

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
---	---	---	---	---	---	---	---	---	---

**CONFIDENTIAL**

SAMPLE #

<u>District</u> <input type="text"/>	<u>EA Number</u> <input type="text"/>	<u>Block</u> <input type="text"/>	<u>Parcel</u> <input type="text"/>
---	--	--------------------------------------	---------------------------------------

Address of Household: \_\_\_\_\_

Telephone number  -

\_\_\_\_\_

Email Address \_\_\_\_\_

- Type of Dwelling:**
- Detached house
  - Apartment
  - One-room
  - Semi-detached house
  - Condominium/townhouse
  - Combined business/dwelling
  - Duplex
  - Studio
  - Other (specify) \_\_\_\_\_

Number of persons in household			Number of Household Questionnaire 2 used
Male	Female	Total	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of Individual Questionnaire used
			<input type="text"/>

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

Enumerator's Signature: \_\_\_\_\_ Enumerator #

Field Supervisor's Signature: \_\_\_\_\_ Field Supervisor #

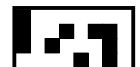
Editor's Signature: \_\_\_\_\_ Editor #

Coder's Signature: \_\_\_\_\_ Coder #

**RESULT CODES**

<input type="radio"/> 1 Fully completed	<input type="radio"/> 4 Unable to find address	<input type="radio"/> 7 Demolished	<input type="radio"/> 10 Verified No contact
<input type="radio"/> 2 Partially completed	<input type="radio"/> 5 Vacant - not occupied	<input type="radio"/> 8 Temporary second home	<input type="radio"/> 11 No Contact
<input type="radio"/> 3 Refusal	<input type="radio"/> 6 Under construction/Derelict	<input type="radio"/> 9 Temporary short-term rental	<input type="radio"/> 12 Out of Scope

\* 1 0 0 0 0 0 1 \*



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 □ □ / □ □ / □ □	_____	_____	

0.1 Did at least ONE (1) member of the household live in the Cayman Islands as of December 31, 2014?

Yes  No

0.2 Please give the names of all members of this household, including the following:

- All persons staying or intending to stay in the Cayman Islands for at least six (6) months
- Newborn babies. If baby has not been named write BABY of Person.....
- Elderly persons
- Resident students abroad
- Persons at hospital or other institution for less than six months.
- Seamen

PLEASE DO NOT INCLUDE visitors who reside elsewhere in the Cayman Islands or abroad.

**LISTING OF HOUSEHOLD MEMBERS** FILL IN BUBBLE IF PERSON IS UNDER 18 AND NON-SPENDER

	First Name	Surname (optional)		First Name	Surname (optional)
<u>1</u>		<input type="radio"/>	<u>10</u>		<input type="radio"/>
<u>2</u>		<input type="radio"/>	<u>11</u>		<input type="radio"/>
<u>3</u>		<input type="radio"/>	<u>12</u>		<input type="radio"/>
<u>4</u>		<input type="radio"/>	<u>13</u>		<input type="radio"/>
<u>5</u>		<input type="radio"/>	<u>14</u>		<input type="radio"/>
<u>6</u>		<input type="radio"/>	<u>15</u>		<input type="radio"/>
<u>7</u>		<input type="radio"/>	<u>16</u>		<input type="radio"/>
<u>8</u>		<input type="radio"/>	<u>17</u>		<input type="radio"/>
<u>9</u>		<input type="radio"/>	<u>18</u>		<input type="radio"/>

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1.1 What is the MAIN construction material of the outer walls?

- Wood/Timber
- Concrete/Concrete Blocks/Wall
- Wood & Concrete/Wall
- Stone
- Bricks/Blocks
- Plywood
- Makeshift
- Other
- DK/NS

1.2 In which year was this building constructed?

- Before 1970
- 1970 - 1979
- 1980 - 1989
- 1990 - 1995
- 1996 - 2000
- 2001 - 2005
- 2006 - 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- DK/NS

1.3 How many of the following does this household have for its use?

Bedrooms

--	--

Bathrooms

--	--

Sample

\* 1 0 0 0 0 0 1 \*



SECTION 2: EXPENDITURE ON HOUSING & UTILITIES

INTERVIEWER

If the answer ...	Instructions
- is Not Applicable - is Applicable but unknown - Exceeds the number of boxes	Leave Blank Write 9 in all boxes Write 9s ending in 7

All answers should be rounded to the nearest dollar (CIS)

2.1 Which of the following best describes the ownership of the dwelling you currently occupy?

- 1. Owned with mortgage
- 2. Owned without mortgage by you or someone in this household ➔ **GO TO 2.4**
- 3. Rented furnished ➔ **GO TO 2.21**
- 4. Rented unfurnished ➔ **GO TO 2.21**
- 5. Rent-free provided by employer, relative or friend ➔ **GO TO 2.16**
- 6. Subsidized rent provided by employer, relative or friend, etc ➔ **GO TO 2.16**
- 7. Other (Please specify) ➔ **GO TO 2.16**

PART 1A: OWNER-OCCUPIED WITH MORTGAGE PAYMENTS

QUESTION	CODE	AMOUNT (\$)
2.2 What is your current monthly mortgage payment for this housing unit?	1900105	[ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ]
2.3 Does the mortgage payment include life and/or disability insurance? If yes, how much?	1900110	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ]

PART 1B: FOR ALL OWNER-OCCUPIED ACCOMODATION

QUESTION	CODE	AMOUNT (\$)
2.4 Do you pay strata? If yes, how much did you pay for strata in the past 12 months?	1252601	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS [ ][ ] , [ ][ ][ ][ ] , [ ][ ][ ][ ]
2.5 What annual charges are included in the strata		
a) House Building insurance	1752101	<input type="radio"/> Yes <input type="radio"/> No
b) Content Insurance	1752201	<input type="radio"/> Yes <input type="radio"/> No
c) Maintenance	0430000	<input type="radio"/> Yes <input type="radio"/> No
d) Service Charges		<input type="radio"/> Yes <input type="radio"/> No
e) Others		<input type="radio"/> Yes <input type="radio"/> No
2.6 How much did you pay for the following in the past 12 months?		
a) House Building Insurance	1752101	[ ][ ][ ] , [ ][ ][ ]
b) Content Insurance	1752201	[ ][ ][ ] , [ ][ ][ ]
c) Maintenance	0430000	[ ][ ][ ] , [ ][ ][ ]

**IF NO, GO TO 2.6**

**IF A THRU E ARE NO, GO TO 2.6**

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PART 1B: FOR ALL OWNER-OCCUPIED ACCOMODATION

QUESTION	CODE	AMOUNT (\$)
2.7 Did you pay annual rent or lease in the past 12 months for the land on which the house is built? If yes, how much?	0411201	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2.8 If you were to rent this entire dwelling unit, how much monthly rental do you think you can get?	0421101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2.9 What is your best estimate of the market value of the dwelling unit (unfurnished) you currently occupy?	1900101	<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 2: FOR OWNER-OCCUPIED WITH PROPERTY BOUGHT/CONSTRUCTED IN PAST TWELVE (12) MONTHS

QUESTION	CODE	AMOUNT (\$)	
		Dwelling Unit Currently Occupied	Other Dwelling Units
2.10 Did you purchase or construct this dwelling unit or other dwelling units <u>during the past twelve months</u> ?		<input type="radio"/> Yes <input type="radio"/> No <b>IF NO, GO TO 2.16</b>	<input type="radio"/> Yes <input type="radio"/> No
2.11 If purchased, was the dwelling unit bought new or was it previously occupied?		<input type="radio"/> New <input type="radio"/> Previously Occupied	<input type="radio"/> New <input type="radio"/> Previously Occupied
2.12 How much was the total purchase price or total construction cost?	1900101	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2.13 Did you purchase or construct this house for rental or for sale?		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2.14 How much is the total amount of mortgage(s)/loan(s) for this dwelling unit(s)?	1900103	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2.15 What is the duration of mortgage(s) in years?	1900102	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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**PART 3: MAJOR REPAIRS, RENOVATION OF DWELLING**

2.16 Did your household spend for additions and/or major improvements to your dwelling during the past 12 months?

Yes  No

**IF NO, GO TO 2.18**

2.17 Did you make the following addition or major improvement and what was the total cost of materials and labour used?

EXPENSE	CODE	TOTAL COST (\$)
Addition/Extension (e.g. bedroom, kitchen, bathroom, porch, garage, man cave/den, etc.)	1910101	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
New roof/roof replacement	1910106	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Yard improvement	1910102	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fence	1910103	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Interior Remodeling/Redecorating	1910104	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Swimming Pool	1910105	<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 Additons/Improvements (specify) _____ _____	1910109	<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: MAINTENANCE AND MINOR REPAIR OF DWELLING**

2.18 During the past 12 months how much was the cost of materials and labour used for the following minor repairs and routine maintenance for your dwelling?

**If the person cannot separate the cost of material and labour, go to Q2.19**

EXPENSE	MATERIALS CODE	TOTAL MATERIAL COST (\$)	LABOUR CODE	TOTAL LABOUR COST (\$)
Paint	0431101	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0432101	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Carpentry (roof, siding, flooring)	0431301	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0432103	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Electrical repair/replacement	0431501	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0432501	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
General masonry and plastering	0431201	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0432102	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gardening plants/materials and labor (landscaping)	0933100	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0562203	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Plumbing	0431401	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0432104	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Insecticides/fumigation/termite control	0561108	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0562301	<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 repairs and maintenance not listed above	0431801	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0432199	<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	0431000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0432000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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2.19 During the past 12 months how much was the total combined cost of materials and labour used for the following minor repairs and routine maintenance of your dwelling.

EXPENSE	CODE	TOTAL LABOUR & MATERIAL COST (\$)
Paint	0433101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Carpentry (roof, siding, flooring)	0433103	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Electrical repair/replacement	0433105	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
General masonry and plastering	0433102	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Gardening plants/materials and labour (landscaping)	0562203	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Plumbing	0433104	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Insecticides/fumigation/termite control	0562301	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other repairs and maintenance not listed above excluding repairs and servicing of household articles	0433199	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL EXPENDITURE	0433000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

2.20 Did you previously occupy a rental dwelling in the past 12 months? If yes, for how many months?

Yes No. of Months   **IF YES, GO TO 2.21**  
 No **IF NO GO TO 2.26 FOR RENT-FREE OR SUBSIDIZED RENTERS**  
**IF NO GO TO 2.29 FOR THOSE IN OWNER-OCCUPIED DWELLING**

PART 5: RENTED ACCOMMODATION

2.21 How much rent did you pay in the past 12 months?

Code: 0411109 CI \$    ,

**GO TO 2.26 FOR RENT-FREE HOUSEHOLDERS**  
**GO TO 2.29 FOR THOSE IN OWNER-OCCUPIED DWELLING**

2.22 When did you start renting this dwelling (MM/YYYY)?

/

2.23 How much do you spend monthly as rent for this accommodation?

Code: 0411100 CI \$    ,

2.24 Does the current monthly rent include any of the following utilities? If yes, how much?

DESCRIPTION	CODE	INCLUDED IN RENT	CI \$
Electricity	0451101	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Water	0441000	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Cable/Satellite	0942601	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Internet	0830401	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

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2.25 What additional amount did you pay to the landlord in the past twelve (12) months? And how much?

DESCRIPTION	CODE	AMOUNT (\$)
Security Deposits	1800804	<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 - Not reimbursable (e.g. payment for repairs)	0562601	<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 - Reimbursable (e.g. water deposit)	1800804	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2.26 How much did you spend during the past 12 months on home contents insurance?

Code: 1752301

CI \$ ,

**GO TO 2.29 FOR RENTED FURNISHED AND UNFURNISHED**

FOR RENT-FREE AND SUBSIDIZED RENTERS ONLY

2.27 Does anyone outside your household give you assistance with rent? If yes, how much is the monthly assistance?

CODE  
 Yes 0411103 CI \$ ,   
 No

2.28 How much do you think it would cost to rent (not including utilities) a similar accommodation per month?

CODE  
 0411103 CI \$ ,

PART 6: SUB-LETTING/ RENTAL OF PART OF DWELLING

2.29 Is any part of this unit/dwelling sub-letted or rented?

Yes  No

**If NO, GO TO 2.31**

2.30 How much did you receive in the past 12 months from sub-letting or renting part of your currently occupied dwelling unit?

SUB-LET/RENTED SPACE	CODE	TOTAL ANNUAL RECEIPTS
Rented to other households	1800800	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rented to a Business	1800803	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2.31 Did you have other dwelling units rented in the past 12 months?

Yes  No

**If NO, GO TO 3.1**

2.32 How much did you receive in the past 12 months from sub-letting or renting other dwelling units?

SUB-LET/RENTED SPACE	CODE	TOTAL ANNUAL RECEIPTS
Rented to other households	1800800	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rented to a Business	1800803	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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**SECTION 3: MAJOR TYPES OF HOUSEHOLD EXPENSES**

Ask the household reference person initially and other members if necessary.

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

Please write clearly and legibly

ITEM	CODE	TOTAL COST (\$)
<b>3.1 How much was spent on the services listed below <u>in the past month</u> for your household only, excluding gifts or donations?</b>		
a. Piped water (exclude balances from previous bills).	0441101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b. Water delivered by truck. (trucking water)	0441102	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c. Bottled water.	0122102	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
d. Electricity (exclude balances from previous bills).	0451101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
e. Fixed line telephone only (exclude balances from previous bills, include caller ID, call waiting, etc).	0830201	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
f. Employed staff (maids, butlers, drivers, gardeners, domestic helpers, nannies etc.)	0562100	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
g. Persons engaged temporarily for baby-sitting, housework, gardening, etc.	0562200	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
h. Child care outside the home e.g. day nurseries, play schools and other child minding services, summer camps (Not Pre-Primary School).	1240201	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
i. Cost of care of elderly household members inside the home (except nursing care).	1240101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
j. Cost of care of elderly household members in nursing care.	1240102	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
k. Cost of care of disabled household members inside the home.	1240103	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
l. Cost of care of disabled household members outside the home.	1240104	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
m. Cost of care of Domestic Animals (Pets).	0935101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
n. Cable television/satellite services (excluding balances from previous months).	0942600	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
o. Internet services including dongles.	0830401	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<b>3.2 How much was spent on the services listed below in the <u>past 3 months</u> for your household only, excluding gifts or donations?</b>		
p. Gas for cooking, drying or heating e.g. propane, butane and LPG.	0452101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<b>3.3 How much was spent on the services listed below in the <u>past 12 months</u> for your household only, excluding gifts or donations?</b>		
q. Garbage collection and disposal	0442101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
r. Dry cleaning and laundering of household linen outside the home.	0562400	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
s. Rent of furniture, furnishings, carpets and equipment.	0562500	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
t. Window cleaning	0562302	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
u. Miscellaneous services related to water supplies. e.g. septic tank emptying.	0444199	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
v. Alarm monitoring system/security service.	0444101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
w. Cable TV/satellite dish installation.	0830103	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
<b>Living or recreation room</b>				
Living room suites	0511101	<input type="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"/>
Wall unit/ Display cabinet	0511103	<input type="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"/>
Couch /sofa	0511104	<input type="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"/>
Coffee/side table/centre table	0511107	<input type="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"/>
Entertainment center (TV/stereo stand)	0511108	<input type="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"/>
Playpen	0511111	<input type="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 living room furniture	0511199	<input type="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>Dining room furniture</b>				
China cabinets/Hutch	0511204	<input type="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"/>
Individual tables	0511207	<input type="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"/>
Individual chairs	0511208	<input type="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"/>
Dining/dinette set	0511201	<input type="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 dining room furniture not specified by type	0511299	<input type="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>Kitchen furniture</b>				
Tables	0511301	<input type="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"/>
Islands/utility tables	0511305	<input type="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"/>
Chairs/Stools	0511302	<input type="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"/>
Trolleys	0511303	<input type="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"/>
Cabinets/Cupboards (not built in)	0511304	<input type="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 kitchen furniture not specified by type	0511399	<input type="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"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
<b>Bedroom furniture</b>				
Bedroom Suites	0511401	<input type="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"/>
Double beds/Full beds/Bunk bed	0511402	<input type="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"/>
King/Queen-size beds	0511403	<input type="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"/>
Single/Twin beds	0511404	<input type="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"/>
Chest of Drawers/Chest	0511408	<input type="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"/>
Wardrobes	0511409	<input type="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"/>
Cots/ cribs/cradles	0511410	<input type="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"/>
Combination wardrobes	0511412	<input type="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"/>
Mattress	0511406	<input type="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"/>
Dressing table/Bureau	0511407	<input type="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 bedroom furniture not specified by type	0511499	<input type="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>Patio and outdoor furniture</b>				
Tables & chairs	0511500	<input type="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"/>
Lounge Chairs	0511505	<input type="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"/>
Hammock	0511507	<input type="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 outdoor furniture not specified by type	0511599	<input type="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>Decorative furnishings</b>				
Pictures and paintings	0511601	<input type="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"/>
Clocks	1231104	<input type="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"/>
Natural-Floral Arrangements	0933101	<input type="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"/>
Ornaments, Vases	0511603	<input type="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 decorative furnishings not specified by type	0511699	<input type="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"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
<b>Lighting equipment</b>				
Ceiling Lights	0511703	<input type="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"/>
Chandeliers	0511704	<input type="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"/>
Standard Lamps/ wall lamps	0511705	<input type="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"/>
Kerosene lamps	0511701	<input type="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 lighting equipment not specified by type	0511799	<input type="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>Other furniture</b>				
Folding Tables	0511802	<input type="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"/>
Computer desks	0511801	<input type="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"/>
Bookcase/bookshelves	0511811	<input type="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"/>
Ironing boards	0511803	<input type="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"/>
Futon/Day Bed	0511810	<input type="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 furniture not specified by type	0511899	<input type="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>Carpets and other floor coverings</b>				
Carpets	0512100	<input type="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"/>
Linoleum/Vinyl / Congoleum	0512201	<input type="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 floor covering (e.g. rugs)	0512299	<input type="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"/>
Door Mats	0520406	<input type="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"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
<b>Furnishing materials and ready-made articles</b>				
Furnishing Fabrics/cushion fabrics	0520101	<input type="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"/>
Curtain material	0520102	<input type="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"/>
Drape material	0520104	<input type="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 furnishing material not specified by type	0520199	<input type="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"/>
Curtain-panels, kitchen sets (not plastic)	0520201	<input type="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"/>
Blinds, shades and fittings	0520205	<input type="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"/>
Cushion covers	0520206	<input type="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 ready made articles not specified by type (e.g. shower curtain)	0520599	<input type="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>Beddings</b>				
Sheets and pillow cases	0520302	<input type="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"/>
Pillows	0520303	<input type="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"/>
Cushions	0520307	<input type="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"/>
Quilts	0502310	<input type="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"/>
Comforters/futons and Spreads including Bed-in-a-Bag sets	0520301	<input type="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 ready-made beddings not specified by type	0520399	<input type="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>Towels and Table Linens</b>				
Bath towels	0520401	<input type="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"/>
Kitchen towels	0520403	<input type="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"/>
Table cloths, Table napkins	0520404	<input type="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"/>
Bathroom towel mats	0520405	<input type="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 towels and table linen not specified by type	0520499	<input type="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"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL		ABROAD	
			TOTAL COST (\$)		TOTAL COST (\$)	
<b>Other Household textiles</b>						
Textile shopping bags	0520501	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Laundry bags	0520502	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other household textiles not specified by type	0520599	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Major kitchen appliances</b>						
Cooking stove (gas/electric)	0531101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Microwave Oven	0531102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refrigerator and Freezer	0531103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home deep freezer	0531105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dishwasher	0531106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other major kitchen appliances not specified by type	0531199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Major laundry appliances</b>						
Clothes washer	0531201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothes washer and dryer combined	0531203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothes dryer	0531205	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other major laundry appliances not specified by type	0531299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Major cleaning appliances</b>						
Vacuum cleaner	0531301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other major appliances not specified by type	0531399	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Major air and water appliances</b>						
Air conditioning unit	0531401	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water heater (gas/solar /electric)	0531404	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water cooler	0532018	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other major air and water appliances not specified by type	0531499	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

			LOCAL	ABROAD
DESCRIPTION	CODE	HAVE BOUGHT	TOTAL COST (\$)	TOTAL COST (\$)
<b>Other major household appliances</b>				
Sewing machines	0531501	<input type="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"/>
Printers/Scanners /External Drives	0913104	<input type="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 major household appliances not specified by type	0531599	<input type="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>Small electronic household appliances</b>				
Mixers	0532001	<input type="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"/>
Toasters	0532002	<input type="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"/>
Toaster Ovens	0532003	<input type="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"/>
Sandwich makers	0532004	<input type="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"/>
Blenders	0532005	<input type="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"/>
Electric fans	0532007	<input type="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"/>
Electric Irons	0532008	<input type="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"/>
Electric kettles	0532009	<input type="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"/>
Food processors	0532014	<input type="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"/>
Juicers/Juice Extractors	0532012	<input type="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 small electronic household appliances not specified by type (e.g. grills, slow cookers, rice cookers)	0532099	<input type="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>Telephone and telefax equipment</b>				
Telephones (land-lines only)	0820102	<input type="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"/>
Fax Machines	0820103	<input type="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 related equipment	0820199	<input type="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"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

			LOCAL	ABROAD
DESCRIPTION	CODE	HAVE BOUGHT	TOTAL COST (\$)	TOTAL COST (\$)
<b>Recreation and culture</b>				
Gaming tables and machines	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"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
<b>Glassware, Tableware and Household Utensils</b>				
China, Glass, Ceramic and Crystals Plates, teacups, saucers, mugs, bowls	0540101	<input type="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"/>
Glasses, Jug, (glass \ ceramic)	0540102	<input type="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"/>
Pottery, Ovenware (glass \ ceramic)	0540103	<input type="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"/>
Cutlery, Flatware, Silverware (Forks, Knives, Spoons)	0540201	<input type="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"/>
Cooking utensils-knives, serving spoons, openers, scissors, graters	0540202	<input type="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>Non-electric kitchen equipment</b>				
Pressure cooker, Saucepans, Stew pots, kettles, frying pans	0540301	<input type="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"/>
Coal pots, Barbeque Grills	0540302	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Sterilizers/Water Filters	0540303	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Feeding bottles. Thermos flasks, Bottle warmers	0540305	<input type="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"/>
Ice boxes, coolers	0540306	<input type="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"/>

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SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd

4.1 During the past 12 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

			LOCAL	ABROAD
DESCRIPTION	CODE	HAVE BOUGHT	TOTAL COST (\$)	TOTAL COST (\$)
<b>Miscellaneous Cleaning Articles and Maintenance Products</b>				
Laundry baskets, Waste bins	0540401	<input type="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"/>
Bathroom Pails, Basins, Potty, Tubs, Bath Tubs	0540403	<input type="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"/>
Mops, brooms, brushes, dust pans, dust cloths	0561201	<input type="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 miscellaneous cleaning articles (e.g. cleaning pails)	0561299	<input type="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>Major Tools and Equipment for House and Garden</b>				
Electric Drill	0551101	<input type="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"/>
Electric Saw	0551102	<input type="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"/>
Electric Sander	0551103	<input type="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"/>
Lawn Mower	0551202	<input type="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"/>
Weed Eaters/Wackers	0551203	<input type="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>Small Tools and Miscellaneous Accessories</b>				
Hand tools eg Hammer, Saw, Screw Driver	0552101	<input type="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"/>
Spades, shovels, rakes, wheelbarrows	0552201	<input type="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 garden tools	0552299	<input type="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"/>
Ladders and step ladders	0552301	<input type="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"/>
Curtain rods, hinges, handles, locks	0552400	<input type="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>Small Electrical Accessories</b>				
Transformers	0552501	<input type="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"/>
Electric bulbs, Fluorescent lighting tubes	0552502	<input type="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"/>
Flash-lights, Torches	0552503	<input type="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"/>

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**SECTION 4: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT cont'd**

4.2 During the past 3 months have you, or anyone in your household purchased (local or abroad), for your own use or use by any member of the household, any of the following items? If yes, how much was the total cost of each item in CI\$? Please include used items that you purchased. Please exclude gifts or donations.

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
<b>Household Utensils and Batteries</b>				
Plastic cutlery, plates, cups and saucers.	0540203	<input type="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"/>
Paper and other plastic products. eg. trash bags, table cover, napkins, paper towels, paper cups, ziploc, adhesive tape, etc.	0561300	<input type="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 for general use	0552506	<input type="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 5: CLEANING AND HOUSEHOLD MAINTENANCE PRODUCTS**

5.1 How much did you spend on the following items in the **past month**?

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Dishwashing liquid/powder	0561102	<input type="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"/>
Laundry Soaps	0561103	<input type="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"/>
Bleach	0561104	<input type="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"/>
Fabric softeners/conditioners, starch	0561105	<input type="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"/>
Disinfectants, window cleaners, air fresheners	0561106	<input type="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"/>
Sponges, steel wools, scouring pads, chamois, etc	0561203	<input type="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 cleaning materials eg. disinfectant wipes, stove/counter/furniture polishers	0561199	<input type="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"/>

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SECTION 6: REPAIRS AND SERVICING OF HOUSEHOLD ARTICLES

6.1 During the past twelve months have you or any other member of your household incurred any expenses for the repair and servicing (cost of labour plus material) of any of the following pieces of equipment? If yes, how much?

ITEMS FOR REPAIR	CODE	INCURRED EXPENSE	TOTAL COST (\$)
Furniture	0513101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Floor covering	0513103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Major kitchen appliances e.g. dishwasher	0533001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
A/C Repairs/routine maintenance	0533004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Major laundry appliances e.g. washing machine or dryer	0533002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Major cleaning appliances e.g. vacuum cleaner	0533003	<input type="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 major appliances	0533099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Small electric appliances e.g. DVD player	0533005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Audio - visual equipment (e.g. television set)	0915101	<input type="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 equipment e.g. cameras	0915102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Information processing equipment (computers)	0915103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Soft furnishings (cushions, drapes, curtains)	0520601	<input type="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 household appliances	0534101	<input type="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 7: REGULARITY OF PURCHASE**

7.1 In the past 12 months did you make regular purchases for the following items that your household consumed or used in the Cayman Islands? If yes, how regular (e.g. daily, monthly, etc.) were your purchases? How many times during that period did you make purchases?

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

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL		ABROAD	
			PERIOD	FREQUENCY DURING THE PERIOD	PERIOD	FREQUENCY DURING THE PERIOD
Meat:						
Beef (Fresh/Frozen)	0112000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pork (Fresh/Frozen)	0112200	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mutton (Fresh/Frozen)	0123000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seafood:						
Fish/Turtle (Fresh/Frozen)	0113000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shrimp/Conch	0113000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poultry:						
Chicken (Fresh/Frozen)	0112800	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other poultry eg Turkey (fresh/frozen)	0112900	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruit	0116100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vegetables	0117100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ground Provisions/Breadkind	0117500	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bread, Cakes and Pastries	0111100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cereals	0111200	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Milk, cheese and eggs	0114100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oils and fats	0115000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tea, Coffee and Cocoa	0121000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottled Water	0122100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruit and Vegetable Juices	0122300	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Non-Alcoholic Beverages	0122700	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transport Services (bus fares, taxi fares)	0730000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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SECTION 8: HOME PRODUCTION

Ask the household reference person initially and other household member(s) where necessary.

8.1 In the past month, did you harvest fruit and/or vegetables from your own garden or farm?

Yes  No

IF NO END INTERVIEW

8.2 How much is the value of fruits and/or vegetables your household consumed from your harvest in the past month?

Fruit

Code: 0116100

				,			
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Vegetables

Code: 0117100

				,			
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8.3 How much is the value of the fruits and/or vegetables from your harvest that you sold to other households in the past month?

Code: 2221000

				,			
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END INTERVIEW

THANK YOU!

Sample



