

# BELIZE

## LIVING STANDARD MEASUREMENT SURVEY

### OCTOBER-NOVEMBER 2001



<p><b>INSTRUCTIONS</b></p> <p>Use No. 2 pencils only. Do not use pen.</p> <p>Check "✓" in the box with the appropriate response.</p> <p>Mark only one response for each question. (Except where stated)</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>Incorrect Marks</p> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">✓</div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">✓</div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">✗</div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">-</div> </div> </div> </div> <div style="text-align: center;"> <p>Correct Mark</p> <div style="border: 1px solid black; width: 30px; height: 30px; position: relative;"> <div style="position: absolute; top: 5px; left: 5px;">✓</div> </div> </div> </div>	<p>DISTRICT NUMBER <input style="width: 40px; height: 25px;" type="text"/></p> <p>URBAN/ RURAL <input style="width: 40px; height: 25px;" type="text"/></p> <p>REGION NUMBER <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/></p> <p>ED NUMBER <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/></p> <p>HOUSEHOLD NUMBER <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/></p> <p>WEEK NUMBER <input style="width: 40px; height: 25px;" type="text"/></p>
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ADDRESS AND TELEPHONE # OF HOUSEHOLD:

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CITY/TOWN/VILLAGE:

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DISTRICT:

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INTERVIEWER'S SIGNATURE:

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RECORD OF VISITS				
INTERVIEWER CALLS	1	2	3	4
DATE				
TIME STARTED				
TIME ENDED				
RESULT CODE				

TOTAL HOURS

RESULT CODES

1 = Complete  
 2 = Partially complete  
 3 = No suitable respondent  
 4 = Vacant  
 5 = Refusal  
 6 = Address not found

7 = No contact  
 8 = Vacant Lot  
 9 = Under Construction/Not Livable (uninhabitable)  
 10 = Other (Specify \_\_\_\_\_)

FIELD SUPERVISOR / DISTRICT SUPERVISOR	
SIGNATURE	DATE

EDITOR/Coder (District Office)	
SIGNATURE	DATE

EDITOR/CODER (Main Office)	
SIGNATURE	DATE

DATA ENTRY OPERATOR	
SIGNATURE	DATE

## FOR ALL MEMBERS OF THE HOUSEHOLD

Please give me the name and age of all the persons who usually sleep and share at least one daily meal with your household.

**INTERVIEWER:** Start with the head, then list all other members (including small children and babies) by order of age (age in the reference week), from the oldest to the youngest.

1.

SURNAME	FIRST NAME	AGE
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2.

SURNAME	FIRST NAME	AGE
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3.

SURNAME	FIRST NAME	AGE
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4.

SURNAME	FIRST NAME	AGE
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5.

SURNAME	FIRST NAME	AGE
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6.

SURNAME	FIRST NAME	AGE
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7.

SURNAME	FIRST NAME	AGE
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8.

SURNAME	FIRST NAME	AGE
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9.

SURNAME	FIRST NAME	AGE
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10.

SURNAME	FIRST NAME	AGE
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**SURNAME**

**FIRST NAME**

**AGE**

**11.**

**SURNAME**

**FIRST NAME**

**AGE**

**12.**

**SURNAME**

**FIRST NAME**

**AGE**

**13.**

**SURNAME**

**FIRST NAME**

**AGE**

**14.**

**SURNAME**

**FIRST NAME**

**AGE**

**15.**

**SURNAME**

**FIRST NAME**

**AGE**

**INTERVIEWER'S COMMENTS**

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## SECTION 1: TO BE COMPLETED BY HEAD OF HOUSEHOLD

Person #

### SECTION 1A: HOUSING AND RELATED EXPENSES

**1. What type of dwelling does this household occupy?**

- 01. ☐ Undivided private house
- 02. ☐ Part of a private house
- 03. ☐ Flat/apartment/condominium
- 04. ☐ Double house/duplex
- 05. ☐ Combined business/dwelling
- 06. ☐ Barracks
- 07. ☐ Other (Specify \_\_\_\_\_)
- 09. ☐ Don't know/Not Stated

**2. Does this household own, rent or lease this dwelling?**

- 01. ☐ Own
  - 02. ☐ Hire - Purchase
  - 03. ☐ Squat → **GO TO Q7**
  - 04. ☐ Rent - private
  - 05. ☐ Rent - Govt.
  - 06. ☐ Lease
  - 07. ☐ Rent - free
  - 08. ☐ Other (Specify \_\_\_\_\_)
  - 09. ☐ Don't know/Not Stated
- GO TO Q6 (for 04, 05, 06)
- GO TO Q7 (for 07, 08, 09)

**3. Is the land on which this dwelling is located freehold, leasehold or some other type of occupancy?**

- 01. ☐ Freehold
- 02. ☐ Leasehold
- 03. ☐ Rented
- 04. ☐ Permission to work land
- 05. ☐ Sharecropping
- 06. ☐ Squatted
- 07. ☐ Family member not in this household
- 08. ☐ Other (Specify \_\_\_\_\_)
- 09. ☐ Don't know/Not Stated

**If Q2 is '01' GO TO Q4. If Q2 is '02' GO TO Q5**

**4. How much money could you rent your dwelling for per month?**

Amount: Bze\$  **GO TO Q7**

**5. How much money per month does your household pay as mortgage for this dwelling?**

Amount: Bze\$  **GO TO Q7**

**6. How much money per month does your household pay in rent/lease for this dwelling?**

Amount: Bze\$

**7. What is the main material of the outer walls?**

- 01. ☐ Wood
- 02. ☐ Plywood
- 03. ☐ Concrete
- 04. ☐ Wood and Concrete
- 05. ☐ Sticks/palmetto
- 06. ☐ Brick
- 07. ☐ Stucco
- 08. ☐ Makeshift
- 09. ☐ Other (Specify \_\_\_\_\_)
- 99. ☐ Don't know/Not Stated

**8. How many bedrooms are there in this dwelling unit?**

Number of rooms:

**9. What is the main material used for roofing?**

- 01. ☐ Sheet metal (zinc, aluminum)
- 02. ☐ Shingle
- 03. ☐ Rubber rye
- 04. ☐ Concrete
- 05. ☐ Thatch
- 06. ☐ Asbestos
- 07. ☐ Other (Specify \_\_\_\_\_)
- 09. ☐ Don't know/Not Stated

**10. What type of toilet facility does this household have?**

01. ☐ W.C. linked to WASA sewer system  
02. ☐ W.C. linked to septic tank  
03. ☐ Pit latrine, ventilated & elevated  
04. ☐ Pit latrine, ventilated & not elevated  
05. ☐ Pit latrine, ventilated compost  
06. ☐ Pit latrine, not ventilated  
07. ☐ Other (Specify \_\_\_\_\_)  
08. ☐ None  
09. ☐ Don't know/Not Stated

**SKIP TO  
Q12**

**11. Are toilet facilities shared with another person not of this household or with another household?**

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

**12. Is the kitchen indoor or outdoor?**

01. ☐ Indoor  
02. ☐ Outdoor  
09. ☐ Don't know/Not Stated

**13. Is the kitchen shared with another person not of this household or with another household?**

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

**14. What is the main type of fuel used for cooking?**

01. ☐ Wood  
02. ☐ Gas (Butane)  
03. ☐ Kerosene (Gas)  
04. ☐ Electricity  
05. ☐ Other (Specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**15. How does this household usually dispose of its garbage?**

01. ☐ Prepare for municipal collection  
02. ☐ Take it to public dump  
03. ☐ Dump it in own yard  
04. ☐ Burn it  
05. ☐ Bury it  
06. ☐ Throw it into river/creek/pond/sea  
07. ☐ Other (Specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**16. Do you have any problem with rats/roaches/bats?**

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

**17. What is the main source of drinking water for your household?**

01. ☐ Private piped into dwelling  
02. ☐ Private vat/drum/well, not piped  
03. ☐ Public piped into dwelling  
04. ☐ Public piped into yard  
05. ☐ Public standpipe or hand pump  
06. ☐ Public well  
07. ☐ River/stream/creek/pond/spring  
08. ☐ Purified water  
09. ☐ Other (Specify \_\_\_\_\_)  
99. ☐ Don't know/Not Stated

**18. How much did you pay for last month's water bill?**

Amount: Bze\$

9999 ----- DK/NS  
 9998 ----- Not Applicable

**19. What is the main source of lighting for your household?**

01. ☐ Gas lamp  
02. ☐ Kerosene lamp  
03. ☐ Electricity from BEL  
04. ☐ Electricity from private generator  
05. ☐ Other (Specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**GO TO Q21**

**20. How much did the household pay for last month's electricity bill?**

Amount: Bze\$

9999 ----- DK/NS  
 9998 ----- Not Applicable

**21. How much did the household pay for last month's telephone bill?**

Amount: Bze\$

9999 ----- DK/NS  
 9998 ----- Not Applicable

**22. (FOR EACH OF THE ITEMS IN THE LIST BELOW, ASK THE FOLLOWING QUESTION:  
Do the members of your household have any ...?)**

**(DO NOT INCLUDE RENTED ITEMS.  
PUT A “✓” IN THE APPROPRIATE BOX FOR EACH ITEM.)**

**Do the members of your household have any ...**

ITEM	CODE	YES = 1	NO = 2
Sewing machines	01		
Gas/Gas and electric Stoves	02		
Electric Stoves	03		
Refrigerators or freezers	04		
Air Conditions	05		
Fans	06		
Radio / Cassettes/ CD players	07		
Record player/ Stereo	08		
Other Stereo Equipment (equalizers, tweeters)	09		
TV sets/VCR/Video Equipment/Game boys/Play stations	10		
Washing Machine	11		
Dryers	12		
Bicycles	13		
Motorbikes	14		
Cars, other vehicles	15		
Computer, printer, etc.	16		
Other electrical equipment (toasters, blenders, microwaves)	17		
Musical Equipment	18		

**REMEMBER THAT IF THE ITEM IS PERMANENTLY DYSFUNCTIONAL OR HAS NOT BEEN WORKING FOR AN EXTENDED PERIOD, THEN THE HOUSEHOLD DOES NOT POSSESS SUCH ITEM**

## SECTION 1B: COPING STRATEGIES

1. What effect has the recent hurricane (IRIS) had on your household's situation?

	EFFECT	YES=1 NO=2
01	NONE	
02	COMPLETELY DESTROYED HOME	
03	PARTLY DESTROYED HOME	
04	DESTROYED CROPS	
05	DESTROYED LIVESTOCK	
06	AFFECTED OWN BUSINESS	
07	DAMAGED ROADS	
08	OTHER (SPECIFY) _____	

2. Which of the following programmes/projects have been implemented in your community in the past seven years (since 1995)? CODE ALL THAT APPLY

	a. Type of Programme / Project	b. YES =1 NO =2 DK/ NS =9  IF 2 OR 9 FOR ALL ITEMS, GO TO Q8)	c. Has this programme/ project benefited your household / community in any way?  YES =1 NO =2 DK/NS =9  (IF 2 OR 9 ON All ITEM, GO TO Q8)	d. In what way did this Programme/Project benefit your household / community? (MAIN WAY ONLY) Saved time =01 Reduced costs =02 Improved quality of service =03 Increased income =04 Increased community togetherness =05 Reduced woes =06 Increased Employment =07 Other (Specify _____) =08 Get own land =09 DK/NS =99	e. Who funded this Programme / Project?  SIF =1 OTHER =2 DK/NS =9  (IF 1 FOR ANY ITEM GO TO Q3, ELSE GO TO Q8)
01	Training/Educational Programmes in Craft/Tourism				
02	Training/Educational Programmes in Agriculture				
03	Government Housing Schemes				
04	Land Distribution				
05	Agricultural/Other Small Business Loans				
06	Building of School/Community Center				
07	Rehabilitation of School/Community Center				
08	Building of Health Facility				
09	Rehabilitation of Health Facility				
10	Building of new feeder road/drainage				
11	Piping of water				
12	Water supply rehabilitation				
13	Sanitation provided/improved				
14	Micro-Enterprise Credit				
15	Micro-Enterprise Training				
16	Marketing				
17	Employment generation project				
18	Training (Specify.....)				
19	Provision of Disability Services				
20	Provision of Juvenile Services				
21	Provision of Counseling Services				
22	Provision of Drug Rehabilitation Services				
23	Provision of Sex Education				
24	Provision of other kinds of services				
25	Other please specify				



**QUESTIONS 3 TO 7 ARE FOR SIF PROJECTS ONLY.**

**3. Was anybody in your household involved in deciding what was built/rehabilitated or introduced?**

01. ☐ Yes (**GO TO Q5**)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated (**GO TO Q5**)

**4. Why was nobody involved?**

01. ☐ Was not asked or required to take part  
 02. ☐ Was not aware of the project  
 03. ☐ Busy/unable to attend meeting(s) on the project  
 04. ☐ Just stayed away  
 05. ☐ Opening hours inappropriate  
 06. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**5. Did any member of this household participate in the provision of any of the following for the project?**

CONTRIBUTION	YES NO DON'T KNOW	=1 =2 =9
1. Materials		
2. Labour		
3. Management		
4. Funds		
5. Any combination of the above		

**6. Who made you aware of the project activity?**

01. ☐ Social Investment Fund  
 02. ☐ Other (Specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**7. How did this (these) project(s) improve the way you live?  
 (MORE THAN ONE ANSWER IS ACCEPTABLE)**

01. ☐ Saved time  
 02. ☐ Costs reduced  
 03. ☐ Quality of the service improved  
 04. ☐ Income increased  
 05. ☐ More community togetherness  
 06. ☐ Reduced my/our woes  
 07. ☐ Increased employment  
 08. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**8. Which social and economic projects would you like to have implemented in your community, including what directly affects your household?**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**9. Are you presently experiencing any financial difficulty?**

01. ☐ Yes  
 02. ☐ No (GO TO SECTION 1C)  
 09. ☐ Don't know/Not Stated (GO TO SECTION 1C)

**10. Which of the following financial difficulties are you experiencing?**

	a. Type of Financial Difficulty Unable to pay...	b. YES =1 NO =2 (GO TO NEXT TYPE OF FINANCIAL DIFFICULTY) DK/NS =9  IF Q9 IS YES THEN A CODE 1 'YES' MUST BE IN ONE OF THE ITEMS BELOW	c. How long have you been experiencing these difficulties?  PERIOD CODES  LESS THAN 1 MONTH =1 1 TO LESS THAN 3 MONTHS =2 3 TO LESS THAN 6 MONTHS =3 6 MONTHS TO 1 YEAR =4 OVER 1 YEAR =5 Don't know/Not Stated =9
			CODE
01	Utility bills		
02	Mortgage/Rent		
03	For food		
04	Transportation costs		
05	School/Education fees		
06	Health related expenses		
07	Loans/Debt		
08	For vacation		
09	Entertainment costs		
10	Clothing costs		
11	Other (Specify)		

**11. How do you cope?**

	Strategy	YES =1 NO =2 DK/NS =9
01	Dip into savings	
02	Sell assets	
03	Ask local relatives for help	
04	Ask relatives abroad for help	
05	Ask friends local/abroad for help	
06	Forego some necessities	
07	Do not pay bills on time	
08	Stop paying bills	
09	Stop children from going to school	
10	Borrow from established creditors	
11	Hustle (or get additional job)	
12	Illegal activities	
13	Pray	
14	Pawn possessions	
15	Seek assistance from politicians	
16	Other (Specify)	

## SECTION 1C: FOOD EXPENSES

1. During the past 30 days, did this household buy any of the following foods?  PUT A "✓" IN THE APPROPRIATE BOX. IF NO, GO TO Q4.			2. How much did the H/H spend on ..[ ]... during the past 7 days?  IF NOTHING SPENT WRITE 00	3. How much did the H/H spend on ..[ ]... during the past 30 days?  IF NOTHING SPENT WRITE 00	4. If this household received any ... as gift how much would it cost to buy the amount of ... the household consumed during the past 30 days?  IF NOTHING RECEIVED WRITE 00 AND GO TO THE NEXT ITEM  AMOUNT BZE \$
Fresh or frozen beef including cow foot, ox tail	YES→ ←NO	101			
Fresh or frozen pork including pig foot	YES→ ←NO	102			
Fresh or frozen mutton	YES→ ←NO	103			
Offal – heart, kidney, liver, tripe etc.	YES→ ←NO	104			
Game meats e.g. deer, gibbon, peccary, iguana, rabbit, armadillo.	YES→ ←NO	105			
Salted, cured or canned meat (e.g. Pigtail, smoked pork chops)	YES→ ←NO	106			
Fresh or frozen fish and shellfish (lobster, conch, shrimp, haddock, turtle, crab....)	YES→ ←NO	107			
Fresh, frozen or canned sausages/ham, morcilla, longaniza.	YES→ ←NO	108			
Canned mackerel, sardines, tuna	YES→ ←NO	109			
Salted or corned fish	YES→ ←NO	110			
Fresh or frozen whole chicken	YES→ ←NO	111			
Chicken parts (e.g. Leg and thigh, breast, wings, neck or back, foot)	YES→ ←NO	112			
Other poultry, fresh, frozen, salted, or cured	YES→ ←NO	113			
Liquid milk (raw milk, pasteurized milk)	YES→ ←NO	114			
Sweetened Condensed milk	YES→ ←NO	115			
Evaporated milk	YES→ ←NO	116			
Powdered milk, creamer (e.g. DANO,KLIM)	YES→ ←NO	117			
Butter or margarine	YES→ ←NO	118			
Cheese	YES→ ←NO	119			

1. During the past 30 days, did this household buy any of the following foods?  PUT A “✓” IN THE APPROPRIATE BOX. IF NO, GO TO Q4.			2. How much did the H/H spend on ..[ ]... during the past 7 days?  IF NOTHING SPENT WRITE 00  AMOUNT BZE \$	3. How much did the H/H spend on ..[ ].. during the past 30 days?  IF NOTHING SPENT WRITE 00  AMOUNT BZE \$	4. If this household received any ... as gift how much would it cost to buy the amount of [ ]... the household consumed during the past 30 days?  IF NOTHING RECEIVED WRITE 00 AND GO TO THE NEXT ITEM  AMOUNT BZE \$
Eggs	YES→ ←NO	120			
Other dairy products (yogurt, ice cream,...)	YES→ ←NO	121			
Oils and fats (vegetable oil, coconut oil, shortening)	YES→ ←NO	122			
Bread, flour tortilla	YES→ ←NO	123			
Crackers and unsweetened biscuits	YES→ ←NO	124			
Other baked products (sweetened biscuits, cakes, buns, bullas, powder buns, sweet bread)	YES→ ←NO	125			
Cassava bread	YES→ ←NO	126			
Flour	YES→ ←NO	127			
Rice	YES→ ←NO	128			
Cornmeal, masa, corn tortilla	YES→ ←NO	129			
Beans and peas	YES→ ←NO	130			
Breakfast cereals (cornflakes, oats, corn)	YES→ ←NO	131			
Cassava	YES→ ←NO	132			
Potatoes	YES→ ←NO	133			
Sweet potatoes	YES→ ←NO	134			
Other roots and tubers (coco, ginger, yam, yampi)	YES→ ←NO	135			
Other starchy fruits (Plantains, green banana, bread fruit)	YES→ ←NO	136			
Fresh vegetables, (tomatoes, carrots, lettuce, cabbage, avocado, onion, corn on the cobs, string beans, cilantro, culantro)	YES→ ←NO	137			
Frozen canned and dried vegetables	YES→ ←NO	138			
Fruit and vegetable juices (fresh or frozen)	YES→ ←NO	139			

<b>1.</b> <b>During the past 30 days, did this household buy any of the following foods?</b>  <b>PUT A “✓” IN THE APPROPRIATE BOX. IF NO, GO TO Q4.</b>			<b>2.</b> <b>How much did the H/H spend on ..[ ]... during the past 7 days?</b>  <b>IF NOTHING SPENT WRITE 00</b>  <b>AMOUNT BZE \$</b>	<b>3.</b> <b>How much did the H/H spend on ..[ ]... during the past 30 days?</b>  <b>IF NOTHING SPENT WRITE 00</b>  <b>AMOUNT BZE \$</b>	<b>4.</b> <b>If this household received any ... as gift how much would it cost to buy the amount of [ ]... the household consumed during the past 30 days?</b>  <b>IF NOTHING RECEIVED WRITE 00 AND GO TO THE NEXT ITEM</b>  <b>AMOUNT BZE \$</b>
Fresh fruit (oranges, lime, apples, ripe bananas, melons, pineapples, mangoes, papayas)	YES→ ←NO	140			
Canned and dried fruits	YES→ ←NO	141			
Sugar	YES→ ←NO	142			
Sweets (honey, sweeteners, jams, jellies)	YES→ ←NO	143			
Soups (packaged, canned, frozen...)	YES→ ←NO	144			
Prepared meats and fish (seasoned chicken, minute steak)	YES→ ←NO	145			
Prepared foods (pizzas, fried chicken...) Those who buy food.	YES→ ←NO	146			
Dry packaged foods (macaroni, spaghetti...)	YES→ ←NO	147			
Powders, flavoring and extracts (baking powder & soda, yeast, vinegar, essence...)	YES→ ←NO	148			
Sauces and relishes (ketchup, mayonnaise, pepper sauce, pickles...)	YES→ ←NO	149			
Condiments (salt, pepper, ginger, curry, pimento, cinnamon, spices, coconut milk...)	YES→ ←NO	150			
Nuts (peanuts, cashew, coconut...)	YES→ ←NO	151			
Baby food (milk food, cereals, strained food, ...)	YES→ ←NO	152			
Other food (chips, snacks, cheese trix, snickers)	YES→ ←NO	153			
Breakfast drinks (coffee, tea, ovaltine, Milo...)	YES→ ←NO	154			
Non alcoholic beverages (soft drinks, nectars, canned fruit drinks, powdered & frozen, purified water, ideals)	YES→ ←NO	155			
Alcoholic beverages (rum, wine, beer...)	YES→ ←NO	156			
Tobacco products (cigarettes, cigars...)	YES→ ←NO	157			

## SECTION 1D: HOME PRODUCED ITEMS

1. During the past 30 days, did this household eat any ..[ ].. that was home-produced?  PUT A “✓” IN THE APPROPRIATE BOX			2. How much would it cost to buy the amount of home produced ..[ ].. the household ate during the past 7 days?  AMOUNT BZE \$	3. How much would it cost to buy the amount of home produced ..[ ].. the household ate during the past 30 days?  AMOUNT BZE \$
Poultry	YES→	201		
	←NO			
Other fresh/cured meats	YES→	202		
	←NO			
Fresh/cured fish	YES→	203		
	←NO			
Eggs	YES→	204		
	←NO			
Rice	YES→	205		
	←NO			
Cornmeal/flour	YES→	206		
	←NO			
Cassava flour	YES→	207		
	←NO			
Ground food (cocoa, cassava, yams etc.)	YES→	208		
	←NO			
Plantains	YES→	209		
	←NO			
Other starchy food	YES→	210		
	←NO			
Coconut oil/cohune oil	YES→	211		
	←NO			
Beans/peas	YES→	212		
	←NO			
Vegetables (tomatoes, carrots, lettuce etc.)	YES→	213		
	←NO			
Fresh seasonings (thyme, oregano, hot peppers etc.)	YES→	214		
	←NO			
Milk, dairy product	YES→	215		
	←NO			
Oranges	YES→	216		
	←NO			
Mangoes	YES→	217		
	←NO			
Bananas	YES→	218		
	←NO			
Other fresh fruits	YES→	219		
	←NO			
Alcoholic beverage	YES→	220		
	←NO			

## SECTION 1E: MONTHLY EXPENDITURE

1. During the past month, did this household spend or receive as gift any of the following items?  PUT A “✓” IN THE APPROPRIATE BOX		2. How much did the H/H spend on... [    ], during the past 30 days?  AMOUNT BZE \$	3. What is the value of all that ..[    ].. the H/H received as a gift during the past 30 days?  ESTIMATE MONETARY VALUE AMOUNT BZE \$
Personal care supplies soap, toothpaste/brushes, shaving cream, razors & blades, cosmetics, hair and body care, sanitary napkins, disposable diapers, baby wipes.	YES→ ←NO	301	
Kitchen supplies (napkins, matches, garbage bags, dish washing liquid, scouring pads)	YES→ ←NO	302	
Toilet supplies (toilet paper, cleanser, fresheners)	YES→ ←NO	303	
Laundry supplies (soap powders/bars, bleach, starch, fabric softener, clothes pins)	YES→ ←NO	304	
Other household supplies (mops, liquid cleanser, brooms, light bulbs, batteries, lamps)	YES→ ←NO	305	
Home help services (cook, baby sitter, domestic helper, gardener)	YES→ ←NO	306	
Laundry and dry cleaning services	YES→ ←NO	307	
Rental of equipment (VCR, video cassette, video games)	YES→ ←NO	308	
Repair on furniture or household equipment	YES→ ←NO	309	
Medicines (pills, tonics, drugs, family planning supplies)	YES→ ←NO	310	
Reading materials (Books, magazines, newspapers)	YES→ ←NO	311	
Stationary and writing equipment (pens, pencils, envelopes, stamps, paper, notebook)	YES→ ←NO	312	
Sporting activities (equipment, entrance fees, gear, shoes)	YES→ ←NO	313	
Other recreational activities (cinema, dance clubs, records, tapes, karaoke, mariachi...)	YES→ ←NO	314	
Transportation services (taxi, bus, boat, car, golf cart, rental, air fare)	YES→ ←NO	315	
Gasoline, motor oil, diesel, transmission fluid	YES→ ←NO	316	
Other transport expenses (driver licenses)	YES→ ←NO	317	
Gardening and horticulture (plants, fertilizer, garden equipment, pets)	YES→ ←NO	318	
Telephone, phone cards, cellular, ...	YES→ ←NO	319	

## SECTION 1F: ANNUAL EXPENDITURE

1. During the past 12 months, did this household spend or receive as gift any of the following items?  PUT A "✓" IN THE APPROPRIATE BOX		2. How much did the H/H spend on... [    ], during the past 12 months?	3. What is the value of all ..[    ].. the H/H received as a gift during the past 12 months?
		AMOUNT BZE \$	AMOUNT BZE \$
Shoes, tennis, boots, slippers and sandals for adults	YES→ ←NO	320	
Shoes, tennis, boots, slippers and sandals for children	YES→ ←NO	321	
Adult clothing (suits, dresses, jeans, swim wear, underwear)	YES→ ←NO	322	
Children clothing (shirts, trousers, coats, jeans)	YES→ ←NO	323	
Clothing material (Dacron, linen, cotton, silk)	YES→ ←NO	324	
Accessories (watches, jewelry, sunglasses)	YES→ ←NO	325	
Dinner ware (plates, glasses, knives, forks, spoons, plastic containers)	YES→ ←NO	326	
Cook ware and other small kitchen equipment (ice box, coffee maker, blender, toaster, mixer, hot plate...)	YES→ ←NO	327	
Radio, television, VCR, stereo system, CD player, computer and accessories and other small household equipment (camera, fan, iron)	YES→ ←NO	328	
Refrigerator, freezer, stove, microwave, washing machine, dryer and other large household appliances	YES→ ←NO	329	
Cooking fuel, butane gas, kerosene, fire wood	YES→ ←NO	330	
Tables, chairs, sofa, bed, crib, cabinets and other outdoor furniture	YES→ ←NO	331	
Lawn chairs, picnic table, hammock and other indoor furniture	YES→ ←NO	332	
Bed linens, towels, curtains, carpets and other furnishings	YES→ ←NO	333	
Education expenses (tuition, books, boarding, school bags)	YES→ ←NO	334	
Medical services (doctor's fee, hospital care, spectacles, traditional healer...)	YES→ ←NO	335	
Health Insurance	YES→ ←NO	336	
Motor vehicle insurance	YES→ ←NO	337	
Vehicles taxes, duties, licenses	YES→ ←NO	338	
Purchase of motor vehicles, motor cycles for personal use	YES→ ←NO	339	



Vacation expenses excluding air or sea fares (hotels, travel tax, living expenses)	YES→	340		
	←NO			
Other consumption expenditures flowers, cards, gifts, purchases for special occasions (parties, entertainment relating to weddings, funerals, birthdays, etc.)	YES→	341		
	←NO			
Life & General Insurance Including home insurance	YES→	342		
	←NO			
Donations and gifts (church or union dues, gifts, birthdays, retirement, charities)	YES→	343		
	←NO			
Repayment of loans, interest payments	YES→	344		
	←NO			
Support for children who live elsewhere	YES→	345		
	←NO			
Other maintenance of relatives outside the home	YES→	346		
	←NO			
Social Security	YES→	347		
	←NO			
Pension contribution	YES→	348		
	←NO			
Other non-consumption expenditures (legal services)	YES→	349		
	←NO			
Direct Taxes (income tax, land tax and property tax)	YES→	350		
	←NO			
Boledo, lottery, jackpot, casino and other gambling expenses	YES→	351		
	←NO			

## SECTION 1G: MISCELLANEOUS

	<b>1</b> During the past 12 months, has any member of your household received income in cash or in kind from the following sources?		<b>2.</b> What is the value of all income received by members of this household in cash or in kind from ...[ ]... during the past twelve months?
01	Support for children from parents who live elsewhere?	YES→	
		←NO	
02	Support for parents from siblings who live elsewhere?	YES→	
		←NO	
03	Other relatives or friends who live in Belize?	YES→	
		←NO	
04	Other relatives or friends who live abroad?	YES→	
		←NO	
05	Rental payments for use of land or other property owned by household members?	YES→	
		←NO	
06	Social Welfare?	YES→	
		←NO	
07	Social Security, government/private and other pension fund	YES→	
		←NO	
08	Interest from loans made by household members or from money deposited in the bank or other financial Institutions?	YES→	
		←NO	
09	Dividends?	YES→	
		←NO	
10	Lotteries, gambling, inheritances etc.	YES→	
		←NO	

## SECTION 2: FOR PERSONS 5 YEARS AND OLDER

Person #

### SECTION 2A: GENERAL CHARACTERISTICS

**1. Are you/Is N male or female?**

1. ☐ Male      2. ☐ Female

**2. What was your/N's age at the last birthday?**

Age   Years

**3. To what ethnic or racial group do you/does N belong?**

01. ☐ Creole  
02. ☐ Garifuna  
03. ☐ Maya (Ketchi/Mopan/Yucatecan)  
04. ☐ Mestizo/Spanish/Latino/Hipanic, etc.  
05. ☐ Other (Please specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**4. In what country were you/ was N born?**

\_\_\_\_\_

(IF BELIZE GO TO Q6)

**5. When did you/N come to live in Belize?**

(Year)

**6. What is your/N's relationship to the head of the household?**

01. ☐ Head  
02. ☐ Spouse/partner  
03. ☐ Child/stepchild

04. ☐ Son/daughter-in-law

05. ☐ Grandchild

06. ☐ Other relative

07. ☐ Non-relative

09. ☐ Don't know/Not Stated

(IF 14 YEARS OR OLDER GO TO Q9)

**7. If mother lives in this household:**

Mother's Person #

**8. If father lives in this household:**

Father's Person #:

(GO TO SECTION 2B)

**9. Which of the following is your/N's current union status?**

01. ☐ Legally Married  
02. ☐ Common-law union  
03. ☐ Visiting  
04. ☐ Single  
05. ☐ Other  
09. ☐ Don't know/Not Stated

GO TO SECTION 2B

**10. If spouse/partner lives in this household**

Spouse/partner Person #

### SECTION 2B: HEALTH

**1. Have you/has N had any illness/injury during the past 30 days? E.g. cold, diarrhoea, asthma, illness due to hypertension, diabetes?**

01. ☐ Yes  
02. ☐ No (GO TO Q21)  
09. ☐ Don't know/Not Stated (GO TO Q21)

**2. Is this a recurring illness? E.g. asthma, illness due to hypertension, diabetes?**

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

**3. How long did this last episode of illness/injury last?**

Number of days

**4. How long were you/was N unable to carry out normal activities?**

Number of days

5. Did you/N visit, a doctor, nurse, pharmacist or other health worker during the past 30 days?
01. ☐ Yes, in Belize only
02. ☐ Yes, outside of Belize only
03. ☐ Both
04. ☐ No (GO TO Q9)
09. ☐ Don't know/Not Stated (GO TO Q9)

6. How many visits did you/N make during the past 30 days?

Number of visits

7. Where did the visits take place? (More than one choice acceptable)
- |                                    | Yes                      | No                       | DK/NS                    |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 01. Public hospital                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02. Private hospital               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03. Private doctor's office        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04. Public health center/post      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05. Traditional healer/bush doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06. Health facilities abroad       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07. Other (specify _____)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. How much did you/N have to pay for all visits made during the last 30 days? Do not include the cost of medicines nor any cost paid by your insurance.

- A. Local Private Facilities BZE \$:
- B. Local Public Facilities BZE \$
- C. Health Facility Abroad BZE \$
- D. Traditional Healer BZE \$

9. Did you/has N spend a night in a public hospital or other public health establishment in the past 30 days?

01. ☐ Yes
02. ☐ No (GO TO Q12)
09. ☐ Don't know/Not Stated (GO TO Q12)

10. How many nights did you/N spend in the public hospital during the past 30 days?

Number of nights

11. How much have you/has N paid or will pay altogether for this stay in a public hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE \$

12. Did you/N spend a night in a private hospital or any other private health establishment in the past 30 days?

01. ☐ Yes
02. ☐ No (GO TO Q15)
09. ☐ Don't know/Not Stated (GO TO Q15)

13. How many nights did you/N spend in the private hospital during the past 30 days?

Number of nights

14. How much have you/has N paid or will pay altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE\$

15. Did you/N spend a night in a health facility abroad in the past 30 days?

01. ☐ Yes
02. ☐ No (GO TO Q18)
09. ☐ Don't know/Not Stated (GO TO Q18)

16. How many nights did you/N spend in the health facility abroad in the past 30 days?

Number of nights

17. How much have you/has N paid or will pay altogether for this stay in the health facility abroad? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE\$

18. Did you/N buy medicine during the past 30 days for this illness/injury?

01. ☐ Yes, locally only
02. ☐ Yes, abroad only
03. ☐ Yes, locally and abroad
04. ☐ No (GO TO Q21)
09. ☐ Don't know/Not Stated (GO TO Q21)

19. Did you/N purchase medicine in a public or private facility?

01. ☐ Yes, Public only
02. ☐ Yes, Private only
03. ☐ Both Public and Private
09. ☐ Don't Know/Not Stated (GO TO Q21)

20. How much did you/N spend on medicine at the following facilities? Do not include any cost paid by your insurance.

- A. Local Private Facilities BZE \$:
- B. Local Public Facilities BZE \$
- C. Health Facility Abroad BZE \$
- D. Traditional Healer BZE \$

21. Are you/is N covered by private insurance?

01. ☐ Yes
02. ☐ No
09. ☐ Don't know/Not Stated

22. Did you/N visit any of the following health facilities during the past 12 months?

- |                           | Yes<br>(1)               | No<br>(2)                | DK/NS<br>(9)             |
|---------------------------|--------------------------|--------------------------|--------------------------|
| A. Local Private Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Health Facility abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Traditional Healer     | <input type="checkbox"/> | <input type="checkbox"/> |                          |

☐

(IF YES FOR ALL GO TO Q24 ELSE CONTINUE)

IF 'NO' FOR ALL IN Q22 ANSWER Q23 THEN, GO TO SECTION 2C, ELSE CONTINUE

23. What is your/N's main reason for no visits?

01. Not sick
02. Can't afford it
03. Waiting time too long
04. Does not provide type of service required
05. Opening hours inappropriate
06. Service quality not good
07. Too far
08. Used home remedies
09. Did not want to/not sick enough
10. Other (specify \_\_\_\_\_)
99. Don't know/Not Stated

- A. Local Private Facility ☐ ☐
- B. Local Public Facility ☐ ☐
- C. Health Facility Abroad ☐ ☐
- D. Traditional Healer ☐ ☐

24. How many visits did you/N make in the past 12 months.

Number of visits

- A. Local Private Facility
- B. Local Public Facility
- C. Health Facility abroad
- D. Traditional Healer

25. What is the main reason for your/N's last visit?

01. Pre/post natal care/newborn checkup
02. Immunization/child health
03. Check up
04. Consult/treatment for acute illness
05. Consult/treatment for chronic illness
06. Hospitalization
07. Diagnostic services
08. Dental care
09. Other (specify \_\_\_\_\_)
99. Don't know/Not Stated

- A. Local Private Facility ☐ ☐
- B. Local Public Facility ☐ ☐
- C. Health Facility abroad ☐ ☐
- D. Traditional Healer ☐ ☐

26. Did you/N have an appointment?

Yes No DK/NS  
(1) (2) (9)

- A. Local Private Facility ☐ ☐ ☐
- B. Local Public Facility ☐ ☐ ☐
- C. Health Facility abroad ☐ ☐ ☐
- D. Traditional Healer ☐ ☐ ☐

27. On a scale of 1 to 5, how satisfied were you/ was N with the quality of service?

01. Very dissatisfied
02. Dissatisfied
03. Neither dissatisfied nor satisfied
04. Satisfied
05. Very satisfied

- A. Local Private Facility ☐ ☐
- B. Local Public Facility ☐ ☐

C. Health Facility abroad

☐☐

## SECTION 2C: EDUCATION

**1. Are you/ is N enrolled in formal school full-time or part-time?**

01. ☐ Yes, full-time  
02. ☐ Yes, part-time  
03. ☐ No (GO TO Q14)  
09. ☐ Don't know/Not Stated (GO TO Q14)

**2. What type of school are you/is N attending?**

01. ☐ Primary  
02. ☐ Secondary  
03. ☐ Sixth Form  
04. ☐ U.B. (GO TO Q4)  
05. ☐ Foreign University (GO TO Q4)  
06. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**3. In what standard/form/year are you/is N presently?**

Std/Form/Year \_\_\_\_\_  
(GO TO Q5)

**4. What type of programme are you/is N doing currently?**

01. ☐ Associate Degree  
02. ☐ Undergraduate Degree  
03. ☐ Graduate Degree  
(IF 05 IN Q2 IS ANSWERED, GO TO Q12)

**5. How far is your/N's school from this house?**

Number of miles: ☐☐

**6. How do you/does N usually get to school?**

01. ☐ Walk  
02. ☐ Cycle  
03. ☐ School bus  
04. ☐ Public transport  
05. ☐ Private vehicle  
06. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**7. During the past 4 weeks that school was in session, how many days did you/N miss?**

Q9

Number of days: ☐☐ IF '00' GO TO

**8. What were the main reasons for your/N's absence from school?**

01. ☐ Own illness  
02. ☐ Truancy  
03. ☐ Working  
04. ☐ Duties at home  
05. ☐ Transport problems  
06. ☐ Uniform problems  
07. ☐ Rain  
08. ☐ Money problems  
09. ☐ Had to run an errand  
10. ☐ Other (specify \_\_\_\_\_)  
99. ☐ Don't know/Not Stated

IF Q2 IS '03' TO '09', GO TO Q12

**9. Does your/N's school operate a school-feeding programme?**

01. ☐ Yes  
02. ☐ No (GO TO Q11)  
09. ☐ Don't know/Not Stated

**10. Do you/N usually eat the meal provided by the school-feeding programme?**

01. ☐ Yes (GO TO Q12)  
02. ☐ No  
09. ☐ Don't know/Not Stated

**11. What do you/ does N usually eat?**

01. ☐ Snack/meal from school canteen/vendor  
02. ☐ Snacks/meal from home  
03. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**12. How much did your/N's household pay for schooling for the period September to December 2001 for the following school expenses?**

- a. Extra lessons : \_\_\_\_\_  
(Outside school hours)  
b. Transport: \_\_\_\_\_  
c. Lunch and snacks: \_\_\_\_\_  
d. Uniforms: \_\_\_\_\_  
e. Books: \_\_\_\_\_

- f. Other Supplies: \_\_\_\_\_  
 g. Boarding & lodging: \_\_\_\_\_  
 h. Education fees: \_\_\_\_\_

(Include activity fees and other school costs)

**13. Do you/ does N receive any financial assistance?  
 (Main source only)**

01. ☐ None  
 02. ☐ Grant/Scholarship  
 03. ☐ Family/Friend  
 04. ☐ Private donor  
 05. ☐ Student Loan  
 06. ☐ Other (Specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D,  
 ELSE GO TO Q17**

**14. What type of school did you/N last attend?**

01. ☐ None **(LESS THAN 14 YEARS GO TO  
 Q17, ELSE GO TO SECTION 2D)**  
 02. ☐ Pre-school/Nursery/Kindergarten  
 03. ☐ Primary  
 04. ☐ Secondary  
 05. ☐ Technical/vocational  
 06. ☐ Sixth Form  
 07. ☐ Teacher's College  
 08. ☐ Nursing School  
 09. ☐ Agricultural College  
 10. ☐ U.B.  
 11. ☐ Foreign University  
 12. ☐ Other (specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**15. What is the last standard/form/year that you/ N  
 completed?**

**Std/Form/Year** \_\_\_\_\_

**16. What is the highest certificate, diploma or degree  
 that you/N attained?**

01. ☐ None  
 02. ☐ Primary School Certificate  
 03. ☐ High School Diploma  
 04. ☐ GCE 'O' Levels or CXC  
 05. ☐ Sixth Form Diploma/Associate's Degree

**(INTERVIEWER: QUESTION 16  
 CONTINUES ON THE TOP RIGHT HAND  
 SIDE OF THIS PAGE)**

**QUESTION 16 CONTINUE**

06. ☐ Teacher's College Diploma  
 07. ☐ Nursing School Diploma  
 08. ☐ Agricultural College Diploma  
 09. ☐ GCE 'A' Levels  
 10. ☐ Bachelors Degree  
 11. ☐ Masters Degree  
 12. ☐ Ph.D. Degree  
 13. ☐ Post Graduate Diploma  
 14. ☐ Other (specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D,  
 ELSE CONTINUE**

**17. Do you/ does N have any money earning  
 activity?**

01. ☐ Yes  
 02. ☐ No **(End Interview for this Person)**  
 09. ☐ DK/NS **(End Interview for this Person)**

**18. What type of activity are you/is N involved in?**

01. ☐ Own business with paid help  
 02. ☐ Own business without paid help  
 03. ☐ Paid employee, Government  
 04. ☐ Paid employee, quasi government  
 05. ☐ Paid employee, private  
 06. ☐ Unpaid family worker  
 09. ☐ Don't know/Not Stated

**19. When do you /does N do this activity?**

01. ☐ After school  
 02. ☐ On weekends  
 03. ☐ Missed school in order to do this  
 04. ☐ While at school  
 05. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**20. How many hours per day do you/does N do this  
 activity?**

Number of hours:

**IF DON'T KNOW NOT STATED '99'**  
(END INTERVIEW FOR THIS PERSON)

**SECTION 2D: ECONOMIC ACTIVITY - FOR ALL PERSONS 14 YEARS AND OLDER**

1. **LAST WEEK, did you/N do any work for pay, profit or family gain for at least one hour?**

01. ☐ Yes (GO TO Q6)

02. ☐ No

09. ☐ Don't know/Not Stated

2. **Did you/N engage in any activity on the following list for pay, profit or family gain for at least one hour, LAST WEEK?**

- a) Babysitting
- b) Sell pastries/ food from home
- c) Domestic (laundry, ironing, cleaning)
- d) Sell sweets from home (fudge, tableta, etc.)
- e) Cleaning yard/ Cutting grass
- f) Sewing for pay
- g) Nurses' aid – for pay (for elderly)
- h) Clean offices
- i) Subsistence farming
- j) Car washing
- k) Sell food or snacks at market/bus stops/school
- l) Taxi-driver
- m) Barber or hair dresser
- n) Bicycle cart deliveries
- o) Any other activities for pay, profit or family gain.

01. ☐ Yes (GO TO Q6)

02. ☐ No

09. ☐ Don't know/Not Stated

3. **Did you/N have a job/business/farm from which you were/N was temporarily absent LAST WEEK?**

01. ☐ Yes (GO TO Q6)

02. ☐ No

09. ☐ Don't know/Not Stated

4. **Could you/N have started a job in the past two weeks if a job had been offered or you/N had the opportunity to work?**

01. ☐ Yes (End Interview for this Person)

02. ☐ No

09. ☐ DK/NS

5. **Why?**

01. ☐ In school/Training

02. ☐ Illness

03. ☐ Disability

04. ☐ Home/Family duties

05. ☐ Retirement

06. ☐ Other (specify\_\_\_\_\_)

09. ☐ Don't know/Not Stated

(END INTERVIEW FOR THIS PERSON)

6. **Did you/ N have more than one job/enterprise/activity LAST WEEK?**

01. ☐ Yes

02. ☐ No

09. ☐ Don't know/Not Stated

7. **What category of worker are you/N in your/N's job/s?**

	Main	Other
01. Own business, paid help	<input type="checkbox"/>	<input type="checkbox"/>
02. Own business, without paid help	<input type="checkbox"/>	<input type="checkbox"/>
03. Paid employee- Gov.	<input type="checkbox"/>	<input type="checkbox"/>
04. Paid employee – Quasi Gov	<input type="checkbox"/>	<input type="checkbox"/>
05. Paid employee – Private	<input type="checkbox"/>	<input type="checkbox"/>
06. Unpaid family worker	<input type="checkbox"/>	<input type="checkbox"/>
09. Don't know/Not Stated	<input type="checkbox"/>	<input type="checkbox"/>

8. **What is your job title?**

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

**Other Job**

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

9. **What is the name and address of the business where you/N worked and what type of business is carried on there?**

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

**Other Job**

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

10. How many hours do you/does N usually work/  
worked in all jobs last week?

Hours usually worked:

Hours worked last week:

Number of miles:

11. How far do you/does N live from work?

12. What main type of transportation do you/does  
N usually use to get to work?

01. ☐ Walk  
02. ☐ Public bus  
03. ☐ Company vehicle  
04. ☐ Private vehicle  
05. ☐ Bicycle  
06. ☐ Motorcycle  
07. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

13. How long do you/does N take to get to work?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

14. Are you/is N receiving social welfare assistance?

01. ☐ Yes  
02. ☐ No  
09. ☐ DK/NS

(END INTERVIEW FOR THIS PERSON)



## SECTION 2: FOR PERSONS 5 YEARS AND OLDER

Person #

### SECTION 2A: GENERAL CHARACTERISTICS

**1. Are you/Is N male or female?**

1. ☐ Male      2. ☐ Female

**2. What was your/N's age at the last birthday?**

Age   Years

**3. To what ethnic or racial group do you/does N belong?**

01. ☐ Creole  
02. ☐ Garifuna  
03. ☐ Maya (Ketchi/Mopan/Yucatecan)  
04. ☐ Mestizo/Spanish/Latino/Hipanic, etc.  
05. ☐ Other (Please specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**4. In what country were you/ was N born?**

(IF BELIZE GO TO Q6)

**5. When did you/N come to live in Belize?**

(Year)

**6. What is your/N's relationship to the head of the household?**

01. ☐ Head  
02. ☐ Spouse/partner  
03. ☐ Child/stepchild

04. ☐ Son/daughter-in-law

05. ☐ Grandchild

06. ☐ Other relative

07. ☐ Non-relative

09. ☐ Don't know/Not Stated

(IF 14 YEARS OR OLDER GO TO Q9)

**7. If mother lives in this household:**

Mother's Person #

**8. If father lives in this household:**

Father's Person #:

(GO TO SECTION 2B)

**9. Which of the following is your/N's current union status?**

01. ☐ Legally Married  
02. ☐ Common-law union  
03. ☐ Visiting  
04. ☐ Single  
05. ☐ Other  
09. ☐ Don't know/Not Stated

GO TO SECTION 2B

**10. If spouse/partner lives in this household**

Spouse/partner Person #

### SECTION 2B: HEALTH

**1. Have you/has N had any illness/injury during the past 30 days? E.g. cold, diarrhoea, asthma, illness due to hypertension, diabetes?**

01. ☐ Yes  
02. ☐ No (GO TO Q21)

09. ☐ Don't know/Not Stated (GO TO Q21)

**2. Is this a recurring illness? E.g. asthma, illness due to hypertension, diabetes?**

01. ☐ Yes

02. ☐ No
09. ☐ Don't know/Not Stated
3. **How long did this last episode of illness/injury last?**
- Number of days
4. **How long were you/was N unable to carry out normal activities?**
- Number of days
5. **Did you/N visit, a doctor, nurse, pharmacist or other health worker during the past 30 days?**
01. ☐ Yes, in Belize only
02. ☐ Yes, outside of Belize only
03. ☐ Both
04. ☐ No (GO TO Q9)
09. ☐ Don't know/Not Stated (GO TO Q9)
6. **How many visits did you/N make during the past 30 days?**
- Number of visits
7. **Where did the visits take place? (More than one choice acceptable)**
- |                                    | Yes                      | No                       | DK/NS                    |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 01. Public hospital                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02. Private hospital               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03. Private doctor's office        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04. Public health center/post      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05. Traditional healer/bush doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06. Health facilities abroad       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07. Other (specify _____)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
8. **How much did you/N have to pay for all visits made during the last 30 days? Do not include the cost of medicines nor any cost paid by your insurance.**
- A. Local Private Facilities BZE \$:
- B. Local Public Facilities BZE \$:
- C. Health Facility Abroad BZE \$:
- D. Traditional Healer BZE \$:

9. **Did you/has N spend a night in a public hospital or other public health establishment in the past 30 days?**
01. ☐ Yes
02. ☐ No (GO TO Q12)
09. ☐ Don't know/Not Stated (GO TO Q12)
10. **How many nights did you/N spend in the public hospital during the past 30 days?**
- Number of nights
11. **How much have you/has N paid or will pay altogether for this stay in a public hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**
- BZE \$
12. **Did you/N spend a night in a private hospital or any other private health establishment in the past 30 days?**
01. ☐ Yes
02. ☐ No (GO TO Q15)
09. ☐ Don't know/Not Stated (GO TO Q15)
13. **How many nights did you/N spend in the private hospital during the past 30 days?**
- Number of nights
14. **How much have you/has N paid or will pay altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**
- BZE\$
15. **Did you/N spend a night in a health facility abroad in the past 30 days?**
01. ☐ Yes
02. ☐ No (GO TO Q18)
09. ☐ Don't know/Not Stated (GO TO Q18)
16. **How many nights did you/N spend in the health facility abroad in the past 30 days?**
- Number of nights
17. **How much have you/has N paid or will pay altogether for this stay in the health facility abroad? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**
- BZE\$
18. **Did you/N buy medicine during the past 30 days for this illness/injury?**

01. ☐ Yes, locally only  
 02. ☐ Yes, abroad only  
 03. ☐ Yes, locally and abroad  
 04. ☐ No (GO TO Q21)  
 09. ☐ Don't know/Not Stated (GO TO Q21)

**19. Did you/N purchase medicine in a public or private facility?**

01. ☐ Yes, Public only  
 02. ☐ Yes, Private only  
 03. ☐ Both Public and Private  
 09. ☐ Don't Know/Not Stated (GO TO Q21)

**20. How much did you/N spend on medicine at the following facilities? Do not include any cost paid by your insurance.**

- A. Local Private Facilities BZE \$:   
 B. Local Public Facilities BZE \$   
 C. Health Facility Abroad BZE \$   
 D. Traditional Healer BZE \$

**21. Are you/is N covered by private insurance?**

01. ☐ Yes  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

**22. Did you/N visit any of the following health facilities during the past 12 months?**

- |                           | Yes<br>(1)               | No<br>(2)                | DK/NS<br>(9)             |
|---------------------------|--------------------------|--------------------------|--------------------------|
| A. Local Private Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Health Facility abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Traditional Healer     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐

(IF YES FOR ALL GO TO Q24 ELSE CONTINUE)

IF 'NO' FOR ALL IN Q22 ANSWER Q23 THEN, GO TO SECTION 2C, ELSE CONTINUE

**23. What is your/N's main reason for no visits?**

01. Not sick  
 02. Can't afford it  
 03. Waiting time too long  
 04. Does not provide type of service required  
 05. Opening hours inappropriate  
 06. Service quality not good

07. Too far  
 08. Used home remedies  
 09. Did not want to/not sick enough  
 10. Other (specify \_\_\_\_\_)  
 99. Don't know/Not Stated

- A. Local Private Facility ☐ ☐  
 B. Local Public Facility ☐ ☐  
 C. Health Facility Abroad ☐ ☐  
 D. Traditional Healer ☐ ☐

**24. How many visits did you/N make in the past 12 months.**

Number of visits

- A. Local Private Facility ☐ ☐  
 B. Local Public Facility ☐ ☐  
 C. Health Facility abroad ☐ ☐  
 D. Traditional Healer ☐ ☐

**25. What is the main reason for your/N's last visit?**

01. Pre/post natal care/newborn checkup  
 02. Immunization/child health  
 03. Check up  
 04. Consult/treatment for acute illness  
 05. Consult/treatment for chronic illness  
 06. Hospitalization  
 07. Diagnostic services  
 08. Dental care  
 09. Other (specify \_\_\_\_\_)  
 99. Don't know/Not Stated

- A. Local Private Facility ☐ ☐  
 B. Local Public Facility ☐ ☐  
 C. Health Facility abroad ☐ ☐  
 D. Traditional Healer ☐ ☐

**26. Did you/N have an appointment?**

- |                           | Yes<br>(1)               | No<br>(2)                | DK/NS<br>(9)             |
|---------------------------|--------------------------|--------------------------|--------------------------|
| A. Local Private Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- C. Health Facility abroad ☐ ☐ ☐
- D. Traditional Healer ☐ ☐ ☐

**27. On a scale of 1 to 5, how satisfied were you/ was N with the quality of service?**

01. Very dissatisfied  
 02. Dissatisfied  
 03. Neither dissatisfied nor satisfied  
 04. Satisfied

## SECTION 2C: EDUCATION

**1. Are you/ is N enrolled in formal school full-time or part-time?**

01. ☐ Yes, full-time  
 02. ☐ Yes, part-time  
 03. ☐ No (GO TO Q14)  
 09. ☐ Don't know/Not Stated (GO TO Q14)

**2. What type of school are you/is N attending?**

01. ☐ Primary  
 02. ☐ Secondary  
 03. ☐ Sixth Form  
 04. ☐ U.B. (GO TO Q4)  
 05. ☐ Foreign University (GO TO Q4)  
 06. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**3. In what standard/form/year are you/is N presently?**

Std/Form/Year \_\_\_\_\_

(GO TO Q5)

**4. What type of programme are you/is N doing currently?**

01. ☐ Associate Degree  
 02. ☐ Undergraduate Degree  
 03. ☐ Graduate Degree  
 (IF 05 IN Q2 IS ANSWERED, GO TO Q12)

**5. How far is your/N's school from this house?**

Number of miles: ☐ ☐

**6. How do you/does N usually get to school?**

01. ☐ Walk  
 02. ☐ Cycle  
 03. ☐ School bus  
 04. ☐ Public transport  
 05. ☐ Private vehicle

05. Very satisfied

- A. Local Private Facility ☐ ☐
- B. Local Public Facility ☐ ☐
- C. Health Facility abroad ☐ ☐

06. ☐ Other (specify \_\_\_\_\_)

09. ☐ Don't know/Not Stated

**7. During the past 4 weeks that school was in session, how many days did you/N miss?**

Number of days: ☐ ☐ IF '00' GO TO

**Q9**

**8. What were the main reasons for your/N's absence from school?**

01. ☐ Own illness  
 02. ☐ Truancy  
 03. ☐ Working  
 04. ☐ Duties at home  
 05. ☐ Transport problems  
 06. ☐ Uniform problems  
 07. ☐ Rain  
 08. ☐ Money problems  
 09. ☐ Had to run an errand  
 10. ☐ Other (specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**IF Q2 IS '03' TO '09', GO TO Q12**

**9. Does your/N's school operate a school-feeding programme?**

01. ☐ Yes  
 02. ☐ No (GO TO Q11)  
 09. ☐ Don't know/Not Stated

**10. Do you/N usually eat the meal provided by the school-feeding programme?**

01. ☐ Yes (GO TO Q12)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

**11. What do you/ does N usually eat?**

01. ☐ Snack/meal from school canteen/vendor  
 02. ☐ Snacks/meal from home

03. ☐ Other (specify \_\_\_\_\_)

09. ☐ Don't know/Not Stated

**12. How much did your/N's household pay for schooling for the period September to December 2001 for the following school expenses?**

- a. Extra lessons : \_\_\_\_\_  
(Outside school hours)
- b. Transport: \_\_\_\_\_
- c. Lunch and snacks: \_\_\_\_\_
- d. Uniforms: \_\_\_\_\_
- e. Books: \_\_\_\_\_
- f. Other Supplies: \_\_\_\_\_
- g. Boarding & lodging: \_\_\_\_\_
- h. Education fees: \_\_\_\_\_

(Include activity fees and other school costs)

**13. Do you/ does N receive any financial assistance? (Main source only)**

- 01. ☐ None
- 02. ☐ Grant/Scholarship
- 03. ☐ Family/Friend
- 04. ☐ Private donor
- 05. ☐ Student Loan
- 06. ☐ Other (Specify \_\_\_\_\_)
- 09. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D, ELSE GO TO Q17**

**14. What type of school did you/N last attend?**

- 01. ☐ None (**LESS THAN 14 YEARS GO TO Q17, ELSE GO TO SECTION 2D**)
- 02. ☐ Pre-school/Nursery/Kindergarten
- 03. ☐ Primary
- 04. ☐ Secondary
- 05. ☐ Technical/vocational
- 06. ☐ Sixth Form
- 07. ☐ Teacher's College
- 08. ☐ Nursing School
- 09. ☐ Agricultural College
- 10. ☐ U.B.
- 11. ☐ Foreign University
- 12. ☐ Other (specify \_\_\_\_\_)
- 99. ☐ Don't know/Not Stated

**15. What is the last standard/form/year that you/ N completed?**

Std/Form/Year \_\_\_\_\_

**16. What is the highest certificate, diploma or degree that you/N attained?**

- 01. ☐ None
- 02. ☐ Primary School Certificate
- 03. ☐ High School Diploma
- 04. ☐ GCE 'O' Levels or CXC
- 05. ☐ Sixth Form Diploma/Associate's Degree

**(INTERVIEWER: QUESTION 16 CONTINUES ON THE TOP RIGHT HAND SIDE OF THIS PAGE)**

**QUESTION 16 CONTINUE**

- 06. ☐ Teacher's College Diploma
- 07. ☐ Nursing School Diploma
- 08. ☐ Agricultural College Diploma
- 09. ☐ GCE 'A' Levels
- 10. ☐ Bachelors Degree
- 11. ☐ Masters Degree
- 12. ☐ Ph.D. Degree
- 13. ☐ Post Graduate Diploma
- 14. ☐ Other (specify \_\_\_\_\_)
- 99. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D, ELSE CONTINUE**

**17. Do you/ does N have any money earning activity?**

- 01. ☐ Yes
- 02. ☐ No (**End Interview for this Person**)
- 09. ☐ DK/NS (**End Interview for this Person**)

**18. What type of activity are you/is N involved in?**

- 01. ☐ Own business with paid help
- 02. ☐ Own business without paid help
- 03. ☐ Paid employee, Government
- 04. ☐ Paid employee, quasi government
- 05. ☐ Paid employee, private
- 06. ☐ Unpaid family worker
- 09. ☐ Don't know/Not Stated

**19. When do you /does N do this activity?**

- 01. ☐ After school

02. ☐ On weekends  
 03. ☐ Missed school in order to do this  
 04. ☐ While at school  
 05. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

20. How many hours per day do you/does N do this activity?

Number of hours:

**IF DON'T KNOW NOT STATED '99'**  
**(END INTERVIEW FOR THIS PERSON)**

## SECTION 2D: ECONOMIC ACTIVITY - FOR ALL PERSONS 14 YEARS AND OLDER

1. LAST WEEK, did you/N do any work for pay, profit or family gain for at least one hour?

01. ☐ Yes (GO TO Q6)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

2. Did you/N engage in any activity on the following list for pay, profit or family gain for at least one hour, LAST WEEK?

- a) Babysitting  
 b) Sell pastries/ food from home  
 c) Domestic (laundry, ironing, cleaning)  
 d) Sell sweets from home (fudge, tableta, etc.)  
 e) Cleaning yard/ Cutting grass  
 f) Sewing for pay  
 g) Nurses' aid – for pay (for elderly)  
 h) Clean offices  
 i) Subsistence farming  
 j) Car washing  
 k) Sell food or snacks at market/bus stops/school  
 l) Taxi-driver  
 m) Barber or hair dresser  
 n) Bicycle cart deliveries  
 o) Any other activities for pay, profit or family gain.

01. ☐ Yes (GO TO Q6)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

3. Did you/N have a job/business/farm from which you were/N was temporarily absent LAST WEEK?

01. ☐ Yes (GO TO Q6)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

4. Could you/N have started a job in the past two weeks if a job had been offered or you/N had the opportunity to work?

01. ☐ Yes (End Interview for this Person)  
 02. ☐ No  
 09. ☐ DK/NS

5. Why?

01. ☐ In school/Training

02. ☐ Illness  
 03. ☐ Disability  
 04. ☐ Home/Family duties  
 05. ☐ Retirement  
 06. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**(END INTERVIEW FOR THIS PERSON)**

6. Did you/ N have more than one job/enterprise/activity LAST WEEK?

01. ☐ Yes  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

7. What category of worker are you/N in your/N's job/s?

	Main	Other
01. Own business, paid help	<input type="checkbox"/>	<input type="checkbox"/>
02. Own business, without paid help	<input type="checkbox"/>	<input type="checkbox"/>
03. Paid employee- Gov.	<input type="checkbox"/>	<input type="checkbox"/>
04. Paid employee – Quasi Gov	<input type="checkbox"/>	<input type="checkbox"/>
05. Paid employee – Private	<input type="checkbox"/>	<input type="checkbox"/>
06. Unpaid family worker	<input type="checkbox"/>	<input type="checkbox"/>
09. Don't know/Not Stated	<input type="checkbox"/>	<input type="checkbox"/>

8. What is your job title?

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

Other Job

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

9. What is the name and address of the business where you/N worked and what type of business is carried on there?

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

**Other Job**

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

10. How many hours do you/does N usually work/ worked in all jobs last week?

Number of miles:

Hours usually worked:

Hours worked last week:

11. How far do you/does N live from work?

12. What main type of transportation do you/does N usually use to get to work?

01. ☐ Walk  
02. ☐ Public bus  
03. ☐ Company vehicle  
04. ☐ Private vehicle  
05. ☐ Bicycle  
06. ☐ Motorcycle  
07. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

13. How long do you/does N take to get to work?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

14. Are you/is N receiving social welfare assistance?

01. ☐ Yes  
02. ☐ No  
09. ☐ DK/NS

(END INTERVIEW FOR THIS PERSON)

## SECTION 2: FOR PERSONS 5 YEARS AND OLDER

Person #

### SECTION 2A: GENERAL CHARACTERISTICS

**1. Are you/Is N male or female?**

1. ☐ Male      2. ☐ Female

**2. What was your/N's age at the last birthday?**

Age   Years

**3. To what ethnic or racial group do you/does N belong?**

01. ☐ Creole  
02. ☐ Garifuna  
03. ☐ Maya (Ketchi/Mopan/Yucatecan)  
04. ☐ Mestizo/Spanish/Latino/Hipanic, etc.  
05. ☐ Other (Please specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**4. In what country were you/ was N born?**

\_\_\_\_\_

(IF BELIZE GO TO Q6)

**5. When did you/N come to live in Belize?**

(Year)

**6. What is your/N's relationship to the head of the household?**

01. ☐ Head  
02. ☐ Spouse/partner  
03. ☐ Child/stepchild

04. ☐ Son/daughter-in-law

05. ☐ Grandchild

06. ☐ Other relative

07. ☐ Non-relative

09. ☐ Don't know/Not Stated

(IF 14 YEARS OR OLDER GO TO Q9)

**7. If mother lives in this household:**

Mother's Person #

**8. If father lives in this household:**

Father's Person #:

(GO TO SECTION 2B)

**9. Which of the following is your/N's current union status?**

01. ☐ Legally Married  
02. ☐ Common-law union  
03. ☐ Visiting  
04. ☐ Single  
05. ☐ Other  
09. ☐ Don't know/Not Stated

GO TO SECTION 2B

**10. If spouse/partner lives in this household**

Spouse/partner Person #

### SECTION 2B: HEALTH

**1. Have you/has N had any illness/injury during the past 30 days? E.g. cold, diarrhoea, asthma, illness due to hypertension, diabetes?**

01. ☐ Yes

02. ☐ No (GO TO Q21)

09. ☐ Don't know/Not Stated (GO TO Q21)



2. Is this a recurring illness? E.g. asthma, illness due to hypertension, diabetes?

01. ☐ Yes

02. ☐ No

09. ☐ Don't know/Not Stated

3. How long did this last episode of illness/injury last?

Number of days

4. How long were you/was N unable to carry out normal activities?

Number of days

5. Did you/N visit, a doctor, nurse, pharmacist or other health worker during the past 30 days?

01. ☐ Yes, in Belize only

02. ☐ Yes, outside of Belize only

03. ☐ Both

04. ☐ No (GO TO Q9)

09. ☐ Don't know/Not Stated (GO TO Q9)

6. How many visits did you/N make during the past 30 days?

Number of visits

7. Where did the visits take place? (More than one choice acceptable)

	Yes	No	DK/NS
01. Public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Private hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Private doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Public health center/post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Traditional healer/bush doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Health facilities abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Other (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How much did you/N have to pay for all visits made during the last 30 days? Do not include the cost of medicines nor any cost paid by your insurance.

A. Local Private Facilities BZE \$:

B. Local Public Facilities BZE \$:

C. Health Facility Abroad BZE \$:

D. Traditional Healer BZE \$

9. Did you/has N spend a night in a public hospital or other public health establishment in the past 30 days?

01. ☐ Yes

02. ☐ No (GO TO Q12)

09. ☐ Don't know/Not Stated (GO TO Q12)

10. How many nights did you/N spend in the public hospital during the past 30 days?

Number of nights

11. How much have you/has N paid or will pay altogether for this stay in a public hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE \$

12. Did you/N spend a night in a private hospital or any other private health establishment in the past 30 days?

01. ☐ Yes

02. ☐ No (GO TO Q15)

09. ☐ Don't know/Not Stated (GO TO Q15)

13. How many nights did you/N spend in the private hospital during the past 30 days?

Number of nights

14. How much have you/has N paid or will pay altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE\$

15. Did you/N spend a night in a health facility abroad in the past 30 days?

01. ☐ Yes

02. ☐ No (GO TO Q18)

09. ☐ Don't know/Not Stated (GO TO Q18)

16. How many nights did you/N spend in the health facility abroad in the past 30 days?

Number of nights

17. How much have you/has N paid or will pay altogether for this stay in the health facility abroad? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE\$

**18. Did you/N buy medicine during the past 30 days for this illness/injury?**

01. ☐ Yes, locally only  
 02. ☐ Yes, abroad only  
 03. ☐ Yes, locally and abroad  
 04. ☐ No **(GO TO Q21)**  
 09. ☐ Don't know/Not Stated **(GO TO Q21)**

**19. Did you/N purchase medicine in a public or private facility?**

01. ☐ Yes, Public only  
 02. ☐ Yes, Private only  
 03. ☐ Both Public and Private  
 09. ☐ Don't Know/Not Stated **(GO TO Q21)**

**20. How much did you/N spend on medicine at the following facilities? Do not include any cost paid by your insurance.**

- A. Local Private Facilities BZE \$:   
 B. Local Public Facilities BZE \$   
 C. Health Facility Abroad BZE \$   
 D. Traditional Healer BZE \$

**21. Are you/is N covered by private insurance?**

01. ☐ Yes  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

**22. Did you/N visit any of the following health facilities during the past 12 months?**

- |                           | Yes<br>(1)               | No<br>(2)                | DK/NS<br>(9)             |
|---------------------------|--------------------------|--------------------------|--------------------------|
| A. Local Private Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Health Facility abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Traditional Healer     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐

**(IF YES FOR ALL GO TO Q24 ELSE CONTINUE)**

**IF 'NO' FOR ALL IN Q22 ANSWER Q23 THEN, GO TO SECTION 2C, ELSE CONTINUE**

**23. What is your/N's main reason for no visits?**

01. Not sick  
 02. Can't afford it  
 03. Waiting time too long

04. Does not provide type of service required  
 05. Opening hours inappropriate  
 06. Service quality not good  
 07. Too far  
 08. Used home remedies  
 09. Did not want to/not sick enough  
 10. Other (specify \_\_\_\_\_)  
 99. Don't know/Not Stated

A. Local Private Facility

☐ ☐

B. Local Public Facility

☐ ☐

C. Health Facility Abroad

☐ ☐

D. Traditional Healer

☐ ☐

**24. How many visits did you/N make in the past 12 months.**

Number of visits

A. Local Private Facility

☐ ☐

B. Local Public Facility

☐ ☐

C. Health Facility abroad

☐ ☐

D. Traditional Healer

☐ ☐

**25. What is the main reason for your/N's last visit?**

01. Pre/post natal care/newborn checkup  
 02. Immunization/child health  
 03. Check up  
 04. Consult/treatment for acute illness  
 05. Consult/treatment for chronic illness  
 06. Hospitalization  
 07. Diagnostic services  
 08. Dental care  
 09. Other (specify \_\_\_\_\_)  
 99. Don't know/Not Stated

A. Local Private Facility

☐ ☐

B. Local Public Facility

☐ ☐

C. Health Facility abroad

☐ ☐

D. Traditional Healer

☐ ☐

**26. Did you/N have an appointment?**

Yes No DK/NS  
 (1) (2) (9)

- A. Local Private Facility ☐ ☐ ☐
- B. Local Public Facility ☐ ☐ ☐
- C. Health Facility abroad ☐ ☐ ☐
- D. Traditional Healer ☐ ☐ ☐

**27. On a scale of 1 to 5, how satisfied were you/ was N with the quality of service?**

01. Very dissatisfied  
02. Dissatisfied

## SECTION 2C: EDUCATION

**1. Are you/ is N enrolled in formal school full-time or part-time?**

01. ☐ Yes, full-time  
02. ☐ Yes, part-time  
03. ☐ No (GO TO Q14)  
09. ☐ Don't know/Not Stated (GO TO Q14)

**2. What type of school are you/is N attending?**

01. ☐ Primary  
02. ☐ Secondary  
03. ☐ Sixth Form  
04. ☐ U.B. (GO TO Q4)  
05. ☐ Foreign University (GO TO Q4)  
06. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**3. In what standard/form/year are you/is N presently?**

Std/Form/Year \_\_\_\_\_  
(GO TO Q5)

**4. What type of programme are you/is N doing currently?**

01. ☐ Associate Degree  
02. ☐ Undergraduate Degree  
03. ☐ Graduate Degree  
(IF 05 IN Q2 IS ANSWERED, GO TO Q12)

**5. How far is your/N's school from this house?**

Number of miles:

**6. How do you/does N usually get to school?**

01. ☐ Walk  
02. ☐ Cycle  
03. ☐ School bus  
04. ☐ Public transport

03. Neither dissatisfied nor satisfied  
04. Satisfied  
05. Very satisfied

- A. Local Private Facility ☐ ☐
- B. Local Public Facility ☐ ☐
- C. Health Facility abroad ☐ ☐

05. ☐ Private vehicle  
06. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**7. During the past 4 weeks that school was in session, how many days did you/N miss?**

Number of days:   IF '00' GO TO

**Q9**

**8. What were the main reasons for your/N's absence from school?**

01. ☐ Own illness  
02. ☐ Truancy  
03. ☐ Working  
04. ☐ Duties at home  
05. ☐ Transport problems  
06. ☐ Uniform problems  
07. ☐ Rain  
08. ☐ Money problems  
09. ☐ Had to run an errand  
10. ☐ Other (specify \_\_\_\_\_)  
99. ☐ Don't know/Not Stated  
**IF Q2 IS '03' TO '09', GO TO Q12**

**9. Does your/N's school operate a school-feeding programme?**

01. ☐ Yes  
02. ☐ No (GO TO Q11)  
09. ☐ Don't know/Not Stated

**10. Do you/N usually eat the meal provided by the school-feeding programme?**

01. ☐ Yes (GO TO Q12)  
02. ☐ No  
09. ☐ Don't know/Not Stated

**11. What do you/ does N usually eat?**

01. ☐ Snack/meal from school canteen/vendor

02. ☐ Snacks/meal from home  
 03. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**12. How much did your/N's household pay for schooling for the period September to December 2001 for the following school expenses?**

- a. Extra lessons : \_\_\_\_\_  
 (Outside school hours)  
 b. Transport: \_\_\_\_\_  
 c. Lunch and snacks: \_\_\_\_\_  
 d. Uniforms: \_\_\_\_\_  
 e. Books: \_\_\_\_\_  
 f. Other Supplies: \_\_\_\_\_  
 g. Boarding & lodging: \_\_\_\_\_  
 h. Education fees: \_\_\_\_\_

(Include activity fees and other school costs)

**13. Do you/ does N receive any financial assistance? (Main source only)**

01. ☐ None  
 02. ☐ Grant/Scholarship  
 03. ☐ Family/Friend  
 04. ☐ Private donor  
 05. ☐ Student Loan  
 06. ☐ Other (Specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D, ELSE GO TO Q17**

**14. What type of school did you/N last attend?**

01. ☐ None (**LESS THAN 14 YEARS GO TO Q17, ELSE GO TO SECTION 2D**)  
 02. ☐ Pre-school/Nursery/Kindergarten  
 03. ☐ Primary  
 04. ☐ Secondary  
 05. ☐ Technical/vocational  
 06. ☐ Sixth Form  
 07. ☐ Teacher's College  
 08. ☐ Nursing School  
 09. ☐ Agricultural College  
 10. ☐ U.B.  
 11. ☐ Foreign University  
 12. ☐ Other (specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**15. What is the last standard/form/year that you/ N completed?**

**Std/Form/Year** \_\_\_\_\_

**16. What is the highest certificate, diploma or degree that you/N attained?**

01. ☐ None  
 02. ☐ Primary School Certificate  
 03. ☐ High School Diploma  
 04. ☐ GCE 'O' Levels or CXC  
 05. ☐ Sixth Form Diploma/Associate's Degree

**(INTERVIEWER: QUESTION 16 CONTINUES ON THE TOP RIGHT HAND SIDE OF THIS PAGE)**

**QUESTION 16 CONTINUE**

06. ☐ Teacher's College Diploma  
 07. ☐ Nursing School Diploma  
 08. ☐ Agricultural College Diploma  
 09. ☐ GCE 'A' Levels  
 10. ☐ Bachelors Degree  
 11. ☐ Masters Degree  
 12. ☐ Ph.D. Degree  
 13. ☐ Post Graduate Diploma  
 14. ☐ Other (specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D, ELSE CONTINUE**

**17. Do you/ does N have any money earning activity?**

01. ☐ Yes  
 02. ☐ No (**End Interview for this Person**)  
 09. ☐ DK/NS (**End Interview for this Person**)

**18. What type of activity are you/is N involved in?**

01. ☐ Own business with paid help  
 02. ☐ Own business without paid help  
 03. ☐ Paid employee, Government  
 04. ☐ Paid employee, quasi government  
 05. ☐ Paid employee, private  
 06. ☐ Unpaid family worker  
 09. ☐ Don't know/Not Stated

**19. When do you /does N do this activity?**

01. ☐ After school  
 02. ☐ On weekends  
 03. ☐ Missed school in order to do this  
 04. ☐ While at school  
 05. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

20. How many hours per day do you/does N do this activity?

Number of hours:

**IF DON'T KNOW NOT STATED '99'**  
**(END INTERVIEW FOR THIS PERSON)**

## SECTION 2D: ECONOMIC ACTIVITY - FOR ALL PERSONS 14 YEARS AND OLDER

1. LAST WEEK, did you/N do any work for pay, profit or family gain for at least one hour?

01. ☐ Yes (GO TO Q6)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

2. Did you/N engage in any activity on the following list for pay, profit or family gain for at least one hour, LAST WEEK?

- a) Babysitting  
 b) Sell pastries/ food from home  
 c) Domestic (laundry, ironing, cleaning)  
 d) Sell sweets from home (fudge, tableta, etc.)  
 e) Cleaning yard/ Cutting grass  
 f) Sewing for pay  
 g) Nurses' aid – for pay (for elderly)  
 h) Clean offices  
 i) Subsistence farming  
 j) Car washing  
 k) Sell food or snacks at market/bus stops/school  
 l) Taxi-driver  
 m) Barber or hair dresser  
 n) Bicycle cart deliveries  
 o) Any other activities for pay, profit or family gain.

01. ☐ Yes (GO TO Q6)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

3. Did you/N have a job/business/farm from which you were/N was temporarily absent LAST WEEK?

01. ☐ Yes (GO TO Q6)  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

4. Could you/N have started a job in the past two weeks if a job had been offered or you/N had the opportunity to work?

01. ☐ Yes (End Interview for this Person)  
 02. ☐ No  
 09. ☐ DK/NS

5. Why?

01. ☐ In school/Training

02. ☐ Illness  
 03. ☐ Disability  
 04. ☐ Home/Family duties  
 05. ☐ Retirement  
 06. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**(END INTERVIEW FOR THIS PERSON)**

6. Did you/ N have more than one job/enterprise/activity LAST WEEK?

01. ☐ Yes  
 02. ☐ No  
 09. ☐ Don't know/Not Stated

7. What category of worker are you/N in your/N's job/s?

	Main	Other
01. Own business, paid help	<input type="checkbox"/>	<input type="checkbox"/>
02. Own business, without paid help	<input type="checkbox"/>	<input type="checkbox"/>
03. Paid employee- Gov.	<input type="checkbox"/>	<input type="checkbox"/>
04. Paid employee – Quasi Gov	<input type="checkbox"/>	<input type="checkbox"/>
05. Paid employee – Private	<input type="checkbox"/>	<input type="checkbox"/>
06. Unpaid family worker	<input type="checkbox"/>	<input type="checkbox"/>
09. Don't know/Not Stated	<input type="checkbox"/>	<input type="checkbox"/>

8. What is your job title?

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

Other Job

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

9. What is the name and address of the business where you/N worked and what type of business is carried on there?

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

**Other Job**

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

10. How many hours do you/does N usually work/ worked in all jobs last week?

Number of miles:

Hours usually worked:

 

Hours worked last week:

 

11. How far do you/does N live from work?

12. What main type of transportation do you/does N usually use to get to work?

01. ☐ Walk  
02. ☐ Public bus  
03. ☐ Company vehicle  
04. ☐ Private vehicle  
05. ☐ Bicycle  
06. ☐ Motorcycle  
07. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

13. How long do you/does N take to get to work?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

14. Are you/is N receiving social welfare assistance?

01. ☐ Yes  
02. ☐ No  
09. ☐ DK/NS

(END INTERVIEW FOR THIS PERSON)

## SECTION 2: FOR PERSONS 5 YEARS AND OLDER

Person #

### SECTION 2A: GENERAL CHARACTERISTICS

**1. Are you/Is N male or female?**

1. ☐ Male      2. ☐ Female

**2. What was your/N's age at the last birthday?**

Age   Years

**3. To what ethnic or racial group do you/does N belong?**

01. ☐ Creole  
02. ☐ Garifuna  
03. ☐ Maya (Ketchi/Mopan/Yucatecan)  
04. ☐ Mestizo/Spanish/Latino/Hipanic, etc.  
05. ☐ Other (Please specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**4. In what country were you/ was N born?**

\_\_\_\_\_

(IF BELIZE GO TO Q6)

**5. When did you/N come to live in Belize?**

(Year)

**6. What is your/N's relationship to the head of the household?**

01. ☐ Head  
02. ☐ Spouse/partner  
03. ☐ Child/stepchild

04. ☐ Son/daughter-in-law

05. ☐ Grandchild

06. ☐ Other relative

07. ☐ Non-relative

09. ☐ Don't know/Not Stated

(IF 14 YEARS OR OLDER GO TO Q9)

**7. If mother lives in this household:**

Mother's Person #

**8. If father lives in this household:**

Father's Person #:

(GO TO SECTION 2B)

**9. Which of the following is your/N's current union status?**

01. ☐ Legally Married  
02. ☐ Common-law union  
03. ☐ Visiting  
04. ☐ Single  
05. ☐ Other  
09. ☐ Don't know/Not Stated

GO TO SECTION 2B

**10. If spouse/partner lives in this household**

Spouse/partner Person #

### SECTION 2B: HEALTH

**1. Have you/has N had any illness/injury during the past 30 days? E.g. cold, diarrhoea, asthma, illness due to hypertension, diabetes?**

01. ☐ Yes  
02. ☐ No (GO TO Q21)  
09. ☐ Don't know/Not Stated (GO TO Q21)

**2. Is this a recurring illness? E.g. asthma, illness due to hypertension, diabetes?**

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

**3. How long did this last episode of illness/injury last?**

Number of days

**4. How long were you/was N unable to carry out normal activities?**

Number of days

5. Did you/N visit, a doctor, nurse, pharmacist or other health worker during the past 30 days?

01. ☐ Yes, in Belize only  
02. ☐ Yes, outside of Belize only  
03. ☐ Both  
04. ☐ No (GO TO Q9)  
09. ☐ Don't know/Not Stated (GO TO Q9)

6. How many visits did you/N make during the past 30 days?

Number of visits

7. Where did the visits take place? (More than one choice acceptable)

	Yes	No	DK/NS
01. Public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Private hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Private doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Public health center/post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Traditional healer/bush doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Health facilities abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Other (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How much did you/N have to pay for all visits made during the last 30 days? Do not include the cost of medicines nor any cost paid by your insurance.

A. Local Private Facilities BZE \$:   
B. Local Public Facilities BZE \$   
C. Health Facility Abroad BZE \$   
D. Traditional Healer BZE \$

9. Did you/has N spend a night in a public hospital or other public health establishment in the past 30 days?

01. ☐ Yes  
02. ☐ No (GO TO Q12)  
09. ☐ Don't know/Not Stated (GO TO Q12)

10. How many nights did you/N spend in the public hospital during the past 30 days?

Number of nights

11. How much have you/has N paid or will pay altogether for this stay in a public hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE \$

12. Did you/N spend a night in a private hospital or any other private health establishment in the past 30 days?

01. ☐ Yes  
02. ☐ No (GO TO Q15)  
09. ☐ Don't know/Not Stated (GO TO Q15)

13. How many nights did you/N spend in the private hospital during the past 30 days?

Number of nights

14. How much have you/has N paid or will pay altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE\$

15. Did you/N spend a night in a health facility abroad in the past 30 days?

01. ☐ Yes  
02. ☐ No (GO TO Q18)  
09. ☐ Don't know/Not Stated (GO TO Q18)

16. How many nights did you/N spend in the health facility abroad in the past 30 days?

Number of nights

17. How much have you/has N paid or will pay altogether for this stay in the health facility abroad? Do not include the cost of medicine nor any cost paid by your/his/her insurance.

BZE\$

18. Did you/N buy medicine during the past 30 days for this illness/injury?

01. ☐ Yes, locally only  
02. ☐ Yes, abroad only  
03. ☐ Yes, locally and abroad  
04. ☐ No (GO TO Q21)  
09. ☐ Don't know/Not Stated (GO TO Q21)

19. Did you/N purchase medicine in a public or private facility?

01. ☐ Yes, Public only  
02. ☐ Yes, Private only  
03. ☐ Both Public and Private  
09. ☐ Don't Know/Not Stated (GO TO Q21)



**20. How much did you/N spend on medicine at the following facilities? Do not include any cost paid by your insurance.**

- A. Local Private Facilities BZE \$:
- B. Local Public Facilities BZE \$
- C. Health Facility Abroad BZE \$
- D. Traditional Healer BZE \$

**21. Are you/is N covered by private insurance?**

01. ☐ Yes
02. ☐ No
09. ☐ Don't know/Not Stated

**22. Did you/N visit any of the following health facilities during the past 12 months?**

- |                           | Yes<br>(1)               | No<br>(2)                | DK/NS<br>(9)             |
|---------------------------|--------------------------|--------------------------|--------------------------|
| A. Local Private Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Health Facility abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Traditional Healer     | <input type="checkbox"/> | <input type="checkbox"/> |                          |

☐

**(IF YES FOR ALL GO TO Q24 ELSE CONTINUE)**

**IF 'NO' FOR ALL IN Q22 ANSWER Q23 THEN, GO TO SECTION 2C, ELSE CONTINUE**

**23. What is your/N's main reason for no visits?**

01. Not sick
02. Can't afford it
03. Waiting time too long
04. Does not provide type of service required
05. Opening hours inappropriate
06. Service quality not good
07. Too far
08. Used home remedies
09. Did not want to/not sick enough
10. Other (specify \_\_\_\_\_)
99. Don't know/Not Stated

- |                           |                          |                          |
|---------------------------|--------------------------|--------------------------|
| A. Local Private Facility | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Health Facility Abroad | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Traditional Healer     | <input type="checkbox"/> | <input type="checkbox"/> |

**24. How many visits did you/N make in the past 12 months.**

Number of visits

- |                           |                      |                      |
|---------------------------|----------------------|----------------------|
| A. Local Private Facility | <input type="text"/> | <input type="text"/> |
| B. Local Public Facility  | <input type="text"/> | <input type="text"/> |
| C. Health Facility abroad | <input type="text"/> | <input type="text"/> |
| D. Traditional Healer     | <input type="text"/> | <input type="text"/> |

**25. What is the main reason for your/N's last visit?**

01. Pre/post natal care/newborn checkup
02. Immunization/child health
03. Check up
04. Consult/treatment for acute illness
05. Consult/treatment for chronic illness
06. Hospitalization
07. Diagnostic services
08. Dental care
09. Other (specify \_\_\_\_\_)
99. Don't know/Not Stated

- |                           |                      |                      |
|---------------------------|----------------------|----------------------|
| A. Local Private Facility | <input type="text"/> | <input type="text"/> |
| B. Local Public Facility  | <input type="text"/> | <input type="text"/> |
| C. Health Facility abroad | <input type="text"/> | <input type="text"/> |
| D. Traditional Healer     | <input type="text"/> | <input type="text"/> |

**26. Did you/N have an appointment?**

- |                           | Yes<br>(1)               | No<br>(2)                | DK/NS<br>(9)             |
|---------------------------|--------------------------|--------------------------|--------------------------|
| A. Local Private Facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Health Facility abroad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Traditional Healer     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**27. On a scale of 1 to 5, how satisfied were you/ was N with the quality of service?**

01. Very dissatisfied
02. Dissatisfied
03. Neither dissatisfied nor satisfied
04. Satisfied
05. Very satisfied
- |                           |                      |                      |
|---------------------------|----------------------|----------------------|
| A. Local Private Facility | <input type="text"/> | <input type="text"/> |
| B. Local Public Facility  | <input type="text"/> | <input type="text"/> |

C. Health Facility abroad

☐☐

## SECTION 2C: EDUCATION

**1. Are you/ is N enrolled in formal school full-time or part-time?**

01. ☐ Yes, full-time  
02. ☐ Yes, part-time  
03. ☐ No (GO TO Q14)  
09. ☐ Don't know/Not Stated (GO TO Q14)

**2. What type of school are you/is N attending?**

01. ☐ Primary  
02. ☐ Secondary  
03. ☐ Sixth Form  
04. ☐ U.B. (GO TO Q4)  
05. ☐ Foreign University (GO TO Q4)  
06. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**3. In what standard/form/year are you/is N presently?**

Std/Form/Year \_\_\_\_\_  
(GO TO Q5)

**4. What type of programme are you/is N doing currently?**

01. ☐ Associate Degree  
02. ☐ Undergraduate Degree  
03. ☐ Graduate Degree  
(IF 05 IN Q2 IS ANSWERED, GO TO Q12)

**5. How far is your/N's school from this house?**

Number of miles: ☐☐

**6. How do you/does N usually get to school?**

01. ☐ Walk  
02. ☐ Cycle  
03. ☐ School bus  
04. ☐ Public transport  
05. ☐ Private vehicle  
06. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**7. During the past 4 weeks that school was in session, how many days did you/N miss?**

Q9

Number of days: ☐☐ IF '00' GO TO

**8. What were the main reasons for your/N's absence from school?**

01. ☐ Own illness  
02. ☐ Truancy  
03. ☐ Working  
04. ☐ Duties at home  
05. ☐ Transport problems  
06. ☐ Uniform problems  
07. ☐ Rain  
08. ☐ Money problems  
09. ☐ Had to run an errand  
10. ☐ Other (specify \_\_\_\_\_)  
99. ☐ Don't know/Not Stated

IF Q2 IS '03' TO '09', GO TO Q12

**9. Does your/N's school operate a school-feeding programme?**

01. ☐ Yes  
02. ☐ No (GO TO Q11)  
09. ☐ Don't know/Not Stated

**10. Do you/N usually eat the meal provided by the school-feeding programme?**

01. ☐ Yes (GO TO Q12)  
02. ☐ No  
09. ☐ Don't know/Not Stated

**11. What do you/ does N usually eat?**

01. ☐ Snack/meal from school canteen/vendor  
02. ☐ Snacks/meal from home  
03. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

**12. How much did your/N's household pay for schooling for the period September to December 2001 for the following school expenses?**

- a. Extra lessons : \_\_\_\_\_  
(Outside school hours)  
b. Transport: \_\_\_\_\_  
c. Lunch and snacks: \_\_\_\_\_  
d. Uniforms: \_\_\_\_\_  
e. Books: \_\_\_\_\_

- f. Other Supplies: \_\_\_\_\_  
 g. Boarding & lodging: \_\_\_\_\_  
 h. Education fees: \_\_\_\_\_

(Include activity fees and other school costs)

**13. Do you/ does N receive any financial assistance?  
 (Main source only)**

01. ☐ None  
 02. ☐ Grant/Scholarship  
 03. ☐ Family/Friend  
 04. ☐ Private donor  
 05. ☐ Student Loan  
 06. ☐ Other (Specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D,  
 ELSE GO TO Q17**

**14. What type of school did you/N last attend?**

01. ☐ None **(LESS THAN 14 YEARS GO TO  
 Q17, ELSE GO TO SECTION 2D)**  
 02. ☐ Pre-school/Nursery/Kindergarten  
 03. ☐ Primary  
 04. ☐ Secondary  
 05. ☐ Technical/vocational  
 06. ☐ Sixth Form  
 07. ☐ Teacher's College  
 08. ☐ Nursing School  
 09. ☐ Agricultural College  
 10. ☐ U.B.  
 11. ☐ Foreign University  
 12. ☐ Other (specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**15. What is the last standard/form/year that you/ N  
 completed?**

Std/Form/Year \_\_\_\_\_

**16. What is the highest certificate, diploma or degree  
 that you/N attained?**

01. ☐ None  
 02. ☐ Primary School Certificate  
 03. ☐ High School Diploma  
 04. ☐ GCE 'O' Levels or CXC  
 05. ☐ Sixth Form Diploma/Associate's Degree

**(INTERVIEWER: QUESTION 16  
 CONTINUES ON THE TOP RIGHT HAND  
 SIDE OF THIS PAGE)**

**QUESTION 16 CONTINUE**

06. ☐ Teacher's College Diploma  
 07. ☐ Nursing School Diploma  
 08. ☐ Agricultural College Diploma  
 09. ☐ GCE 'A' Levels  
 10. ☐ Bachelors Degree  
 11. ☐ Masters Degree  
 12. ☐ Ph.D. Degree  
 13. ☐ Post Graduate Diploma  
 14. ☐ Other (specify \_\_\_\_\_)  
 99. ☐ Don't know/Not Stated

**IF 14 YEARS OR OLDER GO TO SECTION 2D,  
 ELSE CONTINUE**

**17. Do you/ does N have any money earning  
 activity?**

01. ☐ Yes  
 02. ☐ No **(End Interview for this Person)**  
 09. ☐ DK/NS **(End Interview for this Person)**

**18. What type of activity are you/is N involved in?**

01. ☐ Own business with paid help  
 02. ☐ Own business without paid help  
 03. ☐ Paid employee, Government  
 04. ☐ Paid employee, quasi government  
 05. ☐ Paid employee, private  
 06. ☐ Unpaid family worker  
 09. ☐ Don't know/Not Stated

**19. When do you /does N do this activity?**

01. ☐ After school  
 02. ☐ On weekends  
 03. ☐ Missed school in order to do this  
 04. ☐ While at school  
 05. ☐ Other (specify \_\_\_\_\_)  
 09. ☐ Don't know/Not Stated

**20. How many hours per day do you/does N do this  
 activity?**

Number of hours:

**IF DON'T KNOW NOT STATED '99'**  
(END INTERVIEW FOR THIS PERSON)

**SECTION 2D: ECONOMIC ACTIVITY - FOR ALL PERSONS 14 YEARS AND OLDER**

1. **LAST WEEK, did you/N do any work for pay, profit or family gain for at least one hour?**

01. ☐ Yes (GO TO Q6)

02. ☐ No

09. ☐ Don't know/Not Stated

2. **Did you/N engage in any activity on the following list for pay, profit or family gain for at least one hour, LAST WEEK?**

- a) Babysitting
- b) Sell pastries/ food from home
- c) Domestic (laundry, ironing, cleaning)
- d) Sell sweets from home (fudge, tableta, etc.)
- e) Cleaning yard/ Cutting grass
- f) Sewing for pay
- g) Nurses' aid – for pay (for elderly)
- h) Clean offices
- i) Subsistence farming
- j) Car washing
- k) Sell food or snacks at market/bus stops/school
- l) Taxi-driver
- m) Barber or hair dresser
- n) Bicycle cart deliveries
- o) Any other activities for pay, profit or family gain.

01. ☐ Yes (GO TO Q6)

02. ☐ No

09. ☐ Don't know/Not Stated

3. **Did you/N have a job/business/farm from which you were/N was temporarily absent LAST WEEK?**

01. ☐ Yes (GO TO Q6)

02. ☐ No

09. ☐ Don't know/Not Stated

4. **Could you/N have started a job in the past two weeks if a job had been offered or you/N had the opportunity to work?**

01. ☐ Yes (End Interview for this Person)

02. ☐ No

09. ☐ DK/NS

5. **Why?**

01. ☐ In school/Training

02. ☐ Illness

03. ☐ Disability

04. ☐ Home/Family duties

05. ☐ Retirement

06. ☐ Other (specify \_\_\_\_\_)

09. ☐ Don't know/Not Stated

(END INTERVIEW FOR THIS PERSON)

6. **Did you/ N have more than one job/enterprise/activity LAST WEEK?**

01. ☐ Yes

02. ☐ No

09. ☐ Don't know/Not Stated

7. **What category of worker are you/N in your/N's job/s?**

	Main	Other
01. Own business, paid help	<input type="checkbox"/>	<input type="checkbox"/>
02. Own business, without paid help	<input type="checkbox"/>	<input type="checkbox"/>
03. Paid employee- Gov.	<input type="checkbox"/>	<input type="checkbox"/>
04. Paid employee – Quasi Gov	<input type="checkbox"/>	<input type="checkbox"/>
05. Paid employee – Private	<input type="checkbox"/>	<input type="checkbox"/>
06. Unpaid family worker	<input type="checkbox"/>	<input type="checkbox"/>
09. Don't know/Not Stated	<input type="checkbox"/>	<input type="checkbox"/>

8. **What is your job title?**

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

**Other Job**

Title \_\_\_\_\_

ISCO

Description \_\_\_\_\_

9. **What is the name and address of the business where you/N worked and what type of business is carried on there?**

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

Other Job

Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

ISIC:

BCEA:

Description: \_\_\_\_\_

10. How many hours do you/does N usually work/  
worked in all jobs last week?

Hours usually worked:

Hours worked last week:

Number of miles:

11. How far do you/does N live from work?

12. What main type of transportation do you/does  
N usually use to get to work?

01. ☐ Walk  
02. ☐ Public bus  
03. ☐ Company vehicle  
04. ☐ Private vehicle  
05. ☐ Bicycle  
06. ☐ Motorcycle  
07. ☐ Other (specify \_\_\_\_\_)  
09. ☐ Don't know/Not Stated

13. How long do you/does N take to get to work?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

14. Are you/is N receiving social welfare assistance?

01. ☐ Yes  
02. ☐ No  
09. ☐ DK/NS

(END INTERVIEW FOR THIS PERSON)

## SECTION 3: FOR CHILDREN LESS THAN 5 YEARS OLD

Person #

### SECTION 3A: GENERAL CHARACTERISTICS

1. Is N male or female

1. ☐ Male

2. ☐ Female

2. When was N born?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/year

Calculate N's age and record below

Age: years \_\_\_\_\_ months \_\_\_\_\_

3. To what ethnic or racial group does N belong?

01. ☐ Creole

02. ☐ Garifuna

03. ☐ Maya (Ketchi/Mopan/Yucatecan)

04. ☐ Mestizo/Spanish/Latino/Ladino/Hispanic etc.

05. ☐ Other

09. ☐ Don't know/Not Stated

4. In what country was N born?

\_\_\_\_\_

(IF BELIZE GO TO Q6)

5. When did N come to live in Belize?

(Year)

6. What is N's relationship to the head of the household?

01. ☐ Child/stepchild

02. ☐ Grandchild

03. ☐ Other relative

04. ☐ Non-relative

09. ☐ Don't know/Not Stated

7. If mother lives in this household:

Mother's Persons #:   
(ELSE GO TO Q8)

8. If father lives in this household:

Father's Person #:   
(ELSE GO TO SECTION 3B)

### SECTION 3B: HEALTH

1. Has N had any illness/injury during the past 30 days? E.g. cold, diarrhoea, asthma, illness due to hypertension, diabetes?

01. ☐ Yes

02. ☐ No (GO TO Q21)

09. ☐ Don't know/Not Stated (GO TO Q21)

2. Is this a recurring illness? E.g. asthma, illness due to hypertension, diabetes?

01. ☐ Yes

02. ☐ No

09. ☐ Don't Know/Not Stated

3. How long did this last episode of illness/injury last?

Number of days

4. How long was N unable to carry out normal activities?

Number of days

5. Did N visit, a doctor, nurse, pharmacist or other health worker during the past 30 days?

01. ☐ Yes, in Belize

02. ☐ Yes, outside Belize

03. ☐ Both

04. ☐ No (GO TO Q9)

09. ☐ Don't Know/Not Stated (GO TO Q9)

6. How many visits did N make during the past 30 days?

Number of visits

**7. Where did the visits take place? (More than one choice acceptable)**

	Yes (1)	No (2)	DK/NS (9)
01. Public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Private hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Private doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Public health center/post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Traditional healer/bush doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Health facilities abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Other (specify _____)			

**8. How much was paid for N for all visits made during the last 30 days? Do not include the cost of medicines nor any cost paid by your insurance.**

A. Local Private Facilities	BZE \$:	<input type="text"/>
B. Local Public Facilities	BZE \$:	<input type="text"/>
C. Health Facility Abroad	BZE \$:	<input type="text"/>
D. Traditional Healer	BZE \$:	<input type="text"/>

**9. Did N spend a night in a public hospital or other public health establishment in the past 30 days?**

01. ☐ Yes  
 02. ☐ No (GO TO Q12)  
 09. ☐ Don't know/Not Stated (GO TO Q12)

**10. How many nights did N spend in the public hospital during the past 30 days?**

Number of nights

**11. How much was paid for N or will be paid altogether for this stay in a public hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**

BZE \$

**12. Did N spend a night in a private hospital or any other private health establishment in the past 30 days?**

01. ☐ Yes  
 02. ☐ No (GO TO Q15)  
 09. ☐ Don't know/Not Stated (GO TO Q15)

**13. How many nights did N spend in the private hospital during the past 30 days?**

Number of nights

**14. How much was paid for N or will be paid altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**

BZE\$

**15. Did N spend a night in a health facility abroad in the past 30 days?**

01. ☐ Yes  
 02. ☐ No (GO TO Q18)  
 09. ☐ Don't know/Not Stated (GO TO Q18)

**16. How many nights did N spend in the health facility abroad in the past 30 days?**

Number of nights

**17. How much was paid for N or will be paid altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**

BZE\$

**18. Was any medicine bought for N during the past 30 days for this illness/injury?**

01. ☐ Yes, locally  
 02. ☐ Yes, abroad  
 03. ☐ Yes, locally and abroad  
 04. ☐ No (GO TO Q21)  
 09. ☐ Don't know/Not Stated (GO TO Q21)

**19. Was the medicine purchased in a public or private facility?**

01. ☐ Yes, Public only  
 02. ☐ Yes, Private only  
 03. ☐ Both Public and Private  
 09. ☐ Don't Know/Not Stated (GO TO Q21)

**20. How much was spent on medicine for N at the public sources? Do not include any cost paid by your insurance.**

A. Local Private Facilities	BZE \$:	<input type="text"/>
B. Local Public Facilities	BZE \$:	<input type="text"/>
C. Health Facility Abroad	BZE \$:	<input type="text"/>
D. Traditional Healer	BZE \$:	<input type="text"/>

**21. Is N covered by private insurance?**

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

**22. Did N visit any of the following Health facilities during the past 12 months?**

	Yes (1)	No (2)	DK/NS (9)
A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(IF YES FOR ALL 3 GO TO Q24 ELSE CONTINUE)**

**23. What is N's main reason for no visits?**

01. Not sick  
02. Can't afford it  
03. Waiting time too long  
04. Does not provide type of service required  
05. Opening hours inappropriate  
06. Service quality not good  
07. Too far  
08. Used home remedies  
09. Did not want to/not sick enough  
10. Other (Specify \_\_\_\_\_)  
99. Don't know/Not Stated

A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>

**IF NO FOR ALL IN Q22 GO TO SECTION 3C**

**24. How many visits did N make in the past 12 months.**

	Number of visits	
A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional healer	<input type="checkbox"/>	<input type="checkbox"/>

**25. What is the main reason for N's last visit?**

01. Pre/post natal care  
02. Immunization/child health  
03. Check up  
04. Consult/treatment for acute illness  
05. Consult/treatment for chronic illness  
06. Hospitalization  
07. Diagnostic services  
08. Dental care  
09. Other (specify \_\_\_\_\_)  
99. Don't know/Not Stated

A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>

**26. Did N have an appointment?**

	Yes (1)	No (2)	DK/NS (9)
A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27. On a scale of 1 to 5, how would you rate the quality of service given to N?**

01. Very dissatisfied  
02. Dissatisfied  
03. Neither dissatisfied nor satisfied  
04. Satisfied  
05. Very satisfied

A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION 3C:

### 1. What is the date of birth based on?

01. ☐ Birth certificate (**RECORD Q2 & GO TO Q3**)  
02. ☐ Immunization card  
03. ☐ Parental information  
04. ☐ Other relative/guardian  
05. ☐ Other  
09. ☐ Don't know/Not Stated

### 2. Was N's birth registered?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not State

### 3. What was N's length at birth? (CIRCLE INCHES OR CENTIMETERS)

\_\_\_\_\_Inches/Centimeters ☐ DK/NS = 9

### 4. What was N's weight at birth? (CIRCLE POUNDS OR GRAMS)

\_\_\_\_\_Pounds/Grams ☐ DK/NS = 9

### 5. In the past 2 weeks, has N had 3 or more loose stools (diarrhea) per day?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

### 6. Immunization Status

OPV: \_\_\_\_\_ doses

DPT: \_\_\_\_\_ doses

BCG: \_\_\_\_\_ doses

#### MMR

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not State

#### HEP.B

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not State

### 7. Was N's immunization card seen?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

### 8. Was N measured?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

### 9. Weight: \_\_\_\_\_ Pounds/Grams (CIRCLE POUNDS OR GRAMS)

### 10. Length/height: \_\_\_\_\_ Inches/Centimeters (CIRCLE INCHES OR CENTIMETERS)

## SECTION 3: FOR CHILDREN LESS THAN 5 YEARS OLD

Person #

### SECTION 3A: GENERAL CHARACTERISTICS

1. Is N male or female

1. ☐ Male      2. ☐ Female

2. When was N born?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day/Month/year

Calculate N's age and record below

Age: years \_\_\_\_\_ months \_\_\_\_\_

3. To what ethnic or racial group does N belong?

01. ☐ Creole  
02. ☐ Garifuna  
03. ☐ Maya (Ketchi/Mopan/Yucatecan)  
04. ☐ Mestizo/Spanish/Latino/Ladino/Hispanic etc.  
05. ☐ Other  
09. ☐ Don't know/Not Stated

4. In what country was N born?

\_\_\_\_\_  
  
(IF BELIZE GO TO Q6)

5. When did N come to live in Belize?

(Year)

6. What is N's relationship to the head of the household?

01. ☐ Child/stepchild  
02. ☐ Grandchild  
03. ☐ Other relative  
04. ☐ Non-relative  
09. ☐ Don't know/Not Stated

7. If mother lives in this household:

Mother's Persons #:   
(ELSE GO TO Q8)

8. If father lives in this household:

Father's Person #:   
(ELSE GO TO SECTION 3B)

### SECTION 3B: HEALTH

1. Has N had any illness/injury during the past 30 days? E.g. cold, diarrhoea, asthma, illness due to hypertension, diabetes?

01. ☐ Yes  
02. ☐ No (GO TO Q21)  
09. ☐ Don't know/Not Stated (GO TO Q21)

2. Is this a recurring illness? E.g. asthma, illness due to hypertension, diabetes?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't Know/Not Stated

3. How long did this last episode of illness/injury last?

Number of days

4. How long was N unable to carry out normal activities?

Number of days

5. Did N visit, a doctor, nurse, pharmacist or other health worker during the past 30 days?

01. ☐ Yes, in Belize  
02. ☐ Yes, outside Belize  
03. ☐ Both  
04. ☐ No (GO TO Q9)  
09. ☐ Don't Know/Not Stated (GO TO Q9)

6. How many visits did N make during the past 30 days?

Number of visits

**7. Where did the visits take place? (More than one choice acceptable)**

	Yes (1)	No (2)	DK/NS (9)
01. Public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. Private hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. Private doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Public health center/post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Traditional healer/bush doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Health facilities abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Other (specify _____)			

**8. How much was paid for N for all visits made during the last 30 days? Do not include the cost of medicines nor any cost paid by your insurance.**

A. Local Private Facilities	BZE \$:	<input type="text"/>
B. Local Public Facilities	BZE \$:	<input type="text"/>
C. Health Facility Abroad	BZE \$:	<input type="text"/>
D. Traditional Healer	BZE \$:	<input type="text"/>

**9. Did N spend a night in a public hospital or other public health establishment in the past 30 days?**

01. ☐ Yes  
 02. ☐ No (GO TO Q12)  
 09. ☐ Don't know/Not Stated (GO TO Q12)

**10. How many nights did N spend in the public hospital during the past 30 days?**

Number of nights

**11. How much was paid for N or will be paid altogether for this stay in a public hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**

BZE \$

**12. Did N spend a night in a private hospital or any other private health establishment in the past 30 days?**

01. ☐ Yes  
 02. ☐ No (GO TO Q15)  
 09. ☐ Don't know/Not Stated (GO TO Q15)

**13. How many nights did N spend in the private hospital during the past 30 days?**

Number of nights

**14. How much was paid for N or will be paid altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**

BZE\$

**15. Did N spend a night in a health facility abroad in the past 30 days?**

01. ☐ Yes  
 02. ☐ No (GO TO Q18)  
 09. ☐ Don't know/Not Stated (GO TO Q18)

**16. How many nights did N spend in the health facility abroad in the past 30 days?**

Number of nights

**17. How much was paid for N or will be paid altogether for this stay in a private hospital? Do not include the cost of medicine nor any cost paid by your/his/her insurance.**

BZE\$

**18. Was any medicine bought for N during the past 30 days for this illness/injury?**

01. ☐ Yes, locally  
 02. ☐ Yes, abroad  
 03. ☐ Yes, locally and abroad  
 04. ☐ No (GO TO Q21)  
 09. ☐ Don't know/Not Stated (GO TO Q21)

**19. Was the medicine purchased in a public or private facility?**

01. ☐ Yes, Public only  
 02. ☐ Yes, Private only  
 03. ☐ Both Public and Private  
 09. ☐ Don't Know/Not Stated (GO TO Q21)

**20. How much was spent on medicine for N at the public sources? Do not include any cost paid by your insurance.**

A. Local Private Facilities	BZE \$:	<input type="text"/>
B. Local Public Facilities	BZE \$:	<input type="text"/>
C. Health Facility Abroad	BZE \$:	<input type="text"/>
D. Traditional Healer	BZE \$:	<input type="text"/>

**21. Is N covered by private insurance?**

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

**22. Did N visit any of the following Health facilities during the past 12 months?**

	Yes (1)	No (2)	DK/NS (9)
A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(IF YES FOR ALL 3 GO TO Q24 ELSE CONTINUE)**

**23. What is N's main reason for no visits?**

01. Not sick  
02. Can't afford it  
03. Waiting time too long  
04. Does not provide type of service required  
05. Opening hours inappropriate  
06. Service quality not good  
07. Too far  
08. Used home remedies  
09. Did not want to/not sick enough  
10. Other (Specify \_\_\_\_\_)  
99. Don't know/Not Stated

A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>

**IF NO FOR ALL IN Q22 GO TO SECTION 3C**

**24. How many visits did N make in the past 12 months.**

	Number of visits	
A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional healer	<input type="checkbox"/>	<input type="checkbox"/>

**25. What is the main reason for N's last visit?**

01. Pre/post natal care  
02. Immunization/child health  
03. Check up  
04. Consult/treatment for acute illness  
05. Consult/treatment for chronic illness  
06. Hospitalization  
07. Diagnostic services  
08. Dental care  
09. Other (specify \_\_\_\_\_)  
99. Don't know/Not Stated

A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>

**26. Did N have an appointment?**

	Yes (1)	No (2)	DK/NS (9)
A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27. On a scale of 1 to 5, how would you rate the quality of service given to N?**

01. Very dissatisfied  
02. Dissatisfied  
03. Neither dissatisfied nor satisfied  
04. Satisfied  
05. Very satisfied

A. Local Private Facility	<input type="checkbox"/>	<input type="checkbox"/>
B. Local Public Facility	<input type="checkbox"/>	<input type="checkbox"/>
C. Health Facility abroad	<input type="checkbox"/>	<input type="checkbox"/>
D. Traditional Healer	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 3C:

### 1. What is the date of birth based on?

01. ☐ Birth certificate (**RECORD Q2 & GO TO Q3**)  
02. ☐ Immunization card  
03. ☐ Parental information  
04. ☐ Other relative/guardian  
05. ☐ Other  
09. ☐ Don't know/Not Stated

### 2. Was N's birth registered?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not State

### 3. What was N's length at birth? (CIRCLE INCHES OR CENTIMETERS)

\_\_\_\_\_Inches/Centimeters ☐ DK/NS = 9

### 4. What was N's weight at birth? (CIRCLE POUNDS OR GRAMS)

\_\_\_\_\_ Pounds/Grams ☐ DK/NS = 9

### 5. In the past 2 weeks, has N had 3 or more loose stools (diarrhea) per day?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

### 6. Immunization Status

OPV: \_\_\_\_\_ doses

DPT: \_\_\_\_\_ doses

BCG: \_\_\_\_\_ doses

#### MMR

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not State

#### HEP.B

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not State

### 7. Was N's immunization card seen?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

### 8. Was N measured?

01. ☐ Yes  
02. ☐ No  
09. ☐ Don't know/Not Stated

### 9. Weight: \_\_\_\_\_ Pounds/Grams (CIRCLE POUNDS OR GRAMS)

### 10. Length/height: \_\_\_\_\_ Inches/Centimeters (CIRCLE INCHES OR CENTIMETERS)