

HOUSEHOLD QUESTIONNAIRE

DO NOT PHOTOCOPY QUESTIONNAIRE

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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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"/>
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Address of Household: _____

Updated: Jan 19th 2023

Telephone number
 -

Email Address

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

<u>Number of persons in household</u>			<u>Number of Individual Questionnaire 1 used</u>	<input type="text"/>
Male	Female	Total	<u>Number of Individual Questionnaire 2 used</u>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<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

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, 2022?

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)
1		<input type="radio"/>	10		<input type="radio"/>
2		<input type="radio"/>	11		<input type="radio"/>
3		<input type="radio"/>	12		<input type="radio"/>
4		<input type="radio"/>	13		<input type="radio"/>
5		<input type="radio"/>	14		<input type="radio"/>
6		<input type="radio"/>	15		<input type="radio"/>
7		<input type="radio"/>	16		<input type="radio"/>
8		<input type="radio"/>	17		<input type="radio"/>
9		<input type="radio"/>	18		<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 - 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- DK/NS

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

Bedrooms

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Bathrooms

--	--

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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 tenure 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?	21001005	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.3 Does the mortgage payment include life and/or disability insurance? If yes, how much?	21001100	<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"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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?	04441002	<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"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.5 What annual charges are included in the strata		
a) House/Building insurance	18520000	<input type="radio"/> Yes <input type="radio"/> No
b) Content Insurance	18521001	<input type="radio"/> Yes <input type="radio"/> No
c) Maintenance fees	04300000	<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	18520000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
b) Content Insurance	18521001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c) Maintenance	04300000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

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?	04120002	<input type="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 rent do you think you can get?	04231001	<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?	21001001	<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 IF NO, GO TO 2.16	<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?	21001001	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<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 rent or 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)?	21001003	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<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 total duration of mortgage(s) in years?	21001002	<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 on 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 any of the following additions or major improvements, if so 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.)	22101001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
New roof/roof replacement	22101006	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Yard improvement	22101002	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Fence	22101003	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Interior Remodeling/Redecorating	22101004	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Swimming Pool	22101004	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other Additons/Improvements (specify) _____ _____	22101005	<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	04311101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Carpentry (roof, siding, flooring)	04311201	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320003	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Electrical repair/replacement	04311301	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320005	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
General masonry and plastering	04311401	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320002	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Gardening plants/materials and labor (landscaping)	09311000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320013	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Plumbing	04311501	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320004	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Insecticides/fumigation/termite control	05619101	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	05629004	<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	04311999	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320099	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL EXPENDITURE	04110000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	04320000	<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	04322001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Carpentry (roof, siding, flooring)	04322003	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Electrical repair/replacement	04322005	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
General masonry and plastering	04322002	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Gardening plants/materials and labour (landscaping)	04449002	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Plumbing	04322004	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Insecticides/fumigation/termite control	05629004	<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	04322099	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL EXPENDITURE	04322000	<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: 04110009 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: 04110000 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	04510001	<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	04411001	<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	08391001	<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	08330001	<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	20008004	<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)	04320099	<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)	20008004	<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: 18523001

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 04110003 CI \$,
 No

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

CODE
 04110003 CI \$,

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

2.29 Is any part of this unit/dwelling sub-letted or rented to another household or entity?

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	20008004	<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	20008005	<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	20008004	<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	20008005	<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 (\$)
3.1 How much was spent on the goods and services listed below in the past month for your household only, excluding gifts or donations?		
a. Piped water (exclude balances from previous bills).	04411001	<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)	04412001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
c. Bottled water.	01250002	<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).	04510001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
e. Fixed line telephone service	08310005	<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.)	05621000	<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.	05622000	<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).	13301001	<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).	06232005	<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.	06232003	<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.	06232003	<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.	13302001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
m. Cost of medical care of Domestic Animals (Veterinary Services).	09450001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
n. Cost of other services eg grooming and boarding for Domestic Animals (Pets)	09450002	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
o. Cable television/satellite, IPTV and Pay-TV services (excluding balances from previous months).	08392003	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
p. Internet services including dongles.	08330001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3.2 How much was spent on the services listed below in the past 3 months for your household only, excluding gifts or donations?		
q. Gas for cooking, drying or heating e.g. propane, butane and LPG.	04522001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3.3 How much was spent on the services listed below in the past 12 months for your household only, excluding gifts or donations?		
r. Garbage collection and disposal	04420001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
s. Dry cleaning and laundering of household linen outside the home.	05630000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
t. Rent of furniture, furnishings, carpets and equipment.	05120000	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
u. Window cleaning	05629002	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
v. Miscellaneous services related to water supplies. e.g. septic tank emptying.	04432001	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
w. Alarm security monitoring service.	04320012	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
x. Cable TV/satellite dish installation.	08399006	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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 (\$)
Living or recreation room				
Living room suites	05111101	<input type="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	05111102	<input type="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	05111103	<input type="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	05111106	<input type="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)	05111107	<input type="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	05111109	<input type="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	05111199	<input type="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 room furniture				
China cabinets/Hutch	05111204	<input type="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	05111207	<input type="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	05111208	<input type="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	05111201	<input type="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	05111299	<input type="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 furniture				
Tables	05111301	<input type="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	05111305	<input type="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	05111302	<input type="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	05111303	<input type="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)	05111304	<input type="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	05111399	<input type="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 (\$)
Bedroom furniture				
Bedroom Suites	05111401	<input type="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"/>
Double beds/Full beds/Bunk bed	05111402	<input type="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"/>
King/Queen-size beds	05111403	<input type="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"/>
Single/Twin beds	05111404	<input type="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"/>
Chest of Drawers/Chest	05111408	<input type="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"/>
Wardrobes	05111409	<input type="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"/>
Cots/ cribs/cradles	05111410	<input type="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"/>
Combination wardrobes	05111411	<input type="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"/>
Mattress	05111406	<input type="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"/>
Dressing table/Bureau	05111407	<input type="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"/>
Other bedroom furniture not specified by type	05111499	<input type="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"/>
Patio and outdoor furniture				
Tables & chairs	05112000	<input type="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"/>
Lounge Chairs	05112005	<input type="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"/>
Hammock	05212099	<input type="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"/>
Other outdoor furniture not specified by type	05112099	<input type="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"/>
Decorative furnishings				
Pictures and paintings	05114001	<input type="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"/>
Clocks	05114005	<input type="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"/>
Natural-Floral Arrangements	09312005	<input type="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"/>
Ornaments, Vases	05114002	<input type="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"/>
Other decorative furnishings not specified by type	05114099	<input type="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"/>

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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 (\$)
Lighting equipment				
Ceiling Lights	05113003	<input type="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	05113004	<input type="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	05113005	<input type="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	05113001	<input type="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	05113099	<input type="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				
Folding Tables	05111602	<input type="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	05111601	<input type="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	05111604	<input type="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	05329003	<input type="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	05111603	<input type="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	05111699	<input type="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"/>
Carpets and other floor coverings				
Carpets	05114008	<input type="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	04311202	<input type="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	05209009	<input type="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 (locally 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 (\$)
Furnishing materials and ready-made articles				
Furnishing Fabrics/cushion fabrics	05211007	<input type="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	05211002	<input type="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	05211004	<input type="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	05211099	<input type="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)	05211001	<input type="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	05211005	<input type="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	05211006	<input type="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)	05211098	<input type="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"/>
Beddings				
Sheets and pillow cases	05212002	<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"/>
Pillows	05212003	<input type="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	05114010	<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"/>
Quilts	05212005	<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"/>
Comforters/futons and Spreads including Bed-in-a-Bag sets	05212001	<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"/>
Other ready-made beddings not specified by type	05212099	<input type="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"/>
Towels and Table Linens				
Bath towels	05213001	<input type="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	05213003	<input type="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	05213004	<input type="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	05219008	<input type="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	05213099	<input type="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 (\$)
Other Household textiles				
Textile shopping bags	05219001	<input type="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 bags	05219002	<input type="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 household textiles not specified by type	05219099	<input type="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"/>
Major kitchen appliances				
Cooking stove (gas/electric)	05311001	<input type="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"/>
Microwave Oven	05311002	<input type="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"/>
Refrigerator and Freezer	05311003	<input type="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"/>
Home deep freezer	05311005	<input type="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"/>
Dishwasher	05311006	<input type="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 kitchen appliances not specified by type	05311099	<input type="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"/>
Major laundry appliances				
Clothes washer	05312001	<input type="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"/>
Clothes washer and dryer combined	05312003	<input type="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"/>
Clothes dryer	05312005	<input type="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 laundry appliances not specified by type	05312099	<input type="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"/>
Major cleaning appliances				
Vacuum cleaner	05314001	<input type="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 appliances not specified by type	05314099	<input type="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"/>
Major air and water appliances				
Air conditioning unit	05313001	<input type="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"/>
Water heater (gas/solar /electric)	05313004	<input type="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"/>
Water cooler	05322004	<input type="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 air and water appliances not specified by type	05313099	<input type="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 (\$)
Other major household appliances				
Sewing machines	05319001	<input type="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	08132001	<input type="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	05319099	<input type="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"/>
Small electronic household appliances				
Mixers	05321001	<input type="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	05321002	<input type="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	05321003	<input type="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	05321004	<input type="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	05321005	<input type="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	05329001	<input type="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	05329002	<input type="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	05322001	<input type="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	05321008	<input type="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	05322003	<input type="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)	05321099	<input type="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"/>
Telephone and telefax equipment				
Telephones (land-lines only)	08110001	<input type="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	08110099	<input type="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	08110099	<input type="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 (\$)
Recreation and culture				
Gaming tables	09129004	<input type="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"/>
Gaming machines	09461004	<input type="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"/>
Arcade Games	09461006	<input type="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"/>
Glassware, Tableware and Household Utensils				
China, Glass, Ceramic and Crystals Plates, teacups, saucers, mugs, bowls	05401001	<input type="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)	05401002	<input type="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)	05401003	<input type="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)	05402001	<input type="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	05402002	<input type="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"/>
Non-electric kitchen equipment				
Pressure cooker, Saucepans, Stew pots, kettles, frying pans	05403001	<input type="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	05112004	<input type="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	05403002	<input type="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"/>
Feeding bottles. Thermos flasks, Bottle warmers	05403003	<input type="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 (\$)
Miscellaneous Cleaning Articles and Maintenance Products				
Laundry baskets, Waste bins	05403007	<input type="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"/>
Bathroom Pails, Basins, Potty, Tubs, Bath Tubs	05111501	<input type="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"/>
Mops, brooms, brushes, dust pans, dust cloths	05611201	<input type="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"/>
Other miscellaneous cleaning articles (e.g. cleaning pails)	05611299	<input type="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"/>
Major Tools and Equipment for House and Garden				
Electric Drill	05510101	<input type="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"/>
Electric Saw	05510102	<input type="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"/>
Electric Sander	05510103	<input type="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"/>
Lawn Mower	05510202	<input type="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"/>
Weed Eaters/Wackers	05510203	<input type="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"/>
Small Tools and Miscellaneous Accessories				
Hand tools eg Hammer, Saw, Screw Driver	05521101	<input type="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"/>
Spades, shovels, rakes, wheelbarrows	05521201	<input type="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"/>
Other garden tools	05521299	<input type="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"/>
Ladders and step ladders	05521301	<input type="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"/>
Curtain rods, hinges, handles, locks	05522102	<input type="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"/>
Small Electrical Accessories				
Transformers	05522201	<input type="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"/>
Electric bulbs, Fluorescent lighting tubes	05522202	<input type="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"/>
Flash-lights, Torches	05522203	<input type="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"/>

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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 (\$)
Household Utensils and Batteries				
Plastic cutlery, plates, cups and saucers.	05619203	<input type="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.	05619200	<input type="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	05522505	<input type="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	05611102	<input type="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	05611101	<input type="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	05611104	<input type="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	05611105	<input type="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	05611106	<input type="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	05611203	<input type="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	05611199	<input type="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

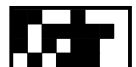
6.1 During the past twelve months have you or any other member of your household incurred any expenses for the repair and servicing (cost of labour plus material) of any of the following pieces of equipment? If yes, how much?

ITEMS FOR REPAIR	CODE	INCURRED EXPENSE	TOTAL COST (\$)
Furniture	05120003	<input type="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	05120003	<input type="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)	05330001	<input type="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	05330004	<input type="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)	05330002	<input type="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)	05330003	<input type="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	05330099	<input type="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)	05330005	<input type="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)	08350001	<input type="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)	09410002	<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"/>
Information processing equipment (e.g. computers)	08350001	<input type="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 (e.g. cushions, drapes, curtains)	05220001	<input type="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	05330099	<input type="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)	01122100	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pork (Fresh/Frozen)	01122200	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mutton (Fresh/Frozen)	01223000	<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)	01130000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shrimp/Conch	01130000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poultry:						
Chicken (Fresh/Frozen)	01122400	<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)	01122499	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruit	01161000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vegetables	01171000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ground Provisions/Breadkind	01175000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bread and Bakery Products	01113000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cereals	01111000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Milk, other dairy products and eggs	01140000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oils and fats	01150000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tea, Coffee and Cocoa	01220000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottled Water	01250002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruit and Vegetable Juices	01210000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Non-Alcoholic Beverages	01290000	<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)	07300000	<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: 01161000

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Vegetables

Code: 01171000

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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: 22210000

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END INTERVIEW

THANK YOU!

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RECORD OF VISITS

Date of Visit	Start Time 12 hr	End Time 12 hr	Comments
D D / M M / Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____	_____	
D D / M M / Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____	_____	
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COMMENTS

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