



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="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>

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

Confidential



Confidential



H2. 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
- ☐ 8 Other/Don't Know
- ☐ 7 Makeshift (Specify.....)

H2.3 What is the material used for roofing?

- ☐ 1 Sheet metal (galvanize, galvalume)
- ☐ 2 Shingle (asphalt)
- ☐ 3 Shingle (wood)
- ☐ 4 Shingle (other)
- ☐ 5 Tile
- ☐ 6 Concrete
- ☐ 7 Makeshift/thatched
- ☐ 9 Don't know
- ☐ 8 Other (Specify.....)

H2.4 Does the household own the land 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

SECTION 1 - HOUSING

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, attic, corridor)

Number of Rooms

H3.10 How many are used

1. Solely as bedrooms?

3. Rented or sub-letted?

2. Used for business?

4. Vacant?

H3.11 How do you compare the overall economic situation of the household with one year ago?

- ☐ 1 Much worse now
- ☐ 2 A Little worse now
- ☐ 3 Same
- ☐ 4 A Little better now
- ☐ 5 Much better now
- ☐ 6 Don't know

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

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

H4.

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

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



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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	
2 Other property taxes -----	0423102	
1.2 What is the annual rent or lease for the land on which the house is built? -----	0411201	
1.3 How much Insurance premium is paid on this dwelling annually ? -----	1252101	
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	
2 Unfurnished (household accommodation) -----	1800502	
3 Business -----	1800503	
1.6 How much rent would you charge monthly if you were to rent this accommodation -----	0421101	
1.7 What is the estimated market value of the dwelling unit currently occupied by this household? -----	1900104	
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	

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	<div> <div><div></div></div> <div>,</div> <div> <div></div> <div></div> <div></div> </div> <div>,</div> <div> <div></div> <div></div> <div></div> </div> </div>
2.4 Duration of mortgage _____	1900102	<div> <div> <div></div> <div></div> </div> <div>Years</div> </div>
2.5 Amount of mortgage _____ After Q2.5 go to Q3.1	1900103	<div> <div><div></div></div> <div>,</div> <div> <div></div> <div></div> <div></div> </div> <div>,</div> <div> <div></div> <div></div> <div></div> </div> </div>

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 <u>currently</u> _____	0411100	<div> <div></div> <div></div> </div> , <div> <div></div> <div></div> <div></div> </div>
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	<div> <div></div> <div></div> </div> , <div> <div></div> <div></div> <div></div> </div>
	Unfurnished _____	1800802	<div> <div></div> <div></div> </div> , <div> <div></div> <div></div> <div></div> </div>
	Business _____	1800803	<div> <div></div> <div></div> </div> , <div> <div></div> <div></div> <div></div> </div>
3.4	If rent includes meals, estimate approximately the monthly value of meals _____	1800901	<div> <div></div> <div></div> </div> , <div> <div></div> <div></div> <div></div> </div>



SECTION 2 - REPAIR AND MAINTENANCE OF DWELLING

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

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

Even if rented, probe for repair and maintenance expenses.

☐ 1 Yes (Complete Q 4.1)

☐ 2 No (Go to Q 4.2)

Not applicable
Not Known
Amount too large
Not Stated

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

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

4.2 In the past twelve months, did the physical structure of your dwelling suffer any damage caused by extra-ordinary events (e.g. Hurricane, 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?

\$

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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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Page 4

SECTION 3 - MAJOR TYPES OF HOUSEHOLD EXPENSES

Not applicable
Not Known
Amount too large
Not Stated

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

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

PLEASE WRITE CLEARLY AND LEGIBLY

HOW MUCH WAS SPENT ON THE SERVICES LISTED BELOW		CODE	Amount (\$)
5.1	How much did you spend during the last 3 months on gas for cooking? e.g. propane, butane cylinders	0452101	<div></div> , <div></div>
5.2	How much were you billed for water and sewerage in the last last month (exclude balances from previous bills from WASCO)	0441101	<div></div> , <div></div>
5.3	How much were you billed for electricity in the last month (exclude balances from previous bills)	0451101	<div></div> , <div></div>
5.4	How much were you billed for fixed line telephone in the last month (exclude balances from previous bills, including phone cards, caller ID, call waiting, etc)	0830201	<div></div> , <div></div>
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	<div></div> , <div></div>

HOW MUCH WAS SPENT <u>MONTHLY</u> ON THE SERVICES LISTED		CODE	Amount (\$)
5.6	Employed staff including maids, butlers, drivers, gardeners, etc	0562100	<div></div> , <div></div>
5.7	Persons engaged temporarily for baby-sitting, housework, etc.	0562200	<div></div> , <div></div>
5.8	Child care outside of the home e.g. day nurseries, pre-schools, baby sitting and other child minding services	1240201	<div></div> , <div></div>
5.9	Care of elderly relatives inside the home	1240102	<div></div> , <div></div>
5.10	Care of elderly relatives outside the home	1240103	<div></div> , <div></div>
5.11	Care of the disabled	1240104	<div></div> , <div></div>
5.12	Gardening/lawn care services	0562203	<div></div> , <div></div>
5.13	Cable installation and/or Service	0830103	<div></div> , <div></div>
5.14	Internet Services	0830401	<div></div> , <div></div>
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	<div></div> , <div></div>





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				



SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

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



SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

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





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

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





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?



SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

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

SECTION 4 - REPAIRS AND SERVICING OF HOUSEHOLD ARTICLES

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

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



SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

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

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

☐ 1 Yes Continue

☐ 2 No Go to Section 6

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Orange (Number)	0116101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Limes (Number)	0116124	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Other Citrus (Number)	0116104	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Ripe bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Watermelons (lbs.)	0116117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Other fresh fruits (pawpaw, plums, cherries, sour sop, golden apples, etc (lbs.))	0116199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Green bananas (lbs.)	0116128	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Plantains (lbs.)	0116129	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Avocadoes (Number)	0116125	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Water nuts (Number)	0116132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Cabbage (Green) (lbs.)	0117103	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<div></div> <div></div>	<div></div> <div>,</div> <div></div> <div></div> <div></div>



SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

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

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Lettuce, water cress (Head / bundles)	0117106	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Herbs Chive and Thyme (bundle)	0117122	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Fresh vegetables (lbs.)	0117199	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Pigeon peas (lbs.)	0117115	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
String Beans (lbs.)	0117117	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Spices, cinnamon, nutmeg, ginger (lbs.)	0119223	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Yams - white (lbs.)	0117503	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Tannias (lbs.)	0117508	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Dasheen (lbs.)	0117505	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Sweet potatoes (lbs.)	0117506	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
White potato	0117509	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Nuts (cashews, peanuts etc.) (lbs.)	0116130	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Cassava (lbs.)	0117699	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other ground provisions (lbs.)	0117699	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
		<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Home Produced Meat and Poultry				
Beef	0112107	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Pork	0112207	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Mutton/Goat	0112303	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Rabbit	0112402	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Meats	0112499	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Chicken	0112701	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other Poultry	0112999	<div><input type="checkbox"/> 1 Yes</div> <div><input type="checkbox"/> 2 No</div>	<div><div></div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>



SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

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

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Home Produced Dairy Products and Fish:				
Milk (quarts)	0114101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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"/> , <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 _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
02	<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 _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
03	<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 _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
04	<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 _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
05	<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 _____	<div><div></div><div></div></div>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<div><div></div><div></div><div></div></div> , <div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>



SECTION 6 - TRANSPORTATION

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PART 2 - VEHICLE MAINTENANCE AND REPAIR EXPENDITURE DURING THE PAST 3 MONTH PERIOD
INTERVIEWER: if vehicle is used entirely for business do not include its expenses in the list which follows. For each vehicle list the particular expense, then sum it up in the amount field provided.
Remember the vehicle number referred to is the number assigned to the vehicle from the previous

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						





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

REGULARITY OF PURCHASE CODES		TYPE OF OUTLET-CODES				
1. DAILY 2. WEEKLY 3. FORTNIGHTLY 4. MONTHLY	5. SEMI-ANNUALLY 6. ANNUALLY 9. OTHER	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 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="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
17. Medical Expenses - Consultation	0621100	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
18. Medical Expenses - Procedure	0630000	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
19. Breakfast (responsible adult)	1111101	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
20. Lunch (responsible adult)	1111201	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
21. Dinner (responsible adult)	1111301	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	

REGULARITY OF PURCHASE CODES

1. DAILY
2. WEEKLY
3. FORTNIGHTLY
4. MONTHLY

5. SEMI-ANNUALLY
6. ANNUALLY
9. OTHER

TYPE OF OUTLET-CODES

01. SUPERMARKET
02. MINI MART/SUPERETTE
03. SHOP
04. WHOLESALE OUTLET
05. FISH MARKET
06. BAKERY
07. RESTAURANT
08. HARDWARE STORE
09. FURNITURE & APPLIANCES STORE
10. DEPARTMENT STORE

11. CLOTHING STORE
12. TEXTILE STORE
13. SHOE STORE
14. VARIETY STORE
15. PHARMACY
16. HOSPITAL
17. CLINIC (HEALTH CENTER)
18. PRIVATE DOCTOR

19. ABROAD-USA
21. ABROAD-OTHER
22. VEGETABLE MARKET
23. VAN
24. SEA-FRONT
25.SPECULATOR/TRAFFICKER
26. FISHERIES
27. OTHER

SECTION 8 FOR HEADS OF HOUSEHOLD ONLY

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

8.2 What is the highest grade completed by father?

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

8.3 What is the highest grade completed by mother?

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

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

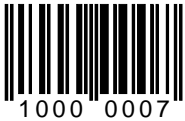
☐ 1 Yes ☐ 3 Somewhat
☐ 2 No ☐ 4 Don't Know

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

\$,

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

\$,





FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD

INDIVIDUAL NO.	FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD							
	2 Sex Male.....1 Female...2	3 Age Years	4 What is..... Relationship to Head Spouse/partner.....1 Child.....2 Son/daughter in law.3 grand-child.....4 parent/parent-in-law.5 grand parent.....6 other relative.....7 brother /sister.....8 non-relative.....9	5 What was the grade level attained by..... prior to departure? 00 None 01 Nursery 02 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	6 How long ago did... move away (in years) Less than 6 months0 6 months to 1 year1	7 Most important reason for leaving the household more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	8 Area former household member moved to FIRST. 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	9 Does this former household member send any contributions to this household? Provide an annual estimate of amount sent in \$EC dollars in the last year. Provide a monetary value for in-kind contributions sent
01	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
02	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
03	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
04	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
05	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
06	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
07	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
08	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
09	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
10	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		<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"/> 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> <div></div> , <div></div>
11	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F							





SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS

44076	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child 5
1A. Individual Number	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
1B. Mother's Number	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
2. Date of Birth (dd/mm/yy)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
Age (in months)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
3. Where was child delivered?	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 Other <input type="checkbox"/> 4	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <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. During’s 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?	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
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





44076



COMMENTS

[illegible]**Spender(s)/Representative of Household**



INDIVIDUAL QUESTIONNAIRE

Transfer codes from front page of housing questionnaire



PARISH

ED NUMBER

HOUSEHOLD NO

INTERVIEWER:

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

SECTION 1: CHARACTERISTICS FOR ALL PERSONS

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

1.2 What iss relationship to the head of household?

- ☐ 1 Head
- ☐ 2 Spouse/partner
- ☐ 3 Child
- ☐ 4 Son/daughter-in-law
- ☐ 5 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 wass. mother living?

(All go to Q2.5)

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

2.4 In which year didlast come to live in 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?

Years

Months (ALL, go to Q2.12)

2.10 Has ever lived abroad in the past ten years?

- ☐ 1 Yes
- ☐ 2 No (go to 2.12)

2.11 Why didreturn/come to 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



1000 0007



FOR ALL PERSONS

☐ 1 Yes ☐ 2 No If No, go to Q3.3

list only the major illness/injury as clearly as possible

☐ 1 Yes ☐ 2 No If No, go to Q3.5

list only the major illness/injury as clearly as possible

☐ 1 Yes ☐ 2 No

3.6 If yes, which of these?

☐ 1 Diabetes ☐ 2 High Blood Pressure ☐ 3 Heart Condition
☐ 4 Cancer ☐ 5 HIV/AIDS ☐ 6 Asthma ☐ 7 Other

☐ 1 Within ☐ 2 Before

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

☐ 1 Yes (Go to Q 3.11) ☐ 2 No

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

☐ 4 Un treatable ☐ 5 Other

After Q 3.10 go to Q3.23

Visits

<input type="checkbox"/> 1 General Hospital (Public)	<input type="checkbox"/> 8 Hospital Abroad
<input type="checkbox"/> 2 Princess Alice (Public)	<input type="checkbox"/> 9 Pharmacy / Chemist
<input type="checkbox"/> 3 Health Center	<input type="checkbox"/> 10 St Augustine Hospital
<input type="checkbox"/> 4 Private doctor/ dentist abroad	<input type="checkbox"/> 11 Princess Royal
<input type="checkbox"/> 6 Private Doctor/Dentist	<input type="checkbox"/> 12 CHS
<input type="checkbox"/> 7 Traditional Healer	<input type="checkbox"/> 13 Marryshow Hospital

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



FOR ALL PERSONS

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

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

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

☐ 2 Drugs not affordable ☐ 4 Long waiting time

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

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 EC

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 EO

☐ 1 Yes ☐ 2 No *If no to Q3.23*

		Nights
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\$ _____ , _____ EC

☐ 1 Yes ☐ 2 No *If no to Q3.28*

☐ 1 Yes ☐ 2 No *If yes, go to Q3.26*

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 EC

☐ 1 Yes ☐ 2 No

Private (in EC Dollars) Public (in EC Dollars)

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☐ 1 Yes ☐ 2 No



SECTION 4: EDUCATION FOR ALL PERSONS

4.1 Can read and write? ☐ 1 Yes ☐ 2 No

4.2 Is attending school/classes? ☐ 1 Yes ☐ 2 No *If no to Q4.19*

4.3 Is it? ☐ 1 Full-time ☐ 2 Part-time ☐ 3 Not Stated

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

00 none	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	

31 TAMCC-TECH
32 St Georges University
33 University-UWI
34 University-Other
35 Other

4.5 Does attend private school/classes?
☐ 1 Yes ☐ 2 No

4.6a Does live at home while attending school/classes?
☐ 1 Yes ☐ 2 No

4.6b Are/is enrolled in a distant education programme?
☐ 1 Yes ☐ 2 No *(If yes, go to Q4.21)*

For Part time and distant education persons, you should proceed to Q4.21

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

Days *(If 5 days go to Q4.9)*

4.8 Why did not go to school during all of the last five school days?
☐ 1 Illness ☐ 6 Not worth going
☐ 2 Financial Problems ☐ 7 School closed/holidays
☐ 3 Transportation Problems ☐ 8 Truant/Delinquent (no reason)
☐ 4 Working ☐ 9 Pregnant/young mother
☐ 5 Home duties ☐ 10 Baby sitting
☐ 11 Apprenticeship ☐ 14 Menstrual Problems
☐ 12 Fear of Gangs
☐ 15 Other (Specify _____)

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

Minutes

4.10 How does normally get to school?
☐ 1 Walking ☐ 4 Bus/Mini Bus
☐ 2 Cycling ☐ 5 Private transport
☐ 3 Taxi ☐ 6 Other (Specify _____)

4.11 Is there a school feeding programme at.....'s school?
☐ 1 Yes ☐ 2 No *(if no, go to Q4.14)*

4.12 Do you pay for the school meal service?
☐ 1 Yes ☐ 2 No

4.13 Does.....receive meals or snack from this service?
☐ 1 Yes ☐ 2 No

4.14 Does.....have all textbooks required for his/her use at school?
☐ 1 Yes, has books for exclusive use
☐ 2 Yes, but shares with other family members
☐ 3 Has only some books
☐ 4 Has none *(if none, go to Q4.17)*

4.15 Were any of.....'s books provided by the school at no cost?
☐ 1 Yes ☐ 2 No

4.16 Were some of these books acquired by.....in any of the following ways? *(Select all that apply)*
☐ 1 Borrowed for use during year ☐ 6 Received from NGO
☐ 2 Received from relatives or friends ☐ 7 Government Book Loan
☐ 3 Purchased New ☐ 5 Bought some/got some on loan or free
☐ 4 Purchased second hand ☐ 8 Other

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

4.17 What are the reasons for.....not having required textbooks?
☐ 1 Books not available ☐ 4 Books were lost or destroyed
☐ 2 Could not afford ☐ 5 To be purchased
☐ 3 Books available in school library ☐ 6 Other (Specify _____)

4.18 Has.....or.....'s parents ever made use of a book loan facility?
☐ 1 Yes ☐ 2 No

All go to Q. 4.25

FOR ALL PERSONS NOT ATTENDING SCHOOL AT PRESENT

4.19 For persons under sixteen (16) years of age, why is not attending?
☐ 1 Too young ☐ 9 Pregnant/young mother
☐ 2 Financial Problems ☐ 10 Baby sitting
☐ 3 Transportation Problems ☐ 11 Apprenticeship
☐ 4 Working ☐ 12 Not worth going to school
☐ 5 Illness ☐ 13 Expelled
☐ 6 Physically/mentally challenged ☐ 14 Suspended
☐ 7 No school available ☐ 15 Other (Specify _____)
☐ 8 No space in school
☐ 16 Not applicable (if person > 15 years)

4.20 Has..... ever attended school?
☐ 1 Yes ☐ 2 No *(If no, go to Q4.24)*

4.21 What age did start formal education?

4.22 What age did leave formal education?

4.23 What is the highest grade completed?

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	

31 TAMCC-TECH
32 St Georges University
33 University-UWI
34 University-Other
35 Other





☐ 1 None

☐ 2 School leaving Certificate

☐ 3 CXC Basic ☐ 17 Standard Seven - School Leaving Certificate

☐ 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

☐ 1 Vocational ☐ 3 Both

☐ 2 Technical ☐ 4 None *If under 15, go to Section 7*

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?

[illegible]

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

(All go to Q5.13)

(All go to Q5.13)

5.5 How many years have been in this job? Years *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*

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

<input type="checkbox"/> 1 Agriculture/fishing - Other	<input type="checkbox"/> 2 Agric/fish - Tourism Related
<input type="checkbox"/> 3 Manufacturing - Other	<input type="checkbox"/> 4 Manu - Tourism Related
<input type="checkbox"/> 5 Construction - Other	<input type="checkbox"/> 6 Const - Tourism Related
<input type="checkbox"/> 7 Wholesale and Retail - Other	<input type="checkbox"/> 8 W&R - Tourism Related
<input type="checkbox"/> 9 Hotel and Restaurant	
<input type="checkbox"/> 10 Transportation - Other	<input type="checkbox"/> 11 Transp - Tourism Related
<input type="checkbox"/> 12 Services - Other	<input type="checkbox"/> 13 Services - Tourism related
<input type="checkbox"/> 14 Admin/social security	<input type="checkbox"/> 15 Admin - Tourism related
<input type="checkbox"/> 16 Educ/social work	<input type="checkbox"/> 17 educ/social - tourism related
<input type="checkbox"/> 18 Other	<input type="checkbox"/> 19 Other - Tourism related

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

☐ 1 Paid Employee - Government ☐ 5 Self employed with employees
☐ 2 Paid Employee - Statutory ☐ 6 Unpaid family worker
☐ 3 Paid Employee - private ☐ 7 Other
☐ 4 Self employed without employees **(If 1,2 or 3 go to Q5.12)**

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

1. Location ☐ 1 Fixed ☐ 2 Moved from place to place

2. Average value of sales/service \$, EC

3. Product/service provided

4. Total Capital Invested \$

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 EC

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

For all persons who are employed go to Q6.1

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

5.13 When last did work?

☐ 1 Never Worked (Go to Q 5.15) ☐ 4 3 > 6 months

☐ 2 Less than one month ☐ 5 6 > 12 months

☐ 3 1 > 3 months ☐ 6 1 year and more

5.14 What was the main reason why left last job?

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





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

☐ 1 At school ☐ 7 Have to stay home with children

☐ 2 Housekeeping ☐ 8 Pregnancy

☐ 3 Retired ☐ 10 Caring for someone

☐ 4 Disabled ☐ 11 Other (specify)

☐ 5 Temporary illness ☐ 12 Don't Know

☐ 6 Did not want work ☐ 13 Nothing

☐ 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

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

☐ 1 Yes ☐ 2 No

☐ 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 Methods
☐ 14 Other

☐ 1 Yes ☐ 2 No

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Before first birthday		
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After first birthday_____

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☐ 1 None *(If no, go to Q7.1)* ☐ 4 Twins

☐ 2 One ☐ 5 Three or more

☐ 3 Two separate births

☐ 1 Yes ☐ 2 No (If no, go to Q7.1)

Within the first 30 days of life		
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After 30 days but before one year _____

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

☐ 3 Not Stated

Days without pay:				Days
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Other economic loss:	\$,		
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☐ 3 Not Stated

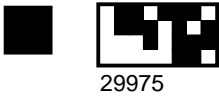
☐ 5 Other (Specify).....

Spenders skip to Section 8
For all others end interview

☐ 4 Very dissatisfied

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





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

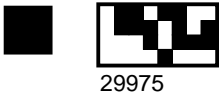
8. Did purchase or receive as gifts any of the following items in the past 3 months?

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



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

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



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

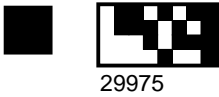
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8. Did purchase or recieve as gifts any of the following items in the past 3 months?

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



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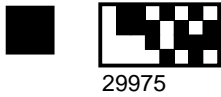


SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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





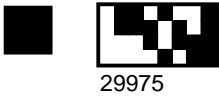
SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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



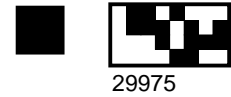


SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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



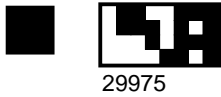


SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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



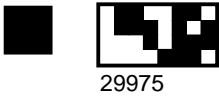


SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

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

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





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?

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





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





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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	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Dentist Fees (Number of visits)	0622101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Child Delivery Fees	0621106	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Optician Fees	0621104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Private hospital care (number of nights)	0630108	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Lab Tests and X-rays (number of lab test)	0623101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Drugs for Hypertension	0611102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Drugs for Cancer	0611103	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Drugs for Diabetes	0611104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Drugs for Cold/Flu	0611112	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Other Drugs and Prescriptions, Medical	0611199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Spectacles, hearing aids, dentures, etc	0613101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Health and Accident Insurance	1253001	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Other Medical Expenses	0623199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
EDUCATIONAL EXPENSES				
Tuition - For pre-school/Day Care	1010101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Tuition - Correspondence Courses (all levels)	1040202	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Lessons for Children Primary/Secondary	1050101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Lessons/Night Classes for Adults	1050102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Tuition - Primary, Secondary School	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Tuition - Tertiary, University and Other	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Boarding and lodging	1120101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
School and technical books	0951101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>
Exam fees	1040203	<input type="checkbox"/> Yes <input type="checkbox"/> No		<div><div></div>,<div><div></div><div></div><div></div><div></div></div></div>





(Always indicate value, Include Quantity where requested)

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



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	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other, B'dos, St Lucia, Trinidad and Tobago	0734102	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div><div></div><div></div></div>	<div><div></div>,<div><div></div><div></div><div></div></div></div>
PERSONAL AND OTHER EXPENSES				
Taxi Transportation	0732400	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Bus Transportation	0732100	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Weddings	1270103	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Legal and accounting expenses (non-business)	1270101	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Funerals	1270102	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Local accommodation expenses	1120104	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Barbershop	1211201	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Hairdresser	1211101	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Beauty Salon (manicures, pedicures, facials etc..)	1211102	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Laundry/Dry cleaners	0562205	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Photo studios	0942106	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Driving Lessons	0724301	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other personal services	1211300	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>
Other travelling expenses	0738102	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><div></div>,<div><div></div><div></div><div></div></div></div>

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	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Life insurance premium	1251001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Annuities	2020001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Interest on consumer loans	2020002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Credit Card Payments	2020003	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Hire-purchase installments	2020004	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Gifts (Cash and financial)	2030001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Allowances to children	2040001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Alimony/Child maintenance	2040002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Remittance sent to persons abroad	2030002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Donations and charities	2040003	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Subscriptions and contributions to trade unions and other organizations	2050001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Loans given out	2060001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Social Security Payments/Social Services Levy	1255102	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Other Non Consumption Expenditure	2060099	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
DISBURSEMENTS OTHER THAN CONSUMPTION EXPENDITURES LAST TWELVE MONTHS				
Sous Sous	2110001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Credit Union Shares	2110002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Bank Deposits	2110003	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Treasury Bills / Government Bonds	2120001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Stocks and shares in local companies	2120002	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Stocks and shares in foreign companies	2120003	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Investment in real estate (Land)	2130001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
Other Disbursements	2130099	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>



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

