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Living Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition

Volume III

Statistical and Technical Appendices to the SLC/HBS

**Prepared by Kairi Consultants in Collaboration with the
National Assessment Team of Antigua and Barbuda**

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in a Services Economy in Transition**

**Volume III
Statistical and Technical Appendices to the
SLC/HBS**

Submitted to:
THE CARIBBEAN DEVELOPMENT BANK

Submitted by:
KAIRI CONSULTANTS LIMITED
14 Cochrane Street, Tunapuna, Trinidad and Tobago, West Indies
Tel: 868 663 2677; Fax: 868 663 1442
Website: www.kairi.com

In Association with:
THE NATIONAL ASSESSMENT TEAM OF ANTIGUA AND BARBUDA

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PART I: SAMPLE SURVEY DESIGN AND METHODOLOGY

1.0 INTRODUCTION

This survey was a comprehensive survey which combined a Survey of Living Conditions (SLC) with a survey of household income and expenditure or Household Budgetary Survey (HBS). This is a rich source of socio-economic information at the household level and is often regarded as an essential source of data for the determination of social needs and establishment of targets for development planning.

This survey has two main objectives: firstly, it is designed to collect information from the country's households and families on their buying habits (expenditures), income and other characteristics; secondly, the survey allows data users to relate the expenditures and income of consumers to the characteristics of those same consumers.

This combined survey may also be used for the purpose of revising the list of goods and services that is included in the "basket" of goods that is monitored over time to estimate the Consumer Price Index(CPI) and consequently the weighting patterns of the CPI. A change in the CPI is sometimes referred to as "the inflation rate" - a key macro-economic indicator¹.

In addition this survey provides:

1. Valuable data for an assessment of the impact of socio-economic policies on the conditions and levels of living of households.
2. Inputs for the compilation of national accounts of the household sector which is a useful in the process of calculating the growth rate of the economy.
3. Statistics on the distribution of income and expenditure, this helps to determine the percentage of the wealth of Antigua and Barbuda which is owned by each income group.
4. Information on the poor, their characteristics, expenditure patterns when compared to other groups in the society.
5. Information on household consumption of various goods and services.
6. Information to assess the cost of provision of health services and the level of satisfaction of the population with its provision.
7. Information to assess the cost of the provision and expenditure on education and the level of satisfaction obtained.

¹ The "inflation rate" measures the changes in the purchasing power of money and is closely monitored by economic planners, policy makers, the business community and labour unions.

2.0 TECHNICAL DETAILS OF SAMPLE SURVEY DESIGN

The sample for the SLC/HBS 2005/2006 in Antigua and Barbuda was selected from a sample frame derived from the 2001 census of population. It is a 'grand sample' from which samples of 5%, 10%, 15% can be selected depending on the number of replicates/sub-samples selected. The sample frame for Antigua and Barbuda is made up of two sub-samples/replicates selected from the 'grand sample', named a,b. For the SLC/HBS 2005/2006 these two, replicate a used in Antigua and replicate a and b used in Barbuda have an expected sample size of 5.1% of the population.

For convenience both in selecting the sample and for field enumeration, a two stage stratified systematic random sample selection process was used. At the first stage, Enumeration Districts (EDs) are selected based on a sampling frame constructed from Census Enumeration Districts (EDs), the size of each ED included in the frame is measured in units of clusters of households, approximately eight households per cluster. The EDs are described as Primary Sampling Units (PSUs). In the second stage, one cluster of households is randomly selected from the selected PSU or ED with probability proportional to size (pps sampling).

The number of assigned clusters (or sample interval) in a particular ED is proportional to the size of the ED. The cluster selected is non-compact in the sense that its members are chosen by systematic random sampling throughout the chosen ED. A random number (r) is chosen between 1 and the sample interval value, I , inclusive, then to this number is added the sample interval for the full list of households within the primary sample unit. Thus, the list of selected households would be $r, r + I, r + 2I, r + 3I, r + 4I, \dots, r + (n - 1)I$, where n is the cluster size assigned to the District, in the case of St. John's (City) this is approximately 8. All EDs are described by a listing of the households contained in a visitation record for that ED, the random start was generated using a computer based random number generator.

The Antigua and Barbuda sample for the SLC/HBS 2005/2006 by using two replicates/sub-samples (i.e. a in Antigua and a, b in Barbuda) resulted in a large enough sample to allow the computation of poverty indicators (that is, the headcount and FGT indicators) by District. The sample for Barbuda was doubled to ensure that accurate results could be reported for that District given its small size and separate nature as an island in its own right. Detailed breakdowns of these indicators at a sub-district level would however not result in reliable estimates.

The sample frame was divided into eight (8) domains or sub-population districts based on demographic data of the distribution of the population in the 2001 Population and Housing Census. The 'grand' sample was subdivided into eight areas for the purpose of the provision of estimates from samples selected from this frame. The following list of the eight domains or sub-populations is based on the existing Administrative Districts, which formed the basis for the collection of information on the population in the 2001 Census.

Table 1: Domains of Study and Stratification criteria

Domain of study	No of PSUs	Method of stratification
St. John's city	93	Managers, professional, technical and related administrative
St. John's rural	73	Managers, professional, technical and related administrative
St Paul	28	Managers, professional, technical and related administrative
St. Mary	30	Managers, professional, technical and related administrative
St. George	21	Managers, professional, technical and related administrative
St. Peter	16	Managers, professional, technical and related administrative
St. Philip	13	Managers, professional, technical and related administrative
Barbuda	5	Managers, professional, technical and related administrative

In each domain of study or District, EDs, (i.e. the first stage units or PSUs) were arranged in descending order by the method of stratification shown in Table 1 above. Stratification of the frame ensures that the EDs selected truly represents the characteristics of the domain of study thus improving the precision of sample estimates. The EDs corresponding to the two chosen replicates formed the sample for the conduct of the SLC/HBS 2005/2006. Table 2 lists EDs in the sample selected for St John's City as an example.

Table 2: Antigua and Barbuda Household Budget Survey Sample –
August to February 2005/2006

District	Two Week	Number of Eds	Sub Sample	ED Number	No. Of H/HLDS	Sampling Interval	Start
	periods						
ST. JOHN'S CITY	3	35	1035a	10100	77	9	10
	6	46	1046a	10300	79	10	3
	7	31	1031a	10600	77	9	6
	8	48	1048a	10800	77	9	6
	5	45	1045a	11200	36	4	5
	8	24	1024a	11300	65	8	7
	3	43	1043a	11400	67	8	3
	2	26	1026a	11500	134	16	13
	4	36	1036a	11600	82	10	7
	6	38	1038a	11800	87	11	3
	5	29	1029a	12000	91	11	5

3.0 THEORETICAL ASPECTS OF SAMPLE SELECTION

Given that the procedure for selecting sampling units involved the selection of one cluster of households (ultimate sample units or usus) per psu (ED). The sample was design in such a way as to ensure that each domain was allocated sample units, which were an exact multiple of 60. Ultimate sampling units were then selected with probability proportional to size of the PSU. The overall objective was to obtain a uniform sampling fraction across all domains.

So for any domain, the selection of the cluster reduces to the form shown in Eq. (1) i.e. b_h/F_h i.e. $1/F$ since b_h (number of clusters to be selected) was constrained to one (1) cluster per psu.

The selection probability for each psu can be expressed as follows:

$$\frac{Mos \alpha_h}{F b_h} \times \frac{b_h}{Mos \alpha_h} = \frac{b_h}{F b_h} = \frac{1}{F} = f$$

where $Mos \alpha_h$ is the original measure of size prior to conversion to clusters (i.e. number of households) in the α^{th} ED (psu) of the h^{th} domain; $F b_h$ is the zone size, i.e. the product of the inverse of the sampling fraction (f), and b_h is the average cluster size based on allocation of sampling units per domain in the h^{th} domain; f is the overall sampling fraction (this is $1/4 \times 1/5$)

for replicate sampling in the design of the sample for the SLC/HBS 2005/2006; and, F is the inverse of the sampling fraction of the survey, since the SLC/HBS is based on the choice of one replicate for Antigua f is then $(1/4 \times 1/5)$ for Antigua and since two replicates are used in Barbuda f is then $2 \times (1/4 \times 1/5)$. Table 3 which follows provides the schema for the development of the 'grand' sample and the procedure for deriving the sample size and sample fraction used in generating the 'true' population weights.

Table 3 Derivation of Sample Size, Sample Fraction and Population Weights

District	No of PSUs	No of Hholds	% of Total	Population	% of Total Population	Avg Hhold Size	Sectors Assigned	Cumulative No of Sectors	No of Clusters	Cluster size of H/Holds
St. John's City	93	7,907	32%	22,458	32%	2.84	16	16	960	8.24
St. John's Rural	73	6,861	28%	19,224	27%	2.80	14	30	840	8.17
St Paul	28	2,503	10%	7,153	10%	2.86	5	35	300	8.34
St. Mary	30	2,069	8%	6,088	9%	2.94	4	39	240	8.62
St. George	21	2,223	9%	6,085	9%	2.74	4	43	240	9.26
St. Peter	16	1,474	6%	4,693	7%	3.18	3	46	180	8.19
St. Philip	13	986	4%	3,182	5%	3.23	2	48	120	8.22
Barbuda	5	456	2%	1,417	2%	3.11	1	49	60	7.6
	279	24,479	1	70,300	1	2.96	49	306	2,940	67
Sampling Fraction For The Antigua Barbuda Labour Force Survey					1/4			0.125		
First Stage Sampling Units Are Selected With A Probability Of:					$(1/(4 \times 5))$			0.050		
The Sampling Fraction For Each Quarter Of The Survey Is:					$(1/4 \times 2/5)$	=	(2 / 20)	0.100		
Sampling Fraction For Each Replicate						=	(1 / 20)	5.000		

3.1 DATA LIMITATIONS

3.1.1 WEIGHTING AND NON RESPONSE RATES

Table 4 summarizes the outcome of the Antigua and Barbuda SLC/HBS 2005/2006. “Expected” is the total number of questionnaires expected from the conduct of the survey. “Number Obtained” is the number of questionnaires completed by the enumerators conducting the enumeration exercise. The “Response Rate” measures the number of questionnaires obtained over the number of questionnaires expected. Administrative District weights are “raising factors” which is the amount by which the number of questionnaires/responses obtained will have to be increased to achieve the expected number of questionnaires for the District. The “Expansion Factor” is the inverse of the sampling rate (i.e. 1/20, 5% is the expected size of the sample) by the raising factor. When the expansion factor is applied to the SLC/HBS 2005/2006 data the total population estimates are derived. Thus when the expansion factor is applied to the number of households obtained, the total number of households by District is the result.

The difference between the number of questionnaires obtained and the number of questionnaires expected is a combination of refusals, no contacts etc at the selected households and growth in the population from the Census of 2001 to the present. Therefore, 86% of the expected number of interviews was completed overall. The response rates on the diaries was very low at 38% and this posed a very big challenge in the use of the data for the SLC/HBS, much of the data on food had to be imputed based on the non-food component of household expenditure and the type of household in question.

3.1.2 DATA QUALITY

In general, the data are of good quality, expect for the large amount of non-response obtained on the diaries. The questionnaires were almost entirely pre-coded to eliminate errors in the coding process, often a source of various types of errors. Since this survey was a combined Survey of Living Conditions and Household Budgetary Survey it was administratively particularly difficult to implement.

Table 4: Response Rate SLC/HBS 2005/2006 Antigua and Barbuda by Survey Instrument

District	Expected	Obtained Housing Questionnaires	Population 2006	District Weight 2006	Expected Diaries	Obtained Diaries
St. John's City	393	356	8939	22.08	786	245
St. John's Rural	341	271	7639	25.17	682	269
St Paul	127	119	2869	21.34	254	130
St. Mary	100	93	2483	21.51	200	98
St. George	111	91	2439	24.40	222	65
St. Peter	73	62	1988	23.55	146	53
St. Philip	51	47	1265	21.70	102	40
Barbuda	46	27	484	17.04	92	50
Total	1242	1066			2484	950
Response Rate		86%				38%

Additional considerations for implementing a combined SLC and HBS

- a) The period for the conduct of the survey had to be extended to ensure that at least the main seasonal pattern of economic activity was covered by this survey. In this regard, the survey covered the period August 2005 to March 2006. The use of this time period ensured that the low season of economic activity usually taken to be June to October was reflected in the period August to October and the high season was reflected in the period November to March with the last two weeks of December 2005 and the first two weeks of January 2006 excluded due to the anomalies in expenditure presented by this period of time.
- b) All questions in this survey which request information on household expenditure had to be coded using an adapted version of the UN's COICOP (Classification of Individual Consumption according to Purpose). This meant that aggregates such as food had to be built by adding detailed components of that group in the classification system. This presented computer programming and other related challenges.
- c) The administration of an SLC/HBS survey of this nature was particularly difficult. Firstly, at the household level, the average length of the interview was two hours. In addition, a monetary incentive to encourage participation in the survey which was given. While it worked extremely well in encouraging households to respond it was especially difficult to administer, Antigua and Barbuda could provide the incentive

on completion of the SLC/HBS questionnaire with the household and consequently suffered from reduced numbers of dairies obtained and consequently the need to impute data on food expenditure.

There were very few structural problems with the flow of the questionnaire, since it was thoroughly tested through the use of several pre-tests. The Labour Section of the questionnaire was in comparison to previous surveys of this nature substantially improved. In order to ensure a high quality of data certain editing checks were built into the process both at the enumeration stage and within the data entry screens used to capture the data.

Enumerators were trained for a minimum of four days using an enumerators manual which detailed the procedures for completing each section of the questionnaire, this assisted quite a lot in ensuring that data returned to the Central Office was already of a high quality due to the extensive field and pre-receipt edit checks completed by supervisors and the staff of the Statistical Office. Some of the data capture checks are as follows:

- a) only one head of the household was present
- b) all household expenditure sections had to be completed and was completed only once
- c) a household could only contain one spouse
- d) the number of bedrooms could not be greater than the number of rooms
- e) a household without electricity could not be cooking with electricity or using electrical appliances
- f) Males could not respond to the fertility section of the questionnaire
- g) Persons under ten years could not be working
- h) Other consistency checks were built into the questionnaire

For questions where the skip instructions in the person section of the questionnaire resulted in sections of the questionnaire not being relevant to the circumstances of the respondent 999 or 99 or 9 was imputed. This allowed clear distinctions to be made between questions not applicable to some persons and others who they were applicable to. Tabulation allowed clear distinctions to be made amongst the groups represented.

3.1.3 AGGREGATION:

a) Household and Person expenditures:

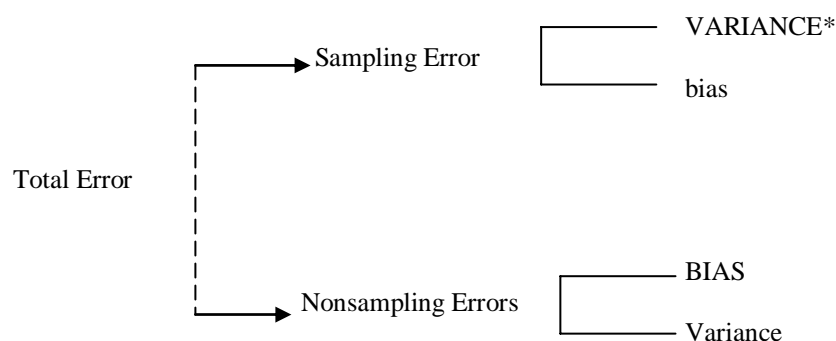
This was done in accordance with the UN's COICOP. Aggregation of detailed components of furniture and furnishings was aggregated at the five, four, three, two and one digit level of the COICOP for the three month reference period for which they were initially collected. The same was done for repairs and maintenance and vehicle related expenses contained in the housing section of the questionnaire. Other items of non-food expenditure such as clothing and footwear, health and education expenses collected for a three month reference period within the person questionnaires was firstly aggregated and then annualized at the level of the individual. Aggregation to the level of the household was then performed to ensure the inclusion of these expenditures in the computation of the level of total expenditure for the household which was required. Depending on the expenditure in question the data was annualized by multiplying by a factor of four in the case of expenditures collected using a three month reference period, by twelve in the case of a one month reference period (for example, this applied to cellular, electricity and water bills).

b) Two Week Daily Diary expenditures:

Two categories of expenditure, namely, food and small non-food items such as toiletries were obtained from the daily diaries which were administered to the households over a two week period, one diary per week used to collect expenditure data for all household spenders (defined as all persons eighteen years and over or all persons employed). Diaries were coded using the COICOP and further aggregated to the household level for both diaries at the 1, 2, 3, 4 and 5 digit levels. Finally the total of the two week expenditure by household was annualized by multiplying by a factor of twenty-six to derive the annual levels of expenditures.

4.0 SAMPLING ERRORS

The sum of all errors affecting an estimate is known as the 'total error'. The total error is represented mathematically by the mean square error (MSE); its value is usually unknown in practice. This MSE has two components: sampling errors and nonsampling errors (NSE's). In actuality there is a double dichotomy:



*the main component of sampling error is variance

The sampling error is constituted mainly by variable errors called variance. The variance is the average deviation of sample estimates from the average of all possible estimates under the same sample design. The variance indicates the precision (reliability) of the estimates which is represented by the standard error of the estimate equal to the square root of the variance. The variance is lower the larger the size of the sample and the more efficient its design. The standard error of an estimator Φ is given by:

$$s(\Phi) = \sqrt{\text{var}(\Phi)}$$

For the poor, the nonpoor, the headcount this standard error is used to develop confidence intervals to see the range of possibilities for the true value of these poverty indicators;

$$\Phi \pm 1.96s(\Phi)$$

coefficients of variation (CV) – the relative standard errors – which allows the evaluation of the precision in relative terms and compare precision levels for estimates of different poverty indicators in different populations;

$$CV(\Phi) = \frac{s(\Phi)}{\Phi}$$

The design effect (DEFF) is used as a means of comparing the efficiency of the systematic stratified random sample used to that of simple random sampling design.

$$DEFF = \frac{\text{var}_{SSFS}(\Phi)}{\text{var}_{SFS}(\Phi)}$$

PART II – STATISTICAL TABLES

1.0 DEMOGRAPHICS

TABLE 1: RELATIONSHIP TO HEAD OF HOUSEHOLD BY QUINTILES

Relationship to Head	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Head	26.5	28.7	33.0	39.6	54.5	36.5	30,754
Spouse/partner	9.9	11.5	12.3	13.1	12.9	12.0	10,080
Child	47.6	44.4	41.3	32.2	22.3	37.6	31,691
Son/daughter-in-law	0.2	0.0	0.6	0.7	0.4	0.4	311
Grandchild	8.8	6.7	3.9	6.9	3.4	5.9	5,008
Parent/parent-in-law	0.7	0.9	1.8	0.2	1.2	1.0	814
Other relative	5.1	6.0	5.1	6.4	3.9	5.3	4,467
Non-relative	0.7	1.0	0.9	0.8	0.4	0.7	618
Not Stated	0.6	0.8	1.0	0.2	0.9	0.7	591
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

TABLE 2: DISTRIBUTION OF POPULATION BY SEX AND BY QUINTILES

Relationship to Head	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Male	47.1	43.5	43.9	42.7	42.7	44.0	37,088
Female	52.9	56.5	56.1	57.3	57.3	56.0	47,245
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

TABLE 3: AGE DISTRIBUTION OF POPULATION BY QUINTILES

Five Year Age Groups	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
0-4	6.3	8.5	6.9	5.8	6.3	6.8	5,701
5-9	13.8	10.6	10.4	6.3	4.3	9.1	7,634
10-14	15.2	13.2	11.6	7.6	6.2	10.7	9,062
15-19	11.9	10.8	9.2	8.1	3.4	8.7	7,333
20-24	7.4	8.9	7.0	6.5	5.3	7.0	5,921
25-29	4.6	6.1	7.6	6.2	5.7	6.0	5,099
30-34	7.1	5.6	6.3	8.2	7.7	7.0	5,880
35-39	4.6	7.8	9.5	10.1	10.8	8.6	7,237
40-44	6.5	7.7	8.4	8.4	9.8	8.2	6,891
45-49	5.7	4.8	6.2	5.6	6.9	5.8	4,920
50-54	3.6	3.9	4.6	5.8	8.1	5.2	4,388
55-59	2.2	2.7	2.7	4.5	3.9	3.2	2,692
60-64	2.5	2.5	3.0	3.1	5.2	3.3	2,754
65+	8.5	7.0	6.6	13.9	16.3	10.5	8,821
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

TABLE 4: DISTRIBUTION OF POPULATION BY ETHNICITY AND QUINTILES

Ethnicity	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
African Descent/Negro/Black	96.8	91.7	92.8	94.0	84.5	92.0	77,553
Indigenous People (Amerindian/Carib)	0.3	0.4	0.9	0.3	0.2	0.4	360
East Indian	1.7	2.9	0.3	0.2	0.3	1.1	920
Chinese/Asian	0.0	0.0	0.5	0.0	0.9	0.3	240
Portuguese	0.0	0.2	0.2	0.0	0.2	0.1	98
Syrian/Lebanese	0.0	0.2	0.9	0.8	1.9	0.7	617
White/Caucasian	0.0	0.4	0.0	0.4	4.2	1.0	843
Mixed	0.0	2.2	1.7	2.6	6.5	2.6	2,187
Other	0.3	1.0	0.7	0.8	0.2	0.6	517
Don't know/Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0
Not Stated	0.8	1.0	2.1	0.8	1.1	1.2	998
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

TABLE 5: DISTRIBUTION OF POPULATION BY RELIGION AND QUINTILES

Religion	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Anglican	19.6	22.1	26.4	16.2	28.7	22.6	19,064
Baptist	1.8	3.0	2.4	4.0	5.1	3.3	2,754
Bahai	0.0	0.0	0.0	0.2	0.0	0.0	32
Brethren	0.0	0.0	0.0	0.0	0.0	0.0	0
Church of God	8.0	4.9	5.5	3.5	2.2	4.8	4,056
Evangelical	3.8	4.1	4.7	5.0	4.2	4.4	3,688
Hindu	0.3	0.7	0.0	0.0	0.2	0.2	198
Jehovah Witnesses	0.3	1.3	2.0	2.2	1.3	1.4	1,190
Methodist	5.8	6.1	5.8	10.6	8.4	7.3	6,198
Moravian	9.9	7.6	8.3	15.0	9.8	10.1	8,513
Muslim	0.2	0.2	0.2	0.2	0.0	0.1	115
Pentecostal	10.3	8.2	5.4	7.1	4.3	7.0	5,939
Presbyterian	3.4	4.0	3.8	2.0	2.0	3.1	2,575
Rastafarian	1.7	1.8	1.1	0.7	1.4	1.3	1,124
Roman Catholic	3.2	5.2	4.9	5.1	9.8	5.6	4,756
Salvation Army	0.0	0.9	0.0	1.0	0.7	0.5	437
Seventh Day Adventist	15.4	15.0	12.6	15.7	10.2	13.8	11,625
None	3.1	5.9	5.3	3.9	5.3	4.7	3,947
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	10.9	7.4	5.0	4.6	2.5	6.1	5,129
Not Stated	2.3	1.9	6.6	3.2	3.8	3.5	2,993
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

TABLE 6: DISTRIBUTION OF SELECTED AGE GROUPINGS WITHIN QUINTILES

Age Groups	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Under 5	6.3	8.5	6.9	5.8	6.3	6.8	5,701
Youths (15-24)	19.3	19.7	16.2	14.6	8.7	15.7	13,254
Elderly	8.5	7.0	6.6	13.9	16.3	10.5	8,821
Other	65.8	64.8	70.3	65.7	68.7	67.1	56,558
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

2.0 ECONOMIC ACTIVITY

TABLE 1: LABOUR FORCE PARTICIPATION RATE: PERSONS AGE 15+ BY SEX AND QUINTILES

Sex	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Male	47.5	42.3	49.0	47.1	46.4	46.6	18,602
Female	52.5	57.7	51.0	52.9	53.6	53.4	21,341
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

TABLE 2: DISTRIBUTION OF MALE LABOUR FORCE PARTICIPANTS BY HIGHEST EXAMINATION PASSED BY QUINTILES

Highest Exam Passed	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
None	62.5	57.9	56.2	38.5	28.8	46.5	8,643
School Leaving	9.8	10.5	14.7	9.1	12.1	11.4	2,121
CXC Basic	3.3	3.8	0.6	4.6	2.6	2.9	545
CXC 1-4 Passes	5.1	5.9	8.5	10.8	8.2	8.0	1,494
CXC 5 and More Passes	0.0	3.0	3.2	7.9	3.3	3.8	698
A Level	2.0	0.0	0.7	0.0	0.7	0.6	115
Diploma	2.1	4.3	2.8	11.3	9.3	6.5	1,209
Associate Degree	0.0	1.9	0.0	2.1	7.5	2.7	494
Undergraduate Degree	0.0	2.0	0.0	2.1	6.4	2.4	446
Post Graduate Degree	0.0	0.0	0.8	2.1	7.5	2.6	475
Professional Qualification	0.0	1.0	2.3	1.3	3.4	1.8	336
Other	6.7	7.7	4.2	4.8	7.4	6.1	1,128
Not Stated	8.5	2.1	6.1	5.5	2.7	4.8	898
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	2,742	2,925	4,019	4,199	4,717	18,602

**TABLE 2 (CONT'D): DISTRIBUTION OF FEMALE LABOUR FORCE PARTICIPANTS
BY HIGHEST EXAMINATION PASSED BY QUINTILES**

Highest Exam Passed	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
None	53.5	41.3	36.1	26.2	15.1	32.0	6,832
School Leaving	7.7	10.2	14.4	8.6	6.0	9.2	1,972
CXC Basic	2.4	7.1	5.7	4.6	6.5	5.4	1,160
CXC 1-4 Passes	10.6	13.8	13.7	14.8	17.8	14.6	3,106
CXC 5 and More Passes	5.0	5.2	5.7	6.9	6.2	5.9	1,260
A Level	0.8	1.4	2.6	3.2	5.2	2.9	622
Diploma	2.0	5.1	4.1	17.3	10.5	8.5	1,823
Associate Degree	1.1	2.2	2.0	5.0	7.8	4.0	864
Undergraduate Degree	1.1	1.6	1.5	4.9	6.6	3.5	746
Post Graduate Degree	0.0	0.0	2.1	1.3	8.4	2.8	606
Professional Qualification	0.8	0.7	0.8	3.9	5.1	2.6	545
Other	5.0	7.2	4.0	1.8	2.3	3.8	816
Not Stated	10.0	4.2	7.4	1.4	2.7	4.6	990
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	3,028	3,983	4,181	4,710	5,439	21,341

**TABLE 2 (CONT'D): DISTRIBUTION OF LABOUR FORCE PARTICIPANTS
BY HIGHEST EXAMINATION PASSED BY QUINTILES**

Highest Exam Passed (Both Sexes)	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
None	57.8	48.3	46.0	32.0	21.5	38.7	15,475
School Leaving	8.7	10.3	14.5	8.8	8.8	10.2	4,092
CXC Basic	2.8	5.7	3.2	4.6	4.7	4.3	1,705
CXC 1-4 Passes	8.0	10.4	11.1	12.9	13.3	11.5	4,600
CXC 5 and More Passes	2.6	4.3	4.4	7.4	4.9	4.9	1,958
A Level	1.4	0.8	1.7	1.7	3.1	1.8	737
Diploma	2.0	4.8	3.4	14.5	10.0	7.6	3,032
Associate Degree	0.6	2.1	1.0	3.6	7.7	3.4	1,358
Undergraduate Degree	0.6	1.8	0.7	3.6	6.5	3.0	1,192
Post Graduate Degree	0.0	0.0	1.5	1.7	8.0	2.7	1,082
Professional Qualification	0.4	0.8	1.5	2.7	4.3	2.2	881
Other	5.8	7.4	4.1	3.2	4.7	4.9	1,944
Not Stated	9.3	3.3	6.8	3.3	2.7	4.7	1,888
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	5,770	6,908	8,200	8,909	10,156	39,943

**TABLE 3: DISTRIBUTION OF LABOUR FORCE PARTICIPANTS
BY SEX AND BY TYPE OF WORKER**

Type of Worker		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%						N
Male								
Paid Employee - Government		22.0	15.1	14.6	20.6	20.7	18.7	3,472
Paid Employee - Statutory		0.0	2.0	3.2	2.1	3.8	2.4	449
Paid Employee - private		46.9	63.9	58.7	52.6	50.7	54.4	10,115
Self employed without employees		13.4	11.6	14.0	10.0	10.2	11.7	2,169
Self employed with employees		2.0	1.5	1.5	7.9	11.3	5.5	1,022
Unpaid family worker		0.0	0.0	0.0	0.0	0.0	0.0	0
Other		1.9	2.0	0.0	0.0	0.6	0.7	137
Not Stated		13.9	4.1	8.1	6.8	2.7	6.7	1,239
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	2,742	2,925	4,019	4,199	4,717		18,602
Female								
Paid Employee - Government		34.4	32.8	27.8	28.5	33.7	31.3	6,683
Paid Employee - Statutory		2.1	2.4	1.4	3.3	3.3	2.6	551
Paid Employee - private		44.5	52.6	50.9	52.3	47.9	49.9	10,640
Self employed without employees		9.0	4.2	7.0	6.8	2.5	5.6	1,190
Self employed with employees		0.9	0.7	2.1	0.7	6.0	2.4	506
Unpaid family worker		0.0	0.0	0.0	0.0	0.5	0.1	29
Other		0.0	0.7	0.0	0.0	0.0	0.1	29
Not Stated		9.1	6.6	10.8	8.3	6.1	8.0	1,713
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	3,028	3,983	4,181	4,710	5,439		21,341
Both Sexes								
Paid Employee - Government		28.5	25.3	21.3	24.8	27.6	25.4	10,155
Paid Employee - Statutory		1.1	2.2	2.2	2.7	3.5	2.5	1,000
Paid Employee - private		45.6	57.4	54.7	52.5	49.2	52.0	20,755
Self employed without employees		11.1	7.3	10.4	8.3	6.1	8.4	3,359
Self employed with employees		1.4	1.0	1.8	4.1	8.5	3.8	1,528
Unpaid family worker		0.0	0.0	0.0	0.0	0.3	0.1	29
Other		0.9	1.2	0.0	0.0	0.3	0.4	166
Not Stated		11.4	5.5	9.5	7.6	4.5	7.4	2,952
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	5,770	6,908	8,200	8,909	10,156		39,943

TABLE 4: DISTRIBUTION OF PERSONS EMPLOYED BY SEX AND BY NUMBER OF HOURS WORKED BY QUINTILES

Hours Worked Weekly		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Under 1 Hour		0.0	0.0	0.0	0.0	0.0	0.0	0
1-8 Hours		0.0	0.0	0.7	0.0	0.7	0.3	57
9-16 Hours		3.5	0.0	2.4	0.7	0.0	1.2	211
17-24 Hours		0.0	2.0	0.8	0.8	0.0	0.7	118
25-34 Hours		2.4	3.3	0.8	3.0	4.2	2.8	500
35-40 Hours		65.8	75.4	81.2	71.7	73.6	74.0	13,302
41-50 Hours		15.6	8.2	4.5	12.7	11.6	10.4	1,862
51-60 Hours		1.3	1.0	2.5	3.0	5.4	3.0	531
61-70 Hours		1.3	0.0	0.8	0.0	1.2	0.7	118
71+ Hours		0.0	0.0	0.0	0.6	0.7	0.3	57
Not Stated		10.2	10.1	6.4	7.5	2.7	6.8	1,227
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	2,534	2,864	3,809	4,148	4,630		17,985
Female								
Under 1 Hour		0.0	0.0	0.0	0.0	0.5	0.1	26
1-8 Hours		1.0	0.0	0.0	0.0	0.6	0.3	63
9-16 Hours		1.0	1.5	0.7	0.6	0.5	0.8	173
17-24 Hours		1.0	1.6	3.7	4.1	0.6	2.2	450
25-34 Hours		3.8	3.2	3.7	9.0	8.5	6.0	1,240
35-40 Hours		81.9	82.3	76.7	75.2	74.2	77.5	15,884
41-50 Hours		4.1	4.1	5.3	2.6	6.9	4.7	970
51-60 Hours		4.2	0.0	1.6	0.6	3.7	2.0	402
61-70 Hours		0.0	0.0	0.0	0.0	1.1	0.3	61
71+ Hours		0.0	0.7	0.0	0.0	0.0	0.1	25
Not Stated		3.0	6.7	8.3	7.9	3.3	5.9	1,201
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	2,835	3,864	3,910	4,519	5,368		20,496

TABLE 4 (CONT'D): DISTRIBUTION OF PERSONS EMPLOYED BY SEX AND BY NUMBER OF HOURS WORKED BY QUINTILES

Hours Worked Weekly		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Both Sexes								
Under 1 Hour		0.0	0.0	0.0	0.0	0.3	0.1	26
1-8 Hours		0.5	0.0	0.3	0.0	0.7	0.3	121
9-16 Hours		2.2	0.9	1.6	0.7	0.3	1.0	384
17-24 Hours		0.5	1.8	2.2	2.5	0.3	1.5	568
25-34 Hours		3.1	3.2	2.2	6.1	6.5	4.5	1,739
35-40 Hours		74.3	79.4	79.0	73.5	73.9	75.8	29,187
41-50 Hours		9.5	5.8	4.9	7.5	9.1	7.4	2,833
51-60 Hours		2.8	0.4	2.0	1.7	4.5	2.4	933
61-70 Hours		0.6	0.0	0.4	0.0	1.2	0.5	179
71+ Hours		0.0	0.4	0.0	0.3	0.3	0.2	83
Not Stated		6.4	8.1	7.4	7.7	3.0	6.3	2,428
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	5,369	6,729	7,719	8,667	9,998		38,481

TABLE 5: DISTRIBUTION OF EMPLOYEES BY SEX AND REASON FOR WORKING LESS THAN 35 HOURS BY QUINTILES

Reason Working For Less Than 35 Hours		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Own illness/injury	0.0	0.0	0.0	0.0	0.0	0.0	0	
Holiday/vacation	0.0	0.0	0.0	0.0	0.0	0.0	0	
Personal/family responsibilities	0.0	0.0	0.0	0.0	0.0	0.0	0	
In school/training	0.0	0.0	0.0	0.0	0.0	0.0	0	
Strike/lock out	0.0	0.0	0.0	0.0	0.0	0.0	0	
Job ended in reference week	40.4	62.0	0.0	20.5	0.0	22.6	186	
Firm not getting enough work	19.1	0.0	0.0	20.5	0.0	7.4	61	
Could not find more work	0.0	38.0	14.4	22.1	16.8	18.1	149	
Part Time Work	40.4	0.0	16.4	0.0	16.8	14.8	122	
Pregnancy	0.0	0.0	0.0	0.0	0.0	0.0	0	
Other	0.0	0.0	69.1	36.9	66.4	37.1	305	
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	150	151	176	156	190	823	
Female								
Own illness/injury	0.0	0.0	0.0	0.0	0.0	0.0	0	
Holiday/vacation	0.0	0.0	0.0	0.0	0.0	0.0	0	
Personal/family responsibilities	0.0	0.0	10.0	4.6	0.0	3.2	54	
In school/training	0.0	0.0	0.0	4.6	0.0	1.5	25	
Strike/lock out	0.0	0.0	0.0	0.0	0.0	0.0	0	
Job ended in reference week	0.0	15.8	8.8	4.6	5.1	6.1	105	
Firm not getting enough work	0.0	0.0	0.0	5.2	0.0	1.7	29	
Could not find more work	0.0	0.0	0.0	0.0	0.0	0.0	0	
Part Time Work	29.8	66.7	20.0	17.1	6.5	21.2	362	
Pregnancy	0.0	0.0	0.0	0.0	0.0	0.0	0	
Other	70.2	17.5	61.2	63.8	88.4	66.3	1,131	
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	193	182	288	549	495	1,707	

TABLE 5 (CONT'D): DISTRIBUTION OF EMPLOYEES BY SEX AND REASON FOR WORKING LESS THAN 35 HOURS BY QUINTILES

Reason Working For Less Than 35 Hours		Per Capita Consumption Quintiles					Total
		Poorest	II	III	IV	V	
		%					
Both Sexes							
Own illness/injury	0.0	0.0	0.0	0.0	0.0	0.0	0
Holiday/vacation	0.0	0.0	0.0	0.0	0.0	0.0	0
Personal/family responsibilities	0.0	0.0	6.2	3.6	0.0	2.1	54
In school/training	0.0	0.0	0.0	3.6	0.0	1.0	25
Strike/lock out	0.0	0.0	0.0	0.0	0.0	0.0	0
Job ended in reference week	17.7	36.7	5.5	8.1	3.7	11.5	291
Firm not getting enough work	8.4	0.0	0.0	8.6	0.0	3.5	89
Could not find more work	0.0	17.2	5.5	4.9	4.7	5.9	149
Part Time Work	34.5	36.5	18.7	13.3	9.3	19.1	484
Pregnancy	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	39.5	9.6	64.2	57.9	82.3	56.8	1,437
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0
	N	343	333	464	705	685	2,530

TABLE 6: DISTRIBUTION OF LABOUR FORCE PARTICIPANTS BY SEX AND TYPE OF WORKER - ACROSS QUINTILES

Type of Worker	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%						
Male							
Paid Employee - Government	17.4	12.7	16.9	24.9	28.1	100.0	3,472
Paid Employee - Statutory	0.0	12.8	28.3	19.3	39.7	100.0	449
Paid Employee - private	12.7	18.5	23.3	21.9	23.7	100.0	10,115
Self employed without employees	17.0	15.6	25.9	19.3	22.2	100.0	2,169
Self employed with employees	5.3	4.2	5.9	32.5	52.1	100.0	1,022
Unpaid family worker	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	37.1	41.9	0.0	0.0	21.0	100.0	137
Not Stated	30.7	9.6	26.3	23.2	10.3	100.0	1,239
Total	N	2,742	2,925	4,019	4,199	4,717	18,602
Female							
Paid Employee - Government	15.6	19.6	17.4	20.1	27.4	100.0	6,683
Paid Employee - Statutory	11.6	17.3	10.4	28.4	32.3	100.0	551
Paid Employee - private	12.7	19.7	20.0	23.2	24.5	100.0	10,640
Self employed without employees	22.9	14.1	24.5	27.1	11.5	100.0	1,190
Self employed with employees	5.7	5.7	17.7	6.3	64.7	100.0	506
Unpaid family worker	0.0	0.0	0.0	0.0	100.0	100.0	29
Other	0.0	100.0	0.0	0.0	0.0	100.0	29
Not Stated	16.1	15.3	26.4	22.9	19.3	100.0	1,713
Total	N	3,028	3,983	4,181	4,710	5,439	21,341
Both Sexes							
Paid Employee - Government	16.2	17.2	17.2	21.7	27.7	100.0	10,155
Paid Employee - Statutory	6.4	15.3	18.4	24.3	35.6	100.0	1,000
Paid Employee - private	12.7	19.1	21.6	22.5	24.1	100.0	20,755
Self employed without employees	19.1	15.1	25.4	22.0	18.4	100.0	3,359
Self employed with employees	5.5	4.7	9.8	23.8	56.2	100.0	1,528
Unpaid family worker	0.0	0.0	0.0	0.0	100.0	100.0	29
Other	30.7	52.0	0.0	0.0	17.3	100.0	166
Not Stated	22.2	12.9	26.4	23.0	15.5	100.0	2,952
Total	N	5,770	6,908	8,200	8,909	10,156	39,943

TABLE 7: DISTRIBUTION OF LABOUR FORCE PARTICIPANTS BY AGE GROUPS AND SEX BY QUINTILES

Five Year Age Groups		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%						N
Male								
15-19		20.4	13.3	32.4	26.4	7.5	100.0	674
20-24		19.1	21.5	30.2	14.3	14.8	100.0	1,852
25-29		20.8	13.5	23.8	26.1	15.8	100.0	2,145
30-34		13.3	12.5	19.0	27.4	27.7	100.0	2,450
35-39		8.8	18.3	23.1	24.7	25.1	100.0	2,950
40-44		12.9	19.2	27.6	19.0	21.3	100.0	2,120
45-49		17.2	14.2	18.8	16.0	33.7	100.0	2,124
50-54		14.7	11.7	9.3	18.6	45.7	100.0	1,572
55-59		13.3	20.9	18.9	22.3	24.6	100.0	912
60-64		16.1	15.5	20.7	31.0	16.7	100.0	556
65+		11.0	10.3	13.3	31.0	34.3	100.0	1,248
Total	N	2,742	2,925	4,019	4,199	4,717	18,602	
Female								
15-19		14.4	34.6	10.1	31.3	9.6	100.0	600
20-24		15.8	24.5	15.2	22.1	22.4	100.0	2,622
25-29		11.1	24.8	23.5	17.3	23.3	100.0	2,327
30-34		21.7	20.3	17.8	20.5	19.8	100.0	2,747
35-39		9.5	16.0	23.2	25.3	26.1	100.0	3,641
40-44		12.4	16.5	16.7	24.4	30.1	100.0	3,799
45-49		19.4	17.7	27.6	17.5	17.8	100.0	1,699
50-54		8.1	15.3	23.8	21.7	31.2	100.0	1,962
55-59		9.1	9.9	14.2	27.2	39.6	100.0	1,098
60-64		12.6	7.1	7.1	13.6	59.5	100.0	402
65+		49.8	11.4	20.1	12.9	5.7	100.0	445
Total	N	3,028	3,983	4,181	4,710	5,439	21,341	

TABLE 7 (CONT'D): DISTRIBUTION OF LABOUR FORCE PARTICIPANTS BY AGE GROUPS AND SEX BY QUINTILES

Five Year Age Groups		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Both Sexes								
15-19		17.5	23.3	21.9	28.7	8.5	100.0	1,274
20-24		17.2	23.3	21.4	18.8	19.3	100.0	4,474
25-29		15.8	19.4	23.6	21.5	19.7	100.0	4,472
30-34		17.7	16.6	18.4	23.8	23.5	100.0	5,196
35-39		9.1	17.0	23.1	25.0	25.7	100.0	6,591
40-44		12.6	17.5	20.6	22.4	26.9	100.0	5,919
45-49		18.2	15.8	22.7	16.7	26.7	100.0	3,822
50-54		11.0	13.7	17.3	20.3	37.7	100.0	3,534
55-59		11.0	14.9	16.3	25.0	32.8	100.0	2,010
60-64		14.6	12.0	15.0	23.7	34.7	100.0	958
65+		21.2	10.6	15.1	26.2	26.8	100.0	1,693
Total	N	5,770	6,908	8,200	8,909	10,156	39,943	

TABLE 8: DISTRIBUTION OF EMPLOYED BY INDUSTRY AND QUINTILES

Industry	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Agriculture & Fishing	27.1	14.3	18.9	20.5	19.2	100.0	981
Manufacturing	5.2	19.3	18.7	29.7	27.1	100.0	496
Construction	14.2	21.0	28.2	22.6	14.0	100.0	4,031
Wholesale and Retail	4.5	11.2	24.3	26.1	33.8	100.0	1,338
Hotel and Restaurant	11.5	20.6	26.3	20.4	21.3	100.0	3,175
Transportation	6.2	10.8	9.1	38.2	35.8	100.0	987
Services	10.1	15.5	18.6	23.8	32.1	100.0	13,782
Administrative	15.7	17.5	13.9	24.6	28.3	100.0	4,395
Education	2.4	14.2	22.7	29.0	31.7	100.0	2,275
Other	25.7	20.5	17.5	15.6	20.6	100.0	5,260
Not Stated	30.5	24.1	24.7	11.4	9.3	100.0	1,761
Total	N	5,369	6,729	7,719	8,667	9,998	38,481

3.0 EDUCATION

TABLE 1: DISTRIBUTION OF SCHOOL ATTENDANCE STATUS BY AGE AND QUINTILES

Five Year Age Groups	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Yes							
0-4	4.9	7.9	10.0	10.7	7.6	8.0	2,071
5-9	32.7	28.6	30.2	25.4	21.8	28.6	7,404
10-14	37.3	36.9	33.8	29.9	30.4	34.4	8,886
15-19	24.3	20.9	20.1	24.4	15.0	21.4	5,533
20-24	0.4	2.1	1.2	2.0	7.2	2.1	548
25-29	0.0	0.6	2.1	2.1	4.2	1.5	384
30-34	0.0	0.0	0.6	0.7	4.4	0.8	208
35-39	0.0	1.4	0.4	2.7	5.1	1.5	388
40-44	0.4	0.5	0.9	0.7	2.5	0.9	223
45-49	0.0	0.0	0.6	0.7	1.7	0.5	118
50-54	0.0	0.0	0.0	0.0	0.0	0.0	0
55-59	0.0	0.0	0.0	0.6	0.0	0.1	25
60-64	0.0	0.0	0.0	0.0	0.0	0.0	0
65+	0.0	1.1	0.0	0.0	0.0	0.3	66
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,600	6,068	5,771	4,112	3,305	25,856
No							
0-4	7.4	8.7	5.3	4.2	5.8	6.2	3,570
5-9	1.2	0.0	0.0	0.0	0.0	0.2	121
10-14	0.6	0.0	0.0	0.0	0.0	0.1	57
15-19	3.7	5.2	3.4	2.6	0.6	3.0	1,720
20-24	12.2	12.7	10.0	8.0	4.9	9.2	5,338
25-29	7.7	9.3	10.5	7.6	6.2	8.2	4,715
30-34	11.9	8.8	9.4	10.5	8.6	9.8	5,647
35-39	7.7	11.6	14.4	12.6	12.4	11.9	6,849
40-44	10.7	11.6	12.4	11.0	11.5	11.4	6,602
45-49	9.5	7.3	9.0	7.2	8.3	8.2	4,744
50-54	5.7	6.2	6.9	7.7	10.1	7.5	4,320
55-59	3.7	4.2	4.1	5.8	4.9	4.6	2,666
60-64	4.2	4.0	4.6	4.1	6.6	4.8	2,754
65+	13.9	10.4	10.1	18.6	20.1	15.0	8,651
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	9,987	10,722	11,004	12,671	13,370	57,754

TABLE 1 (CONT'D): DISTRIBUTION OF SCHOOL ATTENDANCE STATUS BY AGE AND QUINTILES

Five Year Age Groups		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%						N
Not Stated								
0-4		0.0	15.6	0.0	.0	20.4	8.4	61
5-9		15.6	31.4	0.0	19.0	.0	15.1	109
10-14		17.3	0.0	0.0	43.1	20.4	16.4	119
15-19		15.4	0.0	34.8	19.0	0.0	11.0	80
20-24		0.0	18.7	0.0	0.0	0.0	4.8	34
25-29		0.0	0.0	0.0	0.0	0.0	0.0	0
30-34		0.0	0.0	0.0	19.0	0.0	3.5	25
35-39		0.0	0.0	0.0	0.0	0.0	0.0	0
40-44		0.0	18.7	0.0	0.0	20.4	9.2	66
45-49		0.0	15.6	34.6	0.0	0.0	7.9	57
50-54		25.8	0.0	30.6	0.0	0.0	9.4	68
55-59		0.0	0.0	0.0	0.0	0.0	0.0	0
60-64		0.0	0.0	0.0	0.0	0.0	0.0	0
65+		25.8	0.0	0.0	0.0	38.8	14.3	104
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	166	184	83	134	157	724	
Total								
0-4		6.3	8.5	6.9	5.8	6.3	6.8	5,701
5-9		13.8	10.6	10.4	6.3	4.3	9.1	7,634
10-14		15.2	13.2	11.6	7.6	6.2	10.7	9,062
15-19		11.9	10.8	9.2	8.1	3.4	8.7	7,333
20-24		7.4	8.9	7.0	6.5	5.3	7.0	5,921
25-29		4.6	6.1	7.6	6.2	5.7	6.0	5,099
30-34		7.1	5.6	6.3	8.2	7.7	7.0	5,880
35-39		4.6	7.8	9.5	10.1	10.8	8.6	7,237
40-44		6.5	7.7	8.4	8.4	9.8	8.2	6,891
45-49		5.7	4.8	6.2	5.6	6.9	5.8	4,920
50-54		3.6	3.9	4.6	5.8	8.1	5.2	4,388
55-59		2.2	2.7	2.7	4.5	3.9	3.2	2,692
60-64		2.5	2.5	3.0	3.1	5.2	3.3	2,754
65+		8.5	7.0	6.6	13.9	16.3	10.5	8,821
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334	

TABLE 2: DISTRIBUTION OF PERSONS ATTENDING SCHOOL BY AGE AND QUINTILES

Five Year Age Groups	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
0-4	4.9	7.9	10.0	10.7	7.6	8.0	2,071
5-9	32.7	28.6	30.2	25.4	21.8	28.6	7,404
10-14	37.3	36.9	33.8	29.9	30.4	34.4	8,886
15-19	24.3	20.9	20.1	24.4	15.0	21.4	5,533
20-24	0.4	2.1	1.2	2.0	7.2	2.1	548
25-29	0.0	0.6	2.1	2.1	4.2	1.5	384
30-34	0.0	0.0	0.6	0.7	4.4	0.8	208
35-39	0.0	1.4	0.4	2.7	5.1	1.5	388
40-44	0.4	0.5	0.9	0.7	2.5	0.9	223
45-49	0.0	0.0	0.6	0.7	1.7	0.5	118
50-54	0.0	0.0	0.0	0.0	0.0	0.0	0
55-59	0.0	0.0	0.0	0.6	0.0	0.1	25
60-64	0.0	0.0	0.0	0.0	0.0	0.0	0
65+	0.0	1.1	0.0	0.0	0.0	0.3	66
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,600	6,068	5,771	4,112	3,305	25,856

TABLE 3: DISTRIBUTION OF PERSONS NOT ATTENDING SCHOOL BY AGE AND QUINTILES

Five Year Age Groups	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
0-4	7.4	8.7	5.3	4.2	5.8	6.2	3,570
5-9	1.2	0.0	0.0	0.0	0.0	0.2	121
10-14	0.6	0.0	0.0	0.0	0.0	0.1	57
15-19	3.7	5.2	3.4	2.6	0.6	3.0	1,720
20-24	12.2	12.7	10.0	8.0	4.9	9.2	5,338
25-29	7.7	9.3	10.5	7.6	6.2	8.2	4,715
30-34	11.9	8.8	9.4	10.5	8.6	9.8	5,647
35-39	7.7	11.6	14.4	12.6	12.4	11.9	6,849
40-44	10.7	11.6	12.4	11.0	11.5	11.4	6,602
45-49	9.5	7.3	9.0	7.2	8.3	8.2	4,744
50-54	5.7	6.2	6.9	7.7	10.1	7.5	4,320
55-59	3.7	4.2	4.1	5.8	4.9	4.6	2,666
60-64	4.2	4.0	4.6	4.1	6.6	4.8	2,754
65+	13.9	10.4	10.1	18.6	20.1	15.0	8,651
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	9,987	10,722	11,004	12,671	13,370	57,754

TABLE 4: DISTRIBUTION OF INDIVIDUALS 15+ WHO CAN READ AND WRITE BY SEX AND QUINTILES

Can Read and Write		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%						N
Male								
Yes		97.4	98.3	98.9	96.1	99.1	98.0	26,000
No		1.2	1.7	1.1	3.9	0.9	1.8	476
Not Stated		1.4	0.0	0.0	0.0	0.0	0.3	68
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	4,868	4,715	5,363	5,714	5,883		26,543
Female								
Yes		97.4	98.7	98.6	98.8	97.4	98.2	34,752
No		2.6	0.9	0.9	1.2	1.8	1.5	523
Not Stated		0.0	0.4	0.4	0.0	0.7	0.3	118
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	5,972	6,786	6,633	7,869	8,133		35,393
Both Sexes								
Yes		97.4	98.5	98.8	97.6	98.1	98.1	60,751
No		2.0	1.2	1.0	2.4	1.5	1.6	998
Not Stated		0.6	0.2	0.2	0.0	0.4	0.3	186
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	10,840	11,501	11,997	13,583	14,016		61,936

TABLE 5: PERSONS ATTENDING SCHOOL: NUMBER OF DAYS ATTENDED SCHOOL LAST WEEK BY SEX AND QUINTILES

Days Actually Went To School/Classes		Per Capita Consumption Quintiles					Total
		Poorest	II	III	IV	V	
		%					
Male							
None	0.0	1.0	1.1	0.0	0.0	0.5	54
One	0.9	0.0	1.1	0.0	0.0	0.5	54
Two	0.0	2.1	0.0	0.0	0.0	0.5	63
Three	1.8	1.7	3.4	0.0	2.0	1.8	220
Four	3.6	0.0	1.1	1.8	3.8	2.0	235
Five	91.8	88.1	89.1	88.4	76.4	88.0	10,491
Six	0.0	0.0	0.0	0.0	0.0	0.0	0
Seven	0.0	0.0	0.0	2.7	0.0	0.4	52
Not Stated	1.8	7.0	4.2	7.1	17.7	6.3	752
Total	%	100.0	100.0	100.0	100.0	100.0	100.0
	N	3,317	2,972	2,324	1,897	1,411	11,922

**TABLE 5 (CONT'D): PERSONS ATTENDING SCHOOL: NUMBER OF DAYS
ATTENDED SCHOOL LAST WEEK BY SEX AND QUINTILES**

Days Actually Went To School/Classes		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Female								
None		0.0	1.4	1.9	0.0	3.2	1.2	169
One		1.0	0.0	0.9	0.0	0.0	0.5	64
Two		0.8	2.6	0.8	1.1	1.5	1.4	188
Three		1.8	1.9	1.5	1.3	1.7	1.6	227
Four		3.6	1.0	2.7	4.1	2.9	2.8	389
Five		91.3	90.5	83.8	82.7	61.7	83.9	11,688
Six		0.0	0.0	0.0	1.4	0.0	0.2	32
Seven		0.0	0.0	1.5	0.0	0.0	0.4	52
Not Stated		1.6	2.7	6.8	9.2	29.1	8.1	1,125
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	3,283	3,096	3,447	2,215	1,894		13,934
Both Sexes								
None		0.0	1.2	1.6	0.0	1.8	0.9	223
One		0.9	0.0	1.0	0.0	0.0	0.5	118
Two		0.4	2.4	0.5	0.6	0.9	1.0	252
Three		1.8	1.8	2.3	0.7	1.8	1.7	447
Four		3.6	0.5	2.0	3.1	3.3	2.4	624
Five		91.6	89.3	85.9	85.3	68.0	85.8	22,179
Six		0.0	0.0	0.0	0.8	0.0	0.1	32
Seven		0.0	0.0	0.9	1.3	0.0	0.4	103
Not Stated		1.7	4.8	5.8	8.2	24.2	7.3	1,877
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	6,600	6,068	5,771	4,112	3,305		25,856

TABLE 6: HIGHEST EXAMINATED PASSED BY HEADS OF HOUSEHOLDS BY SEX AND QUINTILES

Highest Examination Passed		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
None		67.9	59.7	59.2	51.5	35.2	51.9	8,241
School Leaving		5.0	13.5	11.2	9.2	11.8	10.4	1,653
CXC Basic		1.2	2.7	0.8	3.9	1.3	2.0	314
CXC 1-4 Passes		5.2	2.4	2.6	8.5	4.8	4.8	767
CXC 5 and More Passes		0.0	1.1	5.5	4.9	2.2	2.9	461
A Level		1.1	0.0	0.9	0.0	0.7	0.5	86
Diploma		1.4	3.7	0.9	6.2	9.0	4.9	778
Associate Degree		0.0	1.1	0.0	2.6	7.0	2.8	440
Undergraduate Degree		0.0	1.0	0.0	1.7	6.8	2.5	399
Post Graduate Degree		0.0	0.0	2.0	2.7	9.2	3.6	576
Professional Qualification		1.1	1.1	2.2	0.8	1.8	1.5	232
Other		2.4	7.5	5.8	2.7	6.8	5.2	826
Not Stated		14.7	6.1	8.8	5.2	3.5	6.9	1,095
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	2,320	2,523	3,048	3,328	4,648		15,867
Female								
None		71.9	65.2	54.5	52.1	36.4	52.6	7,833
School Leaving		4.2	6.7	12.2	11.0	11.4	9.7	1,439
CXC Basic		0.0	3.8	1.3	0.9	1.9	1.6	236
CXC 1-4 Passes		0.0	6.5	16.4	6.5	15.0	9.8	1,463
CXC 5 and More Passes		1.5	1.2	3.2	3.0	4.2	2.9	434
A Level		1.2	0.0	0.0	2.0	1.3	1.0	153
Diploma		2.7	2.5	1.0	9.2	7.2	5.2	774
Associate Degree		0.0	1.4	0.0	1.7	5.7	2.3	347
Undergraduate Degree		1.5	0.0	0.0	3.6	3.8	2.2	325
Post Graduate Degree		0.0	0.0	1.0	0.9	3.3	1.4	204
Professional Qualification		1.6	0.0	0.0	3.5	3.8	2.2	326
Other		3.0	5.3	4.4	3.2	2.7	3.6	532
Not Stated		12.3	7.4	5.9	2.7	3.2	5.5	822
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	2,121	2,350	2,513	3,372	4,531		14,887

TABLE 6 (CONT'D): HIGHEST EXAMINATED PASSED BY HEADS OF HOUSEHOLDS BY SEX AND QUINTILES

Highest Examination Passed	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Both Sexes							
None	69.8	62.4	57.1	51.8	35.8	52.3	16,074
School Leaving	4.6	10.2	11.7	10.1	11.6	10.1	3,092
CXC Basic	0.6	3.2	1.0	2.4	1.6	1.8	549
CXC 1-4 Passes	2.7	4.4	8.8	7.5	9.8	7.3	2,230
CXC 5 and More Passes	0.7	1.2	4.4	4.0	3.2	2.9	894
A Level	1.1	0.0	0.5	1.0	1.0	0.8	239
Diploma	2.0	3.1	1.0	7.7	8.1	5.0	1,553
Associate Degree	0.0	1.2	0.0	2.2	6.3	2.6	787
Undergraduate Degree	0.7	0.5	0.0	2.6	5.3	2.4	724
Post Graduate Degree	0.0	0.0	1.5	1.8	6.3	2.5	780
Professional Qualification	1.3	0.6	1.2	2.1	2.8	1.8	558
Other	2.7	6.4	5.2	2.9	4.8	4.4	1,358
Not Stated	13.6	6.7	7.5	3.9	3.4	6.2	1,916
Total	%	100.0	100.0	100.0	100.0	100.0	100.0
	N	4,441	4,872	5,562	6,700	9,179	30,754

TABLE 7: HIGHEST LEVEL OF EDUCATION ATTAINED BY PERSONS 15+ NOT CURRENTLY ATTENDING SCHOOL BY SEX AND QUINTILES

Highest Level Education	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Male							
None	0.0	0.0	0.7	1.1	0.0	0.4	86
Nursery	0.0	0.0	0.0	0.0	0.0	0.0	0
Pre School/Kindergarten	0.0	0.0	0.0	0.0	0.0	0.0	0
Special Education	0.0	0.0	0.0	0.0	0.0	0.0	0
Primary	25.1	28.0	34.7	29.8	24.6	28.5	6,652
Secondary	44.4	49.6	48.9	44.1	35.5	44.0	10,285
ASC	3.6	6.3	1.8	8.1	7.0	5.5	1,275
University	1.3	3.0	3.6	6.3	20.5	7.6	1,779
ABBIT	0.0	0.0	0.0	0.6	0.5	0.2	54
Hotel School	0.0	0.0	0.0	0.6	0.0	0.1	32
Vocational/Technical Institution	0.0	1.5	3.8	1.7	4.7	2.5	587
Other	2.2	2.9	1.9	1.1	4.1	2.5	573
Not Stated	23.5	8.6	4.8	6.6	3.2	8.7	2,027
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	4,035	3,867	4,843	5,138	5,467	23,350

TABLE 7 (CONT'D): HIGHEST LEVEL OF EDUCATION ATTAINED BY PERSONS 15+ NOT CURRENTLY ATTENDING SCHOOL BY SEX AND QUINTILES

Highest Level Education		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Female								
None	0.5	0.0	0.5	0.0	0.0	0.2	54	
Nursery	0.0	0.0	0.0	0.0	0.0	0.0	0	
Pre School/Kindergarten	0.0	0.0	0.0	0.0	0.0	0.0	0	
Special Education	0.0	0.0	0.0	0.8	0.0	0.2	54	
Primary	24.8	19.6	25.6	28.8	26.7	25.3	7,746	
Secondary	54.3	59.3	49.1	42.2	34.3	46.9	14,366	
ASC	3.4	6.1	6.6	11.0	8.8	7.5	2,300	
University	0.6	2.1	5.4	7.5	20.6	8.0	2,437	
ABBIT	0.0	0.0	0.5	0.0	0.4	0.2	57	
Hotel School	0.0	0.7	1.0	0.4	0.0	0.4	126	
Vocational/Technical Institution	0.7	1.0	1.5	1.4	1.7	1.3	398	
Other	1.2	1.1	1.0	1.6	4.2	1.9	595	
Not Stated	14.5	10.1	8.7	6.2	3.3	8.1	2,479	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	5,036	5,922	5,574	6,996	7,085	30,613	
Both Sexes								
None	0.3	0.0	0.6	0.4	0.0	0.3	141	
Nursery	0.0	0.0	0.0	0.0	0.0	0.0	0	
Pre School/Kindergarten	0.0	0.0	0.0	0.0	0.0	0.0	0	
Special Education	0.0	0.0	0.0	0.4	0.0	0.1	54	
Primary	24.9	22.9	29.8	29.3	25.8	26.7	14,398	
Secondary	49.9	55.5	49.0	43.0	34.8	45.7	24,651	
ASC	3.5	6.2	4.4	9.8	8.0	6.6	3,576	
University	0.9	2.4	4.5	7.0	20.5	7.8	4,216	
ABBIT	0.0	0.0	0.3	0.2	0.4	0.2	112	
Hotel School	0.0	0.4	0.5	0.5	0.0	0.3	158	
Vocational/Technical Institution	0.4	1.2	2.5	1.5	3.0	1.8	985	
Other	1.7	1.8	1.4	1.4	4.2	2.2	1,168	
Not Stated	18.5	9.5	6.9	6.4	3.3	8.4	4,506	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,071	9,790	10,418	12,134	12,551	53,963	

TABLE 8: DISTRIBUTION OF PERSONS COMPLETING SCHOOL WITH TECHNICAL OR VOCATIONAL TRAINING BY SEX AND QUINTILES

Technical or Vocation Training		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%						N
Male								
Vocational		12.5	17.2	20.1	16.4	16.8	16.7	1,331
Technical		3.4	10.4	13.0	16.2	14.0	11.9	3,393
Both		2.6	8.8	8.0	20.8	29.8	15.3	2,421
None		69.0	56.8	54.7	42.2	33.3	49.5	3,119
Not Stated		12.5	6.8	4.2	4.5	6.0	6.5	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	3,543	3,149	4,156	4,587	4,897		20,332
Female								
Vocational		8.4	7.4	12.4	14.8	8.9	10.5	1,784
Technical		5.2	4.3	6.0	11.3	13.2	8.5	2,867
Both		2.9	4.9	4.9	13.3	19.7	10.1	2,310
None		75.8	76.6	64.8	56.5	54.3	64.3	2,734
Not Stated		7.8	6.7	11.9	4.1	4.0	6.6	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	4,559	4,936	4,816	6,443	6,424		27,178
Both Sexes								
Vocational		10.2	11.2	15.9	15.5	12.3	13.2	3,114
Technical		4.4	6.7	9.2	13.3	13.5	10.0	6,259
Both		2.8	6.4	6.4	16.4	24.1	12.3	4,730
None		72.8	68.9	60.1	50.5	45.2	58.0	5,853
Not Stated		9.8	6.8	8.3	4.3	4.9	6.6	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	8,102	8,085	8,972	11,030	11,321		47,510

TABLE 9: DISTRIBUTION OF PERSONS RECEIVING FREE MEALS OR SNACKS FROM SCHOOL FEEDING PROGRAMME BY QUINTILES

Receives Meal Or Snack From This Service	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Yes	100.0	66.5	72.3	75.8	57.4	70.3	494
No	0.0	33.5	27.7	24.2	42.6	29.7	209
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	57	172	208	105	160	703

TABLE 10: REPORTED OWNERSHIP OF SCHOOL BOOKS BY QUINTILES

Has All Textbooks Required For School	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
	0.5	0.0	0.7	0.0	0.0	0.3	55
Yes, Has Books for Exclusive Use	87.5	92.3	94.8	96.1	91.4	91.9	16,242
Yes, but shares with other family members	0.0	0.0	0.0	0.0	0.0	0.0	0
Has Only Some Books	8.9	7.7	3.3	2.5	5.8	6.1	1,076
Has None	3.1	0.0	1.2	1.4	2.8	1.7	293
Not Stated	0.0	0.0	0.0	0.0	0.0	0.0	0
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	5,035	4,241	4,131	2,430	1,829	17,666

TABLE 11: REPORTED REASONS FOR NOT OWNING ALL TEXT BOOKS BY QUINTILES

Reasons For Not Having Required Textbooks	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Books not available	2.8	1.9	4.4	3.5	4.4	3.2	837
Could not afford	4.6	3.9	0.7	0.8	1.7	2.6	672
Books available in school library	11.6	10.7	5.7	2.1	0.0	7.1	1,823
Books were lost or destroyed	0.0	0.0	0.0	0.8	0.9	0.2	61
To be purchased	1.4	0.7	0.0	0.0	0.0	0.5	135
Other	5.9	5.9	6.7	8.1	3.9	6.2	1,591
Not Stated	73.8	77.0	82.5	84.7	89.1	80.2	20,737
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,600	6,068	5,771	4,112	3,305	25,856

TABLE 12: DISTRIBUTION OF BOTH SEXES ATTENDING SCHOOL USING BOOK LOAN FACILITY BY QUINTILES

Made Use Of Loan Book Facility	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Yes	79.6	70.8	66.3	62.2	50.5	68.1	17,598
No	19.7	25.5	27.5	29.0	25.3	25.0	6,462
Not Stated	0.8	3.7	6.1	8.9	24.2	6.9	1,796
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,600	6,068	5,771	4,112	3,305	25,856

4.0 HEALTH

TABLE 1: DISTRIBUTION OF PERSONS CONFINED TO BED BY SEX AND QUINTILES

Confined to Bed Due To Accident		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Yes		4.9	0.3	0.8	1.6	5.0	2.6	948
No		93.3	99.3	99.2	98.0	94.6	96.8	35,917
Not Stated		1.7	0.4	0.0	0.4	0.4	0.6	223
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	7,894	7,376	7,401	7,229	7,188		37,088
Female								
Yes		4.5	1.3	5.6	4.7	6.4	4.5	2,129
No		94.8	98.7	93.8	95.0	92.9	95.1	44,909
Not Stated		0.7	0.0	0.6	0.3	0.7	0.4	208
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	8,859	9,599	9,457	9,688	9,643		47,245
Both Sexes								
Yes		4.7	0.9	3.5	3.4	5.8	3.6	3,077
No		94.1	99.0	96.2	96.3	93.6	95.8	80,826
Not Stated		1.2	0.2	0.3	0.3	0.6	0.5	431
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831		84,334

TABLE 2: TYPE OF ILLNESS OR INJURY CONFINING MALES TO BED BY QUINTILES

Confined to Bed Due To Accident		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Influenza	46.6	0.0	0.0	51.4	9.0	28.9	274	
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0	
Chicken	0.0	0.0	0.0	0.0	0.0	0.0	0	
Eye Disease	0.0	0.0	0.0	0.0	0.0	0.0	0	
Broken	0.0	0.0	44.7	0.0	9.0	6.1	58	
Cuts/Wound	0.0	0.0	0.0	0.0	0.0	0.0	0	
Internal Injury	0.0	0.0	0.0	0.0	9.0	3.4	32	
Diabetes	0.0	0.0	0.0	0.0	7.1	2.7	25	
Hypertension	7.4	0.0	0.0	0.0	0.0	3.0	29	
Headache	7.4	0.0	0.0	0.0	8.1	6.1	58	
Asthma	0.0	0.0	0.0	24.3	0.0	3.0	29	
Arthritis	0.0	0.0	0.0	0.0	8.1	3.0	29	
Backache	8.2	0.0	0.0	0.0	0.0	3.4	32	
Injury	0.0	0.0	0.0	0.0	9.0	3.4	32	
Vasurat	0.0	0.0	0.0	0.0	0.0	0.0	0	
Toothache	7.4	0.0	0.0	0.0	0.0	3.0	29	
Stomach	0.0	100.0	0.0	0.0	14.2	8.0	76	
Stroke	0.0	0.0	0.0	0.0	0.0	0.0	0	
Fever	0.0	0.0	0.0	0.0	0.0	0.0	0	
Don't Know	7.4	0.0	0.0	24.4	9.0	9.5	90	
Not Stated	15.6	0.0	55.3	0.0	17.7	16.5	156	
Total	%	100.0	100.0	100.0	100.0	100.0		
	N	389	25	58	118	357	948	

TABLE 2 (CONT'D): TYPE OF ILLNESS OR INJURY CONFINING MALES TO BED BY QUINTILES

Confined to Bed Due To Accident		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Female								
Influenza	47.7	28.5	21.1	19.6	9.2	22.8	485	
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0	
Chicken	0.0	0.0	0.0	6.3	0.0	1.4	29	
Eye Disease	0.0	0.0	10.9	0.0	0.0	2.7	57	
Broken	7.2	0.0	6.5	0.0	4.6	4.3	92	
Cuts/Wound	0.0	0.0	4.8	0.0	0.0	1.2	25	
Internal Injury	6.3	0.0	6.0	0.0	0.0	2.7	57	
Diabetes	0.0	0.0	0.0	6.3	0.0	1.4	29	
Hypertension	6.3	26.4	0.0	0.0	0.0	2.7	57	
Headache	0.0	0.0	0.0	6.3	4.1	2.6	54	
Asthma	0.0	21.4	0.0	0.0	4.1	2.4	51	
Arthrit	0.0	0.0	5.4	0.0	23.1	8.1	173	
Backache	0.0	0.0	0.0	0.0	4.1	1.2	25	
Injury	0.0	0.0	4.8	0.0	0.0	1.2	25	
Vasurat	0.0	0.0	0.0	0.0	0.0	0.0	0	
Toothache	0.0	0.0	0.0	0.0	0.0	0.0	0	
Stomach	0.0	0.0	12.0	14.6	13.9	10.1	216	
Stroke	0.0	0.0	6.0	7.0	0.0	3.0	64	
Fever	0.0	0.0	6.0	0.0	0.0	1.5	32	
Dont Know	8.6	0.0	0.0	7.6	16.1	7.9	169	
Not Stated	23.9	23.7	16.3	32.2	20.8	22.9	487	
Total	%	100.0	100.0	100.0	100.0	100.0		
	N	402	121	529	455	622	2,129	

TABLE 2 (CONT'D): TYPE OF ILLNESS OR INJURY CONFINING MALES TO BED BY QUINTILES

Confined to Bed Due To Accident		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Both Sexes								
Influenza	47.2	23.5	19.0	26.2	9.1	24.7	759	
Measles	0.0	0.0	0.0	0.0	0.0	0.0	0	
Chicken	0.0	0.0	0.0	5.0	0.0	0.9	29	
Eye Disease	0.0	0.0	9.8	0.0	0.0	1.9	57	
Broken	3.6	0.0	10.3	0.0	6.2	4.9	150	
Cuts/Wound	0.0	0.0	4.3	0.0	0.0	0.8	25	
Internal Injury	3.2	0.0	5.5	0.0	3.3	2.9	89	
Diabetes	0.0	0.0	0.0	5.0	2.6	1.8	54	
Hypertension	6.8	21.8	0.0	0.0	0.0	2.8	86	
Headache	3.7	0.0	0.0	5.0	5.5	3.6	112	
Asthma	0.0	17.6	0.0	5.0	2.6	2.6	80	
Arthrit	0.0	0.0	4.9	0.0	17.6	6.5	201	
Backache	4.0	0.0	0.0	0.0	2.6	1.9	57	
Injury	0.0	0.0	4.3	0.0	3.3	1.9	57	
Vasurat	0.0	0.0	0.0	0.0	0.0	0.0	0	
Toothache	3.6	0.0	0.0	0.0	0.0	0.9	29	
Stomach	0.0	17.3	10.8	11.6	14.0	9.5	292	
Stroke	0.0	0.0	5.5	5.6	0.0	2.1	64	
Fever	0.0	0.0	5.5	0.0	0.0	1.0	32	
Dont Know	8.0	0.0	0.0	11.0	13.5	8.4	259	
Not Stated	19.8	19.6	20.2	25.6	19.7	20.9	643	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	791	146	587	574	979	3,077	

TABLE 3: PERSONS SUFFERING ILLNESS OR INJURY DUE TO ACCIDENT BY QUINTILES AND QUINTILES

Suffer Illness/Injury Due To Accident		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Yes		8.9	2.0	5.8	4.2	5.7	5.4	1,988
No		89.0	97.6	94.2	95.3	93.5	93.9	34,813
Not Stated		2.1	0.4	0.0	0.4	0.8	0.8	287
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	7,894	7,376	7,401	7,229	7,188		37,088
Female								
Yes		7.3	4.9	8.1	11.4	10.1	8.4	3,965
No		92.0	94.7	91.0	88.0	88.9	90.9	42,945
Not Stated		0.7	0.4	0.9	0.7	1.0	0.7	335
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	8,859	9,599	9,457	9,688	9,643		47,245
Both Sexes								
Yes		8.1	3.6	7.1	8.3	8.2	7.1	5,953
No		90.6	96.0	92.4	91.1	90.9	92.2	77,758
Not Stated		1.4	0.4	0.5	0.6	0.9	0.7	622
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831		84,334

TABLE 4: TYPE OF ILLNESS OR INJURY REPORTED BY SEX AND QUINTILES

Type of Illness		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Influenza		48.1	0.0	56.9	35.3	50.7	45.0	895
Chicken Pox		0.0	0.0	0.0	0.0	0.0	0.0	0
Eye Disease		0.0	0.0	0.0	0.0	7.0	1.4	29
Cut or Wound		0.0	0.0	0.0	0.0	0.0	0.0	0
Internal Injury		0.0	0.0	0.0	0.0	7.8	1.6	32
Diabetes		0.0	0.0	6.7	0.0	0.0	1.4	29
Hypertension		0.0	0.0	0.0	0.0	0.0	0.0	0
Headache		0.0	0.0	14.8	18.7	0.0	6.1	121
Dizziness		4.1	0.0	0.0	0.0	0.0	1.5	29
Asthma		4.9	19.6	0.0	0.0	0.0	3.2	63
Dysentery		0.0	0.0	0.0	0.0	0.0	0.0	0
Arthritis		4.6	0.0	0.0	0.0	7.0	3.1	61
Backache		8.7	0.0	0.0	0.0	0.0	3.1	61
Toothache		0.0	0.0	0.0	9.4	0.0	1.4	29
Stomach Ache		4.1	0.0	0.0	8.3	12.5	5.3	105
Fever		0.0	0.0	0.0	0.0	0.0	0.0	0
Do Not Know		0.0	41.3	6.7	0.0	7.8	6.1	121
Not Stated		25.5	39.1	14.8	28.2	7.0	20.9	415
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	700	147	427	306	408		1,988
Female								
Influenza		62.0	26.2	42.4	36.1	26.2	37.9	1,505
Chicken Pox		0.0	0.0	0.0	2.6	2.9	1.4	57
Eye Disease		0.0	6.1	0.0	0.0	0.0	0.7	29
Cut or Wound		0.0	12.2	0.0	0.0	0.0	1.4	57
Internal Injury		0.0	0.0	4.2	0.0	0.0	0.8	32
Diabetes		0.0	0.0	0.0	2.6	0.0	0.7	29
Hypertension		0.0	12.9	3.8	2.3	0.0	2.9	115
Headache		7.9	0.0	4.2	5.2	19.1	8.3	327
Dizziness		4.5	0.0	3.8	2.9	0.0	2.3	90
Asthma		8.3	12.2	0.0	0.0	2.6	3.5	137
Dysentery		0.0	0.0	0.0	5.2	5.5	2.8	112
Arthritis		0.0	0.0	0.0	8.9	8.8	4.6	184
Backache		0.0	0.0	3.8	5.2	0.0	2.2	86
Toothache		0.0	0.0	0.0	0.0	0.0	0.0	0
Stomach Ache		0.0	6.1	15.0	5.5	3.3	6.0	236
Fever		4.0	0.0	4.2	0.0	0.0	1.5	58
Do Not Know		8.3	0.0	0.0	4.9	9.6	5.1	202
Not Stated		4.9	24.4	18.8	18.5	22.0	17.9	709
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	649	472	766	1,100	978		3,965

TABLE 4 (CONT'D): TYPE OF ILLNESS OR INJURY REPORTED BY SEX AND QUINTILES

Type of Illness		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Both Sexes								
Influenza	54.8	20.0	47.6	35.9	33.4	40.3	2,399	
Chicken Pox	0.0	0.0	0.0	2.0	2.1	1.0	57	
Eye Disease	0.0	4.6	0.0	0.0	2.1	1.0	57	
Cut or Wound	0.0	9.3	0.0	0.0	0.0	1.0	57	
Internal Injury	0.0	0.0	2.7	0.0	2.3	1.1	64	
Diabetes	0.0	0.0	2.4	2.0	0.0	1.0	57	
Hypertension	0.0	9.8	2.4	1.8	0.0	1.9	115	
Headache	3.8	0.0	8.0	8.2	13.5	7.5	448	
Dizziness	4.3	0.0	2.4	2.3	0.0	2.0	118	
Asthma	6.6	13.9	0.0	0.0	1.8	3.4	200	
Dysentery	0.0	0.0	0.0	4.1	3.9	1.9	112	
Arthritis	2.4	0.0	0.0	6.9	8.3	4.1	245	
Backache	4.5	0.0	2.4	4.1	0.0	2.5	147	
Toothache	0.0	0.0	0.0	2.0	0.0	0.5	29	
Stomach Ache	2.1	4.6	9.6	6.1	6.0	5.7	341	
Fever	1.9	0.0	2.7	0.0	0.0	1.0	58	
Do Not Know	4.0	9.8	2.4	3.8	9.1	5.4	323	
Not Stated	15.6	27.9	17.4	20.6	17.6	18.9	1,124	
Total	%	100.0	100.0	100.0	100.0	100.0		
	N	1,349	619	1,192	1,407	1,386	5,953	

TABLE 5: PERSONS SUFFERING FROM LIFESTYLE DISEASES BY SEX AND QUINTILES

Suffer From Disease		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Yes		8.0	7.6	8.4	11.8	12.8	9.7	3,597
No		89.4	91.0	91.2	88.2	85.0	89.0	32,999
Not Stated		2.6	1.4	0.4	0.0	2.2	1.3	492
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	7,894	7,376	7,401	7,229	7,188	37,088	
Female								
Yes		9.8	10.8	12.7	17.9	21.1	14.6	6,876
No		89.9	87.7	86.0	80.7	77.0	84.2	39,769
Not Stated		0.3	1.5	1.2	1.3	1.9	1.3	600
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	8,859	9,599	9,457	9,688	9,643	47,245	
Both Sexes								
Yes		9.0	9.4	10.8	15.3	17.5	12.4	10,474
No		89.7	89.1	88.3	83.9	80.4	86.3	72,768
Not Stated		1.4	1.4	0.9	0.8	2.0	1.3	1,092
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334	

TABLE 6: DISTRIBUTION OF ALL ILL PERSONS: IRRESPECTIVE OF TYPE OF ILLNESS/INJURY BY SEX AND QUINTILES

Health Status		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
III		16.5	10.0	12.9	16.2	16.9	14.5	5,382
Not III		83.5	90.0	87.1	83.8	83.1	85.5	31,706
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	7,894	7,376	7,401	7,229	7,188		37,088
Female								
III		16.6	14.9	20.7	27.6	28.1	21.7	10,235
Not III		83.4	85.1	79.3	72.4	71.9	78.3	37,010
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	8,859	9,599	9,457	9,688	9,643		47,245
Both Sexes								
III		16.6	12.7	17.3	22.7	23.3	18.5	15,618
Not III		83.4	87.3	82.7	77.3	76.7	81.5	68,716
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831		84,334

TABLE 7: DISTRIBUTION OF PERSONS SEEKING MEDICAL ATTENTION BY SEX AND QUINTILES

Sought Medical Attention		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Yes		18.6	35.3	30.0	43.7	46.7	34.7	1,868
No		45.2	57.3	53.1	38.6	43.1	46.4	2,496
Not Stated		36.2	7.4	16.8	17.7	10.2	18.9	1,018
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	1,305	735	957	1,172	1,214		5,382
Female								
Yes		41.5	49.1	36.5	38.8	49.2	42.9	4,395
No		41.5	37.6	46.9	45.4	41.1	42.9	4,391
Not Stated		17.0	13.2	16.6	15.8	9.8	14.2	1,450
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	1,469	1,427	1,957	2,672	2,711		10,235
Both Sexes								
Yes		30.7	44.4	34.4	40.3	48.4	40.1	6262
No		43.3	44.3	48.9	43.3	41.7	44.1	6887
Not Stated		26.0	11.2	16.7	16.4	9.9	15.8	2468
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	2,774	2,162	2,914	3,843	3,925		15,618

TABLE 8: REASONS FOR NOT SEEKING MEDICAL ATTENTION BY SEX AND QUINTILES

Why Did Not Visit Health Practitioner		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
No Need to		58.8	87.9	83.6	100.0	100.0	84.9	2,119
Too Expensive		19.5	0.0	0.0	0.0	0.0	4.6	115
Too Far		0.0	0.0	0.0	0.0	0.0	0.0	0
Untreatable		5.4	0.0	0.0	0.0	0.0	1.3	32
Other		10.8	0.0	11.4	0.0	0.0	4.9	122
Not Stated		5.4	12.1	5.0	0.0	0.0	4.3	108
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	590	421	509	452	524	2,496	

TABLE 8 (CONT'D): REASONS FOR NOT SEEKING MEDICAL ATTENTION BY SEX AND QUINTILES

Why Did Not Visit Health Practitioner		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Female								
No Need to		89.5	88.7	90.6	92.9	89.8	90.6	3,980
Too Expensive		0.0	0.0	3.1	0.0	0.0	0.7	29
Too Far		0.0	6.0	0.0	0.0	0.0	0.7	32
Untreatable		0.0	0.0	0.0	0.0	0.0	0.0	0
Other		0.0	0.0	0.0	2.6	7.1	2.5	112
Not Stated		10.5	5.4	6.3	4.5	3.1	5.4	239
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	610	537	917	1,213	1,113	4,391	
Both Sexes								
No Need to		74.4	88.4	88.1	94.8	93.0	88.6	6,099
Too Expensive		9.6	0.0	2.0	0.0	0.0	2.1	144
Too Far		0.0	3.3	0.0	0.0	0.0	0.5	32
Untreatable		2.7	0.0	0.0	0.0	0.0	0.5	32
Other		5.3	0.0	4.1	1.9	4.9	3.4	233
Not Stated		8.0	8.3	5.8	3.3	2.1	5.0	347
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	1,200	958	1,426	1,665	1,637	6,887	

TABLE 9: PLACE FIRST VISITED FOR MEDICAL ATTENTION BY SEX AND QUINTILES

Place First Visit Made		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Public Hospital		14.2	42.1	32.2	11.2	30.5	25.0	14.2
Private Hospital		0.0	0.0	0.0	5.0	0.0	1.4	0
Community Health Clinic		11.9	22.1	37.8	28.7	9.6	21.2	11.9
Polyclinic		0.0	0.0	0.0	0.0	0.0	0.0	0
Family Planning Clinic		0.0	0.0	0.0	0.0	0.0	0.0	0
Private Doctor/Dentist		73.9	35.7	21.1	55.1	54.9	49.6	73.9
Traditional Healer		0.0	0.0	0.0	0.0	0.0	0.0	0
Out of state hospital		0.0	0.0	0.0	0.0	0.0	0.0	0
Pharmacy / Chemist		0.0	0.0	0.0	0.0	0.0	0.0	0
Other		0.0	0.0	0.0	0.0	0.0	0.0	0
Not Stated		0.0	0.0	8.8	0.0	5.1	2.9	.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	242	259	288	512	566		1,868
Female								
Public Hospital		28.2	26.7	25.9	20.9	12.2	21.0	923
Private Hospital		4.7	0.0	3.6	0.0	0.0	1.2	54
Community Health Clinic		61.8	38.7	41.0	38.2	26.3	38.4	1,688
Polyclinic		0.0	0.0	4.5	0.0	0.0	0.7	32
Family Planning Clinic		0.0	4.1	0.0	0.0	0.0	0.7	29
Private Doctor/Dentist		5.2	25.9	20.6	36.0	59.1	34.6	1,523
Traditional Healer		0.0	0.0	0.0	0.0	0.0	0.0	0
Out of state hospital		0.0	0.0	0.0	0.0	2.4	0.7	32
Pharmacy / Chemist		0.0	0.0	4.5	0.0	0.0	0.7	32
Other		0.0	0.0	0.0	0.0	0.0	0.0	0
Not Stated		0.0	4.6	0.0	4.9	0.0	01.9	83
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	610	701	714	1,036	1,333		4,395
Both Sexes								
Public Hospital		24.2	30.9	27.7	17.7	17.6	22.2	1,389
Private Hospital		3.4	0.0	2.5	1.6	0.0	1.3	80
Community Health Clinic		47.6	34.2	40.1	35.0	21.3	33.3	2,084
Polyclinic		0.0	0.0	3.2	0.0	0.0	0.5	32
Family Planning Clinic		0.0	3.0	0.0	0.0	0.0	0.5	29
Private Doctor/Dentist		24.8	28.6	20.7	42.4	57.9	39.1	2,449
Traditional Healer		0.0	0.0	0.0	0.0	0.0	0.0	0
Out of state hospital		0.0	0.0	0.0	0.0	1.7	0.5	32
Pharmacy / Chemist		0.0	0.0	3.2	0.0	0.0	0.5	32
Other		0.0	0.0	0.0	0.0	0.0	0.0	0
Not Stated		0.0	3.3	2.5	3.3	1.5	2.2	137
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	852	961	1,002	1,549	1,900		6,262

TABLE 10: PERSON PROVIDING MEDICAL ATTENTION BY SEX AND QUINTILES

Person Who Attended Individual At First Visit		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Nurse, health care worker		0.0	9.8	60.1	28.7	37.4	29.8	557
Pharmacist		0.0	0.0	0.0	0.0	0.0	0.0	0
Healer		0.0	0.0	0.0	0.0	0.0	0.0	0
Doctor		86.8	90.2	31.1	63.0	51.9	61.6	1,150
Midwife		0.0	0.0	0.0	0.0	0.0	0.0	0
Other		13.2	0.0	0.0	0.0	5.6	3.4	64
Not Stated		0.0	0.0	8.8	8.4	5.1	5.2	97
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	242	259	288	512	566	1,868	
Female								
Nurse, health care worker		38.8	51.5	49.6	39.6	42.2	43.8	1,925
Pharmacist		0.0	0.0	4.5	0.0	0.0	0.7	32
Healer		0.0	0.0	0.0	0.0	0.0	0.0	0
Doctor		57.0	44.0	38.4	52.4	55.4	50.3	2,211
Midwife		0.0	0.0	0.0	0.0	0.0	0.0	0
Other		0.0	0.0	4.0	2.8	0.0	1.3	57
Not Stated		4.2	4.6	3.6	5.2	2.4	3.8	169
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	610	701	714	1,036	1,333	4,395	
Both Sexes								
Nurse, health care worker		27.8	40.2	52.6	36.0	40.8	39.6	2,482
Pharmacist		0.0	0.0	3.2	0.0	0.0	0.5	32
Healer		0.0	0.0	0.0	0.0	0.0	0.0	0
Doctor		65.5	56.4	36.3	55.9	54.3	53.7	3,361
Midwife		0.0	0.0	0.0	0.0	0.0	0.0	0
Other		3.8	0.0	2.9	1.9	1.7	1.9	121
Not Stated		3.0	3.3	5.1	6.3	3.2	4.2	266
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	852	961	1,002	1,549	1,900	6,262	

TABLE 11: MEAN TIME (MINS.) SPENT WAITING FOR MEDICAL TREATMENT BY QUINTILES

Length of Wait Before Being Attended To	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	<i>N</i>						
	31	34	36	24	30	31	30

TABLE 12: MEAN TIME (MINS) SPENT WAITING FOR TREATMENT BY PLACE VISITED FOR MEDICAL CARE

Place First Visit Made	Length of Wait Before Being Attended To
	Mean
Public Hospital	41
Private Hospital	18
Community Health Clinic	35
Polyclinic	10
Family Planning Clinic	.
Private Doctor/Dentist	21
Out of state hospital	20
Pharmacy / Chemist	5
Not Stated	10
Total	30

TABLE 13: COVERED BY HEALTH INSURANCE BY QUINTILES

Covered By Health Insurance		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%					N	
Male								
Yes		37.0	57.9	71.1	74.2	50.7	59.5	1,111
No		63.0	42.1	28.9	25.8	44.2	39.0	728
Not Stated		0.0	0.0	0.0	0.0	5.1	1.5	29
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	242	259	288	512	566	1868	
Female								
Yes		55.1	69.5	57.2	66.7	69.2	64.8	2,846
No		44.9	25.9	38.8	28.0	30.8	32.6	1,434
Not Stated		0.0	4.6	4.0	5.2	0.0	2.6	115
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	610	701	714	1,036	1,333	4,395	
Both Sexes								
Yes		49.9	66.4	61.1	69.2	63.7	63.2	3,958
No		50.1	30.3	36.0	27.3	34.8	34.5	2,161
Not Stated		0.0	3.3	2.9	3.5	1.5	2.3	144
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	852	961	1,002	1,549	1,900	6,262	

5.0 CHILD-HEALTH TABLES

TABLE 1: DISTRIBUTION OF CHILDREN UNDER 5 YEARS BY QUINTILES

Age in Years	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Under 1 Year	23.7	23.6	17.0	11.8	8.1	18.9	1,141
1 < 2 Years	30.3	26.5	27.4	46.5	51.6	33.1	2,000
2 < 3 Years	12.2	12.6	29.0	11.9	15.3	16.6	1,001
3 < 4 Years	18.4	13.4	12.9	18.0	12.1	15.1	911
4 < 5 Years	15.4	21.7	11.7	11.8	12.9	15.4	932
Not Stated	0.0	2.3	2.0	.0	.0	1.0	63
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	1,701	1,522	1,414	700	712	6,049

TABLE 2: PLACE CHILD DELIVERED BY QUINTILES

Place Child Delivered	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Hospital	94.1	89.0	83.5	100.0	82.0	89.6	5,420
Clinic/Center	4.2	2.8	4.1	0.0	18.0	5.0	300
Home	0.0	2.3	2.0	0.0	0.0	1.0	63
Other	1.7	2.1	2.3	0.0	0.0	1.5	93
Not Stated	0.0	3.8	8.1	0.0	0.0	2.8	172
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	1,701	1,522	1,414	700	712	6,049

TABLE 3: CHILDREN SUFFERING FROM DIARRHOEA BY SOCIO ECONOMIC STATUS BY QUINTILES

Had Diarrhoea	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Yes	1.9	6.8	2.0	0.0	0.0	2.7	164
No	88.9	83.3	85.8	93.9	96.0	88.2	5,334
Not Stated	9.2	9.9	12.2	6.1	4.0	9.1	551
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	1,701	1,522	1,414	700	712	6,049

TABLE 4: CHILDREN PREVIOUSLY BREAST FED BY SOCIO ECONOMIC STATUS

Breast Fed	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Yes	81.0	92.2	82.2	96.4	86.5	86.5	5,235
No	8.6	5.7	7.9	3.6	13.5	7.7	466
Not Stated	10.3	2.1	9.9	0.0	0.0	5.8	348
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	1,701	1,522	1,414	700	712	6,049

TABLE 5: CHILDREN PRESENTLY BREAST FED BY AGE AND SOCIO ECONOMIC STATUS

Age in Years		Per Capita Consumption Quintiles					Total	
		Poorest	II	III	IV	V		
		%						N
Yes								
Under 1 Year		33.0	0.0	50.0	18.1	27.8	24.8	236
1 < 2 Years		55.2	100.0	50.0	63.8	72.2	69.2	660
2 < 3 Years		11.8	0.0	0.0	0.0	0.0	3.4	32
3 < 4 Years		0.0	0.0	0.0	0.0	0.0	0.0	0
4 < 5 Years		0.0	0.0	0.0	18.1	0.0	2.7	25
Not Stated		0.0	0.0	0.0	0.0	0.0	0.0	0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	271	208	128	140	207	954	
No								
Under 1 Year		19.7	23.6	12.6	10.3	.0	16.0	713
1 < 2 Years		23.1	15.7	28.3	42.1	37.6	26.1	1,164
2 < 3 Years		12.8	15.3	28.3	14.9	26.7	19.0	848
3 < 4 Years		22.9	16.3	13.7	22.5	13.2	17.8	793
4 < 5 Years		21.4	26.4	14.5	10.3	22.5	19.7	881
Not Stated		0.0	2.8	2.5	0.0	0.0	1.4	63
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	
	N	1,101	1,250	1,143	560	409	4,463	
Not Stated								
Under 1 Year		29.2	100.0	22.3	0.0	0.0	30.4	192
1 < 2 Years		34.0	0.0	0.0	0.0	66.7	27.8	176
2 < 3 Years		10.5	0.0	60.0	0.0	0.0	19.1	121
3 < 4 Years		18.5	0.0	17.7	0.0	33.3	18.7	118
4 < 5 Years		7.9	0.0	0.0	0.0	0.0	4.1	26
Not Stated		0.0	0.0	.0	0.0	0.0	0.0	0
Total	%	100.0	100.0	100.0	0.0	100.0	100.0	
	N	329	64	144	0	96	632	

TABLE 5 (CONT'D): CHILDREN PRESENTLY BREAST FED BY AGE AND SOCIO ECONOMIC STATUS

Age in Years	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Total							
Under 1 Year	23.7	23.6	17.0	11.8	8.1	18.9	1,141
1 < 2 Years	30.3	26.5	27.4	46.5	51.6	33.1	2,000
2 < 3 Years	12.2	12.6	29.0	11.9	15.3	16.6	1,001
3 < 4 Years	18.4	13.4	12.9	18.0	12.1	15.1	911
4 < 5 Years	15.4	21.7	11.7	11.8	12.9	15.4	932
Not Stated	0.0	2.3	2.0	0.0	0.0	1.0	63
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	1,701	1,522	1,414	700	712	6,049

TABLE 6: IMMUNISATION RECEIVED BY AGE OF CHILD

Age in Years	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Under 1 Year	16.9	17.8	16.6	12.3	16.3	12.5	1,141
1 < 2 Years	30.7	27.9	27.9	29.5	29.3	29.7	2,000
2 < 3 Years	19.0	18.5	20.0	21.3	19.3	20.0	1,001
3 < 4 Years	16.7	17.6	18.7	18.8	16.7	19.0	911
4 < 5 Years	15.4	17.5	16.8	17.2	17.8	18.9	932
Not Stated	1.2	0.6	0.0	0.8	0.6	0.0	63
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	5,129	4,675	2,008	3,416	4,781	4,029

6.0 HOUSING

TABLE 1: TYPE OF DWELLING BY QUINTILES

Type of Dwelling	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Undivided private house	97.0	93.4	94.5	91.7	92.0	93.7	29,169
Part of a private house	2.0	3.8	1.9	3.5	2.7	2.8	866
Flat, apartment, condominium	0.4	0.5	1.0	2.9	4.3	1.9	577
Townhouse	0.0	0.0	0.0	.5	0.0	0.1	32
Double house/Duplex	0.6	0.4	0.0	0.0	0.5	0.3	92
Combined business & dwelling	0.0	0.0	0.0	0.5	0.0	0.1	29
Barracks	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	0.0	1.4	2.0	0.5	0.5	0.9	272
Not Stated	0.0	0.5	0.5	0.5	0.0	0.3	89
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 2: MAIN MATERIAL OF OUTER WALLS BY QUINTILES

Material of Outer Walls	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Wood/Timber	43.4	51.2	45.3	36.0	29.8	41.0	12,772
Concrete/Concrete Blocks	21.6	18.4	18.6	29.5	44.9	26.8	8,334
Wood & Concrete	18.2	17.8	24.2	27.3	18.8	21.2	6,613
Stone	0.0	0.0	0.5	0.0	0.0	0.1	29
Brick/Blocks	0.8	0.0	1.7	1.8	0.9	1.1	330
Plywood	15.5	12.2	8.7	4.8	4.7	9.1	2,839
Makeshift	0.0	0.0	0.0	0.0	0.0	0.0	0
Other/Don't Know	0.0	0.0	0.5	0.5	0.4	0.3	89
Not Stated	0.5	0.5	0.5	0.0	0.4	0.4	121
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 3: TYPE OF DWELLING BY QUINTILES

Type of Dwelling	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Undivided private house	97.0	93.4	94.5	91.7	92.0	93.7	29,169
Part of a private house	2.0	3.8	1.9	3.5	2.7	2.8	866
Flat, apartment, condominium	0.4	0.5	1.0	2.9	4.3	1.9	577
Townhouse	0.0	0.0	0.0	0.5	0.0	0.1	32
Double house/Duplex	0.6	0.4	0.0	0.0	0.5	0.3	92
Combined business & dwelling	0.0	0.0	0.0	0.5	0.0	0.1	29
Barracks	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	0.0	1.4	2.0	0.5	0.5	0.9	272
Not Stated	0.0	0.5	0.5	0.5	0.0	0.3	89
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 4: TYPE OF DWELLING BY DISTRICT

Type of Dwelling	District								Total	
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda		
	%								N	
Undivided private house	91.8	90.7	98.8	95.1	100.0	95.0	96.8	100.0	93.7	29,169
Part of a private house	5.0	2.3	1.3	1.6	0.0	1.7	2.2	0.0	2.8	866
Flat, apartment, condominium	1.2	4.3	0.0	1.6	0.0	2.5	0.0	0.0	1.9	577
Townhouse	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.1	32
Double house/Duplex	0.0	0.4	0.0	1.6	0.0	0.8	0.0	0.0	0.3	92
Combined business & dwelling	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	29
Barracks	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	1.2	1.6	0.0	0.0	0.0	0.0	1.1	0.0	0.9	272
Not Stated	0.6	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.3	89
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 5: MAIN ROOFING MATERIAL BY QUINTILES

Roof Material	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Sheet metal (galvanize, galvalume)	97.5	96.8	98.6	95.4	94.8	96.6	30,067
Shingle (asphalt)	0.0	1.3	0.5	2.1	1.9	1.2	367
Shingle (wood)	0.9	0.0	0.0	0.4	0.9	0.5	140
Shingle (other)	0.7	0.5	0.4	1.1	0.4	0.6	194
Tile	0.0	0.0	0.0	0.0	0.0	0.0	0
Concrete	0.4	0.5	0.5	0.0	0.4	0.4	112
Makeshift/thatched	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	0.0	0.0	0.0	0.0	0.9	0.2	57
Don't know	0.0	0.0	0.0	0.0	0.0	0.0	0
Not Stated	0.4	0.9	0.0	1.1	0.7	0.6	189
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 6: MAIN ROOFING MATERIAL BY DISTRICT

Roof Material	District								Total	
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda		
	%								N	
Sheet metal (galvanize, galvalume)	98.5	96.9	93.8	98.4	91.5	90.8	98.9	100.0	98.5	30,067
Shingle (asphalt)	0.6	1.2	2.5	0.0	6.4	1.7	0.0	0.0	0.6	367
Shingle (wood)	0.0	0.8	0.0	0.0	0.0	2.5	0.0	0.0	0.0	140
Shingle (other)	0.0	0.4	2.5	0.0	0.0	2.5	0.0	0.0	0.0	194
Tile	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Concrete	0.0	0.4	0.0	0.0	0.0	1.7	1.1	0.0	0.0	112
Makeshift/thatched	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Other	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	57
Don't know	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Not Stated	0.3	0.4	1.3	1.6	2.1	0.8	0.0	0.0	0.3	189
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 7: TENANCY OF DWELLING BY QUINTILES

Tenancy of Dwelling	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Owned With Mortgage	7.6	9.8	14.4	15.2	19.8	13.4	4,178
Owned Without Mortgage	50.8	43.8	47.9	49.3	45.4	47.5	14,770
Rented-Furnished	0.9	3.9	2.0	2.3	3.4	2.5	782
Rented-Unfurnished	21.0	22.6	23.1	20.1	11.1	19.5	6,077
Leased	0.5	0.0	0.0	0.0	0.0	0.1	29
Rent-free	4.5	3.8	1.5	3.2	3.9	3.4	1,052
Squatted	3.1	0.9	1.9	0.0	0.4	1.3	394
Other	1.1	0.4	0.0	0.0	0.0	0.3	92
Not Stated	10.4	14.8	9.1	9.8	15.9	12.1	3,751
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 8: TENANCY OF DWELLING BY DISTRICT

Tenancy of Dwelling	District									
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda	Total	
	%								N	
Owned With Mortgage	7.1	17.1	22.5	19.7	12.8	15.1	9.7	3.7	13.4	4178
Owned Without Mortgage	45.9	45.1	37.5	47.5	57.4	49.6	59.1	74.1	47.5	14,770
Rented-Furnished	4.7	3.5	0.0	1.6	0.0	0.0	0.0	0.0	2.5	782
Rented-Unfurnished	26.8	20.2	13.8	19.7	10.6	10.9	15.1	7.4	19.5	6,077
Leased	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.1	29
Rent-free	5.0	2.3	1.3	1.6	4.3	0.8	4.3	14.8	3.4	1,052
Squatted	1.5	0.4	1.3	1.6	2.1	0.0	4.3	0.0	1.3	394
Other	0.0	0.4	0.0	1.6	0.0	0.8	0.0	0.0	0.3	92
Not Stated	9.1	10.9	23.8	6.6	12.8	22.7	6.5	0.0	12.1	3,751
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 9: MAIN COOKING FUEL USED BY QUINTILES

Cooking Fuel Used	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Coal	3.0	0.9	1.8	1.6	0.4	1.5	479
Wood	0.9	0.5	0.0	0.0	0.9	0.5	147
Gas/LPG/Cooking Gas	94.0	97.2	96.0	95.5	98.2	96.2	29,940
Kerosene	0.5	0.0	0.0	0.0	0.0	0.1	32
Electricity	0.5	1.0	0.5	1.0	0.4	0.7	213
Other	1.0	0.0	1.7	1.9	0.0	0.9	285
Not Stated	0.0	0.5	0.0	0.0	0.0	0.1	29
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 10: MAIN COOKING FUEL USED BY DISTRICT

Cooking Fuel Used	District									
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda	Total	
	%								N	
Coal	0.9	0.8	2.5	0.0	4.3	0.0	4.3	11.1	1.5	479
Wood	0.6	0.4	0.0	0.0	0.0	0.0	2.2	0.0	0.5	147
Gas/LPG/Cooking Gas	97.4	96.5	96.3	96.7	95.7	99.2	89.2	88.9	96.2	29,940
Kerosene	0.0	0.4	0.0	0.0	0.0	0.0	.0	0.0	0.1	32
Electricity	0.6	1.2	0.0	1.6	0.0	0.8	0.0	0.0	0.7	213
Other	0.3	0.8	1.3	1.6	0.0	0.0	4.3	0.0	0.9	285
Not Stated	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	29
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 11: TOILET FACILITY USED BY QUINTILES

Toilet Facilities	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
W.C. Linked to sewer	5.5	4.7	3.8	4.2	2.8	4.2	1,303
W.C. Linked to Septic tank/Soak-away	55.1	67.2	77.8	78.4	85.6	72.9	22,698
Pit-latrine	31.8	24.8	15.2	16.1	8.9	19.3	6,002
Ventilated Pit-latrine	3.9	2.0	1.1	1.3	1.6	2.0	613
Other	0.5	0.5	0.0	0.0	0.0	0.2	58
None	2.3	0.0	0.9	0.0	0.4	0.7	220
Not Stated	1.0	0.9	1.2	0.0	0.7	0.7	233
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 12: TOILET FACILITIES USED BY DISTRICT

Toilet Facilities	District									
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda	Total	
	%								N	
W.C. Linked to sewer	1.5	3.1	10.0	1.6	8.5	.8	12.9	7.4	4.2	1,303
W.C. Linked to Septic tank/Soak-away	73.8	79.4	72.5	67.2	70.2	79.8	53.8	51.9	72.9	22,698
Pit-latrine	19.7	15.6	15.0	21.3	17.0	18.5	32.3	29.6	19.3	6,002
Ventilated Pit-latrine	2.1	1.6	0.0	9.8	4.3	0.8	0.0	0.0	2.0	613
Other	0.3	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.2	58
None	1.5	0.0	0.0	0.0	0.0	0.0	0.0	11.1	0.7	220
Not Stated	1.2	0.4	2.5	0.0	0.0	0.0	0.0	0.0	0.7	233
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 13: MAIN SOURCE OF WATER BY QUINTILES

Main Source of Water	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Public, piped into dwelling	55.3	64.9	71.0	72.4	77.0	68.2	21,233
Public, piped into yard	7.4	12.8	9.0	5.3	6.5	8.2	2,549
Public standpipe	21.2	14.5	12.0	11.8	5.2	12.9	4,007
Public well/tank or truck	0.5	0.0	0.0	0.0	0.0	0.1	29
Private, piped into dwelling	1.9	1.4	1.4	3.4	1.6	1.9	603
Private catchment not piped	2.8	2.0	4.2	3.8	6.3	3.8	1,195
Private catchment piped	3.5	2.2	1.5	2.3	2.6	2.4	755
Other	6.9	1.8	0.5	1.0	0.0	2.0	626
Not Stated	0.5	0.5	0.4	0.0	0.7	0.4	129
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 14: MAIN SOURCE OF WATER BY DISTRICT

Main Source of Water	District									
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda	Total	
	%								N	
Public, piped into dwelling	68.8	77.8	71.3	78.7	59.6	52.9	52.7	40.7	68.2	21,233
Public, piped into yard	8.5	4.7	3.8	3.3	12.8	21.8	4.3	29.6	8.2	2,549
Public standpipe	17.1	10.1	12.5	9.8	10.6	8.4	18.3	0.0	12.9	4,007
Public well/tank or truck	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.1	29
Private, piped into dwelling	1.2	1.2	2.5	1.6	2.1	2.5	5.4	3.7	1.9	603
Private catchment not piped	1.5	1.9	6.3	1.6	8.5	5.9	9.7	14.8	3.8	1,195
Private catchment piped	1.2	2.7	1.3	1.6	6.4	4.2	2.2	11.1	2.4	755
Other	1.5	1.2	1.3	3.3	0.0	3.4	6.5	0.0	2.0	626
Not Stated	0.3	0.4	1.3	0.0	0.0	0.8	0.0	0.0	0.4	129
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 15: FREQUENCY OF WATER SUPPLY BY QUINTILES

Days Have Water in Tap	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
None	55.3	64.9	71.0	72.4	77.0	68.2	55
One	7.4	12.8	9.0	5.3	6.5	8.2	149
Two	21.2	14.5	12.0	11.8	5.2	12.9	218
Three	0.5	0.0	0.0	0.0	0.0	0.1	232
Four	1.9	1.4	1.4	3.4	1.6	1.9	630
Five	2.8	2.0	4.2	3.8	6.3	3.8	1,650
Six	3.5	2.2	1.5	2.3	2.6	2.4	3,807
Seven	6.9	1.8	0.5	1.0	0.0	2.0	16,339
Don't Know	0.5	0.5	0.4	0.0	0.7	0.4	460
Not Stated	55.3	64.9	71.0	72.4	77.0	68.2	7,587
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 16: FREQUENCY OF WATER SUPPLY BY DISTRICT

Days Have Water in Tap	District									
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda	Total	
									%	N
None	0.3	0.0	0.0	0.0	2.1	0.0	0.0	0.0	0.2	55
One	0.3	0.0	2.5	1.6	0.0	0.0	0.0	0.0	0.5	149
Two	0.6	0.4	3.8	0.0	0.0	0.0	0.0	0.0	0.7	218
Three	1.2	0.4	0.0	1.6	0.0	1.7	0.0	0.0	0.7	232
Four	1.5	3.1	0.0	4.9	0.0	4.2	0.0	0.0	2.0	630
Five	5.3	5.8	1.3	13.1	4.3	8.4	1.1	0.0	5.3	1,650
Six	10.0	20.2	7.5	8.2	6.4	21.8	0.0	0.0	12.2	3,807
Seven	54.4	49.8	60.0	49.2	57.4	31.1	60.2	85.2	52.5	16,339
Don't Know	1.2	0.8	3.8	0.0	2.1	4.2	0.0	0.0	1.5	460
Not Stated	25.3	19.5	21.3	21.3	27.7	28.6	38.7	14.8	24.4	7,587
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 17: MAIN SOURCE OF LIGHTING BY QUINTILES

Type of Lighting	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Gas	0.5	1.1	0.5	1.5	0.0	0.7	224
Kerosene	4.9	2.3	1.9	1.9	1.6	2.5	775
Electricity - Public	83.4	93.0	93.5	92.9	97.9	92.2	28,692
Electricity - Private Generator	4.9	1.8	3.2	2.8	0.0	2.5	783
Other	4.4	0.9	0.5	0.0	0.5	1.2	382
None	2.0	0.5	0.5	1.0	0.0	0.8	242
Not Stated	0.0	0.5	0.0	0.0	0.0	0.1	29
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 18: MAIN SOURCE OF LIGHTING BY DISTRICT

Type of Lighting	District									
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda	Total	
	%								N	
Gas	1.2	0.4	1.3	1.6	0.0	0.0	0.0	0.0	0.7	224
Kerosene	2.6	2.3	1.3	1.6	4.3	1.7	5.4	0.0	2.5	775
Electricity - Public	91.8	95.7	85.0	88.5	91.5	96.6	88.2	100.0	92.2	28,692
Electricity - Private Generator	2.4	0.4	8.8	6.6	0.0	0.8	2.2	0.0	2.5	783
Other	1.5	0.8	2.5	1.6	0.0	0.8	1.1	0.0	1.2	382
None	0.3	0.4	1.3	0.0	4.3	0.0	3.2	0.0	0.8	242
Not Stated	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	29
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 19: AGE OF DWELLING BY QUINTILES

Year Dwelling Built	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Before 1970	18.1	9.7	8.5	13.7	10.4	12.1	3,756
1970 - 1979	8.6	9.9	11.4	13.0	11.8	11.0	3,415
1980 - 1989	15.8	12.3	22.4	22.1	20.1	18.5	5,770
1990 - 1995	13.3	15.9	12.0	11.1	16.7	13.8	4,301
1996 - 2000	8.6	10.2	13.2	11.4	12.9	11.3	3,509
2001-2005	6.0	4.6	5.4	4.3	9.0	5.9	1,829
Don't Know	26.2	34.5	25.0	23.1	18.2	25.4	7,901
Not Stated	3.3	2.9	2.1	1.2	0.9	2.1	646
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	6,134	6,223	6,096	6,254	6,420	31,126

TABLE 20: AGE OF DWELLING BY DISTRICT

Year Dwelling Built	District								Total	
	St John's City	St John's Rural	St George	St Philip	St Peter	St Paul	St Mary	Barbuda		
	%								N	
Before 1970	16.5	7.8	11.3	14.8	12.8	8.4	6.5	33.3	12.1	3,756
1970 - 1979	12.4	8.2	11.3	13.1	12.8	10.9	10.8	14.8	11.0	3,415
1980 - 1989	18.8	17.5	15.0	16.4	17.0	23.5	24.7	7.4	18.5	5,770
1990 - 1995	6.2	18.3	12.5	14.8	4.3	22.7	25.8	3.7	13.8	4,301
1996 - 2000	6.2	12.8	16.3	16.4	17.0	13.4	9.7	11.1	11.3	3,509
2001-2005	2.6	8.2	10.0	4.9	0.0	6.7	6.5	11.1	5.9	1,829
Don't Know	36.5	25.7	17.5	18.0	27.7	13.4	15.1	14.8	25.4	7,901
Not Stated	0.9	1.6	6.3	1.6	8.5	0.8	1.1	3.7	2.1	646
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	N	9,772	8,216	3,424	2,103	1,214	3,023	2,686	688	31,126

TABLE 21: OWNERSHIP OF SELECTED ITEMS BY QUINTILES

Items		District																	
		St John's City		St John's Rural		St George		St Philip		St Peter		St Paul		St Mary		Barbuda		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Land Line	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Cell Phone	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Television	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Video	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
DVD	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Stove	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Electric Iron	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Refrigerator	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0

TABLE 21 (CONT'D): OWNERSHIP OF SELECTED ITEMS BY QUINTILES

Items		District																	
		St John's City		St John's Rural		St George		St Philip		St Peter		St Paul		St Mary		Barbuda		Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Radio/Stereo/C D	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Washing Machine	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Motor Vehicle	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Computer	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Sewing Machine	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Water Tank	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Cisterns	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
Weed Eater/Lawn Mower	Yes	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0
	No	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Total	9772	100.0	8216	100.0	3424	100.0	2103	100.0	1214	100.0	3023	100.0	2686	100.0	688	100.0	31126	100.0

7.0 CRIME AND SECURITY

TABLE 1: DISTRIBUTION OF INDIVIDUALS REPORTING BEING VICTIMS OF CRIMES BY QUINTILES

Victim Of Crime In Last 12 Months	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Yes	1.0	1.8	3.0	3.3	6.8	3.2	2,691
No	99.0	98.2	97.0	96.7	93.2	96.8	81,643
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	16,753	16,974	16,858	16,917	16,831	84,334

TABLE 2: NATURE OF CRIME TO POLICE BY QUINTILES

Nature of Crime	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Stealing/Robbery	0.0	9.6	23.4	0.0	15.0	11.9	319
Housebreaking	51.0	28.7	38.6	32.5	55.1	44.1	1,187
Harassment	0.0	0.0	0.0	0.0	0.0	0.0	32
Attempted Rape	0.0	0.0	6.3	0.0	0.0	1.2	29
Assault and Battery	0.0	0.0	0.0	0.0	2.5	1.1	76
Robbery	0.0	0.0	15.1	0.0	0.0	2.8	0
Other	0.0	0.0	0.0	0.0	0.0	0.0	243
Not Stated	49.0	8.5	11.5	63.3	24.6	29.9	805
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	176	300	504	560	1,151	2,691

TABLE 3: DISTRIBUTION OF INDIVIDUALS REPORTING CRIME TO POLICE BY QUINTILES

Crime Reported To Police	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Yes	49.1	91.5	89.3	62.1	75.4	75.3	2,027
No	0.0	0.0	0.0	0.0	0.0	0.0	0
Not Stated	50.9	8.5	10.7	37.9	24.6	24.7	664
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	176	300	504	560	1,151	2,691

TABLE 4: LEVEL OF SATISFACTION WITH POLICE HANDLING OF CRIME BY QUINTILES

Satisfied With Handling Of Matter By Police	Per Capita Consumption Quintiles					Total	
	Poorest	II	III	IV	V		
	%					N	
Very Satisfied	0.0	46.5	12.1	0.0	0.0	9.0	182
Satisfied	0.0	32.5	0.0	9.9	19.3	14.4	291
Dissatisfied	33.3	21.0	32.7	66.2	41.3	40.6	823
Very Dissatisfied	66.7	0.0	43.9	23.8	39.4	33.5	680
Not Stated	0.0	0.0	11.3	0.0	0.0	2.5	51
Total	%	100.0	100.0	100.0	100.0	100.0	
	N	86	275	450	348	868	2,027

8.0 INCOME AND EXPENDITURE

TABLE 1: DISTRIBUTION OF SOURCES OF INCOME BY QUINTILE

ITEM	Per Capita Consumption Quintiles											
	Poorest		II		III		IV		V		TOTAL	
	Sum	%	Sum	%	Sum	%	Sum	%	Sum	%	Sum	%
Amount Received In Wages And Salary	4,913,659	42.0	4,340,980	20.3	8,637,200	28.5	15,580,523	34.2	16,670,670	21.8	50,143,032	27.0
Amount Received In Wages And Salary From Other Job	16,716	0.1	129,486	0.6	87,153	0.3	2,982,295	6.5	1,153,176	1.5	4,368,826	2.4
Amount From Remittances From Abroad	184,881	1.6	1,758,653	8.2	1,093,710	3.6	2,576,627	5.7	3,625,626	4.7	9,239,497	5.0
Rental Income Received	92,171	0.8	10,336	0.0	61,928	0.2	2,982,143	6.5	10,915,621	14.3	14,062,199	7.6
Other Entrepreneurial Income	0	0.0	0	0.0	715,160	2.4	595,636	1.3	2,136,660	2.8	3,447,456	1.9
Dividends On Local And Foreign Income	0	0.0	0	0.0	0	0.0	0	0.0	2,939,868	3.8	2,939,868	1.6
Interest On Local And Foreign Bank Deposits	0	0.0	0	0.0	288,119	1.0	86	0.0	1,769,350	2.3	2,057,554	1.1
Government Retirement Pension	657,483	5.6	3,326,001	15.5	1,371,051	4.5	3,068,016	6.7	5,466,004	7.1	13,888,556	7.5
Pension From Other Antiguan Employer	0	0.0	429,677	2.0	797,640	2.6	835,847	1.8	2,437,050	3.2	4,500,214	2.4
Pension From Foreign Former Employer	57	0.0	1,361,724	6.4	0	0.0	655,272	1.4	6,847,652	8.9	8,864,706	4.8
Social Security	484,890	4.1	680,362	3.2	1,148,262	3.8	1,928,661	4.2	4,273,663	5.6	8,515,838	4.6
Insurance Annuities	69	0.0	0	0.0	115,092	0.4	306,912	0.7	2,915,376	3.8	3,337,449	1.8
Public Assistance	172,440	1.5	77,520	0.4	0	0.0	0	0.0	30,588	0.0	280,548	0.2
Child Support	1,880,068	16.1	3,231,210	15.1	4,178,346	13.8	4,652,453	10.2	3,198,842	4.2	17,140,919	9.2
Alimony	136,916	1.2	0	0.0	5,775,942	19.1	709,904	1.6	38,664	0.1	6,661,426	3.6
Financial Aid	41,386	0.4	78,748	0.4	86,220	0.3	69,074	0.2	1,891,593	2.5	2,167,020	1.2
Scholarships	0	0.0	0	0.0	0	0.0	31,232	0.1	1,379,639	1.8	1,410,871	0.8
Interest From Investments	0	0.0	0	0.0	0	0.0	0	0.0	103,464	0.1	103,464	0.1
Other Income	3,115,379	26.6	5,987,388	28.0	5,943,765	19.6	8,558,934	18.8	8,765,424	11.4	32,370,890	17.5
Total	11,696,115	100.0	21,412,085	100.0	30,299,588	100.0	45,533,615	100.0	76,558,930	100.0	185,500,333	100.0

TABLE 2: AVERAGE AND TOTAL MONTHLY EXPENDITURE ON SELECTED ITEMS BY QUINTILES (EC\$)

	Household Quintiles - Per Capita											
	Poorest		II		III		IV		V		Total	
	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total
Child Care	45	276,912	105	656,318	103	638,441	111	681,427	241	1,538,303	122	3,791,401
Cable TV	167	1,027,805	349	2,187,215	469	2,896,999	560	3,447,800	689	4,405,365	449	1,396,5184
Internet Services	21	129,699	78	490,795	190	1,173,430	440	2,711,897	841	5,377,597	318	9,883,419

TABLE 3: AVERAGE AND TOTAL MONTHLY VALUE OF HOME GROWN ITEMS BY QUINTILES (EC\$)

	Household Quintiles - Per Capita											
	Poorest		II		III		IV		V		Total	
	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total	Mean	Total
Home Grown	107	659,943	221	1,385,990	398	2,456,619	331	2,037,147	339	2,164,599	280	8,704,298

9.0 MIGRATION

TABLE 1: MOST IMPORTANT REASON FOR LEAVING HOME BY QUINTILE

Most Important Reason For Leaving Home	Household Quintiles - Per Capita					Total
	Poorest	II	III	IV	V	
	%					
More Income	0.0	0.0	2.9	0.0	4.2	2.4
Work	0.0	0.0	14.3	3.6	1.4	4.1
Study	3.7	12.5	8.6	17.9	12.7	11.2
Marriage	0.0	25.0	5.7	14.3	4.2	6.5
Medical	0.0	0.0	5.7	0.0	0.0	1.2
Other Family Reason	29.6	62.5	57.1	39.3	29.6	38.5
Not Stated	66.7	0.0	5.7	25.0	47.9	36.1
Total	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 2: AREA FORMER HOUSEHOLD MEMBER MOVED TO BY QUINTILE

Area Former Household Member Moved To	Household Quintiles - Per Capita					Total
	Poorest	II	III	IV	V	
	%					
Another Part of Country	29.6	50.0	62.9	42.9	18.3	34.9
St. Maarten	7.4	0.0	0.0	0.0	5.6	3.6
Other CARICOM	3.7	12.5	2.9	0.0	5.6	4.1
USA	7.4	25.0	20.0	21.4	19.7	18.3
Canada	3.7	0.0	5.7	0.0	7.0	4.7
BVI	0.0	0.0	0.0	3.6	1.4	1.2
Rest of World	7.4	0.0	0.0	0.0	16.9	8.3
Don't Know	3.7	0.0	0.0	0.0	2.8	1.8
Not Stated	37.0	12.5	8.6	32.1	22.5	23.1
Total	100.0	100.0	100.0	100.0	100.0	100.0


**TABLE 3: AVERAGE AND TOTAL RECEIPTS FROM ABROAD
FROM PERSONS LEAVING HOUSEHOLD BY QUINTILE**

Household Quintiles - Per Capita												
	Poorest		II		III		IV		V		Total	
	<i>Mean</i>	<i>Total</i>	<i>Mean</i>	<i>Total</i>	<i>Mean</i>	<i>Total</i>	<i>Mean</i>	<i>Total</i>	<i>Mean</i>	<i>Total</i>	<i>Mean</i>	<i>Total</i>
Amount Sent by Former Household Member	29,703	801,992	2,025	16,200	5,943	208,007	4,214	117,999	3,288	233,458	8,152	1,377,656

PART III

SAMPLE QUESTIONNAIRES


SURVEY OF LIVING CONDITIONS AND HOUSEHOLD BUDGETS, 2005



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.
The following will serve as an example:

0	1	2	3	4	5	6	7	8	9
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

USE ONLY 2B PENCIL

Subsample No

Replicate letter

IMPORTANT!!!
 Transfer these codes to the top of EACH individual questionnaire

ED NUMBER

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: -

INTERVIEWER'S NAME: _____

SUPERVISOR'S NAME: _____

EDITOR/CODER'S NAME: _____

Interviewer No:

Household (HH) size:

LISTING OF HOUSEHOLD MEMBERS

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

Interview Calls	Date (DD/MM/YY)	Time Started	Duration	Results
1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 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

Statistics Division, 1st Floor, ACT Building, Church and Market Streets, St. John's, Antigua and Barbuda, Tel No: 1 268 462 4775

Confidential

Confidential

SECTION 1 - HOUSING

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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
☐ 7 Makeshift (Specify.....)

☐ 5 Brick/Blocks
☐ 6 Plywood
☐ 8 Other/Don't Know

H2.3 What is the material used for roofing?

☐ 1 Sheet metal (galvanize, galvalume)
☐ 2 Shingle (asphalt)
☐ 3 Shingle (wood)
☐ 4 Shingle (other)
☐ 8 Other (Specify.....)

☐ 5 Tile
☐ 6 Concrete
☐ 7 Makeshift/thatched
☐ 9 Don't know

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?

2. Used for business?

3. Rented or sub-letted?

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 style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
2. Telephone - Cellular	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
3. Television	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
4. Video/VCR	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
5. DVD Player	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
6. Electric/Gas Stove	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
7. Electric Iron	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
8. Refrigerator/Freezer	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
9. Radio/Stereo/CD Player	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
10. Washing Machine	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
11. Motor Vehicle	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
12. Computer (laptop, desktop)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
13. Sewing Machine	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
14. Water Tank	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
15. Cisterns	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
16. Weed Eater/Lawn Mower	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

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SECTION 2 - EXPENDITURE ON ACCOMMODATION

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 \$

FILTER: In the past twelve months did you own or rent your dwelling? ☐ 1 Own (Continue) ☐ 2 Both (Continue) ☐ 3 Rent (Go to PART 3)

PART 1 - OWNER OCCUPIED ACCOMMODATION	CODE	Amount (\$)
1.1 How much is paid annually for the following:		
1 House taxes -----	0423103	<input type="text"/> , <input type="text"/>
2 Other property taxes, eg. Land Tax -----	0423102	<input type="text"/> , <input type="text"/>
1.2 What is the annual rent or lease for the land on which the house is built? -----	0411201	<input type="text"/> , <input type="text"/>
1.3 How much Insurance premium is paid on this dwelling annually? -----	1252101	<input type="text"/> , <input type="text"/>
1.4 Is any part of this dwelling rented? ----- <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		If No, go to 1.6
1.5 What amount do you receive monthly for rental/sub-letting: for any or all of the following purposes:		
1 Furnished/Partly furnished (household accommodation) -----	1800501	<input type="text"/> , <input type="text"/>
2 Unfurnished (household accommodation) -----	1800502	<input type="text"/> , <input type="text"/>
3 Business -----	1800503	<input type="text"/> , <input type="text"/>
1.6 How much rent would you charge <i>monthly</i> if you were to rent this accommodation -----	0421101	<input type="text"/> , <input type="text"/>
1.7 What is the estimated market value of the dwelling unit currently occupied by this household? -----	1900104	<input type="text"/> , <input type="text"/>
1.8 Do you make mortgage payments for this dwelling? ----- <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Check H3.1 then answer this question		If No, go to 2.1
1.9 What is the monthly mortgage payments for this dwelling? -----	1900105	<input type="text"/> , <input type="text"/>
PART 2 PROPERTY BOUGHT/CONSTRUCTED IN SURVEY YEAR		
		Amount (\$)
2.1 Did you purchase/construct this dwelling unit during the past 12 months?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No Yes, Continue If no, go to Q3.1
2.2 If purchased, was the dwelling unit bought new or was it previously occupied?		<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used
Please state the following:		
2.3 Purchase price or construction cost -----	1900101	<input type="text"/> , <input type="text"/>
2.4 Duration of mortgage -----	1900102	<input type="text"/> Years
2.5 Amount of mortgage ----- After Q2.5 go to Q3.1	1900103	<input type="text"/> , <input type="text"/>
PART 3 - RENTED ACCOMMODATION		
INTERVIEWER: If the family occupied a rented dwelling for all or part of the survey year, complete this section		
Ask question if household has been renting for all or part of the last twelve months		
3.1 State amount paid for monthly rent -----	0411100	<input type="text"/> , <input type="text"/>
3.2 Is any part of this dwelling unit sub-letted? -----		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If No, go to 4.1
3.3 State monthly receipts from sub-letting or renting		
Furnished/Partly furnished -----	1800801	<input type="text"/> , <input type="text"/>
Unfurnished -----	1800802	<input type="text"/> , <input type="text"/>
Business -----	1800803	<input type="text"/> , <input type="text"/>
3.4 If rent includes meals, estimate approximately the monthly value of meals -----	1800901	<input type="text"/> , <input type="text"/>



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

- 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 3 - MAJOR TYPES OF HOUSEHOLD EXPENSES

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

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

PLEASE WRITE CLEARLY AND LEGIBLY

HOW MUCH WAS SPENT ON THE SERVICES LISTED BELOW	CODE	Amount (\$)
5.1 How much did you spend during the last 3 months on gas for cooking? e.g. propane, butane cylinders	0452101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.2 How much were you billed for water in the last last month (exclude balances from previous bills from APUA)	0441101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.3 How much were you billed for sewerage in the last month (exclude balances from previous bills)	0443000	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.4 How much were you billed for electricity in the last month (exclude balances from previous bills)	0451101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.5 How much were you billed for fixed line telephone in the last month (exclude balances from previous bills, including phone cards, caller ID, call waiting, etc)	0830201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.6 How much was paid by you in the last twelve months for other related household expenses n.e.s (Specify) e.g. Emptying of septic tank.....	0562601	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

HOW MUCH WAS SPENT MONTHLY ON THE SERVICES LISTED	CODE	Amount (\$)
5.7 Employed staff including maids, butlers, drivers, gardeners, etc.....	0562100	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.8 Persons engaged temporarily for baby-sitting, housework, etc.....	0562200	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.9 Child care outside of the home e.g. day nurseries and other child minding services.....	1240201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.10 Care of elderly relatives inside the home.....	1240102	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.11 Care of elderly relatives outside the home.....	1240103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.12 Care of the disabled	1240104	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.13 Care of Domestic Animals (Pets)	0935000	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.14 Gardening/lawn care services	0562203	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.15 Cablevision Service, Karib Cable and CTV (Include installation cost if installation occurred in the last month only)	0830103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.16 Internet Services	0830401	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
HOW MUCH WAS SPENT ANNUALLY ON THE SERVICES LISTED		Amount (\$)
5.17 Amount spent last twelve months on other household services, moving, laundry, pest control etc	4532199	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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?

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





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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?

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



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FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Carpets		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Fitted carpets	0512101					
Non fitted carpets /rugs	0512102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other floor covering		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Linoleum	0512201					
Ceramic tiles	0512202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Vinyl tiles	0512203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Wooden floor covering	0512204	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other floor covering not specified by type	0512299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Furnishing Material		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Furnishing Fabrics/ cushion fabrics	0520101					
Curtain material (over lace)	0520102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Drape material	0520104	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other furnishing material not specified by type	0520199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ready made articles		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Curtains- panels, kitchen sets (not plastic)	0520201					
Drapes	0520202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other ready made articles not specified by type	0520299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Beddings		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Sheets and pillow cases	0520302					
pillows	0520303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
cushions	0520307	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Travelling bags	0520306	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other ready made beddings not specified by type	0520399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Towels and Table Linen		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Towels-Bath	0520401					
Kitchen towels	0520403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Table cloths, Table napkins	0520404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Bathroom mats	0520405	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Door mats	0520406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other towels and table linen not specified by type	0520499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other household textiles		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Shopping bags	0520501					

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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?

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





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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?

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



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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?

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

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	
Repair of floor covering (cost of labour plus material)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0512303	
Repairs to major kitchen appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533001	
Repairs to major laundry appliances e.g washing machine	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533002	
Repairs to major cleaning appliances e.g vacuum cleaner	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533003	
Repairs to other major appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533004	
Repairs to small electric appliances e.g blender	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533005	
Repair of telephone and telefax equipment	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0820201	
Repairs to audio -visual equipment (eg television set)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915101	
Repairs to photographic equipment e.g cameras	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915102	
Repairs to information processing equipment (e.g. computers)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915103	
Other repairs and servicing	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0534101	



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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	<input type="text"/>	<input type="text"/>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Limes (Number)	0116124	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Other Citrus (Number)	0116104	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Ripe bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Watermelons (lbs.)	0116117	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Other fresh fruits (pawpaw, plums, cherries, sour sop, golden apples, etc (lbs.))	0116199	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Green bananas (lbs.)	0116128	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Plantains/Bugermont (lbs.)	0116129	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Avocadoes (Number)	0116125	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Jelly coconuts (Number)	0116132	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Cabbage (Green) (lbs.)	0117103	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/>



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



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	<input type="text"/>	<input type="text"/> , <input type="text"/>
Eggs (doz)	0114501	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Fish caught (lbs.)	0113199	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Collie/Talapia (lbs.)	0113113	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shrimps /Crayfish (lbs.)	0113115	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Crabs (Number)	0113117	<input type="checkbox"/> 1 Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>

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	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Other Vehicle no _____	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/>

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SECTION 6 - TRANSPORTATION

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					



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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="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2. Fish - Fresh / Frozen	0113199	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3. Chicken - Fresh / Frozen	0112899	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4. Vegetables	0117100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5. Ground Provisions	0117500	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
6. Bread and Cakes	0111100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
7. Groceries	0119501	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
8. Household Supplies	0561000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
9. Clothing Material	0311000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
10. Clothing - Women	0312300	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
11. Clothing - Men	0312100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
12. Clothing - Children	0313601	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
13. Furniture	0511000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
14. Footwear	0321000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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 |

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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"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="text"/>	<input type="text"/>		<input type="text"/>	
17. Medical Expenses - Consultation	0621100	<input type="text"/>	<input type="text"/>		<input type="text"/>	
18. Medical Expenses - Procedure	0630000	<input type="text"/>	<input type="text"/>		<input type="text"/>	
19. Breakfast (responsible adult)	1111101	<input type="text"/>	<input type="text"/>		<input type="text"/>	
20. Lunch (responsible adult)	1111201	<input type="text"/>	<input type="text"/>		<input type="text"/>	
21. Dinner (responsible adult)	1111301	<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	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 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 | 11 Grade 1 | 21 G8/Std 6 | 31 ASC - A/Level | 39 Hotel Trades School |
| 01 Nursery | 12 Grade 2 | 22 G9/Std 7 | 32 ASC - Tech/Voc | 40 Vocational/Tech Inst |
| 02 Pre-school | 13 G3/Std 1 | 25 Fm 1/SP1 | 33 ASC - Business | 41 Other |
| 03 Kindergarten | 14 G4/Std 2 | 26 Fm 2/SP2 | 34 ASC - Yr1 or Yr2 UWI | |
| 04 Special Education | 15 G5/Std 3 | 27 Fm 3/SP3 | 35 ASC - Other | |
| 98 Don't Know | 16 G6/Std 4 | 28 Fm 4/G10 | 36 University - UWI Campus | |
| | 20 G7/Std 5 | 29 Fm 5/G11 | 37 University - Other | |
| | | 30 Fm 6/A Level | 38 ABBIT | |

8.3 What is the highest grade completed by mother?

- | | | | | |
|----------------------|-------------|-----------------|----------------------------|-------------------------|
| 00 None | 11 Grade 1 | 21 G8/Std 6 | 31 ASC - A/Level | 39 Hotel Trades School |
| 01 Nursery | 12 Grade 2 | 22 G9/Std 7 | 32 ASC - Tech/Voc | 40 Vocational/Tech Inst |
| 02 Pre-school | 13 G3/Std 1 | 25 Fm 1/SP1 | 33 ASC - Business | 41 Other |
| 03 Kindergarten | 14 G4/Std 2 | 26 Fm 2/SP2 | 34 ASC - Yr1 or Yr2 UWI | |
| 04 Special Education | 15 G5/Std 3 | 27 Fm 3/SP3 | 35 ASC - Other | |
| 98 Don't Know | 16 G6/Std 4 | 28 Fm 4/G10 | 36 University - UWI Campus | |
| | 20 G7/Std 5 | 29 Fm 5/G11 | 37 University - Other | |
| | | 30 Fm 6/A Level | 38 ABBIT | |

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? 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 months.....0 6 months to 1 year.....1	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 SEC dollars in the last year. Provide a monetary value for in-kind contributions sent
01	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
02	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
03	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
04	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
05	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
06	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
07	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
08	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
09	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
10	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>
11	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In EC Dollars <input type="text"/> , <input type="text"/>

SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS					
	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child No. 5
19226 1A. Individual Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1B. Mother's Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date of Birth (dd/mm/yy) Age (in months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	Hospital <input type="checkbox"/> 1 clinic/centre <input type="checkbox"/> 2 At home <input type="checkbox"/> 3 Other <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	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <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. During 's 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
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
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

[illegible]

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

INDIVIDUAL QUESTIONNAIRE



10281

INDIVIDUAL QUESTIONNAIRE

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: CHARACTERISTICS FOR ALL PERSONS	SECTION 2: MIGRATION FOR ALL PERSONS
<p>1.1. Please fill in this person's assigned number from household roster</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <p>1.2 What is 's relationship to the head of household?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Head <input type="checkbox"/> 2 Spouse/partner <input type="checkbox"/> 3 Child <input type="checkbox"/> 4 Son/daughter-in-law </div> <div> <input type="checkbox"/> 5 Grandchild <input type="checkbox"/> 6 Parent/parent-in-law <input type="checkbox"/> 7 Other relative <input type="checkbox"/> 8 Non-relative </div> </div> <p>1.3. INTERVIEWER: Fill the appropriate oval. FOR PERSONS NOT SEEN ASK: Is.....male or female?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female </div> <p>1.4 What is.....'s date of birth?</p> <div style="display: flex; align-items: center; margin: 5px 0;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p style="font-size: small;">If not known, ask: How old was.....on his/her last birthday?</p> <div style="display: flex; align-items: center; margin: 5px 0;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> </div> <p style="font-size: x-small; margin-left: 20px;">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</p> <p>1.5 To what ethnic, racial or national group do you think.....belongs?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 African Descent/Negro/Black <input type="checkbox"/> 2 Indigenous People (Amerindian/Carib) <input type="checkbox"/> 3 East Indian <input type="checkbox"/> 4 Chinese/Asian <input type="checkbox"/> 5 Portuguese </div> <div> <input type="checkbox"/> 6 Syrian/Lebanese <input type="checkbox"/> 7 White/Caucasian <input type="checkbox"/> 8 Mixed <input type="checkbox"/> 10 Don't know/Not Stated <input type="checkbox"/> 9 Other (please specify.....) </div> </div> <p>1.6 What is.....'s religion/denomination?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Anglican <input type="checkbox"/> 2 Baptist <input type="checkbox"/> 3 Bahai <input type="checkbox"/> 4 Brethren <input type="checkbox"/> 5 Church of God <input type="checkbox"/> 6 Evangelical <input type="checkbox"/> 7 Hindu <input type="checkbox"/> 8 Jehovah Witnesses <input type="checkbox"/> 9 Methodist <input type="checkbox"/> 10 Moravian </div> <div> <input type="checkbox"/> 11 Muslim <input type="checkbox"/> 12 Pentecostal <input type="checkbox"/> 13 Presbyterian <input type="checkbox"/> 14 Rastafarian <input type="checkbox"/> 15 Roman Catholic <input type="checkbox"/> 16 Salvation Army <input type="checkbox"/> 17 Seventh Day Adventist <input type="checkbox"/> 18 None <input type="checkbox"/> 19 Not Stated <input type="checkbox"/> 20 Other (please specify.....) </div> </div> <p>1.7A Do have a working mobile phone ?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (skip to Q1.8) <input type="checkbox"/> 3 Not Stated </div> <p>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)</p> <div style="display: flex; align-items: center; margin: 5px 0;"> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div> <p style="font-size: x-small; margin-left: 20px;">Note that for post paid the amount required is the amount billed</p> <p>1.8. Where is Internet access available to? X all that apply</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Home <input type="checkbox"/> 2 Work <input type="checkbox"/> 3 School <input type="checkbox"/> 4 Internet Cafe </div> <div> <input type="checkbox"/> 5 Cell Phone <input type="checkbox"/> 6 Family Friend <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 None </div> </div>	<p>2.1 Where was.....mother's place of usual residence when.....was born?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 Antigua and Barbuda <input type="checkbox"/> 2 Abroad (Another Country) Go to Q2.3 </div> <p>2.2 In which district/parish was 's. mother living?</p> <p style="margin-left: 20px;">(All go to Q2.5)</p> <p>2.3 In which country was.....mother living?</p> <p style="margin-left: 20px;">_____</p> <p>2.4 In which year didlast come to live in Antigua and Barbuda?</p> <div style="display: flex; align-items: center; margin: 5px 0;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <p>2.5 Is/are living abroad at present?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (If no, go to Q2.10) </div> <p>2.6 In which country does now live?</p> <p style="margin-left: 20px;">_____</p> <p>2.7 How long has/have..... lived there?</p> <p style="text-align: center; font-weight: bold; font-size: small;">FROM MONTH / YEAR</p> <div style="display: flex; align-items: center; margin: 5px 0;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p>2.8 Why didreturn/come to Antigua and Barbuda?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Regard it as home/Homesick <input type="checkbox"/> 2 Family is here <input type="checkbox"/> 3 Deported <input type="checkbox"/> 4 Retired </div> <div> <input type="checkbox"/> 5 To start a business <input type="checkbox"/> 6 The Weather <input type="checkbox"/> 7 To obtain employment <input type="checkbox"/> 8 Health Reasons </div> <div> <input type="checkbox"/> 9 Other </div> </div> <p>2.9 For how long does/do..... Intend to stay?</p> <div style="display: flex; align-items: center; margin: 5px 0;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">Years</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">Months (ALL, go to Q2.12)</div> </div> <p>2.10 Has ever lived abroad in the past ten years?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (go to 2.12) </div> <p>2.11 Why didreturn/come to Antigua and Barbuda?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Regard it as home/Homesick <input type="checkbox"/> 2 Family is here <input type="checkbox"/> 3 Deported <input type="checkbox"/> 4 Retired </div> <div> <input type="checkbox"/> 5 To start a business <input type="checkbox"/> 6 The Weather <input type="checkbox"/> 7 To obtain employment <input type="checkbox"/> 8 Health Reasons </div> <div> <input type="checkbox"/> 9 Other </div> </div> <p>2.12 Does any member of household frequently engage in any of the following (X all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 Drinking Alcohol <input type="checkbox"/> 2 Smoking of Cigarettes <input type="checkbox"/> 3 Smoking/Ingestion of banned Substances <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 None of the above </div> <div> <input type="checkbox"/> 4 Sexual abuse <input type="checkbox"/> 5 Physical abuse of another member of household <input type="checkbox"/> 6 Physical abuse of children <input type="checkbox"/> 9 Don't Know </div> </div>



SECTION 3: HEALTH FOR ALL PERSONS

- 3.1 Did..... have to be **confined to bed** during the past thirty (30) days due to any illness or injury? For example, cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident?
☐ 1 Yes ☐ 2 No If No, go to Q3.3

3.2 What type of illness/injury was this?

list only the major illness/injury as clearly as possible

- 3.3 During the past 30 days, did suffer from cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident?
☐ 1 Yes ☐ 2 No If No, go to Q3.5

3.4 What type of illness/injury was this?

list only the major illness/injury as clearly as possible

- 3.5 Does suffer from any of the following diseases, Diabetes, High Blood Pressure, Heart Condition, Cancer, HIV?
☐ 1 Yes ☐ 2 No

*If yes to either Q3.1 or Q3.3 and No to Q3.5 go to Q3.7
 If No to Q3.1, Q3.3 and Q3.5 go to Q3.28
 Otherwise, answer Q3.6 and Continue*

3.6 If yes, which of these?

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

- 3.7 Dids illness/injury begin within or before the last thirty (30) days?
☐ 1 Within ☐ 2 Before

- 3.8 For how many days during the past thirty (30) days was/were unable to carry on his/her usual activities because of illness/injury?

1. Days How many of these were 2. Days
 days of work without pay?

- 3.9 Did visit a doctor, nurse, pharmacist, healer, spiritual healer, midwife or other health practitioner during the past thirty (30) days due to illness/injury?

☐ 1 Yes (Go to Q 3.11) ☐ 2 No

3.10 If no, why not?

- ☐ 1 No Need ☐ 2 Too expensive ☐ 3 Too far
☐ 4 Un treatable ☐ 5 Other

After Q 3.10 go to Q3.28

- 3.11 How many visits did make in the past thirty (30) days to health practitioners?

Visits

3.12 Where was first visit made?

- ☐ 1 Public Hospital ☐ 6 Private Doctor/Dentist
☐ 2 Private Hospital ☐ 7 Traditional Healer
☐ 3 Community Health Clinic ☐ 8 Out of state hospital
☐ 4 Polyclinic ☐ 9 Pharmacy / Chemist
☐ 5 Family Planning Clinic ☐ 10 Other

3.13 Why did go there first?

3.14 Who attended to first visit?

- ☐ 1 Nurse, health care worker ☐ 2 Pharmacist ☐ 3 Healer
☐ 4 Doctor ☐ 5 Midwife ☐ 6 Other

SECTION 3: HEALTH con't FOR ALL PERSONS

- 3.15 How long did have to wait at this place before being attended to?

Minutes

3.16 How satisfied were/was with the attention/treatment received?

- ☐ 1 Very satisfied, Go to Q3.18 ☐ 3 Dissatisfied
☐ 2 Satisfied, Go to Q3.18 ☐ 4 Very dissatisfied

3.17 Why were/was..... not satisfied?

- ☐ 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

- 3.18 How much did have to pay at public health facilities for all visits made during the past thirty (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$, EC

- 3.19 How much did have to pay at private/public health facilities for all visits made during the past thirty (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$, EC

- 3.20 Did spend the night in a public/private hospital or any other public establishment during the past thirty (30) days?

☐ 1 Yes ☐ 2 No If no to Q3.23

- 3.21 How many nights during the past thirty (30) days did spend in the public/private hospital?

Nights

- 3.22 How much did have to pay or have paid altogether for his/her stay in a public/Private hospital during the past (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$, EC

- 3.23 Did buy medicines during the past thirty (30) days?

☐ 1 Yes ☐ 2 No If no to Q3.28

3.24 Did obtain medicines at a public facility?

☐ 1 Yes ☐ 2 No

3.25 Did obtain medicines at a private facility or pharmacy?

☐ 1 Yes ☐ 2 No

- 3.26 How much would have spent if he/she were to purchase the medicines obtained from a public facility at a private facility?

\$, EC

- 3.27 How much has spent for medicines at private/public sources in the past (30) days?

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	11 Grade 1	21 G8/Std 6	31 ASC - A'Level
01 Nursery	12 Grade 2	22 G9/Std7	32 ASC - Tech/Voc
02 Pre-school	13 G3/Std 1	25 Fm 1/SP1	33 ASC - Business
03 Kindergarten	14 G4/Std 2	26 Fm 2/SP2	34 ASC - Yr1 or Yr2 UWI
04 Special Education	15 G5/Std 3	27 Fm 3/SP3	35 ASC - Other
98 Don't Know	16 G6/Std 4	28 Fm 4/G10	36 University - UWI Campus
	20 G7/Std 5	29 Fm 5/G11	37 University - Other
		30 Fm 6/A Level	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?

- | | |
|--|--|
| <input type="checkbox"/> 1 Illness | <input type="checkbox"/> 6 Not worth going |
| <input type="checkbox"/> 2 Financial Problems | <input type="checkbox"/> 7 School closed/holidays |
| <input type="checkbox"/> 3 Transportation Problems | <input type="checkbox"/> 8 Truant/Delinquent (no reason) |
| <input type="checkbox"/> 4 Working | <input type="checkbox"/> 9 Pregnant/young mother |
| <input type="checkbox"/> 5 Home duties | <input type="checkbox"/> 10 Baby sitting |
| <input type="checkbox"/> 11 Apprenticeship | <input type="checkbox"/> 14 Menstrual Problems |
| <input type="checkbox"/> 12 Fear of Gangs | |
| <input type="checkbox"/> 15 Other (Specify) | |

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?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1 Walking | <input type="checkbox"/> 4 Bus/Mini Bus |
| <input type="checkbox"/> 2 Cycling | <input type="checkbox"/> 5 Private transport |
| <input type="checkbox"/> 3 Taxi | <input type="checkbox"/> 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?

- | |
|--|
| <input type="checkbox"/> 1 Yes, has books for exclusive use |
| <input type="checkbox"/> 2 Yes, but shares with other family members |
| <input type="checkbox"/> 3 Has only some books |
| <input type="checkbox"/> 4 Has none <i>(If none, go to Q4.17)</i> |

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)*

- | | |
|---|--|
| <input type="checkbox"/> 1 Borrowed for use during year | <input type="checkbox"/> 6 Bought some/ got some on loan or free |
| <input type="checkbox"/> 2 Received from relatives or friends | |
| <input type="checkbox"/> 3 Purchased New | <input type="checkbox"/> 5 Received from NGO |
| <input type="checkbox"/> 4 Purchased second hand | <input type="checkbox"/> 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?

- | | |
|--|---|
| <input type="checkbox"/> 1 Books not available | <input type="checkbox"/> 4 Books were lost or destroyed |
| <input type="checkbox"/> 2 Could not afford | <input type="checkbox"/> 5 To be purchased |
| <input type="checkbox"/> 3 Books available in school library | <input type="checkbox"/> 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?

- | | |
|---|---|
| <input type="checkbox"/> 1 Too young | <input type="checkbox"/> 9 Pregnant/young mother |
| <input type="checkbox"/> 2 Financial Problems | <input type="checkbox"/> 10 Baby sitting |
| <input type="checkbox"/> 3 Transportation Problems | <input type="checkbox"/> 11 Apprenticeship |
| <input type="checkbox"/> 4 Working | <input type="checkbox"/> 12 Not worth going to school |
| <input type="checkbox"/> 5 Illness | <input type="checkbox"/> 13 Expelled |
| <input type="checkbox"/> 6 Physically/mentally challenged | <input type="checkbox"/> 14 Suspended |
| <input type="checkbox"/> 7 No school available | <input type="checkbox"/> 15 Other (Specify) |
| <input type="checkbox"/> 8 No space in school | |
| <input type="checkbox"/> 16 Not applicable (if person > 15 years) | |

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	11 Grade 1	21 G8/Std 6	31 ASC - A'Level
01 Nursery	12 Grade 2	22 G9/Std7	32 ASC - Tech/Voc
02 Pre-school	13 G3/Std 1	25 Fm 1/SP1	33 ASC - Business
03 Kindergarten	14 G4/Std 2	26 Fm 2/SP2	34 ASC - Yr1 or Yr2 UWI
04 Special Education	15 G5/Std 3	27 Fm 3/SP3	35 ASC - Other
98 Don't Know	16 G6/Std 4	28 Fm 4/G10	36 University - UWI Campus
	20 G7/Std 5	29 Fm 5/G11	37 University - Other
		30 Fm 6/A Level	38 ABBIT
			39 Hotel Trades School
			40 Vocational/Tech Inst
			41 Other



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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
☐ 10 Transportation - Other ☐ 11 Transp - Tourism Related
☐ 12 Services - Other ☐ 13 Services - Tourism related
☐ 14 Admin/social sec/Gov/Medical ☐ 15 Admin etc. - Tourism related
☐ 16 Educ/social work ☐ 17 educ/social - tourism related
☐ 18 Other ☐ 19 Other - Tourism related

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)

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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?

- ☐ 1 None (If no, go to Q7.1) ☐ 4 Twins
☐ 2 One ☐ 5 Three or more
☐ 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
☐ 2 No
☐ 3 Not Stated

If No, go to Section 8 for all spenders
 Otherwise end the interview

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?

- ☐ 1 Very satisfied ☐ 3 Dissatisfied
☐ 2 Satisfied ☐ 4 Very dissatisfied

End of Interview for all non- spenders

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



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Material for men and boy's garments Suiting Material	0311101	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Tweed	0311102	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Khaki	0311103	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Material for school Trousers	0311104	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Tailoring for Suit	0311105	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Tailoring for Trousers	0311106	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Material for women and children garments Crepe back Satin	0311201	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Satin	0311202	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Chiffon	0311203	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Linen	0311204	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Madras	0311205	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Poplin	0311206	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Flowered	0311207	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Cotton	0311208	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Silk	0311209	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Polyester	0311310	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Material for school overall	0311311	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Material for school shirts	0311312	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Suiting material	0311313	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Over lace	0311314	<input type="checkbox"/> Yes <input type="checkbox"/> Home				





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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS


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

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

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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS



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

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Pyjamas	0312118	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Bath robes /housecoats	0312119	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Costumes	0312120	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Overcoat/ raincoat	0312121	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Work overalls	0312122	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Men's outerwear not specified by type	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Men's underwear and Hosiery Vests	0312124	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Boxer shorts	0312125	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Underwear /underpants	0312126	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Socks	0312127	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
All other men's outer wear	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Other articles of Men's clothing Ties & Scarves	0313101	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Hats and caps	0313102	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Belts	0313103	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Beachwear	0313104	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Braces	0313105	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Handkerchiefs	0313106	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Sewing thread, buttons, zips, buckles	0313107	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Helmets	0313008	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Other men's clothing	0313199	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>




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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS


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

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Boy's outer wear Complete Suits -2/3 piece	0312201	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jackets	0312202	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sweaters	0312203	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Waistcoats / pullovers	0312204	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long Trousers /pants (dress)	0312205	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long trousers / pants (casual wear)	0312206	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long Jeans pants	0312207	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants (casual)	0312208	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants (Jeans)	0312209	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants (house wear)	0312210	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts -dress(Long sleeves)	0312211	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts (casual)	0312212	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jerseys (dress)	0312213	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sports wear/ vests	0312214	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Polo Shirts	0312215	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
T- Shirts	0312216	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Track suits/ Jogging suits	0312217	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Pyjamas	0312218	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Bath robes /housecoats	0312219	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Costumes	0312220	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS



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

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Overcoat/ raincoat	0312221	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boy's outer wear not specified by type	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boy's underwear and Hosiery Vests	0312224	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boxer shorts	0312225	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Underwear / underpants	0312226	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Socks	0312227	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
All other boy's outer wear	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boy's school garments Long Pants (school)	0312228	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Short Pants (school)	0312229	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shirt (school)	0312230	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sports uniform	0312231	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other articles of Boy's clothing Ties & Scarves	0313201	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hats and caps	0313202	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Belts	0313203	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beachwear	0313204	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other boy's clothing	0313299	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Women's outer wear Skirt Suits (2 or 3 piece)	0312301	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pants suits	0312302	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dresses (evening formal)	0312303	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dresses (office)	0312304	<input type="checkbox"/> Yes <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

DESCRIPTION	CODE	PURCHASED (homemade)		GIFTS	
		HAVE BOUGHT	QTY BOUGHT	QTY BOUGHT	TOTAL COST(\$)
Dresses (casual)	0312305	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Shirts /blouses (formal)	0312306	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Shirts / blouses (casual)	0312307	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Skirts (long)	0312308	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Skirts (short)	0312309	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Slacks / trousers	0312310	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Jeans (Long)	0312311	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Jeans (short)	0312312	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
T- shirts	0312313	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Jerseys with sleeves	0312314	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Jerseys without sleeves	0312315	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Polo -shirts	0312316	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Overalls	0312317	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Track suits / Jogging suits	0312318	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Sports clothes (netball)	0312319	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Sweaters / Jumpers	0312320	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
House clothes	0312321	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Sleep wear	0312322	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Robes/ Housecoats	0312323	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Raincoats / overcoats	0312324	<input type="checkbox"/> Yes <input type="checkbox"/> Home			



SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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



SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

DESCRIPTION	CODE	PURCHASED (homemade)		GIFTS	
		HAVE BOUGHT	QTY BOUGHT	QTY BOUGHT	TOTAL COST(\$)
Bathing suits	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Infants (under 1 year) Clothing and clothing accessories Dresses/ Suits	0313501	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Play suits	0313502	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Baby shirts /vests	0313503	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Diapers	0313504	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Socks/ booties	0313505	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Hats /bonnets	0313506	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Other infant clothing not specified by type	0313599	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Dry- cleaning, laundering and dyeing of garments Men and boy's clothing	0314101	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Women, girls and infants clothing	0314102	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Repairs and alterations Men and boys clothing	0314201	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Women and girls clothing	0314202	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Infants clothing	0314203	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Hire of garments Men and boys garments (Jackets, suits)	0314301	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Women and girls garments (Wedding out fits, evening gowns)	0314302	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Men and Boy's shoes (16yrs. and over) Shoes - dress (man-made)	0321101	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Shoes - dress (Leather)	0321102	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Shoes - casual	0321103	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Sandals	0321104	<input type="checkbox"/> Yes <input type="checkbox"/> Home			
Sneakers /sports shoes/ gym shoes	0321105	<input type="checkbox"/> Yes <input type="checkbox"/> Home			



SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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



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SECTION 9 - OTHER EXPENSES

(Always indicate value, Include Quantity where requested)

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
MEDICAL EXPENSES				
Doctors Fees (Number of visits)	0621101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Dentist Fees (Number of visits)	0622101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Child Bearing Fees	0621106	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Optician Fees	0621104	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Private hospital care (number of nights)	0630108	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Lab Tests and X-rays (number of lab test)	0623101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Drugs for Hypertension	0611102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Drugs for Cancer	0611103	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Drugs for Diabetes	0611104	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Drugs for Cold/Flu	0611112	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Other Drugs and Prescriptions, Medical supplies	0611199	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Spectacles, hearing aids, dentures, etc	0613101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Health and Accident Insurance	1253001	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Other Medical Expenses	0623199	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
EDUCATIONAL EXPENSES				
Tuition - For pre-school/Day Care	1010101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Tuition - Correspondence Courses (all levels)	1040202	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Lessons for Children Primary/Secondary	1050101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Lessons/Night Classes for Adults	1050102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Tuition - Primary, Secondary School	1040101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Tuition - Tertiary, University and Other	1040101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Boarding and lodging	1120101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
School and technical books	0951101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Exam fees	1040203	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>





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SECTION 9 - OTHER EXPENSES

(Always indicate value, Include Quantity where requested)


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	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Transportation fees	0737101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Meals	0119423	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other	1050101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
ENTERTAINMENT EXPENSES				
Carnival	0942105	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Cinemas/Video/DVD rentals/Video clubs	0914101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Concerts, plays, fetes and other admissions	0942101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Spectator sports, football, cricket	0941102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Night clubs, dances, parties	0942104	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Participant sports	0942198	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dues, subscriptions and memberships	0942105	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lottery games	1270104	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Newspapers	0952101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Toys for Children	0931100	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Books, magazines (non-technical and not for school)	0952102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Entertainment, Hobby	0942199	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Specify				
TRANSPORTATION BY AIR (for Quantity indicate number of visits)				
Caribbean - St Martin/St. Maarten	0733101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Puerto Rico	0733102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Other	0733103	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
USA - New York, Miami, etc...	0733104	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
England - London, etc	0733105	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Foreign Travel by Air	0733106	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>

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SECTION 9 - OTHER EXPENSES



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 style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Other	0734102	<input type="checkbox"/> Yes	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
PERSONAL AND OTHER EXPENSES				
Taxi Transportation	0732400	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Bus Transportation	0732100	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Weddings	1270103	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Legal and accounting expenses (non-business)	1270101	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Funerals	1270102	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Local accommodation expenses	1120104	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Barbershop	1211201	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Hairdresser	1211101	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Beauty Salon (manicures, pedicures, facials etc..)	1211102	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Laundry/Dry cleaners	0562205	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Photo studios	0942106	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Driving Lessons	0724301	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Other personal services	1211300	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Other travelling expenses	0738102	<input type="checkbox"/> Yes		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> , <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>



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SECTION 10 - OTHER DISBURSEMENTS

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

Expenditure During Last Month <small>Some of the more common expenditures are in bold</small>	CODE	(Y/N)	AMOUNT (\$)
NON-CONSUMPTION EXPENDITURES			
Income Taxes	2010001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Other taxes, duties, fees and other compulsory charges e.g. Customs duties, departure tax, stamp duty etc.	2010002	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Life Insurance premium	1251001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Annuities	2020001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Interest on consumer loans	2020002	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Credit Card Payments	2020003	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Hire-purchase Installments	2020004	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Gifts (Cash and financial)	2030001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Allowances to children	2040001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Alimony/Child maintenance	2040002	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Remittance sent to persons abroad	2030002	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Donations and charities	2040003	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Subscriptions and contributions to trade unions and other organizations	2050001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Loans given out	2060001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
National Insurance payments	1255102	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Other Non Consumption Expenditure	2060099	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
DISBURSEMENTS OTHER THAN CONSUMPTION EXPENDITURES LAST TWELVE MONTHS			
Sou Sou, box	2110001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Credit Union Shares	2110002	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Bank Deposits	2110003	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Treasury Bills / Government Bonds	2120001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Stocks and shares in local companies	2120002	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Stocks and shares in foreign companies	2120003	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Investment in real estate (Land)	2130001	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>
Other Disbursements	2130099	<input type="checkbox"/> Yes	<input type="text"/> , <input type="text"/>



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

PERIOD	AMOUNT (\$)
	<div style="border: 1px solid black; width: 60px; height: 60px;"></div>
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div>, <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
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