



34461

INDIVIDUAL QUESTIONNAIRE

IMPORTANT!!!

Transfer codes from front page of housing questionnaire

ED NUMBER				HOUSEHOLD NO		

INTERVIEWER:

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

SECTION 1: CHARACTERISTICS FOR ALL PERSONS

1.1. Please fill in this person's assigned number from household roster

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1.2 What is 's relationship to the head of household?

- | | |
|--|---|
| <input type="checkbox"/> 1 Head | <input type="checkbox"/> 5 Grandchild |
| <input type="checkbox"/> 2 Spouse/partner | <input type="checkbox"/> 6 Parent/parent-in-law |
| <input type="checkbox"/> 3 Child | <input type="checkbox"/> 7 Other relative |
| <input type="checkbox"/> 4 Son/daughter-in-law | <input type="checkbox"/> 8 Non-relative |

1.3. INTERVIEWER: Fill the appropriate oval.

FOR PERSONS NOT SEEN ASK: Is.....male or female?

- 1 Male 2 Female

1.4 What is.....'s date of birth?

		/			/				
--	--	---	--	--	---	--	--	--	--

If not known, ask:

How old was.....on his/her last birthday?

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If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age

use 97 for age over 96

1.5 To what ethnic, racial or national group do you think.....belongs?

- | | |
|---|--|
| <input type="checkbox"/> 1 African Descent/Negro/Black | <input type="checkbox"/> 6 Syrian/Lebanese |
| <input type="checkbox"/> 2 Indigenous People (Amerindian/Carib) | <input type="checkbox"/> 7 White/Caucasian |
| <input type="checkbox"/> 3 East Indian | <input type="checkbox"/> 8 Mixed |
| <input type="checkbox"/> 4 Chinese/Asian | <input type="checkbox"/> 10 Don't know/Not Stated |
| <input type="checkbox"/> 5 Portuguese | <input type="checkbox"/> 9 Other (please specify.....) |

1.6 What is.....'s religion/denomination?

- | | |
|--|---|
| <input type="checkbox"/> 1 Anglican | <input type="checkbox"/> 11 Muslim |
| <input type="checkbox"/> 2 Baptist | <input type="checkbox"/> 12 Pentecostal |
| <input type="checkbox"/> 3 Bahai | <input type="checkbox"/> 13 Presbyterian |
| <input type="checkbox"/> 4 Brethren | <input type="checkbox"/> 14 Rastafarian |
| <input type="checkbox"/> 5 Church of God | <input type="checkbox"/> 15 Roman Catholic |
| <input type="checkbox"/> 6 Evangelical | <input type="checkbox"/> 16 Salvation Army |
| <input type="checkbox"/> 7 Hindu | <input type="checkbox"/> 17 Seventh Day Adventist |
| <input type="checkbox"/> 8 Jehovah Witnesses | <input type="checkbox"/> 18 None |
| <input type="checkbox"/> 9 Methodist | <input type="checkbox"/> 19 Not Stated |
| <input type="checkbox"/> 10 Moravian | <input type="checkbox"/> 20 Other (please specify.....) |

1.7A Do have a working mobile phone ?

- 1 Yes 2 No (skip to Q1.8) 3 Not Stated

1.7B How much did spend on cellular telephone (pre-paid and/or post-paid) in the last month (exclude balances from previous bills, include monthly package cost and additional cost for text messaging, caller ID, call waiting, etc)

\$

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 ,

--	--	--	--

Note that for post paid the amount required is the amount billed

1.8. Where is Internet access available to? X all that apply

- | | | | |
|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> 1 Home | <input type="checkbox"/> 2 Work | <input type="checkbox"/> 3 School | <input type="checkbox"/> 4 Internet Cafe |
| <input type="checkbox"/> 5 Cell Phone | <input type="checkbox"/> 6 Family Friend | <input type="checkbox"/> 7 Other | |
| <input type="checkbox"/> 8 None | | | |

SECTION 2: MIGRATION FOR ALL PERSONS

2.1 Where was.....mother's place of usual residence when.....was born?

- 1 St. Lucia 2 Abroad (Another Country) Go to Q2.3

2.2 In which district/parish was 's. mother living?

(All go to Q2.5)

2.3 In which country was.....mother living?

2.4 In which year didlast come to live in St. Lucia?

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2.5 Is/are living abroad at present?

- 1 Yes 2 No (If no, go to Q2.10)

2.6 In which country does now live?

2.7 How long has/have..... lived there?

FROM MONTH / YEAR

		/				
--	--	---	--	--	--	--

2.8 Why didreturn/come to St. Lucia?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> 1 Regard it as home/Homesick | <input type="checkbox"/> 5 To start a business | <input type="checkbox"/> 9 Other |
| <input type="checkbox"/> 2 Family is here | <input type="checkbox"/> 6 The Weather | |
| <input type="checkbox"/> 3 Deported | <input type="checkbox"/> 7 To obtain employment | |
| <input type="checkbox"/> 4 Retired | <input type="checkbox"/> 8 Health Reasons | |

2.9 For how long does/do..... intend to stay?

		Years			Months (ALL, go to Q2.12)
--	--	-------	--	--	---------------------------

2.10 Has ever lived abroad in the past ten years?

- 1 Yes 2 No (go to 2.12)

2.11 Why didreturn/come to St. Lucia?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> 1 Regard it as home/Homesick | <input type="checkbox"/> 5 To start a business | <input type="checkbox"/> 9 Other |
| <input type="checkbox"/> 2 Family is here | <input type="checkbox"/> 6 The Weather | |
| <input type="checkbox"/> 3 Deported | <input type="checkbox"/> 7 To obtain employment | |
| <input type="checkbox"/> 4 Retired | <input type="checkbox"/> 8 Health Reasons | |

2.12 Does any member of household frequently engage in any of the following (X all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1 Drinking Alcohol | <input type="checkbox"/> 4 Sexual abuse |
| <input type="checkbox"/> 2 Smoking of Cigarettes | <input type="checkbox"/> 5 Physical abuse |
| <input type="checkbox"/> 3 Smoking/Ingestion of banned Substances | <input type="checkbox"/> 6 Physical abuse of children |
| <input type="checkbox"/> 7 Other | <input type="checkbox"/> 8 None of the above |
| <input type="checkbox"/> 8 None of the above | <input type="checkbox"/> 9 Don't Know |



SECTION 3: HEALTH FOR ALL PERSONS

3.1 Did..... have to be confined to bed during the past thirty (30) days due to any illness or injury? For example, cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident?

- 1 Yes 2 No If No, go to Q3.3

3.2 What type of illness/injury was this?

list only the major illness/injury as clearly as possible

3.3 During the past 30 days, did suffer from cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident?

- 1 Yes 2 No If No, go to Q3.5

3.4 What type of illness/injury was this?

list only the major illness/injury as clearly as possible

3.5 Does suffer from any of the following diseases, Diabetes, High Blood Pressure, Heart Condition, Cancer, HIV?

- 1 Yes 2 No

If yes to either Q3.1 or Q3.3 and No to Q3.5 go to Q3.7 if No to Q3.1, Q3.3 and Q3.5 go to Q3.28 Otherwise, answer Q3.6 and Continue

3.6 If yes, which of these?

- 1 Diabetes 2 High Blood Pressure 3 Heart Condition 4 Cancer 5 HIV/AIDS 6 Other

3.7 Dids illness/injury begin within or before the last thirty (30) days?

- 1 Within 2 Before

3.8 For how many days during the past thirty (30) days was/were unable to carry on his/her usual activities because of illness/injury?

1. [] [] Days How many of these were 2. [] [] Days days of work without pay?

3.9 Did visit a doctor, nurse, pharmacist, healer, spiritual healer, midwife or other health practitioner during the past thirty (30) days due to illness/injury?

- 1 Yes (Go to Q 3.11) 2 No

3.10 If no, why not?

- 1 No Need 2 Too expensive 3 Too far 4 Untreatable 5 Other

After Q 3.10 go to Q3.28

3.11 How many visits did make in the past thirty (30) days to health practitioners?

[] [] Visits

3.12 Where was first visit made?

- 1 Public Hospital 2 Private Hospital 3 Community Health Clinic 4 Polyclinic 5 Family Planning Clinic 6 Private Doctor/Dentist 7 Traditional Healer 8 Out of state hospital 9 Pharmacy / Chemist 10 Other

3.13 Why did go there first?

3.14 Who attended to first visit?

- 1 Nurse, health care worker 2 Pharmacist 3 Healer 4 Doctor 5 Midwife 6 Other

SECTION 3: HEALTH con't FOR ALL PERSONS

3.15 How long did have to wait at this place before being attended to?

[] [] [] Minutes

3.16 How satisfied were/was with the attention/treatment received?

- 1 Very satisfied, Go to Q3.18 2 Satisfied, Go to Q3.18 3 Dissatisfied 4 Very dissatisfied

3.17 Why were/was..... not satisfied?

- 1 Drugs not available 2 Drugs not affordable 3 Attitude of Staff 4 Long waiting time 5 Equipment not available or operational 6 No Doctor/Trained staff available 7 To many revisits

3.18 How much did have to pay at public health facilities for all visits made during the past thirty (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$ [] [] , [] [] [] EC

3.19 How much did have to pay at private/public health facilities for all visits made during the past thirty (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$ [] [] , [] [] [] EC

3.20 Did spend the night in a public/private hospital or any other public establishment during the past thirty (30) days?

- 1 Yes 2 No If no to Q3.23

3.21 How many nights during the past thirty (30) days did spend in the public/private hospital?

[] [] Nights

3.22 How much did have to pay or have paid altogether for his/her stay in a public/Private hospital during the past (30) days? Do not include the cost of drugs or any cost paid by your insurance.

\$ [] [] , [] [] [] EC

3.23 Did buy medicines during the past thirty (30) days?

- 1 Yes 2 No If no to Q3.28

3.24 Did obtain medicines at a public facility?

- 1 Yes 2 No

3.25 Did obtain medicines at a private facility or pharmacy?

- 1 Yes 2 No

3.26 How much would have spent if he/she were to purchase the medicines obtained from a public facility at a private facility?

\$ [] [] , [] [] [] EC

3.27 How much has spent for medicines at private/public sources in the past (30) days?

\$ Private (in EC Dollars) [] [] , [] [] [] Public (in EC Dollars) [] [] , [] [] []

3.28 Is covered by Private Health Insurance, Employee Medical Plan, N.I.S. or Social Welfare?

- 1 Yes 2 No



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SECTION 4: EDUCATION FOR ALL PERSONS

4.1 Can read and write? 1 Yes 2 No

4.2 Is attending school/classes? 1 Yes 2 No *If no to Q4.19*

4.3 Is it? 1 Full-time 2 Part-time 3 Not Stated

4.4 What is the current grade are/is attending at present?

- | | | | |
|-------------------------|---------------|--------------|----------------------------|
| 00 None | 11 G1/Stage 2 | 21 G8/Std 6 | 30 Frm 6/G12 |
| 01 Nursery | 12 G2/Stage 3 | 22 G9/Std 7 | 31 SALCC - A'Level |
| 02 Pre-school | 13 G3/Std 1 | 25 Frm 1/SP1 | 32 SALCC - Tech/Voc |
| 03 Kindergarten/Stage 1 | 14 G4/Std 2 | 26 Frm 2/SP2 | 33 SALCC - Yr1 or Yr2 |
| 04 Special Education | 15 G5/Std 3 | 27 Frm 3/SP3 | 33 SALCC - Other |
| 98 Don't Know | 16 G6/Std 4 | 28 Frm 4/G10 | 34 University - UWI |
| | 20 G7/Std 5 | 29 Frm 5/G11 | 35 University - Other |
| | | | 41 Vocational/Tech - other |

4.5 Does attend private school/classes?

1 Yes 2 No

4.6a Does live at home while attending school/classes?

1 Yes 2 No

4.6b Are/is enrolled in a distant education programme?

1 Yes 2 No *(If yes, go to Q4.23)*

For Part time and distant education persons, you should proceed to Q4.23

4.7 During the last five days of school how many days did actually go to school/classes?

Days *(If 5 days go to Q4.9)*

4.8 Why did not go to school during all of the last five school days?

- | | |
|--|--|
| <input type="checkbox"/> 1 Illness | <input type="checkbox"/> 6 Not worth going |
| <input type="checkbox"/> 2 Financial Problems | <input type="checkbox"/> 7 School closed/holidays |
| <input type="checkbox"/> 3 Transportation Problems | <input type="checkbox"/> 8 Truant/Delinquent (no reason) |
| <input type="checkbox"/> 4 Working | <input type="checkbox"/> 9 Pregnant/young mother |
| <input type="checkbox"/> 5 Home duties | <input type="checkbox"/> 10 Baby sitting |
| <input type="checkbox"/> 11 Apprenticeship | <input type="checkbox"/> 14 Menstrual Problems |
| <input type="checkbox"/> 12 Fear of Gangs | |
| <input type="checkbox"/> 15 Other (Specify) | |

4.9 How far away is school from here (in minutes based on his/her usual/normal means of getting there)?

Minutes

4.10 How does normally get to school?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1 Walking | <input type="checkbox"/> 4 Bus/Mini Bus |
| <input type="checkbox"/> 2 Cycling | <input type="checkbox"/> 5 Private transport |
| <input type="checkbox"/> 3 Taxi | <input type="checkbox"/> 6 Other (Specify) |

4.11 Is there a school feeding programme at.....'s school?

1 Yes 2 No *(if no, go to Q4.14)*

4.12 Do you pay for the school meal service?

1 Yes 2 No

4.13 Does.....receive meals or snack from this service?

1 Yes 2 No

4.14 Does.....have all textbooks required for his/her use at school?

- 1 Yes, has books for exclusive use
- 2 Yes, but shares with other family members
- 3 Has only some books
- 4 Has none *(if none, go to Q4.17)*

4.15 Were any of.....'s books provided by the school at no cost?

1 Yes 2 No

4.16 Were some of these books acquired by.....in any of the following ways? *(Select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> 1 Borrowed for use during year | <input type="checkbox"/> 6 Received from NGO |
| <input type="checkbox"/> 2 Received from relatives or friends | |
| <input type="checkbox"/> 3 Purchased New | <input type="checkbox"/> 5 Bought some/got some on loan or free |
| <input type="checkbox"/> 4 Purchased second hand | |

INTERVIEWER: for those answering 1 in Q. 4.14 go to Q.4.18

4.17 What are the reasons for.....not having required textbooks?

- | | |
|--|---|
| <input type="checkbox"/> 1 Books not available | <input type="checkbox"/> 4 Books were lost or destroyed |
| <input type="checkbox"/> 2 Could not afford | <input type="checkbox"/> 5 To be purchased |
| <input type="checkbox"/> 3 Books available in school library | <input type="checkbox"/> 6 Other (Specify) |

4.18 Has.....or.....'s parents ever made use of a book loan facility?

1 Yes 2 No

All go to Q. 4.25

FOR ALL PERSONS NOT ATTENDING SCHOOL AT PRESENT

4.19 For persons under sixteen (16) years of age, why is not attending?

- | | |
|---|---|
| <input type="checkbox"/> 1 Too young | <input type="checkbox"/> 9 Pregnant/young mother |
| <input type="checkbox"/> 2 Financial Problems | <input type="checkbox"/> 10 Baby sitting |
| <input type="checkbox"/> 3 Transportation Problems | <input type="checkbox"/> 11 Apprenticeship |
| <input type="checkbox"/> 4 Working | <input type="checkbox"/> 12 Not worth going to school |
| <input type="checkbox"/> 5 Illness | <input type="checkbox"/> 13 Expelled |
| <input type="checkbox"/> 6 Physically/mentally challenged | <input type="checkbox"/> 14 Suspended |
| <input type="checkbox"/> 7 No school available | <input type="checkbox"/> 15 Other (Specify) |
| <input type="checkbox"/> 8 No space in school | |
| <input type="checkbox"/> 16 Not applicable (if person > 15 years) | |

4.20 Has..... ever attended school?

1 Yes 2 No *(If no, go to Q4.24)*

4.21 What age did start?

4.22 What age did leave?

4.23 What is the highest grade completed?

- | | | | |
|-------------------------|---------------|--------------|----------------------------|
| 00 None | 11 G1/Stage 2 | 21 G8/Std 6 | 30 Frm 6/G12 |
| 01 Nursery | 12 G2/Stage 3 | 22 G9/Std 7 | 31 SALCC - A'Level |
| 02 Pre-school | 13 G3/Std 1 | 25 Frm 1/SP1 | 32 SALCC - Tech/Voc |
| 03 Kindergarten/Stage 1 | 14 G4/Std 2 | 26 Frm 2/SP2 | 33 SALCC - Yr1 or Yr2 |
| 04 Special Education | 15 G5/Std 3 | 27 Frm 3/SP3 | 33 SALCC - Other |
| 98 Don't Know | 16 G6/Std 4 | 28 Frm 4/G10 | 34 University - UWI |
| | 20 G7/Std 5 | 29 Frm 5/G11 | 35 University - Other |
| | | | 41 Vocational/Tech - other |



4.24 What is the highest examination ever passed?

- 1 None
- 2 School leaving Certificate
- 3 CXC Basic
- 4 GCE "O"/CXC Gen Prof (1 or 2 subjects) Grade I, II, III
- 5 GCE "O"/CXC Gen Prof (3 or 4 subjects) Grade I, II, III
- 6 GCE "O"/CXC Gen Prof (5 and over subjects) Grade I, II, III
- 7 GCE "A"/HSC 1 or 2
- 8 GCE "A"/HSC 3 and over
- 9 Diploma or Equivalent Certificate
- 10 Associate Degree
- 11 Undergraduate Degree
- 12 Postgraduate Degree
- 13 Professional Qualifications - Computer
- 14 Professional Qualifications - Accounting
- 15 Professional Qualifications - Other
- 16 Other

4.25 Did have any vocational or technical training?

- 1 Vocational 3 Both
- 2 Technical 4 None *If under 15, go to Section 7*

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.1a How many months did you/he/she work in the past 12 months?

0	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.1b Did do any type of work in the last 7 days?

- 1 Yes 2 No *(If Yes go to Q5.5)*

5.2 Was absent from work in the last 7 days?

- 1 Yes 2 No *(If Yes go to Q5.5)*

5.3 Has been looking for work and ready for work in the last 2 months?

- 1 Yes 2 No *(If yes, go to Q5.13)*

5.4 What was the main reason was not working in the last 7 days?

- 1 No work available 6 Infirmary/Disabled
- 2 Seasonal inactivity 7 Did not want to work
- 3 Student 8 Maternity Leave
- 4 Household/family duties 9 Other _____
- 5 Retired *(All go to Q5.13)*

5.5 How many years have been in this job? Years *00 for under 6 mths*

5.6 How many hours did/does normally work in a week?

(if greater than 35 hours, go to Q5.8)

5.7 What is the reason for working less than 35 hours?

- 1 Own illness/injury 6 Job ended in reference week
- 2 Holiday/vacation 7 Firm not getting enough work
- 3 Personal/family responsibilities 8 Could not find more work
- 4 In school/training 9 Part Time Work
- 5 Strike/lock out 10 Pregnancy
- 11 Other

5.8 What is your occupation, that is what activities do you do in your work? *e.g. sales manager or sales clerk, mason etc*

SECTION 5: EMPLOYMENT FOR PERSONS 15 YEARS AND OVER

5.9 What is the main activity at the place of 's main job? Is it Tourism Related?

- 1 Agriculture/fishing - Other 2 Agric/fish - Tourism Related
- 3 Manufacturing - Other 4 Manu - Tourism Related
- 5 Construction - Other 6 Const - Tourism Related
- 7 Wholesale and Retail - Other 8 W&R - Tourism Related
- 9 Hotel and Restaurant
- 10 Transportation - Other 11 Transp - Tourism Related
- 12 Services - Other 13 Services - Tourism related
- 14 Admin/social security 15 Admin - Tourism related
- 16 Educ/social work 17 educ/social - tourism related
- 18 Other 19 Other - Tourism related

5.10 What is..... status in the main job?

- 1 Paid Employee - Government 5 Self employed with employees
- 2 Paid Employee - Statutory 6 Unpaid family worker
- 3 Paid Employee - private 7 Other
- 4 Self employed without employees *(If 1,2 or 3 go to Q5.12)*

5.11 If worked for self without paid help or did any informal work, please provide the following information for the last twelve months?

1. Location 1 Fixed 2 Moved from place to place

2. Average value of sales/service \$, EC

3. Product/service provided _____

4. Total Capital Invested \$, EC

5.12 What has been the major problem preventing you from earning a higher income in the past twelve months?

For all persons who are employed go to Q6.1

FOR ALL PERSONS WHO DID NOT WORK OR DO ANYTHING TO EARN AN INCOME LAST WEEK

5.13 When last did work?

- 1 Never Worked (Go to Q 5.15) 4 3 > 6 months
- 2 Less than one month 5 6 > 12 months
- 3 1 > 3 months 6 1 year and more

5.14 What was the main reason why left last job?

- 1 New Job 7 Did not want to work
- 2 Fired 8 No more work available
- 3 Illness/Injury 9 Wages too low
- 4 Retired 10 Seasonal job
- 5 To return to school 11 Home Duties
- 6 Retrenched/laid off 12 Sexual Harassment
- 14 Other (Specify) 13 Pregnancy

5.15 Did look for work or do anything to earn income last week?

- 1 Yes 2 No *(If yes, go to Q5.17)*

5.16 Why did not seek work or do anything to earn income last week?

- 1 At school 7 Awaiting results or applications
- 2 Housekeeping 8 Knew of no vacancy
- 3 Retired 9 Discouraged
- 4 Disabled 10 Caring for someone
- 5 Temporary illness 11 Pregnancy
- 6 Did not want work
- 12 Other (specify) _____

(All, go to Q5.18)



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5.17 What kind of work are you looking for?

INTERVIEWER: What is required is a description of the work you are looking for e.g. sales manager or sales clerk, mason etc

5.18 What would have prevented from doing a job if one were available during the last three weeks?

- 1 At school, 2 Housekeeping, 3 Retired, 4 Disabled, 5 Temporary illness, 6 Did not want work, 7 Have to stay home with children, 8 Pregnancy, 10 Caring for someone, 11 Other (specify), 12 Don't know, 13 Nothing

SECTION 6: MARITAL, UNION STATUS AND FERTILITY FOR PERSONS 15 YEARS AND OVER

6.1 What is your/...s present union status?

- 1 Legally married, 2 Common Law union, 3 Visiting partner, 4 Married but not in union, 5 Legally separated and not in a union, 6 Widowed and not in union, 7 Divorced and not in union, 8 Not in a union, 9 Don't know/Not stated

All males go to Q7.1

FOR FEMALES 15 TO 49 YEARS

6.2 Is/Are currently pregnant?

- 1 Yes, 2 No (If no, go to Q6.4)

6.3 Is/Are attending a public health clinic?

- 1 Yes, 2 No

6.4 How many live births has ever had? (if Zero, enter 00 and skip to Q7.1)

Grid for number of live births

6.5 How many died?

Before first birthday

Grid for number of deaths before first birthday

After first birthday

Grid for number of deaths after first birthday

6.6 How old were you/was she when you/she had the first live born child?

Grid for age of first child

6.7 How many live births did you/she have in the last 12 months?

- 1 None, 2 One, 3 Two separate births, 4 Twins, 5 Three or more

6.8 Of these, have any of the babies died?

- 1 Yes, 2 No (If no, go to Q7.1)

6.9 How many have died?

Within the first 30 days of life

Grid for number of deaths within 30 days

After 30 days but before one year

Grid for number of deaths after 30 days

SECTION 7 CRIME

7.1 In the last 12 months have you/he/she.....been a victim of crime?

- 1 Yes, 2 No, 3 Not Stated

If No, go to Section 8 for all spenders Otherwise end the interview

7.2 A. Describe the nature of the main crime (inclusive of domestic violence)?

Blank lines for describing the crime

7.2 b What did the crime cost you:

Days without pay:

Grid for days without pay

Other economic loss:

Grid for other economic loss

7.3 Was the crime reported to the police?

- 1 Yes, 2 No, 3 Not Stated

7.4 Why was the crime not reported to the police?

- 1 No confidence in the administration of justice, 2 Afraid of the perpetrator, 3 Perpetrator household member/relative, 4 Not serious enough, 5 Other (Specify)

Spenders skip to Section 8 For all others end interview

7.5 How satisfied was/were with the handling of the matter by the police?

- 1 Very satisfied, 2 Satisfied, 3 Dissatisfied, 4 Very dissatisfied

End of Interview for all non- spenders

Not applicable, Not Known, Amount too large, Not Stated, Leave Blank, 9's ending in 8, 9's ending in 7, Try harder, if not use all 9's



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Material for men and boy's garments Suiting Material	0311101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tweed	0311102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Khaki	0311103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for school Trousers	0311104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tailoring for Suit	0311105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tailoring for Trousers	0311106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for women and children garments Crepe back Satin	0311201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Satin	0311202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Chiffon	0311203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Linen	0311204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Madras	0311205	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Poplin	0311206	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Flowered	0311207	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Cotton	0311208	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Silk	0311209	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polyester	0311310	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for school overall	0311311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Material for school shirts	0311312	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Suiting material	0311313	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Over	0311314	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Seamstress fees for suit	0311315	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Seamstress fees for uniform	0311316	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Seamstress fees for formal wear	0311317	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men's Garments -Outer wear Complete Suits - 2 piece	0312101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jackets	0312102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sweaters	0312103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Waistcoats/pullovers	0312104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Trousers/ pants for dress and office	0312105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Trousers/ pants casual wear	0312106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Jeans pants	0312107	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (casual)	0312108	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (Jeans)	0312109	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants(house wear)	0312110	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts - long sleeves (dress)	0312111	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts (casual, working)	0312112	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys (dress, working)	0312113	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports wear /vests	0312114	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polo Shirts	0312115	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- Shirts	0312116	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Track suits /Jogging suits	0312117	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Pyjamas	0312118	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bath robes /housecoats	0312119	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Costumes	0312120	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Overcoat/ raincoat	0312121	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Work overalls	0312122	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men's outerwear not specified by type	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men's underwear and Hosiery Vests	0312124	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boxer shorts	0312125	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Underwear /underpants	0312126	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks	0312127	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
All other men's outer wear	0312199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other articles of Men's clothing Ties & Scarves	0313101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Hats and caps	0313102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Belts	0313103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Beachwear	0313104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Braces	0313105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Handkerchiefs	0313106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sewing thread, buttons, zips, buckles	0313107	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Helmets	0313008	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other men's clothing	0313199	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Boy's outer wear Complete Suits -2/3 piece	0312201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jackets	0312202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sweaters	0312203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Waistcoats / pullovers	0312204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Trousers /pants (dress)	0312205	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long trousers / pants (casual wear)	0312206	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Long Jeans pants	0312207	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (casual)	0312208	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (Jeans)	0312209	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Short pants (house wear)	0312210	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts -dress(Long sleeves)	0312211	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts (casual)	0312212	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys (dress)	0312213	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports wear/ vests	0312214	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polo Shirts	0312215	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- Shirts	0312216	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Track suits/ Jogging suits	0312217	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Pyjamas	0312218	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bath robes /housecoats	0312219	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Costumes	0312220	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Overcoat/ raincoat	0312221	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boy's outer wear not specified by type	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boy's underwear and Hosiery Vests	0312224	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Boxer shorts	0312225	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Underwear / underpants	0312226	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Socks	0312227	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
All other boy's outer wear	0312299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<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)	0312228	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Short Pants (school)	0312229	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Shirt (school)	0312230	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Sports uniform	0312231	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<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 & Scarves	0313201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Hats and caps	0313202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Belts	0313203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Beachwear	0313204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other boy's clothing	0313299	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Women's outer wear Skirt Suits (2 or 3 piece)	0312301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Pants suits	0312302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dresses (evening formal)	0312303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dresses (office)	0312304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home	<input type="text"/>	<input type="text"/> , <input type="text"/>	<input type="text"/>	<input type="text"/> , <input type="text"/>



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Dresses (casual)	0312305	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts /blouses (formal)	0312306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts / blouses (casual)	0312307	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Skirts (long)	0312308	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Skirts (short)	0312309	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slacks / trousers	0312310	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans (Long)	0312311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans (short)	0312312	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- shirts	0312313	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys with sleeves	0312314	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys without sleeves	0312315	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Polo -shirts	0312316	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Overalls	0312317	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Track suits / Jogging suits	0312318	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports clothes (netball)	0312319	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sweaters / Jumpers	0312320	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
House clothes	0312321	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sleep	0312322	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Robes/ Housecoats	0312323	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Raincoats / overcoats	0312324	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
All other women's outer wear	0312399	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women's Underwear Slips- half or full	0312325	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bras	0312326	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Vests	0312327	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Panties	0312328	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tights / Panty hose	0312329	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girdles	0312330	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks	0312331	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Stockings	0312332	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other Women's Clothing and Clothing Accessories Hats	0313301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bathing suits / Beachwear	0313302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Scarves / belts	0313303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Bags	0313304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Purses	0313305	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Watches	0313306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Necklaces and earrings (Gold, silver, precious stones)	0313307	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Necklaces and earrings (cosmetics)	0313308	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girls Outer wear Dresses (formal/ evening)	0312401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shirts/ blouses (casual)	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
T- shirts	0312403	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Skirts (casual)	0312404	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slacks / trousers	0312405	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans pants (long/short)	0312406	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jeans skirts	0312407	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Pants suits (casual)	0312408	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Jerseys	0312409	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
House clothes	0312410	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sleep wear / pajamas	0312411	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Raincoats	0312412	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other girls outer wear not specified by type	0312499	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girl's underwear and hosiery Bras	0312424	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Panties	0312425	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Vests	0312426	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Tights	0312427	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks/ stockings	0312428	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Girl's school garments School Overall	0312430	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
School blouses/ shirts	0412431	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
School Skirts	0412432	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sports uniform	0412433	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other girl's clothing Hats	0313401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Bathing suits	0312402	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Infants (under 1 year) Clothing and clothing accessories Dresses/ Suits	0313501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Play suits	0313502	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Baby shirts /vests	0313503	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Diapers	0313504	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Socks/ booties	0313505	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Hats /bonnets	0313506	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Other infant clothing not specified by type	0313599	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Dry- cleaning, laundering and dyeing of garments Men and boy's clothing	0314101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women, girls and infants clothing	0314102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Repairs and alterations Men and boys clothing	0314201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls clothing	0314202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Infants clothing	0314203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Hire of garments Men and boys garments (Jackets, suits)	0314301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls garments (Wedding out fits, evening gowns)	0314302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Men and Boy's shoes (16yrs. and over) Shoes - dress (man-made)	0321101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes - dress (Leather)	0321102	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes - casual	0321103	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sandals	0321104	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sneakers /sports shoes/ gym shoes	0321105	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 8: CLOTHING AND FOOT-WEAR CONSUMED DURING PAST 3 MONTHS

8. Did purchase or receive as gifts any of the following items in the past 3 months?

DESCRIPTION	CODE	HAVE BOUGHT	PURCHASED (homemade)		GIFTS	
			QTY BOUGHT	TOTAL COST(\$)	QTY BOUGHT	TOTAL COST(\$)
Boots -work	0321106	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boots-casual	0321107	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers -house	0321108	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls (16 years and over) Shoes -dress (man - made)	0321201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -dress (Leather)	0321202	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -casual	0321203	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sandals	0321204	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sneakers/ sports shoes /gym shoes	0321205	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Boots	0321206	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers- fashion	0321207	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers- house	0321208	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Infants and children (up to 16 years) Shoes -school	0321301	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -dress	0321302	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sandals	0321303	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Sneakers / Sports shoes	0321304	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoes -fashion	0321305	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Slippers -house	0321306	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Shoe Repair Men and boys shoe repair	0322101	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				
Women and girls shoe repair	0322201	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home				



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SECTION 9 - OTHER EXPENSES*(Always indicate value, Include Quantity where requested)***9. Did spend money on any of the following in the past 3 months?**

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
MEDICAL EXPENSES				
Doctors Fees (Number of visits)	0621101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Dentist Fees (Number of visits)	0622101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Child Bearing Fees	0621106	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Optician Fees	0621104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Private hospital care (number of nights)	0630108	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lab Tests and X-rays (number of lab test)	0623101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Hypertension	0611102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Cancer	0611103	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Diabetes	0611104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Drugs for Cold/Flu	0611112	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other Drugs and Prescriptions, Medical	0611199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Spectacles, hearing aids, dentures, etc	0613101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Health and Accident Insurance	1253001	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other Medical Expenses	0623199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
EDUCATIONAL EXPENSES				
Tuition - For pre-school/Day Care	1010101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Tuition - Correspondence Courses (all levels)	1040202	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lessons for Children Primary/Secondary	1050101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lessons/Night Classes for Adults	1050102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Tuition - Primary, Secondary School	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Tuition - Tertiary, University and Other	1040101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Boarding and lodging	1120101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
School and technical books	0951101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Exam fees	1040203	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>



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SECTION 9 - OTHER EXPENSES*(Always indicate value, Include Quantity where requested)***9. Did spend money on any of the following in the past 3 months?**

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
EDUCATIONAL EXPENSES (Cont'd)				
Computer software and accessories	0913105	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Transportation fees	0737101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
School Meals	0119423	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other	1050101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
ENTERTAINMENT EXPENSES				
Carnival	0942105	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Cinemas/video/DVD rentals/video clubs	0914101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Concerts, plays, fetes and other admissions	0942101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Spectator sports, football, cricket	0941102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Night clubs, dances, parties	0942104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Participant sports	0942198	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Dues, subscriptions and memberships	0942105	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Lottery games	1270104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Newspapers	0952101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Toys for Children	0931100	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Books,magazines (non-technical and not for school)	0952102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
Other Entertainment, Hobby Specify.....	0942199	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/>
TRANSPORTATION BY AIR (for Quantity indicate number of visits)				
Caribbean - Martinique	0733101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Barbados	0733102	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Caribbean - Other	0733103	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
USA - New York, Miami, etc..	0733104	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
England - London, etc	0733105	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>
Other Foreign Travel by Air	0733106	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/> , <input type="text"/>



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SECTION 9 - OTHER EXPENSES**9. Did spend money on any of the following in the past 3 months?**

Expenditure During Last 3 Months	CODE	(Y/N)	QUANTITY NO.	AMOUNT (\$) SPENT 3 MONTHS
TRANSPORTATION BY BOAT (for Quantity indicate number of trips)				
Martinique	0734101	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other	0734102	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
PERSONAL AND OTHER EXPENSES				
Taxi Transportation	0732400	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Bus Transportation	0732100	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Weddings	1270103	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Legal and accounting expenses (non-business)	1270101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Funerals	1270102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Local accommodation expenses	1120104	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Barbershop	1211201	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Hairdresser	1211101	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Beauty Salon (manicures, pedicures, facials etc..)	1211102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Laundry/Dry cleaners	0562205	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Photo studios	0942106	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Driving Lessons	0724301	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other personal services	1211300	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other travelling expenses	0738102	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



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SECTION 10 - OTHER DISBURSEMENTS**10. Did spend money on any of the following last month?**

Expenditure During Last Month Some of the more common expenditures are in bold	CODE	(Y/N)	AMOUNT (\$)	
NON-CONSUMPTION EXPENDITURES				
Income Taxes	2010001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Other taxes, duties, fees and other compulsory charges e.g. Customs duties, departure tax, stamp duty etc.	2010002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Life insurance premium	1251001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Annuities	2020001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Interest on consumer loans	2020002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Credit Card Payments	2020003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Hire-purchase installments	2020004	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Gifts (Cash and financial)	2030001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Allowances to children	2040001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Alimony/Child maintenance	2040002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Remittance sent to persons abroad	2030002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Donations and charities	2040003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Subscriptions and contributions to trade unions and other organizations	2050001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Loans given out	2060001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
National Insurance payments	1255102	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Other Non Consumption Expenditure	2060099	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
DISBURSEMENTS OTHER THAN CONSUMPTION EXPENDITURES LAST TWELVE MONTHS				
Sou Sou, box	2110001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Credit Union Shares	2110002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Bank Deposits	2110003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Treasury Bills / Government Bonds	2120001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Stocks and shares in local companies	2120002	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Stocks and shares in foreign companies	2120003	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Investment in real estate (Land)	2130001	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □
Other Disbursements	2130099	<input type="checkbox"/> Yes <input type="checkbox"/> No	□ □ □ □	, □ □ □ □

SECTION 11 - INCOME

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Not applicable Leave Blank
 Not Known 9's ending in 8
 Amount too large 9's ending in 7
 Not Stated Try harder, if not use all 9's

CODE	PERIOD
1	Daily
2	Weekly
3	Fortnightly
4	Monthly
5	Semi-Annually
6	Annually

11. Did receive money from any of the following sources?

INCOME SOURCES - EMPLOYMENT	CODE	PERIOD	AMOUNT (\$)
1A. What was...s gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)	Income Group	<input type="text"/>	<input type="text"/>
1B. How much did you receive in wages and salary LAST PAY PERIOD FROM MAIN JOB (GROSS PAY). Include Overtime, tips and bonuses, Income tax and NIS	2231001		<input type="text"/> , <input type="text"/>
2. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
3. How much did you receive in wages and salary LAST PAY PERIOD FROM OTHER JOB (GROSS PAY). Include Overtime, tips and bonuses, Income tax and NIS	2231002	<input type="text"/>	<input type="text"/> , <input type="text"/>
4. Do you get this amount regularly?		<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
INCOME SOURCES - OTHER, RECEIVED ANNUALLY			
5. Money sent by relatives and friends overseas - Remittances from abroad	2331001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
6. Rental income received by you for house, land and other property	2341001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
7. Other entrepreneurial income, example from self employment	2231003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
8. Dividends on local and foreign investments (e.g Credit union dividends)	2351001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
9. Interest on local and foreign bank deposits, bonds	2361001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
10. Government retirement pension	2371001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
11. Pension from other former St. Lucian employer	2371002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
12. Pension from former foreign employer	2371003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
13. Social Security (NIS), excluding old age/retirement pension	2371004	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
14. Insurance Annuities	2381001	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
15. Public assistance	2381002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
16. Child support	2381003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
17. Allowances - alimony	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
18. Allowances - financial aid	2391002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
19. Allowances - scholarships	2391003	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
20. Interest from stocks, shares, Treasury bills and other investments	2361002	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>
21. All Other Income, nes	2391099	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<input type="text"/> , <input type="text"/>