



46028

CAYMAN ISLANDS Survey of Living Conditions

JANUARY TO APRIL, 2007



National Assessment of Living Conditions
Charting Our Future Together



Household Schedule

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

0 1 2 3 4 5 6 7 8 9

The following will serve as an example:

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

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

Block No. and Parcel No.

Enumeration Area

 -

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IMPORTANT!!!

Transfer this code to the top of EACH individual questionnaire, Daily Diary and Jogger

SAMPLE NO

USE ONLY 2B PENCIL

Address of Household: _____

Telephone number

 -

I hereby certify that the information contained on this form has been honestly completed to the best of my ability.

Interviewer No

INTERVIEWER'S NAME/SIGNATURE: _____

SUPERVISOR'S NAME: _____

No. of Persons in Household

EDITOR/CODER'S NAME: _____

LISTING OF HOUSEHOLD MEMBERS

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

INTERVIEWER RESULTS

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Interview Calls	Date (DD/MM/YY)	Time Started	Duration	*Results
1	/ / 07			<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>

*RESULTS: 1 = Fully Completed 2 = Partially Completed 3 = Refused 4 = Unable to find address 5 = Vacant - not occupied
CODES: 6 = Vacant - under construction 7 = Demolished/Derelict 8 = Temporary/Vacation residence 9 = No Contact - Resident temporarily away

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SECTION 1 - HOUSING

H2. 46028

H2A. Did at least ONE (1) member of the household live in the Cayman Islands as of December, 31, 2006?

- 1 Yes 2 No

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

- 1 Undivided private house 5 Double house/Duplex
 2 Part of a private house 6 Combined business & dwelling
 3 Flat, apartment, condominium 7 Trailer Home
 4 Townhouse 8 Boat 9 Other

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

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

H2.3 What is the material used for roofing?

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

H2.4 Does the household own the land beneath the dwelling?

- 1 Owned with title 4 Leases the land
 2 Family Owned 5 Squatting
 3 Rents the land 6 Not Owned 7 Don't Know

H3.

H3.1 Does this household own, rent or lease this dwelling?

- 1 Owned (with mortgage) 4 Rented-Unfurnished
 2 Owned (Without mortgage) 5 Leased
 3 Rented-Furnished 6 Rent-free
 7 Squatted 8 Other (please specify.....)

H3.2 What type of fuel does this household use most for cooking?

- 1 Coal 4 Kerosene
 2 Wood 5 Electricity
 3 Gas/LPG/Cooking gas 6 Other (please specify.....)

H3.3 How many of each of the following does this household have for its use?

Toilets Bathrooms Kitchens

H3.4 Does your household share any of the following facilities with another household?

- 1 Kitchen 4 Any combination of 1, 2 or 3
 2 Toilet / Bathroom 5 None
 3 Water 6 Other (please specify.....)

H3.5 What is the main source of your water supply?

- 1 Mains ("City Water" or "desalinated") 3 Well
 2 Cistern, rain or truck 4 Other (specify.....)

H3.6 What type of sewage system does this dwelling have?

- 1 Mains (West Bay Rd) 3 Septic Tank or cesspool
 2 Sewage Treatment Plant 4 Out house/pit latrine
 5 Deep Well

If response is 1 to H3.5 continue, otherwise skip to H3.8

H3.7 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"

H3.8 What type of lighting does this household use most?

- 1 Gas 4 Electricity - Private Generator
 2 Kerosene Lamp 5 Candles 6 Solar
 3 Electricity - (CUC, Brac Power) 7 Other (please specify.....)
 8 None

H3.9 In which year was this dwelling built?

- 1 Before 1970 7 2002 13 Don't Know
 2 1970 - 1979 8 2003
 3 1980 - 1989 9 2004
 4 1990 - 1995 10 2005
 5 1996 - 2000 11 2006
 6 2001 12 2007

H3.10 How many rooms does your dwelling unit contain? (Do not count bathrooms, porches, kitchens, laundry rooms, balcony, arttic, corridor)

Number of Rooms

H3.11 How many are used

1. Solely as bedrooms? 3. Rented or sub-letted?
 2. Used for business? 4. Vacant?

H3.12 How do you compare the overall economic situation of the household with one year ago?

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

H3.13 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 are owned by all household members? (Write "0" where there is none)

	Number	Number
1. Telephone - Land Line, Fax Line	<input type="text"/>	15. Motor Vehicle <input type="text"/>
2. Telephone - Cellular	<input type="text"/>	16. Computer (laptop, desktop) <input type="text"/>
3. Television	<input type="text"/>	17. Sewing Machine <input type="text"/>
4. Video/VCR	<input type="text"/>	18. Dryer <input type="text"/>
5. Video Game Console eg Playstation	<input type="text"/>	19. Water Heater <input type="text"/>
6. Ipods/MP3	<input type="text"/>	20. Weed Eater /Lawn Mower <input type="text"/>
7. DVD Player	<input type="text"/>	21. Air Conditioning Unit <input type="text"/>
8. Electric/Gas Stove	<input type="text"/>	22. Boats <input type="text"/>
9. Dish Washer	<input type="text"/>	23. Yachts <input type="text"/>
10. Micro-wave	<input type="text"/>	24. Camera/Video <input type="text"/>
11. Electric Iron	<input type="text"/>	25. Jet ski <input type="text"/>
12. Refrigerator/Freezer	<input type="text"/>	26. Plane/Helicopter <input type="text"/>
13. Radio/Stereo/CD Player	<input type="text"/>	27. Bicycles <input type="text"/>
14. Washing Machine	<input type="text"/>	28. Motorcycles/Mopeds <input type="text"/>



1.0.1 How many dwellings did your household own and occupy in 2006?

Domestic Abroad Country

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1.0.2 For how many months in 2006 did your household own and occupy dwelling(s) in the Cayman Islands and abroad?

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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 (\$)	
		Principal Accommodation	House 2
1.1 How much do you pay annually for strata?	1252601	_ _ _ _ _ _ _	_ _ _ _ _ _ _
1.2 What charges are included in strata, or what amount do you pay annually for the following: 1 House building Insurance	1252101	_ _ _ _ _ _ _	_ _ _ _ _ _ _
2 Content Insurance	1252201	_ _ _ _ _ _ _	_ _ _ _ _ _ _
3 Maintenance	0444102	_ _ _ _ _ _ _	_ _ _ _ _ _ _
4 Others	1252501	_ _ _ _ _ _ _	_ _ _ _ _ _ _
1.3 What is the annual rent or lease for the land on which the house is built?	0411201	_ _ _ _ _ _ _	_ _ _ _ _ _ _
1.4 Is any part of this dwelling rented?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <i>If No, go to 1.6</i>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <i>If No, go to 1.6</i>
1.5 What amount do you receive monthly for rental/sub-letting: for any or all of the following: 1 Furnished/Partly furnished (household accommodation) 2 Unfurnished (household accommodation) 3 Business	1800501 1800502 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 mortgage payments for this dwelling? <i>Check H3.1 then answer this question</i>		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
1.9 What is the monthly mortgage payments for this dwelling?	1900105	_ _ _ _ _ _ _	_ _ _ _ _ _ _
1.10 In 2006, were any irregular and lump sum payments made to close the mortgage? If Yes 1. How much was these payments?	1900108	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _
1.11 Were any of these mortgage payments attributable to generating income from rental or business owned by household members? If Yes, state amount	1900109	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _
1.12 Did the mortgage payments just reported (in Q.1.8 - Q. 1.10) include: 1. Mortgage, life and/or disability insurance? 2. What was the total premium paid in 2006 for mortgage, life and/or disability insurance?	1900110	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _
1.13 Were any amounts added to your mortgage(s) in 2006? Include the amount borrowed if mortgage started or renewed in 2006. Exclude amounts related to business, e.g., part of a duplex. 1. What amounts were added?	1900106	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _ _ _ _ _ _ _



PART 2 PROPERTY BOUGHT/CONSTRUCTED IN 2006	CODE	Amount (\$)	
		Principal Accommodation	House 2
2.1 Did you purchase/construct this dwelling unit during 2006?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
2.2 If purchased, was the dwelling unit bought new or was it previously occupied?		Yes, Continue If no, go to Q3.1	
		<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used
Please state the following:			
2.3 Purchase price or construction cost	1900101		
2.4 How many mortgage(s) did you have on this dwelling?	1900107	<input type="checkbox"/> Mortgage(s)	<input type="checkbox"/> Mortgage(s)
2.5 Duration of mortgage(s) in years	1900102	<input type="checkbox"/> Years	<input type="checkbox"/> Years
2.6 Did you purchase/construct this house to generate income from rental or for sale in the future?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
2.7 Total amount of mortgage(s) for this dwelling	1900103		
2.8 How many other homes did you purchase or construct in 2006?		<input type="checkbox"/> 0 None <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 Three	
2.9 Are these homes intended for rental housing?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	

PART 3A - RENTED ACCOMMODATION
INTERVIEWER: If the family occupied a rented dwelling for all or part of the survey year, complete this section

Ask next question if household has been renting for all or part of the last twelve months, else go to Q3B.1

3.1 When did you start renting this dwelling (MM/YYYY)?		<input type="text"/> / <input type="text"/>
3.2 State amount paid for monthly rent currently	0411100	<input type="text"/> , <input type="text"/>
3.3 State annual amount of rent paid for the year 2006	0411101	<input type="text"/> , <input type="text"/>
3.4 Is any part of this dwelling unit sub-letted?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No if No, go to 3.6
3.5 State monthly receipts from sub-letting or renting		
Furnished/Partly furnished	1800801	<input type="text"/> , <input type="text"/>
Unfurnished	1800802	<input type="text"/> , <input type="text"/>
Business	1800803	<input type="text"/> , <input type="text"/>
3.6 If rent includes utilities & cable, estimate approximately the monthly value of utilities & cable	1800901	<input type="text"/> , <input type="text"/>
3.7 In 2006, what additional amount was paid to the landlord that was not included in the payments just reported, e.g., security deposits?	1800804	<input type="text"/> , <input type="text"/>
3.8 In 2006, how much of the rent which you paid was returned to your household for any reason, e.g., overpayment, return of damage deposit?	1510201	<input type="text"/> , <input type="text"/>
3.9 In 2006, was your rent calculated on the basis of your income?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No

PART 3B OTHER RENTED ACCOMMODATIONS

Include vacation home rentals
 Include accommodation while at school or working away from home.
 Exclude expenses where accommodation was part of the package, e.g., combined with transportation, food, entertainment.
 Exclude recreational camps.
 Exclude meals purchased separately.
 Exclude expenses that will be reimbursed.

3B.1 In 2006, while away from home overnight or longer, how much did your household spend on: 1 Hotels and motels? (Put Zero if no expenditure is made)	1120102	<input type="text"/> , <input type="text"/>
2 Other accommodations? eg Time Share (Put Zero if no expenditure is made)	0422102	<input type="text"/> , <input type="text"/>



1 Yes 2 No (if no, go to 5.1)

4.2 Were these expenses related to renovations due to Hurricane Ivan or by extra-ordinary events in the past twelve months?

1 Yes, Hurricane Ivan 2 Yes, Other ExtraOrdinary Event
 3 No (if no, go to 4.7)

4.3 In 2006, 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 4.7)

4.4 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

4.7 During 2006, have you incurred any expenditure on any of the following items for the purpose of repairing and maintaining your dwelling in the Cayman Islands but not related to Hurricane Ivan (exclude amounts reimbursed or paid for by landlord).

4.6 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 Loan/Mortgage

\$,

6 Other

\$,

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 (continue) 2 No (if no, go to 5.1)

Not applicable
 Not Known
 Amount too large
 Not Stated

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

REPAIR AND MAINTENANCE	Y/N	CODE	\$ AMOUNT
Materials (excluding labor)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Painting e.g. paints, varnishes, brushes and scrapers	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2. Masonry e.g. Cement, sand and lime	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431201	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3. Carpentry e.g. Wooden planks, plywood etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431301	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
4. Plumbing, repair and replacing e.g. replaced water pump	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431401	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5. Electrical (repair and replace) e.g. switches, wires, fuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431501	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
6. Other materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	0431801	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Labor excluding materials costs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Painting, outside and inside (including roof)	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
8. Plastering and Masonry, e.g. repairing walls, flooring etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432102	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
9. Carpentry e.g. repairing of doors, windows, roofs and ceilings etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432103	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
10. Plumbing, e.g. replaced water pump etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432104	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
11. Electrical repairs and replacing, eg. replaced wiring etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432105	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
12. Termite Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432106	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
13. All other services	<input type="checkbox"/> Yes <input type="checkbox"/> No	0432199	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
14. TOTAL EXPENDITURE	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>





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SECTION 3 - MAJOR TYPES OF HOUSEHOLD EXPENSES

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

ASK THE HOUSEHOLD REFERENCE PERSON INITIALLY AND OTHER MEMBERS IF NECESSARY

PLEASE WRITE CLEARLY AND LEGIBLY

HOW MUCH WAS SPENT ON THE SERVICES LISTED BELOW		CODE	Amount (\$)
5.1	How much did you spend during the last 3 months on gas for cooking? e.g. propane, butane cylinders	0452101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.2	How much were you billed for piped water in the last last month (exclude balances from previous bills)	0441101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.3	How much were you billed for water delivered by truck last month ?	0441002	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.4	How much did you pay/or were billed for bottled water last month ?	0441003	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.5	How much were you billed for electricity in the last month (exclude balances from previous bills)	0451101	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.6	How much were you billed for <u>fixed line telephone</u> in the last month (exclude balances from previous bills, including phone cards, caller ID, call waiting, etc)	0830201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.7	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.....	0444199	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

HOW MUCH WAS SPENT <u>MONTHLY</u> ON THE SERVICES LISTED		CODE	Amount (\$)
5.8	Employed staff including maids, butlers, drivers, gardeners, etc.....	0562100	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.9	Persons engaged temporarily for baby-sitting, housework, etc.....	0562200	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.10	Child care outside of the home e.g. day nurseries, play schools and other child minding services	1240201	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.11	Care of elderly relatives inside the home.....	1240102	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.12	Care of elderly relatives outside the home.....	1240103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.13	Care of the disabled	1240104	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.14	Care of Domestic Animals (Pets)	0935000	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.14	Gardening/lawn care services.....	0562203	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.15	Cablevision installation and/or Service.....	0830103	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.16	Internet Services.....	0830401	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

HOW MUCH WAS SPENT <u>ANNUALLY</u> ON THE SERVICES LISTED			Amount (\$)
5.17	Amount spent on garbage collection and disposal.....	0442001	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
5.18	Amount spent last twelve months on other household services, such as, window cleaning, fumigation, and pest extermination.....	0562300	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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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, via the Internet and purchased in the Cayman Islands
- 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 member of the household, any of the following?

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





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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Bedroom furniture Bedroom Suites	0511401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Double bed/bunk bed	0511402	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
King/Queen size bed	0511403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Single bed	0511404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Mattress	0511406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Chest of Drawers	0511408	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Wardrobe	0511409	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cots, cribs	0511410	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Combination wardrobe	0511412	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Dressing table	0511407	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other bedroom furniture not specified by type	0511499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Patio and outdoor furniture Table and chair	0511501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Lounge chair	0511505	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other outdoor furniture not specified by type	0511599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Decorative furnishings Pictures and paintings	0511601	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Decorative clocks	0511605	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Floral Arrangements	0511602	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ornaments, Vases	0511603	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other decorative furniture not specified by type	0511699	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Lighting equipment Standard Lamps/wall lamps	0511705	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Kerosene Lamp	0511701	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other lighting equipment not specified by type	0511799	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other furniture Computer desks	0511801	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Bookcase/bookshelves	0511811	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ironing boards	0511803	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other furniture not specified by type	0511899	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Carpets Fitted carpets	0512101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Non fitted carpets /rugs	0512102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other floor covering Linoleum	0512201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ceramic tiles	0431201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Vinyl tiles	0431202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Wooden floor covering	0431301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other floor covering not specified by type	0512299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Furnishing Material Furnishing Fabrics/ cushion fabrics	0520101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Curtain material (over lace)	0520102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Drape material	0520104	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other furnishing material not specified by type	0520199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ready made articles Curtains- panels, kitchen sets (not plastic)	0520201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Drapes	0520202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other ready made articles not specified by type	0520299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Beddings Sheets and pillow cases	0520302	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
pillows	0520303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
cushions	0520307	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Comforters and Spreads**	0520306	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other ready made beddings not specified by type	0520399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Towels and Table Linen Towels-Bath	0520401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Kitchen towels	0520403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Table cloths, Table napkins	0520404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Bathroom mats	0520405	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Door mats	0520406	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other towels and table linen not specified by type	0520499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other household textiles Shopping bags	0520501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)			GIFTS		
			QTY BOUGHT	TOTAL COST(\$)		QTY Received	TOTAL COST(\$)	
Other household textiles not specified by type	0520599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Major kitchen appliances Cooking stove (gas/electric)	0531101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Microwave Ovens	0531102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Refrigerator and Freezer	0531103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Home deep freezer	0531105	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other major kitchen appliances not specified by type	0531199	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Major laundry appliances Clothes washer fully automatic	0531201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Clothes washer semi-automatic	0531202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Clothes dryer (electric)	0531205	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other major laundry appliances not specified by type	0531299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Major cleaning appliances Vacuum cleaner	0531301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other major cleaning appliances not specified by type	0531399	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Major air and water appliances Air conditioning unit	0531401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Water heater(solar/electric)	0531404	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other major air and water appliances not specified by type	0531499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other major household appliances Sewing machines	0531501	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Computers	0913101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Fax machines	0820103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Other major household appliances not specified by type	0531599	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Small electronic household appliances Mixer	0532001	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Toaster	0532002	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Sandwich maker	0532004	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Blender	0532005	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Electric fan	0532007	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						
Electric iron	0532008	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade						



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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

FURNITURE AND FURNISHINGS	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY Received	TOTAL COST(\$)
Electric kettle	0532009	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Food processors	0532014	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Small electronic household appliances not specified by type	0532099	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Telephone equipment Telephones	0820102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cell phones	0820101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Recreation and culture Television sets	0911101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Personal Stereos	0911304	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Radios	0911201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
CD players	0911303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
China, Glass, Ceramic and Crystals Plates, teacups, saucers, mugs, bowls	0540101	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Glasses, Jug, -(Glass, ceramic)	0540102	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Pottery, Oven ware-(glass, ceramic)	0540103	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cutlery, Flatware, Silverware Forks, Knives, Spoons	0540201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Cooking Utensils-Knives, Serving spoons, Openers, Scissors, graters	0540202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Non - electric kitchen equipment Pressure cookers Saucepans, Stew pots,	0540301	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Sterilizers/Filters	0540303	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Feeding bottles, Thermos flasks, Bottles	0540305	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Ice boxes, coolers	0540306	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Miscellaneous Equipment Laundry baskets, Waste bins	0540401	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Pails, Basins, Potty, Tubs, Bath Tubs	0540403	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Mops, brooms, brushes	0561201	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other miscellaneous equipment not specified by type	0540499	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Gas Powered tool Lawn Mower	0551202	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Weed Eaters	0551203	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				
Other gas powered tools	0551299	<input type="checkbox"/> Yes <input type="checkbox"/> HomeMade				



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SECTION 4 - FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

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

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

SECTION 4 - REPAIRS AND SERVICING OF HOUSEHOLD ARTICLESPART 2 - During the past twelve months have you or any other member of your household incurred any expenses for the **repair and servicing** of any of the following pieces of equipment?

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	0513101		
Repair of floor covering (cost of labour plus material)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0513103		
Repairs to major kitchen appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533001		
Repairs to major laundry appliances e.g washing machine	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533002		
Repairs to major cleaning appliances e.g vacuum cleaner	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533003		
Repairs to other major appliances	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533004		
Repairs to small electric appliances e.g blender	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533005		
Repair of telephone and telefax equipment	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0820201		
Repairs to audio -visual equipment (eg television set)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915101		
Repairs to photographic equipment e.g cameras	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915102		
Repairs to information processing equipment (computers)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0915103		
Other repairs and servicing	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0534101		
Repair of household textiles Cleaning carpets, drapes, curtains, upholstery	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0520601		
Repair of Air-conditioning	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533004		
Repair of Water heater, pump, etc	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	0533005		



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SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

INTERVIEWER:

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

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

 1 Yes Continue 2 No Go to Section 6

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Orange (Number)	0116101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Grapefruit (Number)	0116102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Citrus, e.g. limes, lemons (Number)	0116104	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Pineapple (Number)	0116111	<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"/>
Bananas (lbs.)	0116105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Mangoes (any variety) Number	0116110	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Melons (lbs.)	0116117	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other fresh fruits (pawpaw, plums, cherries, sour sop, golden apples, etc (lbs.))	0116199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Plantains/Macambou (lbs.)	0116129	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Breadfruit (Number)	0116126	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Avocados (Number)	0116125	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Dry coconuts (Number)	0116401	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Jelly coconuts (Number)	0116132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Tomatoes (lbs.)	0117101	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Pumpkins (lbs)	0117102	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Sweet pepper, seasoning pepper (lbs.)	0117131	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cabbage (Green) (lbs.)	0117103	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Carrots (lbs.)	0117105	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Spinach (lbs.)	0117132	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Fresh vegetables (lbs.)	0117199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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SECTION 5 - AGRICULTURE PRODUCTS PRODUCED AND CONSUMED AT HOME

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

5.1 HOME GROWN PRODUCE	CODE	(Y/N)	QUANTITY	Estimate Amount (\$) Consumed Last Month
Green pigeon peas/Gungo peas (lbs.)	0117115	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Hot pepper (lbs.)	0119223	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Yams - white (lbs.)	0117503	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Yams - yellow (lbs.)	0117501	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Sweet potatoes (lbs.)	0117506	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cassava	0117509	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Nuts (cashews, peanuts etc.) (lbs.)	0116130	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Lettuce		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Home Produced Meat and Poultry		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		
Beef	0112107	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Pork	0112207	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Mutton/Goat	0112303	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Rabbit	0112402	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Meats	0112499	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Chicken	0112701	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Poultry	0112999	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Home Produced Dairy Products and Fish:		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		
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"/> <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"/> <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"/> <input type="text"/>
Crabs (number)	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"/> <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"/> <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"/> <input type="text"/>



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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/or operated any vehicle during the past 3 months?

1 Yes Continue 2 No Go to Section 7

IND 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"/> Boat <input type="checkbox"/> Other	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Boat <input type="checkbox"/> Other	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Boat <input type="checkbox"/> Other	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Boat <input type="checkbox"/> Other	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Jeep/SUV <input type="checkbox"/> Boat <input type="checkbox"/> Other	<input type="text"/>	<input type="checkbox"/> 1 New <input type="checkbox"/> 2 Used	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2 - OTHER TRANSPORTATION COSTS DURING THE PAST 12 MONTH PERIOD

PART 2 - OTHER TRANSPORTATION COSTS (Put "0" if no expenditure is made)	CODE	\$ Amount
3.1 In 2006, how much did your household spend on Car and Trucks rented in the Cayman Islands?	0724601	<input type="text"/>
3.2 In 2006, how much did your household spend on Car and Trucks rented outside of the Cayman Islands?	0724602	<input type="text"/>
3.3 In 2006, how much did your household spend on moving, storage services and delivery services?	0736100	<input type="text"/>



SECTION 6 - TRANSPORTATION

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PART 3 - 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 expenses, then sum them up in the amount field provided. Remember the vehicle number referred to is the number assigned to the vehicle from the previous page. Exclude expenses paid for by insurance or reimbursement by other parties.

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						
Vehicle Registration License	0724404						
Annual 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						
Accessories and attachments e.g. radios, CD players, baby seats, car top carriers, seat covers	0723198						
Other (Specify)	0723199						





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SECTION 7 - REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET*Which was the main store/outlet used in the last twelve months by your household for purchasing the following items?*

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

REGULARITY OF PURCHASE CODES

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

TYPE OF OUTLET-CODES

- | | |
|-----------------------------------|----------------------------|
| 1. SUPERMARKET | 12. SHOE STORE |
| 2. WHOLESALE OUTLET | 13. GROCERY/VARIETY STORE |
| 3. VEGETABLE/FRUIT STALL | 14. PHARMACY |
| 4. FISH MARKET STALL | 15. HOSPITAL |
| 5. MEAT MARKET | 16. CLINIC (HEALTH CENTER) |
| 6. BAKERY | 17. PRIVATE DOCTOR |
| 7. RESTAURANT | 18. ABROAD- USA |
| 8. HARDWARE STORE | 19. ABROAD OTHER |
| 9. FURNITURE AND APPLIANCES STORE | 20. INTERNET |
| 10. CLOTHING STORE | 21. MINI-MART |
| 11. TEXTILE STORE | 22. OTHERS |



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SECTION 7 - REGULARITY OF PURCHASE AND MAIN TYPE OF OUTLET

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

ITEM	CODE	REGULARITY OF PURCHASE		NAME OF OUTLET	Outlet Code (See below)	LOCATION OF OUTLET (Community, Street, District)
		CODE	FREQ			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
15. Appliances	0531000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
16. Medical Expenses -prescriptions/Counter Medication	0611100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
17. Medical Expenses - Consultation	0621100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
18. Medical Expenses - Procedure	0630000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
19. Breakfast (responsible adult)	1111101	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
20. Lunch (responsible adult)	1111201	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
21. Dinner (responsible adult)	1111301	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
22. Alcoholic Beverages and Tobacco	0241001	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
23. Hairdressing /Beauty Salon/Barber	1211000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
24. Travel Services	1270106	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
25. Car Insurance	1254100	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
26. Health Insurance	1253000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
27. Life Insurance	1251000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
28. Building & Property Insurance	1252000	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

REGULARITY OF PURCHASE CODES

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

TYPE OF OUTLET-CODES

- | | |
|-----------------------------------|----------------------------|
| 1. SUPERMARKET | 12. SHOE STORE |
| 2. WHOLESALE OUTLET | 13. GROCERY/VARIETY STORE |
| 3. VEGETABLE/FRUIT STALL | 14. PHARMACY |
| 4. FISH MARKET STALL | 15. HOSPITAL |
| 5. MEAT MARKET | 16. CLINIC (HEALTH CENTER) |
| 6. BAKERY | 17. PRIVATE DOCTOR |
| 7. RESTAURANT | 18. ABROAD- USA |
| 8. HARDWARE STORE | 19. ABROAD OTHER |
| 9. FURNITURE AND APPLIANCES STORE | 20. INTERNET |
| 10. CLOTHING STORE | 21. MINI-MART |
| 11. TEXTILE STORE | 22. OTHERS |



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SECTION 8 FOR ANY HEAD OF THIS HOUSEHOLD

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

8.2 What is the highest grade completed by father?

- | | | | |
|----------------------|----------------|----------------|-----------------------------|
| 00 none | 10 Primary Yr1 | 20 Middle- Yr7 | 30 University- St. Matthews |
| 01 Nursery | 11 Primary Yr2 | 21 Middle- Yr8 | 31 University- ICCI |
| 02 Pre-school | 12 Primary Yr3 | 22 Middle- Yr9 | 32 University- UCCI |
| 03 Kindergarten | 13 Primary Yr4 | 23 High- Yr10 | 33 University-UWI |
| 04 Special Education | 14 Primary Yr5 | 24 High- Yr11 | 34 University- Other |
| 05 Don't know | 15 Primary Yr6 | 25 High- Yr12 | |
| 09 Other | | | |

8.3 What is the highest grade completed by mother?

- | | | | |
|----------------------|----------------|----------------|-----------------------------|
| 00 none | 10 Primary Yr1 | 20 Middle- Yr7 | 30 University- St. Matthews |
| 01 Nursery | 11 Primary Yr2 | 21 Middle- Yr8 | 31 University- ICCI |
| 02 Pre-school | 12 Primary Yr3 | 22 Middle- Yr9 | 32 University- UCCI |
| 03 Kindergarten | 13 Primary Yr4 | 23 High- Yr10 | 33 University-UWI |
| 04 Special Education | 14 Primary Yr5 | 24 High- Yr11 | 34 University- Other |
| 05 Don't know | 15 Primary Yr6 | 25 High- Yr12 | |
| 09 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 your household spend on Food in the past week?

\$, CI\$

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

\$, CI\$



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

FILL IN FOR EACH MEMBER WHO LEFT THE HOUSEHOLD

MIGRANT NO.	2 Sex	3 Age	4 What is..... Relationship to Head	5 What was the grade level attained by..... prior to departure?	6 How long ago did... move away	7 Most important reason for leaving the household	8 Area former household member moved to	9 Does this former household member send any contributions to this household?
	Male.....1 Female..2	Years	Spouse/partner.....1 Child.....2 Son/daughter in law..3 grand-child.....4 parent/parent-in-law..5 grand parent.....6 brother/sister.....7 other relative.....8 non-relative.....9	00 none 01 Nursery 02 Pre-school 03 Kindergarten 04 Special Education 05 Don't know 09 Other 10 Primary Yr1 11 Primary Yr2 12 Primary Yr3 13 Primary Yr4 14 Primary Yr5 15 Primary Yr6 20 Middle- Yr7 21 Middle- Yr8 22 Middle- Yr9 23 High- Yr10 24 High- Yr11 25 High- Yr12 30 University- St. Matthews 31 University- ICCI 32 University- UCCI 33 University-UWI 34 University- Other	(in years) Less than 6 months0 6 months to 1 year1	more income.....1 work.....2 study.....3 marriage.....4 medical.....5 other family reason.....6 other.....7 don't know.....8	Another part of the country.....1 Jamaica.....2 Other Caribbean.....3 UK.....4 USA.....5 Canada.....6 Dom Rep.....7 Other.....8 Don't Know.....9	Provide an annual estimate of amount sent in \$CI dollars in the last year. Provide a monetary value for in-kind contributions sent
01	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
02	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
03	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
04	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
05	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
06	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
07	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
08	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
09	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
10	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>
11	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	In CI Dollars <input type="text"/> , <input type="text"/>



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SECTION 10 - FOR CHILDREN UNDER THE AGE OF FIVE YEARS

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	Child No. 1	Child No. 2	Child No. 3	Child No. 4	Child 5
1A. Individual Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1B. Mother's Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date of Birth (dd/mm/yy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age (in months)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Where was child delivered?	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	Hospital clinic/centre <input type="checkbox"/> 1 At home <input type="checkbox"/> 2 Other <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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
9. Is he/she still being breast fed?					
1. Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. No	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
10. Since this time yesterday, did he/she receive any of the following? (Prompt and insert X code for all					
1. Vitamins, mineral supplements or medicine	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Plain water.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Sweetened, flavoured water or fruit juice or tea or infusion	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Oral re-hydration solution (ORS)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Tinned, powdered or fresh milk or infant formula	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Solid or semi-solid (mushy) food.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Other.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Received ONLY breastmilk.....	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Don't know.....	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
11. Was immunized against					
1. Polio.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Diphtheria.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. BCG.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Hib.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Measles.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Hepatitis-B.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. MMR1.....	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7



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