



CAYMAN ISLANDS
 2021 Population & Housing Census
 Conducted in October
 by The Economics & Statistics Office



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
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IMPORTANT!!! Shade the circle where applicable.

Like This--> ●

Not Like This--> ⊗ ⊙

USE ONLY 2B PENCIL

C O N F I D E N T I A L

Admin #

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District <input type="text"/>	EA Number <input type="text"/>	Block <input type="text"/>	Building Number <input type="text"/>	Dwelling Number <input type="text"/>	Household Number <input type="text"/>
		Parcel <input type="text"/>			

Telephone number

Address of Household:

<input type="text"/>	-	<input type="text"/>
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Email Address

Number of persons in household

Male Female Total

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Book #

<input type="text"/>	of	<input type="text"/>
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Number of extra households found

<input type="text"/>

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

Enumerator's Signature: _____

Enumerator #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Field Supervisor's Signature: _____

Field Supervisor #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Editor's Signature _____

Editor #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Coder's Signature _____

Coder #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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RESULT

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

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RECORD OF VISITS

Date of Visit	Start Time 24 hr	End Time 24 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 □ □ / □ □ / □ □	_____	_____	

1.0 Please give the names of all members of this household as at October 10th 2021.

- INCLUDE:**
- All member of the household including the persons below
 - Newborn babies. If baby has not been named write *BABY of Person.....*
 - Elderly persons
 - Resident students abroad
- DO NOT INCLUDE** - Visitors who reside elsewhere in the Cayman Islands or abroad.
- Probe for anyone who might be away but who usually lives in this household*
- The head of the household should be the first person listed*

List all members of this household who have emigrated after October 2010

LISTING OF HOUSEHOLD MEMBERS

	First Name	Surname (optional)		First Name	Surname (optional)
1			10		
2			11		
3			12		
4			13		
5			14		
6			15		
7			16		
8			17		
9			18		



Section 1 - Demographic Characteristics

To be completed for ALL persons

P E R S O N #	<p>1.1 Has ... been in the Cayman Islands for at least six (6) months or intends to stay for at least six (6) months?</p> <p>1....Yes 2....No 99...DK/NS</p> <p style="background-color: yellow; padding: 2px;">If response is 2 or 99, END INTERVIEW</p>	<p>1.2 Where did ... spend Census Day?</p> <p>1....At this household 2....Elsewhere in the country 3....Abroad 4....Institution 5....Other 99...DK/NS</p> <p style="color: red; font-style: italic;">From 12:01 am to 12:00 pm on Sunday Oct. 10th</p>	<p>1.3 What is ...'s relationship to head of the household?</p> <p>1....Head 2....Spouse (Husband/Wife) 3....Partner (Unmarried) 4....Child 5....Son-in-law/daughter-in-law 6....Grandchild 7....Parent/parent-in-law 8....Grandparent 9....Brother/sister 10....Other relative 11....Live-in domestic 12....Non-relative 99...DK/NS</p>	<p>1.4 What is ...'s sex?</p> <p>1....Male 2....Female</p>
0 1	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2
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0 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2
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Section 1 - Demographic Characteristics

To be completed for ALL persons

P E R S O N #	<p>1.5 What is ...'s date of birth? Please give month and year.</p> <p><i>Use 99/9999 for DK/NS.</i></p>	<p>1.6 What was ...'s age as at the week ending October 9th 2021?</p> <p><i>Use 999 for DK/NS.</i></p> <p><i>If less than one year write 00.</i></p>	<p>1.7 Which one of the following best describes ...'s status in the Cayman Islands?</p> <p>1.....Caymanian 2.....Non-Caymanian with PR married to Caymanian 3.....Non-Caymanian with work permit married to Caymanian 4.....Non-Caymanian WITHOUT rights to work married to Caymanian 5.....Permanent resident with government work contract 6.....Permanent resident with rights to work 7.....Permanent resident WITHOUT rights to work 8.....Non-Caymanian with government work contract 9.....Non-Caymanian with work permit 10...Non-Caymanian with NO work permit (e.g. spouses and children of permit/government contract holders) 11...Non-Caymanian with Student Visa 12...Non-Caymanian - Other 99.....DK/NS</p>
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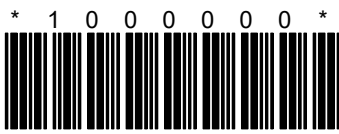


Section 1 - Demographic Characteristics

To be completed for ALL persons

P E R S O N #	1.8	What is ...'s country of citizenship? You can indicate multiple countries where applicable.					1.9	In what country was ... born?				
		1.....Cayman Islands 11.....Guyana 2.....Jamaica 12.....Costa Rica 3.....USA 13.....Republic of Ireland 4.....UK 14.....Colombia 5.....Honduras 15.....Philippines 6.....Canada 16.....India 7.....Nicaragua 17.....Australia 8.....Barbados 18.....South Africa 9.....Cuba 19.....Other (please specify) 10....Trinidad & Tobago 99....DK/NS						1.....Cayman Islands 11.....Guyana 2.....Jamaica 12.....Costa Rica 3.....USA 13.....Republic of Ireland 4.....UK 14.....Colombia 5.....Honduras 15.....Philippines 6.....Canada 16.....India 7.....Nicaragua 17.....Australia 8.....Barbados 18.....South Africa 9.....Cuba 19.....Other (please specify) 10....Trinidad & Tobago 99....DK/NS				
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If q1.7 is 1 & q1.9 is 1,
Go to q1.11



Section 1 - Demographic Characteristics

To be completed for ALL persons

P E R S O N #	<p>1.10 In what year did ... last come TO LIVE in the Cayman Islands?</p> <p style="background-color: yellow; padding: 2px;">If DK/NS, WRITE 9999</p>	<p>1.11 At the time ... was born, what was the country of usual residence of ...'s mother?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1.....Cayman Islands</td> <td style="width: 50%;">11.....Guyana</td> </tr> <tr> <td>2.....Jamaica</td> <td>12.....Costa Rica</td> </tr> <tr> <td>3.....USA</td> <td>13.....Republic of Ireland</td> </tr> <tr> <td>4.....UK</td> <td>14.....Colombia</td> </tr> <tr> <td>5.....Honduras</td> <td>15.....Philippines</td> </tr> <tr> <td>6.....Canada</td> <td>16.....India</td> </tr> <tr> <td>7.....Nicaragua</td> <td>17.....Australia</td> </tr> <tr> <td>8.....Barbados</td> <td>18.....South Africa</td> </tr> <tr> <td>9.....Cuba</td> <td>19.....Other (please specify)</td> </tr> <tr> <td>10....Trinidad & Tobago</td> <td>99....DK/NS</td> </tr> </table> <p style="background-color: yellow; padding: 2px; text-align: center;">If response is 1, continue; OTHERWISE, GO TO q1.13</p>	1.....Cayman Islands	11.....Guyana	2.....Jamaica	12.....Costa Rica	3.....USA	13.....Republic of Ireland	4.....UK	14.....Colombia	5.....Honduras	15.....Philippines	6.....Canada	16.....India	7.....Nicaragua	17.....Australia	8.....Barbados	18.....South Africa	9.....Cuba	19.....Other (please specify)	10....Trinidad & Tobago	99....DK/NS	<p>1.12 At the time ... was born, in which district did his/her mother live?</p> <table style="width: 100%; border: none;"> <tr><td>1.....George Town</td></tr> <tr><td>2.....West Bay</td></tr> <tr><td>3.....Bodden Town</td></tr> <tr><td>4.....North Side</td></tr> <tr><td>5.....East End</td></tr> <tr><td>6.....Cayman Brac</td></tr> <tr><td>7.....Little Cayman</td></tr> <tr><td>99....DK/NS</td></tr> </table>	1.....George Town	2.....West Bay	3.....Bodden Town	4.....North Side	5.....East End	6.....Cayman Brac	7.....Little Cayman	99....DK/NS																			
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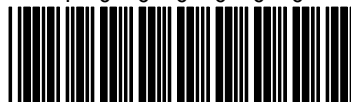


Section 1 - Demographic Characteristics

To be completed for ALL persons

P E R S O N #	<p>1.13 What was ...'s usual place of residence one year ago?</p> <p>1.....Child under 1 year 2.....George Town 3.....West Bay 4.....Bodden Town 5.....North Side 6.....East End 7.....Cayman Brac 8.....Little Cayman 9.....Abroad (please specify) 99..DK/NS</p> <p style="background-color: yellow; text-align: center;">If age less than 10, GO TO Q1.15</p>	<p>1.14 Using a simple statement in any language about everyday life, can ...</p> <p>1.....Read Only 2.....Read & Understand 3.....Write Only 4.....Read, Write & Understand 5.....None 99...DK/NS</p>	<p>1.15 What language does ... speak most often at home?</p> <p>1.....English 2.....Spanish 3.....French 4.....German 5.....Italian 6.....Portuguese 7.....Filipino 8.....Indian Languages 9.....Sign Language 10.....Other (please specify)</p> <p>For children who have not started speaking, shade the language that is spoken to them most often</p>	<p>1.16 To which religious denomination does ... belong?</p> <p>1..Anglican 2..Baptist 3..Church of God 4..Jehovah Witness 5..Pentecostal 6..Presbyterian/AME Church 7..Roman Catholic 8..Seventh-day Adventist 9..Wesleyan Holiness</p> <p>10...Methodist 11...Hindu 12...Muslim 13...Judaism 14...Rastafarian 15...Non-denominational 16...None 17...Other 99...DK/NS</p>
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Section 2 - Disability & Health Insurance

To be completed for those 5 years and over

P E R S O N #	<p>2.4 Does ... have difficulty remembering or concentrating?</p> <p>1.....No, no difficulty 2.....Yes, some difficulty (less than 6 months) 3.....Yes, some difficulty (more than 6 months) 4.....Yes, a lot of difficulty (less than 6 months) 5.....Yes, a lot of difficulty (more than 6 months) 6.....Cannot do it at all (less than 6 months) 7.....Cannot do it at all (more than 6 months) 99...DK/NS</p>	<p>2.5 Does ... have difficulty communicating or speaking (your usual language)?</p> <p>1.....No, no difficulty 2.....Yes, some difficulty (less than 6 months) 3.....Yes, some difficulty (more than 6 months) 4.....Yes, a lot of difficulty (less than 6 months) 5.....Yes, a lot of difficulty (more than 6 months) 6.....Cannot do it at all (less than 6 months) 7.....Cannot do it at all (more than 6 months) 99...DK/NS</p>	<p>2.6 Does ... have difficulty with upper body function?</p> <p>1.....No, no difficulty 2.....Yes, some difficulty (less than 6 months) 3.....Yes, some difficulty (more than 6 months) 4.....Yes, a lot of difficulty (less than 6 months) 5.....Yes, a lot of difficulty (more than 6 months) 6.....Cannot do it at all (less than 6 months) 7.....Cannot do it at all (more than 6 months) 99...DK/NS</p>
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Section 2 - Disability & Health Insurance

To be completed for those 5 years and over

To be completed for ALL persons

P E R S O N #	<p>2.7 Does ... have difficulty walking or climbing stairs?</p> <p>1.....No, no difficulty 2.....Yes, some difficulty (less than 6 months) 3.....Yes, some difficulty (more than 6 months) 4.....Yes, a lot of difficulty (less than 6 months) 5.....Yes, a lot of difficulty (more than 6 months) 6.....Cannot do it at all (less than 6 months) 7.....Cannot do it at all (more than 6 months) 99...DK/NS</p>	<p>2.8 Does ... have difficulty washing all over or dressing?</p> <p>1.....No, no difficulty 2.....Yes, some difficulty (less than 6 months) 3.....Yes, some difficulty (more than 6 months) 4.....Yes, a lot of difficulty (less than 6 months) 5.....Yes, a lot of difficulty (more than 6 months) 6.....Cannot do it at all (less than 6 months) 7.....Cannot do it at all (more than 6 months) 99...DK/NS</p>	<p>2.9 Is ... covered by Health Insurance?</p> <p>1.....Yes, by a provider in the Cayman Islands 2.....Yes, covered by CI Government (Govt. employee & dependents, seamen, veterans, indigent, etc) 3.....Yes, by some other overseas provider 4.....Uninsurable 5.....No 99...DK/NS</p>
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Section 3 - School Attendance

To be completed for ALL persons

P E R S O N #	<p>3.1 Is ... attending school or institution part or full time?</p> <p>1.....Yes, public, full-time 2.....Yes, private, full-time 3.....Yes public, part-time 4.....Yes, private, part-time 5.....Homeschooled 6.....Not attending school 99...DK/NS</p> <p style="background-color: #FFFF00; font-size: small;">If response is 6 or 99, & age less than 15, END INTERVIEW</p> <p style="background-color: #FFFF00; font-size: small;">If response is 6 or 99, & age greater than 15, GO TO q4.1</p>	<p>3.2 What type of school or institution is ... attending?</p> <p>1.....Day Care/Nursery/Preschool 2.....Primary School 3.....Middle/High/Secondary School 4.....Vocational Institution 5.....Community College 6.....University/College 7.....Special Education (eg Lighthouse School, Sunrise Adult Training Centre) 8.....Other (please specify) 99...DK/NS</p>	<p>3.3 What is the name of the school/institution ... is attending?</p> <p>_____</p> <p style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></p> <p>_____</p> <p style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></p> <p>_____</p> <p style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></p> <p>_____</p> <p style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></p> <p>_____</p> <p style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></p>	<p>3.4 What is ...'s MAIN mode of transport to the school/institution?</p> <p>1.....Private Vehicle 2.....School bus 3.....Public bus 4.....Walking 5.....Bicycle 6.....Taxi 7.....Motorcycle/Moped 8.....Boating 9.....None 99...DK/NS</p> <p style="background-color: #FFFF00; font-size: small;">If age less than 15, END INTERVIEW</p>
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Section 4 - Highest Grade Completed and Examination Passed

To be completed for those 15 years and over

P E R S O N #	<p>4.1 What is the <u>HIGHEST GRADE</u> that ... <u>COMPLETED</u>?</p> <p>1.....None 2.....Day Care/Nursery/Pre-School 3.....Special Education 4.....Primary Yr 1 5.....Primary Yr 2 6.....Primary Yr 3 7.....Primary Yr 4 8.....Primary Yr 5 9.....Primary Yr 6 10....Middle/High School Yr 7 11....Middle/High School Yr 8 12....Middle/High School yr 9</p> <p>13....High School Yr 10 14....High School Yr 11 15....High School Yr 12/A-LVL 1 16....High School Yr 13/A-LVL 2 17....Technical/Vocational 18....Associate or equivalent 19....Bachelor's or equivalent 20....Master's or equivalent 21....Doctoral or equivalent 22..Other, please specify 99...DK/NS</p>	<p>4.2 What is the <u>HIGHEST EXAMINATION</u> that ... ever <u>PASSED</u>?</p> <p>1.....None 2.....COEA, Entry Level 3.....CSEC/CSE, CXC Basic 4.....CSEC/GCE/GCSE/IGCSE 'O Level/Gen/Tech Prof (1 or 2 subjects) 5.....CSEC/GCE/GCSE/IGCSE 'O Level/Gen/Tech Prof (3 or 4 subjects) 6.....CSEC/GCE/GCSE/IGCSE 'O Level/Gen/Tech Prof (5 or more subjects) 7.....High School Diploma or Equivalent Certificate (American/Canadian) 8.....GCE 'A' Level/CAPE/HSC/HND (1 or 2 subjects) 9.....GCE 'A' Level/CAPE/HSC/HND (3 or more subjects) 10....IB Diploma 11....Other Secondary/High School Qualification 12....Vocational/Trade Certificate or Diploma 13....Associate Degree 14....Bachelor Degree 15....Professional Qualification/License (eg. Computer, Accounting, Finance) 16....Postgraduate Certificate or Diploma 17....Postgraduate Degree (eg. Masters, Degree in Medicine, Dentistry, Veterinary, Law) 18....Earned Doctorate (Ph.D.) 19....Other, please specify 99.....DK/NS</p>
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0 2	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 19 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 20 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 21 <input type="radio"/> 22	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 19
0 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 19 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 20 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 21 <input type="radio"/> 22	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 19
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Section 5 - Marital and Union Status

To be completed for those 15 years and over

P E R S O N #	<p>5.1 What is ...'s present marital status?</p> <p>1....Legally married 2....Legally separated 3....Divorced 4....Widowed 5....Never married 99..DK/NS</p>	<p>5.2 What is ...'s present union status?</p> <p>1....Married and living with spouse 2....Married with spouse living elsewhere 3....Common-law partner 4....Visiting partner 5....Not in union 99.DK/NS</p>
0 1	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99
0 2	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99
0 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99
0 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99
0 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99
0 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 99

If Female aged 50+ OR Male,
GO TO q7.1.

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Section 6 - Fertility

To be completed for FEMALES 15 - 49 years old

P E R S O N #	<p>6.1 How many live births has ... ever had?</p> <p><i>A live birth includes those births where the child lives for only a short time; but does not include still births.</i></p> <p><i>Twins count as two live births</i></p> <p>1....One 6...Six 2....Two 7...Seven 3....Three 8...Eight or more 4....Four 9...None 5....Five 99...DK/NS</p> <p style="background-color: #FFFF00; padding: 2px;">If response is 9, GO TO q7.1</p>	<p>6.2 What is the date of birth of ...'s last child born alive?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y </p>	<p>6.3 Is the last child born to ... still alive?</p> <p>1....Yes 2....No 99...DK/NS</p>	<p>6.4 How many live births did ... have in the last 12 months (since October 9th, 2020)?</p> <p>1....One birth 2....Two separate births 3....Twins 4....Three or more 5....None 99...DK/NS</p>
0 1	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
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0 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 4	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 5	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 6	<input type="radio"/> 1 <input checked="" type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99

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Section 7 - Employment

To be completed for those 15 years and over.

P E R S O N #	<p>7.1 Did ... do any work in the Cayman Islands for pay, profit or family gain for at least ONE HOUR during the week ending October 9th 2021?</p> <p>1....Yes 2....No 99...DK/NS</p> <p style="background-color: yellow; text-align: center;">If response is 1, GO TO q7.3</p>	<p>7.2 Did ... have a job at which you/he/she did not work during the week ending October 9th 2021?</p> <p>1....Yes 2....No 99...DK/NS</p> <p style="background-color: yellow; text-align: center;">If response is 2 or 99, GO TO q7.11</p>	<p>7.3 What category of worker is ... in his/her <u>MAIN</u> job?</p> <p>1....Employee (work for someone) 2....Self-employed, WITH NO employees 3....Self-employed WITH employees 4....Unpaid family business worker 99...DK/NS</p>	<p>7.4 How many persons are employed at ... place of work?</p> <p>1....1 - 5 2....6 - 10 3....11 - 24 4....25 - 49 5....50+ 99...DK/NS</p>
0 1	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 2	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 3	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 5	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
0 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99

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Section 7 - Employment

To be completed for those 15 years and over.

P E R S O N #	<p>7.5 How many hours does ... usually work per week in his/her <u>MAIN</u> job?</p>	<p>7.6 What is ...'s occupation in his/her <u>MAIN</u> job?</p> <p style="text-align: center;"><i>Probe, get details.</i></p>	<p>7.7 What is the name of the business where ...'s <u>MAIN</u> work is carried out?</p> <p style="text-align: center;"><i>If not obvious from the name of the business or government department, add the main activity of the business.</i></p>
0 1	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>
0 2	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>
0 3	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>
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Section 7 - Employment

To be completed for those 15 years and over.

P E R S O N #	7.8 What is the street address where the business is situated?	7.9 What mode of transport does ... mostly use to get to the MAIN workplace? 1....Private Vehicle 2....Public Bus 3....Walking 4....Bicycle 5....Taxi 6....Motorcycle/Moped 7....Works mainly from home 8....Boating 99...DK/NS	7.10 How much was's earnings from the MAIN job he/she was doing in the week ending October 9th 2021? <i>Refer to FLASH CARD for earnings range.</i> If q7.1 is 1, <u>GO TO q8.1</u> If q7.2 is 1, <u>GO TO q8.1</u>
0 1	[][][]	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 5 <input type="radio"/> 9 <input type="radio"/> 13 <input type="radio"/> 17 <input type="radio"/> 21 <input type="radio"/> 2 <input type="radio"/> 6 <input type="radio"/> 10 <input type="radio"/> 14 <input type="radio"/> 18 <input type="radio"/> 22 <input type="radio"/> 3 <input type="radio"/> 7 <input type="radio"/> 11 <input type="radio"/> 15 <input type="radio"/> 19 <input type="radio"/> 99 <input type="radio"/> 4 <input type="radio"/> 8 <input type="radio"/> 12 <input type="radio"/> 16 <input type="radio"/> 20
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0 6	[][][]	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 5 <input type="radio"/> 9 <input type="radio"/> 13 <input type="radio"/> 17 <input type="radio"/> 21 <input type="radio"/> 2 <input type="radio"/> 6 <input type="radio"/> 10 <input type="radio"/> 14 <input type="radio"/> 18 <input type="radio"/> 22 <input type="radio"/> 3 <input type="radio"/> 7 <input type="radio"/> 11 <input type="radio"/> 15 <input type="radio"/> 19 <input type="radio"/> 99 <input type="radio"/> 4 <input type="radio"/> 8 <input type="radio"/> 12 <input type="radio"/> 16 <input type="radio"/> 20

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Section 7 - Employment

To be completed for those 15 years and over.

P E R S O N #	<p>7.11 In the past four (4) weeks, that is, Sept 12th, 2021 - Oct 9th, 2021, was ...</p> <p>1.....Available for and seeking work 2.....Not seeking work although was available for work 3.....Seeking work but was not yet available 4.....Already found a job and waiting to start 5.....Waiting for work permit approval 6.....Not seeking and not available for work 99...DK/NS</p> <p style="background-color: #FFFF00; padding: 2px;">If response is 2, 6 or 99, CONTINUE else GO TO q7.13</p>	<p>7.12 What was the MAIN reason why ... did not seek work during the past four (4) weeks i.e Sept 12th, 2021 - Oct 9th, 2021?</p> <p>1.....Student/in training 2.....Home/family duties 3.....Retired 4.....Elderly 5.....Temporary illness/injury/medical reason 6.....Infirmed/Disabled 7.....Seasonal inactivity 8.....No work available 9.....Did not want to work 10...Tired of looking 11...Other (please specify) 99..DK/NS</p>	<p>7.13 What was ...'s MAIN means of financial support during the week ending Oct 9th, 2021?</p> <p>1.....Parent(s) 2.....Spouse/Partner 3.....Other relatives or friends 4.....Savings/Investments 5.....Social Services (Government) 6.....Pension/Veteran/Seaman 7.....Other 99...DK/NS</p>
0 1	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 11	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6
0 2	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 11	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6
0 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 11	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6
0 4	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 11	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6
0 5	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 11	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6
0 6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 11	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6

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Section 8 - Housing

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

8.1 Which of the following best describes the ownership of this dwelling?

- 1 Owned without mortgage
 2 Owned with mortgage
 3 Rented - Furnished
 4 Rented - Unfurnished
 5 Rent-free provided by employer, relative or friend
 6 Subsidized rent provided by employer, relative or friend
 7 Other (please specify) _____
 99 DK/NS

8.2 What type of dwelling does this household occupy?

- 1 Detached house
 2 Semi-detached house
 3 Duplex
 4 Apartment
 5 Condominium/townhouse
 6 Studio
 7 One-room
 8 Combined business/dwelling
 9 Boat/yacht
 10 Other (please specify) _____
 99 DK/NS

8.3 How many rooms does this household have available for its use?

8.4 Number of bedrooms

8.5 Number of bathrooms

8.6 Does this household share a bathroom with another household?

- 1 Yes 2 No 99 DK/NS

8.7 What type of sewerage system does this household have?

- 1 Mains (West Bay Rd. Sewage Scheme)
 2 Sewerage Treatment Plant
 3 Septic tank or deep well
 4 Cesspool
 5 Outhouse/Pit latrine
 6 Other (please specify) _____
 99 DK/NS

8.8 What is the MAIN source of water for this household?

- 1 Mains ("City water" or "desalinated")
 2 Cistern (rain or truck)
 3 Well
 4 Other (please specify) _____
 99 DK/NS

8.9 Does this household use bottled water as its MAIN source for drinking water?

- 1 Yes 2 No 99 DK/NS

8.10 Does this household share a kitchen with another household?

- 1 Yes 2 No 99 DK/NS

8.11 What type of fuel does this household use MOST for cooking?

- 1 Electricity
 2 Gas/propane
 3 Kerosene
 4 Wood/charcoal
 5 Other (please specify) _____
 99 DK/NS

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Section 8 - Housing

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

8.12 What does this household use MOST for lighting?

- | | |
|---|--|
| <input type="radio"/> 1 Electricity - CUC, Brac Power | <input type="radio"/> 5 Kerosene lamp |
| <input type="radio"/> 2 Electricity - private generator | <input type="radio"/> 6 Other (please specify) _____ |
| <input type="radio"/> 3 Gas/propane | <input type="radio"/> 99 DK/NS |
| <input type="radio"/> 4 Solar energy | |

8.13 Does this household produce any form of renewable energy for its own use?

- | | |
|--|---|
| <input type="radio"/> 1 Yes, Solar Cells | <input type="radio"/> 5 Yes, Other forms of energy (please specify) _____ |
| <input type="radio"/> 2 Yes, Wind Turbines | <input type="radio"/> 6 Don't produce any renewable energy |
| <input type="radio"/> 3 Yes, Solar Water Heating Systems | <input type="radio"/> 99 DK/NS |
| <input type="radio"/> 4 Yes, Ground Source (Geothermal) Heat Pumps | |

8.14 Does this household produce any form of renewable energy for sale to the National Electricity grid?

- | | |
|--|---|
| <input type="radio"/> 1 Yes, Solar | <input type="radio"/> 5 Yes, Other forms of energy (please specify) _____ |
| <input type="radio"/> 2 Yes, Wind Turbines | <input type="radio"/> 6 Don't produce any renewable energy for sale |
| <input type="radio"/> 3 Yes, Ground Source (Geothermal) Heat Pumps | <input type="radio"/> 99 DK/NS |
| <input type="radio"/> 4 Yes, Biomass (energy from plants) | |

8.15 Does this household have the following?

- | | | | | | |
|---------------------|-----------------------------|----------------------------|--------------------------------|--------------------------------|----------------------------|
| 1. Internet at home | <input type="radio"/> 1 Yes | <input type="radio"/> 2 No | 4. Air condition | <input type="radio"/> 1 Yes | <input type="radio"/> 2 No |
| 2. Cable/Satellite | <input type="radio"/> 1 Yes | <input type="radio"/> 2 No | 5. Housing Structure Insurance | <input type="radio"/> 1 Yes | <input type="radio"/> 2 No |
| 3. Water Heater | <input type="radio"/> 1 Yes | <input type="radio"/> 2 No | | <input type="radio"/> 99 DK/NS | |

8.16 How many of the following does this household own?

- | | | | |
|------------------------|--|--|--|
| 1. Radios | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | 2. Television sets | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| 3. Electric Generators | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | 4. Fixed line telephones | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| 5. Motorcycles/Moped | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | 6. Computers (Desktops & Laptops) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| 7. Tablets/e-readers | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | 8. Motor Vehicles | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| 9. Mobile phones | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | 10. Watercraft (pleasure boats, jet ski, etc.) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |

8.17 How many household employees does this household employ?

Please provide the number of persons by primary task. If NONE, write zero (0)

- | | | | |
|---------------------|--|------------------------------|--|
| 1. Domestic Helper | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | 2. Gardener | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |
| 3. Nanny (Children) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | 4. Care Giver (Elderly/Sick) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> |

8.18 Does this household engage in any of the following environmentally friendly activities?

Multiple Response Available

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Recycling/Sorting Garbage | <input type="checkbox"/> 4. The use of reusable household items | <input type="checkbox"/> 7. The use of Energy Star qualified appliances |
| <input type="checkbox"/> 2. Purchasing locally produced food | <input type="checkbox"/> 5. The production of compost materials | <input type="checkbox"/> 8. Does not engage in any environmentally friendly activities |
| <input type="checkbox"/> 3. Purchasing eco-friendly or "green" products | <input type="checkbox"/> 6. The use of energy efficient bulbs | <input type="checkbox"/> 9. DK/NS |

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Section 9 - Mortality

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

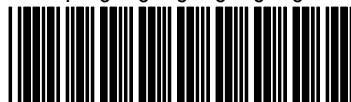
P E R S O N #		9.1 Has there been any death in this household in the past 12 months? <input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 99 DK/NS If response is 2 or 99, GO TO q10.1	
		9.2 How many persons died in this household during the last 12 months? <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 	
	9.3 What was the sex of the deceased? 1.....Male 2.....Female	9.4 What was the age of the deceased at the time of death?	9.5 Did the deceased die in the Cayman Islands or abroad? 1.....Cayman Islands 2.....Abroad
0 1	<input type="radio"/> 1 <input type="radio"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2
0 2	<input type="radio"/> 1 <input type="radio"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2
0 3	<input type="radio"/> 1 <input type="radio"/> 2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2
Note: If more than 3 persons, continue in the Comments Section			

Section 10 - Emigration

To be completed by the Head of the household or a responsible adult of Caymanian or PR Individuals.

	10.1 What was ...'s status as at Oct 10th, 2010? 1.....Caymanian/Status Holder 2.....PR Holder 3.....Non Caymanian 99.....DK/NS If response is 3 or 99, GO TO q11.1	10.2 Has ... ever lived outside of the Cayman Islands for one or more years continuously between Oct 10th, 2011 and Oct 9th, 2021? 1.....Yes, 1 - 2 years 2.....Yes, 3 - 4 years 3.....Yes, 5 years or more 4.....No 99.....DK/NS If response is 4 or 99, GO TO q11.1	10.3 In which country did ... last live? 1.....USA 2.....UK 3.....Canada 4.....Jamaica 5.....Other, please specify	10.4 What was ...'s MAIN reason for migrating? 1.....Education 2.....Health Care 3.....Family reunification 4.....Family dissolution 5.....Job opportunity 6.....Employment Contract Ended 7..... Term Limit/Roll-over 8.....Other, please specify 99.....DK/NS
0 1	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8
0 2	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8
0 3	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 99 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8

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Section 11 - Crime

To be completed for those 15 years and older

P E R S O N #	<p>11.1 Has ... been a victim of crime (such as theft, burglary, assault, robbery, etc. excluding traffic accidents) during the past 12 months?</p> <p>1....Yes 2....No 99..DK/NS</p> <p style="text-align: center; background-color: yellow;">If response is 2 or 99, GO TO q12.1</p>	<p>11.2 Has ... reported this crime to the Royal Cayman Islands Police Service (RCIPS) or 911?</p> <p>1....Yes 2....No 99..DK/NS</p>
	<p><u>0 1</u> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99</p>	<p style="text-align: right;"><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99</p>
	<p><u>0 2</u> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99</p>	<p style="text-align: right;"><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99</p>

Section 12 - Agriculture & Fishing Activity, and Food Security

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

<p>12.1 How many times in the past month did a household member engage in agriculture and/or fishing (includes use of coastal resources) for own consumption or sale?</p> <p>1....Less than 10 2....10 to 15 3....16 to 20 4....21 to 25 5....26 to 30 6....Greater than 30 7....None 99..DK/NS</p>	<p>12.2 In the past 12 months, did your household engage in any agricultural/fishing activity to sell or give to other households?</p> <p>1....Yes, agriculture only 2....Yes, fishing only 3....Yes, both agriculture and fishing 4....No 99..DK/NS</p> <p style="text-align: center; background-color: yellow;">If response is 4 or 99, GO TO q12.4</p>	<p>12.3 What is the estimated value of agricultural produce or fish (including coastal products) usually sold or given to other households in the past 3 months?</p> <p>1....Less than \$500 2....Between \$500 and \$1,000 3....Between \$1,001 and \$2,000 4....Between \$2,001 and \$3,000 5....Between \$3,001 and \$4,000 6....More than \$4,000 99..DK/NS</p>	<p>12.4 Was there ever no food to eat of any kind for any member of this household due to lack of resources to get food for at least one day in the past four weeks?</p> <p>1....Yes 2....No 99..DK/NS</p>
<p><input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7</p> <p><input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 99</p>	<p><input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 99</p> <p><input type="radio"/> 2 <input type="radio"/> 4</p>	<p><input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 99</p> <p><input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6</p>	<p style="text-align: right;"><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99</p>

THANK YOU FOR YOUR COOPERATION



