cosmetics (lotions, deodorants,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3020				
Hair and body care (lotions, dyes,etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	3030				
Laundry supplies (soap bars/ powders, bleach, starch, clothes pin,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3040				
Polishes, waxes, air fresheners, insect sprays <input type="checkbox"/> Yes <input type="checkbox"/> No	3050				
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3060				
Toilet supplies (toilet paper, cleanser,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3070				
Other household supplies(scouring pads, liquid cleanser, brooms, light bulbs, batteries,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3080				
Home help services (cook, nurse maid, household help, gardener,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3090				
Laundry and dry cleaning services <input type="checkbox"/> Yes <input type="checkbox"/> No	3100				
Rental of equipment (radio, television,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3110				
Cooking Gas <input type="checkbox"/> Yes <input type="checkbox"/> No	3120				

RESPONDENT (INDIVIDUAL # FROM ROSTER):

1	2	3	4	5	6
During the past 12 months, has this household spent or received as gift any of the the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	Have you spent ..(.).. during the past 30 days? YES = 1 NO = 2 (>4)	How much did you spend on. (.)..during the past 30 days? AMOUNT J\$	How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$	Did you received any..(.).. as gift during the past 12 months? YES = 1 NO = 2 (>NEXT ITEM)	What is the value of all that..(.)..you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3130				
Furniture outdoors (lawn chair, barbecue grill,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3140				
Furnishing(carpets,drapes, sheets,towels,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3150				
Dinner ware (plates, cups, saucers, glasses, knives, forks, spoons,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3160				
Cook ware (pots, pans, skillets,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3170				
Other small kitchen equipment (ice box, toaster, mixer, hot plate,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3180				
Large kitchen appliances (Fridge, stove, microwave, freezer, water heater.) <input type="checkbox"/> Yes <input type="checkbox"/> No	3190				
Radio, TV, VCR, DVD, DSS, CD player,component set, <input type="checkbox"/> Yes <input type="checkbox"/> No	3201				
Information processing equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	3202				
Other small household equipment (tools,hair dryer, suitcase,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3211				
Camera <input type="checkbox"/> Yes <input type="checkbox"/> No	3212				

PART G: CONSUMPTION EXPENDITURES

1 During the past 12 months, has this household spent or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.		2 Have you spent ..(.).. during the past 30 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.(.)..during the past 30 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$	5 Did you received any..(.).. as gift during the past 12 months? YES = 1 NO = 2 (>NEXT ITEM)	6 What is the value of all that..(.)..you received as gift during the past 12 months? ESTIMATE MONETARY VALUE AMOUNT J\$
Electric iron,fan <input type="checkbox"/> Yes <input type="checkbox"/> No	3213					
Repairs on furniture or household equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	3220					
Medicines (pills, tonics, drugs,family planning supplies,herbal medicine, mechanical contraceptive devices-condoms,IUD,etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	3230					
Medical services (doctor's fee, hospital care, prescriptions, spectacles, lab fees..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3240					
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	3250					
Shoes and sandals for adults <input type="checkbox"/> Yes <input type="checkbox"/> No	3260					
Shoes and sandals for children <input type="checkbox"/> Yes <input type="checkbox"/> No	3270					
Clothing material for adult (Dacron, linen, cotton, silk) <input type="checkbox"/> Yes <input type="checkbox"/> No	3280					
Clothing material for children (Dacron, linen, cotton, silk) <input type="checkbox"/> Yes <input type="checkbox"/> No	3290					
Adult clothing(suits, dresses, jeans, swim wear, underwear, pampers..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3300					
Children clothing (shirts, trousers, coats,jeans, pampers.) <input type="checkbox"/> Yes <input type="checkbox"/> No	3310					
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					

1 During the past 12 months, has this household spent 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 ASGIFT 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\$
Reading materials (Books, magazines, newspapers,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3340					
Stationary and writing equipment(pens pencils, envelops, stamps,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3350					
Education expenses(tuition, books,boarding fees,..) <input type="checkbox"/> Yes <input type="checkbox"/> No	3360					
Sporting activities(exercise equipment, bicycle, tricycle, entrance fees,) <input type="checkbox"/> Yes <input type="checkbox"/> No	3371					
Club Membership <input type="checkbox"/> Yes <input type="checkbox"/> No	3372					
Other recreational activities(cinema, dance clubs,records, tapes, DVD, CD,Cable rental,Cable fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	3380					
Purchased transportation(taxi,bus, car, rental) <input type="checkbox"/> Yes <input type="checkbox"/> No	3391					
Purchased transportation (air fare) <input type="checkbox"/> Yes <input type="checkbox"/> No	3392					
Gasoline, motor oil, diesel <input type="checkbox"/> Yes <input type="checkbox"/> No	3400					
Car/ motor cycle repair, tyres, motor parts <input type="checkbox"/> Yes <input type="checkbox"/> No	3410					
Car/motor cycle insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	3420					

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

PART G: CONSUMPTION EXPENDITURES

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

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/ 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 SEWER..... 1
 W.C. NOT LINKED.....2
 PIT.....3
 OTHER.....4
 NONE.....5(> 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
 NO.....3

9. Does any member of this household own, rent or lease the land this dwelling is on?
 YES.....1
 NO.....2

10. Does any member of this household own, rent or lease this dwelling?
 OWNED.....1
 LEASED.....2(> 12)
 PRIVATE RENTED.....3(> 12)
 GOVERNMENT RENTED.....4(> 15)
 RENT FREE.....5(> 15)
 SQUATTED.....6(> 15)
 OTHER.....7(> 15)

11. Does any member of household own a dwelling other than this one?
 YES.....1 (>16)
 NO.....2 (> 16)

12. 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.....4
 OR AGENCY.....4

13. 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

14. 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

15. Does any member of this household own a dwelling?
 YES.....1 (> 22)
 NO.....2 (> 22)

16. Does any member of this household make mortgage payments on the dwelling you currently occupy?
 YES.....1
 NO.....2 (> 19)

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

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

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

20. Does any member of the household pay property taxes for this dwelling?
 YES.....1
 NO.....2 (> 22)

21. How much property taxes is paid for this dwelling?
 AMOUNT J\$

PER:
 MONTH.....4
 YEAR.....5

22. What is the main source of drinking water for this household?
 INDOOR TAP/PIPE.....1
 OUTSIDE PRIVATE PIPE/TAP....2
 PUBLIC STANDPIPE.....3(>28)
 WELL.....4(>28)
 RIVER,LAKE,SPRING,POND.....5(>28)
 RAINWATER (TANK) PID*.....6(>29)
 RAINWATER (TANK)NPID**.....7(>29)
 TRUCKED WATER (NWC)PID...8(>29)
 TRUCKED WATER (NWC) NPID.9(>29)
 TRUCKED WATER PRIV.)PID...10(>29)
 TRUCKED WATER PRIV.)NPID.11(>29)
 BOTTLED WATER.....12(>29)
 OTHER (SPECIFY).....13(>29)

23. How many times have you had a water source lock-off in the last 20 days?

24. Have you a group or individual meter?
 GROUP.....1
 INDIVIDUAL.....2
 NO METER.....3

25. How much was the latest water bill for your household?
 AMOUNT J\$

26. How many months were covered by this bill?
 MONTHS :

27. Is this ..[SUPPLY SOURCE IN 22]used by your household only, or is it shared with others?
 THIS HOUSEHOLD ONLY.....1 (> 29)
 SHARED.....2 (> 29)

28. How far from this dwelling is this...[SUPPLY SOURCE IN 22] (for options 3,4,5)?
 DISTANCE --->

UNIT CODE:
 KILOMETERS.....1
 METERS.....2

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

29. What is the main source of lighting for this dwelling?
 ELECTRICITY.....1
 KEROSENE.....2 (> 32)
 OTHER3 (> 32)
 NONE.....4 (> 32)

30. How much was the latest electricity bill for your household?
 AMOUNT J\$

31. How many months of consumption were covered by this bill?
 MONTHS:

32. Does any member of this household have a telephone?
 YES..1 LAND :
 NO...2 (>35) CELL(Post Paid) :
 CELL(Pre Paid)

33. How much was the latest telephone bill for your household (including cellular bill)
 LAND AMOUNT J\$:
 (Post Paid)
 CELL AMOUNT J\$:

34. How many months of consumption were covered by this bill?
 LAND
 CELL (Postpaid)

35. Is there a working computer in this household?
 YES Laptop.....1
 YES Desktop...2
 YES Both.....3
 YES Other.....4
 NO.....5

36. Is there Internet access in this household?
 YES.....1
 NO2 (> 38)
 DONT KNOW.....3 (> 38)

37. What type of internet connection is used in this household?
NARROWBAND.....10 **MAIN**
 Dial Up.....11
 Other Narrowband..... 12
BROADBAND.....20 **SEC**
 ADSL.....21
 Wireless.....22
 Cable modem..... 23
 Other Broadband..... 24
 DONT KNOW.....90

38. What is the main method of garbage disposal for this household?
 REGULAR PUBLIC COLLECTION SYSTEM.....1
 IRREGULAR PUBLIC COLLECTION SYSTEM2
 PRIVATE COLLECTION SYSTEM.....3
 BURN.....4
 BURY.....5
 DUMP IN SEA/RIVER/POND/GULLY... 6
 DUMP IN OWN YARD..... 7
 DUMP IN MUNICIPAL SITE.....8
 OTHER DUMPING.....9
 OTHER.....10
 (Specify).....

39. What type of light bulbs do you generally use in this dwelling? **MULTIPLE RESPONSES ALLOWED**
 INCANDESCENT.....1
 FLORESCENT.....2
 OTHER(SPECIFY).....3
 NONE.....4

40. 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

41. 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/Cassettes players?	607		
Stereo Equipment?	608		
Other stereo Equipment?	609		
TV sets?	610		
VCR/DVD Player?	611		
Electronic game equipment ?	612		
Washing Machine?	613		
Clothes Dryer?	614		

Do the members of your household have....

ITEM	CODE	YES	NO
Bicycles?	615		
Motorbikes?	616		
Cars,other vehicles?	617		
Computer ?	618		
Printer?	619		
Computer peripherals (DVD, CD burner, scanner, fax machine,etc.)?	620		
Solar Panels for electricity	621		
Wind Power for electricity	622		
Other Electrical Equipment (Toasters, blenders ,microwaves etc?)	623		
Musical equipment (piano,keyboard etc?)	624		
DSS?	625		
Generator?	626		
Water Heater (Electrical)?	627		
Water Heater (Solar) ?	628		
Water Tank ?	629		

ITEMS MUST BE IN WORKING CONDITION

PART K: MISCELLANEOUS - RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD

1 During the past 12 months, has any member of your household received income in cash or in kind from the following sources? PUT A TICK IN THE APPROPRIATE BOX FOR EACH ITEM? ASK QUESTION 1 FOR ALL ITEMS FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.		
Support for children from parents who live in Jamaica	701	<input type="checkbox"/> YES <input type="checkbox"/> NO
Support for children from parents who live abroad?	702	<input type="checkbox"/> YES <input type="checkbox"/> NO
Spouse / Partner who lives in Jamaica	703	<input type="checkbox"/> YES <input type="checkbox"/> NO
Spouse/ Partner who lives abroad?	704	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child / children who lives / live in Jamaica	705	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child / children who lives / live abroad	706	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other relatives or friends who live in Jamaica	707	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other relatives or friends who live abroad?	708	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rental payments for use of land or other property owned by household members?	709	<input type="checkbox"/> YES <input type="checkbox"/> NO
Social Security (NIS)	710	<input type="checkbox"/> YES <input type="checkbox"/> NO
Private,Government or other pension fund?	711	<input type="checkbox"/> YES <input type="checkbox"/> NO
Public Assistance?	712	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dividend / Interest from loans made by household members or from money deposited in the bank or other financial Institutions?	713	<input type="checkbox"/> YES <input type="checkbox"/> NO
Windfall receipts ?(lotteries,gambling,inheritances)	714	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other?	715	<input type="checkbox"/> YES <input type="checkbox"/> NO

2
What is the value of the income received by members of your household in cash or in kind from ... [] ... during the past 12 months?

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

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

PART L ECD / HEALTH : TO BE ASKED ABOUT EACH CHILD LESS THAN 9 YEARS OLD

I N D I V I D U A L No.	1. In the past month, have you or any other adult in the household: Read to or show the child books.....1 Told stories to child.....2 Sung songs with child.....3 Played games with / play with child.....4 Spent time with child counting, drawing or naming things?5 Took child on special activity6 None.....7 INDICATE ALL THAT APPLY	2. The child has: Toys that teach colours, shapes and sizes1 Toys or games which help to teach numbers.....2 Toys/games requiring fine movements (building blocks, Legos).....3 Books (other than school books).....4 Toy or real musical instrument.....5 None.....6 INDICATE ALL THAT APPLY	3 In the past month when this child has been disciplined what method was used? Slapping/hitting with hands1 Beating with an implement (belt, stick)2 Quarrelling/shouting.....3 Removing privileges (e.g. TV, favourite game).....4 Denying food.....5 Time out (put in room/corner).....6 Talk about why an action was wrong7 Swore/Cursed at child.....8 Pinched child.....9 Ignoring10 Reasoning11 Other12 None.....13 INDICATE ALL THAT APPLY	4. Is this child's functioning limited in any way by an illness? YES1 NO.....2	5 Answer YES1 NO.....2 A. (INFANTS < 6 MONTHS ONLY). Child has problems using his/her arms or legs---- B. (CHILDREN 6 MONTHS & OLDER). Child has problems sitting, standing or walking or moving around C. Child has problems using his hands or fingers to do things. D. Child has problems seeing. E. Child has problems hearing. F. (INFANTS < 12 MONTHS). Child has problems making speech sounds G. (CHILDREN 12 MONTHS & OLDER) Child has problems speaking H. When this child is told to do something he/she does not understands what you say. I. I/we are concerned about this child's behaviour. (any aspect) J. I/we are concerned about how this child gets along with other people. K. This child has problems doing things for himself / herself. L. (CHILDREN 3 YEARS & OLDER) This child has problems at school. M. I/we are concerned about other aspects of this child's learning, development and behaviour.									
	A	B	C	D	E	F	G	H	I	J	K	L	M	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

PART L ECD / HEALTH : TO BE ASKED ABOUT EACH CHILD LESS THAN 9 YEARS OLD														CHILD MUST BE 12 MONTHS OR OLDER					CHILD MUST BE 5 YEARS OR OLDER												
I N D I V I D U A L	6. For any yes response in Question 5, have you reported your concerns to a professional?													7. How many children are in your child's class?	8. Is there a safe place for the child(ren) to play within your community? Yes, own yard.....1 Yes, playground.....2 Yes community centre.....3 Yes other.....4 NO.....5	9. Has the child witnessed any type of violence within the community? YES1 NO.....2	10. Has the child witnessed any type of violence at home ? YES1 NO.....2	11. Your child: Yes ...1 No.....2 A. Is able to get along with peers B. Will try to help someone who is hurt C. Has trouble sticking to any activity D. Appears fearful or anxious E. Displays respect for adults F. Takes things that do not belong to him/her G. Is able to identify at least ten letters of the alphabet H. Is able to recognize 1-10 I. is able to say which number is the bigger of the two J. Is able to sort and classify by basic characteristics (size, shape, colour) K. Understands time concepts (today, morning, bedtime) L. is able to communicate needs in a way understandable to peers M. Is able to understand what is being said to him/her on the first try													
	No.	A	B	C	D	E	F	G	H	I	J	K	L					M	A	B	C	D	E	F	G	H	I	J	K	L	M
1																															
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															
10																															
11																															
12																															

PART L ECD / HEALTH : TO BE ASKED ABOUT EACH CHILD LESS THAN 9 YEARS OLD AND ATTENDING AN ECI (B1 OPTIONS 1 AND 2)

I N D I V I D U A L No.	12 Are you aware if the Early Childhood Institution your child attends has applied for Registration with the Early Childhood Commission? YES.....1 NO.....2	13 Has the Early Childhood Institution your child attends been inspected? YES.....1 NO.....2	14 What was the outcome of the Inspection? Registration Certificate.....1 Permit to operate.....2 Closure.....3 Don't know.....4	15 Have you ever received any information on parenting? YES.....1 NO.....2	16 What was the source of information? Parenting Workshop..... 1 Radio/TV Programmes.....2 Books/Magazines/ Newspaper.....3 Family members.....4 Friends.....5 PTA Meeting.....6 Church/Community Programme.....7 Other (Specify).....8 INDICATE ALL THAT APPLY	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

PART M: ELDERLY (AGED 60 YEARS AND OVER)

I N D I V I D U A L No.	1. Which one of these categories most accurately describes your current economic situation?	2. Have you retired / stop working from any job?	3. At what age did you retire / stop working?	4. How long before retiring did you begin to actively prepare for your retirement?	5. Why have you retired / stop working?	6. Are you receiving a pension(s)?	7. In what income range does your monthly pension(s) fall?	8. What is the mix of your pension plans?
	Retired.....1 >Q3 Employed or self-employed (working in family business).....2 Operate a business.....3 Unemployed.....4 Permanently sick or have a disability.....5 Home maker.....6 Other (specify).....7	Yes.....1 No.....2 >Q6		1-2 years.....1 3-5 years.....2 6-10 years.....3 More than 10 years4 Did not prepare.....5	Health reasons.....1 To provide care to a family member.....2 Mandatory retirement policies.....3 Early retirement plan from companies.....4 Wanted to stop working.....5 Other.....6	Yes.....1 No.....2 (>Q9)	Under \$10,000.....1 \$10,000 to \$19, 999.....2 \$20,000 to \$39,999.....3 \$40,000 to \$59,999.....4 \$60,000 and over.....5	NIS1 Occupational pension.....2 Other Private pension plan.....3 Other.....4 MULTIPLE RESPONSES ALLOWED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

PART M: ELDERLY (AGED 60 YEARS AND OVER)

I N D I V I D U A L No.	9. What is / was the main the main kind of work that you were engaged in? NEVER WORKED ENTER 0000 >Q13	10. In what industry are you working/did you last work?	11. How many years were you employed/did you work?	12. Do/did you work in this job/operate your business for over 35 hours per week? Yes, over 35 hours.....1 No, less than 35 hours.....2	13. Have you made any specific plans for your income in senior years/retirement? Yes, savings.....1 Yes, pensions.....2 Yes, investments.....3 Yes, property/ asset receipts.....4 Yes, children.....5 Yes, spouse.....6 Yes, employment/ self employment.....7 No.....8 MULTIPLE RESPONSES ALLOWED	14. Which are your two main sources of income? Employment/ self-employment.....1 Spouse.....2 Family member(s)locally.....3 Property/asset receipts.....4 Investments.....5 Savings.....6 Remittances.....7 Pension8 Government social assistance.....9 Other.....10	15. Is it your wish to be employed/working? Yes1 No.....2 Do not know.....3
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART M: ELDERLY (AGED 60 YEARS AND OVER)

I N D I V I D U A L No.	16. How many of your adult children are living in this household? Record number			17. Are any of your grandchildren living in this household? Yes, adult grandchild.....1 Yes, minor grandchild (under 18 years).....2 Both minor and adult....3 No.....4	18. Who mostly provide financial support for your basic needs? Myself.....1 Members of this household.....2 Other households in community.....3 Social organization.....4 Relatives in other households in the island...5 Relatives overseas.....6 Other households overseas.....7	19. Do you pay for your own food? Yes.....1 No.....2 Sometimes.....3	20. Do you have a special diet you need to follow? Yes, for health reasons.....1 Yes,because of my preferences.....2 No.....3	21. Is all the food you need available to you? Yes, generally.....1 Yes, sometimes.....2 Don't know.....3 No.....4	22. Why do you think these food items are not available to you? Cannot find them where I shop.....1 Have to go far distance to get them.....2 Only available in major town centres.....3 Cannot afford them.....4 Other reasons.....5 Do not know why.....6 MULTIPLE RESPONSES ALLOWED	23. Do you believe you have enough food to eat on a daily basis? Yes, generally.....1 Yes, sometimes.....2 No.....3	24. Do you take care of / provide for children (under 18 years) in this household? No child under 18.....1 Yes, physical care.....2 Yes, financially.....3 Yes, physically and financially.....4 No.....5 >Q26
	M	F	T								
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

PART M: ELDERLY (AGED 60 YEARS AND OVER)

I N D I V I D U A L No.	25. Why are you the person taking care of these children? Child/children are orphans.....1 Parent(s)overseas.....2 Parent(s)live in other households.....3 Parent(s)un-employed.....4 Parent(s) not supporting child.....5 Other.....6 MULTIPLE RESPONSES ALLOWED	26. Do you take care of / provide for adults in this household and why? Yes,they are my responsibility1 Yes, they need financial support.....2 Yes,disability is involved.....3 Yes, other reason.....4 No.....5	27. What is your main method of getting around? Bus.....1 Taxicab.....2 Family vehicle.....3 Drive own vehicle.....4 Walk/ride5 Other.....6	28. I am going to read to you some day to day activities. Please tell me if you are:								
				Prepare my own meals	Feed myself	Move around the house/dwelling	Go to toilet	Bathe myself	Dress myself	Take medication	Go shopping	Use the telephone
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

PART M: ELDERLY (AGED 60 YEARS AND OVER)

I N D I V I D U A L No.	29. Compared to other people your age, would you say that you are physically More active.....1 As active.....2 Less active.....3 Don't know.....4	30. Do you currently take medication (drugs) for any recurrent (chronic) condition? YES.....1 NO.....2	31. During the past 12 months, have you regularly received any of the following types of assistance from others, either living with you or outside your home? Have you received help with					32. Which are your two greatest concerns at your age? No concern/worry.....1 Economic needs of the family.....2 Inadequate personal income.....3 Food costs.....4 Crime.....5 Fear for safety.....6 Loneliness/Being left out.....7 Housing.....8 Illness.....9 Medical costs.....10 Difficulty with Government services.....11 Mobility/transport.....12 Other.....13	33. Are you regularly involve in any social organization? Church/religious group.....1 School/school Board.....2 Community organization.....3 Returning residents organization.....4 Senior Citizens Club.....5 Service Club/Civic group.....6 Regular casual grouping.....7 Other.....8 None.....9 MULTIPLE RESPONSES ALLOWED
			House work	Yard work	Transportation	Grocery shopping	Personal care such as bathing, dressing		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

PART M: ELDERLY (AGED 60 YEARS AND OVER)

I N D I V I D U A L No.	34. Are you currently engaged in any adult learning activity? Yes, as a teacher..... 1 Yes, as a student..... 2 No.....3 >Q36 if NONE in Q33 & &NO in Q34)	35. How many hours per week do you spend with these social organizations / adult learning activities? Five hours or less.....1 Six to 12 hours.....2 Over 12 hrs.....3	36. Did you vote in the last General Elections? Yes.....1> Q38 No.....2	37. Why did you not vote? (Note main reason) Difficulty reaching polling station.....1 Unable to access polling station due to disability.....2 Fear for safety.....3 Not registered to vote.....4 Not interested in voting.....5 Migrated from polling division.....6 Other reason.....7	38. How satisfied are you with the quality of your life now? Very satisfied.....1 Mostly satisfied.....2 Satisfied enough.....3 Not satisfied.....4 Very dissatisfied.....5	39. How satisfied are you with your accomplishment so far in life? Very satisfied.....1 Mostly satisfied.....2 Satisfied enough.....3 Not satisfied.....4 Very dissatisfied.....5		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

PART N: LABOUR FORCE

TO BE COMPLETED BY HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

	1	2	3	4	5	6	7	8	9	10
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 >>Q7 With job not working.....2 >>Q7 Looking for work.....3 At home.....4 >>Q6 At school full-time.....5 END INTERVIEW Incapable of working.....6 END INTERVIEW Other (Specify).....7	Did you/..... do anything like farming, buying & selling, odd jobs or hustling, during week ending	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	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	Did you/ wish to work at any time during the six months ending	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 >>Q7 No.....2		Yes.....1 >>Q7 No.....2	Yes.....1 >>Q7 No.....2	Yes.....1 >> Q7 No.....2 END INTERVIEW	Yes.....1 No.....2 END INTERVIEW				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

15 YEARS AND OVER

20 Is this partner a household member? YES.....1 NO.....2	21 COPY THE ID CODE OF THE PARTNER

R