

# BELIZE

## LIVING STANDARD MEASUREMENT SURVEY

### OCTOBER-NOVEMBER 2001



|   |   |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
|---|---|-----------------|--|-------------------------------------|---|-----------------|--------------------------|-----------------|--------------------------|---------------|---|-----------|---|------------------|--|-------------|--------------------------|
| <p><b>INSTRUCTIONS</b></p> <p>Use No. 2 pencils only.<br/>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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Incorrect<br/>Marks</td> <td style="width: 50%; text-align: center;">Correct<br/>Mark</td> </tr> <tr> <td style="text-align: center;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align: center;"> <input checked="" type="checkbox"/> </td> </tr> </table> | Incorrect<br>Marks  | Correct<br>Mark | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> | <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">DISTRICT NUMBER</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>URBAN/<br/>RURAL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>REGION NUMBER</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>ED NUMBER</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>HOUSEHOLD NUMBER</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>WEEK NUMBER</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | DISTRICT NUMBER | <input type="checkbox"/> | URBAN/<br>RURAL | <input type="checkbox"/> | REGION NUMBER | <input type="checkbox"/> <input type="checkbox"/> | ED NUMBER | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | HOUSEHOLD NUMBER | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | WEEK NUMBER | <input type="checkbox"/> |
| Incorrect<br>Marks  | Correct<br>Mark   |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  | <input checked="" type="checkbox"/>   |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
| DISTRICT NUMBER   | <input type="checkbox"/>  |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
| URBAN/<br>RURAL   | <input type="checkbox"/>  |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
| REGION NUMBER   | <input type="checkbox"/> <input type="checkbox"/>   |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
| ED NUMBER   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
| HOUSEHOLD NUMBER  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                          |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |
| WEEK NUMBER   | <input type="checkbox"/>  |                 |  |                                     |   |                 |                          |                 |                          |               |   |           |   |                  |  |             |                          |

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 |
|---------|------------|-----|
|---------|------------|-----|

2.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

3.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

4.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

5.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

6.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

7.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

8.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

9.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

10.

| SURNAME | FIRST NAME | AGE |
|---------|------------|-----|
|---------|------------|-----|

**SURNAME**

**FIRST NAME**

**AGE**

**11.**

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**SURNAME**

**FIRST NAME**

**AGE**

**12.**

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**SURNAME**

**FIRST NAME**

**AGE**

**13.**

---

---

**SURNAME**

**FIRST NAME**

**AGE**

**14.**

---

---

**SURNAME**

**FIRST NAME**

**AGE**

**15.**

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**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 ...**

| <b>ITEM</b>   | <b>CODE</b> | <b>YES = 1</b> | <b>NO = 2</b> |
|---|-------------|----------------|---------------|
| 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<br>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<br>NO =2<br>DK/NS =9<br><br>IF 2 OR 9 FOR ALL ITEMS, GO TO Q8) | c. Has this programme/project benefited your household / community in any way?<br><br>YES =1<br>NO =2<br>DK/NS =9<br><br>(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)<br>Saved time =01<br>Reduced costs =02<br>Improved quality of service =03<br>Increased income =04<br>Increased community togetherness =05<br>Reduced woes =06<br>Increased Employment =07<br>Other (Specify _____) =08<br>Get own land =09<br>DK/NS =99 | e. Who funded this Programme / Project?<br>SIF =1<br>OTHER =2<br>DK/NS =9<br><br>(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 =1 | NO =2 | DON'T KNOW =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<br>Unable to pay... | b.<br>YES =1<br>NO =2 (GO TO NEXT<br>TYPE OF FINANCIAL<br>DIFFICULTY)<br>DK/NS =9<br><br>IF Q9 IS YES THEN A CODE<br>1 'YES' MUST BE IN ONE<br>OF THE ITEMS BELOW | c. How long have you been experiencing these<br>difficulties?<br><br>PERIOD CODES<br><br>LESS THAN 1 MONTH =1<br>1 TO LESS THAN 3 MONTHS =2<br>3 TO LESS THAN 6 MONTHS =3<br>6 MONTHS TO 1 YEAR =4<br>OVER 1 YEAR =5<br>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<br>NO =2<br>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?<br><br>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?<br><br>IF NOTHING SPENT WRITE 00 | 3. How much did the H/H spend on ..[ ]... during the past 30 days?<br><br>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?<br><br>IF NOTHING RECEIVED WRITE 00 AND GO TO THE NEXT ITEM<br><br>AMOUNT BZE \$ |
|--|-------------|--|---|--|
| Fresh or frozen beef including cow foot, ox tail   | YES→<br>←NO | 101  |   |  |
| Fresh or frozen pork including pig foot  | YES→<br>←NO | 102  |   |  |
| Fresh or frozen mutton   | YES→<br>←NO | 103  |   |  |
| Offal – heart, kidney, liver, tripe etc.   | YES→<br>←NO | 104  |   |  |
| Game meats e.g. deer, gibbon, peccary, iguana, rabbit, armadillo.  | YES→<br>←NO | 105  |   |  |
| Salted, cured or canned meat (e.g. Pigtail, smoked pork chops)   | YES→<br>←NO | 106  |   |  |
| Fresh or frozen fish and shellfish (lobster, conch, shrimp, hicattee, turtle, crab....)  | YES→<br>←NO | 107  |   |  |
| Fresh, frozen or canned sausages/ham, morcilla, longaniza.   | YES→<br>←NO | 108  |   |  |
| Canned mackerel, sardines, tuna  | YES→<br>←NO | 109  |   |  |
| Salted or corned fish  | YES→<br>←NO | 110  |   |  |
| Fresh or frozen whole chicken  | YES→<br>←NO | 111  |   |  |
| Chicken parts (e.g. Leg and thigh, breast, wings, neck or back, foot)  | YES→<br>←NO | 112  |   |  |
| Other poultry, fresh, frozen, salted, or cured   | YES→<br>←NO | 113  |   |  |
| Liquid milk (raw milk, pasteurized milk)   | YES→<br>←NO | 114  |   |  |
| Sweetened Condensed milk   | YES→<br>←NO | 115  |   |  |
| Evaporated milk  | YES→<br>←NO | 116  |   |  |
| Powdered milk, creamer (e.g. DANO,KLIM)  | YES→<br>←NO | 117  |   |  |
| Butter or margarine  | YES→<br>←NO | 118  |   |  |
| Cheese   | YES→<br>←NO | 119  |   |  |

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

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

**SECTION 1D: HOME PRODUCED ITEMS**

| 1.<br>During the past 30 days, did this household eat any ..[ ].. that was home-produced?<br><br>PUT A “✓” IN THE APPROPRIATE BOX |      |     | 2.<br>How much would it cost to buy the amount of home produced ..[ ].. the household ate during the past 7 days?<br><br>AMOUNT BZE \$ | 3.<br>How much would it cost to buy the amount of home produced ..[ ].. the household ate during the past 30 days?<br><br>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**

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

**SECTION 1F: ANNUAL EXPENDITURE**

| <b>1.</b><br><b>During the past 12 months, did this household spend or receive as gift any of the following items?</b><br><br><b>PUT A “✓” IN THE APPROPRIATE BOX</b> |             | <b>2.</b><br><b>How much did the H/H spend on... [ ].. during the past 12 months?</b><br><br><b>AMOUNT BZE \$</b> | <b>3.</b><br><b>What is the value of all ..[ ].. the H/H received as a gift during the past 12 months?</b><br><br><b>AMOUNT BZE \$</b> |
|---|-------------|---|--|
| Shoes, tennis, boots, slippers and sandals for adults   | YES→<br>←NO | 320   |  |
| Shoes, tennis, boots, slippers and sandals for children   | YES→<br>←NO | 321   |  |
| Adult clothing (suits, dresses, jeans, swim wear, underwear)  | YES→<br>←NO | 322   |  |
| Children clothing (shirts, trousers, coats, jeans)  | YES→<br>←NO | 323   |  |
| Clothing material (Dacron, linen, cotton, silk)   | YES→<br>←NO | 324   |  |
| Accessories (watches, jewelry, sunglasses)  | YES→<br>←NO | 325   |  |
| Dinner ware (plates, glasses, knives, forks, spoons, plastic containers)  | YES→<br>←NO | 326   |  |
| Cook ware and other small kitchen equipment (ice box, coffee maker, blender, toaster, mixer, hot plate...)  | YES→<br>←NO | 327   |  |
| Radio, television, VCR, stereo system, CD player, computer and accessories and other small household equipment (camera, fan, iron)                                    | YES→<br>←NO | 328   |  |
| Refrigerator, freezer, stove, microwave, washing machine, dryer and other large household appliances  | YES→<br>←NO | 329   |  |
| Cooking fuel, butane gas, kerosene, fire wood   | YES→<br>←NO | 330   |  |
| Tables, chairs, sofa, bed, crib, cabinets and other outdoor furniture   | YES→<br>←NO | 331   |  |
| Lawn chairs, picnic table, hammock and other indoor furniture   | YES→<br>←NO | 332   |  |
| Bed linens, towels, curtains, carpets and other furnishings   | YES→<br>←NO | 333   |  |
| Education expenses (tuition, books, boarding, school bags)  | YES→<br>←NO | 334   |  |
| Medical services (doctor’s fee, hospital care, spectacles, traditional healer...)   | YES→<br>←NO | 335   |  |
| Health Insurance  | YES→<br>←NO | 336   |  |
| Motor vehicle insurance   | YES→<br>←NO | 337   |  |
| Vehicles taxes, duties, licenses  | YES→<br>←NO | 338   |  |
| Purchase of motor vehicles, motor cycles for personal use   | YES→<br>←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><br>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><br>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→<br>←NO |   |
| 02 | Support for parents from siblings who live elsewhere?  | YES→<br>←NO |   |
| 03 | Other relatives or friends who live in Belize?   | YES→<br>←NO |   |
| 04 | Other relatives or friends who live abroad?  | YES→<br>←NO |   |
| 05 | Rental payments for use of land or other property owned by household members?  | YES→<br>←NO |   |
| 06 | Social Welfare?  | YES→<br>←NO |   |
| 07 | Social Security, government/private and other pension fund   | YES→<br>←NO |   |
| 08 | Interest from loans made by household members or from money deposited in the bank or other financial Institutions?                     | YES→<br>←NO |   |
| 09 | Dividends?   | YES→<br>←NO |   |
| 10 | Lotteries, gambling, inheritances etc.   | YES→<br>←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 | <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="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 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="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 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="checkbox"/> | <input type="checkbox"/> |
| B. Local Public Facility  | <input type="checkbox"/> | <input type="checkbox"/> |

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 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.**

BZES \$

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.**

BZES \$

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 | <input style="width: 20px; height: 20px;" type="checkbox"/> | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| B. Local Public Facility  | <input style="width: 20px; height: 20px;" type="checkbox"/> | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| C. Health Facility abroad | <input style="width: 20px; height: 20px;" type="checkbox"/> | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| D. Traditional Healer     | <input style="width: 20px; height: 20px;" type="checkbox"/> | <input style="width: 20px; height: 20px;" type="checkbox"/> |

**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"/> |                          |

**(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?**

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

BZES

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.

BZES

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 | <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
- 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 | <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
- 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 \_\_\_\_\_)
- 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<br>(1)               | No<br>(2)                | DK/NS<br>(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<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 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<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 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<br>(1)               | No<br>(2)                | DK/NS<br>(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<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 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<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 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)**