	l Institute of Jamaica e, Kingston 10		20	21			FORM SLC 021
	00 / Fax : 926-1138 @statinja.gov.jm	JAMAICA	SURVEY OF	LIVING	CONDITION	S SERIAL NO	/ INTERVIEW KEY
PARISH CONSTITUENCY	SAMPLING REGION	ED. NO.	DWELLING NO.	н/н NO.		DATE OF INTERVIEW	Month Year
ADDRESS OF DWELLING		Street/District				Post Office	
NUMBER OF TIMES HOUSEHOL	D VISITED					START OF INTERVIEW (24 hr. Clock)	Hours Mins Hours Mins Hours Mins
	First name		Last name		Interviewer's No.	END OF INTERVIEW (24 hr. Clock)	Hours Mins
						TOTAL TIME OF INTERVIEW	
	First name		Last name		Supervisor's No.	RESULT OF HOUSEHOL	D INTERVIEW
SUPERVISOR:						1. COMPLETED INTERVIEW 2. PARTLY COMPLETED INTERVIEW 3. VACANT 4. CLOSED	
SENIOR SUPERVISOR:	First name		Last name		r - r - r	5. REFUSAL 6. DEMOLISHED 7. OTHER (specify)	
Supervisor's Signature	Senior Superviso	r's Signature	SECTIONS COMPLETE		B D E F	G H I J K L M	1

The 2021 JSLC questionnaire is an abridged version. For ease of processing, the original question numbers were retained in the adjusted sections - A, B, D, I, and the Roster.

PART A: HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBER

<u> </u>				AUNED								1	r	· · · · · · · · · · · · · · · · · · ·
	Q1) In the	Q3) Have	Q4)	Q5) For how	Q6) Has a	Q7) How	Q8Y) Where did you/(NAME) go the	Q9Z) How much did	Q10) How much	Q11) Were	QA12) How	QA13) How	Q14) Were	Q15) How
	past 4 weeks	you/Has	What	long were	doctor, nurse,	many visits	last time you visited a health	you/(NAME) have to pay	did you/(NAME)	you/was	many nights	much have	you/was	many nights
	have you/has	(NAME) had	was the	you/(NAME)	pharmacist,	did	practitioner or healer?	for care/service at	have to pay at	(NAME)	during the past	you/(NAME)	(NAME)	during the
	(NAME) had	any illnesses	duration	unable to	midwife , any	you/(NAME)		this facility? Do not	private health	admitted	4 weeks did	paid or will have		
	any injury	other than that	of the	carry out	other health	make to the		include the cost of drugs	centre for all	(spent a night)	you/(NAME)	to pay altogether	a night) to a	did
	resulting	due to injury?	most	normal	practitioner or	health		nor any costs paid by your		to a public	spend in the	for this stay in a	private hospital	
	from road			activities?	healer been		1. UWI (>Q10)	insurance.			public	public hospital?	• •	
		For example a	recent	activities				insulance.	during the past 4	hospital or	•		or other private	
	traffic	cold, diarrhoea,	episode?		visited?	healer in the			weeks? Do	other public	hospital?	Do not include	establishment	private
N	accident, fall,	asthma attack				past 4	1a. Public Hospital (other)		not include the	health		the cost of	in the past 4	hospital?
D	domestic or	or an episode				weeks?			cost of drugs nor	establishment		medicines or	weeks?	
	violent	relating to							any cost paid by	in the past 4		any costs paid		
v	incident that	hypertension,	(CAN BE				2. Private Hospital (>Q10)		your insurance.	weeks?		by your		
· ·	required	diabetes or any	> 28	28 DAYS)								insurance.		
	medical	other illness?	DAYS)				3. Public Health Centre							
D	attention?	(In the past 4	, i											
U	anomioni	weeks)			1. Yes					1. Yes	No of nights		1. Yes	No of nights
А		weeksj			2. No (>Q17)		4. Private Health Centre (>Q10)			2. No (>Q14)		IF NOTHING	2. No (>Q18)	
L					- (- , ,			IF NOTHING WRITE	IF NOTHING				,	
Ν							5. Doctor's Office (>Q10)	ZERO	WRITE ZERO			IF NOTHING		
0								AMOUNT J\$	AMOUNT J\$			WRITE ZERO		
Ŭ							6. Traditional Healer (>Q10)					AMOUNT J\$		
•		1. Yes, chronic												
	1. YES	illness												
	2. NO	2. Yes, other					96. Other (specify) (>Q10)							
		illness												
		3. Yes, both												
		4. No (>Q22 if 2												
		at Q1)	DAYS	DAYS				(\$0 > Q10)						
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DADT A. HEALTH TO BE ASKED OF EACH HOUSEHOLD MEMBED (CONTD)

P	ART A: HI	EALTH TO E	BE ASKED OF	EACH	HOUSE	EHOLD MEN	MBER (CO		D)														Q35	FOR	IOUSE		MEMBE	RS 5	YRS &
I	Q16) How much	Q17) Why didn't	Q18) Did you/(NAME)	Q19) Did y	ou/(NAME)	Q20) How much			2) Are				e you/l											i oiti	10002	OVE			110 0
Ν	have you/	you(NAME) seek	buy medicines/ fill the	purchase m	nedicines in	have you.(NAME)	Q21) How		s/(NAN		nealth	worke	er that	you /ł	ne/she	e have	e/ has	any	of the	follov	ving cł	nronic	Q35)	Do γοι	ı/Does	(NAMF	-) have	difficult	y doing
D	(NAME) paid or	care for this past/	prescription during the	a.		spent	much have		ed by a	any					disea	ases/il	llness	es?					200)	20 90	anv o	f the fo	llowing	?	, aong
1	will have to pay	current illness?	past 4weeks for this			for medicines at	you(NAME)	h	ealth																u., , e		.eg		
V	altogether for		illness or injury?			public source e.g.	spent for	insu	irance	? /	A. Asth	nma																	
D	this stay in a private hospital?			a) Public Facility?		Public hospital, health centre,	medicines at private source			E	3. Diat	oetes											A. Se	eing, ev	ven if w	earing	glasses		
U	Do not include			Facility?	Facility or Pharmacy	during the past 4	e.g. private			C	С. Нур	ertens	sion										B. He	aring, e	ven if u	using a	hearing	aid	
А	the cost of	1. Could not afford	1. Prescribed medicines		?	weeks? Do not	doctor,	A. Priv	vate	0	D. Arth	ritis				1. Ye	s in t	he pa	ast 12	mon	ths		C. Wa	lking o	r climb	ing ster	os		
	medicines or any costs paid	2. Wasn't ill enough	2. Partial prescription			include the costs paid for by your	pharmacy, etc. during the past	B. NI	Gold	E	E. COF	PD				2. Ye	s. mo	ore th	an 12	2 mon	ths		D. Re	- membe	rina or	conce	ntrating		
N	by your	3. Preferred home	3. Prescribed/over the			insurance.	4 weeks? Do	C Oth	her		Hea		ease			3. No									-		all over o	or dress	sina)
0	insurance.	remedies	counter				not include the	(Spec			G. Sick					4. Do		2014									ommuni		
		4. Didn't have time					costs paid for	Opec	iiy)																		derstood		
		to go	4. Over the counter				by your insurance			ľ	H. Dep		n			5. No	resp	onse	•										
		-	5. Prescribed/didn't				insulance			1	. Dem																		
		5. Other (Opeeny)	buy/fill (>Q22)	1. Yes	1. Yes			1. Yes	6		I. Any	other	menta	al diso	order														
	WRITE ZERO	6. Fear of	6. None	2. No	2. No			2. No		ł	<. Can	cer	Тур	e									1. No	difficult	у				
	AMOUNT J\$	contracting COVID	prescribed/required (>Q22)				IF NOTHING			L	Strol	ke											2. Sor	ne diffi	culty				
	(>>Q18)		(~ 411)			IF NOTHING	WRITE ZERO	мυ		= 1	И. Epil	epsy											3. A lo	ot of diff	iculty				
						WRITE ZERO	AMOUNT J\$	RES	PONSE	s	V. Kidr	nev Di	sease	•									4. Car	nnot do	it at al				
						AMOUNT J\$					-	- 7			JLTIP		ESPO	NSF	s										
								A	в	с	AE	вС	; D	-			н			κL	м	Ν	Α	В	С	D	Е	Т	F
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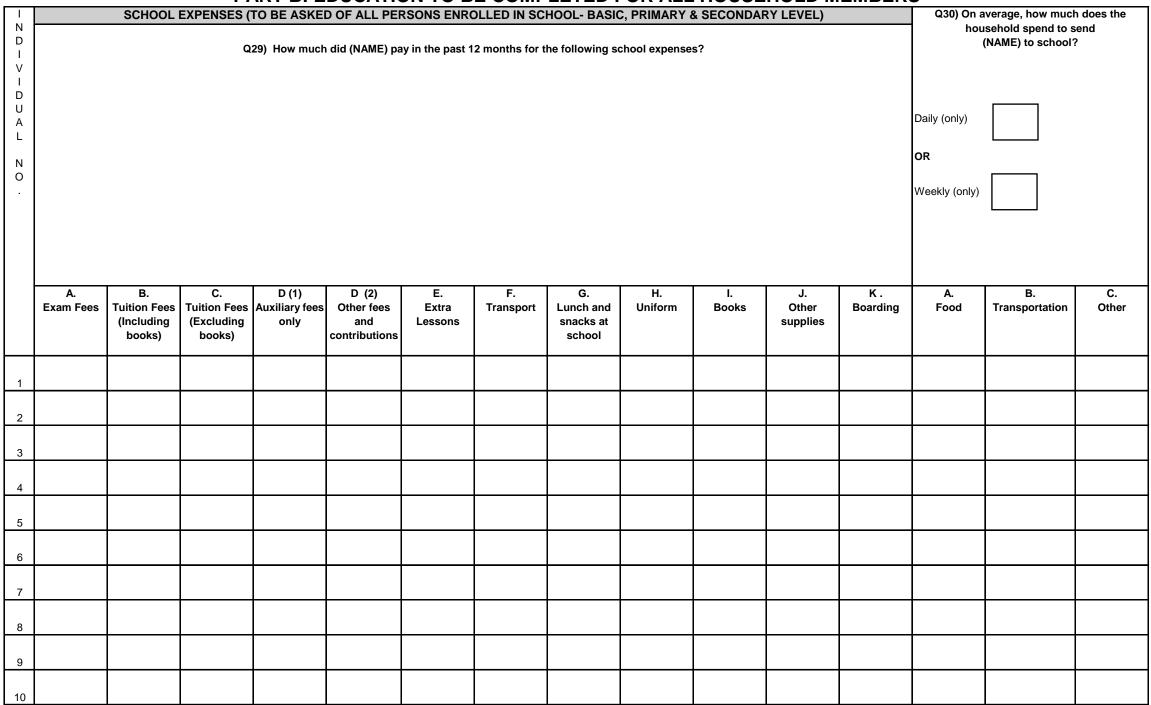
PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

<u> </u>	ART D. EDUCATION TO L					
1	Q1) What type of school is (NAME)	Q2) What is the Q3) Is		Q3Y) What was the MAIN		Q4) What grade is (NAME) in at
Ν	attending this academic year?	name of the school p		modality used to interact	participate in learning	school this year?
D		school that or priva			activities provided by the	
1	1. Nursery/Day careNext	(NAME)	school during the 2021	the 2021 Summer Term	school for the 2021 Summer	
V	(INCLUDE NEWBORN BABIES) person	attends?	Summer Term (May to	(May to July)	Term (May to July)?	
1	2. Infant school department		July)?			
D	·					
U	3. Basic /Kindergarten					Basic/Infant/Kindergarten…0
	4. Primary					Primary 1
	5. Preparatory					Primary 2
N	6. All age school			1. Face-to-Face	1. School closed	Primary 3
	7. Primary and Junior high			(Classroom)	2. Could not afford to	Primary 4
	8. Secondary			2. Material delivered/	3. No internet access	Primary 5
	9. Technical	1. Public		picked up	4. Poor internet access	Primary 6
	10. Agricultural High		1. Yes	3. Online classroom		ASTEP7A
	11. University	2. Privat		(e.g. Zoom, Microsoft	5. No device (tablet, laptop, computer)	ASTEP7B
	12. HEART TRUST NTA	2. 1 11/40				
				teams etc)	6. Other(specify)	Grade7
	13. Other Tertiary Public			4. Texts/WhatsApp		Grade 8
	14. Other Tertiary Private (> Q23)			5. Email		Grade 9
	15. Adult education/night (> Q23)			6. Other (specify)		Grade 10
	16. Special school					Grade 11
	17. JFLL/Adult literacy classes					
				(>>Go to Q4)		Grade 12
	18. None (>Q20)					(lower sixth form/Cap 1)
						Grade 13
						(upper sixth form/Cap 2)
1						
2						
3						
4						
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		II	11			

PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS

	Q18) Does (NAME) have	-	_					require	-	Q20) What type of school did	Q21) What	-	Q24) What is the highest (academic /vocationa	l) Q25) Do the	Q26) Has (NAME) ever	Q28) Did
N	the required and	Q19)			(NAME)				eu and	(NAME) last attend?	was the last	,	examination that (NAME) has passed?	examinations	enrolled/ involved in any	(NAME)
D	supplemental books		Sup	picifici		100013	101 301	1001:			grade	of schooling		that (NAME)	skills training program?	successfully
Ī	required by the school?										(NAME)	have you /	1. None	passed include	01 0	completed the
V										1. Basic/Infant /Kindergarten	completed	has	2 Junior Lligh School Cortificate	Math and		programme of
1										2. Primary	at that	(NAME)	3. Grade Nine Achievement Test	Q26) English?		study?
DU										3. Preparatory	school?	had?			1. Yes, HEART	
A	1. Yes, required and supplemental(>Q29)				ool fee								4. CSEC Basic/JSC 5/SSC.3rd JL	СХС	ACADEMY/workforce	1. Yes
1î					ok renta					4. All age school			5. CSEC General/GCE O Level	GENERAL &	colleges	
	2. Yes, only required	C. Sc	nool do	es not	have th	he boo	ks			5. Primary and Junior high			6. NVQJ Level 1	Q26) ABOVE	2. Yes, HEART-	2. No
	3. Yes, only supplemental	D. Bo	oks har	d to fir	nd					6. Junior High (Grades 7-9)			7. NVQJ Level 2	-	VTC/TVET Institutes	
0	4. Yes, some required	E. Mo	ney pro	blems						7. New Secondary			8a. CAPE Unit 1	1. Yes, both	3. Yes, HEART-	3. Currently
·	5. Yes, some	F. Boo	oks exp	ensive	;					8. Comprehensive			8b. CAPE Unit 2/GCE A Level	2. Math only	SLTOPS/	enrolled
	supplemental	G. So	me boo	oks not	neces	sary				9. Secondary High			9. NVQJ Level 3	3. English only	Apprenticeship	
	6. Yes, some required and	H. Oth	ner (spe	ecify)						10. Technical			10. Associate degree/NVQJ Level 4	4. No (None)	4. Yes, HEART - other	
	supplemental			.,						11. Vocational/Agricultural			-	226) 5. Don't Know	5. Yes, private (specify)	
	7. Has none		1. Yes							12. University			Level 5			
			2. No							13. Other Tertiary Public					6. Yes other public	
				n't knov						14. Other Tertiary Private			12. Higher degrees and professional qualification		(specify)	
			9. DUI		v					15. Adult education/night (>> Q23	1				7. No (NEXT PERSON)	
										16. Special school	, 		13. City and Guilds		7. NO (NEXT PERSON)	
						1				17. HEART TRUST NTA			14. Other (specify)			
				(Go t	o Q29								15. Not stated (>	Q26)		
										18. JFLL/Adult literacy						
										classes						
		A	в	С	D	E	F	G	н	19. None			CODE NO. OF SUBJEC	re		
		A	В					6	п							
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PART B: EDUCATION TO BE COMPLETED FOR ALL HOUSEHOLD MEMBERS



P	ART D: SOC	IAL PRO	TECTION (T	O BE AS	KED OF AL	L HC	USE	HOLI	D ME	EMEB	ERS))		18 yrs +	Q17-20 TO B	E COMPLETED BY ADULT RESPO	NDENT OR HEAD	RESP #
I N D I V	Q1) Did any member of this household apply to the Programme of	Q3. Has any member of this household	Q5) In what category does (NAME) receive a PATH benefit?	Q6) Did (NAME) receive a PATH	Q7) How does this household currently receive its		Does an ouseho pensi	ld rece			ny of th	 regis follow ammes 		(NAME) ever contributed	Q17) During the past 4 weeks, do you believe that this household has	Q18) What is the main source of livelihood for this household ?	Q19) How would you describe this livelihood?	Q20) How would you describe the economic (financial) situation
I D U A L N O	Advancement Through Health and Education 1. Yes, 12 months ago or less 2. Over 12 months ago 3. No, never applied	ever received assistance from PATH? 1. Yes 2. No (>Q9)	 Child 0-71 mnths Child 6-17+ yrs Elderly Person with disability Adult poor Pregnant or lactating Not a beneficiary (>Q9) 	benefit in April this year 1. Yes 2. No	 By cheque at P.O. By cash card (ATM card) Through money transfer agency 	B. Occ C. Oth D. Oth 1. Yes		nal pens te pens cify) 2. No	sion	B. Natio (NIS) C Jama Elderly D. Poo 1. Yes	onal Ins aica Dru (JADEF r Relief	urance	ie	within the past 12 months (>Q15) 2. Yes, but more than 12 months ago	1. Yes generally 2. Yes sometimes 3. No	 Work in somebody's business /company Work in somebody's home Buy and sell for myself Provide services in own business Produce/plant goods or rear animals Get help from others Other self-employed Remittance Pension Other (specify) 	 Provides reliable income stream Provides only for basic needs Inadequate income for basic needs Not consistent/unreliable 	for your household compared to a year ago? 1 Better 2. Equal /same 3. Worse off 4. Don't know
1						Α	В	С	D	Α	В	С	D					
2																		
3																		
4																		
5																		
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8																		
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PART E: DAILY EXPENSES									
1 During the past 7 days, has this here received as gift any of the follow: TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR THEN ASK QUESTION 2 AND PURCHASED OR RECIEVED A DAYS.	ing items? K ALL ITEMS IN T 3 FOR ALL ITEM	HE LIST. MS	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 refollowing items as meals away from home ? TICK THE APPROPRIATE BOX ASK QUESTION 4 FIRST FOR ALL ITEMS IN THE L THEN ASK QUESTIONS 5 AND 6 FOR ALL ITEMS RECIEVED AS GIFT DURING THE PAST 7 DAYS.	JST.		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	🔲 Yes	1020			BREAKFAST - meals bought away from home (including gifts)	□ Yes □ No	1071		
Kerosene	TYes	1030			LUNCH- meals bought away from home (including gifts)	☐ Yes ☐ No	1072		
Wood	□ Yes □ No	1040			DINNER-meals bought away from home (including gifts)	□ Yes □ No	1073		
Other fuel for cooking or lighting (different than cooking gas and electricity)	□ Yes □ No	1050			SNACKS-Sandwiches, Burgers, Patties etc.	□ Yes □ No	1080		
Tobacco products (cigars, cigarettes, chewing tobacco, pipes)	□ Yes □ No	1060			Dairy products e.g. milk, Supligen, Nutriment etc	□ Yes □ No	1090		
Alcohol (Beer)	🗌 Yes 🗋 No	1111			NON - ALCOHOLIC drinks	□ Yes □ No	1100		
Alcohol (Rum, Wine, Sherry)	□Yes □No	1112			TOTAL	□Yes □No	1150		
Bus/Taxi-fare	□ Yes □ No	1121							1
Gasoline/petrol (domestic use only)	☐ Yes ☐ No	1122							

PART F:FOOD EXPENSES				RESI	PONDENT (INDIVIE	DUAL # FROM ROSTER):		1. Yes, al	e nutrition labels to guide w ways 2.Yes, sometimes3.	No	
PURCHASED					· ·	HOME PRODUCTION/GIFTS	I				
During the past 30 days, has this l any of the following foods? TICK THE APPROPRIATE BO ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 4 CONSUMED DURING THE PA	X 4 FOR ALL F	OODS	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 yo household any.(). that was hom received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 F CONSUMED DURING THE PAS	e-produ FOR AL	ced, or L FOODS	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 ENTE 0 AMOUNT J\$
Fresh or frozen beef	☐ Yes	2010				Fresh or frozen beef	ΠY	1 2010			
Fresh or frozen pork	☐ No ☐ Yes ☐ No	2020				Fresh or frozen pork		es 2020			
Fresh or frozen mutton	□ Yes □ No	2030				Fresh or frozen mutton	U Y				
Offal-heart, kidney, liver, tripe etc.	☐ Yes ☐ No	2040				Offal-heart, kidney, liver, tripe etc.	□ Y □ N	> 2040			
Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	🛛 Yes 🗋 No	2050				Other fresh or frozen meat (oxtail, trotters,cow's foot,hocks)	□ Y □ N	2050			
Salted,cured or canned meat(eg.pigtail)	🔲 Yes 🗖 No	2060				Salted,cured or canned meat(eg.pigtail)	□Y □N	1 2060			
Fresh or frozen fish	☐ Yes ☐ No	2071				Fresh or frozen fish	U Y	^{∋s} 2071			
Fresh or frozen shellfish	□ Yes □ No	2072				Fresh or frozen shellfish	□ Y □ N	1 2072			
Salted codfish	🗌 Yes 🗋 No	2080				Salted codfish	□ Y □ N	1 2000			
Canned mackerel,sardines, herring	🔲 Yes 🗋 No	2090				Canned mackerel,sardines, herring	□ Y □ N				
Other salted or canned fish and shellfish(eg.Mackerel,red herring)	🗖 Yes 🗋 No	2100				Other salted or canned fish and shellfish(eg.Mackerel,red herring)	I Y	es			
Fresh or frozen whole chicken or parts	□ Yes □ No	2110				Fresh or frozen whole chicken or parts	□ Y □ N				
Chicken neck, back,foot,liver, gizzard	🔲 Yes 🔲 No	2120				Chicken neck, back,foot,liver, gizzard	□ Y □ N				
Other poultry, fresh frozen salted, cured or canned	🔲 Yes 🗖 No	2130				Other poultry,fresh frozen salted,cured or canned	□ Y □ N				

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

PART F:FOOD EXPENSES (C	ONTINUED)										
PURCHASED			1			HOME PRODUCTION/GIFTS					
1 During the past 30 days, has this any of the following foods? TICK THE APPROPRIATE BC ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST THEN ASK QUESTION 2 TO CONSUMED DURING THE P/)X 4 FOR ALL F	OODS	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 yo household any.(). that was home received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 F CONSUMED DURING THE PAS	o-produced	, or DODS	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)	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	🗌 Yes	2270					🗌 Yes				
	No Ves					Flour	□ No □ Yes	2270			
Rice	🗖 No	2280				Rice	🗖 No	2280			
Cornmeal	□ Yes □ No	2290				Cornmeal	□Yes □No	2290			
Dried peas and beans, soya	☐ Yes ☐ No	2301				Dried peas and beans, soya	☐ Yes ☐ No	2301			
Textured vegetable protein, (Tofu,vege chunks)	☐ Yes ☐ No	2302				Textured vegetable protein, (Tofu,vege chunks)	□Yes □No	2302			
Breakfast cereals (cornflakes, oats, hominy corn)	Yes	2310				Breakfast cereals (cornflakes, oats, hominy corn)	🗌 Yes	2310			
Yams (white, yellow, Negro, St. Vincent, Lucea,)	☐ Yes ☐ No	2320				Yams (white, yellow, Negro, St. Vincent, Lucea,)	☐ Yes ☐ No	2320			
Irish Potatoes	☐ Yes ☐ No	2330				Irish Potatoes	☐ Yes ☐ No	2330			
Other roots and tubers(cassava, coco, sweet potatoes,dasheen)	□ Yes □ No	2340				Other roots and tubers(cassava, coco, sweet potatoes,dasheen)	□ Yes □ No	2340			
Other starchy fruits (Plantains, green banana, .)	□ Yes □ No	2351				Other starchy fruits (Plantains, green banana, .)	🗌 Yes 🔲 No	2351			
Other starchy fruits(breadfruit)	□ Yes □ No	2352				Other starchy fruits(breadfruit)	□ Yes □ No	2352			
Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs,)	☐ Yes ☐ No	2361				Fresh vegetables, (tomatoes, carrots, lettuce, turnip, avocado, onion, corn on the cobs,)	□ Yes □ No	2361			
Fresh vegetables, (string beans, peas and beans)	□Yes □No	2362				Fresh vegetables, (string beans, peas and beans)	□ Yes □ No	2362			
Frozen canned and dried vegetables	□ Yes □ No	2370				Frozen canned and dried vegetables	🛛 Yes 🗋 No	2370			

PART F:FOOD EXPENSES (CO	NTINUED)										
PURCHASED						HOME PRODUCTION/GIFTS					
1 During the past 30 days, has thi 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 CONSUMED DURING THE PAS	FOR ALL I	d bought FOODS S.	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 household any.(). that was home received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 6 TO 8 F CONSUMED DURING THE PAS	or ALL F	l, or OODS	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	□ Yes □ No	2380				Ackee	☐ Yes ☐ No	2380			
Fruit and vegetable juices (fresh or frozen)	☐ Yes ☐ No	2390				Fruit and vegetable juices (fresh or frozen)	☐ Yes ☐ No	2390			
Fresh fruit (cane)	☐ Yes ☐ No	2401				Fresh fruit (cane)	☐ Yes ☐ No	2401			
Fresh fruit (oranges, lime)	☐Yes ☐No	2402				Fresh fruit (oranges, lime)	□ Yes □ No	2402			
Fresh fruit (apples , melons, pineapples, pears)	☐Yes ☐No	2403				Fresh fruit (apples, melons, pineapples, pears)	☐ Yes ☐ No	2403			
Fresh fruit (plantain, bananas)	□ Yes □ No	2404				Fresh fruit (plantain, bananas)	□ Yes □ No	2404			
Canned and dried fruits	□Yes □No	2410				Canned and dried fruits	☐ Yes ☐ No	2410			
Sugar	☐Yes ☐No	2420				Sugar	☐Yes ☐No	2420			
Honey	☐ Yes ☐ No	2431				Honey	☐ Yes ☐ No	2431			
Sweets (sugars,sweeteners, jams, jellies, molasses,syrup)	□Yes □No	2432				Sweets (sugars,sweeteners, jams, jellies, molasses,syrup)	☐Yes ☐No	2432			
Soups(packaged,canned,frozen)	☐ Yes ☐ No	2440				Soups(packaged,canned,frozen)	☐ Yes ☐ No	2440			
Prepared meats (curried mutton,)	□ Yes □ No	2451				Prepared meats (curried mutton,)	☐Yes ☐No	2451			
Prepared fish(fish fingers)	□ Yes □ No	2452				Prepared fish(fish fingers)	□ Yes □ No	2452			
Dry packaged foods(macaroni, spaghetti,gluten.)	Ves	2460				Dry packaged foods(macaroni, spaghetti,gluten.)	Yes	2460			
Powders,flavouring and extracts baking powder&soda,yeast,coconut milk/powder,vinegar)	☐ Yes ☐ No	2470				Powders,flavouring and extracts baking powder&soda,yeast,coconut milk/powder,vinegar)	☐ Yes ☐ No	2470			

PART F:FOOD EXPENSES (CO	NTINUED)										
PURCHASED			1			HOME PRODUCTIONS/GIFTS					
1 During the past 30 days, has thi any of the following foods? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST.		d bought	2 Have you bought () during the past 7 days?	3 How much did you spend on.().during the past 7 days?	4 How much did you spend on ()during the past 30 days?	5 During the past 30 days have you household any.(). that was home received as a gift? TICK THE APPROPRIATE BOX ASK QUESTION 5 FIRST FOR ALL ITEMS IN THE LIST.	u eaten in th e-produced,	nis or	6 How much would it cost to buy the amount of home produced() you ate during the past 7 days?	7 How much would it cost to buy the amount of home-produced .().you ate during the past 30 days?	8 How much would it cost to buy the amount of .().you received during the past 30 days?
THEN ASK QUESTION 2 TO 4 CONSUMED DURING THE PAS			YES = 1 NO = 2 (>4)	AMOUNT J\$	AMOUNT J\$	THEN ASK QUESTION 6 TO 8 F CONSUMED DURING THE PAS			IF NOTHING ENTER 0 AND(>7) AMOUNT J\$	IF NOTHING ENTER 0 AND(>8) AMOUNT J\$	IF NOTHING ENTER 0 AMOUNT J\$
Sauces and relishes(ketchup,	□ Yes	2480				Sauces and relishes(ketchup,	🗖 Yes				
mayonnaise, pepper sauce,pickles)	□ No	2460				mayonnaise, pepper sauce, pickles)	□ No	2480			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	□ Yes □ No	2490				Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices)	□ Yes □ No	2490			
Nuts(peanuts, cashew,coconut,)	☐ Yes ☐ No	2500				Nuts(peanuts, cashew,coconut,)	☐ Yes ☐ No	2500			
Baby food (milk food, cereals, strained food,)	☐ Yes ☐ No	2510				Baby food (milk food, cereals,strained food,)	☐ Yes ☐ No	2510			
Other food (chips, snacks, cheese trix,)	□ Yes □ No	2520				Other food (chips, snacks, cheese trix,)	☐ Yes ☐ No	2520			
Flavoured breakfast drinks, cocoa based beverage preparations	□Yes □No	2531				Flavoured breakfast drinks, cocoa based beverage preparations	□ Yes □ No	2531			
Breakfast drinks - coffee, tea	□Yes □No	2532				Breakfast drinks - coffee, tea	□ Yes □ No	2532			
Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water, bag drink, box drink)	□ Yes □ No	2540				Non alcoholic beverages (cola, nectars, canned fruit drinks, powdered & frozen, flavoured bottled water, bag drink, box drink)	□ Yes □ No	2540			
Alcoholic beverages,(beer)	□ Yes □ No	2551				Alcoholic beverages,(beer)	□ Yes □ No	2551			
Alcoholic beverages (rum, whisky, wine, sherry)	□ Yes □ No	2552				Alcoholic beverages (rum, whisky, wine, sherry)	□ Yes □ No	2552			
Bottled Water(Natural and purified)	□Yes □No	2560				Bottled Water(Natural and purified)	□Yes □No	2560			

PART G:CONSUMPTION EXPENDIT	TURES							RESPONDENT (INDIVIDUAL # FROM ROSTER):
1 During the past 12 months, has this spent on,or received as gift any of th TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR PURCHASE OR RECEIVED AS GIF DURING THE PAST 12 MONTHS.	e following	items?	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	6 What is the value of all that().you received as gift during the past 12 months? ESTIMATE MONETARY VALUE	123456During the past 12 months, has this household spent on, or received as gift any of the the following items?2345Did you received on ().during the past 30 days?6TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST() during the LIST() during the past 30 days?() urreceived past 30 days?45()6What is the value of all that().you received as gift during the past 12 months?() as gift during the past 12 months?6What is the value of all that().you received as gift during the past 12 months?6TICK THE APPROPRIATE BOX ALL ITEMS IN THE LIST() URING THE PAST 12 MONTHS() YES = 1 NO = 2 (>4)AMOUNT J\$AMOUNT J\$YES = 1 NO = 2 (>NEXT ITEM)ESTIMATE MONETARY VALUE
						ÌTEM)	AMOUNT J\$	AMOUNT J\$
Personal care supplies (soap, toothpaste/brushes, shaving cream, razors & blades)	🗖 Yes 🗖 No	3010						Furniture, indoor (chair, table, bed, mattress, baby crib, cabinet,)
Cosmetics (deodorants,)	☐ Yes ☐ No	3020						Furniture outdoors (lawn chair, barbecue grill,) Yes No 3140
Hair and body care (lotions, dyes,etc.)	☐ Yes ☐ No	3030						Furnishing(carpets,drapes, sheets,towels,) Yes 3150
Laundry supplies (soap bars/ powders, bleach, starch, clothes pin,)	□ Yes □ No	3040						Dinner ware (plates, cups, saucers, glasses, knives, forks, spoons,)
Polishes, waxes, air fresheners, insect sprays	☐ Yes ☐ No	3050						Cook ware (pots, pans, skillets,) Yes 3170
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid,)	□ Yes □ No	3060						Other small kitchen equipment (ice box, toaster, mixer, hot plate,)
Toilet supplies (toilet paper, cleanser,)	□ Yes □ No	3070						Large kitchen appliances (Fridge,
Other household supplies(scouring pads, liquid cleanser, brooms, light bulbs, batteries,)	□ Yes	3080						stove, microwave, freezer, water heater.) Yes 3190
Home help services (cook, nurse maid, household help, gardener,)	□ NO □ Yes □ No	3090						Radio, TV, VCR, DVD, DSS, CD Yes No 3201
Laundry and dry cleaning services	🗖 Yes	3100						Information processing equipment $\begin{array}{ c c c } Yes \\ 0 & No \end{array}$ 3202
Rental of equipment (radio, television,)	□ No □ Yes □ No							Other small household equipment (tools,hair dryer, suitcase,) Yes No 3211
Cooking Gas	☐ Yes ☐ No	3120						Camera Yes No 3212

PART G:CONSUMPTION EXPEND	ITURES	CONT	INUED)											
1 During the past 12 months, has this I spent on, or received as gift any of th items? TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOR PURCHASE OR RECEIVED AS GIF DURING THE PAST 12 MONTHS.	ALL	ng	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 on, or received as gift any of the follo TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN THE LIST. THEN ASK QUESTION 2 TO 6 FOF PURCHASE OR RECEIVED ASGIF DURING THE PAST 12 MONTHS.	wing items?	spent () during the past 30 days?	you spend on .().during the past 30 days? AMOUNT	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	□Yes □No	3213						Reading materials (Books, magazines, newspapers,)	□Yes □No 3340					
Repairs on furniture or nousehold equipment Medicines (pills, tonics, drugs,family	□Yes □No	3220						Stationary and writing equipment(pens pencils, envelops, stamps,)	☐Yes 3350 ☐No					
blanning supplies, herbal medicine, mechanical contraceptive devices- condoms, IUD, etc.)	□ Yes □ No	3230						Education expenses(tuition, books,boarding fees,)	☐Yes 3360 ☐No					
spectacles, lab fees)	□ Yes □ No	3240						Sporting activities(exercise equipment, bicycle, tricycle,	□ Yes □ Yes □ No 3371					
	☐ Yes ☐ No ☐ Yes	3250						entrance fees,) Club Membership	T Yes 3372					
	D No	3260							□ No					
Shoes and sandals for children	□ Yes □ No	3270						Other recreational activities(cinema, dance clubs,records, tapes, DVD, CD,Cable rental,Cable fee)	□Yes □No 3380					
inen, cotton, silk)	□Yes □No	3280						Purchased transportation(taxi,bus, car, rental)	□Yes 3391					
(Dacron, linen, cotton, silk)	□ Yes □ No	3290						Purchased transportation (air fare)	Yes 3392					
swim wear, underwear, pampers)	☐ Yes ☐ No ☐ Yes	3300						Gasoline, motor oil, diesel	Yes 3400					
(shirts, trousers, coats,jeans, pampers.)	□ No	3310						Car/ motor cycle repair, tyres, motor parts	Yes 3410					
and children)	□Yes □No	3320						Car/motor cycle insurance	☐ Yes 3420				<u></u>	
	□Yes □No	3330							🗖 No					

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

PART H: NON-CONSUMPTION EXPENDITURES

Q1) During the past 12 months, has this househo items?	ld spent on any of the fo	llowing	Q2) Have you spent on … during the past 30 days?		Q3) How much did you sper () during the past 30 d	Q4) How much did you spo () during the past 12 m	
TICK THE APPROPRIATE BOX ASK QUESTION 1 FIRST FOR ALL ITEMS IN TI THEN ASK QUESTIONS 2 TO 4 FOR ALL ITEM THE PAST 12 MONTHS		G	1. YES 2. NO (>Q4)				
Life & General Insurance		4010				J\$	
Horse Racing	YES NO	4020		٦å	5	J\$	
Other gambling expenses	YES NO	4030		٦å	\$	J\$	
Weddings (Outside of Household)	YES NO	4041				J\$	
Funerals (Outside of Household)	YES NO	4042				J\$	
Donations and gifts (church or union dues, gifts, charities, etc)	YES NO	4050		٦å	\$	J\$	
Repayment of loans, interest payments	YES NO	4060				J\$	
Support for children who live elsewhere	YES NO	4070		٦å	\$	J\$	
Other maintenance of relatives outside the home	YES NO	4080		٦å	\$	J\$	
NHT	YES NO	4090		٦å	\$	J\$	
NIS	YES NO	4100		٦å	\$	J\$	
Pension	YES NO	4110		٦٩	5	J\$	
Other non-consumption expenditures (legal services, anything else)	YES NO	4120		٦å	5	J\$	
Direct taxes (Income tax and Education tax	YES NO	4130		٦٩	5	J\$	

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PART I: HOUSING AND RELATED EXPENSES

Q1) Type of Dwelling	Q9 Does any member of this household own, rent or lease the	Q15) Is maintenance included in the rent?	Q24) How much property taxes is paid for the land
1. Separate house detached	land this dwelling is on?	1. Yes	this dwelling is on?
2. Semi detached	1. Owned	2.No (>Q17)	Amount J\$
3. Part of a house	2. Leased		
4. Apartment building	3. Private rented	Q16) How much is the maintenance?	4. Per month
5. Townhouse	4. Government rented		5. Per year
6. Improvised housing unit	5. Rent free (>Q10)	¢L \$L	
7. Part of a commercial building	6. Squatted		Q25) Do you pay maintenance fees?
8. Other (specify)	7. Other (specify)	Q17) Does somebody who is not a member of the	
Q2) Material of outer walls		household, help to pay the rent for this dwelling? For	1. Yes
1. Wood	Q9a) Is there a legal title for the land?	example, a relative, a public agency, a private	2. No —
2. Stone	1. Yes, registered	individual or agency? (Give example)	
3. Brick	2. Yes, common law	1. Relative	Q26) How much do you pay per month?
4. Concrete nog	3. No	2. Private employer	
5. Concrete block & steel	Q10) Does any member of this household own, rent or lease	3. Public agency	¢L \$
6. Wattle & daub/adobe	this dwelling?		39
	1. Owned	4. Private individual or agency	027) What is the MAIN source of drinking water for this
7. Other (specify)		5. Nobody Helps	Q27) What is the MAIN source of drinking water for this
Q3) How many rooms are occupied by this household?	2. Leased (>Q14)	Q19) Does any member of this household make	household?
(EXCLUDE VERANDA, KITCHEN AND BATHROOMS)	3. Private rented (>Q14)	mortgage payments on the dwelling you currently	1. Indoor tap/pipe
	4. Government rented (>Q27)	occupy?	2. Outside private tap/pipe
No of Rooms	5. Rent free	1. Yes	3. Public standpipe
	6. Squatted	2. No —(>Q22)	4. Well (>Q35)
Q4) Does this dwelling have toilet facilities?	7. Other (specify) (>Q27)		5. River/lake/spring/pond
1. Yes, inside		Q20) How much was the last payment?	6. Rainwater (Tank) PID*
2. Yes, outside	you pay per month ?		7. Rainwater (Tank) NPID*
3. No (>Q7)		J\$	8. Trucked water (NWC) PID
Q5) What kind of toilet facilities are used by your	\$L		9. Trucked water (NWC) NPID (>Q36)
household?		Q21) How often are these payments made?	10. Trucked water (PRIVATE) PID
1. WC linked to central sewer network	ASK QUESTION 12 ONLY IF DWELLING IS OWNED , IF		11. Trucked water (PRIVATE) NPID
2. WC linked to off-site disposal system	DWELLING IS RENT FREE OR SQUATTED GO TO Q27	No of times	12. Bottled water
3. WC linked to on-site disposal system	Q12) Does any member of this household own a dwelling other		13. Other (specify)
4. Pit	than this one	4. Per month	
5. Other (specify)	1. Yes	5. Per year	Q28) How many times have you had a water source lock off in
6. None€>Q7)	2. No (>Q19)		the last 30 days?
Q6 Are toilet facilities used only by your household, or do		Q22) Does any member of this household pay	
other households use the same facilities	Q14. How much money does your household pay in rent/lease	insurance for this dwelling?	
1. Exclusive use	for this dwelling?		
2. Shared	IF NO MONEY IS PAID ENTER ZERO	1. Yes	
		2. No	Q29) How do you normally store water to deal with
Q7) Does this dwelling have kitchen facilities?	Amount J\$		lock offs? (MAIN SOURCE)
1. Yes, inside	1. Weekly	Q23) Does any member of this household pay property	
2. Yes, outside	2. Monthly	taxes for the land this dwelling is on?	1. Plastic tanks
3. No → (>Q9)	3. Yearly		2. Drums
Q8) Is the kitchen used only by your household, or do		1. Yes	3. Buckets
other households use the same facilities		2. No —(>Q25)	4. Other (specify)
1. Exclusive use			5. Don't have lock off
2. Shared			6. Does not store
			*PID - Piped into dwelling
			*NPID - Not piped into dwelling

PART I: HOUSING AND RELATED EXPENSES	Q38) How much was the latest electricity bill for your household?	Q44) Is there Internet access in this household? 1. Yes	Q 48) What is the MAIN method of garbage disposal for this household?
Q30) How long does this storage serve your household? Days	Amount J\$ Q39) How many months of consumption were covered by this bi	2. No (>Q46) 3. Don't know (>Q48)	1 Regular public collection system 2. Irregular public collection system 3. Private collection system
Weeks	Months	Q45) What type of Internet connection is used in this household?	4. Burn 5. Bury 6. Dump in sea/river/pond/gully
Q31) Have you a group or individual meter?	Q40) Does any member of this household have a telephone?	A. Fixed (wired) broadband network	7. Dump in own yard
1. Group 2. Individual 3. No meter Q32) How much was the latest water bill for your household?	1. Yes Landline 2. No Cell (Postpaid) Cell (Prepaid)	B. Terrestrial fixed (wireless) broadband network C. Satellite broadband network D. Mobile broadband network via a handset	8. Dump in municipal site 9. Other dumping 10. Other (specify)
Amount J\$	Q41) How much did you pay in the last 30 days for your	E. Mobile broadband network via a card or USB modem	Q51) What is the minimum amount of income needed for you to
Q33) How many months were covered by this bill?	household telephone bill? (Including cellular bill) Land line Amount	1. Yes 2. No	provide for you and your family in order to cover expenses for food, housing, health care , light, water, education and
Months Q34) Is this(SUPPLY SOURCE IN Q27) Used by your	Cell (Postpaid) Amount	(Go to Q48) Q46) Why does this household not have Internet access?	transportation for one month? Amount J\$
household only or is it shared with other households? 1. This household only 2. Shared	Q42) In the past three months, how many members of this household owned a mobile cellular phone?	1. Yes 2. No A. Do not need Internet	
Q35) How far from this dwelling is(SUPPLY SOURCE IN Q27)[FOR OPTIONS 3, 4, 5]?	Total	C. Lack of confidence knowledge or skills to use the Internet D. High cost of equipment	
Distance	Smartphone	E. High cost of service F. Privacy/security concerns	-
	Other mobile phone	G. Internet service is not available in the area	
1. Kilometers 2. Meters 3. Miles	Q43) Is there a working laptop, desktop or tablet in this househo 1. Yes 2. No	H. Internet service is available in the area but it does not correspond to household needs	
4. Yards		I. Cultural reasons	
5. Chains Q36) What is MAIN source of lighting for dwelling?	A. Laptop (portable) computer	J. Other (specify)	J
 Electricity from the grid Electricity from solar 	B. Desktop		
3. Electricity from wind 4. Kerosene (>Q40)	C. Tablet		
5. Other (specify) 6. None	D. Other (specify)		

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....

	1		
ITEM	CODE	YES	NO
Bicycles?	613		
Motorbikes?	614		
Motor vehicles, excluding motor bikes?	615		
Computer/Computerised Equipment(Tablets,Laptops e.g. lpads,E-book readers,Playbooks,etc. ?	616		
Printer,Computer peripherals (DVD, CD burner, scanner, fax machine,etc.)?	617		
Solar Panels for electricity	618		
Wind Power for electricity	619		
Other Electrical Equipment (Toasters, blenders ,microwaves etc?)	620		
Musical equipment (piano,keyboard etc?)	621		
Generator?	622		
Water Heater (Electrical)?	623		
Water Heater (Solar) ?	624		
Water Tank ?	625		

ITEMS MUST BE IN WORKING CONDITION

PART K: MISCELLANEOUS - RECEIVED FROM SOURCES OUTSIDE OF HOUSEHOLD

																_
1 During the past 12 months, has any member of your household income in cash or in kind from the following sources?	d received			2 What is the	value of th	he income re	ceived by mem	bers of you	r household i	n cash or in kind	l from [[] dur	ing the past 12	2 months?		
PUT A TICK IN THE APPROPRIATE BOX FOR EACH ITEM?				IDIVIDUAL				HOW OF	TEN IS THIS					HOW OF	TEN IS	
ASK QUESTION 1 FOR ALL ITEMS FOR WHICH THE ANSW ASK QUESTION 2.	VER IS YES,		N	UMBER AS ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	MONEY / RECEIVE	GOODS	INDIVIDUAL NUMBER AS IN ROSTER	ITEM CODE	AMOUNT	ORIGINAL CURRENCY	THIS MO GOODS	NEY /	D?
Support for children from parents who live in Jamaica	701	☐ YES ☐ NO						TIME	PERIOD					TIME	PERIO	
Support for children from parents who live abroad?	702	☐ YES ☐ NO														
Spouse / Partner who lives in Jamaica	703	☐ YES ☐ NO														
Spouse/ Partner who lives abroad?	704	☐ YES ☐ NO														
Child / children who lives / live in Jamaica	705	□ YES □ NO														
Child / children who lives / live abroad	706	☐ YES ☐ NO														
Other relatives or friends who live in Jamaica	707	☐ YES ☐ NO														
Other relatives or friends who live abroad?	708	☐ YES ☐ NO														
Rental payments for use of land or other property owned by household members?	709	☐ YES ☐ NO														
Social Security (NIS)	710	☐ YES ☐ NO														
Private, Government or other pension fund?	711	☐ YES ☐ NO														
Public Assistance?	712	□ YES □ NO														
Dividend / Interest from loans made by household members or from money deposited in the bank or other financial Institutions?	713	☐ YES ☐ NO														
Windfall receipts ?(lotteries,gambling,inheritances)	714	□ YES □ NO														
Other?	715	□ YES □ NO														
			**	Daily Weekly Fortnightly	2	Monthly Quarterly Half yearly	5	Occassio	onally on requested.	8	ļ	1			ĸ	:

PA	RT L: ICT	TO BE ASKE	ED O	F ALL	HOU	SEHOL	D ME	MBER	S																										
I N D I V I D U A L No.	use a cellular telephone during the past 3 months? YES1	during the past 3 months?	did y Cop Usir infor Sen Usir spre Con Finc softv Crea pre Trar and Writ	you pe ying/n g cop matio ding e g bas aadshen nectin ling/dd ware ating e ssentat sferrii I other ing co cialise	erform noving y and n in de -mails ic mat eets g/insta bets electro ion so ng file devic devic d prog	in the	past 3 olders tools to nts les atta ical for mew dev nstalling sentati een a co rams u ing lang	month o move ached. mulae vices g new ions wi comput using guage. 1 2	s? //duplic 	cate	A Id p B B E F G H	the Internet from any location in the past 3 months?	use the Home Work Place Anoth Comr access Comr access Any p teleph Any p device Other	of educ: er perso nunity In s facility nercial Ir lace via none (Specify	et in ation n's tern a m ano () (ES. ()	n the pa	st 3 i 	access ES	A B D E F G	the Ir Send Inforr Telep Partic Acce Purch Interr Educ Read Strea playin Seek Using uspre	ing or nation phoning sipating ssing of nasing net bar ation,r ing/do ming of d ing job stora c, vide softw adshee	in the receiv searc g over g in sc chat si /orderinking o vesearc winloa or dow lownlo os, sub ge spa ge or o vare ru ets or	past 3 ing em h/Brow the inf ocial ne tes, ble on othe ch and ding or nloadin ading or nloadin ading or mitting acc on other fil n over preser	B month vising ernet. etwork ogs, n ods or r finan relate hline n ng ima games j job a the in es the in htation YE	ths (fro s ews gr servic cial se d active ewspa ages,m s ppplica ternet s S	roups of ervices vities apers,r novies, to sav for ed	v locati por onlin nagaz video particip e docu	ines,b ines,b s, mu pating ument	cussic books. sic; in pro s, pict ents,	fessio	nal netv	vorks	B D F I J K L	7 How often did you use the Internet during the past 3 months (from any location)? Daily1 Weekly1 Weekly3 Occasionally4	
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PA	RT M: LABOL	IR FORCE]	TO BE CO	OMPLETED BY HOUSEHOLD	MEMBERS AGED	14 YEARS AND OVER				
	1	2	3	4	5	6	7	8	9	10	11
I N U U A L No.	Did you do any work during week ending? Yes1 No2	What were you / was doing most of the time during week ending? Working? Working? Uoking for work3 At home4 At school full-time5 IF AGE m17 GO TO NEXT PERSON Incapable of working6 NEXT PERSON Other (Specify)7	Did you/ do anything like farming, buying & selling, odd jobs or hustling, during week ending? Yes1 (>>Q8) No2	Did you/ do any form of work for others or in your/his/her/ own business (including unpaid work in a family business but not work in and around the house) during the week ending?	Did you/ have a job or business from which you/he/she were/was temporarily absent (e.g. on vacation or sick leave) during week ending? Yes1(>>Q8) No2(If Q1 =1 >>Q8) (If Q2 =3 NEXT PERSON)	Did you/wish to work at any time during the six months ending? Yes1 No2 (NEXT PERSON)	What would prevent you/ from taking a job if one were available during week ending? Nothing, would accept1 Awaiting, promised job2 Pregnancy		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 Govt1 Employee of Other Govt Agencies2 Employee of Private Sector3 Unpaid family worker4 Employer5 Own Account worker6 Not Stated9
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12											

HOUSEHOLD ROSTER

						ASK Q13-16	FOR ALL HOUSEHO	DLD MEMB	ERS UNDER 18 YEA	RS	ASK Q17-21	FOR ALL		DLD MEMBERS 15 YE
I N D I V	PRINCIPAL EARNER'S C Q1) Who is the principal Earner fo (Give Individual number in the r Q2) What is his/her occupation? Q3) What is the industry? Q4) What is the employment statu	r the house oster)	hold?			Q12) During the past 12 months, how many months did this person live in the household?	Q13) Who in the household plays the role of the child's	Q14) COPY THE ID/CODE OF THE	Q15) Who in the household plays the role of the child's mother?	Q16) COPY THE ID/CODE OF THE	Q17) Marital 1. Married 2. Never Married 3. Divorced		Q18) How long have you been married?	Q19) Union Status? 1. Married 2. Common law 3. Visiting (Next pe
I D U A L N	Q5) Who is the main caregiver? (E Q6)		IVIDUAL #) Q7)	Q8)	Q9)		 Grandfather Mother's boyfriend Uncle 	4 	 Grandmother Father's girlfriend Aunt 		 4. Separated 5. Widowed 			4. Single (Next pe l
0	Name of (CURRENT) household members	Yrs.	Age MTh	Sex 1. Male 2. Female	Relationships and codes from Population Census	No of months	 7. Other male relative 8. Other male non-relative 9. No father figure (>Q15) 		 7. Other female relative 8. Other non-female relative 9. No mother figure (>Q17) 				YEARS	
1														
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10														

5 YEARS	AND OLDER		
<u>5 YEARS /</u> ^{IS?} xt person)	N D V D	Q20) Is this partner a household member? 1. Yes 2. No	Q21) Copy the ID CODE of the Partner