

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

I N D I V I D U A L No.	1.	2.	3.	4.	5.	6.	7.	8 Where did the most recent visits take place?In.....																																
	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)	What type of incident/accident? MOTOR VEHICLE.....1 DOMESTIC ACCIDENT.....2 INDUSTRIAL ACCIDENT.....3 DOMESTIC INCIDENT.....4 OTHER VIOLENT RELATED INCIDENT.....5 OTHER SPECIFY.....6	Have you had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma attack, 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)	What was the duration of this most recent episode? (CAN BE > 28 DAYS) DAYS	For how long were you unable to carry out normal activities? (CAN BE > 28 DAYS) DAYS	Has a doctor,nurse, pharmacist, midwife, healer or any other health practitioner been visited? YES.....1 NO.....2 (> Q17)	How many visits did you make to health practitioners in the past 4 weeks?	a. Public Hospital?			c. Private Hospital?			e. Public Health/ Maternity Centre			f. Private Health/ Maternity Centre/ Doctor's Office			i. Other? (Specify)	j. What time did you																			
								b. What time did you A. arrive, B. register and C. see the doctor/ health professional? (24 hr. clock)			d. What time did you A. arrive, B. register and C. see the doctor/ health professional? (24 hr. clock)			g. What time did you A. arrive, B.register and C. see the doctor/ health professional? (24 hr. clock)			h. What time did you A. arrive, B.register and C. see the doctor/ health professional? (24 hr. clock)				k. What time did you A. arrive, B. register and C. see the doctor/ health professional? (24 hr. clock)																			
								YES, UHWI.....1 YES, PUBLIC.....2 NO.....3	YES....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2		A	B	C	A	B	C	A	B	C	A	B	C													
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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	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 AMOUNT J\$	YES.....1 NO.....2 (> Q18)	NIGHTS	IF NOTHING SPENT WRITE ZERO AMOUNT J\$ >>Q18	DIDN'T HAVE TIME TO GO....4 OTHER (SPECIFY).....5	PRESCRIBED/ OVER THE COUNTER.....4 PRESCRIBED/ DIDN'T BUY/FILL.....5 (>Q22) NONE PRESCRIBED/ REQUIRED.....6 (> Q22)	YES.....1 NO.....2	YES.....1 NO.....2	IF NOTHING SPENT WRITE ZERO AMOUNT J\$
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONT.)

I N D I V I D U A L No.	21	22	23	24							25							14 YRS & OVER 26	27	28	29		
	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.....A YES, DIABETES.....B YES, HYPERTENSION.....C YES, ARTHRITIS.....D YES, MENTAL ILLNESS.....E YES, HEART DISEASE.....F YES, OTHER (SPECIFY).....G IF YES ENTER 1 ELSE ENTER 2 FOR NO (DO NOT LEAVE BLANK) IF NO TO ALL >> Q 26 MULTIPLE RESPONSES ALLOWED							Was the chronic disease / illness diagnosed by a Doctor / Nurse within the last 12 months? YES, ASTHMA.....A YES, DIABETES.....B YES, HYPERTENSION.....C YES, ARTHRITIS.....D YES, MENTAL ILLNESS.....E YES, HEART DISEASE.....F YES, OTHERG Yes.....1 No.....2							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		
				A	B	C	D	E	F	G	A	B	C	D	E	F	G						
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PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L No.	1	2	3	4	5		6		7		8	9	10						
	What type of school is..(NAME).. attending this academic year? NURSERY/DAYCARE(INCLUDE NEWBORN BABIES) (NEXT PERSON)1 BASIC/INFANT/KINDERGARTEN.....2 PRIMARY.....3 PREPARATORY.....4 ALL AGE SCHOOL.....5 PRIMARY & JUNIOR HIGH.....6 JUNIOR HIGH (GRADES 7-9).....7 SECONDARY HIGH.....8 TECHNICAL.....9 VOCAT/AGRI.....10 UNIVERSITY.....11 OTH TERT PUB.....12 OTH TERT PVT.....13 ADULT LITERACY CLASSES.....14 ADULT EDUCATION/NIGHT.....15 SPECIAL SCHOOL.....16 JFLL.....17 NONE.....18>> 11	What is the name of the school that (NAME)..... attends?	Is this school public or private? PUBLIC.....1 PRIVATE...2	What grade is .. (NAME)...in at school this year? BASIC.....0 PRIMARY.....1-3 PRIMARY4-6 GRADE.....7 GRADE8 GRADE9 GRADE10 GRADE.....11 GRADE12 (lower sixth form) GRADE.....13 (upper sixth form)	How far is ..(NAME)'s.... school from this house? MILES.....1 KMS.....2 YARDS.....3 METERS.....4 CHAINS.....5		What is the distance to the nearest primary school? MILES.....1 KMS.....2 YARDS.....3 METERS.....4 CHAINS.....5		What is the distance to the nearest secondary school? MILES.....1 KMS.....2 YARDS.....3 METERS.....4 CHAINS.....5		How does (NAME).. usually get to school? PUBLIC TRANSPORT...1 WALK.....2 PRIVATE VEHICLE.....3 SCHOOL BUS.....4 OTHER SPECIFY.....5	During the 4 week period April 22 - May 17 how many days was (NAME). sent to school? IF SENT ON ALL DAYS>>12	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 SCHOOL.....13 NOT SAFE IN COMMUNITY...14 VIOLENCE.....15 OTHER (SPECIFY).....16 >>12						
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D = DISTANCE U = UNIT OF MEASURE

R= Reason; N=# of times

PART B: EDUCATION (CONT.)

I N D I V I D U A L No.	11 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 NONE.....18	12. How many years of schooling have you / has ..(NAME)..had?	13. 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?										14. 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 Exam Fees	b Tuition Fees (Including books)	c Tuition Fees (Excluding books)	d Auxiliary Fees, Other Fees and Contributions	e Extra Lessons (inside & outside school)	f Transport	g Lunch and snacks at school	h Uniform	i Books	j Other (supplies)	k Boarding	a Parent(s) Guardian	b Family/ Friends	c MOE	d MP	e Com- munity
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PART B: EDUCATION CONCLUDED - TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER (CONCLUDED)

RESP. # (FROM ROSTER):

I N D I V I D U A L No.	15	16	17	18	19	20	
	Did you use a cellular telephone during some or all of the past 12 months? YES.....1 NO.....2	Did you use a computer from any location in the past 12 months? YES.....1 NO.....2	Have you used the Internet from any location or any device in the past 12 months? YES.....1 NO.....2>Next Person	How often did you use the Internet during the past 12 months (from any location)? Daily.....1 Weekly.....2 Monthly.....3 Occasionally.....4	For which of the following personal activities did you use the Internet in the past 12 months (from any location)? 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	From which of the following locations did you use the Internet in the past 12 months? 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	
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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 N o.	1.	2	3	4	5	6	7	8	9	10
	Did any member of this household apply to the Programme of Advancement Through Health and Education (PATH) ?	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	Has any member of this household ever received assistance from PATH ? YES.....1 NO2> Q11	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	Is / was this individual the family representative? YES.....1 NO2	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	Did ..(NAME).. receive a PATH benefit in April this year? YES.....1 NO.....2	How does this household currently receive its PATH benefit? By cheque at P.O.1 By cash card(ATM card).....2	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	How would this household rate the quality of customer service experienced with PATH ? Very good.....1 Good.....2 Satisfactory.....3 Inadequate.....4 Poor.....5
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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	12 Has ..(NAME)..received assistance(benefit) from any of the following Government programmes within the last 12 months?								13 Has..(NAME)..ever contributed to the NIS?	14 What is the main reason for not contributing to the NIS?	15 Has..(NAME)..ever contributed to a GOVERNMENT PENSION SCHEME ?	16 Has..(NAME)..ever contributed to any PRIVATE PENSION SCHEME ?
	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	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									Yes,within the past 12 mths.....1 >>Q15 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
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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	2	3	4
During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	How much did you spend on.()..during the past 7 days? AMOUNT J\$	How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$
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	6	7	8
During the past 30 days have you eaten in this household any.() . that was home-produced,or received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	How much would it cost to buy the amount of home produced() you ate during the past 7 days? IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	How much would it cost to buy the amount of home-produced .()..you ate during the past 30 days? IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	How much would it cost to buy the amount of.. .()..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$
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\$	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					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

<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/Cellphone (Instrument)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3481</p>				
<p>Telephone Services - Internet/phone Cards</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

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
 - NO.....2 (> 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(>33)
 - WELL.....4(>33)
 - RIVER, LAKE, SPRING, POND.....5(>33)
 - RAINWATER (TANK) PID*.....6(>34)
 - RAINWATER (TANK) NPID**.....7(>34)
 - TRUCKED WATER (NWC)PID.....8 (>34)
 - TRUCKED WATER (NWC) NPID.....9(>34)
 - TRUCKED WATER PRIV.)PID.....10(>34)
 - TRUCKED WATER PRIV.)NPID.....11(>34)
 - BOTTLED WATER.....12(>34)
 - OTHER (SPECIFY).....13(>34)
28. How many times have you had a water source lock-off in the last 30 days?
 - AMOUNT J\$
29. Have you a group or individual meter?
 - GROUP.....1
 - INDIVIDUAL.....2
 - NO METER.....3
30. How much was the latest water bill for your household?
 - AMOUNT J\$
31. How many months were covered by this bill?
 - MONTHS :

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

PART I HOUSING AND RELATED EXPENSES CONT'D

32. Is this ..[SUPPLY SOURCE IN 27]used by your household only, or is it shared with others?
 THIS HOUSEHOLD
 ONLY.....1 (> 34)
 SHARED.....2 (> 34)

33. How far from this dwelling is thisō [SUPPLY SOURCE IN 27] (for options 3,4,5)?
 DISTANCE --->
 UNIT CODE:
 KILOMETERSō ô ..1
 METERSō ô ô ô ...2
 MILES.....3
 YARDS.....4
 CHAINS.....5

34. What is the main source of lighting for this dwelling?
 ELECTRICITY.....1
 KEROSENE.....2 (> 38)
 OTHER3 (> 38)
 NONE.....4 (> 38)

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

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

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

38 Does any member of this household have a telephone?
 YES..1 LAND :
 NO...2 (>40) CELL(Post Paid) :
 CELL(Pre Paid)

39 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\$:

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

41. Is there Internet access in this household?
 YES.....1
 NO2 (> 43)
 DONT KNOW.....3 (> 43)

42. 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

43. 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/GULLYō 6
 DUMP IN OWN YARDō 7
 DUMP IN MUNICIPAL SITE.....8
 OTHER DUMPING.....9
 OTHER.....10
 (Specify)_____.

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

45. What type of fuel does this household use most for cooking?
 GAS.....1
 ELECTRICITY.....2
 WOOD.....3
 KEROSENE.....4
 CHARCOAL.....5
 BIOGAS.....6

46. 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,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,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 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 Occassionally.....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 shown 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. Child has problems understanding when he/she is told to do something 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?					9. Has the child witnessed any type of violence within the community?	10. Has the child witnessed any type of violence at home ?		11. Your child: Yes ...1 No.....2															
	YES1 NO.....2													Yes, own yard.....1 Yes, playground.....2 Yes community centre.....3 Yes other.....4 NO.....5						YES1 NO.....2	YES1 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			
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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 (>Q15) DON'T KNOW..3 (>Q15)	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(>NEXT PERSON)	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						

15 YEARS AND OVER

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

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