

INDIVIDUAL QUESTIONNAIRE

14472

IMPORTANT!!!

Transfer this code from front page of housing questionnaire

SAMPLE NO

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INTERVIEWER:

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

SECTION 1: CHARACTERISTICS FOR ALL PERSONS

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

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

- | | |
|--|---|
| <input type="checkbox"/> 1 Head | <input type="checkbox"/> 6 Grandchild |
| <input type="checkbox"/> 2 Spouse/partner | <input type="checkbox"/> 7 Parent/parent-in-law |
| <input type="checkbox"/> 3 Child | <input type="checkbox"/> 8 Other relative |
| <input type="checkbox"/> 4 Son/daughter-in-law | <input type="checkbox"/> 9 Non-relative |
| <input type="checkbox"/> 5 Step son / daughter | <input type="checkbox"/> 10 Live-in Domestic |

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

- 1 Male 2 Female

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

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

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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 How would describe his/her ethnic background?

- | | |
|---|--|
| <input type="checkbox"/> 1 Black | <input type="checkbox"/> 7 Asian |
| <input type="checkbox"/> 2 Indigenous People (Amerindian) | <input type="checkbox"/> 8 Mixed |
| <input type="checkbox"/> 3 White | <input type="checkbox"/> 9 Don't Know |
| <input type="checkbox"/> 4 East Indian | <input type="checkbox"/> 11 Not Stated |
| <input type="checkbox"/> 5 Hispanic | <input type="checkbox"/> 10 Other |

1.6 What is 's religion/denomination?

- | | |
|---|--|
| <input type="checkbox"/> 1 Anglican | <input type="checkbox"/> 8 Seventh Day Adventist |
| <input type="checkbox"/> 2 Baptist | <input type="checkbox"/> 9 Muslim |
| <input type="checkbox"/> 3 Church of God | <input type="checkbox"/> 10 Rastafarian |
| <input type="checkbox"/> 4 Jehovah Witnesses | <input type="checkbox"/> 11 Hindu |
| <input type="checkbox"/> 5 Pentecostal | <input type="checkbox"/> 12 Evangelical |
| <input type="checkbox"/> 6 Presbyterian/United Church | <input type="checkbox"/> 13 Non-denominational |
| <input type="checkbox"/> 7 Roman Catholic | <input type="checkbox"/> 14 Other |
| <input type="checkbox"/> 15 None | |

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)

\$

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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 No Access

SECTION 2: CITIZENSHIP AND MIGRATION FOR ALL PERSONS

2.1 Were you/is intending to stay in the Cayman Islands for less than six (6) months?

- 1 Yes 2 No 3 Not sure, Immigration issues

2.2 Were you/was..... away from this household within the last six months?

- 1 Yes 2 No (If No, go to Q2.4)

2.3 If yes, explain why you..... left?

- | | |
|--|--|
| <input type="checkbox"/> 1 Work | <input type="checkbox"/> 5 Other family reason |
| <input type="checkbox"/> 2 Study | <input type="checkbox"/> 6 Others |
| <input type="checkbox"/> 3 Medical Reasons | <input type="checkbox"/> 7 Don't know |
| <input type="checkbox"/> 4 Vacation | |

2.4 Caymanian Status: Is?

- | | |
|---|----------------------------|
| 1. Caymanian | <input type="checkbox"/> 1 |
| 2. Non-Caymanian with work permit | <input type="checkbox"/> 2 |
| 3. Non-Caymanian with NO work permit (e.g., spouses and children of permit holders) | <input type="checkbox"/> 3 |
| 4. Non-Caymanian with government contracted work | <input type="checkbox"/> 4 |
| 5. Non-Caymanian permanent resident with right to work | <input type="checkbox"/> 5 |
| 6. Non-Caymanian permanent resident WITHOUT the right to work | <input type="checkbox"/> 6 |
| 7. Asylum holders/seekers | <input type="checkbox"/> 7 |
| 8. Other (specify) | <input type="checkbox"/> 8 |

2.5 What is country of citizenship? Indicate more than one but not more than two countries where applicable.

Note: Persons who only have permanent residency in the Cayman islands should NOT shade options 1 and 2.

- | | |
|---|---|
| <input type="checkbox"/> 1 Cayman by Parent(s) (including children granted status under the Immigration Law). | <input type="checkbox"/> 8 Nicaragua |
| <input type="checkbox"/> 2 Cayman, Other (all other grants of status, marriage, Cabinet). | <input type="checkbox"/> 9 Barbados |
| <input type="checkbox"/> 3 Jamaica | <input type="checkbox"/> 10 Cuba |
| <input type="checkbox"/> 4 USA | <input type="checkbox"/> 11 Trinidad & Tobago |
| <input type="checkbox"/> 5 UK | <input type="checkbox"/> 12 Belize |
| <input type="checkbox"/> 6 Honduras | <input type="checkbox"/> 13 Costa Rica |
| <input type="checkbox"/> 7 Canada | <input type="checkbox"/> 14 Ireland |
| | <input type="checkbox"/> 15 Columbia |
| | <input type="checkbox"/> 16 Philippines |
| | <input type="checkbox"/> 17 Other, Caribbean |
| | <input type="checkbox"/> 18 Rest of World |

2.6 In what country did live before moving to the Cayman Islands?

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Cayman (go to 2.8) | <input type="checkbox"/> 7 Nicaragua | <input type="checkbox"/> 13 Ireland |
| <input type="checkbox"/> 2 Jamaica | <input type="checkbox"/> 8 Barbados | <input type="checkbox"/> 14 Columbia |
| <input type="checkbox"/> 3 USA | <input type="checkbox"/> 9 Cuba | <input type="checkbox"/> 15 Philippines |
| <input type="checkbox"/> 4 UK | <input type="checkbox"/> 10 Trinidad & Tobago | <input type="checkbox"/> 16 Other, Caribbean |
| <input type="checkbox"/> 5 Honduras | <input type="checkbox"/> 11 Belize | Specify _____ |
| <input type="checkbox"/> 6 Canada | <input type="checkbox"/> 12 Costa Rica | <input type="checkbox"/> 17 Rest of World |

Studies abroad should not be counted as a previous residence.

Specify _____

2.7 What year did this person first arrive to live in the Cayman Islands?

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2.8 Please indicate the number of months have been a member of this household in the past 12 months.

Months

SECTION 3: HEALTH FOR ALL PERSONS

3.1 Did..... have to be confined to bed during the past thirty (30) days due to any illness or injury? For example, cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident or violence?

3.2 What type of illness/injury was this?

list only the major illness/injury as clearly as possible

3.3 During the past 30 days, did suffer from cold, diarrhea, fever, headache, depression, mental disorder, stomach ache, dizziness, severe pains or other illness/injury due to accident or violence?

3.4 What type of illness/Metal Disorder/injury was this?

list only the major illness/injury as clearly as possible

3.5 Does suffer from any of the following diseases, Diabetes, High Blood Pressure, Heart Condition, Cancer, HIV, asthma?

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

3.6 If yes, which of these? 1 Diabetes 2 High Blood Pressure 3 Heart Condition 4 Cancer 5 HIV/AIDS 6 Asthma 7 Other

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

3.8 For how many days during the past thirty (30) days was/were unable to carry on his/her usual activities because of illness/injury? Days How many of these were 2. days of work without pay? Days

3.9 Did visit a doctor, nurse, pharmacist, healer, spiritual healer, midwife or other health practitioner during the past thirty (30) days due to illness/injury? 1 Yes (Go to Q 3.11) 2 No

3.10 If no, why not? 1 No Need 2 Too expensive 3 Too far 4 Untreatable 5 Other After Q 3.10 go to Q3.24

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

3.12 Where was first visit made? 1 Public Hospital 2 Private Hospital 3 District Health Centre 4 Private doctor/ dentist abroad 5 Other 6 Private Doctor/Dentist 7 Traditional Healer 8 Hospital Abroad 9 Pharmacy / Chemist 10 Other

3.13 Why did go there first?

3.14 Who attended to at his/her first visit? 1 Nurse, health care worker 2 Pharmacist 3 Healer 4 Doctor 5 Midwife 6 Other

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

3.16 How satisfied were/was with the attention/treatment received? 1 Very satisfied, Go to Q3.18 2 Satisfied, Go to Q3.18 3 Dissatisfied 4 Very dissatisfied

3.17 Why were/was..... not satisfied? (select all that apply) 1 Drugs not available 2 Drugs not affordable 3 Attitude of Staff 4 Long waiting time 5 Equipment not available or operational 6 No Doctor/Trained staff available 7 Too many revisits

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

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

3.20 Did Spend the night in a public/private hospital or clinic during the past 30 days? 1 Yes 2 No If no to Q3.24

3.21 How many nights during the past thirty (30) days did spend in the public/private hospital or clinic? Nights include cuba

3.22 Where did stay? 1 Public Hospital 2 Private Hospital 3 Out of Island Hospital - USA 4 Out of Island Hospital - UK 5 Out of Island Hospital - Canada 6 Out of Island Hospital - Jamaica 7 Out of Island - South or Central Amer 8 Other 9 6 Out of Island Hospital - Cuba

3.23 How much did have to pay or will pay altogether for his/her STAY in the hospital during the past (30) days? \$ CI Do not include the cost of drugs or any cost paid by your insurance.

3.24 Did buy medicines during the past thirty (30) days? 1 Yes 2 No If no to Q3.28

3.25 Did ... obtain medicines at the Health Services Authority/George Town Hospital (public)? 1 Yes 2 No

3.26 Did obtain medicines at a private facility or pharmacy? 1 Yes 2 No



SECTION 3: HEALTH can't FOR ALL PERSONS

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

Private (in CI Dollars) Public (in CI Dollars)

\$, ,

3.27.1 How much does ... owe for medicines at private/public sources incurred in the past 30 days?

Private (in CI Dollars) Public (in CI Dollars)

\$, ,

3.28 If you stayed at a hospital outside the Cayman Islands in the past year, how much did you pay for air fare and other transportation costs on your last visit? (Exclude cost paid by insurance or Government.)

\$, CI 1 Not Applicable (Go to Q3.32)

3.28.1 Why did you seek treatment abroad?

- 1 Privacy
- 2 Better facilities
- 3 Don't trust medical practitioners in Cayman
- 4 Less expensive
- 5 Referrals
- 6 Referrals
- 7 Second Opinion
- 8 Convenience —e.g. nearer to family

3.29 Is there a third party which paid partly or fully for your visit or stay in hospital in past year?

- 1 Yes 2 No (Go to Q3.32)

3.30 Was this a loan?

- 1 Yes 2 No

3.31 Who was this third party?

- 1 CINICO
- 2 Private insurance paid fully by employer
- 3 Private insurance paid partly by employer
- 4 Friends and relatives
- 5 Church or other organizations
- 6 Government/Social Services

3.32 Is covered by Private Health Insurance, Employee Medical Plan or Social Welfare?

- 1 Yes 2 No

SECTION 4: EDUCATION FOR ALL PERSONS

4.1 Can read and write? 1 Yes 2 No

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

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

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

- 00 none
- 01 Nursery
- 02 Pre-school
- 03 Kindergarten
- 04 Special Education
- 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

4.5 Does attend private school/classes?

- 1 Private school 2 Private classes 3 Both 4 None

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

- 1 Yes 2 No

4.6b Are/is enrolled in a distance 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
- 2 Financial Problems
- 3 Transportation Problems
- 4 Working
- 5 Home duties
- 11 Apprenticeship
- 12 Fear of Gangs/Bullying
- 15 Other (Specify _____)
- 6 Not worth going/Not Interested
- 7 School closed/holidays
- 8 Truant/Delinquent (no reason)
- 9 Pregnant/young mother
- 10 Baby sitting
- 13 Menstrual Problems
- 14 Sexual Harrasment

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

Minutes

4.10 How does normally get to school?

- 1 Walking
- 2 Cycling
- 3 Taxi
- 8 Other (Specify _____)
- 4 School Bus
- 5 Family Vehicle
- 6 Car Pool
- 7 Omini Bus

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

- 1 Yes 2 No (if no, go to Q4.14)

4.12 Do you pay for the school meal service?

- 1 Yes 2 No

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

- 1 Yes 2 No

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

- 1 Yes, has books for exclusive use
- 2 Yes, but shares with other family members
- 3 Has only some books
- 4 Has none (if none, go to Q4.17)

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

- 1 Yes 2 No

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

- 1 Borrowed for use during year
- 2 Received from relatives or friends
- 3 Purchased New
- 4 Purchased second hand
- 5 Bought some/got some on loan or free
- 6 Received from NGO
- 7 Government Assistance

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

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

- 1 Books not available
- 2 Could not afford
- 3 Books available in school library
- 4 Books were lost or destroyed
- 5 To be purchased
- 6 Other (Specify _____)



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

- 1 Yes, Government
- 2 Yes, Commercial Bank
- 5 No
- 3 Yes, Credit Union/CIDB
- 4 Yes, Other (specify) _____

FOR ALL PERSONS NOT ATTENDING SCHOOL AT PRESENT

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

- 1 Too young
- 2 Financial Problems
- 3 Transportation Problems
- 4 Working
- 5 Illness
- 6 Physically/mentally challenged
- 7 Family matters
- 8 No space in school
- 16 Not applicable (if over 15)
- 9 Pregnant/young mother
- 10 Baby sitting
- 11 Apprenticeship
- 12 Not worth going to school
- 13 Expelled
- 14 Suspended
- 15 Other (Specify) _____

4.20 Has..... ever attended school?

- 1 Yes
- 2 No (If no and Over 15, go to Q5.1a)

4.21 What age did start formal education?

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4.22 What age did leave formal education?

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4.23 What is the highest grade completed?

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- 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

4.24 What is the highest examination ever passed?

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

End of Interview for persons under 15 years of age

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

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

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

5.1b How many months did you/he/she work in the Cayman Islands in the past 12 months?

0	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

0	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.1d Did do any work for pay, profit or family gain 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 4 weeks?

- 1 Yes
- 2 No (If yes, go to Q5.15)

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

- 1 No work available
- 2 Seasonal inactivity
- 3 Student
- 4 Home/family duties
- 5 Retired
- 10 Sick
- 6 Infirmary/Disabled
- 7 Did not want to work
- 8 Maternity/Paternity Leave
- 9 Other _____

(All go to Q5.15)

5.5 How many years have been in this job?

 Years

 mths 00 for under 6

5.6 Did.....have more than one job including business or contract work during the last seven days?

- 1 Yes
- 2 No

5.7 How many hours did/does normally work in a week at.....?

Main Job	Other Jobs
<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>

(if total hours worked is greater than 30 hours, go to Q5.10)

5.8 What is the reason for working less than 30 hours?

- 1 Own illness/injury
- 2 Holiday/vacation
- 3 Personal/family responsibilities
- 4 In school/training
- 5 Own Choice
- 11 Paternity Leave
- 6 Job ended in reference week
- 7 Only hours available
- 8 Could not find more work
- 9 Part Time Work
- 10 Maternity Leave
- 12 Other

5.9 Did.....seek AND was he/she available to work additional hours during the last 7 days?

- 1 Yes
- 2 No

5.10 What category of worker is in his/her main job?

- 1. Employee (worked for someone) (E)
- 2. Self-employed, no employees (SE)
- 3. Self-employed with employees (SEE)
- 4. Unpaid family worker (UFW)

How many employees at’s place of work?

- 1 1-4
- 2 5-19
- 3 20-49
- 4 49+

5.11 What is your occupation, that is what activities do you do in your main job? e.g. sales manager or sales clerk, mason etc



SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.12 What kind of business is carried on at N's main job?
(probe to get detail)

(Employed Caymanians, Skip to Q5.21)

5.13 If.... is Non-Caymanian with work permit/government contract, how long is the remaining portion of the permit/government contract?

- 1 less than 6 months
- 2 6 months to 1 yr
- 3 1yr+ to 2yrs
- 4 2yrs+ to 3 yrs
- 5 4 yrs+ to 5yrs
- 6 5yrs+ to other (specify)

5.14 If.... is Non-Caymanian with work permit/government contract, how long how long has he/she been working continuously in the Cayman Islands?

- 1 less than 6 months
- 2 6 months to 1 yr
- 3 1yr+ to 2yrs
- 4 2yrs+ to 3 yrs
- 5 4 yrs+ to 5yrs
- 6 5yrs+ to other (specify)

(Employed Non-Caymanians, Skip to Q5.21)

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

5.15 When last did work?

- 1 Never Worked (Go to Q 5.17)
- 2 Less than one month
- 3 ↑ > 3 months
- 4 3 > 6 months
- 5 6 > 12 months
- 6 1 year and more

5.16 What was the main reason why left last job?

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

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

- 1 Yes
- 2 No (If yes, go to Q5.19)

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

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

(All, go to Q5.19)

5.19 What kind of work are you looking for?

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

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

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

(Note: Ask this question if you chose answer #2 or #10 in Quest. 5.20)

5.21 How many hours were dedicated to unpaid home duties or caring for someone in the last week?

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

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

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

6.2 Is/Are currently pregnant?

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

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

- 1 Yes
- 2 No

6.2c If yes, what form(s)?

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

FOR FEMALES 16 TO 49 YEARS

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

- 1 Yes
- 2 No

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

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6.5 How many died?

Before first birthday _____

--	--

After first birthday _____

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

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

- 1 None (If no, go to Q7.1)
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more

6.8 Of these, have any of the babies died?

- 1 Yes
- 2 No (If no, go to Q7.1)

6.9 How many have died?

Within the first 30 days of life _____

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After 30 days but before one year _____

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SECTION 7: SAFETY NETS, HABITS AND SOCIAL ISSUES

7.1 Which of the following normally assists you **MOST** financially during difficult/hard times?

- 1 Employer
 2 Clubs
 3 Schools
 4 Government
 5 Neighbours/Friends
 6 Family
 7 Church
 8 Other (specify) _____

7.1.1 Which of the following normally assists you **MOST** in coping with social/spiritual/emotional problems?

- 1 Employer
 2 Clubs
 3 Schools
 4 Government
 5 Neighbours/Friends
 6 Family
 7 Church
 8 Other (specify) _____

7.2 In which of the following do you feel challenged:

- 1. Smoking as a personal practice** 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

2. the consumption of drugs other than medicines or vitamins

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

3. Your health

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

4. Your Education/training

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

5. Your spiritual/moral

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

6. Crime

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

7. Physical crime against your person in the home

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

8. Cultural/social adjustment

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

9. Cost of living

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

10. Immigration

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

11. Employment

- 1 no opinion
 2 Not challenged at all
 3 Slightly challenged
 4 Moderately challenged
 5 Severely challenged

7.3.1 Who makes the major decisions in your household most of the time?

Please fill in this person's (or persons) assigned number from household roster.

Person 1	Person 2	Person 3
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insert 97 if there are more than 3 major decision makers in the household.

Clarification/Explanation notes: (The enumerator is instructed to enter the number which corresponds to the name of the individual(s) that is/are indicated by the respondent, for example, 01, 02, 07, or 97 under person 1 if there are more than 3 major decision makers)

7.3.2 What is your relationship to the first person listed?

- 1 Self
 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
 10 Live-in Domestic



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

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8. How much did you pay/spend for the following in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY recieved	TOTAL COST(\$)
Material for men and boy's garments	0311101	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Material for women and girls garments	0311201	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Men's Garments Outer wear						
Jackets	0312102	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sweaters	0312103	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Waistcoats/pullovers	0312104	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long trousers/pants for dress and office	0312105	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long trousers/pants casual wear	0312106	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long Jeans pants	0312107	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short Pants(casual)	0312108	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants (Jeans)	0312109	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants(house wear)	0312110	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts-Long sleeves(dress)	0312111	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts (casual,working)	0312112	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jersey (dress,working)	0312113	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sports wear/vests	0312114	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Polo Shirts	0312115	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
T-Shirts	0312116	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Track suits/Jogging suits	0312117	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Pajamas	0312118	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Bathrobes/housecoats	0312119	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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8. How much did you pay/spend for the following in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY recieved	TOTAL COST(\$)
Costumes	0312120	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Overcoat/raincoat	0312121	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Work overalls	0312122	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Men's outerwear not specified by type	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Men's underwear and Hosiery						
Vest	0312124	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Boxer shorts	0312125	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Underwear/underpants	0312126	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Socks	0312127	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
All other men's outer wear	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other articles of Men's clothing						
Ties & Scarves	0313101	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Hats and caps	0313102	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Belts	0313103	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Beach wear	0313104	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Braces/Suspenders	0313105	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Handkerchiefs	0313106	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sewing thread, buttons, zips, buckles	0313107	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Helmets	0313008	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other men's clothing	0313199	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Overcoat/raincoat	0312221	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
		<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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8. How much did you pay/spend for the following in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY received	TOTAL CCST(\$)
Boys's outer wear						
Complete Suits-2/3	0312201	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jackets	0312202	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
sweaters	0312203	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Waistcoats/pullovers	0312204	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long trousers/pants(dress)	0312205	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long trousers/ pants(casual wear)	0312206	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Long Jeans pants	0312207	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants(casual)	0312208	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short Pants (Jeans)	0312209	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants(house wear)	0312210	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts-dress(long sleeves)	0312211	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts(casual)	0312212	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jerseys(dress)	0312213	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sports wear/ Vest	0312214	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Polo shirts	0312215	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
T-shirts	0312216	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Track suits/Jogging suits	0312217	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Pajamas	0312218	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Bathrobes/Household	0312219	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Costumes	0312220	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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

8. How much did you pay/spend for the following in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY received	TOTAL COST(\$)
Other boys outer wear	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Boys's underwear and hosiery						
Vest	0312224	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Boxer shorts	0312225	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Underwear/underpants	0312226	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
socks	0312227	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
All Other boys outer wear	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Boy's school garments						
Long pants (school)	0312228	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Short pants (school)	0312229	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts (school)	0312230	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sports uniform	0312231	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other articles of boy's clothing						
Ties & scarves	0313201	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Hats and caps	0313202	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Belts	0313203	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Beachwear	0313204	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other boy's clothing	0313299	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Women's outer wear						
Skirts suits(2 or 3 piece)	0312301	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Pants Suits	0312302	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Dresses(evening formal)	0312303	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Dresses(office)	0312304	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Dresses(casual)	0312305	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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

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

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY recieved	TOTAL COST(\$)
Shirts/blouses(formal)	0312306	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts/blouses(casual)	0312307	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Skirts(long)	0312308	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Skirts(short)	0312309	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Slacks/trousers	0312310	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jeans (long)	0312311	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jeans (short)	0312312	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
T-shirts	0312313	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jerseys with sleeves	0312314	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jerseys without sleeves	0312315	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
polo shirts	0312316	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Overalls	0312317	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Track suits and jogging suits	0312318	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sports clothes	0312319	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sweaters/jumpers	0312320	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
House clothes	0312321	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sleepwear/pajamas	0312322	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Robes and housecoats	0312323	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Raincoats/overcoats	0312324	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
All other women outer wear	0312399	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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

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8. How much did you pay/spend for the following in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY received	TOTAL COST(\$)
Women's underwear						
Slips half or full	0312325	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Bras	0312326	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Vests	0312327	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Panties	0312328	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Tights/ panty hose	0312329	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Girdles	0312330	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Socks	0312331	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Stockings	0312332	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other women's clothing and clothing						
Hats	0313301	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Bathing suites/Beachwear	0313302	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Scarves/belts	0313303	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Bags	1232101	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Purses	1232102	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Watches	1232201	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Necklaces and earrings (Gold,silver,precious stones)	1231101	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Necklaces and earrings(cosmetics)	1231102	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Girls outer wear						
Dresses(formal/evening)	0312401	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shirts/blouses(casual)	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
T-shirts	0312403	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Skirts(casual)	0312404	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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8. how much did you pay/spend for the following in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY recieved	TOTAL CCST(\$)
slacks/trousers	0312405	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jeans pants(long/short)	0312406	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jeans skirts	0312407	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Pants suits (casual)	0312408	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Jerseys	0312409	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
House Clothes	0312410	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sleep wear/pajamas	0312411	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Raincoats	0312412	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other girls outer wear not specified by type	0312499	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Girl's underwear and hosiery						
Bras	0312424	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Panties	0312425	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Vests	0312426	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Tights	0312427	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Socks/stockings	0312428	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Girl's school garments						
School overall	0312430	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
School blouses/shirts	0312431	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
School Skirts	0312432	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sports uniform	0312433	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other girl's clothing						
Hats	0313401	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Bathing suits	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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

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

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY recieved	TOTAL COST(\$)
Infants (under 1 year) clothing and clothes accessories						
Dresses/suites	0313501	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Play suites	0313502	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Baby shirts/Vest	0313503	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Diapers	0313504	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Socks/Booties	0313505	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Hats/Bonnets	0313506	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Other infant clothing not specified by type	0313599	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Dry-cleaning,laundering and dying of garments,pressing						
Men and boy's clothing	0314101	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Women,Girls and infants clothing	0314102	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Repairs and alteration						
Men and boys clothing	0314201	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Women and girls clothing	0314202	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Infants clothing	0314203	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Hire of garments						
Men and boys garments (jackets,suits)	0314301	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Women and girls garment(wedding outfits,evening gowns)	0314302	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Men asnd boy's shoes(16years and over)						
Shoes-dress(man-made)	0321101	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shoe-dress(leather)	0321102	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Shoes-casual	0321103	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sandals	0321104	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Sneakers/sports shoes/gym shoes	0321105	<input type="checkbox"/> Yes <input type="checkbox"/> Home				
Boots-work	0321106	<input type="checkbox"/> Yes <input type="checkbox"/> Home				



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

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



SECTION 9A - OTHER EXPENSES

(Always indicate value, Include Quantity where requested)

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9a. How much did you pay for the following items in the past 3 months?

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
MEDICAL EXPENSES				
Doctors Fees (Number of visits)	0621101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Dental Services	0622101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Pregnancy related fees	0621106	<input type="checkbox"/> Yes		<input type="text"/>
Optometrist Fees	0621104	<input type="checkbox"/> Yes		<input type="text"/>
Fees of acupuncturist, chiroprator, physiotheraapist, speech therapist	0623103	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Private hospital care (number of nights)	0630108	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Public hospital care(number of nights)	0630109	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
Lab Test and X-rays(number of lab test)	0623101	<input type="checkbox"/> Yes		<input type="text"/>
Drugs for Hypertention/Blood Pressure	0611102	<input type="checkbox"/> Yes		<input type="text"/>
Drugs for Cancer	0611103	<input type="checkbox"/> Yes		<input type="text"/>
Drugs for Diabetes	0611104	<input type="checkbox"/> Yes		<input type="text"/>
Drugs for heart condition	0611115	<input type="checkbox"/> Yes		<input type="text"/>
Drugs for stomach Problems	0611116	<input type="checkbox"/> Yes		<input type="text"/>
Drugs for cold/flu	0611112	<input type="checkbox"/> Yes		<input type="text"/>
Vitamins, minerals and oil	0611111	<input type="checkbox"/> Yes		<input type="text"/>
Other Drugs and prescriptions, Medical	0611199	<input type="checkbox"/> Yes		<input type="text"/>
Eye wear hearing aids, denture, etc	0613101	<input type="checkbox"/> Yes		<input type="text"/>
Government Health Insurance, eg CINICO	1253005	<input type="checkbox"/> Yes <input type="checkbox"/> No, but I have one		<input type="text"/>
Government administered hospital, medical and drug plans eg. social services, seamen's, veterans	1253001	<input type="checkbox"/> Yes <input type="checkbox"/> No, but I have one		<input type="text"/>
Private health insurance plans	1253002	<input type="checkbox"/> Yes		<input type="text"/>
Dental plans(sold as separate policies)	1253003	<input type="checkbox"/> Yes		<input type="text"/>
Accident and disability insurance	1253004	<input type="checkbox"/> Yes		<input type="text"/>
Other medical Expenses	0623199	<input type="checkbox"/> Yes		<input type="text"/>





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SECTION 9A - OTHER EXPENSES*(Always indicate value, Include Quantity where requested)***9a. Did spend money on any of the following in the past 12 months?**

Expenditure During Last 12 months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 12 MONTHS
EDUCATIONAL EXPENSES				
Tuition-For pre -school/Day Care	1010101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition-Correspondence courses(all levels)	1040202	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lessons for children primary/secondary	1050101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lessons/Night classes for adults	1050102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition-primary,secondary school	1010101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition-tertiary,university and other	1040101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boarding and lodging	1120101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
School and technical books	0951101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Exams Fees	1040203	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Computer software and accessories	0913105	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Transportation Fees	0737101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Meals	0119423	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other	1050101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Education and Recreation				
Entertainment Expenses		<input type="checkbox"/> Yes		
Sports,Athletic Camping and Picnic Equipment Sports and athletic equipment	0932101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boats/sails	0921101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
kayaks,diving equipment,windsailing	0921199	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Photographic goods and services film-camera	0912101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Digital camera	0912102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Video camera/camcorders	0912103	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Film processing and camera accessories.	0912105	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Photographers' services e.g passport photos	0942107	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Recreational Equipment musical instrument,parts accessories,e.g pianos	0922101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>



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SECTION 9A - OTHER EXPENSES*(Always indicate value, Include Quantity where requested)***9a. How much did you pay for the following items in the past 3 months?**

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
Other audio media players	0911399	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Stereo	0911310	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Electronic games and parts e.g video games	0931102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Toys for children.	0931103	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Playground equipment, accessories for swimming pools	0932301	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Collectors items e.g stamps, coins	0931105	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Parts and supplies for recreational equipment e.g fuel, chemical, bait	0942101	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Rental of video games	0914102	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Maintenance and repair of recreational sports and health equipment	0923101	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Rental of major equipment for recreation, sports and culture	0923102	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Recreational and culture services Movies, concerts, plays fetes and other admissions	0942101	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Coin operated and carnival games	0943101	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Video clubs	0914101	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Single use fees for swimming pools, golf courses courts, etc	0931100	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Books, magazines (non-technical and not for school)	0941101	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Spectators sports, football, cricket and all other sports events	0941102	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Admissions to night clubs, dances, parties	0942104	<input type="checkbox"/> Yes		<input type="text"/> , <input type="text"/>
Dues subscription and membership	0942105	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lottery games	1270104	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Newspaper	0952101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other cultural and recreational services e.g karate, skating	0942199	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>



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SECTION 9A - OTHER EXPENSES

9a. How much did you pay for the following items in the three months?

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
Weddings e.g rent chairs	1270103	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Legal and accounting expenses(non-business)	1270101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Funerals	1270102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Barbershop	1211201	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hairdresser	1211101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beauty salon (manicures,pedicures,facials etc...)	1211102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Laundry/dry cleaners	0734101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Photo studios	0942106	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Driving lessons	0724301	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other personal services	1211300	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other traveling expenses	0738102	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other passenger transportation (Specify): _____	0738103	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Personal and other expenses				
Household moving,storage services and delivery services	0736101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Personal care preparations e.g soap,shampoo,cream perfume,sunscreen,lotion etc	1213201	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beauty products	1213301	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Non electric articles for personal care	1213101	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>
Personal effects e.g jewelry, watches, travel goods	1239900	<input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/> , <input type="text"/>



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SECTION 9B - EXPENSES ABROAD**9b. Record all the expenditure made outside the Cayman Islands in the past month?**

Expenditure During Last Month	CODE	(Y/N)	AMOUNT (\$) SPENT LAST MONTH
Jamaica		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
USA		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
UK		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Panama		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Honduras		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Canada		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Nicaragua		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Barbados		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cuba		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Trinidad & Tobago		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Belize		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Costa Rica		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Ireland		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Colombia		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Philippines		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other, Caribbean		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Rest Of World		<input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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SECTION 10 - OTHER DISBURSEMENTS

10. How much did you spend on 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				
Service charge(banks,other financial institutions)	1262101	<input type="checkbox"/> Yes		
Stock and bond commissions	1262102	<input type="checkbox"/> Yes		
Administration fees for brokers and others	1262103	<input type="checkbox"/> Yes		
Other financial services(accounting services)	1262104	<input type="checkbox"/> Yes		
Loss of deposits, fines and money loss or stolen	1262105	<input type="checkbox"/> Yes		
Contributions/dues(social clubs,organisations excluding non charitable)	1262199	<input type="checkbox"/> Yes		
Life insurance premiums	1251001	<input type="checkbox"/> Yes		
Pension	125500	<input type="checkbox"/> Yes		
Credit card finance and transaction charges	2020003	<input type="checkbox"/> Yes		
Interest on consumer/personal loans	2020002	<input type="checkbox"/> Yes		
Gifts(cash and financial)	2030001	<input type="checkbox"/> Yes		
Allowances to children	2040001	<input type="checkbox"/> Yes		
Alimony/child maintenance	2040002	<input type="checkbox"/> Yes		
Remittance sent to persons abroad	2030002	<input type="checkbox"/> Yes		
Donations and charities	2040003	<input type="checkbox"/> Yes		
subscriptions and contributions to clubs and other organisation	2050001	<input type="checkbox"/> Yes		
loans given out	2060001	<input type="checkbox"/> Yes		
payment for personal(non-bank)loans including credit from stores	2060002	<input type="checkbox"/> Yes		
Church related expenses (tithe/offerings)	2060003	<input type="checkbox"/> Yes		
other non-consumption expenditure	2060099	<input type="checkbox"/> Yes		
DISBURSEMENTS OTHER THAN CONSUMPTION EXPENDITURES LAST TWELVE MONTHS				
Partner/sou-sou/box	2110001	<input type="checkbox"/> Yes		
Credit Union Shares/savings	2110002	<input type="checkbox"/> Yes		
Bank Deposits	2110003	<input type="checkbox"/> Yes		
Bonds	2120001	<input type="checkbox"/> Yes		
Stocks and shares in local companies	2120002	<input type="checkbox"/> Yes		
Stocks and shares in foreign companies	2120003	<input type="checkbox"/> Yes		
Investment in real estate (Land)	2130001	<input type="checkbox"/> Yes		
Other Disbursements	2130099	<input type="checkbox"/> Yes		



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SECTION 11 - INCOME FOR ALL PERSONS

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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 taxes or other deductions? (PRESENT FLASH CARD)	Income Group	<input type="text"/>	<input type="text"/>
1B. How much did you receive in wages and salary LAST PAY PERIOD FROM MAIN JOB (GROSS PAY). Include Overtime, tips and bonuses, income taxes and Social Security	2231001		<input type="text"/> , <input type="text"/>
2. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
3. How much did you receive in wages and salary LAST PAY PERIOD FROM OTHER JOBS (GROSS PAY). Include Overtime, tips and bonuses, income taxes and Social Security	2231002	<input type="text"/>	<input type="text"/> , <input type="text"/>
4. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
INCOME SOURCES - OTHER, RECEIVED ANNUALLY			
5. Money sent by relatives and friends overseas - Remittances from abroad	2331001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
6. Rental income received by you for house, land and other property	2341001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
7. Other entrepreneurial income, From self employment locally	2231003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
8. Other entrepreneurial income, From self employment abroad	2231004	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
9. Dividends on local and foreign investments (e.g Credit union dividends)	2351001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
10. Interest on local bank deposits, bonds	2361001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
11. Government retirement pension	2371001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
12. Pension from other former Cayman employers	2371002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
13. Pension from former foreign employer	2371003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
14. Earnings from work abroad (excluding earnings in 8 above)	2371004	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
15. Earning from invested deposits abroad	2381001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
16. Annuities	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
17. Government social assistance	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
17.1 Seaman's or Veteran's grant	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
17.2 Housing Assistance in cash	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
18. Child support	2381003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
19. Allowances - alimony	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
20. Allowances - financial aid	2391002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
21. Allowances - scholarships	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
22. Interest from stocks, shares, Treasury bills and other investments	2361002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
23. All Other Income, nes (Cayman)	2391099	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>



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