

INDIVIDUAL QUESTIONNAIRE
 (FOR 18 YEARS OLD AND SPENDERS ONLY)

Information on hand

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.
 The following will serve as an example:

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

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

1	2	3	4	5	6	7	8	9	0
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Transfer the following information from the front page of the household questionnaire

SAMPLE NO

PERSON NO

RESULT CODES

- 1 Fully completed
- 2 Partially completed
- 3 Refusal
- 10 Verified no contact
- 12 Out of scope

SECTION 1: CHARACTERISTICS

1.1 Have you been living in the Cayman Islands for at least six (6) months or intend to stay for at least six (6) months?

- Yes
- No
- DK/NS

If NO or DK/NS, END INTERVIEW

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

1.3 What is your relationship to the head of the household?

- Head
- Spouse/Partner
- Child
- Son/daughter-in-law
- Grandchild
- Step son/daughter
- Parent/parent-in-law
- Grandparent
- Brother/sister
- Other relative
- Live-in Domestic
- Non-relative
- DK/NS

1.4 What is your sex?

- Male
- Female

1.5 What is your date of birth?

Please give the month and year

 /

1.6 What was your age as of your last birthday?

Use 97 for age over 96
Use 99 for DK/NS

SECTION 2: CITIZENSHIP AND MIGRATION

2.1 Which one of the following best describes your status in the Cayman Islands?

- Caymanian
- Non-Caymanian with work permit
- Non-Caymanian with NO work permit (e.g. spouses and children of permit holders)
- Non-Caymanian with government contracted work
- Non-Caymanian permanent resident with rights to work
- Non-Caymanian permanent resident WITHOUT the rights to work
- Non-Caymanian with Student Visa
- Non-Caymanian - Asylum holders/seekers
- Non-Caymanian Other
- DK/NS

2.2 In what country were you born?

- Cayman Islands
- Barbados
- Philippines
- Jamaica
- Cuba
- India
- USA
- Trinidad & Tobago
- Australia
- UK
- Guyana
- South Africa
- Honduras
- Costa Rica
- Other Caribbean
- Canada
- Republic of Ireland
- Rest of the World
- Nicaragua
- Columbia
- DK/NS

If CAYMAN ISLANDS, GO TO 3.1

2.3 In what year did you last come to LIVE in the Cayman Islands?

If response is DK/NS, write 9999



SECTION 3: EDUCATION

3.1 What is the HIGHEST GRADE that you completed?

- None
- Day Care / Nursery / Pre-School
- Special Education
- Primary Yr 1
- Primary Yr 2
- Primary Yr 3
- Primary Yr 4
- Primary Yr 5
- Primary Yr 6
- Middle/High School Yr 7
- Middle/High School Yr 8
- Middle/High School Yr 9
- High School Yr 10
- High School Yr 11
- High School Yr 12
- Vocational
- Community College
- College/University
- Other, please specify _____
- DK/NS

3.2 What is the HIGHEST EXAMINATION that you ever passed?

- None
- COEA, Entry Level
- CSE, CXC Basic
- GCE /GCSE/IGCSE/"O" Level/CXC Gen/Tech Prof (1 or 2 subjects)
- GCE/GCSE/IGCSE/"O" Level/CXC Gen/Tech Prof (3 or 4 subjects)
- GCE/GCSE/IGCSE/"O" Level/CXC Gen/Tech Prof (5 or more subjects)
- High School Diploma or Equivalent Certificate (American/Canadian)
- GCE "A" Level/CAPE/HSC/HND (1 or 2 subjects)
- GCE "A" Level/CAPE/HSC/HND (3 or more subjects)
- IB Diploma
- Other Secondary / High School Qualification
- Vocational/Trade Certificate or Diploma
- Certificate or Diploma (not Postgraduate)
- Associate Degree
- Bachelors Degree
- Professional Qualification(e.g. Computer, Accounting)
- Postgraduate Certificate or Diploma
- Postgraduate Degree (e.g. Masters, Degree in Medicine, Dentistry, Veterinary, Law)
- Earned Doctorate (Ph.D.)
- Other, please specify
- DK/NS

SECTION 4: ECONOMIC STATUS

4.1 During the PAST 12 MONTHS i.e., how many weeks were you?

- a...Working or with job although not at work (employed)?
- b...Without work, seeking and available for work (unemployed)?
- c...Not working, not seeking and not available for work (out of the labour force)?

If (c) is more than 26 weeks CONTINUE ELSE, GO TO 4.3

a	b	c

4.2 During the past 12 months, what did you do most when you were not working?

Read Choices

- Home/Family Duties
- Student/In training
- Retired
- Elderly
- Temporary Illness/Injury
- Infirm/Disabled, unable to work
- Waiting for work permit/Permanent residence approval
- Seasonal inactivity
- No work available
- Did not want to work
- Other
- DK/NS

4.3 Did you do any work in the Cayman Islands for pay, profit or family gain for at least one hour during last week?

- Yes
- No
- DK/NS

Exclude work around or in own house & volunteer work.

If YES, GO TO 4.6

4.4 Did you have a job or business at which you did not work during last week?

- Yes
- No
- DK/NS

If NO OR DK/NS, GO TO 4.11



SECTION 4: ECONOMIC STATUS cont'd

4.5 What was the MAIN reason why you were absent from work during last week?

- Home/Family Duties
- Student/In training
- Retired
- Elderly
- Temporary Illness/Injury
- Infirm/Disabled, unable to work
- Waiting for work permit/Permanent residence approval
- Seasonal inactivity
- No work available
- Did not want to work
- Other
- DK/NS

4.6 Did you have more than one job or business during the last week?

- Yes
- No
- DK/NS

4.7 How many hours did you actually work in your job(s) during last week?

Main Job	Other Job(s)	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>

4.8 What is your employment status in your MAIN job?

- Employee (work for someone)
- Self-employed with NO employees
- Self-employed with employees
- Unpaid family business worker
- DK/NS

4.9 What is your occupation in your MAIN Job?

Probe, get details

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 4: ECONOMIC STATUS cont'd

4.10 What is the name of the business where your MAIN work is carried out?

If not obvious from the name of the business or government department add the main activity of the business.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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GO TO 5.1

4.11 What is the MAIN reason why you were not working during last week?

- Home/Family Duties
- Student/In training
- Retired
- Elderly
- Temporary Illness/Injury
- Infirm/Disabled, unable to work
- Waiting for work permit/Permanent residence approval
- Seasonal inactivity
- No work available
- Did not want to work
- Other
- DK/NS

4.12 Have you been looking for work in the last 4 weeks?

- Yes
- No
- Already found job and waiting to start → **GO TO 5.1**
- DK/NS → **GO TO 5.1**

4.13 Would you have been available to start a job if one were offered last week?

- Yes
- No
- DK/NS



SECTION 5: CLOTHING, FOOTWEAR AND CLOTHING ACCESSORIES PURCHASED DURING THE PAST 3 MONTHS

5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Material for men and boy's garments	0311101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Material for women and girl's garments	0311201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Men's Outerwear						
Complete Suits	0312101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Jackets	0312102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sweaters	0312103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Waistcoats/Pullovers	0312104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Long trousers/Pants for dress and office	0312105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Long trousers/Pants casual wear	0312106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Long jeans pants	0312107	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Short pants (casual)	0312108	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Short pants (Jeans)	0312109	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Short pants (house wear)	0312110	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shirts-Long sleeves (dress)	0312111	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shirts (casual, working)	0312112	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Jersey (dress, working)	0312113	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Polo Shirts	0312115	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
T-Shirts	0312116	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sports clothes	0312117	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pajamas	0312118	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Bathrobes/Housecoats	0312119	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



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5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Men's Outerwear						
Costumes	0312120	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Overcoat/Raincoat	0312121	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Work overalls	0312122	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other men's outerwear not specified by type	0312123	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Men's Underwear and Hosiery						
Vest/Marina/Wife Beater	0312124	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boxer shorts	0312125	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Underwear/Underpants	0312126	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Socks	0312127	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
All other men's underwear e.g long johns	0312199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Articles of Men's Clothing						
Ties and Scarves	0313101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hats and caps	0313102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Belts	0313103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beach wear	0313104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Braces/Suspenders	0313105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Handkerchiefs	0313106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Helmets	0313108	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other articles for men's clothing e.g. gloves, mittens	0313199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Boy's outerwear								
Complete Suits	0312201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jackets	0312202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sweaters	0312203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waistcoats/pullovers	0312204	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long trousers/pants (dress)	0312205	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long trousers/pants (casual wear)	0312206	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Jeans pants	0312207	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (casual)	0312208	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (Jeans)	0312209	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (house wear)	0312210	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts-dress (long sleeves)	0312211	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts (casual)	0312212	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jerseys	0312213	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polo shirts	0312215	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T-shirts	0312216	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports Clothes	0312217	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pajamas	0312218	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Robes/Housecoat	0312219	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Costumes	0312220	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overcoat/raincoat	0312221	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other boys outerwear	0312299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Boy's underwear and hosiery						
Vest/Marina/Wife Beater	0312224	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boxer shorts	0312225	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Underwear/underpants	0312226	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Socks	0312227	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
All other boys' underwear e.g. long johns	0312299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boy's school garments						
Long pants (school)	0312228	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Short pants (school)	0312229	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shirts (school)	0312230	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sports uniform	0312231	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other articles of boy's clothing						
Ties and scarves	0313201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hats and caps	0313202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Belts	0313203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beachwear/Trunks	0313204	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other boy's clothing	0313299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Women's outerwear						
Skirts suits	0312301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pants suits	0312302	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dresses (evening formal)	0312303	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dresses (office)	0312304	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dresses (casual)	0312305	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



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DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Women's Outerwear						
Shirts/Blouses (formal)	0312306	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shirts/Blouses (casual) <i>including polo-shirts</i>	0312307	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Skirts (long)	0312308	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Skirts (short)	0312309	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Slacks/Trousers	0312310	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Jeans (long)	0312311	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Jeans (short)	0312312	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
T-shirts	0312313	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Jerseys with sleeves	0312314	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Jerseys without sleeves	0312315	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Overalls	0312317	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sports clothes	0312319	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sweaters/Jumpers	0312320	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
House clothes	0312321	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sleepwear/Pajamas	0312322	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Robes/Housecoats	0312323	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Overcoats/Raincoats	0312324	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
All other women's outer wear	0312399	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Women's underwear						
Slips half or full	0312325	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Bras	0312326	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



SECTION 5: CLOTHING, FOOTWEAR AND CLOTHING ACCESSORIES PURCHASED DURING THE PAST 3 MONTHS cont'd

5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Women's Underwear								
Vests	0312327	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Panties	0312328	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tights/Panty hose	0312329	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Girdles/Corsettes	0312330	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks	0312331	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stockings	0312332	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other women's clothing and clothing accessories								
Hats	0313301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathing suits/Beachwear	0313302	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scarves/Belts	0313303	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Handbags	1232101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purses	1232102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Girls' outerwear								
Dresses (casual)	0312414	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dresses (formal/evening)	0312401	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts/Blouses (formal)	0312413	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts/Blouses (casual)	0312402	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T-shirts	0312403	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skirts (casual)	0312404	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Girl's Outerwear								
Slacks/trousers	0312405	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeans pants (long/short)	0312406	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeans skirts	0312407	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pants suits (casual)	0312408	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jerseys	0312409	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
House clothes	0312410	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sleep wear/Pajamas	0312411	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overcoats/Raincoats	0312412	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports clothes	0312413	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other girls' outerwear not specified by type	0312499	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Girl's underwear and hosiery								
Bras	0312424	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Panties	0312425	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vests	0312426	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tights	0312427	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks/Stockings	0312428	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Girl's school garments								
School overalls	0312430	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School blouses/shirts	0312431	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School skirts/pants	0312432	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports uniform	0312433	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other girl's clothing								
Hats	0313401	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathing suits	0312402	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Infants (under 1 year) clothing, clothes accessories and other articles								
Dresses/suits	0312501	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Play suits/onesies	0312502	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baby shirts/Vest	0312503	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cloth Diapers	0312504	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disposable Diapers	1213206	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks/Booties	0312505	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hats/Bonnets	0313506	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other infant clothing not specified by type	0313599	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Articles for babies (eg strollers, car seats)	1232201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dry-cleaning, laundering and drying of garments, pressing								
Men and boy's clothing	0314101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girl's clothing	0314102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant's clothing	0314103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repairs and alteration								
Men and boy's clothing	0314201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girl's clothing	0314202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant's clothing	0314203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hire/Rental of garments								
Men and boy's garments (jackets, suits)	0314301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girl's garment (wedding outfits, evening gowns), etc.	0314302	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Men's shoes (14 years and over)								
Shoes-dress (man-made materials/not leather)	0321101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes-dress (leather)	0321102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes casual	0321103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Men's shoes (14 years and over)								
Sandals	0321104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sneakers/sports shoes/gym shoes	0321105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots-work	0321106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots-casual	0321107	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-house	0321108	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women's shoes (14 years and over)								
Shoes - dress (man-made materials/not leather)	0321201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes - dress (Leather)	0321202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes - casual	0321203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sandals	0321204	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sneakers/sports shoes/gym shoes	0321205	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots	0321206	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-fashion	0321207	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-house	0321208	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infants and children shoes (under 14 years)								
Shoes-school	0321301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes-dress	0321302	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sandals	0321303	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sneakers/sports shoes	0321304	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-fashion	0321305	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-house	0321306	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots	0321307	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoe Repair								
Men and boys shoe repair	0322101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girls shoe repair	0322201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 5: CLOTHING, FOOTWEAR AND CLOTHING ACCESSORIES PURCHASED DURING THE PAST 3 MONTHS cont'd

5.1 How much did you spend for the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Other clothing and footwear not listed above.	0331001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other accessories/Articles Sewing thread, buttons, zips and buckles	0313701	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Watches and Jewelry for All								
Watches	1231103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Necklaces/chains and earrings (Gold, silver, precious stones)	1231101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Necklaces/chains and earrings (cosmetics/costume/fashion)	1231102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other jewelry	1231199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 6A: HEALTH

6.1 Did you visit a doctor, nurse, pharmacist, midwife or other health care practitioner during the past 12 months due to illness/injury?

Yes No

6.2 Did you get admitted to a public/private hospital or clinic during the past 12 months?

Yes No

6.3 Are you covered by Health Insurance?

(Multiple responses are allowed)

- Yes, by CINICO
- Yes, by local private insurance paid fully by yourself
- Yes, by local private insurance paid fully by employer
- Yes, by local private insurance paid partly by employer
- Yes, by insurance company abroad (private or government)
- No, uninsurable
- No
- DK/NS

SECTION 6B: EXPENSES FOR HOSPITAL IN-PATIENT CARE SERVICES

6.4 How much did you spend for the following items in the past 12 months for yourself and/or other members of the household? Please exclude payments made by your insurance. Include payments abroad

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Doctor's fees for surgery (number of surgeries)	0630201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other doctor's fees (number of visits)	0630202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private hospital care (number of nights)	0630108	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Public hospital care (number of nights)	0630109	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other in-patient expenses not listed above.	0630301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 6C: EXPENSES FOR HOSPITAL OUT-PATIENT CARE SERVICES

6.5 How much did you spend for the following items in the past 12 months for yourself and/or other members of your household? Please exclude payments made by your insurance. Include payments abroad

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Doctor's fees (GP number of visits)	0621101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Doctor's fees (Obstetrician number of visits)	0621199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Doctor's fees (Other specialists)	0622101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dental services	0621109	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Paramedical/Ambulance Service	0623103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Optometrist/Ophthalmologist	0621104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Physiotherapist/Acupuncturist/Chiropractor	0623105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Services of freelance/homecare nurses and midwives	0623104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other out-patient care/paramedical services not listed above.	0623199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 6D: EXPENSES FOR MEDICATION AND MEDICAL SUPPLIES

6.6 Did you buy prescribed or over the counter medicines during the past 3 months for yourself and/or other members of your household?

Yes No

If NO, GO TO 6.7B

6.7A How much did you spend for the following items in the past 3 months for yourself and/or other members of your household? Please exclude payments made by your insurance. Include payments abroad

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Drugs for hypertension/blood pressure	0611102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for cancer	0611103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for diabetes	0611104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for heart condition	0611115	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for ashtma	0611105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for stomach problems	0611116	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for cold/flu	0611112	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>



SECTION 6D: EXPENSES FOR MEDICATION AND MEDICAL SUPPLIES cont'd

6.7B How much did you spend for the following items in the past 3 months for yourself and/or other members of your household? Please exclude payments made by your insurance. Include payments abroad

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Vitamins, minerals and oil	0611111	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other medicinal preparations not listed above e.g. pain killers	0611199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other medicinal products (eg bandages, contraceptives, rubbing alcohol, ice bags, etc)	0612100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Therapeutic appliances and equipment (eg corrective eye glasses, contact lens, dentures, hearing aids, nebulizers etc.)	0613100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 6E: HEALTH INSURANCE

6.8 How much did you spend for your annual health insurance premium in the past 12 months for yourself and/or other members of your household? Please exclude payments made by your employer or other non-household members. Include payments to insurance companies abroad

DESCRIPTION	CODE	YES/NO	No. OF PERSONS	LOCAL	No. OF PERSONS	ABROAD
				TOTAL COST (\$)		TOTAL COST (\$)
CINICO	1253001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other government-administered health care plans	1253005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Dental and other plans sold as separate policies	1253003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Private Health insurance	1253002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Accident and disability insurance	1253004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 7: TRANSPORT

PART 1: VEHICLE PURCHASES

7.1 Did you own and/or operate any vehicle during the past 12 months for personal use?

Yes

IF NO, GO TO 7.5

No

7.2 Did you purchase a new (never used) vehicle in the last 12 months primarily for your use or the household's personal use (ie not for family business)? Yes No

IF NO, GO TO 7.3

If the vehicle was purchased through trade-ins the purchase price represents the total cost of the vehicle; always clarify this.

		VEHICLE 1			VEHICLE 2			VEHICLE 3		
VEHICLE	CODE	PURCHASE PRICE			PURCHASE PRICE			PURCHASE PRICE		
Car	0711101	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Van	0711103	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeep/SUV	0711102	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motorcycle	0712001	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Truck	0711106	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boat for regular transportation	0710101	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Vehicles (including bicycle)	0713000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.3 Did you purchase a used vehicle in the last 12 months primarily for your use or the household's personal use? Yes No

IF NO, GO TO 7.4

If the vehicle was purchased through trade-ins the purchase price represents the total cost of the vehicle; always clarify this.

		VEHICLE 1			VEHICLE 2		
VEHICLE	CODE	AGE	PURCHASE PRICE		AGE	PURCHASE PRICE	
Car	0711201	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Van	0711203	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeep/SUV	0711202	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motorcycle	0712001	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Truck	0711206	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boat for regular transportation	0710101	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Vehicles (including bicycle)	0713000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



7.4 Did you sell a vehicle in the last 12 months that was used primarily for you or the household's personal use?

Yes ➔ How much was it sold for? *Please include any amount received and used as payments for trade-ins.* Code: 2210102 ,

No ➔ **GO TO 7.5**

PART 2: OTHER TRANSPORTATION COST DURING THE PAST 12 MONTHS

7.5 In the past 12 months, how much did you spend on rental vehicles in the Cayman Islands for your use or other members of your household?

Code: 0724601 , ,

7.6 In the past 12 months, how much did your household spend on moving and delivery services?

Code: 0736102 , ,

7.7 In the past 12 months, how much did your household spend on storage services?

Code: 0736105 , ,

PART 3: PERSONAL VEHICLE MAINTENANCE AND REPAIR EXPENDITURE DURING THE PAST MONTH

7.8 Did you spend for any of the following items in the past month (excluding expenses for vehicles for business use, and any expense paid by the insurance or other parties) for all types of vehicles including boats? If yes, how much? Please include amounts spent abroad.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Gasoline	0722101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Diesel	0722102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Kerosene/Aviation fuels	0722201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Car wash, polish, etc.	0723101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



PART 4: PERSONAL VEHICLE MAINTENANCE AND REPAIR EXPENDITURE DURING THE PAST 12 MONTHS

7.9 Did you spend for any of the following items in the past 12 months (excluding expenses for vehicles for business use, and any expense paid by the insurance or other parties) for all types of vehicles including boats? If yes, how much? Please include amounts spent abroad.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Parts				
Tyres	0721101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Oil Filters/spark plugs	0721103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Batteries	0721104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Brakes	0721109	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Operation Cost				
Oils and other lubricants	0722201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle Registration License	0724401	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Annual Insurance (vehicle)	1754100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Driving permits/License	0724303	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Parking fines/Tickets	0724701	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Engine Tune-ups (not servicing)	0723110	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Body work (straighten/paint)	0723108	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Upholstery eg seat covers	0723114	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Front end alignment and wheel balancing	0723104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Exhaust system repairs	0723105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Brake adjustments, repairs and service	0723103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Air Condition repair	0723115	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Servicing	0723102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other operating cost/Don't know	0723199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Total expenditure	0720000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 8A: EDUCATIONAL EXPENSES

8.1 Have you incurred any educational expenses related to tuition for attendance at institutions in the Cayman Islands or abroad during the past 12 months for yourself and/or other members of your household? If yes, how much did you spend locally and abroad?

Yes No

If No, GO TO 8.2

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			No. OF PERSONS	TOTAL COST (\$)	No. OF PERSONS	TOTAL COST (\$)
Tuition for pre-school/ Day care	1010101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition for primary	1010102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition for secondary	1020101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition for tertiary, university and other	1040101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lessons for children primary/secondary/tutoring/ extra help/	1050101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lessons/Classes for adults e.g. Vocational	1050102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition for correspondence courses/Online courses (all levels)	1040202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other tuition fees not listed above (e.g. cultural development)	1050199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 8B: OTHER EDUCATIONAL EXPENSES

8.2 Have you incurred other expenses for education in the Cayman Islands or abroad during the past 12 months for yourself and/or other members of your household? If yes, how much did you spend locally and abroad.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			No. OF PERSONS	TOTAL COST (\$)	No. OF PERSONS	TOTAL COST (\$)
Boarding and lodging	1120101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
School and technical books	0951101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Examination Fees	1040203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Computer software and accessories	0913105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
School trips/study tours	0960103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



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SECTION 8B: OTHER EDUCATIONAL EXPENSES cont'd

8.2 Have you incurred other educational expenses for attendance at institutions in the Cayman Islands or abroad during the past 12 months for yourself and/or other members of your household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			No. OF PERSONS	TOTAL COST (\$)	No. OF PERSONS	TOTAL COST (\$)
School bus/transportation fees	0737101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Recreational lessons (e.g. piano, karate, tennis, dance)	0941301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other school fees/charges/expenses (e.g. lab fees, graduation fees, IDs, etc.)	1270111	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
		<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 9: COMMUNICATION EXPENSES

9.1 Did you purchase mobile phones in the past 12 months for yourself and/or other members of your household? If yes, how much did you spend?

Yes No Code: 0820101 CI\$,

9.2 How much did you spend on prepaid mobile phone service last month for yourself and/or other members of your household?

Please leave blank if there were no expenses last month.

Code: 0830102 CI\$,

9.3 How much was your bill on post-paid mobile phone service last month (exclude balances from previous bill) for yourself and/or other members of your household? Include monthly cost of plan if any.

Please leave blank if there were no expenses last month.

Code: 0830102 CI\$,

SECTION 10: ENTERTAINMENT AND RECREATION

10.1A How much did you spend for the following items in the past 12 months for yourself or other members of the household? Exclude gifts you made or received.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Leisure & Recreation Equipment						
Boats for recreation	0921101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Kayaks, diving equipment, windsailing	0921199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tools and articles for crafts and hobbies e.g. painting, woodwork, music, guitar picks etc.	0931106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sports, Gym, Camping, Picnic and Beach Equipment (excluding clothing)	0932100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



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10.1B How much did you spend for the following items in the past 3 months for yourself and/or other members of the household? Exclude gifts you made or received.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Film processing and camera accessories	0912105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Photographers' services e.g. passport photos	0942301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Electronic games and parts e.g. video games	0931102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Purchase of iTunes/digital music	0914101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Purchase of movies, compact discs (CDs), DVDs, Blue-Ray	0914101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Collectors' items e.g. stamps, coins, antiques	0931107	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pets: purchase cost & up-keep, e.g. horses, dogs, cats (incl. pet food)	0934101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

10.1C How much did you spend for the following items in the past 12 months for yourself and/or other members of the household? Exclude gifts you made or received.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Television	0911101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
DVD / Blu ray players	0911103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Radio	0911201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
CD player	0911303	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Photographic goods and services, camera film	0912101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Digital Camera	0912102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Video camera/ camcorders	0912103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Laptops	0913102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Desktops	0913101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tablets	0913103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other indoor recreational equipment musical instrument, parts accessories, e.g. pianos	0922101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Stereo system	0911306	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Karaoke machines	0911308	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other audio media players	0911399	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Purchase video game consoles & games, e.g. Play stations, X-Box. Nintendo DS. Wii	0931102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

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SECTION 10: ENTERTAINMENT AND RECREATION cont'd

10.1C How much did you spend for the following items in the past 12 months for yourself and/or other members of the household? Exclude gifts you made or received.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
MP3 players/iPod	0911305	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Toy tricycles, bicycles, scooters, wagons, kiddies cars for children.	0931103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other toys for children, play equipment, Lego etc.	0931104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Playground equipment, accessories for swimming pools	0932102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Maintenance and repair of major recreational durables (e.g. boats, gym equipment)	0923101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

10.2 How much did you spend for the following items in the past 3 months for yourself and/or other members of the household? Exclude gifts you made or received.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Leisure and Recreational Services						
Rental of Video/DVDs	0942502	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Rental of major equipment for recreation, sports and culture	0941201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Night clubs, dances	0942104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Coin operated and carnival games	0922201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Fees for use of sporting facilities, golf courses, amusement parks	0941101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Subscription/Admission fees for swimming pools, gyms, courts, green fees etc.	0941104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Paper books/novels	0951100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Newspaper and magazines	0952101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Admission fees to spectator sports (football, cricket and all other sports events)	0941102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Admissions to movies, cinemas, theatres, concerts and plays	0942101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dues, subscription and membership to sports, services, social and recreational clubs, video clubs	0942201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lottery games/Online Gambling	1270104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other cultural, recreational and sports services e.g. karate, skating, squash, tennis, golf	0941199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

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SECTION 11: EXPENSES FOR OTHER SERVICES

11.1 How much did you spend for the following services in the past 12 months for yourself and/or other members of the household? Please exclude gifts you made or received.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Miscellaneous Goods and Services						
Wedding Planner/Coordinator expenses including license and church fees.	1270103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Legal services fees (non-business)	1270101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Employment agency fees	1270105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Real estate agency fees	1270106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Funeral home service expenses	1270102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Newspaper ads	1270108	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Birth, marriage and death certificates	1270107	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Passports, visas and other travel document fees	1270110	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other services not listed above.	1270199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 12: EXPENSES FOR PERSONAL CARE

12.1 How much did you spend for the following services/articles in the past 3 months for yourself and/or other members of the household? Please exclude gifts you made or received.

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Barbershop	1211201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hairdresser	1211101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beauty salon (manicures, pedicures, facial, etc)	1211102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Non medical massage, spas	1211301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tattoo and body piercing.	1211302	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Toiletries and personal care preparations eg. soap, shampoo, cream, perfume, lotion etc	1213200	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beauty products including sunscreen.	1213300	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Non electric articles for personal care (eg. combs, toothbrush, etc.)	1213100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

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SECTION 12: EXPENSES FOR PERSONAL CARE cont'd

12.1 How much did you spend for the following items in the past 3 months for yourself and/or other members of the household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Electric appliances for personal care. (eg razors, hair dryers, etc)	1212100	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other personal effects not listed above.	1232401	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 13: PERSONAL AND OTHER EXPENSES

13.1 How much did you spend for the following items in the past 3 months for yourself and/or other members of the household in the Cayman Islands only?

DESCRIPTION	CODE	YES/NO	TOTAL COST (\$)
Driving lessons and test	0724301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Bus fares	0732100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Taxi fares	0732400	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Airfares including for travel abroad	0733100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cargo shipping (sea and air)	0736101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Suitcase and other travel goods	1232101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 14: DIGITAL READING MATERIALS AND RECREATIONAL ITEMS

14.1 How much did you spend for the following items in the past 3 months for yourself and/or other members of the household?

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Online movies and TV subscriptions (eg NETFLIX, HULU, Apple TV)	0942603	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Online newspaper, magazine and journal subscriptions	0952102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Electronic books for kindle/iPad, e-readers, other personal digital devices and tablets	0951105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 15A: OTHER PERSONAL EXPENSES

15.1 How much did you spend in the past 12 months for the following items for yourself and/or other members of your household:

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Nurseries, play schools for children	1240201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Services to assist unemployed, homeless persons outside the home (eg counselling for immigrants.)	1240401	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Premium for life insurance	1751001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Premium for travel insurance	1754201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Premium for other insurance types (excluding vehicle, health and housing)	1755201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 15B: LOCAL INSURANCE COMPANIES

15.2 Please provide the name of your local insurance company(ies) and type of insurance.

DESCRIPTION	CODE	NAME OF LOCAL COMPANY(IES)	TYPE/PLAN OF INSURANCE
Life insurance	1751000	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (construction)	1752701	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (structure only)	1752101	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (owner occupied - contents only)	1752201	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>



SECTION 15B: LOCAL INSURANCE COMPANIES

15.2 Please provide the name of your local insurance company(ies) and type of of insurance.

DESCRIPTION	CODE	NAME OF LOCAL COMPANY(IES)	TYPE/PLAN OF INSURANCE
Housing insurance (tenants - contents only)	1752301	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (combined)	1752801	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Health insurance	1753000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle insurance	1754100	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Travel insurance	1754201	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other personal insurance	1755101	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 16: OTHER DISBURSEMENTS

16.1 How much did you spend in the past month for the following items for yourself and/or other members of the household?

DESCRIPTION	CODE	HAVE SPENT	LOCAL		ABROAD	
			FREQUENCY IN A YEAR	TOTAL COST (\$)	FREQUENCY IN A YEAR	TOTAL COST (\$)
NON-CONSUMPTION EXPENDITURES						
Financial Service charges by:						
a) Banks, other financial institutions (excluding mortgage and interest payments)	1262101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
b) Money transfer service fees (including government fees)	1262106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>		



SECTION 17 - GIFTS/DONATIONS

17.1 How much did you purchase or disburse in the past 12 months as gifts/donations for persons who are not members of your household.

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Food and Non-alcoholic beverages	1601001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Alcoholic beverages and tobacco	1602001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Clothing and footwear	1603001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Housing (rent) and utilities (water, electricity, gas) bills	1604001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Household furnishing equipment	1605001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Health and medical products	1606001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Vehicles, parts and related products	1607001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Phones and communications	1608001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Recreation, sports, computers and related goods or subscriptions.	1609001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Contributions to educational expenses	1610001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Restaurants and hotel services	1611001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Jewelry, perfumes, bags and other personal care services	1612001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Tithes/offerings to church	2060003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Donations and charities	2040003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Subscriptions/ fees/ contributions to clubs and other organizations.	2050001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Monetary Gifts	2060001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other gifts/donations not listed above	2060099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 18: EXPENSES FOR PERSONAL TRAVEL ABROAD AND STAYCATION

18.1 How many personal trips abroad did you take in the past twelve (12) months while a resident of the Cayman Islands?

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18.2 How many of these trips were with other household members for whom you spent?

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18.3 How much did you spend on the following items for local staycation and personal trips abroad? If the trip was for educational or medical purposes please do not include expenses already covered under educational and medical expenses.

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD																
			TOTAL COST (\$)	TOTAL COST (\$)																
Package holidays (all-inclusive)	0960101	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
Package tours only	0735000	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
Accommodation (include vacation home rentals, lodging while at school)	1120100	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
Food and beverages from restaurants	1111100	<input type="radio"/> Yes <input type="radio"/> No	Sample	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																
Other food and beverages	0100000	<input type="radio"/> Yes <input type="radio"/> No		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																
Car rental for tourism	0724602	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																	
Other transport inside foreign countries and between foreign countries	0730000	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																	
Entertainment (e.g. attractions, museums, clubs etc)	0970001	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																	
Cruise expenses	0960201	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
Other foreign expenditure	0960199	<input type="radio"/> Yes <input type="radio"/> No		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																
Total expenditures	0960000	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								



SECTION 19: EXPENSE PATTERNS FOR FOOD, DRINKS, AND TOBACCO

19.1 Approximately how much did you spend for yourself and/or other members of your household in the past month on the following items?

Food and beverages for breakfast in restaurants, cafe and snack bars	Code: 1111101	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Food and beverages for lunches in restaurants, cafes and snack bars	Code: 111201	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Food and beverages for evening meals of all kinds, example barbecues and fund raising dinners, special occasions, take-out meals, eating out for pleasure or convenience etc.	Code: 111301	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
School meals	Code: 1112601	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

19.2 Approximately how much did you spend for yourself and other members of your household on the following in the past month for alcohol and alcoholic beverages?

		LOCAL	ABROAD
Beer, lager, cider etc.	Code: 0213000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wines including sherry, port, etc.	Code: 0212000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Spirits and Liqueurs	Code: 0211000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Expenditure	Code: 0210000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

19.3 Approximately how much did you spend for yourself and/or other members of your household on the following items in the past month for cigars and cigarettes?

		LOCAL	ABROAD
Cigarettes	Code: 0221001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cigars	Code: 0221003	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pipe tobacco	Code: 0221002	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Narcotics	Code: 0231000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pipes, lighters and other accessories	Code: 1232301	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Expenditure	Code: 0221000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



SECTION 20: INCOME FOR ALL PERSONS

20.1 Have you received any money from any of the following sources during the past 12 months and if so, how much is the approximate amount?

(Show Income Reference Chart)

PERIOD			
1	Daily	5	Quarterly
2	Weekly	6	Semi-Annually
3	Fortnightly	7	Annually
4	Monthly	99	DK/NS

DESCRIPTION	CODE	YES/NO	PERIOD CODE	FREQUENCY IN THE PAST 12 MONTHS	AMOUNT (\$) CODE
Gross earnings as an employee before deductions and including tips, bonus, commission and allowances					
From main occupation	2221001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
From all other jobs	2221002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Net earnings from own business (including business money used for personal expenses)					
From main business	2221003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
From all other business	2221004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other sources of Income or Investments					
Income from local pensions	2231001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Income from pensions abroad	2271003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Life Insurances and annuities	2271001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other kinds of regular allowances eg alimony, scholarships, gifts from children, church, assistance from Social Security.	2281000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Income from commercial property: net rents (gross rents minus expenses)	2231001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Income from investments including credit union interest, dividends, interest earned from bank deposits, mutual funds, etc.	2241001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Internet Income	2251001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Assurances, Government's social assistance, Seaman's or Veteran's grant, cash housing assistance, child support.	2271000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other money receipts eg inheritances, windfalls, gifts from outside the household (local)	2210101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other money receipts eg inheritances, windfalls, gifts from outside the household (abroad)	2210102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Claims from insurers (local)	2291001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Claims from insurers (abroad)	2291002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other income	2200000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Total Income from all sources	2200000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

END INTERVIEW THANK YOU!

* 1 0 0 0 0 0 1 *



17772



RECORD OF VISITS

Date of Visit	Start Time 12 hr	End Time 12 hr	Comments
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	
D D / M M / Y Y □ □ / □ □ / □ □	_____	_____	

COMMENTS

