

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

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

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

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

Qs 26 -28 FOR HOUSEHOLD MEMBERS 25 YRS & OVER

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| | How much have you..(NAME).. spent for medicines at private source e.g. private doctor, pharmacy, etc. during the past 4 weeks? Do not include the costs paid for by your insurance IF NOTHING SPENT WRITE ZERO AMOUNT J\$ | Are you/is..(NAME).. covered by any health insurance? PRIVATE.....A NI GOLD.....B OTHER PUBLIC (SPECIFY).....C | How is your/..(NAME).. health in general? VERY GOOD.....1 GOOD.....2 FAIR.....3 POOR.....4 VERY POOR.....5 | Do you/does..(NAME).. suffer from any chronic disease / illness? ASTHMA.....A DIABETES.....B HYPERTENSION.....C ARTHRITIS.....D COPD.....E HEART DISEASE.....F SICKLE CELL.....G DEPRESSION.....H DEMENTIA.....I ANY OTHER MENTAL DISORDER.....J CANCER.....K TYPE _____ STROKE.....L EPILEPSY.....M KIDNEY DISEASE.....N Yes.....1 No.....2 (DO NOT LEAVE BLANK) IF NO TO ALL >> Q 26 MULTIPLE RESPONSES | Have you/has ..(NAME).. been told by a health professional within the last 12 months that you have a chronic disease? ASTHMA.....A DIABETES.....B HYPERTENSION.....C ARTHRITIS.....D COPD.....E HEART DISEASE.....F SICKLE CELL.....G DEPRESSION.....H DEMENTIA.....I ANY OTHER MENTAL DISORDER.....J CANCER.....K TYPE _____ STROKE.....L EPILEPSY.....M KIDNEY DISEASE.....N Yes.....1 No.....2 | Have you/..(NAME).. ever done a screening test for cancer? Yes..1 No..2 > Q.29 | Are you willing to say what screening test(s) you ..(NAME).. did? Yes..1 No...2 > Q.29 | What screening tests did you/..(NAME).. do? PAP SMEAR.....A BREAST EXAMINATION BY A DOCTOR OR NURSE.....B MAMMOGRAM.....C RECTAL EXAMINATION OF THE PROSTATE.....D PSA BLOOD TEST.....E BLOOD STOOL TEST.....F SIGMOIDOSCOPY OR COLONOSCOPY.....G OTHER(SPECIFY) _____H DON'T KNOW.....I Yes.....1 No.....2 NA.....3 MULTIPLE RESPONSES | | | | | | | | | | | | |
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| I N D I V I D U A L No. | 29 | 30 | 31 | 32 | | | | | | | | | 33 | 34 | 35 | 36 | | | | | | |
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| | Do you/ does..(NAME).. smoke? Yes.....1 No.....2 Don't Know.....8 | Do you/does..(NAME).. currently smoke any tobacco products (cigarettes, cigars, etc.? YES, DAILY.....1 YES, BUT NOT EVERY DAY.....2 NO, I NO LONGER SMOKE.....3 NO, I HAVE NEVER SMOKED.....4 > 32 | How often did you/..(NAME).. 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 (END SECTION) | Does the disability limit your..(NAME).. activities compared with most people of the same age? Yes.....1 No.....2 | Are you willing to say what type of disability / disabilities you ..(NAME).. have? Yes.....1 No.....2 (> NEXT PERSON) | What type of disabili do you/does..(NAME)..have? SIGHT ONLY.....A HEARING ONLY.....B SPEECH ONLY.....C PHYSICAL DISABILITY.....D LEARNING DISABILITY.....E INTELLECTUAL DISABILITY.....F OTHER (SPECIFY).....G Yes.....1 No.....2 MULTIPLE RESPONSES | | | | | | |
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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 JFLL.....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? MILES.....1 KMS.....2 YARDS.....3 METERS.....4 CHAINS.....5 | | 6 What is the distance to the nearest primary school? MILES.....1 KMS.....2 YARDS.....3 METERS.....4 CHAINS.....5 | | 7 What is the distance to the nearest secondary school? MILES.....1 KMS.....2 YARDS.....3 METERS.....4 CHAINS.....5 | | 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 24 - May 19 how many days was (NAME). sent to school? IF SENT ON ALL DAYS >> Q11 | 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 | | |
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| | Since the start of the school year has (NAME) ever been kept from school because of the following reasons? (MULTIPLE ANSWERS ALLOWED) ILLNESS.....1 TRUANCY.....2 WORKING OUTSIDE THE HOME.....3 NEEDED AT HOME.....4 MARKET DAY.....5 TRANSPORT PROBLEM.....6 TRANSPORT COSTS.....7 SCHOOL CLOSED.....8 SHOES/UNIFORM/MISSING/DIRTY/WET.....9 RAIN.....10 MONEY PROBLEMS.....11 HAD TO RUN AN ERRAND.....12 NOT SAFE AT SCHOOL.....13 NOT SAFE IN COMMUNITY.....14 VIOLENCE.....15 NEVER ABSENT.....16 (> Q13) OTHER (SPECIFY).....17 | How often has this happened? Frequently.....1 Occasionally.....2 Seldom.....3 R= Reason; F=Frequency | | | | | | | | | | Does...(NAME'S)...school operate a school feeding programme? Yes.....1 No.....2 (> Q.17) <input type="checkbox"/> DK.....3 (> Q.17) | | | Does...(NAME)...usually take the meal provided by the school? Yes.....1 (> Q. 16) <input type="checkbox"/> No.....2 DK.....3 (> Q. 18) | | |
| | | FIRST | | SECOND | | THIRD | | FOURTH | | FIFTH | | NUTRIBUN.....A | | | NUTRIBUN.....A | | |
| | | R | F | R | F | R | F | R | F | R | F | COOKED MEAL (GOVT.)...B | | | COOKED MEAL (GOVT.).....B | | |
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PART B: EDUCATION (CONTINUED)

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

| I N D I V I D U A L | 21 What was the last grade..(NAME)..completed at that school? | 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 /vocational) 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 UNIT 1.....8a CAPE UNIT 2/ GCE A LEVEL8b (> 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) HIGHER DEGREES AND PROFESSIONAL QUALIFICATION.....12 (> Q. 26) CITY AND GUILDS.....13 OTHER.....14 NOT STATED.....15 (> 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 On average, how much does the household spend to send ..(NAME)..to school? daily <input type="checkbox"/> weekly <input type="checkbox"/> | | | 31 FOR SECONDARY STUDENTS (EXCLUDING PRIMARY & JUNIOR HIGH & ALL AGE SCHOOLS) How much of ..(NAME'S).. fees was paid by Parent(s)/ Guardian(s), Family/Friends, MOEYC,MP, Community (including church) ,Other Public? ALL (100%).....1 THREE QUARTER(75%).....2 ONE HALF(50%).....3 QUARTER(25%).....4 OTHER (SPECIFY).....5 | | | | | |
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| | a | b | c | d1 | d2 | e | f | g | h | i | j | k | Food | Transportation | Other | a | b | c | d | e | f |
| | Exam Fees | Tuition Fees (Including books) | Tuition Fees (Excluding books) | Auxiliary Fees only | Other Fees and Contributions | Extra Lessons (inside & outside school) | Transport | Lunch and snacks at school | Uniform | Books | Other (supplies) | Boarding | | | | Parent(s) Guardian | Family/ Friends | MOE | MP | Community | Other |
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PART D: SOCIAL PROTECTION - 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 <div style="border: 1px solid black; display: inline-block; padding: 2px;">>> Q8</div> | 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 | 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 Household not currently receiving benefit.....4 | 8. Does any person in this household receive a pension? NIS pension.....A Occupational pension.....B Other private pension.....C Other,Specify _____ D YES.....1 NO2 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).....A. National Insurance Scheme(NIS).....B Jamaica Drugs for the Elderly(JADEP).....C Poor Relief.....D YES.....1 NO2 MULTIPLE RESPONSES | | | |
|---|---|---|---|--|---|---|---|---|---|---|---|--|---|--|---|---|---|---|--|--|---|---|---|
| | | | | | A | B | C | D | E | F | G | | | A | B | C | D | | | A | B | C | D |
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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? Yes,within the past 12 mths.....1(> Q14) Yes, but more than 12 mths ago.....2 No, never contributed.....3 | 13 What is the main reason for not contributing to the NIS? Did not know about NIS.....1 Did not know how to contribute.....2 Benefit too small.....3 Never worked / Not working.....4 Opted to save independently.....5 Other(specify).....6 | 14 Has..(NAME)..ever contributed to a GOVERNMENT PENSION SCHEME ? 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 | 15 Has..(NAME)..ever contributed to any PRIVATE PENSION SCHEME ? Yes,within the past 12 mths.....1 Yes, but more than 12 mths ago.....2 No, never contributed.....3 | 16 During the past 4 weeks, do you believe that this household has had enough food to eat on a daily basis? Yes, generally.....1 Yes, sometimes...2 No.....3 | 17 What is the main source of livelihood for this household? 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 | 18 How would you describe this main livelihood? Provides reliable income stream.....1 Provides only for basic needs.....2 Inadequate income for basic needs.....3 Not consistent/ unreliable.....4 | 19 How is the economic (financial) situation for your household compared to a year ago? Better.....1 Equal/same.....2 Worse off.....3 Don't Know.....4 | 20 Who provides the major economic support for this household? Household member(s).....1 Family locally.....2 Family overseas.....3 Neighbours and friends.....4 Government assistance.....5 Church/Faith-based organization.....6 Other.....7 Have no support.....8 |
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PART E: DAILY EXPENSES

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

PART F:FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

PURCHASED

| 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)

| <p>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.</p> | <p>2 Have you spent ..(.).. during the past 30 days? YES = 1 NO = 2 (>4)</p> | <p>3 How much did you spend on.(.)..during the past 30 days? AMOUNT J\$</p> | <p>4 How much did you spend on ..(.)..during the past 12 months? AMOUNT J\$</p> | <p>5 Did you received any..(.).. as gift during the past 12 months? 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? 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 AND DAUB / ADOBE.....6
 OTHER (SPECIFY).....7

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19. Does any member of this household make mortgage payments on the dwelling you currently occupy?
 YES.....1
 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(>35)
 WELL.....4(>35)
 RIVER, LAKE, SPRING, POND.....5(>35)
 RAINWATER (TANK) PID*.....6(>36)
 RAINWATER (TANK) NPID**.....7(>36)
 TRUCKED WATER (NWC)PID.....8 (>36)
 TRUCKED WATER (NWC) NPID.....9(>36)
 TRUCKED WATER PRIV.)PID.....10(>36)
 TRUCKED WATER PRIV.)NPID.....11(>36)
 BOTTLED WATER.....12(>36)
 OTHER (SPECIFY).....13(>36)

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

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

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

PART I HOUSING AND RELATED EXPENSES (CONTINUED)

30. How long does this storage serve your household?

DAYS

WEEK(S)

31. Have you a group or individual meter?

GROUP.....1

INDIVIDUAL.....2

NO METER.....3

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

AMOUNT J\$

33. How many months were covered by this bill?

MONTHS :

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

THIS HOUSEHOLD

ONLY.....1 (> 36)

SHARED.....2 (> 36)

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

DISTANCE --->

UNIT CODE:

KILOMETERSδ δ ...1

METERSδ δ δ δ ...2

MILES.....3

YARDS.....4

CHAINS.....5

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

ELECTRICITY FROM THE GRID.....1

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

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

KEROSENE.....4 (> 40)

OTHER5 (> 40)

NONE.....6 (>40)

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

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

AMOUNT J\$

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

MONTHS:

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

YES..1 LAND :

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

CELL(Pre Paid)

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

LAND AMOUNT J\$:

(Post Paid)

CELL AMOUNT J\$:

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

Total

Smart phone

Other mobile phone

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

YES.....1

NO.....2 > Q44

MULTIPLE RESPONSES

Laptop (portable) computer.....A

Desktop.....B

Tablet.....C

Other (SPECIFY).....D

44. Is there Internet access in this household?

YES.....1

NO2 (> 46)

DONT KNOW....3 (> 47)

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

MULTIPLE RESPONSES

YES.....1

NO2

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

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

Satellite broadband network.....C

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

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

>> Q47

46. Why does this household not have Internet access?

MULTIPLE RESPONSES

YES.....1

NO2

Do not need internet.....A

Have internet access elsewhere.....B

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

High cost of equipment.....D

High cost of serviceE

Privacy/security concerns.....F

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

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

Cultural reasons.....I

Other (Specify).....J

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

TV in household? YES.....1

No.....2 >Q48

MULTIPLE RESPONSES

YES.....1

NO2

Free to Air.....A

Cable TV.....B

Satellite TV.....C

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

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

Don't Know.....F

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

REGULAR PUBLIC COLLECTION SYSTEM.....1

IRREGULAR PUBLIC COLLECTION SYSTEM... 2

PRIVATE COLLECTION SYSTEM.....3

BURN.....4

BURY.....5

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

DUMP IN OWN YARDδ7

DUMP IN MUNICIPAL SITE.....8

OTHER DUMPING.....9

OTHER.....10

(Specify).....

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

Use light bulbs.....1

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

MULTIPLE RESPONSES

YES.....1

NO2

INCANDESCENT.....A

FLORESCENT.....B

LED.....C

OTHER(SPECIFY).....D

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

GAS.....1

ELECTRICITY.....2

WOOD.....3

KEROSENE.....4

CHARCOAL.....5

BIOGAS.....6

SOLAR.....7

OTHER8

NONE.....9

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

TOTAL AMT J\$

PART J :INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

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

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

Do the members of your household have....

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

Do the members of your household have....

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

ITEMS MUST BE IN WORKING CONDITION

PART K: MISCELLANEOUS - RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD

| | | |
|---|-----|---|
| 1 | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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 | |
| Spouse / Partner who lives in Jamaica | 703 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Spouse/ Partner who lives abroad? | 704 | |
| Child / children who lives / live in Jamaica | 705 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Child / children who lives / live abroad | 706 | |
| 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 | |
| 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 | |
| Private, Government or other pension fund? | 711 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Public Assistance? | 712 | |
| 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 | |
| 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 |
| | | | | | | | | | | | |
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**Daily.....1 Monthly.....4 Yearly.....7
 **Weekly.....2 Quarterly.....5 Occassionally.....8
 **Fortnightly.....3 Half yearly.....6 Only when requested...9

K

PART L: ICT TO BE ASKED OF ALL HOUSEHOLD MEMBERS

| I N D I V I D U A L No. | 1 Did you use a cellular telephone during the past 3 months? YES...1 NO.....2 | 2 Did you use a computer from any location during the past 3 months? YES...1 NO.....2 IF NO GO TO Q.4 | 3 Which of the following computer- related activities did you perform in the past 3 months? | | | | | | | 4 Have you used the Internet from any location in the past 3 months? YES...1 NO.....2 IF NO GO TO Q9 | 5 From which of the following locations did you use the Internet in the past 3 months? | | | | | | | | | 6 For which of the following personal activities did you use the Internet in the past 3 months (from any location)? | | | | | | | | | | | | | | 7 How often did you use the Internet during the past 3 months (from any location)? Daily.....1 Weekly.....2. Monthly.....3 Occasionally.....4 |
|---|--|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| | | | 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 | | | | | | | | 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 | | | | | | | | | Sending or receiving email.....A Information search/Browsing.....B Telephoning over the internet.....C Participating in social networks.....D Accessing chat sites, blogs, news groups or online discussions.....E Purchasing/ordering goods or services.....F Internet banking or other financial services.....G Education, research and related activities.....H Reading/downloading online newspapers, magazines, books.....I Streaming or downloading images, movies, videos, music; playing or downloading games.....J Seeking jobs, submitting job applications, participating in professional networksK Using storage space on the internet to save documents, pictures, music, video or other files.....L Using software run over the internet for editing documents, spreadsheets or presentations.....M Other(Specify).....N YES.....1 NO.....2 MULTIPLE RESPONSES | | | | | | | | | | | | | | |
| | | | A | B | C | D | E | F | G | | H | I | A | B | C | D | E | F | G | H | I | A | B | C | D | E | F | G | H | I | J | K | L | |
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PART L: ICT TO BE ASKED OF ALL HOUSEHOLD MEMBERS

RESP.
No.

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|
| I N D I V I D U A L No. | <p>8 In the past 3 months, what type of device and network did you use to access the Internet?</p> <p>MOBILE PHONE Via mobile cellular network.....A WiFi or other wireless networks.....B</p> <p>TABLET Via a mobile cellular network, using USB dongle or integrated data SIM card.....C WiFi or other wireless networks.....D Fixed networks.....E</p> <p>LAPTOP(PORTABLE) COMPUTER Via a mobile cellular network, using USB dongle or integrated data SIM card or mobile cellular telephone as modem.....F WiFi or other wireless networks.....G Fixed networks.....H</p> <p>OTHER PORTABLE DEVICES.....I DESKTOP COMPUTER.....J OTHER DEVICES (e.g. SMART TV) Specify.....K</p> <p>YES.....1 > NEXT PERSON /SECTION NO.....2</p> <p>MULTIPLE RESPONSES</p> | | | | | | | | | | | <p>9 Why have you not used the Internet in the past 3 months?</p> <p>Do not need the internet (not useful, not interesting).....A Do not know how to use the internet.....B Cost of internet use is too high.....C Privacy or security concerns.....D Internet service is not available in the area....E Cultural reasons.....F Don't know what internet is.....G Not allowed to use the internet.....H Lack of local content.....I Other (Specify).....J</p> <p>YES.....1 NO.....2</p> <p>MULTIPLE RESPONSES</p> | | | | | | | | | | | |
| | A | B | C | D | E | F | G | H | I | J | K | A | B | C | D | E | F | G | H | I | J | | |
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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 |
|---|--|---|---|--|---|---|--|---|--|--|---|
| I N D I V I D U A L No. | Did you do any work during week ending.....? | What were you / was..... doing most of the time during week ending.....? Working.....1 (>>Q8) With job not working.....2 Looking for work.....3 At home.....4 At school full-time....5 IF AGE m17 GO TO NEXT PERSON Incapable of working.....6 NEXT PERSON Other (Specify).....7 | Did you/..... do anything like farming, buying & selling, odd jobs or hustling, during week ending? Yes...1 (>>Q8) No.....2 | Did you/ do any form of work for others or in your/his/her/ own business (including unpaid work in a family business but not work in and around the house) during the week ending? Yes...1 (>>Q8) No....2 (If Q2 =2>>Q8) | Did you/ have a job or business from which you/he/she were/was temporarily absent (e.g. on vacation or sick leave) during week ending? Yes...1(>>Q8) No.....2(If Q1 =1 >>Q8) (If Q2 =3 NEXT PERSON) | Did you/....wish to work at any time during the six months ending.....? Yes...1 No....2 (NEXT PERSON) | What would prevent you/ from taking a job if one were available during week ending.....? Nothing, would accept.....1 Awaiting, promised job.....2 Pregnancy.....3 Have/Has to stay with children/relative.....4 Home Duties.....5 Do/Does not need job.....6 Illness.....7 At school.....8 Other (Specify).....9 NEXT PERSON | How many hours do you/ does..... .. usually work per week ? | What was the main kind of work that you were/ was engaged in during week ending? | In what kind of business or industry were you/was working? | What is your employment status in your/his/her present or main job? Employee of Central or Local Govt.....1 Employee of Other Govt Agencies.....2 Employee of Private Sector.....3 Unpaid family worker.....4 Employer.....5 Own Account worker.....6 Not Stated.....9 |
| | Yes...1 No.....2 | | | | | | | | | | |
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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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