

I N D I V I D U A L N O .	Q9 (a) How much did you/(NAME) have to pay for care/service 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 WRITE ZERO AMOUNT J\$ (\$0 > Q10)	Q9 (b) What goods or service did you/(NAME) pay for ? A. Lab Services B. Blood test C. Pharmacy D. Accessories E. Other (Specify) 1. Yes 2. No					Q10) 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 WRITE ZERO AMOUNT J\$	Q11) Were you/was (NAME) admitted (spent a night) to a public hospital or other public health establishment in the past 4 weeks? 1. Yes 2. No (>Q14)	QA12) How many nights during the past 4 weeks did you/(NAME) spend in the public hospital? No of nights	QA13) 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 WRITE ZERO AMOUNT J\$	Q14) Were you/was (NAME) admitted (spent a night) to a private hospital or other private establishment in the past 4 weeks? 1. Yes 2. No (>Q18)	Q15) How many nights during the past 4 weeks did you/(NAME) spend in the private hospital? No of nights	Q16) How much have you/ (NAME) 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 WRITE ZERO AMOUNT J\$ (>>Q18)	Q17) Why didn't you..(NAME).. seek care for this past/ current illness? 1. Could not afford 2. Wasn't ill enough 3. Preferred home remedies 4. Didn't have time to go 5. Other (Specify)	Q18) Did you/..(NAME).. buy medicines/ fill the prescription during the past 4weeks for this illness or injury? 1. Prescribed medicines 2. Partial prescription 3. Prescribed/over the counter 4. Over the counter 5. Prescribed/didn't buy/fill (>Q22) 6. None prescribed/required (>Q22)	Q19) Did you/(NAME) purchase medicines in a.....		Q20) 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 WRITE ZERO AMOUNT J\$
		A	B	C	D	E										a) Public Facility?	b) Private Facility or Pharmacy ?	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

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

I N D I V I D U A L N O	Q29 & 30 FOR HOUSEHOLD MEMBERS 14 YRS & OVER														Q35 FOR HOUSEHOLD MEMBERS 5 YRS & OVER																	
	Q29) Do you/does (NAME) smoke any of following products? A. Cigarettes (Do not include electronic cigarettes) B. Ganja/ Marijuana C. Electronic cigarettes (e-cigarettes, Njoy etc.) D. Hookahs (water pipes) E. Cigars F. Other (specify) _____ 1. Yes. Daily 2. Yes, but not everyday 3. No, I no longer smoke 4. No, I have never smoked 5. No response						Q30) During the past 30 days did anyone smoke in ...? A. An indoor area where you work B. Inside your home/yard C. Public transport D. Public place E. Bus stop F. Sports, athletic or similar facilities G. Educational institution H. Health facility I. Government building 1. Yes 2. No									Q31) Do you/does (NAME) have a disability? 1. Yes 2. No (>Q35)		Q32) Does the disability limit your/(NAME) activities compared with most people of the same age? 1. Yes 2. No		Q33) Are you willing to say what type of disability / disabilities you (NAME)have? 1. Yes 2. No (>Q35)		Q34) What type of disability do you/does..(NAME)..have? A. Sight only B. Hearing only C. Speech only D. Physical disability E. Learning disability F. Intellectual disability G. Mental disability H. Other (specify) 1. Yes 2. No						Q35) Do you/Does (NAME) have difficulty doing any of the following ? A. Seeing, even if wearing glasses B. Hearing, even if using a hearing aid C. Walking or climbing steps D. Remebering or concentrating E. With self-care (washing all over or dressing) F. Using usual language, communicating, understanding or being understood 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do it at all				
	A	B	C	D	E	F	A	B	C	D	E	F	G	H	I			A	B	C	D	E	F	A	B	C	D	E	F			
1																																
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																
10																																

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L N O .	Q1) What type of school is (NAME) attending this academic year? 1. Nursery/Day care (INCLUDE NEWBORN BABIES) 2. Infant school department 3. Basic /Kindergarten 4. Primary 5. Preparatory 6. All age school 7. Primary and Junior high 8. Secondary 9. Technical 10. Agricultural High 11. University 12. HEART TRUST NTA 13. Other Tertiary Public 14. Other Tertiary Private 15. Adult literacy classes 16. Adult education/night 17. Special school 18. JFLL 19. None	Q2) What is the name of the school that (NAME) attends?	Q3) Is this school public or private? 1. Public 2. Private	Q4) What grade is (NAME) in at school this year? Basic/Infant/ Kindergarten...0 Primary1-3 Primary4-6 ASTEP Grade..... 7 Grade..... 8 Grade..... 9 Grade..... 10 Grade..... 11 Grade..... 12 (lower sixth form) Grade..... 13 (upper sixth form)	Q5) How far is (NAME)'s school from this house?		Q6) What is the distance to the nearest primary school?		Q7) What is the distance to the nearest secondary school?		Q8) How does (NAME) usually get to school? 1. Public transport 2. Walk 3. Private vehicle 4. School bus 5. Other (specify)	Q9) During the 4 week period April 23 - May 18 how many days was (NAME) sent to school? IF SENT ON ALL DAYS, GO TO Q11	Q10) What were the two "main" reasons why (NAME) was not sent to school? 1. Illness 2. Truancy 3. Working outside the home 4. Needed at home 5. Market day 6. Transport problem 7. Transport cost 8. School closed 9. Shoes/Uniform missing /dirty /wet 10 Rain 11. Money problems 12. Had to run an errand 13. Not safe at school 14. Not safe in community 15. Violence 16 Other (specify)
					Distance	Unit	Distance	Unit	Distance	Unit			
					FIRST		SECOND						
	R	N	R	N									
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

(Go to Q11)

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L N O .	Q 11) Since the start of the school year has.(NAME)..ever been kept from school because of the following reasons? 1. Illness 2. Truancy 3. Working outside the home 4. Needed at home 5. Market day 6. Transport problem 7. Transport cost 8. School closed 9. Shoes/Uniform missing /dirty /wet 10. Rain 11. Money problems 12. Had to run an errand 13. Not safe at school 14. Not safe in community 15. Violence 16. Never absent → (>Q13) 17 Other (specify)	Q12) How often has this happened?										Q13) Does (NAME)'s school operate a school feeding programme?			Q14) Does (NAME) usually take the meal provided by the school?		
		FIRST		SECOND		THIRD		FOURTH		FIFTH		MULTIPLE RESPONSES			MULTIPLE RESPONSES		
		REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY	REASON	FREQUENCY						
													A	B	C	A	B
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L N O	Q15) Why doesn't (NAME) take the meal/snack provided by the school?	Q16) Does (NAME) pay for this meal or get it free?	Q16B) How much does (NAME) pay for this meal?	Q17) What does (NAME) usually have for lunch?	Q18) Does (NAME) have the required and supplemental books required by the school?	Q19) Why doesn't (NAME) have all the required textbooks for school?								Q20) What type of school did (NAME) last attend?		
	1. Because of stigma 2. Doesn't like it 3. Expensive/Cant afford 4. Line too long 5. Don't taste too good 6. Other (specify)	1. Always pays 2. Pay sometimes 3. Doesn't pay/Get it free 4. Don't know 5. Not stated	(>Q16B) (>Q18)			1. Yes, required and supplemental 2. Yes, only required 3. Yes, only supplemental 4. Yes, some required 5. Yes, some supplemental 6. Yes, some required and supplemental 7. Has none	A. Has not paid school fees B. Has not paid book rental fee C. School does not have the books D. Books hard to find E. Money problems F. Books expensive G. Some books not necessary H. Other (specify)	1. Yes 2. No 9. Don't know								
	(Go to Q17)		(Go to Q18)			(Go to Q29)										
						A	B	C	D	E	F	G	H			
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

I N D I V I D U A L N O .	Q21) What was the last grade (NAME) completed at that school?	IF SCHOOL COMPLETED BEFORE GRADE 11	Q23) How many years of schooling have you / has (NAME) had?	Q24) What is the highest (academic /vocational) examination that (NAME) has passed? 1. None 2. Junior High School Certificate 3. Grade Nine Achievement Test 4. CSEC Basic/JSC 5/SSC.3rd JL 5. CSEC General/GCE O Level 6. NVQJ Level 1 7. NVQJ Level 2 8a. CAPE Unit 1 8b. CAPE Unit 2/GCE A Level 9. NVQJ Level 3 10. Associate degree/NVQJ Level 4 11. Undergraduate degree/NVQJ Level 5 12. Higher degrees and professional qualification 13. City and Guilds 14. Other (specify) 15. Not stated	Q25) Do the examinations that (NAME) passed include Math and English? 1. Yes, both 2. Math only 3. English only 4. No (None) 5. Don't Know	Q26) Has (NAME) ever enrolled/ involved in any skills training program? 1. Yes, HEART ACADEMY/workforce colleges 2. Yes, HEART-VTC/TVET Institutes 3. Yes, HEART-SLTOPS/Apprenticeship 4. Yes, HEART - other 5. Yes, private (specify) 6. Yes other public (specify) 7. No	Q27) What skills did (NAME) learn/ are (NAME) learning?	Q28) Did (NAME) successfully completed the programme of study? 1. Yes 2. No 3. Currently enrolled
		Q22) Why did you (NAME) stop attending school? 1. Reached terminal grade 2. Money Problems 3. Pregnancy 4. Expelled 5. No interest in school 6. Family problems 7. Other (specify)						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

INDIVIDUAL	SCHOOL EXPENSES (TO BE ASKED OF ALL PERSONS ENROLLED IN SCHOOL- BASIC, PRIMARY & SECONDARY LEVEL)												Q30) On average, how much does the household spend to send (NAME) to school?		
	Q29) How much did (NAME) pay in the past 12 months for the following school expenses?												Daily	<input type="text"/>	
													Weekly	<input type="text"/>	
	A.	B.	C.	D (1)	D (2)	E.	F.	G.	H.	I.	J.	K.	A.	B.	C.
	Exam Fees	Tuition Fees (Including books)	Tuition Fees (Excluding books)	Auxiliary fees only	Other fees and contributions	Extra Lessons	Transport	Lunch and snacks at school	Uniform	Books	Other supplies	Boarding	Food	Transportation	Other
	1														
	2														
	3														
	4														
	5														
6															
7															
8															
9															
10															

PART C: FOR ALL CHILDREN 0-59 MONTHS OLD

I N D I V I D U A L N O .	Q1. When was ..(NAME)..born?			Q2. Where was (NAME) born? 1. Hospital 2. Health Centre 3. Home 4. Other	Q3) Who actually delivered your baby? 1. Medical doctor 2. Registered nurse 3. Nana 4. Untrained relative/Friend or stranger 5. Self 6. Other (specify)	Q4) Was the birth of ..(NAME).. registered? 1. Yes 2. No 3. Don't know/Not stated	Q5) What was the weight of ..(NAME).. at birth?	Q6) Age?		Q7) Is the date of birth for (NAME) based on...? 1. Birth certificate 2. Immunization card 3. Parental information 4. Other relative/guardian	Q8) Has..(NAME).. ever been breastfed? 1. Yes 2. No 3. Not sure	Q9) Is ..(NAME).. still being breastfed? 1. Yes 2. No 3. Not sure	Q10) Was the child measured? 1. Yes 2. No	Q11) Reason child not measured? 1. Away from home during complete survey period 2. Illness 3. Deformity 4. Other (specify)	Q12) Weight?	Q13) Length?	Q14) Was the child measured lying down or standing? 1. Lying down 2. Standing			
	Calculate child's age and ask respondent to confirm it. Record it in Q6						(To two (2) decimal places)	Kgs	YEARS									MONTHS	KILOGRAMS	CENTIMETERS
	DAY	MONTH	YEAR																	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

PART C: FOR ALL CHILDREN 0-59 MONTHS OLD

I N D I V I D U A L N O .	Q15) In the past two weeks, has this child had running belly (diarrhoea) ie. three or more loose stools per day? 1. Yes 2.No	Q16) O.P.V.	Q17) D.P.T/D.T.	Q18) B.C.G.	Q19) M.M.R.	Q20) Hib.	Q21) Hepatitis B	Q22) For Q16-Q21 was the immunization card seen? 1. Yes 2. No	Q23) What types of symptoms would cause you to take your child to a Health facility right away?						Q24) When your child is ill when do you usually take him/her for medical treatment? 1. Immediately 2. After observing 1-2 days without improvement 3. After giving home remedies/over the counter /no improvement 4. When I get money				
		RECORD IMMUNIZATION STATUS OF THE CHILD							1. Yes 2. No	A. Child not able to drink or breastfeed B. Child develops a fever C. Child has fast/difficulty breathing D. Child has blood in stool E. Vomiting F. Diarrhoea	1. Yes 2. No								
		No. of doses		No. of doses		No. of doses					No. of doses		MULTIPLE RESPONSES						
		A	B	C	D	E	F												
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

PART D: SOCIAL PROTECTION (CONTD.)

I N D I V I D U A L N O .	Q1-16 TO BE COMPLETED FOR HOUSEHOLD MEMBERS AGED 18 YEARS AND OVER				Q17-21 TO BE ANSWERED BY ADULT RESPONDENT			RESPONDENT #	
	Q13) Has (NAME) ever contributed to the NIS? 1. Yes, within the past 12 months (>Q15) 2. Yes, but more than 12 months ago 3. No, never contributed	Q14) What is the MAIN reason for not contributing to the NIS? 1. Did not know about NIS 2. Did not know how to contribute 3. Benefit too small 4. Never worked/Not working 5. Opted to save independently 6. Other (specify)	Q15) Has (NAME) ever contributed to a GOVERNMENT PENSION SCHEME? 1. Yes, within the past 12 months 2. Yes, but more than 12 months ago 3. No, involved in non-contributory pension 4. No, never contributed	Q16) Has (NAME) ever contributed to a PRIVATE PENSION SCHEME? 1. Yes, within the past 12 months 2. Yes, but more than 12 months ago 3. No, never contributed	Q17) During the past 4 weeks, do you believe that this household has had enough food to eat on a daily basis? 1. Yes generally 2. Yes sometimes 3. No	Q18) What is the main source of livelihood for this household ? 1. Work in somebody's business/company 2. Work in somebody's home 3. Buy and sell for myself 4. Provide services in own business 5. Produce/plant goods or rear animals 6. Get help from others 7. Other self-employed 8. Remittance 9. Pension 10. Other (specify)	Q19) How would you describe this livelihood? 1. Provides reliable income stream 2. Provides only for basic needs 3. Inadequate income for basic needs 4. Not consistent/unreliable	Q20) How would you describe the economic (financial) situation for your household compared to a year ago? 1 Better 2. Equal /same 3. Worse off 4. Don't know	Q21) Who provides the major economic support for this household ? 1. Household members 2. Family locally 3. Family overseas 4. Neighbours and friends 5. Government assistance 6. Church/Faith based organization 7. Other (specify) 8. Have no support
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

PART E: DAILY EXPENSES

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

PART F:FOOD EXPENSES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART F:FOOD EXPENSES (CONTINUED)

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

PART G: CONSUMPTION EXPENDITURES

RESPONDENT (INDIVIDUAL # FROM ROSTER):

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

PART G: CONSUMPTION EXPENDITURES (CONTINUED)															
1 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

Q1) Type of Dwelling 1. Separate house detached 2. Semi detached 3. Part of a house 4. Apartment building 5. Townhouse 6. Improvised housing unit 7. Part of a commercial building 8. Other (specify)	Q9 Does any member of this household own, rent or lease the land this dwelling is on? 1. Owned 2. Leased 3. Private rented 4. Government rented 5. Rent free 6. Squatted 7. Other (specify)	Q15) Is maintenance included in the rent? 1. Yes 2. No	Q24) How much property taxes is paid for the land this dwelling is on? No of times
1. Wood 2. Stone 3. Brick 4. Concrete nog 5. Concrete block & steel 6. Wattle & daub/adobe 7. Other (specify)	Q9a) Is there a legal title for the land? 1. Yes, registered 2. Yes, common law 3. No	1. Yes 2. No	4. Per month 5. Per year
Q3) How many rooms are occupied by this household? (exclude in ver. kitchen and bathrooms) No of Rooms	Q10) Does any member of this household own, rent or lease this dwelling? 1. Owned 2. Leased 3. Private rented 4. Government rented 5. Rent free 6. Squatted 7. Other (specify)	Q16) How much is the maintenance? J\$	Q25) Do you pay maintenance fees? 1. Yes 2. No
Q4) Does this dwelling have toilet facilities? 1. Yes, inside 2. Yes, outside	Q11) if you were to pay rent for this dwelling, how much would you pay per month ? J\$	Q17) 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) 1. Relative 2. Private employer 3. Public agency 4. Private individual or agency	Q26) How much do you pay per month? J\$
Q5) What kind of toilet facilities are used by your household? 1. WC linked to central sewer network 2. WC linked to off-site disposal system 3. WC linked to on-site disposal system 4. Pit 5. Other (specify) 6. None	ASK QUESTION 12 ONLY IF DWELLING IS OWNED , IF DWELLING IS RENT FREE OR SQUATTED GO TO Q18 Q12) Does any member of this household own a dwelling other than this one 1. Yes 2. No	Q18) Does any member of this household own a dwelling? 1. Yes 2. No	Q27) What is the MAIN source of drinking water for this household? 1. Indoor tap/pipe 2. Outside private tap/pipe 3. Public standpipe 4. Well 5. River/lake/spring/pond 6. Rainwater (Tank) PID* 7. Rainwater (Tank) NPID* 8. Trucked water (NWC) PID 9. Trucked water (NWC) NPID 10. Trucked water (PRIVATE) PID 11. Trucked water (PRIVATE) NPID 12. Bottled water 13. Other (specify)
Q6) Are toilet facilities used only by your household, or do other households use the same facilities 1. Exclusive use 2. Shared	Q13) From whom is the dwelling rented/leased? Is it from a relative, public agency (GIVE EXAMPLES) or a private individual or agency 1. Relative 2. Private employer 3. Public agency 4. Private individual or agency	Q19) Does any member of this household make mortgage payments on the dwelling you currently occupy? 1. Yes 2. No	(>Q35) (>Q35)
Q7) Does this dwelling have kitchen facilities? 1. Yes, inside 2. Yes, outside 3. No	Q14) How much money does your household pay in rent/lease for this dwelling? IF NO MONEY IS PAID ENTER ZERO Amount J\$	Q20) How much was the last payment? J\$	(>Q35)
Q8) Is the kitchen used only by your household, or do other households use the same facilities 1. Exclusive use 2. Shared	1. Weekly 2. Monthly 3. Yearly	Q21) How often are these payments made? No of times 4. Per month 5. Per year	Q28) How many times have you had a water source lock off in the last 30 days?
		Q22) Does any member of this household pay insurance for this dwelling? 1. Yes 2. No	Q29) How do you normally store water to deal with lock offs? (MAIN SOURCE) 1. Plastic tanks 2. Drums 3. Buckets 4. Other (specify) 5. Don't have lock off 6. Does not store
		Q23) Does any member of this household pay property taxes for the land this dwelling is on? 1. Yes 2. No	(>Q31)
			*PID - Piped into dwelling *NPID - Not piped into dwelling

PART I: HOUSING AND RELATED EXPENSES

Q30) How long does this storage serve your household?

Days

Weeks

Q37) How many times have you had a power outage in the last 30 days?

Days

Q44) Is there Internet access in this household?

1. Yes

2. No → (>Q46)

3. Don't know → (>Q47)

Q48) What is the MAIN method of garbage disposal for this household?

1. Regular public collection system
2. Irregular public collection system
3. Private collection system
4. Burn
5. Bury
6. Dump in sea/river/pond/gully
7. Dump in own yard
8. Dump in municipal site
9. Other dumping
10. Other (specify) _____

Q31) Have you a group or individual meter?

1. Group
2. Individual
3. No meter

Q38) How much was the latest electricity bill for your household?

Amount

Q45) What type of Internet connection is used in this household?

1. Yes 2. No

A. Fixed (wired) broadband network

B. Terrestrial fixed (wireless) broadband network

C. Satellite broadband network

D. Mobile broadband network via a handset

E. Mobile broadband network via a card or USB modem

(Go to Q47)

Q49) What type of light bulbs do you generally use in this dwelling?

1. Use light bulbs

2. Do not use light bulbs → (>Q50)

	1. Yes	2. No
A. Incandescent	<input type="checkbox"/>	<input type="checkbox"/>
B. Fluorescent	<input type="checkbox"/>	<input type="checkbox"/>
C. LED	<input type="checkbox"/>	<input type="checkbox"/>
D. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Q32) How much was the latest water bill for your household?

Amount

Q39) How many months of consumption were covered by this bill ?

Months

Q33) How many months were covered by this bill?

Months

Q40) Does any member of this household have a telephone?

1. Yes
 - Landline
 - Cell (Postpaid)
 - Cell (Prepaid)
2. No

Q46) Why does this household not have Internet access?

1. Yes 2. No

- A. Do not need Internet
- B. Have internet access elsewhere
- C. Lack of confidence knowledge or skills to use the Internet
- D. High cost of equipment
- E. High cost of service
- F. Privacy/security concerns
- G. Internet service is not available in the area
- H. Internet service is available in the area but it does not correspond to household needs
- I. Cultural reasons
- J. Other (specify)

Q50) What type of fuel does this household use most for cooking?

1. Gas
2. Electricity
3. Wood
4. Kerosene
5. Charcoal
6. Biogas
7. Solar
8. Other (specify)
9. None

Q34) Is this ..(SUPPLY SOURCE IN Q27).. Used by your household only or is it shared with other households?

1. This household only → (> Q36)
2. Shared

Q41) How much did you pay in the last 30 days for your household telephone bill? (Including cellular bill)

Land line Amount

Cell (Postpaid) Amount

Q35) How far from this dwelling is ..(SUPPLY SOURCE IN Q27)..[FOR OPTIONS 3, 4, 5]?

Distance

UNIT CODE

1. Kilometers
2. Meters
3. Miles
4. Yards
5. Chains

Q42) In the past three months, how many members of this household owned a mobile cellular phone?

Total

Smartphone

Other mobile phone

Q36) What is the MAIN source of lighting for this dwelling?

1. Electricity from the grid
2. Electricity from solar
3. Electricity from wind
4. Kerosene
5. Other (specify)
6. None

(>Q40)

Q43) Is there a working laptop, desktop or tablet in this household?

1. Yes
2. No

- A. Laptop (portable) computer
- B. Desktop
- C. Tablet
- D. Other (specify)

Q47) What type of television services are used in this household?

TV in household? 1. Yes 2. No → (>Q48)

- A. Free to Air
- B. Cable TV
- C. Satellite TV
- D. Internet Protocol TV (IPTV)
- E. Digital Terrestrial TV (DTTV)
- F. Don't know

Q51) 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?

Amount

PART J :INVENTORY OF DURABLE GOODS

INSTRUCTIONS:

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

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

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

Do the members of your household have....

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

Do the members of your household have....

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

ITEMS MUST BE IN WORKING CONDITION

PART L: ICT TO BE ASKED OF ALL HOUSEHOLD MEMBERS

RESP.
No.

I N D I V I D U A L No.	8 In the past 3 months, what type of device and network did you use to access the Internet? MOBILE PHONE Via mobile cellular network.....A WiFi or other wireless networks.....B TABLET Via a mobile cellular network, using USB dongle or integrated data SIM card.....C WiFi or other wireless networks.....D Fixed networks.....E 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 OTHER PORTABLE DEVICESI DESKTOP COMPUTERJ OTHER DEVICES (e.g. SMART TV) SpecifyK YES.....1 > NEXT PERSON /SECTION NO.....2 MULTIPLE RESPONSES											9 Why have you not used the Internet in the past 3 months? 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 YES.....1 NO.....2 MULTIPLE RESPONSES											RESP. No.
	A	B	C	D	E	F	G	H	I	J	K	A	B	C	D	E	F	G	H	I	J		
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
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										
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

PART O: TIME USE - TO BE COMPLETED FOR HOUSEHOLD MEMBERS 18 YEARS OLD AND OLDER

Time use and employment data is based on a one (1) day report covering a [randomly selected and assigned] full day preceding the first day of interview

Please indicate the assigned day: SUNDAY....2) MONDAY....3) TUESDAY....4) WEDNESDAY....5) THURSDAY....6) FRIDAY.... 7) SATURDAY

I N D I V I D U A L N O .	Q1) How much time during (this day) did you/(NAME) spend engaged in each of these employment and employment related activities?					Q2) How much time during [this day] did you/(NAME) spend on production of own-use goods?					Q3) How much time during [this day] did you/(NAME) spend on unpaid domestic work for his/her own household?						
	Where no time is spent on the activity ENTER 0					Where no time is spent on the activity ENTER 0					Where no time is spent on the activity ENTER 0						
	A. Working in a job for pay	B. Working in a job as a trainee without pay	C. Seeking a job (job hunting) incl. taking a test as part of the interview, or setting up a business, incl. applying for loan	D. Commuting to and from work	E. Other productive activities such as unpaid work in a family business	A. Gathering firewood	B. Fetching water	C. Other primary activities Eg. growing crops, picking coffee beans, rearing animals	D. Non-primary own use activities Eg. making garments or making bammy from cassava	E. Construction for own final use Eg. repairing a roof, adding a bathroom, and supervising or assisting the construction	A. Preparating and serving food	B. Cleaning the house/yard	C. Laundry activities and cleaning/care of footwear	D. Maintenance and minor repair of home	E. Household administration Eg. paying bills, applying for visas and passports	F. Shopping for the household (include time spent travelling)	G. Looking after/ for pets and plants
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

PART O: TIME USE - TO BE COMPLETED FOR HOUSEHOLD MEMBERS 18 YEARS OLD AND OLDER

Time use and employment data is based on a one (1) day report covering a [randomly selected and assigned] full day preceding the first day of interview

I N D I V I D U A L	Q4) How much time during [this day] did you/(NAME) spend caring for household members that are...? (Care includes feeding, bathing, reading, playing and learning support)								Q5) How much time during [this day] did you/(NAME) spend on unpaid work for other households or in volunteer activities in the community?					Q6) How much time during [this day] did you/(NAME) spend learning and studying, and travelling for study activities?		Q7) How much time during [this day] did you/(NAME) spend engaged in socializing and leisure activities such as...?				
	Where no time is spent on the activity ENTER 0								Where no time is spent on the activity ENTER 0					Where no time is spent on the activity ENTER 0		Where no time is spent on the activity ENTER 0				
	A. 0-5 years old	B. 6-14 years old	C. How much of the time caring for persons 6-14 years is spent on homework and other educational support	D. 15-19 years old	E. How much of the time caring for persons 15-19 years is spent on homework and other educational support	F. 20-59 years old	G. 60 years and older	H. Disabled or permanently dependent	A. Unpaid work for other households Eg. Looking after sick members, helping with washing or cooking	B. Unpaid work for the community Eg. Being part of Neighborhood Watch, managing housing scheme	C. Volunteer work at non-profit institutions Eg. Rotary, Kiwanis, political organization	D. Religious Activities Eg. Fasting, preparing lesson for Sabbath/Sunday School, writing minutes of meeting	E. Other voluntary work Eg. reading for children in hospital, feeding street people	A. Learning and studying	B. Travelling for study activities	A. Socializing with family members and others	B. Attendance at cultural entertainment and sports event	C. Gambling, betting and games of chance	D. Other arts and hobbies Eg. Building puzzles, writing poetry and short stories	E. Sports and physical exercise
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

15 YEARS AND OLDER

I N D I V I D U A L N O	Q20) Is this partner a household member? 1. Yes 2. No	Q21) Copy the ID CODE of the Partner
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		