



ANTIGUA AND BARBUDA
SURVEY OF LIVING CONDITIONS AND
HOUSEHOLD BUDGETS 2005



Household Schedule

For optimum accuracy, please print carefully
and avoid contact with the edges of the box.

0 1 2 3 4 5 6 7 8 9

The following will serve as an example:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

IMPORTANT!!! Place an X in the
box for multiple choice options

BUILDING NO

Box for Building No

USE ONLY 2B PENCIL

Subsample No

Box for Subsample No

Replicate letter

Box for Replicate letter

IMPORTANT!!!

Transfer these codes to
the top of EACH
individual questionnaire

ED NUMBER

Box for ED Number

HOUSEHOLD NO

Box for Household No

Address of Household:

Remember to put the lookup for each ED and
Household on all of the questionnaires so you
do not have this problem linking the
household, person and diary questionnaires

Telephone number

Box for Telephone number

Interviewer No

Box for Interviewer No

INTERVIEWER'S NAME:

SUPERVISOR'S NAME:

Household (HH) size

Box for Household size

EDITOR/CODER'S NAME:

LISTING OF HOUSEHOLD MEMBERS

Confidential

Surname	First Name		Surname	First Name	
01		<input type="checkbox"/>	11		<input type="checkbox"/>
02		<input type="checkbox"/>	12		<input type="checkbox"/>
03		<input type="checkbox"/>	13		<input type="checkbox"/>
04		<input type="checkbox"/>	14		<input type="checkbox"/>
05		<input type="checkbox"/>	15		<input type="checkbox"/>
06		<input type="checkbox"/>	16		<input type="checkbox"/>
07		<input type="checkbox"/>	17		<input type="checkbox"/>
08		<input type="checkbox"/>	18		<input type="checkbox"/>
09		<input type="checkbox"/>	19		<input type="checkbox"/>
10		<input type="checkbox"/>	20		<input type="checkbox"/>

INTERVIEWER RESULTS

Confidential

Interview Calls	Date (DD/MM/YY)	Time Started	Duration	*Results
1	/ / 0 5			<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>

*RESULTS CODES: 1 = Completed 2 = Partially Completed 3 = Refused 4 = No Suitable respondent at home 5 = No Contact 6= Vacant

Confidential

Confidential



H2. 19226

- H2.1 What type of dwelling does this household occupy?
- ☐ 1 Undivided private house
- ☐ 2 Part of a private house
- ☐ 3 Flat, apartment, condominium
- ☐ 4 Townhouse
- ☐ 5 Double house/Duplex
- ☐ 6 Combined business & dwelling
- ☐ 7 Barracks
- ☐ 8 Other

- H2.2 What is the construction material of the outer walls?
- ☐ 1 Wood/Timber
- ☐ 2 Concrete/Concrete Blocks
- ☐ 3 Wood & Concrete
- ☐ 4 Stone
- ☐ 5 Brick/Blocks
- ☐ 6 Plywood
- ☐ 8 Other/Don't Know
- ☐ 7 Makeshift (Specify.....)

- H2.3 What is the material used for roofing?
- ☐ 1 Sheet metal (galvanize, galvalume)
- ☐ 2 Shingle (asphalt)
- ☐ 3 Shingle (wood)
- ☐ 4 Shingle (other)
- ☐ 5 Tile
- ☐ 6 Concrete
- ☐ 7 Makeshift/thatched
- ☐ 9 Don't know
- ☐ 8 Other (Specify.....)

- H2.4 Does the household own the land beneath the dwelling?
- ☐ 1 Owned with title
- ☐ 2 Family Owned
- ☐ 3 Rents the land
- ☐ 4 Leases the land
- ☐ 5 Squatting
- ☐ 6 Not Owned

H3.

- H3.1 Does this household own, rent or lease this dwelling?
- ☐ 1 Owned (with mortgage)
- ☐ 2 Owned (Without mortgage)
- ☐ 3 Rented-Furnished
- ☐ 4 Rented-Unfurnished
- ☐ 8 Other (please specify.....)
- ☐ 5 Leased
- ☐ 6 Rent-free
- ☐ 7 Squatted

- H3.2 What type of fuel does this household use most for cooking?
- ☐ 1 Coal
- ☐ 2 Wood
- ☐ 3 Gas/LPG/Cooking gas
- ☐ 4 Kerosene
- ☐ 5 Electricity
- ☐ 6 Other (please specify.....)

- H3.3 What type of toilet facilities does this household have?
- ☐ 1 W.C. (flush toilet) linked to sewer
- ☐ 2 W.C. (flush toilet) linked to Septic tank/Soak-away
- ☐ 3 Pit-latrine
- ☐ 4 Ventilated Pit-latrine
- ☐ 5 Other (please specify.....)
- ☐ 6 None

- H3.4 Does your household share any of the following facilities with another household?
- ☐ 1 Kitchen
- ☐ 2 Toilet / Bathroom
- ☐ 3 Water
- ☐ 4 Any combination of 1, 2 or 3
- ☐ 5 None
- ☐ 6 Other (please specify.....)

- H3.5 What is the MAIN source of your water supply?
- ☐ 1 Public, piped into dwelling
- ☐ 2 Public, piped into yard
- ☐ 3 Public standpipe
- ☐ 7 Private catchment piped
- ☐ 8 Other (please specify.....)
- ☐ 4 Public well/tank or truck
- ☐ 5 Private, piped into dwelling
- ☐ 6 Private catchment not piped

If response is 1 or 2 to H3.5 continue, otherwise skip to H3.7

H3.6 In the past twelve months, how many days on average per week do you have water in your pipe?

Days

enter 8 for "Don't Know" and 9 for "Not Stated"

- H3.7 What type of lighting does this household use most?
- ☐ 1 Gas
- ☐ 2 Kerosene
- ☐ 3 Electricity - Public
- ☐ 4 Electricity - Private Generator
- ☐ 5 Other (please specify.....)
- ☐ 6 None

H3.8 In which year was this dwelling built?

- ☐ 1 Before 1970
- ☐ 2 1970 - 1979
- ☐ 3 1980 - 1989
- ☐ 4 1990 - 1995
- ☐ 5 1996 - 2000
- ☐ 6 2001
- ☐ 7 2002
- ☐ 8 2003
- ☐ 9 2004
- ☐ 10 2005
- ☐ 11 Don't Know

H3.9 How many rooms does your dwelling unit contain?
(Do not count bathrooms, porches, kitchens, laundry rooms etc.)

Number of Rooms

H3.10 How many are used

1. Solely as bedrooms?

3. Rented or sub-letted?

2. Used for business?

4. Vacant?

- H3.11 How do you compare the overall economic situation of the household with one year ago?
- ☐ 1 Much worse now
- ☐ 2 A Little worse now
- ☐ 3 Same
- ☐ 4 A Little better now
- ☐ 5 Much better now
- ☐ 6 Don't know

H3.12 On a scale of 1 to 5, where 1 is poor and 5 is rich how would you rate your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

H4.

H4.1 Indicate **how many** of each of the following items is owned by all household members? (Write "0" where there is none)

	Number
1. Telephone - Land Line	<div></div>
2. Telephone - Cellular	<div></div>
3. Television	<div></div>
4. Video/VCR	<div></div>
5. DVD Player	<div></div>
6. Electric/Gas Stove	<div></div>
7. Electric Iron	<div></div>
8. Refrigerator/Freezer	<div></div>
9. Radio/Stereo/CD Player	<div></div>
10. Washing Machine	<div></div>
11. Motor Vehicle	<div></div>
12. Computer (laptop, desktop)	<div></div>
13. Sewing Machine	<div></div>
14. Water Tank	<div></div>
15. Cisterns	<div></div>
16. Weed Eater/Lawn Mower	<div></div>

INTERVIEWER: For each of the following questions where an answer is not applicable leave blank. If an answer is applicable but unknown put 9's followed by 8 in the last position. For entries not stated make an effort to obtain an answer. If this is not possible put 9's in the boxes provided. All entries are annual unless otherwise stated and should be rounded to the nearest \$

☐

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SECTION 2 - REPAIR AND MAINTENANCE OF DWELLING

4.1 During the past 12 months have you incurred any expenditure on any of the following items for the purpose of repairing and maintaining the accommodation occupied by your household.

Note: Exclude any expenditures on major additions and improvements which add to the value of the property, e.g. built a new wall, built a retaining wall, etc. Also, exclude expenditure on damages caused by extraordinary events, e.g. hurricane, fire, etc.

Even if rented, probe for repair and maintenance expenses.

☐ 1 Yes (Complete Q 4.1)

☐ 2 No (Go to Q 4.2)

Not applicable
Not Known
Amount too large
Not Stated

Leave Blank
9's ending in 8
9's ending in 7
Try harder, if not use all 9's

REPAIR AND MAINTENANCE	Y/N	CODE	\$ AMOUNT
Materials (excluding labor) 1. Painting e.g. paints, varnishes, brushes and scrapers	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0431101	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
2. Masonry e.g. Cement, sand and lime	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0431201	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
3. Carpentry e.g. Wooden planks, plywood etc.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0431301	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
4. Plumbing e.g. pipes, taps, joints etc.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0431401	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
5. Electrical e.g. switches, wires, fuse boxes	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0431501	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
6. Other materials	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0431801	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Labor excluding materials costs 7. Painting, outside and inside (including roof)	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0432101	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
8. Plastering and Masonry, e.g. repairing walls, flooring etc.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0432102	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
9. Carpentry e.g. repairing of doors, windows, roofs and ceilings etc.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0432103	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
10. Plumbing, e.g. replaced water pump etc.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0432104	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
11. Electrical, replaced wiring etc.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0432105	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
12. All other services	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	0432199	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
13. TOTAL EXPENDITURE	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>

4.2 In the past twelve months, did the physical structure of your dwelling suffer any damage caused by extra-ordinary events (e.g. hurricane, flooding, landslide, fire, earthquake etc.?)

☐ 1 Yes

☐ 2 No (if no, go to 5.1)

4.3 Can you tell me the nature of the damage? (select all that apply)

☐ 1 Roof

☐ 2 Walls

☐ 3 Windows or Doors

☐ 4 Floors

☐ 5 Other

4.4 How much have you paid to repair these damages?

\$,

4.5 How were these repairs funded and at what cost (Fill in all that apply)?

☐ 1 Out of Pocket

\$

,

☐ 2 Insurance Claim

\$

,

☐ 3 Relatives and friends

\$

,

☐ 4 Government Support

\$

,

☐ 5 Other

\$

,



SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

Complete the schedule below for all items purchased or received as a gift by anyone in the household in the past 12 months.

- Note: I) If any item was bought on an installment plan, you should enter the cash price of the item and not the monthly repayment. If the cash price is not available or cannot be recalled then use the "regular price". However, if the respondent is not able to recall either the "cash price" or the "regular price" then use the total hire purchase price.
- II) If any trade-in allowance was given, the purchase price represents the amount paid plus the value of any trade-in (the full purchase price of the new item before deducting trade-in value).
- III) You should record all purchases including those bought abroad, through mail order catalogues, over the Internet and purchased in Antigua and Barbuda
- IV) Include all home made furniture and equipment and indicate this by placing an X ***in*** the check box "HomeMade" next to the description of the item under the column "HAVE BOUGHT".

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS		
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
Living or recreation room 3/ 5/ 7 piece suites	0511101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wall unit / Display cabinet	0511103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
couch or sofa	0511104	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Coffee /side table/centre table	0511107	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TV / Stereo stand /entertainment center	0511108	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Playpens	0511111	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Book case/ book shelf	0511112	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other living room furniture not specified by type	0511199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dining room furniture 5 piece Dinette / Dining Suites	0511203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
China cabinets /Hutch back	0511204	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Individual tables	0511207	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Individual chairs	0511208	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other dining room furniture not specified by type	0511299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Kitchen furniture Table	0511301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chairs/Stools	0511302	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Trolleys	0511303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cabinets/ Cupboards (not built in)	0511304	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other kitchen furniture not specified by type	0511399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



19226

SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS		
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
Bedroom furniture Bedroom Suites	0511401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Double bed/bunk bed	0511402	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
King/Queen size bed	0511403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Single bed	0511404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mattress	0511406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chest of Drawers	0511408	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wardrobe	0511409	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cots, cribs	0511410	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Combination wardrobe	0511412	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dressing table	0511407	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other bedroom furniture not specified by type	0511499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Patio and outdoor furniture Table and chair	0511501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lounge chair	0511505	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other outdoor furniture not specified by type	0511599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Decorative furnishings Pictures and paintings	0511601	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Decorative clocks	0511605	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Floral Arrangements	0511602	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ornaments, Vases	0511603	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other decorative furniture not specified by type	0511699	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lighting equipment Standard Lamps/wall lamps	0511705	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Kerosene Lamp	0511701	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other lighting equipment not specified by type	0511799	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other furniture Computer desks	0511801	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ironing boards	0511803	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Strollers	0511805	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other furniture not specified by type	0511899	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

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PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS		
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
Other household textiles not specified by type	0520599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Major kitchen appliances Cooking stove (gas/electric)	0531101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Microwave Ovens	0531102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Refrigerator and Freezer	0531103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home deep freezer	0531105	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other major kitchen appliances not specified by type	0531199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Major laundry appliances Clothes washer fully automatic	0531201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Clothes washer semi- automatic	0531202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Clothes dryer (electric)	0531205	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other major laundry appliances not specified by type	0531299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Major cleaning appliances Vacuum cleaner	0531301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other major cleaning appliances not specified by type	0531399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Major air and water appliances Air conditioning unit	0531401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Water heater(solar/electric)	0531404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other major air and water appliances not specified by type	0531499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other major household appliances Sewing machines	0531501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Computers	0913101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fax machines	0531503	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other major household appliances not specified by type	0531599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Small electronic household appliances Mixer	0532001	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Toaster	0532002	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sandwich maker	0532004	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Blender	0532005	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Electric fan	0532007	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Electric Iron	0532008	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS		
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)			QTY Received	TOTAL COST(\$)
Electric kettle	0532009	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Food processors	0532014	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Small electronic household appliances not specified by type	0532099	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Telephone equipment Telephones	0820102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Cell phones	0820101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Recreation and culture Television sets	0911101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Personal Stereos	0911304	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Radios	0911201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
CD players	0911303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
China, Glass, Ceramic and Crystals Plates, teacups, saucers, mugs, bowls	0540101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Glasses, Jug, -(Glass, ceramic)	0540102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Pottery, Oven ware-(glass, ceramic)	0540103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Cutlery, Flatware,Silverware Forks, Knives, Spoons	0540201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Cooking Utensils-Knives, Serving spoons, Openers, Scissors, graters	0540202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Non - electric kitchen equipment Pressure cookers Saucepans, Stew pots,	0540301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Sterilizers/Filters	0540303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Feeding bottles, Thermos flasks, Bottles	0540305	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Ice boxes, coolers	0540306	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Miscellaneous Equipment Laundry baskets, Waste bins	0540401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Pails, Basins, Potty, Tubs, Bath Tubs	0540403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Mops, brooms, brushes	0540404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Other miscellaneous equipment not specified by type	0540499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Gas Powered tool Lawn Mower	0551202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Weed Eaters	0551203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>
Other gas powered tools	0551299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>

SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

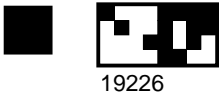
PART 1 - During the past 12 months have you, or anyone in your household purchased or received gifts, for their own use or use by any members of the household, any of the following?

			PURCHASED (homemade)			GIFTS
FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Garden Tools Spades, shovels, rakes	0552202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Wheelbarrows	0552201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Ladders and steps	0552301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Small Electrical Accessories Transformers	0552501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Electric bulbs, Fluorescent lighting tubes	0552502	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Flash -lights, Torches,	0552503	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>

SECTION 4 - REPAIRS AND SERVICING OF HOUSEHOLD ARTICLES

PART 2 - During the past twelve months have you or any other member of your household incurred any expenses for the repair and servicing of any of the following pieces of equipment?

REPAIRS TO APPLIANCES AND EQUIPMENT		CODE	AMOUNT (\$) SPENT LAST YEAR
Repair of furniture, furnishes and floor coverings Repair of furniture	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512301	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repair of floor covering (cost of labour plus material)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512303	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to major kitchen appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533001	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to major laundry appliances e.g washing machine	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533002	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to major cleaning appliances e.g vacuum cleaner	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533003	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to other major appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533004	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to small electric appliances e.g blender	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533005	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repair of telephone and telefax equipment	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0820201	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to audio -visual equipment (eg television set)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915101	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to photographic equipment e.g cameras	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915102	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Repairs to information processing equipment (e.g. computers)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915103	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Other repairs and servicing	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0534101	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>



SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

INTERVIEWER: Advise the household reference person that what is needed in this section is an estimate of the quantity in pounds (lbs), unless otherwise specified and the value of home grown produce consumed by his/her household LAST MONTH. **Note:** Coconut trees, fruit trees, tomatoes, lettuce, sweet pepper etc grown in the backyard garden should be recorded here as home grown produce if consumed in the past month.

What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

☐ 1 Yes Continue ☐ 2 No Go to Section 6

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Orange (Number)	0116101	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Limes (Number)	0116124	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Other Citrus (Number)	0116104	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Ripe bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Watermelons (lbs.)	0116117	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Other fresh fruits (pawpaw, plums, cherries, sour sop, golden apples, etc (lbs.))	0116199	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Green bananas (lbs.)	0116128	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Plantains/Bugermnt (lbs.)	0116129	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Avocadoes (Number)	0116125	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Jelly coconuts (Number)	0116132	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Cabbage (Green) (lbs.)	0117103	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>, <div><div></div><div></div><div></div></div></div>



What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Lettuce, water cress (Head / bundles)	0117106	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Celery, parsley (bundle)	0117122	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Fresh vegetables (lbs.)	0117199	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Green pigeon peas (lbs.)	0117115	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
String Beans (lbs.)	0117117	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Spices, cinnamon, nutmeg, ginger (lbs.)	0119223	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Yams - white (lbs.)	0117503	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Yams - yellow (lbs.)	0117501	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Yams - Banja (lbs)	0117504	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Eddoes (lbs.)	0117508	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Dasheen (lbs.)	0117505	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Sweet potatoes (lbs.)	0117506	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Eggplant (lbs.)	0117509*	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Nuts (cashews, peanuts etc.) (lbs.)	0116130	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other ground provisions (lbs.)	0117699	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Home Produced Meat and Poultry				
Beef	0112107	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Pork	0112207	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Mutton/Goat	0112303	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Rabbit	0112402	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Meats	0112499	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Chicken	0112701	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Poultry	0112999	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>

SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

What is the value of home grown vegetables, ground provisions, meat, poultry, fish or dairy products consumed by your household during the last month?

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Home Produced Dairy Products and Fish:				
Milk (quarts)	0114101	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Eggs (doz)	0114501	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Fish caught (lbs.)	0113199	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Collie/Talapia (lbs.)	0113113	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Shrimps /Crayfish (lbs.)	0113115	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Crabs (Number)	0113117	<input type="checkbox"/> 1 Yes	<div><div></div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>

SECTION 6 - TRANSPORTATION

- Note:** 1. List on a separate line each motor vehicle, motor cycle, bicycle etc. and any other vehicle owned and operated in the past 3 months
2. When trade-ins occur the purchase price represents cash plus amount credited towards traded vehicle, ***always clarify this***

PART 1 - Do you or any member of this household own or had owned and operated any vehicle during the past 3 months?

☐ 1 Yes Continue

☐ 2 No Go to Section 7

NO	TYPE	AGE (in years from date of manufacture)	PURCHASE PRICE	% PRIVATE 98 =100%	% BUSINESS 98 =100%
01	<div><input type="checkbox"/> Car <input type="checkbox"/> Motorcycle</div> <div><input type="checkbox"/> Van <input type="checkbox"/> Truck</div> <div><input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other</div> <div>Vehicle no _____</div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
02	<div><input type="checkbox"/> Car <input type="checkbox"/> Motorcycle</div> <div><input type="checkbox"/> Van <input type="checkbox"/> Truck</div> <div><input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other</div> <div>Vehicle no _____</div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
03	<div><input type="checkbox"/> Car <input type="checkbox"/> Motorcycle</div> <div><input type="checkbox"/> Van <input type="checkbox"/> Truck</div> <div><input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other</div> <div>Vehicle no _____</div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
04	<div><input type="checkbox"/> Car <input type="checkbox"/> Motorcycle</div> <div><input type="checkbox"/> Van <input type="checkbox"/> Truck</div> <div><input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other</div> <div>Vehicle no _____</div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
05	<div><input type="checkbox"/> Car <input type="checkbox"/> Motorcycle</div> <div><input type="checkbox"/> Van <input type="checkbox"/> Truck</div> <div><input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other</div> <div>Vehicle no _____</div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

SECTION 6 - TRANSPORTATION

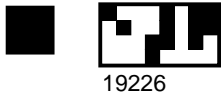
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PART 2 - VEHICLE MAINTENANCE AND REPAIR EXPENDITURE DURING THE PAST 3 MONTH PERIOD

INTERVIEWER: if vehicle is used entirely for business do not include its expenses in the list which follows. For each vehicle list the particular expense, then sum it up in the amount field provided.

Remember the vehicle number referred to is the number assigned to the vehicle from the previous page.

Maintenance expenditure during the past three months	CODE	Vehicle 01 No:_____	Vehicle 02 No:_____	Vehicle 03 No:_____	Vehicle 04 No:_____	\$ Amount	
Parts							
Tyres	0721101						
Oil Filters/Spark plugs	0721103						
Batteries	0721104						
Brakes	0721109						
Other parts	0721199						
Operation Costs							
Gasoline	0722101						
Diesel	0722102						
Oil	0722201						
License	0724404						
Insurance (vehicle)	1254100						
Driving permits	0724303						
Parking fines /Tickets	0724701						
Other operating cost	0723199						
Repairs and Servicing (including parts and labour) General servicing, Tune-ups, electrical/motor repairs	0723110						
Body work (straighten, paint)	0723108						
Upholstery	0723114						
Front end alignment and wheel balancing	0723104						
Exhaust system repairs	0723105						
Brake adjustments, repairs and service	0723103						
Air Condition	0723115						
Car Wash, polish etc.	0723101						
Other (Specify)	0723199						



SECTION 7 - REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET

Which was the main store/outlet used in the last twelve months by your household for purchasing the following items?

ITEM	CODE	REGULARITY OF PURCHASE		NAME OF OUTLET	Outlet Code (See below)	LOCATION OF OUTLET (Community, Street, Parish)
		CODE	FREQ			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Beef Pork/Mutton - Fresh / Frozen	0112401	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
2. Fish - Fresh / Frozen	0113199	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
3. Chicken - Fresh / Frozen	0112899	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
4. Vegetables	0117100	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
5. Ground Provisions	0117500	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
6. Bread and Cakes	0111100	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
7. Groceries	0119501	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
8. Household Supplies	0561000	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
9. Clothing Material	0311000	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
10. Clothing - Women	0312300	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
11. Clothing - Men	0312100	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
12. Clothing - Children	0313601	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
13. Furniture	0511000	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
14. Footwear	0321000	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	

REGULARITY OF PURCHASE CODES

1. DAILY	5. SEMI-ANNUALLY
2. WEEKLY	6. ANNUALLY
3. FORTNIGHTLY	9. OTHER
4. MONTHLY	

TYPE OF OUTLET - CODES

01. SUPERMARKET	10. MEAT MARKET	19. SHOE STORE
02. MINI-MART	11. BAKERY	20. VENDORS MALL
03. GROCERY SHOP	12. RESTAURANT	21. VARIETY STORE
04. WHOLESALE OUTLET	13. HARDWARE STORE	22. PHARMACY
05. HERITAGE VEGETABLE MARKET	14. FURNITURE AND APPLIANCES STORE	23. HOSPITAL
06. CENTRAL MARKET CORP	15. DEPARTMENTAL STORE	24. CLINIC (HEALTH CENTRE)
07. WAYSIDE MARKET	16. CLOTHING STORE	25. PRIVATE DOCTOR
08. FISH MARKET	17. VENDORS	26. ABROAD -USA
	18. TEXTILE STORE	27. ABROAD -OTHER
		28. OTHER

SECTION 7 - REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET

Which was the main store/outlet used in the last twelve months by your household for purchasing the following items?

ITEM	CODE	REGULARITY OF PURCHASE		NAME OF OUTLET	Outlet Code (See below)	LOCATION OF OUTLET (Community, Street, Parish)
		CODE	FREQ			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
15. Appliances	0531000	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
17. Medical Expenses - Consultation	0621100	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
18. Medical Expenses - Procedure	0630000	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
19. Breakfast (responsible adult)	1111101	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
20. Lunch (responsible adult)	1111201	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
21. Dinner (responsible adult)	1111301	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	

REGULARITY OF PURCHASE CODES

1. DAILY

2. WEEKLY

3. FORTNIGHTLY

4. MONTHLY

5. SEMI-ANNUALLY

6. ANNUALLY

9. OTHER

TYPE OF OUTLET - CODES

01. SUPERMARKET

02. MINI-MART

03. GROCERY SHOP

04. WHOLESALE OUTLET

05. HERITAGE VEGETABLE MARKET

06. CENTRAL MARKET CORP

07. WAYSIDE MARKET

08. FISH MARKET

10. MEAT MARKET

11. BAKERY

12. RESTAURANT

13. HARDWARE STORE

14. FURNITURE AND APPLIANCES STORE

15. DEPARTMENTAL STORE

16. CLOTHING STORE

17. VENDORS

18. TEXTILE STORE

19. SHOE STORE

20. VENDORS MALL

21. VARIETY STORE

22. PHARMACY

23. HOSPITAL

24. CLINIC (HEALTH CENTRE)

25. PRIVATE DOCTOR

26. ABROAD -USA

27. ABROAD -OTHER

28. OTHER

SECTION 8 FOR HEADS OF HOUSEHOLD ONLY

8.1 What was the size of the household in which you grew up?

8.2 What is the highest grade completed by father?

- 00 None

01 Nursery

02 Pre-school

03 Kindergarten

04 Special Education

98 Don't Know
- 11 Grade 1

12 Grade 2

13 G3/Std 1

14 G4/Std 2

15 G5/Std 3

16 G6/Std 4

20 G7/Std 5
- 21 G8/Std 6

22 G9/Std7

25 Frm 1/SP1

26 Frm 2/SP2

27 Frm 3/SP3

28 Frm 4/G10

29 Frm 5/G11

30 Frm 6/A Level
- 31 ASC - A'Level

32 ASC - Tech/Voc

33 ASC - Business

34 ASC - Yr1 or Yr2 UWI

35 ASC - Other

36 University - UWI Campus

37 University - Other

38 ABBIT
- 39 Hotel Trades School

40 Vocational/Tech Inst

41 Other

8.3 What is the highest grade completed by mother?

- 00 None

01 Nursery

02 Pre-school

03 Kindergarten

04 Special Education

98 Don't Know
- 11 Grade 1

12 Grade 2

13 G3/Std 1

14 G4/Std 2

15 G5/Std 3

16 G6/Std 4

20 G7/Std 5
- 21 G8/Std 6

22 G9/Std7

25 Frm 1/SP1

26 Frm 2/SP2

27 Frm 3/SP3

28 Frm 4/G10

29 Frm 5/G11

30 Frm 6/A Level
- 31 ASC - A'Level

32 ASC - Tech/Voc

33 ASC - Business

34 ASC - Yr1 or Yr2 UWI

35 ASC - Other

36 University - UWI Campus

37 University - Other

38 ABBIT
- 39 Hotel Trades School

40 Vocational/Tech Inst

41 Other

8.4 Do(es) perceive yourself/himself/herself as being better off than..... parents?

- ☐ 1 Yes

☐ 3 Somewhat
- ☐ 2 No

☐ 4 Don't Know

SECTION 9 - TO BE COMPLETED FOR HOUSEHOLD MEMBERS
WHO HAVE MOVED OUT OF THE HOUSEHOLD IN
THE PAST FIVE YEARS

		FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD						
INDIVIDUAL NO.	2 Sex Male.....1 Female..2	3 Age Years	4 What is..... Relationship to Head Spouse/partner.....1 Child.....2 Son/daughter in law.3 grand-child.....4 parent/parent-in-law.5 grand parent.....6 other relative.....7 brother /sister.....8 non-relative.....9	5 What was the grade level attained by..... prior to departure? 00 None 01 Nursery 02 Pre-school 03 Kindergarten/Stage 1 11 Grade 1 12 Grade 2 13 Grade 3 14 Grade 4 15 Grade 5 16 Grade 6 21 Grade 7/Frm 1/SP1 22 Grade 8/Frm 2/SP2 23 Grade 9/Frm 3/SP3 24 Grade 10/Frm 4 25 Grade 11/Frm 5 26 Grade 12/Frm 6 31 Tertiary 32 University 41 Vocational/Technical	6 How long ago did... move away (in years) Less than 6 months0 6 months to 1 year1	7 Most important reason for leaving the household more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	8 Area former household member moved to Another part of the country.....1 St. Martin.....2 Other CARICOM.3 UK.....4 USA.....5 Canada.....6 BVI.....7 Rest of World.....8 don't know.....9	9 Does this former household member send any contributions to this household? Provide an annual estimate of amount sent in \$EC dollars in the last year. Provide a monetary value for in-kind contributions sent
	In EC Dollars							
01	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
02	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
03	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
04	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
05	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
06	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
07	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
08	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
09	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
10	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>
11	<div><div><input type="checkbox"/> 1 M</div><div><input type="checkbox"/> 2 F</div></div>	<div><div></div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6</div></div>	<div><div><input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7</div><div><input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8</div><div><input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9</div></div>	<div><div></div><div></div></div>

SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS					
	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child 5
19226 1A. Individual Number	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
1B. Mother's Number	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
2. Date of Birth (dd/mm/yy)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
Age (in months)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
3. Where was child delivered?	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4. Who delivered the child?	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. In the past two weeks, has had running belly (diarrhea) i.e. three or more loose stools per day?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
6. During this last episode of diarrhea, did drink:(prompt and insert X for all items mentioned)					
1. Breast Milk	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Cereal-based gruel or gruel made from roots or soup	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Other locally-defined acceptable home fluids	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. ORS (oral rehydration solution) packet solution	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Water with feeding during some part of the day	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Water alone	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other milk or infant formula	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Defined "unacceptable" fluids	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
7. Durings diarrhea, did he/she drink much less, about the same, or more than usual?					
1. Much less or more	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. About the same (or somewhat less)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. More	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Don't know	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
8. Has ever been breast fed?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1. Yes					
2. No					
9. Is he/she still being breast fed?	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1. Yes					
2. No					
10. Since this time yesterday, did he/she receive any of the following? (Prompt and insert X code for all					
1. Vitamins, mineral supplements or medicine	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Plain water.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Sweetened, flavoured water or fruit juice or tea or infusion	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Oral re-hydration solution (ORS)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Tinned, powdered or fresh milk or infant formula	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Solid or semi-solid (mushy) food.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Received ONLY breastmilk.....	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know.....	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
11. Was immunized against					
1. Polio.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Diphtheria.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. BCG.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. HIB.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Measles.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Hepatitis-B.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7.. MMR1.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7

IMPORTANT!!!

Transfer codes from front page of housing questionnaire

ED NUMBER

HOUSEHOLD NO

INTERVIEWER:

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

SECTION 1: CHARACTERISTICSFOR ALL PERSONS

1.1. Please fill in this person's assigned number from household roster

1.2 What iss relationship to the head of household?

☐ 1 Head

☐ 2 Spouse/partner

☐ 3 Child

☐ 4 Son/daughter-in-law

☐ 5 Grandchild

☐ 6 Parent/parent-in-law

☐ 7 Other relative

☐ 8 Non-relative

1.3. INTERVIEWER: Fill the appropriate oval.
FOR PERSONS NOT SEEN ASK: Is.....male or female?

☐ 1 Male

☐ 2 Female

1.4 What is.....s date of birth?

If not known, ask:
How old was.....on his/her last birthday?

If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age

use 97 for age over 96

1.5 To what ethnic, racial or national group do you think.....belongs?

☐ 1 African Descent/Negro/Black

☐ 2 Indigenous People (Amerindian/Carib)

☐ 3 East Indian

☐ 4 Chinese/Asian

☐ 5 Portuguese

☐ 6 Syrian/Lebanese

☐ 7 White/Caucasian

☐ 8 Mixed

☐ 10 Don't know/Not Stated

☐ 9 Other (please specify.....)

1.6 What is.....s religion/denomination?

☐ 1 Anglican

☐ 2 Baptist

☐ 3 Bahai

☐ 4 Brethren

☐ 5 Church of God

☐ 6 Evangelical

☐ 7 Hindu

☐ 8 Jehovah Witnesses

☐ 9 Methodist

☐ 10 Moravian

☐ 11 Muslim

☐ 12 Pentecostal

☐ 13 Presbyterian

☐ 14 Rastafarian

☐ 15 Roman Catholic

☐ 16 Salvation Army

☐ 17 Seventh Day Adventist

☐ 18 None

☐ 19 Not Stated

☐ 20 Other (please specify.....)

1.7A Do have a working mobile phone ?

☐ 1 Yes

☐ 2 No (skip to Q1.8)

☐ 3 Not Stated

1.7B How much did spend on cellular telephone (pre-paid and/or post-paid) in the last month (exclude balances from previous bills, include monthly package cost and additional cost for text messaging, caller ID, call waiting, etc)

\$

Note that for post paid the amount required is the amount billed

1.8. Where is Internet access available to? X all that apply

☐ 1 Home

☐ 2 Work

☐ 3 School

☐ 4 Internet Cafe

☐ 5 Cell Phone

☐ 6 Family Friend

☐ 7 Other

☐ 8 None

SECTION 2: MIGRATIONFOR ALL PERSONS

2.1 Where was.....mother's place of usual residence when.....was born?

☐ 1 Antigua and Barbuda

☐ 2 Abroad (Another Country)

Go to Q2.3

2.2 In which district/parish wass. mother living?

(All go to Q2.5)

2.3 In which country was.....mother living?

2.4 In which year didlast come to live in Antigua and Barbuda?

2.5 Is/are living abroad at present?

☐ 1 Yes

☐ 2 No

(If no, go to Q2.10)

2.6 In which country does now live?

2.7 How long has/have..... lived there?

FROM MONTH / YEAR

2.8 Why didreturn/come to Antigua and Barbuda?

☐ 1 Regard it as home/Homesick

☐ 2 Family is here

☐ 3 Deported

☐ 4 Retired

☐ 5 To start a business

☐ 6 The Weather

☐ 7 To obtain employment

☐ 8 Health Reasons

☐ 9 Other

2.9 For how long does/do..... intend to stay?

YearsMonths

(ALL, go to Q2.12)

2.10 Has ever lived abroad in the past ten years?

☐ 1 Yes

☐ 2 No (go to 2.12)

2.11 Why didreturn/come to Antigua and Barbuda?

☐ 1 Regard it as home/Homesick

☐ 2 Family is here

☐ 3 Deported

☐ 4 Retired

☐ 5 To start a business

☐ 6 The Weather

☐ 7 To obtain employment

☐ 8 Health Reasons

☐ 9 Other

2.12 Does any member of household frequently engage in any of the following (X all that apply)

☐ 1 Drinking Alcohol

☐ 2 Smoking of Cigarettes

☐ 3 Smoking/Ingestion of banned Substances

☐ 7 Other

☐ 8 None of the above

☐ 4 Sexual abuse

☐ 5 Physical abuse of another member of household

☐ 6 Physical abuse of children

☐ 9 Don t Know



FOR ALL PERSONS

☐ 1 Yes ☐ 2 No If No, go to Q3.3

list only the major illness/injury as clearly as possible

☐ 1 Yes ☐ 2 No If No, go to Q3.5

list only the major illness/injury as clearly as possible

☐ 1 Yes ☐ 2 No

3.6 If yes, which of these?

☐ 1 Diabetes ☐ 2 High Blood Pressure ☐ 3 Heart Condition
☐ 4 Cancer ☐ 5 HIV/AIDS ☐ 6 Other

☐ 1 Within ☐ 2 Before

1.

--	--

 Days

How many of these were 2.

--	--

 Days

days of work without pay?

☐ 1 Yes (Go to Q 3.11) ☐ 2 No

☐ 1 No Need ☐ 2 Too expensive ☐ 3 Too far

☐ 4 Un treatable ☐ 5 Other

After Q 3.10 go to Q3.28

Visits

☐ 1 Public Hospital

☐ 2 Private Hospital

☐ 3 Community Health Clinic

☐ 4 Polyclinic

☐ 5 Family Planning Clinic

☐ 6 Private Doctor/Dentist

☐ 7 Traditional Healer

☐ 8 Out of state hospital

☐ 9 Pharmacy / Chemist

☐ 10 Other

Who attended to first visit?

☐ 1 Nurse, health care worker ☐ 2 Pharmacist ☐ 3 Healer

☐ 4 Doctor ☐ 5 Midwife ☐ 6 Other

FOR ALL PERSONS

			Minutes
--	--	--	---------

☐ 1 Very satisfied, Go to Q3.18 ☐ 3 Dissatisfied

☐ 2 Satisfied, Go to Q3.18 ☐ 4 Very dissatisfied

☐ 1 Drugs not available ☐ 3 Attitude of Staff ☐ 6 No Doctor/Trained staff available

☐ 2 Drugs not affordable ☐ 4 Long waiting time

☐ 5 Equipment not available or operational ☐ 7 To many revisits

\$

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 ,

--	--	--

 EC

\$ _____, _____ EC

☐ 1 Yes ☐ 2 No *If no to Q3.23*

Nights

\$

--	--

 ,

--	--	--

 EC

☐ 1 Yes ☐ 2 No *If no to Q3.28*

☐ 1 Yes ☐ 2 No

☐ 1 Yes ☐ 2 No

\$

--	--

 ,

--	--	--

 EC

	Private (in EC Dollars)				Public (in EC Dollars)			
\$,			

3.28 Is covered by Private Health Insurance, Employee Medical Plan, S.S. or Social Welfare? ☐ 1 Yes ☐ 2 No

SECTION 4: EDUCATION

FOR ALL PERSONS

4.1 Can read and write?

☐ 1 Yes

☐ 2 No

4.2 Is attending school/classes?

☐ 1 Yes

☐ 2 No

If no to Q4.19
Classes includes Distant Education, for distant education go to 4.6b

4.3 Is it?

☐ 1 Full-time

☐ 2 Part-time

☐ 3 Not Stated

4.4 What is the current grade are/is attending at present?

00 None

01 Nursery

02 Pre-school

03 Kindergarten

04 Special Education

98 Don't Know

11 Grade 1

12 Grade 2

13 G3/Std 1

14 G4/Std 2

15 G5/Std 3

16 G6/Std 4

20 G7/Std 5

21 G8/Std 6

22 G9/Std7

25 Frm 1/SP1

26 Frm 2/SP2

27 Frm 3/SP3

28 Frm 4/G10

29 Frm 5/G11

30 Frm 6/A Level

31 ASC - A'Level

32 ASC - Tech/Voc

33 ASC - Business

34 ASC - Yr1 or Yr2 UWI

35 ASC - Other

36 University - UWI Campus

37 University - Other

38 ABBIT

39 Hotel Trades School

40 Vocational/Tech Inst

41 Other

4.5 Does attend private school/classes?

☐ 1 Yes

☐ 2 No

4.6a Does live at home while attending school/classes?

☐ 1 Yes

☐ 2 No

4.6b Are/is enrolled in a distant education programme?

☐ 1 Yes

☐ 2 No

(If yes, go to Q4.20)

For Part time and distant education persons, you should proceed to Q4.20

4.7 During the last five days of school how many days did actually go to school/classes?

Days

(If 5 days go to Q4.9)

4.8 Why did not go to school during all of the last five school days?

☐ 1 Illness

☐ 2 Financial Problems

☐ 3 Transportation Problems

☐ 4 Working

☐ 5 Home duties

☐ 11 Apprenticeship

☐ 12 Fear of Gangs

☐ 15 Other (Specify

☐ 6 Not worth going

☐ 7 School closed/holidays

☐ 8 Truant/Delinquent (no reason)

☐ 9 Pregnant/young mother

☐ 10 Baby sitting

☐ 14 Menstrual Problems

4.9 How far away is school from here (in minutes based on his/her usual/normal means of getting there)?

Minutes

4.10 How does normally get to school?

☐ 1 Walking

☐ 2 Cycling

☐ 3 Taxi

☐ 4 Bus/Mini Bus

☐ 5 Private transport

☐ 6 Other (Specify

4.11 Is there a school feeding programme at.....'s school?

☐ 1 Yes

☐ 2 No

(if no, go to Q4.14)

4.12 Do you pay for the school meal service?

☐ 1 Yes

☐ 2 No

4.13 Does.....receive meals or snack from this service?

☐ 1 Yes

☐ 2 No

4.14 Does.....have all textbooks required for his/her use at school?

☐ 1 Yes, has books for exclusive use

☐ 2 Yes, but shares with other family members

☐ 3 Has only some books

☐ 4 Has none (if none, go to Q4.17)

4.15 Were any of.....'s books provided by the school at no cost?

☐ 1 Yes

☐ 2 No

4.16 Were some of these books acquired by.....in any of the following ways? (Select all that apply)

☐ 1 Borrowed for use during year

☐ 2 Received from relatives or friends

☐ 3 Purchased New

☐ 4 Purchased second hand

☐ 6 Bought some/ got some on loan or free

☐ 5 Received from NGO

☐ 7 Government Book Scheme

INTERVIEWER: for those answering 1 in Q. 4.14 go to Q.4.18

4.17 What are the reasons for.....not having required textbooks?

☐ 1 Books not available

☐ 2 Could not afford

☐ 3 Books available in school library

☐ 4 Books were lost or destroyed

☐ 5 To be purchased

☐ 6 Other (Specify)

4.18 Has.....or.....'s parents ever made use of a book loan facility?

☐ 1 Yes

☐ 2 No

All go to Q. 4.25

FOR ALL PERSONS NOT ATTENDING SCHOOL AT PRESENT

4.19 For persons under sixteen (16) years of age, why is not attending?

☐ 1 Too young

☐ 2 Financial Problems

☐ 3 Transportation Problems

☐ 4 Working

☐ 5 Illness

☐ 6 Physically/mentally challenged

☐ 7 No school available

☐ 8 No space in school

☐ 16 Not applicable (if person > 15 years)

☐ 9 Pregnant/young mother

☐ 10 Baby sitting

☐ 11 Apprenticeship

☐ 12 Not worth going to school

☐ 13 Expelled

☐ 14 Suspended

☐ 15 Other (Specify

4.20 Has..... ever attended school?

☐ 1 Yes

☐ 2 No

(If no, go to Q4.24)

4.21 What age did start?

4.22 What age did leave?

4.23 What is the highest grade completed?

00 None

01 Nursery

02 Pre-school

03 Kindergarten

04 Special Education

98 Don't Know

11 Grade 1

12 Grade 2

13 G3/Std 1

14 G4/Std 2

15 G5/Std 3

16 G6/Std 4

20 G7/Std 5

21 G8/Std 6

22 G9/Std7

25 Frm 1/SP1

26 Frm 2/SP2

27 Frm 3/SP3

28 Frm 4/G10

29 Frm 5/G11

30 Frm 6/A Level

31 ASC - A'Level

32 ASC - Tech/Voc

33 ASC - Business

34 ASC - Yr1 or Yr2 UWI

35 ASC - Other

36 University - UWI Campus

37 University - Other

38 ABBIT

39 Hotel Trades School

40 Vocational/Tech Inst

41 Other

Page 3 of 20

4.24 What is the highest examination ever passed?

- ☐ 1 None
- ☐ 2 School leaving Certificate
- ☐ 3 CXC Basic
- ☐ 4 GCE "O"/LCC/CXC Gen Prof (1 or 2 subjects) Grade I, II, III
- ☐ 5 GCE "O"/LCC/CXC Gen Prof (3 or 4 subjects) Grade I, II, III
- ☐ 6 GCE "O"/LCC/CXC Gen Prof (5 and over subjects) Grade I, II, III
- ☐ 7 GCE "A"/CAPE/HSC 1 or 2
- ☐ 8 GCE "A"/CAPE/HSC 3 and over
- ☐ 9 Diploma or Equivalent Certificate
- ☐ 10 Associate Degree
- ☐ 11 Undergraduate Degree
- ☐ 12 Postgraduate Degree
- ☐ 13 Professional Qualifications - Computer
- ☐ 14 Professional Qualifications - Accounting
- ☐ 15 Professional Qualifications - Other
- ☐ 16 Other

4.25 Did have any vocational or technical training?

- ☐ 1 Vocational ☐ 3 Both
- ☐ 2 Technical ☐ 4 None *If under 15, go to Section 7*

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.1a How many months did you/he/she work in the past 12 months?

- 0

1

2

3

4

5

6

7

8

9

10

11

12
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

If response is 0, skip to Q5.13

5.1b Did do any type of work in the last 7 days?

- ☐ 1 Yes ☐ 2 No *(If Yes go to Q5.5)*

5.2 Was absent from work in the last 7 days?

- ☐ 1 Yes ☐ 2 No *(If Yes go to Q5.5)*

5.3 Has been looking for work and ready for work in the last 2 months?

- ☐ 1 Yes ☐ 2 No *(If yes, go to Q5.13)*

5.4 What was the main reason was not working in the last 7 days?

- ☐ 1 No work available

☐ 6 Infirmary/Disabled
- ☐ 2 Seasonal inactivity

☐ 7 Did not want to work
- ☐ 3 Student

☐ 8 Maternity Leave
- ☐ 4 Household/family duties

☐ 9 Other _____
- ☐ 5 Retired

(All go to Q5.13)

5.5 How many years have been in this job? Years *0 for under 6 mths*

5.6 How many hours did/does normally work in a week?

(if greater than 35 hours, go to Q5.8)

5.7 What is the reason for working less than 35 hours?

- ☐ 1 Own illness/injury

☐ 6 Job ended in reference week
- ☐ 2 Holiday/vacation

☐ 7 Firm not getting enough work
- ☐ 3 Personal/family responsibilities

☐ 8 Could not find more work
- ☐ 4 In school/training

☐ 9 Part Time Work
- ☐ 5 Strike/lock out

☐ 10 Pregnancy
- ☐ 11 Other

5.8 What is your occupation, that is what activities do you do in your work? *e.g. sales manager or sales clerk, mason etc*

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.9 What is the main activity at the place of 's main job? Is it Tourism Related?

- ☐ 1 Agriculture/fishing - Other

☐ 2 Agric/fish - Tourism Related
- ☐ 3 Manufacturing - Other

☐ 4 Manu - Tourism Related
- ☐ 5 Construction - Other

☐ 6 Const - Tourism Related
- ☐ 7 Wholesale and Retail - Other

☐ 8 W&R - Tourism Related
- ☐ 9 Hotel and Restaurant

☐ 11 Transp - Tourism Related
- ☐ 10 Transportation - Other

☐ 13 Services - Tourism related
- ☐ 12 Services - Other

☐ 15 Admin etc. - Tourism related
- ☐ 14 Admin/social sec/Gov/Medical

☐ 17 educ/social - tourism related
- ☐ 16 Educ/social work

☐ 19 Other - Tourism related
- ☐ 18 Other

5.10 What is..... status in the main job?

- ☐ 1 Paid Employee - Government

☐ 5 Self employed with employees
- ☐ 2 Paid Employee - Statutory

☐ 6 Unpaid family worker
- ☐ 3 Paid Employee - private

☐ 7 Other
- ☐ 4 Self employed without employees

(If 1,2 or 3 go to Q5.12)

5.11 If worked for self without paid help or did any informal work, please provide the following information for the last twelve months?

1. Location

☐ 1 Fixed

☐ 2 Moved from place to place
2. Average value of sales/service

\$, EC
3. Product/service provided

4. Total Capital Invested

\$, EC

5.12 What has been the major problem preventing you from earning a higher income in the past twelve months?

For all persons who are employed go to Q6.1

FOR ALL PERSONS WHO DID NOT WORK OR DO ANYTHING TO EARN AN INCOME LAST WEEK

5.13 When last did work?

- ☐ 1 Never Worked (Go to Q 5.15)

☐ 4 3 > 6 months
- ☐ 2 Less than one month

☐ 5 6 > 12 months
- ☐ 3 1 > 3 months

☐ 6 1 year and more

5.14 What was the main reason why left last job?

- ☐ 1 New Job

☐ 7 Did not want to work
- ☐ 2 Fired

☐ 8 No more work available
- ☐ 3 Illness/Injury

☐ 9 Wages too low
- ☐ 4 Retired

☐ 10 Seasonal job
- ☐ 5 To return to school

☐ 11 Home Duties
- ☐ 6 Retrenched/laid off

☐ 12 Sexual Harassment
- ☐ 14 Other (Specify)

☐ 13 Pregnancy

5.15 Did look for work or do anything to earn income last month?

- ☐ 1 Yes

☐ 2 No *(If yes, go to Q5.17)*

5.16 Why did not seek work or do anything to earn income last week?

- ☐ 1 At school

☐ 7 Awaiting results or applications
- ☐ 2 Housekeeping

☐ 8 Knew of no vacancy
- ☐ 3 Retired

☐ 9 Discouraged
- ☐ 4 Disabled

☐ 10 Caring for someone
- ☐ 5 Temporary illness

☐ 11 Pregnancy
- ☐ 6 Did not want work
- ☐ 12 Other (specify) _____

(All, go to Q5.18)

5.17 What kind of work are you looking for?
INTERVIEWER: What is required is a description of the work you are looking for e.g. sales manager or sales clerk, mason etc

5.18 What would have prevented from doing a job if one were available during the last three weeks?

<input type="checkbox"/> 1 At school	<input type="checkbox"/> 7 Have to stay home with children
<input type="checkbox"/> 2 Housekeeping	<input type="checkbox"/> 8 Pregnancy
<input type="checkbox"/> 3 Retired	<input type="checkbox"/> 10 Caring for someone
<input type="checkbox"/> 4 Disabled	<input type="checkbox"/> 11 Other (specify)
<input type="checkbox"/> 5 Temporary illness	<input type="checkbox"/> 12 Don't KNow
<input type="checkbox"/> 6 Did not want work	<input type="checkbox"/> 13 Nothing

SECTION 6: MARITAL, UNION STATUS AND FERTILITY FOR PERSONS 15 YEARS AND OVER

6.1 What is your/....'s present union status?

☐ 1 Legally married
☐ 2 Common Law union
☐ 3 Visiting partner
☐ 4 Married but not in union
☐ 5 Legally separated and not in a union
☐ 6 Widowed and not in union
☐ 7 Divorced and not in union
☐ 8 Not in a union (Single)
☐ 9 Don't know/Not stated

All males go to Q7.1

FOR FEMALES 15 TO 49 YEARS

6.2 Is/Are currently pregnant?

☐ 1 Yes ☐ 2 No (If no, go to Q6.4)

6.3 Is/Are attending a public health clinic?

☐ 1 Yes ☐ 2 No

6.4 How many live births has ever had?
(if Zero, enter 00 and skip to Q7.1)

6.5 How many died?

Before first birthday

After first birthday

6.6 How old were you/was she when you/she had the first live born child?

6.7 How many live births did you/she have in the last 12 months?

<input type="checkbox"/> 1 None (If no, go to Q7.1)	<input type="checkbox"/> 4 Twins
<input type="checkbox"/> 2 One	<input type="checkbox"/> 5 Three or more
<input type="checkbox"/> 3 Two separate births	

6.8 Of these, have any of the babies died?

☐ 1 Yes ☐ 2 No (If no, go to Q7.1)

6.9 How many have died?

Within the first 30 days of life

After 30 days but before one year

SECTION 7 CRIME

7.1 In the last 12 months have you/he/she.....been a victim of crime?

☐ 1 Yes **If No, go to Section 8 for all spenders**
Otherwise end the interview
☐ 2 No
☐ 3 Not Stated

7.2 A. Describe the nature of the main crime (inclusive of domestic violence)?

7.2 b What did the crime cost you:

Days without pay:

 Days

Other economic loss: \$,

7.3 Was the crime reported to the police?

☐ 1 Yes **Go to Q 7.5**
☐ 2 No
☐ 3 Not Stated

7.4 Why was the crime not reported to the police?

☐ 1 No confidence in the administration of justice
☐ 2 Afraid of the perpetrator
☐ 3 Perpetrator household member/relative
☐ 4 Not serious enough
☐ 5 Other (Specify).....

Spenders skip to Section 8
For all others end interview

7.5 How satisfied was/were with the handling of the matter by the police?

<input type="checkbox"/> 1 Very satisfied	<input type="checkbox"/> 3 Dissatisfied
<input type="checkbox"/> 2 Satisfied	<input type="checkbox"/> 4 Very dissatisfied

End of Interview for all non- spenders

Not applicable
Not Known
Amount too large
Not Stated

Leave Blank
9's ending in 8
9's ending in 7
Try harder, if not use all 9's



10

8. Did purchase or receive as gifts any of the following items in the past 3 months?

			PURCHASED (homemade)		GIFTS	
DESCRIPTION	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Seamstress fees for suit	0311315	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Seamstress fees for uniform	0311316	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Seamstress fees for formal wear	0311317	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Men's Garments -Outer wear Complete Suits - 2 piece	0312101	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Jackets	0312102	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sweaters	0312103	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Waistcoats/pullovers	0312104	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Long Trousers/ pants for dress and office	0312105	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Long Trousers/ pants casual wear	0312106	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Long Jeans pants	0312107	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Short pants (casual)	0312108	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Short pants (Jeans)	0312109	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Short pants(house wear)	0312110	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Shirts - long sleeves (dress)	0312111	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Shirts (casual, working)	0312112	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Jerseys (dress, working)	0312113	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sports wear /vests	0312114	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Polo Shirts	0312115	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
T- Shirts	0312116	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Track suits /Jogging suits	0312117	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>



8. Did purchase or receive as gifts any of the following items in the past 3 months?

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8. Did purchase or receive as gifts any of the following items in the past 3 months?

			PURCHASED (homemade)		GIFTS	
DESCRIPTION	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
All other women's outer wear	0312399	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Women's Underwear Slips- half or full	0312325	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Bras	0312326	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Vests	0312327	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Panties	0312328	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Tights / Panty hose	0312329	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Girdles	0312330	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Socks	0312331	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Stockings	0312332	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Other Women's Clothing and Clothing Accessories Hats	0313301	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Bathing suits / Beachwear	0313302	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Scarves / belts	0313303	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Bags	0313304	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Purses	0313305	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Watches	0313306	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Necklaces and earrings (Gold, silver, precious stones)	0313307	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Necklaces and earrings (cosmetics)	0313308	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Girls Outer wear Dresses (formal/ evening)	0312401	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
Shirts/ blouses (casual)	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>
T- shirts	0312403	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div><div></div></div>

8. Did purchase or receive as gifts any of the following items in the past 3 months?

			PURCHASED (homemade)		GIFTS	
DESCRIPTION	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Skirts (casual)	0312404	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Slacks / trousers	0312405	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Jeans pants (long/short)	0312406	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Jeans skirts	0312407	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Pants suits (casual)	0312408	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Jerseys	0312409	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
House clothes	0312410	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sleep wear / pajamas	0312411	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Raincoats	0312412	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Other girls outer wear not specified by type	0312499	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Girl's underwear and hosiery Bras	0312424	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Panties	0312425	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Vests	0312426	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Tights	0312427	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Socks/ stockings	0312428	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Girl's school garments School Overall	0312430	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
School blouses/ shirts	0412431	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
School Skirts	0412432	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sports uniform	0412433	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Other girl's clothing Hats	0313401	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>



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			PURCHASED (homemade)		GIFTS	
DESCRIPTION	CODE	HAVE BOUGHT	QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Boots -work	0321106	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Boots-casual	0321107	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Slippers -house	0321108	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Women and girls (16 years and over) Shoes -dress (man - made)	0321201	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Shoes -dress (Leather)	0321202	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Shoes -casual	0321203	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sandals	0321204	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sneakers/ sports shoes /gym shoes	0321205	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Boots	0321206	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Slippers- fashion	0321207	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Slippers- house	0321208	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Infants and children (up to 16 years) Shoes -school	0321301	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Shoes -dress	0321302	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sandals	0321303	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Sneakers / Sports shoes	0321304	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Shoes -fashion	0321305	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Slippers -house	0321306	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Shoe Repair Men and boys shoe repair	0322101	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
Women and girls shoe repair	0322201	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> Home</div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>

9. Did spend money on any of the following in the past 3 months?

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
EDUCATIONAL EXPENSES (Cont'd)				
Computer software and accessories	0913105	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
School Transportation fees	0737101	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
School Meals	0119423	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other	1050101	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
ENTERTAINMENT EXPENSES				
Carnival	0942105	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Cinemas/video/DVD rentals/video clubs	0914101	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Concerts, plays, fetes and other admissions	0942101	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Spectator sports, football, cricket	0941102	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Night clubs, dances, parties	0942104	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Participant sports	0942198	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Dues, subscriptions and memberships	0942105	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Lottery games	1270104	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Newspapers	0952101	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Toys for Children	0931100	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Books,magazines (non-technical and not for school)	0952102	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Entertainment, Hobby Specify.....	0942199	<input type="checkbox"/> Yes		<div><div></div>,<div><div></div><div></div><div></div></div></div>
TRANSPORTATION BY AIR (for Quantity indicate number of visits)				
Caribbean - St Martin/St. Maarten	0733101	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Caribbean - Puerto Rico	0733102	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Caribbean - Other	0733103	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
USA - New York, Miami, etc..	0733104	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
England - London, etc	0733105	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Foreign Travel by Air	0733106	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>

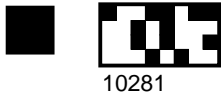
9. Did spend money on any of the following in the past 3 months?

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
TRANSPORTATION BY BOAT (for Quantity indicate number of trips)				
Barbuda	0734101	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Other	0734102	<input type="checkbox"/> Yes	<div><div></div><div></div></div>	<div><div></div>,</div> <div><div></div><div></div><div></div></div>
PERSONAL AND OTHER EXPENSES				
Taxi Transportation	0732400	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Bus Transportation	0732100	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Weddings	1270103	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Legal and accounting expenses (non-business)	1270101	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Funerals	1270102	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Local accommodation expenses	1120104	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Barbershop	1211201	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Hairdresser	1211101	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Beauty Salon (manicures, pedicures, facials etc..)	1211102	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Laundry/Dry cleaners	0562205	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Photo studios	0942106	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Driving Lessons	0724301	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Other personal services	1211300	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>
Other travelling expenses	0738102	<input type="checkbox"/> Yes		<div><div></div>,</div> <div><div></div><div></div><div></div></div>



10. Did spend money on any of the following last month?

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SECTION 11 - INCOME

Not applicable Leave Blank
Not Known 9's ending in 8
Amount too large 9's ending in 7
Not Stated Try harder, if not use all 9's

CODE	PERIOD
1	Daily
2	Weekly
3	Fortnightly
4	Monthly
5	Semi-Annually
6	Annually

11. Did receive money from any of the following sources?

INCOME SOURCES - EMPLOYMENT	CODE	PERIOD	AMOUNT (\$)
1A. What was...’s gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)	Income Group	<div><div></div><div></div></div>	<div><div></div><div></div></div>
1B. How much did you receive in wages and salary LAST PAY PERIOD FROM MAIN JOB (GROSS PAY) . Include Overtime, tips and bonuses, Income tax, medical benefit and SS	2231001		<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
2. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
3. How much did you receive in wages and salary LAST PAY PERIOD FROM OTHER JOB (GROSS PAY). Include Overtime, tips and bonuses, Income tax, medical benefit and SS	2231002	<div><div></div></div>	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
4. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
INCOME SOURCES - OTHER, RECEIVED ANNUALLY			
5. Money sent by relatives and friends overseas - Remittances from abroad	2331001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
6. Rental income received by you for house, land and other property	2341001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
7. Other entrepreneurial income, example from self employment	2231003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
8. Dividends on local and foreign investments (e.g Credit union dividends)	2351001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
9. Interest on local and foreign bank deposits, bonds	2361001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
10. Government retirement pension	2371001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
11. Pension from other former Antigua and Barbuda employer	2371002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
12. Pension from former foreign employer	2371003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
13. Social Security (SS), excluding old age/retirement pension	2371004	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
14. Insurance Annuities	2381001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
15. Public assistance	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
16. Child support	2381003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
17. Allowances - alimony	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
18. Allowances - financial aid	2391002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
19. Allowances - scholarships	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
20. Interest from stocks, shares, Treasury bills and other investments	2361002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>
21. All Other Income, nes	2391099	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>