

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

INDIVIDUAL 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	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 MULTIPLE RESPONSES ALLOWED	Have you had any illnesses other than that due to injury? For example a cold, diarrhoea, asthma attack, or an episode relating to hypertension, diabetes or any other illnesses? (In the past 4 weeks) YES,CHRONIC ILLNESS.....1 YES, OTHER ILLNESS.....2 YES, BOTH.....3 NO.....4 (> Q22 if 2 in Q1)	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? YES, UHWI.....1 YES, PUBLIC.....2 NO.....3	a (i)			b. Private Hospital? YES.....1 NO.....2	b (i)			c. Public Health Centre YES.....1 NO.....2	c (i).			d. Private Health Centre / Doctor's Office YES.....1 NO.....2	d (i)			e. Other? (Specify)	e (i)		
									In your most recent visit to the Public Hospital,what time did you A. arrive, B. register and C. see the doctor/health professional? (24 hr. clock)				In your most recent visit to the Private Hospital, what time did you A. arrive, B. register and C. see the doctor/health professional? (24 hr. clock)				In your most recent visit to the Public Health Centre,what time did you A. arrive, B.register and C. see the doctor/health professional? (24 hr. clock)				In your most recent visit to the Private Health Centre /Doctor's Office, what time did you A. arrive, B.register and C. see the doctor/health professional? (24 hr. clock)				In your most recent visit towhat time did you A. arrive, B. register and C. see the doctor/health professional? (24 hr. clock)		
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IF ai,bi,ci, di or ei is "DID NOT REGISTER" ENTER CODE "87:00"
IF ai,bi,ci, di or ei is "DID NOT SEE THE DOCTOR" ENTER CODE "88:00"

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

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.	Were you admitted (spent a night) to 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.	Were you admitted (spent a night) to 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)	Public Facility? YES.....1 NO.....2	Private Facility or Pharmacy? YES.....1 NO.....2	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			IF NOTHING SPENT WRITE ZERO		IF NOTHING SPENT WRITE ZERO						IF NOTHING SPENT WRITE ZERO
	AMOUNT J\$	AMOUNT J\$	YES.....1 NO.....2 (> Q14)	NIGHTS	AMOUNT J\$	YES.....1 NO.....2 (> Q18)	NIGHTS	AMOUNT J\$ (>>Q18)					AMOUNT J\$
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

Qs 26 -29 FOR HOUSEHOLD MEMBERS 14 YRS & OVER

I N D I V I D U A L	21	22			23	24											25											26	27								
	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	Are you covered by any health insurance?			How is your health in general?	Do you/does..(NAME).. suffer from any chronic disease / illness?											Have you been told by a health professional within the last 12 months that you have a chronic disease?											Does this individual smoke?	Do you currently smoke any tobacco products (cigarettes, cigars, etc.?)								
No.	IF NOTHING SPENT WRITE ZERO	Yes.....1	No.....2		VERY GOOD.....1	YES, ASTHMA.....A	YES, DIABETES.....B	YES, HYPERTENSION.....C	YES, ARTHRITIS.....D	YES, COPD.....E	YES, HEART DISEASE.....F	YES, SICKLE CELL DEPRESSION.....G	DEPRESSION.....H	DEMENTIA.....I	ANY OTHER MENTAL DISORDER.....J	CANCER.....K	TYPE _____	YES, ASTHMA.....A	YES, DIABETES.....B	YES, HYPERTENSION.....C	YES, ARTHRITIS.....D	YES, COPD.....E	YES, HEART DISEASE.....F	YES, SICKLE CELL DEPRESSION.....G	DEPRESSION.....H	DEMENTIA.....I	ANY OTHER MENTAL DISORDER.....J	CANCER.....K	TYPE _____	Yes.....1	No.....2	Don't Know.....8	YES, DAILY.....1	YES, BUT NOT EVERY DAY.....2	NO, I NO LONGER SMOKE.....3 >> 28	NO, I HAVE NEVER SMOKED.....4 >> 29	
	AMOUNT J\$	MULTIPLE RESPONSES ALLOWED				IF YES ENTER 1 ELSE ENTER 2 FOR NO (DO NOT LEAVE BLANK)																															
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

	28	29	30	31	32	33	34
I N D I V I D U A L No.	How often did you smoke tobacco in the past? SMOKED DAILY.....1 DID NOT SMOKE EVERYDAY.....2	During the past 30 days did anyone smoke in....? AN INDOOR AREA WHERE YOU WORK.....A INSIDE YOUR HOME.....B PUBLIC TRANSPORTATION.....C PUBLIC PLACE.....D BUS STOP.....E SPORTS, ATHLETIC OR SIMILAR FACILITIES.....F EDUCATIONAL INSTITUTION.....G HEALTH FACILITY.....H GOVERNMENT BUILDING.....I Yes.....1 No.....2	Do you/does..(NAME).. have a disability? Yes.....1 No....2(>> Q33)	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 OTHER (SPECIFY).....7 NOT STATED.....8 MULTIPLE RESPONSES ALLOWED	Which of the following methods do you use to protect yourself against mosquito bites? MOSQUITO NETS.....1 FANS.....2 REPELLANTS APPLIED DIRECTLY TO THE SKIN SUCH AS SPRAYS AND CREAMS.....3 MOSQUITO COILS, ELECTRIC DIFFUSER LIKE "VAPE".....4 INSECTICIDE OR HOUSE SPRAYS.....5 DESTROY BREEDING SITES IN AND AROUND THE HOUSE.....6 MOSQUITO SCREENING/ "MESHING" OF WINDOWS.....7 OTHER, SPECIFY.....8 NONE.....9 MULTIPLE RESPONSES ALLOWED	Did..(NAME)..have Chik V during the recent Chik V outbreak: Jan 2014 to Jan 2015? Yes.....1 No.....2 Don't Know...3
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PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER (CONTINUED)

TO BE ANSWERED BY HHOLD HEAD OR RESPONDENT

		35												36												37
INDIVIDUAL No.		Did ..(NAME).. have any of the following symptoms during the Chik V outbreak?												Is ..(NAME).. currently having any of the following symptoms ?												As a result of the recent Chik V outbreak, how likely are you to remove mosquito breeding sites from your home?
		FEVER.....A JOINT PAIN.....B SEVERE JOINT PAIN.....C JOINT SWELLING.....D SKIN RASH.....E MUSCLE PAIN.....F NAUSEA.....G HEAD ACHE.....H MEMORY LOSS.....I VOMITING.....J EPIDERMIS PEELS OF THE FEET.....K OTHER.....L												FEVER.....A JOINT PAIN.....B SEVERE JOINT PAIN.....C JOINT SWELLING.....D SKIN RASH.....E MUSCLE PAIN.....F NAUSEA.....G HEAD ACHE.....H MEMORY LOSS.....I VOMITING.....J EPIDERMIS PEELS OF THE FEET.....K OTHER.....L												EXTREMELY UNLIKELY.....1 UNLIKELY.....2 NEUTRAL.....3 LIKELY.....4 EXTREMELY LIKELY.....5
		MULTIPLE RESPONSES ALLOWED												MULTIPLE RESPONSES ALLOWED												TO BE ANSWERED BY HOUSEHOLD HEAD
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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 What type of school is..(NAME).. attending this academic year? (NEXT PERSON)1 NURSERY/DAYCARE(INCLUDE NEWBORN BABIES) INFANT SCHOOL DEPARTMENT.....2 BASIC/KINDERGARTEN.....3 PRIMARY.....4 PREPARATORY.....5 ALL AGE SCHOOL.....6 PRIMARY & JUNIOR HIGH.....7 SECONDARY HIGH8 TECHNICAL HIGH.....9 AGRICULTURAL HIGH.....10 UNIVERSITY.....11 HEART TRUST NTA.....12 OTH TERT PUB.....13 OTH TERT PVT.....14 ADULT LITERACY CLASSES.....15 ADULT EDUCATION/NIGHT.....16 SPECIAL SCHOOL.....17 JFL.....18 NONE.....19 (>> Q20)	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/INFANT/KINDERGARTEN.....0 PRIMARY.....1-3 PRIMARY4-6 ASTEP GRADE.....7 GRADE8 GRADE9 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 18 - May 13 how many days was (NAME). sent to school? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">IF SENT ON ALL DAYS >> Q11</div>	10 What were the two "main" reasons why (NAME).. was not sent to 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 >>11							
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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
	Since the start of the school year has (NAME) ever been kept from school because of the following reasons? (MULTIPLE ANSWERS ALLOWED) ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEM.....6 TRANSPORT COSTS.....7 SCHOOL CLOSED.....8 SHOES/UNIFORM/MISSING/DIRTY/WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND.....12 NOT SAFE AT SCHOOL.....13 NOT SAFE IN COMMUNITY.....14 VIOLENCE.....15 NEVER ABSENT.....16 (>> Q13) OTHER (SPECIFY).....17	How often has this happened? Frequently.....1 Occasionally.....2 Seldom.....3 R= Reason; F=Frequency										Does...(NAME'S)...school operate a school feeding programme? YES, NUTRIBUN.....1 YES, COOKED MEAL.....2 YES, BOTH.....3 NO.....4 (>> Q17) DON'T KNOW.....5 (>> Q17)	Does...(NAME)...usually take the meal provided by the school? YES, NUTRIBUN.....1 (>> Q16) YES, COOKED MEAL.....2 (>> Q16) YES, BOTH.....3 (>> Q16) NO.....4 (>> Q16) DON'T KNOW.....5 (>> Q18)
		FIRST		SECOND		THIRD		FOURTH		FIFTH			
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PART B: EDUCATION (CONTINUED)

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

I N D I V I D U A L No.	21 What was the last grade..(NAME)..completed at that school? GRADE	22 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	23 How many years of schooling have you / has ..(NAME)..had?	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) CSEC Basic, JSC 5, SSC. 3rd JL.....4 (>>Q.26) CSEC Gen./GCE O LEVEL.....5 NVQJ LEVEL 1.....6 (>>Q.26) NVQJ LEVEL 2.....7 (>>Q.26) CAPE/ GCE A LEVEL.....8 (>>Q. 26) TERTIARY CERT./DIPLOMA/ NVQJ LEVEL 3.....9 (>> Q.26) ASSOCIATE DEGREE/ NVQJ LEVEL 4.....10 (>> Q.26) DEGREE/NVQJ LEVEL 5.....11(>> Q.26) CITY AND GUILDS.....12(>> Q.26) OTHER.....13 (>> Q.26) NOT STATED.....14 (>> Q.26)		25 Do 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/ WORKFORCE COLLEGES.....1 YES, HEART- VTC/ TVET INSTITUTES.....2 YES, HEART- SLTOPS/ APPRENTICESHIP.....3 YES, HEART- OTHER.....4 YES, PRIVATE (SPECIFY).....5 YES,OTHER PUBLIC (SPECIFY).....6 NO.....7	27 What skills did ..(NAME)..learn/ are..(NAME).. learning?	28 Did..(NAME).. successfully completed the programme of study? YES.....1 NO.....2 CURRENTLY ENROLLED.....3
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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	d1	d2	e	f	g	h	i	j	k	a	b	c	d	e	f
	Exam Fees	Tuition Fees (Including books)	Tuition Fees (Excluding books)	Auxiliary Fees only	Other Fees and Contributions	Extra Lessons (inside & outside school)	Transport	Lunch and snacks at school	Uniform	Books	Other (supplies)	Boarding	Parent(s) Guardian	Family/ Friends	MOE	MP	Community	Other
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PART C:FOR ALL CHILDREN 0-59 MONTHS OLD

INDIVIDUAL No.	1 When was ..(NAME)..born?			2 Where was.(NAME) born? HOSPITAL.....1 HEALTH CENTRE.....2 HOME.....3 OTHER.....4	3 Who actually delivered your baby? MEDICAL DOCTOR.....1 REGISTERED NURSE.....2 NANA.....3 UNTRAINED RELATIVE/ FRIEND OR STRANGER.....4 SELF.....5 OTHER.....6	4 Was the birth of ...(NAME)... registered? YES.....1 NO.....2 DON'T KNOW/NOT STATED.....3	5 What was the weight of.(NAME) at birth ? TO TWO DECIMAL PLACES	6 AGE			7 Is the date of birth in Q1 based on? BIRTH CERTIFICATE.....1 IMMUNIZATION CARD.....2 PARENTAL INFORMATION.....3 OTHER RELATIVE/ GUARDIAN.....4	8 WAS THE CHILD MEASURED? YES.....1 (>10) NO.....2	9 REASON CHILD NOT MEASURED? AWAY FROM HOME DURING COMPLETE SURVEY PERIOD.....1 ILLNESS.....2 DEFORMITY.....3 OTHER (SPECIFY).....4	10 WEIGHT		11 LENGTH	12 WAS THE CHILD MEASURED LYING DOWN OR STANDING? LYING DOWN1 STANDING.....2
	DAY	MONTH	YEAR					KG	YRS	MTHS				KILOGRAMS	CENTIMETERS		
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PART C:FOR ALL CHILDREN 0-59 MONTHS OLD (CONTINUED)

I N D I V I D U A L 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
		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			
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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. 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 >> Q8	3 Has any member of this household ever received assistance from PATH ? YES...1 NO2 (> Q8)	4 How long has this household been in receipt of PATH? Five years or more.....1 Four years.....2 Three years....3 Two years.....4 One year or less.....5 No longer receiving.....6	5 What benefit type has this household received under PATH (i.e. ever received)? Cash transfer.....A Transport subsidy.....B Housing.....C Post-secondary scholarship.....D Tertiary bursary.....E Entrepreneurship grant (Steps to Work).....F Other.....G YES.....1 NO2 MULTIPLE RESPONSES							6 Did ..(NAME).. receive a PATH benefit in April this year? YES.....1 NO.....2 (> Q8)	7 How does this household currently receive its PATH cash benefit? By cheque at P.O.....1 By cash card (ATM card).....2 Through money transfer agency.....3	8 Does any person in this household receive a pension? NIS pension.....A Occupational pension.....B Other private pension.....C Other,Specify _____ D No.....E MULTIPLE RESPONSES					9 What is the source of the pension? Local.....1 Overseas.....2 Both.....3	10 In what income range do the monthly pension receipts for this household fall? under \$10000.....1 \$10000 - \$19999.....2 \$20000 - \$39999.....3 \$40000 - \$59999.....4 \$60000 and over.....5	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
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PART D: SOCIAL PROTECTION (CONTINUED) Q12 to 15 TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 18 YEARS AND OVER

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

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

PART F:FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

Do you use nutrition labels to guide what foods you buy?
1. Yes, always 2.Yes, sometimes 3.No

PURCHASED			HOME PRODUCTION/GIFTS																				
<p>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.</p>			<p>2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)</p>			<p>3 How much did you spend on.()..during the past 7 days? AMOUNT J\$</p>			<p>4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$</p>			<p>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.</p>			<p>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\$</p>			<p>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\$</p>			<p>8 How much would it cost to buy the amount of .()..you received during the past 30 days? IF NOTHING ENTER 0 AMOUNT J\$</p>		
Fresh or frozen beef	<input type="checkbox"/> Yes <input type="checkbox"/> No	2010				Fresh or frozen beef	<input type="checkbox"/> Yes <input type="checkbox"/> No	2010															
Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	2020				Fresh or frozen pork	<input type="checkbox"/> Yes <input type="checkbox"/> No	2020															
Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	2030				Fresh or frozen mutton	<input type="checkbox"/> Yes <input type="checkbox"/> No	2030															
Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2040				Offal-heart, kidney, liver, tripe etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2040															
Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2050				Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2050															
Salted,cured or canned meat(eg.pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2060				Salted,cured or canned meat(eg.pigtail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2060															
Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2071				Fresh or frozen fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2071															
Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2072				Fresh or frozen shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2072															
Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080				Salted codfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	2080															
Canned mackerel,sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	2090				Canned mackerel,sardines, herring	<input type="checkbox"/> Yes <input type="checkbox"/> No	2090															
Other salted or canned fish and shellfish(eg.Mackerel,red herring..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2100				Other salted or canned fish and shellfish(eg.Mackerel,red herring..)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2100															
Fresh or frozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	2110				Fresh or frozen whole chicken or parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	2110															
Chicken neck, back,foot,liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	2120				Chicken neck, back,foot,liver, gizzard	<input type="checkbox"/> Yes <input type="checkbox"/> No	2120															
Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	2130				Other poultry,fresh frozen salted,cured or canned	<input type="checkbox"/> Yes <input type="checkbox"/> No	2130															

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

PURCHASED

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 (CONTINUED)

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$
Ackee <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 (CONTINUED)

PURCHASED

1 During the past 30 days, has this household bought any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 FOR ALL FOODS CONSUMED DURING THE PAST 30 DAYS.	2 Have you bought ..(.).. during the past 7 days? YES = 1 NO = 2 (>4)	3 How much did you spend on.()..during the past 7 days? AMOUNT J\$	4 How much did you spend on ..(.)..during the past 30 days? AMOUNT J\$
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, bag drink, box drink)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2540	
Alcoholic beverages,(beer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2551	
Alcoholic beverages (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, bag drink, box drink)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2540	
Alcoholic beverages,(beer)	<input type="checkbox"/> Yes <input type="checkbox"/> No	2551	
Alcoholic beverages (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 on, or received as gift any of the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	Have you spent ..(.).. during the past 30 days? YES = 1 NO = 2 (>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 (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 on, or received as gift any of the the following items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR ALL PURCHASE OR RECEIVED AS GIFT DURING THE PAST 12 MONTHS.	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 (e.g. computer, printer, fax) <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 (CONTINUED)

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

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

PART G: CONSUMPTION EXPENDITURES (CONTINUED)

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

PART H: NON- CONSUMPTION EXPENDITURES

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

PART I HOUSING AND RELATED EXPENSES

1. Type of Dwelling
 - SEPARATE HOUSE DETACHED.....1
 - SEMI-DETACHED.....2
 - PART OF A HOUSE.....3
 - APARTMENT BUILDING.....4
 - TOWNHOUSE.....5
 - IMPROVED 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?
27. What is the main source of drinking water for this household?
 - INDOOR TAP/PIPE.....1
 - OUTSIDE PRIVATE PIPE/TAP.....2
 - PUBLIC STANDPIPE.....3 (> 35)
 - WELL.....4 (> 35)
 - RIVER, LAKE, SPRING, POND.....5 (> 35)
 - RAINWATER (TANK) PID*.....6 (> 36)
 - RAINWATER (TANK) NPID**.....7 (> 36)
 - TRUCKED WATER (NWC) PID.....8 (> 36)
 - TRUCKED WATER (NWC) NPID.....9 (> 36)
 - TRUCKED WATER (PRIV.) PID.....10 (> 36)
 - TRUCKED WATER (PRIV.) NPID.....11 (> 36)
 - BOTTLED WATER.....12 (> 36)
 - OTHER (SPECIFY).....13 (> 36)
28. How many times have you had a water source lock-off in the last 30 days?
29. How do you normally store water to deal with lock offs? (MAIN SOURCE)
 - Plastic tank (Black or White).....1
 - Drums.....2
 - Buckets.....3
 - Other (specify).....4
 - Don't have lock off.....5 (> 31)
 - Does not store.....9 (> 31)

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

PART I HOUSING AND RELATED EXPENSES (CONTINUED)

30. How long does this storage serve your household?

DAYS

WEEK(S)

31. Have you a group or individual meter?

GROUP.....1

INDIVIDUAL.....2

NO METER.....3

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

AMOUNT J\$

33. How many months were covered by this bill?

MONTHS :

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

THIS HOUSEHOLD ONLY.....1 (> 36)

SHARED.....2 (> 36)

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

DISTANCE --->

UNIT CODE:

KILOMETERS ð ð ..1

METERS ð ð ð ...2

MILES.....3

YARDS.....4

CHAINS.....5

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

ELECTRICITY FROM THE GRID.....1

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

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

KEROSENE.....4 (> 40)

OTHER5 (> 40)

NONE.....6 (>40)

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

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

AMOUNT J\$

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

MONTHS:

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

YES..1 LAND :

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

CELL(Pre Paid)

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

LAND AMOUNT J\$:

(Post Paid)

CELL AMOUNT J\$:

42. How many members of this household own a mobile cellular telephone?

43. Is there a working computer in this household?

YES Laptop.....1

YES Desktop....2

YES Tablet.....3

YES Other.....4

NO.....5

44. Is there Internet access in this household?

YES.....1 (if 'YES' answer Q45 then Q47)

NO2 (> 45)

DONT KNOW....3 (> 46)

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

Fixed (wired) broadband network (e.g. ADSL,Cable Modem, Fibre).....1

Fixed (wireless) broadband network (e.g.WIMAX).....2

Mobile broadband network via a card or USB modem.....3

Mobile broadband network via a handset.....4

46. Why does this household not have internet access? **ENTER ALL THAT APPLY**

Do not need internet.....1

Have internet access elsewhere.....2

Lack of confidence, knowledge or skills to use the internet.....3

Cost of equipment/service is too expensive.....4

Privacy/security concerns.....5

Unavailability/unsuitability of internet service.....6

Cultural reasons.....7

Other (Specify).....8

47. What type of television services are used in this household? **MULTIPLE RESPONSES ALLOWED**

Free to Air.....1

Cable TV.....2

Satellite TV.....3

Internet Protocol TV(IPTV).....4

Digital Terrestrial TV (DTT).....5

Don't Know.....6

No TV in household.....9

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

REGULAR PUBLIC COLLECTION SYSTEM.....1

IRREGULAR PUBLIC COLLECTION SYSTEM... 2

PRIVATE COLLECTION SYSTEM.....3

BURN.....4

BURY.....5

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

DUMP IN OWN YARDð7

DUMP IN MUNICIPAL SITE.....8

OTHER DUMPING.....9

OTHER.....10 (Specify)_____.

49. What type of light bulbs do you generally use in this dwelling? **MULTIPLE RESPONSES ALLOWED**

INCANDESCENT.....1

FLORESCENT.....2

LED.....3

OTHER(SPECIFY).....4

NONE.....5

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

GAS.....1

ELECTRICITY.....2

WOOD.....3

KEROSENE.....4

CHARCOAL.....5

BIOGAS.....6

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

TOTAL AMT J\$

PART J :INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

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

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

Do the members of your household have....

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

Do the members of your household have....

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

ITEMS MUST BE IN WORKING CONDITION

PART K: MISCELLANEOUS - RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD

<p>1</p> <p>During the past 12 months, has any member of your household received income in cash or in kind from the following sources?</p> <p>PUT A TICK IN THE APPROPRIATE BOX FOR EACH ITEM?</p> <p>ASK QUESTION 1 FOR ALL ITEMS FOR WHICH THE ANSWER IS YES, ASK QUESTION 2.</p>		
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

<p>2</p> <p>What is the value of the income received by members of your household in cash or in kind from ... [] ... during the past 12 months?</p>											
INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	HOW OFTEN IS THIS MONEY / GOODS RECEIVED?		INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	HOW OFTEN IS THIS MONEY / GOODS RECEIVED?	
				TIME	PERIOD					TIME	PERIOD

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

PART L: ICT TO BE ASKED OF ALL HOUSEHOLD MEMBERS

RESP. #
(FROM
ROSTER):

I N D I V I D U A L No.	1 Did you use a cellular telephone during some or all of the past 3 months? YES.....1 NO.....2	2 Did you use a computer from any location in the past 3 months? YES.....1 NO.....2	3 Have you used the Internet from any location or any device in the past 3 months? YES.....1 NO.....2(>Next Person)	4 How often did you use the Internet during the past 3 months (from any location)? Daily.....1 Weekly.....2 Monthly.....3 Occasionally.....4	5 For which of the following personal activities did you use the Internet in the past 3 months (from any location)? Communication.....A Information search/Browsing.....B Purchasing/ordering goods or services.....C Education, research and related activities.....D Internet banking or other financial services.....E Playing/downloading games, music, movies, software...F Reading/downloading online newspapers, magazines, books.....G Seeking jobs or participating in professional networksH Saving documents or using online editing software.....I Other(Specify).....J YES.....1 NO.....2 MULTIPLE RESPONSES										6 From which of the following locations did you use the Internet in the past 3 months? Home..... A Work.....B Place of education..... C Another person's home..... D Community Internet access facility... ..E Commercial Internet access facility.....F Any place via a mobile telephone.....G Any place via another mobile access device.....H Other (Specify).....I YES.....1 NO.....2 MULTIPLE RESPONSES										7 Which of the following computer- related activities did you perform in the past 3 months? Copying/moving files/folders..... A Using copy and paste tools to move/duplicate information in documents.....B Sending e-mails with files attached..... C Using basic mathematical formulae in spreadsheets..... D Connecting/installing new devices.....E Finding/downloading/installing new software..... F Creating electronic presentations with presentation software.....G Transferring files between a computer and other devices.....H Writing computer programs using specialised programming language.....I YES.....1 NO.....2 MULTIPLE RESPONSES										RESP. # (FROM ROSTER):
					A	B	C	D	E	F	G	H	I	J	A	B	C	D	E	F	G	H	I	A	B	C	D	E	F	G	H	I			
1																																			
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12																																			

PART M: LABOUR FORCE

TO BE COMPLETED BY HOUSEHOLD MEMBERS AGED 14 YEARS AND OVER

	1	2	3	4	5	6	7	8	9	10	11
INDIVIDUAL No.	Did you do any work during week ending.....? Yes...1 No.....2	What were you / was..... doing most of the time during week ending.....? Working.....1 (>>Q8) With job not working.....2 Looking for work.....3 At home.....4 At school full-time.....5 IF AGE ≤ 17 GO TO NEXT PERSON Incapable of working.....6 NEXT PERSON Other (Specify).....7	Did you/..... do anything like farming, buying & selling, odd jobs or hustling, during week ending? Yes...1 (>>Q8) No.....2	Did you/ do any form of work for others or in your/his/her/ own business (including unpaid work in a family business but not work in and around the house) during the week ending? Yes...1 (>>Q8) No.....2 (If Q2 =2>>Q8)	Did you/ have a job or business from which you/he/she were/was temporarily absent (e.g. on vacation or sick leave) during week ending? Yes...1(>>Q8) No.....2(If Q1 =1 >>Q8) (If Q2 =3 NEXT PERSON)	Did you/....wish to work at any time during the six months ending.....? Yes...1 No....2 (NEXT PERSON)	What would prevent you/ from taking a job if one were available during week ending.....? Nothing, would accept.....1 Awaiting, promised job.....2 Pregnancy.....3 Have/Has to stay with children/relative.....4 Home Duties.....5 Do/Does not need job.....6 Illness.....7 At school.....8 Other (Specify).....9 NEXT PERSON	How many hours do you/ does..... .. usually work per week ?	What was the main kind of work that you were/ was engaged in during week ending?	In what kind of business or industry were you/was working?	What is your employment status in your/his/her present or main job? Employee of Central or Local Govt.....1 Employee of Other Govt Agencies.....2 Employee of Private Sector.....3 Unpaid family worker.....4 Employer.....5 Own Account worker.....6 Not Stated.....9
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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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