



44076

GRENADA, CARRIACOU AND PETITE MARTINIQUE**Survey of Living Conditions and Household Expenditure and Income 2007/08****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

BUILDING NO

USE ONLY 2B PENCIL

Subsample No

Replicate letter

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

PARISH

ED NUMBER

HOUSEHOLD NO

Address of Household:

Telephone number

INTERVIEWER'S NAME:

Interviewer No

SUPERVISOR'S NAME:

No In Household

EDITOR/CODER'S NAME:

LISTING OF HOUSEHOLD MEMBERS**Confidential**

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

INTERVIEWER RESULTS**Confidential**

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

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

Central Statistical Office, Financial Complex, Carenage, St. Georges: Tel: 440-1369

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SECTION 1 - HOUSING

H2. 44076

H2.1 What type of dwelling does this household occupy?

- 1 Undivided private house
- 2 Part of a private house
- 3 Flat, apartment, condominium
- 4 Townhouse
- 5 Double house/Duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Other

H2.2 What is the construction material of the outer walls?

- 1 Wood/Timber
- 2 Concrete/Concrete Blocks
- 3 Wood & Concrete
- 4 Stone
- 5 Brick/Blocks
- 6 Plywood
- 7 Makeshift (Specify.....)
- 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)
- 5 Tile
- 6 Concrete
- 7 Makeshift/thatched
- 9 Don't know
- 8 Other (Specify.....)

H2.4 Does the household own the land on which the dwelling is built?

- 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
- 9 Squatted
- 10 Other (please specify.....)
- 5 Rented-Gov't
- 6 Rented-Private
- 7 Leased
- 8 Rent-free

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 no cooking
- 7 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 2006
- 12 2007
- 13 Don't Know

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

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 | | Number |
|----------------------------|----------------------|--------------------------------|----------------------|
| 1. Telephone - Land Line | <input type="text"/> | 15. Motor Vehicle | <input type="text"/> |
| 2. Telephone - Cellular | <input type="text"/> | 16. Computer (laptop, desktop) | <input type="text"/> |
| 3. Television | <input type="text"/> | 17. Sewing Machine | <input type="text"/> |
| 4. Video/VCR | <input type="text"/> | 18. Clothes Dryer | <input type="text"/> |
| 5. Play station | <input type="text"/> | 19. Dish washer | <input type="text"/> |
| 6. Ipods/MP3 | <input type="text"/> | 20. Weed Eater /Lawn Mower | <input type="text"/> |
| 7. DVD Player | <input type="text"/> | 21. Air Conditioner | <input type="text"/> |
| 8. Electric/Gas Stove | <input type="text"/> | | |
| 9. Toaster oven | <input type="text"/> | | |
| 10. Micro-wave | <input type="text"/> | | |
| 11. Electric Iron | <input type="text"/> | | |
| 12. Refrigerator/Freezer | <input type="text"/> | | |
| 13. Radio/Stereo/CD Player | <input type="text"/> | | |
| 14. Washing Machine | <input type="text"/> | | |





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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 due to be paid annually for the following:			
1 Land and House taxes -----		0423103	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2 Other property taxes -----		0423102	<input type="text"/> <input type="text"/> , <input type="text"/> <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"/> <input type="text"/> , <input type="text"/> <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"/> , <input type="text"/> <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"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2 Unfurnished (household accommodation) -----		1800502	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3 Business -----		1800503	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.6 How much rent would you charge monthly if you were to rent this accommodation		0421101	<input type="text"/> <input type="text"/> , <input type="text"/> <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"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
1.8 Do you make monthly mortgage payments for this dwelling? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <i>Check H3.1 then answer this question</i>			if No, go to 2.1
1.9 What is the monthly mortgage payments for this dwelling? -----		1900105	<input type="text"/> <input type="text"/> , <input type="text"/> <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"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2.4 Duration of mortgage -----		1900102	<input type="text"/> <input type="text"/> Years
2.5 Amount of mortgage ----- <i>After Q2.5 go to Q3.1</i>		1900103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <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			
<i>Ask question if household has been renting for all or part of the last twelve months</i>			
3.1 State amount paid for monthly rent currently -----		0411100	<input type="text"/> <input type="text"/> , <input type="text"/> <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"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Unfurnished -----		1800802	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Business -----		1800803	<input type="text"/> <input type="text"/> , <input type="text"/> <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"/> , <input type="text"/> <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, 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, repair and replacing e.g. replaced water pump	<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 (repair and replace) e.g. switches, wires, fuse	<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 repairs and replacing, eg. 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. Termite Protection	<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"/>
13. 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"/>
14. 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, fire, 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 (Select all that apply)?

1 Out of Pocket

\$,

2 Insurance Claim

\$,

3 Relatives and friends

\$,

4 Government Support

\$,

5 Other

\$,



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SECTION 3 - MAJOR TYPES OF HOUSEHOLD EXPENSES

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*

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 and sewerage in the last last month (exclude balances from previous bills from WASCO)	0441101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.3 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"/>
5.4 How much were you billed for <u>fixed line telephone</u> 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"/>
5.5 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 <u>MONTHLY</u> ON THE SERVICES LISTED	CODE	Amount (\$)
5.6 Employed staff including maids, butlers, drivers, gardeners, etc.....	0562100	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.7 Persons engaged temporarily for baby-sitting, housework, etc.....	0562200	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.8 Child care outside of the home e.g. day nurseries, pre-schools, baby sitting and other child minding services	1240201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.9 Care of elderly relatives inside the home.....	1240102	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.10 Care of elderly relatives outside the home.....	1240103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.11 Care of the disabled	1240104	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.12 Gardening/lawn care services.....	0562203	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.13 Cable installation and/or Service	0830103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.14 Internet Services.....	0830401	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
HOW MUCH WAS SPENT <u>ANNUALLY</u> ON THE SERVICES LISTED		Amount (\$)
5.16 Amount spent last twelve months on other household services, moving, laundry,	4532199	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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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 Grenada, Carriacou and Petite Martinique
- 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				
Space saver/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	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 Bedroom Suites	0511401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Double bed/bunk bed	0511402	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
King/Queen size bed	0511403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Single bed	0511404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Mattress	0511406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Chest of Drawers	0511408	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Wardrobe	0511409	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Cots, cribs	0511410	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Combination wardrobe	0511412	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Dressing table	0511407	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other bedroom furniture not specified by type	0511499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Patio and outdoor furniture Table and chair	0511501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Lounge chair	0511505	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other outdoor furniture not specified by type	0511599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Decorative furnishings Pictures and paintings	0511601	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Decorative clocks	0511605	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Floral Arrangements	0511602	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Ornaments, Vases	0511603	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other decorative furniture not specified by type	0511699	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Lighting equipment Standard Lamps/wall lamps	0511705	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Kerosene Lamp	0511701	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other lighting equipment not specified by type	0511799	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other furniture Computer desks	0511801	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Bookcase/bookshelves		<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Ironing boards	0511803	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other furniture not specified by type	0511899	<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(\$)
Carpets Fitted carpets	0512101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Non fitted carpets /rugs	0512102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other floor covering Linoleum	0512201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
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 Furnishing Fabrics/ cushion fabrics	0520101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
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 Curtains- panels, kitchen sets (not plastic)	0520201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
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 Sheets and pillow cases	0520302	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
pillows	0520303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
cushions	0520307	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Comforters and Spreads	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 Towels-Bath	0520401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
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 Shopping bags	0520501	<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(\$)
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				
Printers/Fax Machine/both	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/MP3/IPODS 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	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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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)		QTY Received	GIFTS	
			QTY BOUGHT	TOTAL COST(\$)		TOTAL COST(\$)	
Garden Tools (Cutlasses forks, Spades, hoes, rakes)	0552201	<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 ARTICLESPART 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? 1 Yes Continue 2 No Go to Section 5

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 (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

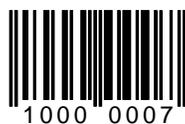
INTERVIEWER:

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="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Limes (Number)	0116124	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Citrus (Number)	0116104	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Ripe bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Watermelons (lbs.)	0116117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <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="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Green bananas (lbs.)	0116128	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Plantains (lbs.)	0116129	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Avocados (Number)	0116125	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Water nuts (Number)	0116132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cabbage (Green) (lbs.)	0117103	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <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="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Herbs Chive and Thyme (bundle)	0117122	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Pigeon peas (lbs.)	0117115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Tannias (lbs.)	0117508	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
White potato	0117509	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cassava (lbs.)	0117699	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<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="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <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
Home Produced Dairy Products and Fish:				
Milk (quarts)	0114101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Eggs (doz)	0114501	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Fish caught (lbs.)	0113199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tri Tri (lbs.)	0113113	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lobster	0113115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Conch	0113117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<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)	PURCHASED NEW OR USED?	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="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<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="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<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="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<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="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<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="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<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**

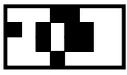
INTERVIEWER: if vehicle is used entirely for business do not include its expenses in the list which follows. For each vehicle list the particular expense, then sum it up in the amount field provided.

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

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/License	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, District)
		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

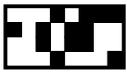
- | | |
|----------------|------------------|
| 1. DAILY | 5. SEMI-ANNUALLY |
| 2. WEEKLY | 6. ANNUALLY |
| 3. FORTNIGHTLY | 9. OTHER |
| 4. MONTHLY | |

TYPE OF OUTLET-CODES

- | | | | |
|----------------------------------|----------------------------|---------------------------|----------------|
| 01. SUPERMARKET | 11. CLOTHING STORE | 19. ABROAD-USA | 20. ABROAD-T&T |
| 02. MINI MART/SUPERETTE | 12. TEXTILE STORE | 21. ABROAD-OTHER | |
| 03. SHOP | 13. SHOE STORE | 22. VEGETABLE MARKET | |
| 04. WHOLESALE OUTLET | 14. VARIETY STORE | 23. VAN | |
| 05. FISH MARKET | 15. PHARMACY | 24. SEA-FRONT | |
| 06. BAKERY | 16. HOSPITAL | 25. SPECULATOR/TRAFFICKER | |
| 07. RESTAURANT | 17. CLINIC (HEALTH CENTER) | 26. FISHERIES | |
| 08. HARDWARE STORE | 18. PRIVATE DOCTOR | 27. OTHER | |
| 09. FURNITURE & APPLIANCES STORE | | | |
| 10. DEPARTMENT STORE | | | |



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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, District)
		CODE	FREQ			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
15. Appliances	0531000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
17. Medical Expenses - Consultation	0621100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
18. Medical Expenses - Procedure	0630000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
19. Breakfast (responsible adult)	1111101	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
20. Lunch (responsible adult)	1111201	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
21. Dinner (responsible adult)	1111301	<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	11. CLOTHING STORE	19. ABROAD-USA	20. ABROAD-T&T
02. MINI MART/SUPERETTE	12. TEXTILE STORE	21. ABROAD-OTHER	
03. SHOP	13. SHOE STORE	22. VEGETABLE MARKET	
04. WHOLESALE OUTLET	14. VARIETY STORE	23. VAN	
05. FISH MARKET	15. PHARMACY	24. SEA-FRONT	
06. BAKERY	16. HOSPITAL	25. SPECULATOR/TRAFFICKER	
07. RESTAURANT	17. CLINIC (HEALTH CENTER)	26. FISHERIES	
08. HARDWARE STORE	18. PRIVATE DOCTOR	27. OTHER	
09. FURNITURE & APPLIANCES STORE			
10. DEPARTMENT STORE			

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 | 10 G2/Std 1 | 20 Form1 |
| 01 Nursery | 11 G3/Std 2 | 21 Form2 |
| 02 Pre-school | 12 G4/Std 3 | 22 Form3 |
| 03 Kindergarden/Stage1 | 13 G5/Std 4 | 23 Form4 |
| 04 Grade 1/Stage 2 | 14 G6/Std 5 | 24 Form5 |
| 05 Special Education | 15 G7/Std 6 | 25 Form6 |
| 06 Don't know | 16 G8/Std 7 | 26 TAMCC - A Levels |
| | 17 NEWLO | |

8.3 What is the highest grade completed by mother?

- | | | |
|------------------------|-------------|---------------------|
| 00 none | 10 G2/Std 1 | 20 Form1 |
| 01 Nursery | 11 G3/Std 2 | 21 Form2 |
| 02 Pre-school | 12 G4/Std 3 | 22 Form3 |
| 03 Kindergarden/Stage1 | 13 G5/Std 4 | 23 Form4 |
| 04 Grade 1/Stage 2 | 14 G6/Std 5 | 24 Form5 |
| 05 Special Education | 15 G7/Std 6 | 25 Form6 |
| 06 Don't know | 16 G8/Std 7 | 26 TAMCC - A Levels |
| | 17 NEWLO | |

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

- 1 Yes 3 Somewhat
 2 No 4 Don't Know

8.5 How much did you spend on Food in the past week?

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8.6 How much did you spend on Food in the past month?

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

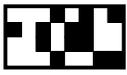
FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD

INDIVIDUAL NO.	2 Sex	3 Age	4 What is..... Relationship to Head	5 What was the grade level attained by..... prior to departure?	6 How long ago did... move away	7 Most important reason for leaving the household	8 Area former household member moved to FIRST.	9 Does this former household member send any contributions to this household?
	Male.....1 Female..2	Years	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	00 None 01 Nursery 02 Preschool 03 Kindergarten/Stage 1 04 Grade1/Stage 2 05 Grade2/Std1 06 Grade3/Std2 07 Grade4/Std3 08 Grade5/Std4 09 Grade7/Std5 10 Grade6/Std6 11 Grade8/Std7 12 NEWLO 13 Form 1 14 Form 2 15 Form 3 16 Form 4 17 Form 5 18 TAMCC - A Levels 19 TAMCC - A Levels Tech voc 20 Univeristy of West Indies 21 St. Georges University 22 University..... 23 Don't know	(in years) Less than 6 months0 6 months to 1 year1	more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	Another part of the country.....1 Barbados.....2 Other CARICOM.3 UK.....4 USA.....5 Canada.....6 BVI.....7 T & T.....8 Rest of the World.....9	Provide an annual estimate of amount sent in \$EC 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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <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	<i>In EC Dollars</i> <input type="text"/> , <input type="text"/>



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SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS



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	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child 5
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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4. Who delivered the child?	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	Doctor <input type="checkbox"/> 1 Nurse, midwife <input type="checkbox"/> 2 Other/self <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. In the past two weeks, has had running belly (diarrhea) i.e. three or more loose stools per day?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Go to Q8)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
6. During this last episode of diarrhea, did drink:(prompt and insert X for all items mentioned)					
1. Breast Milk	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Cereal-based gruel or gruel made from roots or soup	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Other locally-defined acceptable home fluids	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. ORS (oral rehydration solution) packet solution	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Water with feeding during some part of the day	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Water alone	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other milk or infant formula	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Defined "unacceptable" fluids	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
7. Durings diarrhea, did he/she drink much less, about the same, or more than usual?					
1. Much less	<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?					
1. Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. No (If no, go to Q10)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
9A. For how many months after birth did you feed on Breast milk ONLY?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9B. Is he/she still being breast fed?					
1. Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<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



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INDIVIDUAL QUESTIONNAIRE

IMPORTANT!!!

Transfer codes from front page of housing questionnaire

PARISH □ □	ED NUMBER □ □ □ □	HOUSEHOLD NO □ □ □
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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

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

1.2 What is 's relationship to the head of household?

- 1 Head
- 2 Spouse/partner
- 3 Child
- 4 Son/daughter-in-law
- 5 Step son / daughter
- 6 Grandchild
- 7 Parent/parent-in-law
- 8 Other relative
- 9 Non-relative

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

- 1 Male
- 2 Female

1.4 What is.....'s date of birth (DD/MM/YYYY)?

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

If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age
use 97 for age over 96

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

- 1 African Descent/Negro/Black
- 2 Indigenous People (Amerindian/Carib)
- 3 East Indian
- 4 Chinese/Asian
- 5 Portuguese
- 6 Syrian/Lebanese
- 7 White/Caucasian
- 8 Mixed
- 9 Other (please specify.....)
- 10 Don't know/Not Stated

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

- 1 Anglican
- 2 Baptist
- 3 Bahai
- 4 Brethren
- 5 Church of God
- 6 Evangelical
- 7 Hindu
- 8 Jehovah Witnesses
- 9 Methodist
- 10 Moravian
- 11 Muslim
- 12 Pentecostal
- 13 Presbyterian
- 14 Rastafarian
- 15 Roman Catholic
- 16 Salvation Army
- 17 Seventh Day Adventist
- 18 None
- 19 Not Stated
- 20 Wesleyan Holiness
- 21 Other (please specify.....)

1.7A Do have a working mobile phone ?

- 1 Yes
- 2 No (skip to Q1.8)
- 3 Not Stated

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

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

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

- 1 Home
- 2 Work
- 3 School
- 4 Internet Cafe
- 5 Cell Phone
- 6 Family Friend
- 7 Other
- 8 None

SECTION 2: MIGRATION FOR ALL PERSONS

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

- 1 Grenada, Carriacou and Petit Martinique
 - 2 Abroad (Another Country)
- Go to Q2.3

2.2 In which district/parish was 's. mother living?

(All go to Q2.5)

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

2.4 In which year didlast come to live in Grenada, Carriacou and Petit Martinique

2.5 Is/are living abroad at present?

- 1 Yes
- 2 No (If no, go to Q2.10)

2.6 In which country do(es) now live?

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

FROM MONTH / YEAR

2.8 Why didreturn/come to Grenada, Carriacou and Petit Martinique?

- 1 Regard it as home/Homesick
- 2 Family is here
- 3 Deported
- 4 Retired
- 10 Other
- 5 To start a business
- 6 The Weather
- 7 To obtain employment
- 8 Health Reasons
- 9 Return from Study
- 11 Not App(if 11, Not App. Go to Q2.12)

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

2.10 Has ever lived abroad in the past ten years?

- 1 Yes
- 2 No (go to 2.12)

2.11 Why didreturn/come to Grenada, Carriacou and Petit Martinique?

- 1 Regard it as home/Homesick
- 2 Family is here
- 3 Deported
- 4 Retired
- 10 Other
- 5 To start a business
- 6 The Weather
- 7 To obtain employment
- 8 Health Reasons
- 9 Return from Study

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

- 1 Drinking Alcohol
 - 2 Smoking of Cigarettes
 - 3 Smoking/Ingestion of banned Substances
 - 7 Abuse of Prescription Drugs
 - 8 Other
 - 10 None
 - 4 Sexual abuse
 - 5 Physical abuse of another member of household
 - 6 Physical abuse of children
 - 9 Don't Know
- Specify



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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, asthma?

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 Asthma 7 Other

3.7 Did's 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 Q3.23

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 General Hospital (Public) 2 Princess Alice (Public) 3 Health Center 4 Private doctor/ dentist abroad 6 Private Doctor/Dentist 7 Traditional Healer 8 Hospital Abroad 9 Pharmacy / Chemist 10 St Augustine Hospital 11 Princess Royal 12 CHS 13 Marryshow Hospital

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 2 Satisfied, Go to Q3.18 3 Dissatisfied 4 Very dissatisfied

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

1 Drugs not available 2 Drugs not affordable 3 Attitude of Staff 4 Long waiting time 5 Equipment not available or operational 6 No Doctor/Trained staff available 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 private facility or pharmacy?

1 Yes 2 No If yes, go to Q3.26

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

\$ [] [] , [] [] [] EC

3.26 Did obtain medicines at a public facility?

1 Yes 2 No

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?

1 Yes 2 No



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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"/CXC Gen Prof (1 or 2 subjects) Grade I, II, III
5 GCE "O"/CXC Gen Prof (3 or 4 subjects) Grade I, II, III
6 GCE "O"/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
17 Standard Seven - School Leaving Certificate

4.25 Did have any vocational or technical training?

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

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.1a Did you work at all in the past twelve months??

- 1 Yes
2 No (If No, go to Q5.3)

5.1b 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

5.1c 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 month?

- 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
2 Seasonal inactivity
3 Student
4 Household/family duties
5 Retired
6 Infirmity/Disabled
7 Did not want to work
8 Maternity Leave
9 Other

(All go to Q5.13)

5.5 How many years have been in this job? [] Years

00 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
2 Holiday/vacation
3 Personal/family responsibilities
4 In school/training
5 Strike/lock out
11 Other
6 Job ended in reference week
7 Firm not getting enough work
8 Could not find more work
9 Part Time Work
10 Pregnancy

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 security
15 Admin - 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
2 Paid Employee - Statutory
3 Paid Employee - private
4 Self employed without employees
5 Self employed with employees
6 Unpaid family worker
7 Other
(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)
2 Less than one month
3 1 > 3 months
4 3 > 6 months
5 6 > 12 months
6 1 year and more

5.14 What was the main reason why left last job?

- 1 New Job
2 Fired
3 Illness/Injury
4 Retired
5 To return to school
6 Retrenched/laid off
14 Other (Specify)
7 Did not want to work
8 No more work available
9 Wages too low
10 Seasonal job
11 Home Duties
12 Sexual Harassment
13 Pregnancy

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

- 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
2 Housekeeping
3 Retired
4 Disabled
5 Temporary illness
6 Did not want work
12 Other (specify)
7 Awaiting results or applications
8 Knew of no vacancy
9 Discouraged
10 Caring for someone
11 Pregnancy

(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?

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

SECTION 6: MARITAL STATUS, 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, 9 Don't know/Not stated

6.2a Are currently pregnant?

- 1 Yes, 2 No, 3 Not Stated, 4 Not Applicable (for Males) if yes, skip to Q6.3

6.2b Are you currently practicing a form of birth control?

- 1 Yes, 2 No

6.2c If yes, what form(s)?

- 1 Pill, 2 IUD, 3 Abstinence, 4 Injectable, 5 Diaphragm foam/jelly, 6 Male Condoms, 7 Female Condoms, 8 Female sterilization, 9 Male sterilization, 10 Norplant, 11 Rhythm, 12 Withdrawal, 13 Other Traditional, 14 Other All males go to Q7.1

FOR FEMALES 15 TO 49 YEARS

6.3 Is/Are attending/visiting a public health clinic/private doctor?

- 1 Yes, 2 No

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

Two digit grid for number of live births

6.5 How many died? Before first birthday

Two digit grid for number of deaths before first birthday

After first birthday

Two digit grid for number of deaths after first birthday

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

Two digit grid for age at 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), 2 One, 3 Two separate births, 4 Twins, 5 Three or more

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

Two digit grid for number of deaths within 30 days

After 30 days but before one year

Two digit grid for number of deaths after 30 days

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)?

Blank lines for describing the main crime

7.2 b What did the crime cost you:

Days without pay: [grid] Days

Other economic loss: \$ [grid], [grid]

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, 2 Satisfied, 3 Dissatisfied, 4 Very dissatisfied

End of Interview for all non- spenders

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





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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 recieved	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	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	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY recieved	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 received	TOTAL COST(\$)
Pyjamas	0312118	<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"/>
Bath robes /housecoats	0312119	<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"/>
Costumes	0312120	<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"/>
Overcoat/ raincoat	0312121	<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"/>
Work overalls	0312122	<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"/>
Men's outerwear not specified by type	0312199	<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"/>
Men's underwear and Hosiery Vests	0312124	<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	0312125	<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	0312126	<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	0312127	<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 men's outer wear	0312199	<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 Men's clothing Ties & Scarves	0313101	<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	0313102	<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	0313103	<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	0313104	<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"/>
Braces	0313105	<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"/>
Handkerchiefs	0313106	<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"/>
Sewing thread, buttons, zips, buckles	0313107	<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"/>
Helmets	0313008	<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 men's clothing	0313199	<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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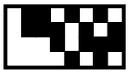
SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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 received	TOTAL COST(\$)
Boy's outer wear Complete Suits -2/3 piece	0312201	<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"/>
Jackets	0312202	<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"/>
Sweaters	0312203	<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"/>
Waistcoats / pullovers	0312204	<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"/>
Long Trousers /pants (dress)	0312205	<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"/>
Long trousers / pants (casual wear)	0312206	<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"/>
Long Jeans pants	0312207	<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 (casual)	0312208	<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 (Jeans)	0312209	<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 (house wear)	0312210	<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"/>
Shirts -dress(Long sleeves)	0312211	<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"/>
Shirts (casual)	0312212	<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"/>
Jerseys (dress)	0312213	<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 wear/ vests	0312214	<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"/>
Polo Shirts	0312215	<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"/>
T- Shirts	0312216	<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"/>
Track suits/ Jogging suits	0312217	<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"/>
Pyjamas	0312218	<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"/>
Bath robes /housecoats	0312219	<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"/>
Costumes	0312220	<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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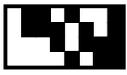
SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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 recieved	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"/>



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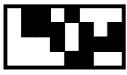
SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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 recieved	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	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				



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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 recieved	TOTAL COST(\$)
All other women's outer wear	0312399	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Women's Underwear 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 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 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				



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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 recieved	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	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY recieved	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				



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



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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="checkbox"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dentist Fees (Number of visits)	0622101	<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"/> <input type="text"/>
Child Delivery Fees	0621106	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Optician Fees	0621104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Private hospital care (number of nights)	0630108	<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"/> <input type="text"/>
Lab Tests and X-rays (number of lab test)	0623101	<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"/> <input type="text"/>
Drugs for Hypertension	0611102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Drugs for Cancer	0611103	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Drugs for Diabetes	0611104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Drugs for Cold/Flu	0611112	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Drugs and Prescriptions, Medical	0611199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Spectacles, hearing aids, dentures, etc	0613101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Health and Accident Insurance	1253001	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Medical Expenses	0623199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EDUCATIONAL EXPENSES				
Tuition - For pre-school/Day Care	1010101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuition - Correspondence Courses (all levels)	1040202	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lessons for Children Primary/Secondary	1050101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lessons/Night Classes for Adults	1050102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuition - Primary, Secondary School	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tuition - Tertiary, University and Other	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Boarding and lodging	1120101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
School and technical books	0951101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Exam fees	1040203	<input type="checkbox"/> Yes <input type="checkbox"/> No		<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
EDUCATIONAL EXPENSES (Cont'd)				
Computer software and accessories	0913105	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Transportation fees	0737101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Meals	0119423	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other	1050101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
ENTERTAINMENT EXPENSES				
Carnival	0942105	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Cinemas/video/DVD rentals/video clubs	0914101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Concerts, plays, fetes and other admissions	0942101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Spectator sports, football, cricket	0941102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Night clubs, dances, parties	0942104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Participant sports	0942198	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Dues, subscriptions and memberships	0942105	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lottery games	1270104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Newspapers	0952101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Toys for Children	0931100	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Books, magazines (non-technical and not for school)	0952102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other Entertainment, Hobby Specify.....	0942199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
TRANSPORTATION BY AIR (for Quantity indicate number of visits)				
Inter-Island Travel Caribbean - Carriacou, Petite Martinique	0733101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Trinidad and Tobago	0733102	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Other	0733103	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
USA - New York, Miami, etc..	0733104	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
England - London, etc	0733105	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Foreign Travel by Air	0733106	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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)				
Inter-Island Travel Caribbean - Carriacou, Petite Martinique	0734101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other, B'dos, St Lucia, Trinidad and Tobago	0734102	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
PERSONAL AND OTHER EXPENSES				
Taxi Transportation	0732400	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Bus Transportation	0732100	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Weddings	1270103	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Legal and accounting expenses (non-business)	1270101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Funerals	1270102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Local accommodation expenses	1120104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Barbershop	1211201	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Hairdresser	1211101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Beauty Salon (manicures, pedicures, facials etc..)	1211102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Laundry/Dry cleaners	0562205	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Photo studios	0942106	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Driving Lessons	0724301	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other personal services	1211300	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other travelling expenses	0738102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>



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SECTION 10 - OTHER DISBURSEMENTS**10. Did spend money on any of the following last month?**

Expenditure During Last Month Some of the more common expenditures are in bold	CODE	(Y/N)	AMOUNT (\$)	
NON-CONSUMPTION EXPENDITURES				
Income Taxes	2010001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Other taxes, duties, fees and other compulsory charges e.g. Customs duties, departure tax, stamp duty etc.	2010002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Life insurance premium	1251001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Annuities	2020001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Interest on consumer loans	2020002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Credit Card Payments	2020003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Hire-purchase installments	2020004	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Gifts (Cash and financial)	2030001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Allowances to children	2040001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Alimony/Child maintenance	2040002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Remittance sent to persons abroad	2030002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Donations and charities	2040003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Subscriptions and contributions to trade unions and other organizations	2050001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Loans given out	2060001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Social Security Payments/Social Services Levy	1255102	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Other Non Consumption Expenditure	2060099	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
DISBURSEMENTS OTHER THAN CONSUMPTION EXPENDITURES LAST TWELVE MONTHS				
Sous Sous	2110001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Credit Union Shares	2110002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Bank Deposits	2110003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Treasury Bills / Government Bonds	2120001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Stocks and shares in local companies	2120002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Stocks and shares in foreign companies	2120003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Investment in real estate (Land)	2130001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □
Other Disbursements	2130099	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □	, □ □ □



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SECTION 11 - INCOME FOR EMPLOYED PERSONS

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	Quarterly
6	Semi-Annually
7	Annually

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

INCOME SOURCES - EMPLOYMENT	CODE	PERIOD	AMOUNT (\$)
1A. What was...s gross pay/income during the last pay period, from MAIN job, that is, before income tax or other deductions? (PRESENT FLASH CARD)	Income Group	<input type="text"/>	<input type="text"/>
1B. How much did you receive in wages and salary LAST PAY PERIOD FROM MAIN JOB (GROSS PAY). Include Overtime, tips and bonuses, income taxes and Social Security	2231001		<input type="text"/> , <input type="text"/>
2. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
3. How much did you receive in wages and salary LAST PAY PERIOD FROM OTHER JOB (GROSS PAY). Include Overtime, tips and bonuses, income taxes and Social Security	2231002	<input type="text"/>	<input type="text"/> , <input type="text"/>
4. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
INCOME SOURCES - OTHER, RECEIVED ANNUALLY			
5. Money sent by relatives and friends overseas - Remittances from abroad	2331001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
6. Rental income received by you for house, land and other property	2341001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
7. Other entrepreneurial income, example from self employment	2231003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
8. Dividends on local and foreign investments (e.g Credit union dividends)	2351001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
9. Interest on local and foreign bank deposits, bonds	2361001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
10. Government retirement pension	2371001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
11. Pension from other former local employer	2371002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
12. Pension from former foreign employer	2371003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
13. Social Security (NIS), include old age/retirement pension only	2371005	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
14. Social Security (NIS), excluding old age/retirement pension	2371005	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
15. Insurance Annuities	2381001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
16. Public assistance	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
17. Child support	2381003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
18. Allowances - alimony	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
19. Allowances - financial aid	2391002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
20. Allowances - scholarships	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
21. Interest from stocks, shares, Treasury bills and other investments	2361002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
22. All Other Income, nes	2391099	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>



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