

INDIVIDUAL QUESTIONNAIRE

(INFO FOR PERSONS AGE 15 YEARS OLD AND OLDER)

Information on hand

DO NOT PHOTOCOPY QUESTIONNAIRE

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

The following will serve as an example:

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

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

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

SAMPLE NO

PERSON NO

RESULT CODES

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

SECTION 1: CHARACTERISTICS

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

- Yes
- No
- DK/NS

If NO or DK/NS, END INTERVIEW

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

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

- Head
- Spouse (Husband/Wife)
- Partner (Unmarried)
- Child
- Son/daughter-in-law
- Grandchild
- Parent/parent-in-law
- Grandparent
- Brother/sister
- Other relative
- Live-in Domestic
- Non-relative
- DK/NS

1.4 What is your sex?

- Male
- Female

1.5 What is your date of birth?

Please give the month and year

/

1.6 What was your age as of your last birthday?

Use 999 for DK/NS

SECTION 2: CITIZENSHIP AND MIGRATION

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

- Caymanian
- Non-Caymanian with PR married to Caymanian
- Non-Caymanian with work permit married to Caymanian
- Non-Caymanian WITHOUT rights to work married to Caymanian
- Permanent resident with government work contract
- Permanent resident with rights to work
- Permanent resident WITHOUT rights to work
- Non-Caymanian with government work contract
- Non-Caymanian with work permit
- Non-Caymanian with NO work permit (e.g. spouses and children of permit holders)
- Non-Caymanian with Student Visa
- Non-Caymanian - Other
- DK/NS

2.2 In what country were you born?

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

If CAYMAN ISLANDS, GO TO 3.1

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

If response is DK/NS, write 9999



SECTION 3: EDUCATION

3.1 Are you attending school or an educational institution part or full time?

- Yes, public, full-time Yes, private, part-time DK/NS
- Yes, private, full-time Homeschooled
- Yes, public, part-time Not attending school

3.2 What type of school or institution are you attending?

- Daycare/Nursery/Preschool University/College
- Primary Special Education
- Middle/High/Secondary Other
- Vocational Institution DK/NS
- Community College

3.3 What is the HIGHEST GRADE that you completed?

- None Middle/High School Yr 9
- Daycare / Nursery / Pre-School High School Yr 10
- Special Education High School Yr 11
- Primary Yr 1 High School Yr 12/A-LVL1
- Primary Yr 2 High School Yr 13/A-LVL2
- Primary Yr 3 Technical/Vocational
- Primary Yr 4 Associate or equivalent
- Primary Yr 5 Bachelor's or equivalent
- Primary Yr 6 Master's or equivalent
- Middle/High School Yr 7 Doctoral or equivalent
- Middle/High School Yr 8 Other (please specify)
- DK/NS

3.4 What is the HIGHEST EXAMINATION that you ever passed?

- None
- COEA, Entry Level
- CSE, CXC Basic
- GCE /GCSE/IGCSE/"O" Level/CXC Gen/Tech Prof (1 or 2 subjects)
- GCE/GCSE/IGCSE/"O" Level/CXC Gen/Tech Prof (3 or 4 subjects)
- GCE/GCSE/IGCSE/"O" Level/CXC Gen/Tech Prof (5 or more subjects)
- High School Diploma or Equivalent Certificate (American/Canadian)
- GCE "A" Level/CAPE/HSC/HND (1 or 2 subjects)
- GCE "A" Level/CAPE/HSC/HND (3 or more subjects)
- IB Diploma
- Other Secondary / High School Qualification
- Vocational/Trade Certificate or Diploma
- Associate Degree
- Bachelors Degree
- Professional Qualification(e.g. Computer, Accounting)
- Postgraduate Certificate or Diploma
- Postgraduate Degree (eg. Masters, Degree in Medicine, Dentistry, Vet, Law)
- Earned Doctorate (Ph.D.)
- Other, please specify
- DK/NS

SECTION 4: ECONOMIC STATUS

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

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

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

a	b	c

4.2 What did you do most when you were not working?

Read Choices

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

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

- Yes No DK/NS

Exclude work around or in own house & volunteer work.

If YES, GO TO 4.6

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

- Yes No DK/NS

If NO OR DK/NS, GO TO 4.11



SECTION 4: ECONOMIC STATUS cont'd

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

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

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

- Yes
- No
- DK/NS

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

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

4.8 What is your employment status in your MAIN job?

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

4.9 What is your occupation in your MAIN Job?

Probe, get details

SECTION 4: ECONOMIC STATUS cont'd

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

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

4.11 What is the street address where the business is situated?

GO TO 5.1

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

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

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

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

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

- Yes
- No
- DK/NS



SECTION 5: FOOD AND NON-ALCOHOLIC BEVERAGES PURCHASED DURING THE PAST 1 MONTH

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

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Cereals and cereal products								
Cereals incl. rice & cornmeal	01111000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flour (of cereals)	01112000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>
Breakfast cereals	01114000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Macaroni, noodles, couscous and similar pasta products	01115000	<input type="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 cereals and grain mill products	01119000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Live animals, meat and other parts of slaughtered land animals								
Live land animals	01121000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meat, fresh, chilled or frozen	01122000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meat, dried, salted in brine or smoked	01123000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Offal, blood and other parts of slaughtered animals fresh, chilled	01124000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meat, offal, blood and other parts of slaughtered animals' preparations	01125000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fish and other seafood								
Fish, live, fresh, chilled or frozen	01131000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fish, dried, salted, in brine or smoked	01132000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fish preparations	01133000	<input type="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 seafood, live, fresh, chilled or frozen	01134000	<input type="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 seafood, dried, salted in brine or smoked	01135000	<input type="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 seafood preparations	01136000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Livers, roes and offal of fish and of other seafood in all forms	01137000	<input type="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 5: FOOD AND NON-ALCOHOLIC BEVERAGES PURCHASED DURING THE PAST 1 MONTH

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

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Milk, other dairy products and eggs								
Raw and whole milk	01141000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skimmed milk	01142000	<input type="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 milk and cream	01143000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-animal milk	01144000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheese	01145000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yoghurt and similar products	01146000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Milk-based dessert and beverages	01147000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eggs	01148000	<input type="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 dairy products	01149000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oils and fats								
Vegetable Oils	01151000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Butter and other fats and oils derived from milks	01152000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Margarine and similar preparations	01153000	<input type="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 animal oils and fats	01159000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruits and nuts								
Dates, figs and tropical fruits, fresh	01161000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Citrus fruits, fresh	01162000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stone fruits and pome fruits, fresh	01163000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Berries, fresh	01164000	<input type="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 fruits, fresh	01165000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frozen Fruit	01166000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruits, dried and dehydrated	01167000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nuts, in shell or shelled	01168000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruits and nuts ground and other preparations	01167000	<input type="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 5: FOOD AND NON-ALCOHOLIC BEVERAGES PURCHASED DURING THE PAST 1 MONTH

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

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Vegetables, tubers, plantains, cooking bananas and pulses								
Leafy or stem vegetables fresh or chilled	01171000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruit-bearing vegetables, fresh or chilled	01172000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Green leguminous vegetables, fresh or chilled	01173000	<input type="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 vegetables, fresh or chilled	01174000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tubers, plantains and cooking bananas	01175000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulses (Dried Peas & Lentils)	01176000	<input type="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 vegetables, tubers, plantains and cooking bananas, dried & dehydrated	01177000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vegetables, tubers, plantains and cooking bananas, frozen	01178000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vegetables, tubers, plantains, cooking bananas and pulses ground & other preparations	01179000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sugar, confectionery and desserts								
Cane and beet sugar	01181000	<input type="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 sugars and sugar substitutes	01182000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jams, fruit jellies, marmalades, fruit puree and pastes, honey	01183000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nut puree, nut butter and nut pastes	01184000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chocolate, cocoa, and cocoa-based food products	01185000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ice, ice cream and sorbet	01186000	<input type="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 sugar confectionery and desserts n.e.c.	01189000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ready-made food and other food products n.e.c.								
Ready-made food	01191000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baby food	01192000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Salt, condiments and salts	01193000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spices, culinary herbs & seeds	01194000	<input type="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 food products n.e.c.	01199000	<input type="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 5: FOOD AND NON-ALCOHOLIC BEVERAGES PURCHASED DURING THE PAST 1 MONTH

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

				LOCAL		ABROAD	
DESCRIPTION	CODE	YES/NO	QTY BOUGHT	TOTAL COST (\$)		TOTAL COST (\$)	
Fruit and Vegetable Juices							
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"/>	<input type="text"/>
Coffee and coffee substitutes							
Coffee and coffee substitutes	01220000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tea, mate and other plant products from infusion							
Tea, mate and other plant products from infusion	01230000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cocoa drinks							
Cocoa drinks	01240000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water							
Water	01250000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Soft drinks							
Soft drinks	01260000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other non-alcoholic beverages							
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"/>	<input type="text"/>
Services for processing primary goods for food and non-alcoholic beverages							
Services for processing primary goods for food and non-alcoholic beverages	01300000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 6: CLOTHING, FOOTWEAR AND CLOTHING ACCESSORIES PURCHASED DURING THE PAST 3 MONTHS

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

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Suiting material for men and boy's garments	03111001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suiting material for women and girl's garments	03112013	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Men's Outerwear								
Complete Suits	03121001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jackets	03121002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sweaters	03121003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waistcoats/Pullovers	03121004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long trousers/Pants for dress and office	03121005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long trousers/Pants casual wear	03121006	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long jeans pants	03121007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (casual)	03121008	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (Jeans)	03121009	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts-Short sleeves (dress)	03121010	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts-Long sleeves (dress)	03121011	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts (casual, oxford)	03121012	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polo Shirts	03121013	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T-Shirts	03121014	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Active Wear	03121015	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pyjamas	03121016	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathrobes/Housecoats	03121017	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Men's Outerwear								
Costumes	03121018	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overcoat/Raincoat	03121019	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work overalls	03121027	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other men's outerwear not specified by type	03121099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Men's Underwear and Hosiery								
Vest/Marina/Wife Beater	03121020	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boxer shorts	03121021	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Underwear/Underpants	03121022	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks	03121023	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other men's underwear e.g long johns	03121998	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Articles of Men's Clothing								
Ties and Scarves	03131101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hats and caps	03131102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Belts	03131103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beach wear	03131104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Braces/Suspenders	03131105	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Handkerchiefs	03131106	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Helmets - crash	07213005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Helmets - sports	09222001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other articles of men's clothing	03131199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Boy's outerwear								
Complete Suits	03121201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jackets	03121202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sweaters	03121203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waistcoats/pullovers	03121204	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long trousers/pants (dress)	03121205	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long trousers/pants (casual wear)	03121206	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Jeans pants	03121207	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (casual)	03121208	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (Jeans)	03121209	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts - short sleeves (dress)	03121210	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts - long sleeves (dress)	03121211	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts (casual - oxford)	03121212	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polo shirts	03121213	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T-shirts	03121214	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Active Wear	03121215	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pyjamas	03121216	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bath Robes/Housecoat	03121217	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Costumes	03121218	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overcoat/raincoat	03121219	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other boy's outerwear	03121299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Boy's underwear and hosiery								
Vest/Marina/Wife Beater	03121220	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boxer shorts	03121221	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Underwear/underpants	03121222	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks	03121223	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other boy's underwear e.g. long johns	03121298	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boy's school garments								
Long pants (school)	03124101	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short pants (school)	03124102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts (school)	03124103	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports uniform	03124104	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other articles of boy's clothing								
Ties and scarves	03131201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hats and caps	03131202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Belts	03131203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beachwear/Trunks	03131204	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other articles of boy's clothing	03131299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women's outerwear								
Skirts suits	03122001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pants suits	03122002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dresses (evening formal)	03122003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dresses (office)	03122004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dresses (casual)	03122005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Women's Outerwear								
Shirts/Blouses (formal)	03122006	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts/Blouses (casual) <i>including polo-shirts</i>	03122007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T-shirts	03122008	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skirts (formal)	03122009	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skirts (casual)	03122010	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeans Skirts	03122011	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shorts	03122012	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slacks/trousers	03122013	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeans pants (long)	03122014	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeans pants (short)	03122015	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overalls	03122016	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activewear	03122017	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sweaters/Cardigans	03122018	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jumpers/Rompers	03122019	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
House clothes	03122020	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sleepwear	03122021	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Robes/Dusters	03122022	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Raincoats/weather jackets	03122023	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other women's outer wear	03122099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women's underwear								
Slips half or full	03122024	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bras	03122025	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Women's Underwear								
Vests/Tank Tops/Camisoles	03122026	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Panties	03122027	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tights/Leggings	03122028	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Girdles/Corsettes	03122029	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks	03122030	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stockings/Pantyhose	03122031	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other women's underwear	03122098	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other women's clothing and clothing accessories								
Hats	03131301	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathing suits/Beachwear	03131302	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scarves/Belts	03131303	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Handbags/Purses	13291001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other articles of women's clothing	0312414	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Girls' outerwear								
Skirts suits	03122201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pants suits	03122202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dresses (evening formal)	03122203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dresses (casual)	03122205	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts/blouses (formal)	03122206	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shirts/Blouses (casual) <i>including polo-shirts</i>	03122207	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T-shirts	03122208	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skirts (formal)	03122209	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skirts (casual)	03122210	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Girl's Outerwear								
Jeans Skirts	03122211	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shorts	03122212	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slacks/trousers	03122213	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeans pants (long)	03122214	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeans pants (short)	03122215	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Overalls	03122216	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Activewear	03122217	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sweaters/Cardigans	03122218	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jumpers/Rompers	03122219	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
House clothes	03122220	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sleepwear	03122221	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Robes	03122222	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Raincoats/weather jackets	03122223	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other girl's outer wear	03122299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Girl's underwear and hosiery								
Bras/Training Bras	03122225	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vests/Tank Tops/Camisoles	03122226	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Panties	03122227	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tights/Leggings	03122228	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks	03122230	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stockings/Pantyhose	03122231	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
All other girl's underwear	0322298	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Girl's school garments								
School overalls	03124201	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School blouses/shirts	03124202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School skirts/pants/skorts	03124203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports uniform	03124204	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other girl's clothing								
Hats and caps	03131401	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathing suits	03131402	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other articles of girl's clothing	03131499	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infants (under 1 year) clothing, clothes accessories and other articles								
Dresses/suits	03123001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Play suits/onesies	03123002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Baby shirts/Vest	03123003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cloth Diapers	13291203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disposable Diapers	13291202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Socks/Booties	03123005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other infant clothing not specified by type	03123099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strollers for babies	07213006	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Seats for babies	13291001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dry-cleaning, laundering and drying of garments, pressing								
Men and boy's clothing	03141001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girl's clothing	03141002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant's clothing	03141003	<input type="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 Dry-cleaning, laundering and dying of garments	03141099	<input type="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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6.1 How much did you spend on the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Repairs, alteration & tailoring								
Men and boy's clothing	03142001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girl's clothing	03142002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant's clothing	03142003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hire/Rental of garments								
Men and boy's garments (jackets, suits)	03143001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girl's garment (wedding outfits, evening gowns), etc.	03143002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Men's shoes (14 years and over)								
Shoes-dress (man-made materials/not leather)	03211001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes-dress (leather)	03211002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes casual	03211003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sandals	03211004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sneakers/sports shoes/gym shoes	03211005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots-work	03211006	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots-casual	03211007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-house	03211008	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other men and boy's footwear and accessories	03211099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women's shoes (14 years and over)								
Shoes - dress (man-made materials/not leather)	03212001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes - dress (Leather)	03212002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes - casual	03212003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sandals	03212004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sneakers/sports shoes/gym shoes	03212005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots	03212006	<input type="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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6.1 How much did you spend on the following in the past 3 months for your own use and other household members? Please exclude the cost of gifts and donations that you gave.

DESCRIPTION	CODE	YES/NO	LOCAL			ABROAD		
			QTY BOUGHT	TOTAL COST (\$)		QTY BOUGHT	TOTAL COST (\$)	
Women's shoes (14 years and over)								
Slippers-fashion	03212007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-house	03212008	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other women and girl's footwear and accessories	03212099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infants and children shoes (under 14 years)								
Shoes-school	03213001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoes-dress	03213002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sandals	03213003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sneakers/sports shoes	03213004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-fashion	03213005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slippers-house	03213006	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boots	03213007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other infant's and children footwear and accessories	03213099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoe Repair								
Men and boy's shoe repair	03220001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Women and girl's shoe repair	03220002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Watches and Jewelry for All								
Smart Watches	08191002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Watches	13211003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fitness trackers	08191003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Necklaces/chains and earrings (Gold, silver, precious stones)	13211001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Necklaces/chains and earrings (cosmetics/costume/fashion)	13211002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other jewelry	13211099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 7A: HEALTH

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

- Yes No

7.2 Were you admitted to a public/private hospital or clinic during the past 12 months?

- Yes No

7.3 Did you consume any of the following products during the past 12 months?

(Multiple responses are allowed)

- Tobacco Products Vape
 Alcoholic Beverages Other (please specify) _____
 Narcotics DK/NS

7.4 Are you covered by Health Insurance?

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

SECTION 7B: EXPENSES FOR HOSPITAL IN-PATIENT CARE SERVICES

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

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Services of physicians or specialist practice of surgeons and dentist	06310009	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hospital care (number of nights)	06310008	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other in-patient expenses not listed above.	06210199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



SECTION 7C: EXPENSES FOR HOSPITAL OUT-PATIENT CARE SERVICES

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

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Doctor's fees (GP number of visits)	06231001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Doctor's fees (Obstetrician number of visits)	06231002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Doctor's fees (Other specialists)	06231099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dental services	06221001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Paramedical/Ambulance Service	06420001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Optometrist/Ophthalmologist	06231004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Physiotherapist/Chiropractor	06231013	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Services of freelance/ homecare nurses and midwives	06231011	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other out-patient care/paramedical services not listed above.	06420099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Immunization Services - eg. Covid 19, etc	06211000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 7D: EXPENSES FOR MEDICATION AND MEDICAL SUPPLIES

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

Yes No

If NO, GO TO 7.8B

7.8A How much did you spend on the following items in the past 3 months for yourself and/or other members of your household? Please exclude payments made by your insurance. Include payments abroad

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			TOTAL COST (\$)		TOTAL COST (\$)	
Drugs for hypertension/blood pressure	06111002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for cancer	06111003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for diabetes	06111004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for heart condition	06111015	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for asthma	06111005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for stomach problems	06111016	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Drugs for cold/flu	06111012	<input type="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 7D: EXPENSES FOR MEDICATION AND MEDICAL SUPPLIES cont'd

7.8B How much did you spend on the following items in the past 3 months for yourself and/or other members of your household? Please exclude payments made by your insurance. Include payments abroad

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Vitamins, minerals and mineral oils	06111011	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Other medicinal preparations not listed above e.g. pain killers	06111199	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Other medicinal products (eg bandages, contraceptives, rubbing alcohol, ice bags, etc)	06111299	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Corrective eye glasses and contact lens	06131001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Dentures	06229001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Hearing Aids	06132001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Air purifier, Humidifier and Nebulizers	06123003	<input type="radio"/> Yes <input type="radio"/> No	<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 7E: HEALTH INSURANCE

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

DESCRIPTION	CODE	YES/NO	No. OF PERSONS	LOCAL	No. OF PERSONS	ABROAD
				TOTAL COST (\$)		TOTAL COST (\$)
CINICO	19530001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Other government-administered health care plans	19530005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Dental and other plans sold as separate policies	19530003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Private Health insurance	19530002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Accident and disability insurance	19530004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> <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 8: TRANSPORT

PART 1: VEHICLE PURCHASES

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

Yes

IF NO, GO TO 8.5

No

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

IF NO, GO TO 8.3

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

		VEHICLE 1			VEHICLE 2			VEHICLE 3		
VEHICLE	CODE	PURCHASE PRICE			PURCHASE PRICE			PURCHASE PRICE		
Car	07111001	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Van	07111003	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeep/SUV	07111002	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motorcycle	07120101	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Truck	07111006	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boat for regular transportation	09123001	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Vehicles (including bicycle)	07130100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.3 Did you purchase a used vehicle in the last 12 months primarily for your use or the household's personal use?

Yes No

IF NO, GO TO 8.4

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

		VEHICLE 1			VEHICLE 2		
VEHICLE	CODE	AGE	PURCHASE PRICE		AGE	PURCHASE PRICE	
Car	07112001	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Van	07112003	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jeep/SUV	07112002	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motorcycle	07120201	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Truck	07112006	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boat for regular transportation	09123200	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Vehicles (including bicycle)	07130100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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

Yes ➔ How much was it sold for? *Please include any amount received and used as payments for trade-ins.* Code: 22101020 ,

No ➔ **GO TO 8.5**

PART 2: OTHER TRANSPORTATION COST DURING THE PAST 12 MONTHS

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

Code: 07244002 , ,

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

Moving Services Code: 07491001 , ,

Delivery Services Code: 07492001 , ,

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

Code: 07491002 , ,

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

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

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Gasoline	07222001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Diesel	07221001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Liquid petroleum gas (LPG), natural gas	07223001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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	04531001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Car wash, polish, etc.	07213003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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

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

DESCRIPTION	CODE	HAVE BOUGHT	LOCAL		ABROAD	
			TOTAL COST (\$)		TOTAL COST (\$)	
Parts						
Tyres	07211001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oil Filters	07212004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spark plugs	07212001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Batteries	07212002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brakes	07212006	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Operation Cost						
Oils and other lubricants	07224000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle Registration License	07243004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Insurance (vehicle)	19540000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving permits/License	07243003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment of fines	07243007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine Tune-ups (not servicing)	07230011	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body work (straighten/paint)	07230008	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Upholstery (e.g. seat covers)	07230015	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Front end alignment and wheel balancing	07230004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exhaust system repairs	07230005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brake adjustments, repairs and service	07230003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air Condition repair	07230016	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basic Servicing	07230002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other operating cost/Don't know	07230099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total expenditure	07200000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 9A: EDUCATIONAL EXPENSES

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

Yes No

If No, GO TO 9.2

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			No. OF PERSONS	TOTAL COST (\$)	No. OF PERSONS	TOTAL COST (\$)
Tuition for pre-school/ Day care	10101000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition for primary	10102001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition for secondary	10200000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition for tertiary, university and other	10400000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lessons for children primary/secondary/tutoring/ extra help/	10501001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lessons/Classes for adults (e.g. Vocational)	10509001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tuition- for correspondence courses/Online courses (all levels)	10400202	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other tuition fees not listed above (e.g. cultural development)	10509099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 9B: OTHER EDUCATIONAL EXPENSES

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

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			No. OF PERSONS	TOTAL COST (\$)	No. OF PERSONS	TOTAL COST (\$)
Boarding and lodging	11203000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
School and technical books	09711001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Examination Fees	10400203	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Computer software	08200001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Computer accessories	08132000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
School trips/study tours	10000003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



SECTION 9B: OTHER EDUCATIONAL EXPENSES cont'd

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

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			No. OF PERSONS	TOTAL COST (\$)	No. OF PERSONS	TOTAL COST (\$)
School bus/transportation fees	07323000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Recreational lessons (e.g. piano, dance)	09461003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Recreational lessons (e.g. karate, tennis)	09462004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other school fees/charges/expenses (e.g. lab fees, graduation fees, IDs, etc.)	1270111	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 10: COMMUNICATION EXPENSES

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

Yes No Code: 08120000 CI\$,

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

Please leave blank if there were no expenses last month.

Smart Phone Code: 08120001 CI\$,

Other Mobile Phone Code: 08120098 CI\$,

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

Please leave blank if there were no expenses last month.

Smart Phone Code: 08120002 CI\$,

Other Mobile Phone Code: 08120099 CI\$,

SECTION 11: ENTERTAINMENT AND RECREATION

11.1A How much did you spend on the following items in the past 12 months for yourself or other members of your household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Leisure & Recreation Equipment						
Boats for recreation	09123001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Kayaks, diving equipment, windsailing	09123003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Magazines for crafts and hobbies e.g. painting, woodwork, music, guitar picks etc.	09722003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sports, Gym, Camping, Picnic and Beach Equipment (excluding clothing)	09462001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



11.1B How much did you spend on the following items in the past 3 months for yourself and/or other members of your household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Film processing and camera accessories	09111005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Photographers' services (e.g. passport photos)	09630001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Electronic games and parts (e.g. video games)	09211000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Purchase of streaming services (digital music and film)	08392001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Collectors' items (e.g. stamps, coins, antiques)	09212099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pets: purchase cost & up-keep, e.g. horses, dogs, cats (incl. pet food)	09320000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

11.1C How much did you spend on the following items in the past 12 months for yourself and/or other members of your household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Television	08140001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Radio	08140002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
CD player	08140003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Photographic goods and services, camera film	09111004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Digital Camera	09111001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Video camera/ camcorders	09111002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Laptops	08131002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Desktops	08131001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tablets	08131003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Musical instruments, parts accessories, (e.g. pianos)	09510001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Karaoke machines	08140006	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other audio media players	08140099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Purchase video game consoles & games, (e.g. Play stations, X-Box, Nintendo DS, Wii)	09211002	<input type="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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11.1C How much did you spend on the following items in the past 12 months for yourself and/or other members of your household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Digital media player	08140009	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Toy tricycles, bicycles, scooters, wagons, kiddies cars for children.	09212003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other toys for children, play equipment, Lego etc.	09212099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Maintenance and repair of major recreational durables (e.g. boats, gym equipment etc.)	09422000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

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

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Leisure and Recreational Services						
Rental of Video/DVDs	08392002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Rental of major equipment for recreation, sports and culture	09420000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Night clubs, dances	09461007	<input type="radio"/> Yes <input type="radio"/> No	<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"/>
Fees for use of sporting facilities, golf courses	09462001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Fees for admission to amusement parks	09461001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Admission Tickets	09463001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Paper books/novels	09719000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Newspaper and magazines	09720000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Admission fees to spectator sports (football, cricket and all other sports events)	09463001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Admissions to movies, cinemas, theatres, concerts and plays	09610000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Lottery games/Gambling incl. Online	09470000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other cultural, recreational and sports services (e.g. karate, skating, squash, tennis, golf)	09460000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

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SECTION 12: EXPENSES FOR OTHER SERVICES

12.1 How much did you spend on the following services in the past 12 months for yourself and/or other members of your household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Miscellaneous Goods and Services						
Wedding Planner/Coordinator expenses including license and church fees.	13902001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Legal services fees (non-business)	13909001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Employment agency fees	13909001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Real estate agency fees	13909005	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Funeral home service expenses	13909004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Newspaper ads	13909008	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Birth, marriage and death certificates including passports, visas and other travel document fees	13909007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other services not listed above.	13909000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>

SECTION 13: EXPENSES FOR PERSONAL CARE

13.1 How much did you spend on the following services/articles in the past 3 months for yourself and/or other members of your household?

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Barbershop	13131001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hairdresser	13131001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beauty salon (manicures, pedicures, facial, etc)	13132001	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> , <input type="text"/>		<input type="text"/> , <input type="text"/>
Non medical massage, spas	13132001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Tattoo and body piercing.	13132002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Toiletries and personal care preparations (eg. soap, shampoo, cream, perfume, lotion etc)	13120002	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> , <input type="text"/>		<input type="text"/> , <input type="text"/>
Beauty products including sunscreen.	13120003	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> , <input type="text"/>		<input type="text"/> , <input type="text"/>
Non electric articles for personal care (eg. combs, toothbrush, etc.)	13120001	<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 12: EXPENSES FOR PERSONAL CARE cont'd

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

DESCRIPTION	CODE	YES/NO	LOCAL		ABROAD	
			QTY BOUGHT	TOTAL COST (\$)	QTY BOUGHT	TOTAL COST (\$)
Electric appliances for personal care. (eg razors, hair dryers, etc)	13111001	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> , <input type="text"/>		<input type="text"/> , <input type="text"/>
Other personal effects not listed above.	13291499	<input type="radio"/> Yes <input type="radio"/> No		<input type="text"/> , <input type="text"/>		<input type="text"/> , <input type="text"/>

SECTION 14: PERSONAL AND OTHER EXPENSES

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

DESCRIPTION	CODE	YES/NO	TOTAL COST (\$)
Driving lessons and test	07243001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>
Bus fares	07321000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>
Taxi fares	07322000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>
Airfares including for travel abroad	07320000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>
Cargo shipping (sea and air)	07360001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>
Suitcase and other travel goods	13291001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>

SECTION 15: DIGITAL READING MATERIALS AND RECREATIONAL ITEMS

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

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Online movies and TV subscriptions (e.g. NETFLIX, HULU, Apple TV)	08392001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Online newspaper, magazine and journal subscriptions	09722007	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Electronic books for kindle/iPad, e-readers, other personal digital devices and tablets	08191004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>



SECTION 16A: OTHER PERSONAL EXPENSES

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

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Nurseries, play schools for children	13301002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Services to assist unemployed, homeless persons outside the home (e.g. counselling for immigrants.)	13309002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Premium for life insurance	18511001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Premium for travel insurance	19542102	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Premium for other insurance types (excluding vehicle, health and housing)	19551099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <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 16B: LOCAL INSURANCE COMPANIES

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

DESCRIPTION	CODE	NAME OF LOCAL COMPANY(IES)	TYPE/PLAN OF INSURANCE
Life insurance	18510000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (construction)	18527001	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (structure only)	18521001	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (owner occupied - contents only)	18522001	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 16B: LOCAL INSURANCE COMPANIES

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

DESCRIPTION	CODE	NAME OF LOCAL COMPANY(IES)	TYPE/PLAN OF INSURANCE
Housing insurance (tenants - contents only)	18523001	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing insurance (combined)	18521001	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Health insurance	18530000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle insurance	19540000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Travel insurance	19542102	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other personal insurance	19550000	<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 17: OTHER DISBURSEMENTS

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

DESCRIPTION	CODE	HAVE SPENT	LOCAL		ABROAD	
			FREQUENCY IN A YEAR	TOTAL COST (\$)	FREQUENCY IN A YEAR	TOTAL COST (\$)
NON-CONSUMPTION EXPENDITURES						
Financial Service charges by:						
a) Banks, other financial institutions (excluding mortgage and interest payments)	12220001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
b) Money transfer service fees (including government fees)	12291001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>		



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

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD
			TOTAL COST (\$)	TOTAL COST (\$)
Food and Non-alcoholic beverages	17010001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Alcoholic beverages and tobacco	17020001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Clothing and footwear	17030001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Housing (rent) and utilities (water, electricity, gas) bills	17040001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Household furnishing equipment	17050001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Health and medical products	17060001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Vehicles, parts and related products	17070001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Phones and communications	17080001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Recreation, sports, computers and related goods or subscriptions.	17090001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Contributions to educational expenses	17100001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Restaurants and hotel services	17110001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Jewelry, perfumes, bags and other personal care services	17130001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Tithes/offerings to church	24600003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Donations and charities	24400003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Subscriptions/ fees/ contributions to clubs and other organizations.	24500001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Monetary Gifts	24600001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other gifts/donations not listed above	24600099	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <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 19: EXPENSES FOR PERSONAL TRAVEL ABROAD AND STAYCATION

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

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

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19.3 How much did you spend on the following items for local staycation and personal trips abroad in the past 12 months? If the trip was for educational or medical purposes please do not include expenses already covered under educational and medical expenses.

DESCRIPTION	CODE	YES/NO	LOCAL	ABROAD																								
			TOTAL COST (\$)	TOTAL COST (\$)																								
Package holidays (all-inclusive)	09800001	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
Package tours only	07350000	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
Accommodation (include vacation home rentals, lodging while at school)	11201003	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
Food and beverages from restaurants	11111002	<input type="radio"/> Yes <input type="radio"/> No		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
Other food and beverages	01185399	<input type="radio"/> Yes <input type="radio"/> No		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
Car rental for tourism	07244002	<input type="radio"/> Yes <input type="radio"/> No		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
Other transport inside foreign countries and between foreign countries	07400000	<input type="radio"/> Yes <input type="radio"/> No		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
Entertainment (e.g. attractions, museums, clubs etc)	09461006	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
Other foreign expenditure	99999997	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
Total expenditures	99999998	<input type="radio"/> Yes <input type="radio"/> No	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												



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

Food and non-alcoholic beverages for breakfast in restaurants, cafe and snack bars	Code: 11111001a	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alcoholic beverages for breakfast in restaurants, cafe and snack bars	Code: 11111001b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Food and non-alcoholic beverages for lunches in restaurants, cafes and snack bars	Code: 11111002a	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alcoholic beverages for lunches in restaurants, cafes and snack bars	Code: 11111002b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Food and non-alcoholic beverages for evening meals of all kinds, example barbeques and fund raising dinners, special occasions, take-out meals, eating out for pleasure or convenience etc.	Code: 11111004a	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Alcoholic beverages for evening meals of all kinds.	Code: 11111004b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

		LOCAL	ABROAD
Beer, lager, cider etc.	Code: 02130000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Wines including sherry, port, etc.	Code: 02120000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Spirits and Liqueurs	Code: 02110000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Expenditure	Code: 02100000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

		LOCAL	ABROAD
Cigarettes	Code: 02301000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cigars	Code: 02302001	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pipe tobacco	Code: 02309001	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Narcotics	Code: 02400000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pipes, lighters and other accessories	Code: 13291301	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total Expenditure	Code: 02210000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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 21: INCOME FOR ALL PERSONS

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

(Show Income Reference Chart)

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

DESCRIPTION	CODE	YES/NO	PERIOD CODE	FREQUENCY PAST 12 MONTHS	AMOUNT (\$) CODE
Gross earnings as an employee before deductions and including tips, bonus, commission and allowances					
From main occupation	22210001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
From all other jobs	22210002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Net earnings from own business (including business money used for personal expenses)					
From main business	22210003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
From all other business	22210004	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other sources of Income or Investments					
Income from local pensions	22310001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Income from pensions abroad	22710003	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Life Insurances and annuities	22710001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other kinds of regular allowances eg alimony, scholarships, gifts from children, church, assistance from Social Security.	22810000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Income from local commercial property: net rents (gross rents minus expenses)	22310001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Income from commercial property abroad: net rents (gross rents minus expenses)	22310002	<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"/>
Income from local investments including credit union interest, dividends, interest earned from bank deposits, mutual funds, etc.	22410001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Income from investments held abroad for dividends, profits and interest	22410002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Internet Income	22510001	<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"/>
Assurances, Government's social assistance, Seaman's or Veteran's grant, cash housing assistance, child support.	22710000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other money receipts eg inheritances, windfalls, gifts from outside the household (local)	22101001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other money receipts eg inheritances, windfalls, gifts from outside the household (abroad)	22101002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Claims from insurers (local)	22910001	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Claims from insurers (abroad)	22910002	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other income	22000000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Total Income from all sources	22000000	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**END INTERVIEW
THANK YOU!**



Draft



RECORD OF VISITS

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

COMMENTS

