



CAYMAN ISLANDS Labour Force Survey Conducted in October, 2009



For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example: 1 2 3 4 5 6 7 8 9 0								
IMPORTANT!!! Shade the oval where applicable. Note that some questions have multiple answers Block No. and Parcel No. Enumeration Area -								
Confidential IMPORTANT!!! SAMPLE NO USE ONLY 2B PENCIL								
Address of Household: Telephone number								
hereby certify that the information contained on this form has been honestly completed to the best of my ability. Interviewer No NTERVIEWER'S SIGNATURE:								
EDITOR/CODER'S NAME:								
O Partially completed O Under co	O Partially completed O Under construction/Derelict O No contact O Refusal O Demolished O Out of scope # of people in							
RECORD OF VISITS								
Date of Visit	Start Time	End Time	Comments					
D D M M Y Y Y	24 Hours	24 Hours						





RECORD OF VISITS (Cont'd)

Date of Visit	Start Time	End Time	Comments
D D M M Y Y	24 Hours	24 Hours	

1.0 What are the names of all those (including children) who were members of this household during the week ending October 10, 2009?

Probe for anyone who might be away

but who usually lives in this household

LISTING OF HOUSEHOLD MEMBERS

	First Name	Surname (optional)		First Name	Surname (optional)
01			08		
02			09		
03			10		
04			11		
05			12		
06			13		
07			14		





Section 1- Demographic Characteristics

To be answered by ALL.

PERSON#	1.1 Hasbeen in the Cayman Islands for at least six (6) months or intends to stay for at least six (6) months? 1Yes 2No	1.2 What is's Relationship to Head? 1Head 2Spouse/partner 3Child 4Son/daughter in law 5Grand-child 6Parent/parent-in-law 7Grand parent 8Brother/sister 9Other relative 10Live in domestic 11Non-relative The first person listed in the household should always be 'Head'.	1.3 What is 's sex? 1Male 2Female	1.4 What is your date of birth? Please give the month and year.	1.5 What was 's age as at the week ending Oct. 10, 2009? If not stated then estimate age if you see the person. Otherwise ask the respondent to estimate the person's age. Use 97 for age over 96. If less than one year, write 00.
01	O1 O2	O1 O5 O9 O2 O6 O10 O3 O7 O11 O4 O8	O 1 M O 2 F	M M Y Y Y Y	
02	O1 O2	O 1 O 5 O 9 O 2 O 6 O 10 O 3 O 7 O 11 O 4 O 8	O 1 M O 2 F	M M Y Y Y Y	
03	O1 O2	O 1 O 5 O 9 O 2 O 6 O 10 O 3 O 7 O 11 O 4 O 8	O 1 M O 2 F	M M Y Y Y Y	
04	O 1 O 2	O 1 O 5 O 9 O 2 O 6 O 10 O 3 O 7 O 11 O 4 O 8	O 1 M O 2 F	M M Y Y Y Y	
05	O1 O2	O 1 O 5 O 9 O 2 O 6 O 10 O 3 O 7 O 11 O 4 O 8	O 1 M O 2 F	M M Y Y Y Y	
06	O1 O2	O 1 O 5 O 9 O 2 O 6 O 10 O 3 O 7 O 11 O 4 O 8	O 1 M O 2 F	M M Y Y Y Y	





Section 1- Demographic Characteristics (cont'd)

To be answered by ALL.

01 02 05 08 02 06 010 014 018 010 014 018 010 014 018 010 011 015 019 011 015 019 010 011 016 020 010 014 018 017 010 014 018 017 010 014 018 017 011 015 019 013 017 011 015 019 011 011 015 019 011 012 011 011 012 011 011 012 011 011 012 011 012 011 012 013 017	P		owing best describes's terviewer: Read the list)	s status in the	1.7 At the time's mother?	. was born, wha	t was the co	untry of usual	residence of	;
20	Ш	1Caymanian								
3Non-Caymanian with NO work permit (e.g. spouses and children of permit holders) 15Philippines of permit holders 15Philippines of permit holders 15Non-Caymanian with government contract work 15Non-Caymanian with government contract work 15Non-Caymanian with government resident with rights to work 15Non-Caymanian permanent resident WITHOUT rights to work 15Non-Caymanian permanent resident WITHOUT rights to work 15Non-Caymanian permanent resident WITHOUT rights to work 15Non-Caymanian with Student Visa 15Philippines 15Non-Caymanian permanent resident WITHOUT rights to work 15Non-Caymanian permanent resident WITHOUT rig	ᄁ				3USA 13Ireland					
ANon-Caymanian with government contract work 5Non-Caymanian permanent resident with rights to work 5Non-Caymanian permanent resident WITHOUT rights to work 7Non - Caymanian with Student Visa 8Sardos 18South Africa 19Other Caribbean 20Rest of the World 20Rest of the Wor	S				5Hon 6Can	ada	1 1	5Philippines 6India		
SNon-Caymanian permanent resident with rights to work 6Non-Caymanian permanent resident WITHOUT rights to work 7Non - Caymanian with Student Visa 8Non - Caymanian - Asylum holder/seekers 9Non - Caymanian - Other O1	0	4Non-Caymanian v	with government contract v	work	8Bart	bados	1	8South Afric		
StNon-Caymanian permanent resident WITHOUT rights to work		5Non-Caymanian r	permanent resident with ri	ghts to work						
8Non - Caymanian - Asylum holder/seekers 9Non - Caymanian - Other 01		6Non-Caymanian r	permanent resident WITHO	OUT rights to work						
9Non - Caymanian - Other 01	#	7Non - Caymanian	with Student Visa							
01 04 07 01 05 09 013 017 01 02 05 08 02 06 010 014 018 03 06 09 03 07 011 015 019 02 01 04 07 01 05 09 013 017 02 05 08 02 06 010 014 018 03 06 09 03 07 011 015 019 03 06 09 03 07 011 015 019 03 06 09 03 07 011 015 019 03 06 09 03 07 011 015 019 03 06 09 03 07 011 015 019 04 08 012 016 020 04 08 012	_	8Non - Caymaniar	- Asylum holder/seekers							
01 O2 O5 O8 O2 O6 O10 O14 O18 O10 O14 O18 O10 O14 O18 O10 O11 O15 O19 O11 O15 O19 O11 O15 O19 O13 O17 O1 O5 O9 O13 O17 O1 O5 O9 O13 O17 O11 O5 O9 O13 O17 O11		9Non - Caymanian	- Other							
01 03 06 09 03 07 011 015 019 02 01 04 07 01 05 09 013 017 02 05 08 02 06 010 014 018 03 06 09 03 07 011 015 019 04 08 012 016 020 03 06 09 03 07 011 015 019 03 06 09 03 07 011 016 020 04 08 012 016 020 04 08 012 016 020 04 08 012 016 020 04 08 012 016 020 04 08 012 016 020 04 03 06 09 03 07 011 015 <t< th=""><th></th><th></th><th>_</th><th>_</th><th>_</th><th>_</th><th>_</th><th>_</th><th>O 17</th><th></th></t<>			_	_	_	_	_	_	O 17	
O4 O8 O12 O16 O20 02 O1 O4 O7 O1 O5 O9 O13 O17 O2 O5 O8 O2 O6 O10 O14 O18 O3 O6 O9 O3 O7 O11 O15 O19 O4 O8 O12 O16 O20 O3 O2 O5 O8 O2 O6 O10 O14 O18 O3 O6 O9 O3 O7 O11 O15 O9 O13 O17 O4 O8 O12 O10 O14 O18 O10 O14 O18 O10 O14 O15 O19 O13 O17 O11 O15 O9 O13 O17 O11 O15 O9 O13 O17 O11 O14 O18 O12 O16 O20 O4 O3 O6 O9 O3 O7 O11	01	_	_		_	_		_	O 18	
02 O2 O5 O8 O2 O6 O10 O14 O18 03 O6 O9 O3 O7 O11 O15 O19 04 O8 O12 O16 O20 03 O2 O5 O8 O2 O6 O10 O14 O18 O3 O6 O9 O3 O7 O11 O15 O11 O15 O11 O4 O8 O12 O16 O20 O4 O3 O6 O9 O3 O7 O11 O5 O9 O13 O17 O4 O3 O6 O9 O3 O7 O11 O1 O1 </th <th></th> <th>03</th> <th>06</th> <th>O 9</th> <th></th> <th>=</th> <th></th> <th>_</th> <th>O 19 O 20</th> <th></th>		03	06	O 9		=		_	O 19 O 20	
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03 O 2 O 5 O 8 O 2 O 6 O 10 O 14 O 18 0 3 O 6 O 9 O 3 O 7 O 11 O 15 O 19 0 4 O 8 O 12 O 16 O 20 0 4 O 7 O 1 O 5 O 9 O 13 O 17 0 4 O 3 O 6 O 9 O 3 O 7 O 11 O 15 O 19 0 4 O 8 O 12 O 16 O 20 0 1 O 4 O 7 O 1 O 5 O 9 O 13 O 17		03	0 6	O 9		_	_	_	O 19	
03 06 09 03 07 011 015 019 04 08 012 016 020 04 07 01 05 09 013 017 04 03 06 09 03 07 011 015 019 04 03 06 09 03 07 011 015 019 04 08 012 016 020 01 04 07 01 05 09 013 017		_			_				O 17	
04 08 012 016 020 04 01 04 07 01 05 09 013 017 04 02 05 08 02 06 010 014 018 03 06 09 03 07 011 015 019 04 08 012 016 020 01 04 07 01 05 09 013 017	03								_	
04 O 2 O 5 O 8 O 2 O 6 O 10 O 14 O 18 O 3 O 6 O 9 O 3 O 7 O 11 O 15 O 19 O 4 O 8 O 12 O 16 O 20 O 1 O 4 O 7 O 1 O 5 O 9 O 13 O 17		O 3				_	_	_	O 20	
04 O3 O6 O9 O3 O7 O11 O15 O19 O1 O4 O7 O1 O5 O9 O13 O17					_			_	O 17	
O4 O8 O12 O16 O20 O1 O4 O7 O1 O5 O9 O13 O17	04								_	
		U 3	0 6	O 9					O 19	
									O 17	
	05								O 18	
		U 3	O 6						O 19 O 20	
									O 17	
	06								O 18	
		O 3	O 6	O 9					O 19 O 20	





Section 1- Demographic Characteristics (cont'd)

To be answered by ALL.

P	1.8 In what co	untry was bo	rn?			1.9 In what year did last come <u>TO LIVE</u> in the Cayman Islands?
ERSON#	1Cayman Islands 2Jamaica 3USA 4UK 5Honduras 6Canada 7Nicaragua 8Barbados 9Cuba 10Trinidad & Tobago		12Co 13Ire 14Co 15Ph 16Inc 17Au 18So 19Ott 20Re	11Guyana 12Costa Rica 13Ireland 14Columbia 15Philippines 16India 17Australia 18South Africa 19Other Caribbean 20Rest of the World		If LESS THAN 15 years old, <u>GO TO 8.1</u> .
01	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19 O 20	YYYY
02	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13O 14O 15O 16	17181920	
03	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17O 18O 19O 20	
04	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17O 18O 19O 20	
05	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19 O 20	
06	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	17181920	





Section 2- Educational Characteristics

To be completed for those age 15 and older.

P	2.1 What is t	he highes	t <u>GRADE</u> tha	at <u>COMP</u>	LETED?	2.2 What is th	ne <u>HIGHE</u>	ST EXAM	INATION 1	that ever passed?
ERSON#	3Spe 4Prim 5Prim 6Prim 7Prim 8Prim 10Midd 11Midd 12Midd 13High	Care/Nursicial Educativary Yr 1 Lary Yr 2 Lary Yr 3 Lary Yr 4 Lary Yr 5 Lary Yr 6 Ille Yr 7 Ille Yr 8	10 11	ol 17C 18C 19O	ocational ommunity College ollege/University ther, please secify	5GCE/ 6GCE/ 7High S 8GCE/ 9GCE/ 10IB Dip 11Other 12Vocat 13Assoc 14Bache 15Postg Veteri 17Earne	CXC Basi GCSE/IGG GCSE/IGG GCSE/IGG GCSE/IGG A' Level/C A' Level/C	c CSE 'O Le CAPE/HSC CAPE/	vel/Gen/Tovel/Ge	oma
01	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19
02	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19
03	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19
04	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19
05	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19
06	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11 O 12	O 13 O 14 O 15 O 16	O 17 O 18 O 19





Section 3 - Labour Force

To be completed for those age 15 and older.

PERSON#	3.1 Did do any work in the Cayman Islands for pay, profit or family gain for at least one hour during the week ending Oct.10, 2009? Exclude work around or in own house & volunteer work.	3.2 Did have a job at which you / he/she did not work during the week ending Oct. 10, 2009? 1Yes 2No	What was the MAIN reason why was absent from work during the week ending Oct. 10, 2009 did have a job to start in 4 weeks or less? 1Vacation 2Seasonal inactivity 3Student/In Training 4Home/family duties 5Maternity Leave 6Paternity Leave 7Illness / Injury 8Other During the week ending Oct. 10, 2009 did have a job to start in 4 weeks or less? 1Yes 2No 1Yes 2No 1Yes 2No What was the MAIN reason why was not working during the week ending Oct 10, 2009? 1No work available 2Seasonal inactivity 3Student/In training 4Home/family duties 5Retired 6Illness/Injury 7Infirmity/Disabled 8Waiting for work permit/application approval 9Did not want to work		3.6 Hasbeen looking for work AND available for work in the last 4 weeks? 1Yes 2No	
	If <u>YES,</u> GO TO 4.1	If <u>NO</u> , <u>GO TO 3.4</u>	GO TO 4.1	If <u>YES,</u> <u>GO TO 5.1</u>	10Other	If <u>YES</u> , <u>GO TO 5.1</u> If <u>NO</u> , <u>GO TO 6.1</u>
01	O 1 Yes O 2 No	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6	O 1 Yes O 2 No	O 1 O 4 O 7 O 2 O 5 O 8 O 3 O 6 O 9 O 10	O 1 Yes O 2 No
02	O 1 Yes O 2 No	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6	O 1 Yes O 2 No	O 1 O 4 O 7 O 2 O 5 O 8 O 3 O 6 O 9 O 10	O 1 Yes O 2 No
03	O 1 Yes O 2 No	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6	O 1 Yes O 2 No	O 1 O 4 O 7 O 2 O 5 O 8 O 3 O 6 O 9 O 10	O 1 Yes O 2 No
04	O 1 Yes O 2 No	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6	O 1 Yes O 2 No	O 1 O 4 O 7 O 2 O 5 O 8 O 3 O 6 O 9 O 10	O 1 Yes O 2 No
05	O 1 Yes O 2 No	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6	O 1 Yes O 2 No	O 1 O 4 O 7 O 2 O 5 O 8 O 3 O 6 O 9 O 10	O 1 Yes O 2 No
06	O 1 Yes O 2 No	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6	O 1 Yes O 2 No	O 1 O 4 O 7 O 2 O 5 O 8 O 3 O 6 O 9 O 10	O 1 Yes O 2 No





Section 4 - Employment

For persons employed during the week ending Oct. 10, 2009.

PERSON#	4.1 How many hours did work in his/her job(s) during the week ending Oct. 10, 2009 ? If Total is 30 hours or more, GO TO 4.4	4.2 What was the MAIN reason why WORKED LESS THAN 30 HOURS in his/her job(s) during the week ending Oct 10, 2009? 1Holiday/Vacation 2Maternity/Paternity Leave 3Illness/Injury 4Only hours available 5Job ended in ref. week 6Student/In Training 7Home/Family duties 8No work available 9Other	4.3 Did seek AND was he/she available to work additional hours during week ending Oct. 10, 2009? 1Yes 2No	4.4 What category of worker is in his/her MAIN job ? 1Employee (work for someone) 2Self-employed, with NO employees 3Self-employed, with employees 4Unpaid family business worker	4.5 How many persons are employed at place of work? 11-10 211-24 325-49 450 +
01	Main Job Other Job(s) Total	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 Yes O 2 No	O 1 O 3 O 2 O 4	O 1 O 3 O 2 O 4
02	Main Job Other Job(s) Total	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 Yes O 2 No	O1 O3 O2 O4	O1 O3 O2 O4
03	Main Job Other Job(s) Total	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 Yes O 2 No	O1 O3 O2 O4	O1 O3 O2 O4
04	Main Job Other Job(s) Total	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 Yes O 2 No	O1 O3 O2 O4	O1 O3 O2 O4
05	Main Job Other Job(s) Total	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 Yes O 2 No	O 1 O 3 O 2 O 4	O1 O3 O2 O4
06	Main Job Other Job(s) Total	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 Yes O 2 No	O 1 O 3 O 2 O 4	O1 O3 O2 O4





Section 4 - Employment (cont'd)

For persons employed during the week ending Oct. 10, 2009.

P E R	4.6 What is's occupation in his/her MAIN job?	4.7 What is the name of the business where 's MAIN work is carried out?	4.8 How much was 's earnings from the MAIN job he/she was doing in the week ending Oct. 10, 2009? Refer to FLASH CARD for		4.9 How much was's earnings from the OTHER job(s) was doing in the week ending Oct. 10, 2009?		
S	Probe, get details.	If not obvious from the name of the business or government department, add the main activity of the business.	earnings	<u>FLASH CARD</u> for s range.	Refer to <u>FLASH CARD</u> for earnings range.		
O N #			If other Otherw	job(s) <u>GO TO 4.9</u> ise <u>GO TO 7.1</u>	2	GO TO 7.1	
			O 1	O 5	01	O 5	
			O 2	O 6	O 2	O 6	
01			О 3	O 7	О 3	O 7	
			O 4	O 8 Not Stated	O 4	O 8 Not Stated	
			O 1	O 5	O 1	O 5	
			O 2	O 6	O 2	O 6	
02			O 3	O 7	O 3	O 7	
			O 4	O 8 Not Stated	O 4	O 8 Not Stated	
			O 1	O 5	O 1	O 5	
			O 2	O 6	O 2	O 6	
03			O 3	O 7	O 3	O 7	
			O 4	O 8 Not Stated	O 4	O 8 Not Stated	
			O 1	O 5	O 1	O 5	
			O 2	O 6	O 2	O 6	
04			O 3	O 7	O 3	O 7	
			O 4	O 8 Not Stated	O 4	O 8 Not Stated	
			O 1	O 5	O 1	O 5	
			O 2	O 6	O 2	O 6	
05			O 3	O 7	O 3	O 7	
			O 4	O 8 Not Stated	O 4	O 8 Not Stated	
			O 1	O 5	O 1	O 5	
			O 2	O 6	O 2	O 6	
06			О 3	O 7	O 3	O 7	
			O 4	O 8 Not Stated	O 4	O 8 Not Stated	





Section 5 - Unemployment

For UNEMPLOYED persons who were part of the LABOUR FORCE during week ending Oct. 10, 2009.

PERSON#	5.1 Has ever had a job? 1Yes 2No	5.2 How long has been without work? 11 < 3 (months) 23 < 6 (months) 36 < 12 (months) 412 + (months)	5.3 What was 's last occupation? Probe , get details.	5.4 What was's MAIN means of financial support during the week ending Oct. 10, 2009? 1Parents 2Spouse/Partner 3Other relatives & friends 4Savings/investments 5Social Services 6Pension/veteran/seaman 7Other
01	O 1 Yes O 2 No	O 1 O 3 O 2 O 4		O 1 O 4 O 7 O 2 O 5 O 3 O 6
02	O 1 Yes O 2 No	O 1 O 3 O 2 O 4		O 1 O 4 O 7 O 2 O 5 O 3 O 6
03	O 1 Yes O 2 No	O 1 O 3 O 2 O 4		O 1 O 4 O 7 O 2 O 5 O 3 O 6
04	O 1 Yes O 2 No	O 1 O 3 O 2 O 4		O 1 O 4 O 7 O 2 O 5 O 3 O 6
05	O 1 Yes O 2 No	O 1 O 3 O 2 O 4		O 1 O 4 O 7 O 2 O 5 O 3 O 6
06	O 1 Yes O 2 No	O 1 O 3 O 2 O 4		O 1 O 4 O 7 O 2 O 5 O 3 O 6





Section 6 - Not In The Labour Force

P	6.1 What was the <u>MA</u> the past 4 weeks	IIN reason why did not l ?	ook for work during	6.2 What was's MAIN ending Oct. 10, 2009		upport during the week
ERSON#	1In School 2Home/family of 3Retired/Elderly 4Infirmity/Disab 5Temporary Illr 6Did not want v 7Not eligible or 8Pregnancy 9Caring for Sor 10Don't Know 11Other	y oled ness vork waiting for work permit / appl	ication approval	2. 3. 4. 5. 6.	ParentsSpouse/PartnerOther relatives & friSavings/investmentSocial ServicesPension/veteran/seiOther	s
01	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11	O 1 O 2 O 3	O 4 O 5 O 6	O 7
02	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11	O 1 O 2 O 3	O 4 O 5 O 6	O 7
03	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11	O 1 O 2 O 3	O 4 O 5 O 6	O 7
04	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11	O 1 O 2 O 3	O 4 O 5 O 6	O 7
05	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11	O 1 O 2 O 3	O 4 O 5 O 6	O 7
06	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 9 O 10 O 11	O 1 O 2 O 3	O 4 O 5 O 6	O 7





Section 7 - Unpaid Household Activities

To be completed for those age 15 and older.

P	NOTE: Do not include time for which Last week refers to Sunday 4th October to Saturday 10 October, 2009.							
	you are being paid. Where activities overlap, please see the manual.							
ERSO 1	7.1 Last week, how many hours did spend doing <u>UNPAID</u> housework, yard work or home maintenance for members of this household, or others. Some examples include: preparing meals, cleaning, doing laundry, household planning, shopping and cutting the grass.		looking after one of children, or the children, or the children, or the children some examples in with young children activities or helpin	any hours did spend or more of his/her own ildren of others, <u>WITHOUT</u> clude: bathing or playing on, driving children to sports of them with homework and about their problems.	7.3 Last week, how many hours did spend providing <u>UNPAID</u> care or assistance to one or more seniors. Some examples include: providing personal care to a senior family member, visiting seniors, talking with them on the telephone, and helping them with shopping,			
Z #	1None 2Less than 5 hours 35 to 14 hours 415 to 29 hours 530 to 59 hours 660 hours or more		1None 2Less than 5 hours 35 to 14 hours 415 to 29 hours 530 to 59 hours 660 hours or more		banking or taking medication. 1None 2Less than 5 hours 35 to 14 hours 415 to 29 hours 530 to 59 hours 660 hours or more			
01	O 1	O 4	O 1	O 4	O 1	O 4		
	O 2	O 5	O 2	O 5	O 2	O 5		
	O 3	O 6	O 3	O 6	O 3	O 6		
02	O 1	O 4	O 1	O 4	O 1	O 4		
	O 2	O 5	O 2	O 5	O 2	O 5		
	O 3	O 6	O 3	O 6	O 3	O 6		
03	O 1	O 4	O 1	O 4	O 1	O 4		
	O 2	O 5	O 2	O 5	O 2	O 5		
	O 3	O 6	O 3	O 6	O 3	O 6		
04	O 1	O 4	O 1	O 4	O 1	O 4		
	O 2	O 5	O 2	O 5	O 2	O 5		
	O 3	O 6	O 3	O 6	O 3	O 6		
05	O 1	O 4	O 1	O 4	O 1	O 4		
	O 2	O 5	O 2	O 5	O 2	O 5		
	O 3	O 6	O 3	O 6	O 3	O 6		
06	O 1	O 4	O 1	O 4	O 1	O 4		
	O 2	O 5	O 2	O 5	O 2	O 5		
	O 3	O 6	O 3	O 6	O 3	O 6		





Section 8 - Expenses & Remittances

FOR ALL PERSONS

PERSON#	8.1 How many PERSONAL TRIPS did make abroad from the Cayman Islands in the past 12 months? If NONE, and LESS THAN 15 years old, write '00' then END INTERVIEW. If NONE, and 15 years or older, write '00' then GO TO 8.4	8.2 What is the TOTAL estimated cost in CI\$ that spent abroad on items such as food, hotel and entertainment during the last 12 months? EXCLUDE cost of airline ticket and cost of personal effects and gifts.	8.3 What is the TOTAL estimated cost in CI\$ that spent abroad for gifts & personal effects BROUGHT TO CAYMAN during the past 12 months? If LESS THAN 15 years old, END INTERVIEW.	8.4 During the past 12 months, did SEND money abroad? If NO, and respondent is KEY INFORMANT, GO TO 9.1 If NO, and respondent is NOT KEY INFORMANT, END INTERVIEW.	8.5 What is the TOTAL estimated amount (in CI\$) that SENT abroad during the past 12 months? 1Under \$2,000 2\$2,000 - \$4,000 3\$5,000 - \$7,999 4\$8,000 - \$10,000 5\$11,000 - \$13,000 6\$14,000 - \$16,999 7\$17,000 - \$19,999 8\$20,000 - \$22,999 9\$23,000+	8.6 How was this money SENT abroad? 1Wire transfer/Cable Western Union/Money 2Express etc. 3Draft/money order 4Postal order 5Sent vial an individual 6Other Multiple answers allowed. If respondent is NOT KEY INFORMANT, END INTERVIEW.
01		, ,	,	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 O 4 O 2 O 5 O 3 O 6
02		, ,	,	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 O 4 O 2 O 5 O 3 O 6
03		, ,	, , ,	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 O 4 O 2 O 5 O 3 O 6
04				O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6 O9	O1 O4 O2 O5 O3 O6
05		, ,	,	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 O 4 O 2 O 5 O 3 O 6
06		,	,	O 1 Yes O 2 No	O1 O4 O7 O2 O5 O8 O3 O6 O9	O 1 O 4 O 2 O 5 O 3 O 6





Section 9 - Dwelling Characteristics

To be answered by the Head of the household or a responsible adult.

9.1.a The dwelling you occupie	ed during week ending Oct	10, 2009 was	Select only one	
O 1 Detached house	O 4 One-room/studio			
O 2 Apartment O 5 Combined business/dwelling				
O 3 Condominium/townhous	se O 6 Other (give details	s)		
9.1.b Number of bedrooms		9.1.c Number o	of bathrooms	
9.2 Is this accommodation				
O 1 Owned with mortgage	O 3 Rented - Furnished	→ GO TO 9.4a	O 5 Provided rent-free	
O 2 Owned without mortgage			O 6 Other (specify)	
9.3 How much do you think it v	vould have cost to rent (not	t including utilities) a similar accommodation p	er month?
CI\$,	GO TO 9.5			
9.4.a How much rent did you p	ay for this accommodation	last month?	CI\$	
9.4.b Does the rent include an	y utilities? <i>Multipl</i> e	answers allowed		
O 1 Electricity O 2 Water	O 3 Cable O 4 No utiliti	ies included		
9.5 Does this household have	the following ?			
1. Internet at home	O 1 Yes O 2 No	5. Telephoi	ne - landline (how many)	
2. Cable/Satellite	O 1 Yes O 2 No	6. Cell pho	nes (how many)	
3. Air-condition	O 1 Yes O 2 No	7. Compute	ers (how many)	
4. Housing Insurance	O 1 Yes O 2 No O 3 Don't know	8. Motor Ve	ehicles (how many)	
9.6 Have you made changes to	your household spending	in the past year <u>du</u>	e to the economic crisis?	
O 1 Yes O 2 No END	INTERVIEW			
9.7 For which of the following	did you change your spend	ing significantly:	Multiple answers all	lowed
O 1 Food and non-alcoholic be	verages		7 Transport	
O 2 Alcoholic beverages and to	obacco		O 8 Communication	
O 3 Clothing and footwear			9 Recreation and culture	
O 4 Housing, water, electricity,			O 10 Education	
O 5 Furnishings, household eq O 6 Health	uipment and routine househo		O 11 Restaurants and hotels	Leonices
O o rieditii			12 Miscellaneous goods and	SCIVICES







COMMENTS



