



SERIAL NUMBER:

Reinterview:

STATISTICAL INSTITUTE OF BELIZE

HOUSEHOLD EXPENDITURE SURVEY

2008/09

Record of Monthly and Annual Expenditure

<p>INSTRUCTIONS</p> <p>Use No. 2 pencils only. Do not use pen.</p> <p>Check “√” in the box with the appropriate response.</p> <p>Mark only one response for each question, unless otherwise stated.</p> <table><tr><td>Incorrect Marks</td><td>Correct Mark</td></tr><tr><td><input type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table>	Incorrect Marks	Correct Mark	<input type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>DISTRICT <input type="text"/></p> <p>URBAN/RURAL <input type="text"/></p> <p>CTV <input type="text"/> <input type="text"/></p> <p>ED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HOUSEHOLD <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ROUND <input type="text"/></p> <p>WEEK NUMBER <input type="text"/></p>
Incorrect Marks	Correct Mark				
<input type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

ADDRESS AND TELEPHONE # OF HOUSEHOLD:

CITY/TOWN/VILLAGE:

DISTRICT:

INTERVIEWER

NAME

SIGNATURE

FIELD SUPERVISOR / DISTRICT SUPERVISOR

NAME

DATE

SIGNATURE

RE-INTERVIEW

NAME

DATE

SIGNATURE

**EDITOR/CODER (DISTRICT)**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**DATA ENTRY OPERATOR**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

RECORD OF VISITS								
Interviewer calls	1	2	3	4	5	6	7	8
Date								
Time Started								
Time Ended								
Result								
Language								

## RESULT CODES

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

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

## LANGUAGE

1 = English  
2 = Spanish  
3 = Ketchi  
4 = Mopan  
5 = Other (Specify \_\_\_\_\_)

Comments \_\_\_\_\_

[illegible]

SECTION 1: HOUSEHOLD COMPOSITION								
INTERVIEWER: FIRST, I WILL ASK YOU SOME QUESTIONS ABOUT THE PERSONS WHO LIVE IN YOUR HOUSEHOLD.								
Ind. No.	1. Please give me the names and ages of all the persons who usually sleep at least 4 nights per week and share at least one daily meal with your household. Start with the head, then all other members, including elderly persons and babies, by order of age, from the oldest to the youngest.  <b>INTERVIEWER: REMEMBER TO CIRCLE THE NUMBER CORRESPONDING TO THE PERSON GIVING THE INFORMATION.</b>	2. What is your/N's relationship to the head of the household?  1. Head 2. Spouse/Partner 3. Child/Stepchild/Adopted child 4. Other relative 5. Domestic employee 6. Non-relative 9. DK/NS	3. What is your/N's sex?  Ask if not apparent.  1 = Male 2 = Female 9 = DK/NS	4. What was your/N's age last Sunday?  Write just the number  00 = less than 1 year 98 = 98 years or over 99 = DK/NS	5. What is your/N's marital status?  1. Married 2. Widowed 3. Divorced 4. Legally separated 5. Never married 9. DK/NS  <b>INTERVIEWER: ASK IF HOUSEHOLD MEMBER IS 16 YEARS OR OVER.</b>	6. To which ethnic group do you/does N belong?  01. Creole 02. East Indian 03. Garifuna 04. Maya (Ketchi/Mopan/Yucatecan) 05. Mennonite 06. Mestizo/Spanish/Latino/Hispanic 07. Asian (China/Hong Kong/Taiwan) 08. Caucasian/White 09. Other (Specify) _____ 99. DK/NS	7. Were you/Was N born in Belize or abroad?  1. Belize 2. Abroad 9. DK/NS	8. What is the highest level of education you/N have completed?  <b>INTERVIEWER: ASK IF HOUSEHOLD MEMBER IS 5 YEARS OR OLDER.</b>  1. None 2. Primary 3. Secondary 4. Post secondary (associate degree) 5. University 6. Other (Specify) _____ 9. DK/NS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

SECTION 2: GENERAL HOUSING CHARACTERISTICS				
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT THE DWELLING IN WHICH YOUR HOUSEHOLD LIVES AND FACILITIES AVAILABLE FOR ITS USE.				
1)	What type of dwelling does your household occupy?			
	Undivided private house .....	1	<input type="checkbox"/>	
	Part of a private house .....	2	<input type="checkbox"/>	
	Flat or apartment .....	3	<input type="checkbox"/>	
	Duplex/double house .....	4	<input type="checkbox"/>	
	Combined business and dwelling .....	5	<input type="checkbox"/>	
	Barracks .....	6	<input type="checkbox"/>	
	Other (specify) .....	7	<input type="checkbox"/>	
	DK/NS .....	9	<input type="checkbox"/>	
2)	Does your household share any of the following with another household?		Yes	No DK/NS
			(1)	(2) (9)
	Dwelling .....	2.1	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Kitchen .....	2.2	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Toilet/Bathroom .....	2.3	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Water Supply .....	2.4	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3.1)	In all, how many rooms does this dwelling have? .....	1	<input type="text"/>	<input type="text"/>
3.2)	How many are used as bedrooms? .....	2	<input type="text"/>	<input type="text"/>
3.3)	Does your household have a room exclusively for cooking?	3	Yes	No DK/NS
			(1)	(2) (9)
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4)	What is the main material used for roofing?			
	Sheet metal .....	1	<input type="checkbox"/>	
	Shingle .....	2	<input type="checkbox"/>	
	Rubber rye .....	3	<input type="checkbox"/>	
	Concrete .....	4	<input type="checkbox"/>	
	Thatch .....	5	<input type="checkbox"/>	
	Asbestos .....	6	<input type="checkbox"/>	
	Other (specify) .....	7	<input type="checkbox"/>	
	DK/NS .....	9	<input type="checkbox"/>	
5)	What is the main material of the outer walls?			
	Wood .....	1	<input type="checkbox"/>	
	Plywood .....	2	<input type="checkbox"/>	
	Concrete/Brick .....	3	<input type="checkbox"/>	
	Wood and concrete .....	4	<input type="checkbox"/>	
	Sticks/palmetto .....	5	<input type="checkbox"/>	
	Stucco .....	6	<input type="checkbox"/>	
	Makeshift .....	7	<input type="checkbox"/>	
	Other (specify) .....	8	<input type="checkbox"/>	
	DK/NS .....	9	<input type="checkbox"/>	
6)	What is the main material of the floor?			
	Dirt/sand/earth .....	1	<input type="checkbox"/>	
	Wood .....	2	<input type="checkbox"/>	
	Plywood .....	3	<input type="checkbox"/>	
	Concrete .....	4	<input type="checkbox"/>	
	Wood and concrete .....	5	<input type="checkbox"/>	
	Other (specify) .....	6	<input type="checkbox"/>	
	DK/NS .....	9	<input type="checkbox"/>	

SECTION 2: GENERAL HOUSING CHARACTERISTICS (Continued)				
7) Does your household have access to the following sources of water? <b><u>READ LIST. THERE SHOULD BE A RESPONSE FOR EACH OPTION.</u></b>			8) Which one is your MAIN source of drinking water? <b><u>TICK ONLY ONE RESPONSE.</u></b>	
<div>7)</div> <div><div>Yes (1)</div><div>No (2)</div><div>DK/NS (9)</div></div> <div><div>1. Piped water into dwelling .....</div><div>2. Piped water into yard only .....</div><div>3. Standpipe .....</div><div>4. Hand pump .....</div><div>5. Covered vat / drum / well .....</div><div>6. Uncovered vat / drum / well .....</div><div>7. Purified / Bottled water .....</div><div>8. River / Stream / Creek / Pond / Spring .....</div><div>9. Other (specify _____) .....</div></div>			<div>8)</div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div> <div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	
9) What is the main source of lighting for your household?				
Gas Lamp .....			1 <input type="checkbox"/>	
Kerosene lamp .....			2 <input type="checkbox"/>	
Electricity .....			3 <input type="checkbox"/>	
Other (specify) _____ .....			4 <input type="checkbox"/>	
None .....			5 <input type="checkbox"/>	
DK/NS .....			9 <input type="checkbox"/>	
10) What type of toilet facility does your household have?				
Water closet linked to sewer system/ septic tank .....			1 <input type="checkbox"/>	
Pit latrine, ventilated and elevated .....			2 <input type="checkbox"/>	
Pit latrine, ventilated and not elevated .....			3 <input type="checkbox"/>	
Pit latrine, ventilated compost .....			4 <input type="checkbox"/>	
Pit latrine, not ventilated .....			5 <input type="checkbox"/>	
Other (specify) _____ .....			6 <input type="checkbox"/>	
None .....			7 <input type="checkbox"/>	
DK/NS .....			9 <input type="checkbox"/>	
11) In what year was your dwelling constructed?				
Before 1980.....			1 <input type="checkbox"/>	
1980 – 1989.....			2 <input type="checkbox"/>	
1990 – 1999.....			3 <input type="checkbox"/>	
2000 or Later .....			4 <input type="checkbox"/>	
DK/NS.....			9 <input type="checkbox"/>	
12) What type of fuel does your household use most for cooking?				
Gas – (butane/propane) .....			1 <input type="checkbox"/>	
Wood/charcoal .....			2 <input type="checkbox"/>	
Kerosene .....			3 <input type="checkbox"/>	
Electricity .....			4 <input type="checkbox"/>	
Other (specify) _____ .....			5 <input type="checkbox"/>	
None .....			6 <input type="checkbox"/>	
DK/NS .....			9 <input type="checkbox"/>	

SECTION 2: GENERAL HOUSING CHARACTERISTICS (Continued)

13)	Does your household have any of the following items for it's own use? <b>PLEASE EXCLUDE THOSE ITEMS FOR BUSINESS ONLY.</b>	Yes (1)	No (2)	DK/NS (9)
	Telephone (fixed line)..... 14.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone (cellular) ..... 14.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Refrigerator or freezers ..... 14.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dishwasher..... 14.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Microwave..... 14.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gas/ Gas and electric stove ..... 14.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TV sets/VCR ..... 14.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Video equipment ..... 14.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vacuum cleaner..... 14.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sewing machine..... 14.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Washing machine..... 14.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clothes dryer..... 14.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Water heater..... 14.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Air conditioner..... 14.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Power generator..... 14.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Computer ..... 14.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CD/DVD player ..... 14.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Radio cassettes /Stereo ..... 14.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fan ..... 14.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motor vehicle ..... 14.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bicycle ..... 14.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motorcycle ..... 14.22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Boat/Canoe ..... 14.23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: EXPENDITURE ON HOUSING ACCOMMODATIONS (Past 12 Months)

INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT THE HOUSEHOLD’S, OWNERSHIP, REPAIR AND SALE OF PROPERTY AND RELATED EXPENSES.

Part A: TENURE

Type of Tenure (Current Dwelling)

1) Does your household own, lease, rent or squat in the dwelling that it presently lives ?

Owned/hire purchase.....1☐

Lease .....2☐

Rented, private .....3☐

Rented, government .....4☐

Rent-free.....5☐

Squat .....6☐

Other (Specify) .....7☐

DK/NS .....9☐

→ Skip to Q3

2) Is the land on which your dwelling is situated owned or leased by your household or in some other type of occupancy?

Owned/hire purchase.....1☐

Leased .....2☐

Rented .....3☐

Permission to work land/sharecropping .....4☐

Squatted.....5☐

Reservation land .....6☐

Other (Specify) .....7☐

DK/NS .....9☐

3) Did your household begin to occupy the dwelling during the past 12 months?

1. ☐ Yes

2. ☐ No

9. ☐ DK/NS

4)	(a)	(b)	(c)	(d)	(e)
	Did your household own a housing unit or other type of real estate such as a farm or a vacant lot during the past 12 months?	If YES, fill out columns (c) (d) and (e)  1 = Yes 2 = No 9 = DK/NS	How many?	Did you obtain it/ any of them during the past 12 months?  1 = Yes 2 = No 9 = DK/NS	Did you sell or transfer it/ any of them during the past 12 months?  1 = Yes 2 = No 9 = DK/NS
4.1	Separate house (include this dwelling)				
4.2	House combined with business				
4.3	Summer/vacation home				
4.4	House under construction				
4.5	Farm				
4.6	Vacant lot/land				
4.7	Other (Specify) .....				

5) In which of the following tenures was your household during the past 12 months? (INTERVIEWER: READ LIST)

Homeowner during the entire year.....1☐

Renter during the entire year.....2☐

Homeowner part of the year/renter part of the year.....3☐

Other (Specify) .....4☐

DK/NS .....9☐

→ Skip to Part C

→ Skip to Part C

Part B: RENTER

1.	Does your household currently occupy the rental unit?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	9. <input type="checkbox"/> DK/NS
2.	Was the dwelling your household last rented during the past 12 months rented fully furnished, partly furnished or unfurnished?	At least one utility cost included	No utility cost included	DK/NS
	Fully furnished .....	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Partly furnished.....	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unfurnished.....	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DK/NS .....	9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION 3: EXPENDITURE ON HOUSING ACCOMMODATIONS (Past 12 Months) - Continued

Part B: RENTER Continued

3.	What was the value of rent paid last month or the value of rent last paid?	1. <input type="checkbox"/> \$ _____ Last month 2. <input type="checkbox"/> \$ _____ Last paid 9. <input type="checkbox"/> DK/NS
4.	What was the total value of the rent paid during the past 12 months?	\$ _____
5.	Did any member of your household receive a housing allowance during the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to Q7</b> 9. <input type="checkbox"/> DK/NS _____
6.	What was the total value of housing allowance received in the past 12 months?	\$ _____
7.	Did your household receive a reimbursement on rent paid during the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to Q9</b> 9. <input type="checkbox"/> DK/NS _____
8.	What was the value of the rent that was reimbursed during the past 12 months?	\$ _____
9.	Was part of the rental unit rented out (subletted) during the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to Q12</b> 9. <input type="checkbox"/> DK/NS _____
10.	How much did your household receive in rental payment last month?	\$ _____
11.	How much did household receive in rental payment during the past 12 months?	\$ _____
12.	Was part of the last dwelling you rented during the past 12 months used for your own business?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to Q14</b> 9. <input type="checkbox"/> DK/NS _____
13.	What was the percentage of the dwelling used for business?	_____ %
14.	Did your household undertake any repairs/maintenance to the rental unit during the past 12 months for which it was not reimbursed?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to Part C</b> 9. <input type="checkbox"/> DK/NS _____
15.	What was the value of the repairs and maintenance to the rental unit during the past 12 months for each of the following? (DO NOT INCLUDE EXPENDITURES WHICH WERE RE-IMBURSED AND INCLUDED IN THE RESPONSE AT Q8)	
	Painting.....	15.1 \$ _____
	Carpentry/Masonry.....	15.2 \$ _____
	Plumbing.....	15.3 \$ _____
	Improvements to yard.....	15.4 \$ _____
	Electrical.....	15.5 \$ _____
	Other (Specify) _____	15.6 \$ _____
	TOTAL	15.7 \$ _____
16.	Total expenditure on rental unit (OFFICE USE ONLY)	\$ _____

Part C) OWNER

1.	Do you currently own any housing units or other type of real estate such as separate house, summer/ vacation home, house under construction, farm or vacant lot?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to Q 3</b> 9. <input type="checkbox"/> DK/NS _____
2.	<b>INTERVIEWER: INDICATE WHETHER OR NOT THE HOUSEHOLD CURRENTLY OWNS THE DWELLING IN WHICH IT LIVES. (PART A: Q1=1)</b>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to Q3</b> 9. <input type="checkbox"/> DK/NS _____
2a.	What rent would you expect per month if you were to rent this property unfurnished?	\$ _____
3.	Did you own any property in the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No _____ → <b>Skip to PART D</b> 9. <input type="checkbox"/> DK/NS _____
3a.	In all, how many properties were owned by the household in the past 12 months? (Include present dwelling if owned.)	<input type="text"/> <input type="text"/> 98 = If 98 or more 99 = DK/NS
3b.	How many did you obtain in the past 12 months?	<input type="text"/> <input type="text"/> 99 = DK/NS
4.	For each of the properties obtained by this household during past 12 months, indicate which of the following best describes the property. (IF MORE THAN SIX WERE OBTAINED, ASK THE RESPONDENT TO PROVIDE INFORMATION FOR THE LAST SIX)	Property 1 Property 2 Property 3 Property 4 Property 5 Property 6
	Separate house.....	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	House combined with business.....	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Summer/vacation home.....	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	House under construction.....	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Farm.....	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Vacant lot/ land _____ → <b>Skip to Q6</b>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other (Specify).....	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	DK/NS .....	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.	Did your household pay homeowner's insurance during the past 12 months? 1. Yes 2. No _____ → <b>Skip to Q6</b> 9. DK/NS _____	
5a.	What was the total value of the homeowner's insurance paid during the past 12 months?	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____



Part C) Owner (All property currently owned.) (continued)											
		Property 1	Property 2	Property 3	Property 4	Property 5	Property 6				
6.	How was the property obtained?										
	Mortgage.....(Continue to Q7)..... 6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Purchase.....(Skip to Q10).....6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Inheritance .....(Skip to Q12).....6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Trade .....(Skip to Q13).....6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Gift .....(Skip to Q13).....6.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Other (specify).....(Skip to Q13).....6.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7.	What was the original amount of the mortgage?	\$	\$	\$	\$	\$	\$				
8.	Is a mortgage payment currently being made toward the property?	1. Yes <b>Skip</b> 2. No <input type="checkbox"/> to 9. DK/NS <b>► Q10</b>									
9.	What was the total mortgage payment during the past 12 months?	\$	\$	\$	\$	\$	\$				
10.	What was the purchase price or total cost of the property, including land and construction costs?	\$	\$	\$	\$	\$	\$				
11.	What was the value on each of the following associated costs:										
	a. Real estate commissions .....	\$	\$	\$	\$	\$	\$				
	b. Transfer taxes .....	\$	\$	\$	\$	\$	\$				
	c. Other transfer or closing costs .....	\$	\$	\$	\$	\$	\$				
	d. TOTAL ASSOCIATED COSTS .....	\$	\$	\$	\$	\$	\$				
<b>INTERVIEWER: NOW SKIP TO Q13</b>											
12.	Did your household pay estate duty on this property during the past 12 months?										
	1. <input type="checkbox"/> Yes										
	2. <input type="checkbox"/> No <input type="checkbox"/> <b>Skip to Q13</b>										
12a.	What was value of the estate duty paid during the past 12 months?	\$	\$	\$	\$	\$	\$				
13.	What was the value of the property tax or land tax paid during the past 12 months?	\$	\$	\$	\$	\$	\$				
14.	What would you estimate the current market value of the property to be?	\$	\$	\$	\$	\$	\$				
15.	Is part of the property used for business?	1. Yes <b>Skip</b> 2. No <input type="checkbox"/> to 9. DK/NS <b>► Q17</b>									
16.	What percentage of the property is used for business?	%	%	%	%	%	%				
17.	Was part of the property leased/rented during the past 12 months?	1. Yes <b>Skip</b> 2. No <input type="checkbox"/> to 9. DK/NS <b>► Part D</b>									
18.	Estimate the percentage of the property which was leased/rented.	%	%	%	%	%	%				
19.	How much did you receive in rental payments during the past 12 months?	\$	\$	\$	\$	\$	\$				
20.	Total expenditure on owner property.    (OFFICE USE ONLY)	\$	\$	\$	\$	\$	\$				

SECTION 3: EXPENDITURE ON HOUSING ACCOMMODATIONS (Past 12 Months) - Continued

Part D HOUSE UNDER CONSTRUCTION

1.	Did your household have a house(s) under construction during the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	→ Skip to Part E
2.	How many house(s) did this household have under construction during the past 12 months?	<div><div></div><div></div></div>	99 = DK/NS
3.	What was the household's <u>total</u> construction cost during the past 12 months?		
	Material.....	3.1	\$
	Hired labour .....	3.2	\$
	Own labour .....	3.3	\$
	Total Cost (OFFICE USE ONLY) .....	3.4	\$
	DK/NS.....	3.9	\$
4.	How was construction financed?		
	Savings only.....	4.1	<input type="checkbox"/>
	Loan only.....	4.2	<input type="checkbox"/>
	Savings and Loan.....	4.3	<input type="checkbox"/>
	Other (specify) .....	4.4	<input type="checkbox"/>
	DK/NS .....	4.9	<input type="checkbox"/>

Part E) SALE OF REAL ESTATE

TRANSFER (SALE) OF PROPERTY					
1.	Did you or any other member of your household transfer or sell any property in the last 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	→ Skip to Part F		
1a.	How many property(ies) were sold or transferred?	<div><div></div><div></div></div>	99 = DK/NS		
2.	How was the property transferred.	Property 1	Property 2	Property 3	Property 4
	Sale ..... 2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gift ..... 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trade ..... 2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Specify) ..... 2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DK/NS ..... 2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	What was the sale price?	\$	\$	\$	
4.	Was there any outstanding mortgage balance to be paid off at the same time of sale of the property?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	Skip to Q6		
4a.	What was the outstanding mortgage balance which was to be paid off at the time of the sale of the property?	\$	\$	\$	\$
5.	What was the total amount which the purchaser was left owing?	\$	\$	\$	\$
6.	What was the payment (including interest) received from the purchaser during the past 12 months.	\$	\$	\$	\$
7.	What was the total amount of real estate commissions paid by this household during the past 12 months?	\$	\$	\$	\$
8.	What was the total amount of transfer taxes paid by this household during the past 12 months?	\$	\$	\$	\$
9.	What was the total amount of other transfer costs paid by this household during the past 12 months?	\$	\$	\$	\$
10.	TOTAL COST (Sale of property) (FOR OFFICIAL USE ONLY)	\$	\$	\$	\$

INTERVIEWER: IF PART B Q1=1, SKIP TO SECTION 4. OTHERWISE, CONTINUE.

SECTION 3: EXPENDITURE ON HOUSING ACCOMMODATIONS (Past 12 Months) - Continued  
PART F) REPAIRS AND IMPROVEMENTS (Past 12 months.)

I) ADDITIONS AND IMPROVEMENTS (OWNER-OCCUPIED DWELLING)

1) **INTERVIEWER: INDICATE WHETHER OR NOT THE HOUSEHOLD CURRENTLY OWNS THE DWELLING IN WHICH IT LIVES (I.E.PART A Q1= 1)**

1. ☐ Yes.
2. ☐ No 

→ Skip to SECTION 4
9. ☐ DK/NS 

→ Skip to SECTION 4

2) Did your household spend any money on additions and/or improvements to your dwelling during the past 12 months?

1. ☐ Yes
2. ☐ No 

→ Skip to II) Repairs and Maintenance
9. ☐ DK/NS 

→ Skip to II) Repairs and Maintenance

3) State what kind of addition or improvement was done and what was the cost of materials and labour used? <b>INTERVIEWER: TICK ALL THAT APPLY. INSERT “0.00” IF NO EXPENDITURE WAS MADE</b>		Material Costs (\$)	Labour Costs		Total Labour Cost (\$) (c)+(d)
			Own Labour Cost (\$)	Hired Labour Cost (\$)	
(a)		(b)	(c)	(d)	(e)
3.1	Addition/Extension (bedroom, kitchen, bathroom, porch, etc.) <input type="checkbox"/>	\$	\$	\$	\$
3.2	Yard Improvement <input type="checkbox"/>	\$	\$	\$	\$
3.3	Fence <input type="checkbox"/>	\$	\$	\$	\$
3.4	Interior Remodelling/ Redecorating <input type="checkbox"/>	\$	\$	\$	\$
3.5	Burglar Bars <input type="checkbox"/>	\$	\$	\$	\$
3.6	Other Additions/Improvements (specify) <input type="checkbox"/>	\$	\$	\$	\$
3.9	DK/NS <input type="checkbox"/>	\$	\$	\$	\$

II) REPAIRS AND MAINTENANCE (OWNER-OCCUPIED DWELLING)

1) Did your household spend any money on general repairs and maintenance of your dwelling during the past 12 months?

1. ☐ Yes
2. ☐ No 

→ Skip to Section 4
9. ☐ DK/NS 

→ Skip to Section 4

2) State what kind of repairs and maintenance was done and what was the cost of materials and labour used? INTERVIEWER: TICK ALL THAT APPLY. INSERT 0.00 IF NO EXPENDITURE WAS MADE		Material Costs (s)	Labour Costs		Total Labour Cost (c)+(d)
			Own Labour Cost	Hired Labour Cost (\$)	
(a)		(b)	(c)	(d)	(e)
2.1	Paint (interior/exterior) <input type="checkbox"/>	\$	\$	\$	\$
2.2	Carpentry (roof, siding, flooring) <input type="checkbox"/>	\$	\$	\$	\$
2.3	Electrical Repair/Replacement <input type="checkbox"/>	\$	\$	\$	\$
2.4	General Masonry and Plastering <input type="checkbox"/>	\$	\$	\$	\$
2.5	Other repairs and maintenance (specify) <input type="checkbox"/>	\$	\$	\$	\$
2.9	DK/NS <input type="checkbox"/>	\$	\$	\$	\$

OBSERVATIONS:

SECTION 4: FUEL, UTILITIES AND OTHER HOUSEHOLD OPERATIONS.

INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT YOUR SPENDING ON FUEL, UTILITIES AND OTHER HOUSEHOLD OPERATIONS.

1. What was your household’s payment for each of the following during the last month and the past 12 months? INSERT ‘0.00’ IF YOUR HOUSEHOLD DID NOT SPEND ANYTHING		
	(a) Last month? \$	(b) Past 12 months? \$
a. Electricity bill .....		
b. Water bill .....		
c. Telephone bill .....		
d. Cable TV bill .....		
e. Internet bill .....		
f. Garbage collection .....		

2.	On average, how often did you purchase your main cooking fuel during the past 12 months?	Every _____ number 1. <input type="checkbox"/> Days 2. <input type="checkbox"/> Weeks 3. <input type="checkbox"/> Months 9. <input type="checkbox"/> DK/NS
3.	On average, how much did you spend on each purchase?	\$
4.	How much did you spend on fumigation (pest extermination) services during the past 12 months?	\$
5.	Did your household employ a person(s) to do domestic duties around the house during the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS → Skip to Q7
6.	How much did your household pay during the past 12 months for the following?	
	Domestic helper (eg. cooking, ironing, washing, housecleaning etc.)..... 7.1	\$
	Child care (at home)..... 7.2	\$
	Both domestic help and child care ..... 7.3	\$
	Cutting/cleaning of yard..... 7.4	\$
	Other household service at home (specify) _____ 7.5	\$
7.	Did your household pay for daycare/nursery/ baby sitting services (outside the home) for any of its members during the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS → Skip to Q8
7a.	How much did you pay for daycare/nursery/ baby sitting during the past 12 months?	\$
8.	Did you pay for any other regular household service, outside the home during the last month?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS → Skip to Section 5
8a.	How much did you pay for any other regular household service outside the home during the last month?	\$

SECTION 5 : FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT						
EXPENSES FOR PAST 12 MONTHS						
INTERVIEWER: I WILL READ TO YOU A LIST OF FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT. PLEASE STATE IF YOU OR ANY MEMBER OF THIS HOUSEHOLD BOUGHT ANY OF THEM DURING THE PAST 12 MONTHS. IF YOU DID, I WOULD LIKE TO KNOW THE AMOUNT, VALUE AND WHETHER THE ITEM WAS PURCHASED NEW OR SECOND HAND.	Spent on...?	Quantity	Unit	Value	New/Second Hand	
	1. Yes		1. Unit	\$	1. New	
	2. No		2. Set(s)		2. 2nd Hand	
	9. DK/NS		3. Piece (s)		9. DK/NS	
			4. Yard			
		5. Other				
		9. DK/NS				
(a)	(b)	(c)	(d)	(e)	(f)	
PART A - FURNITURE						
1) LIVING ROOM FURNITURE						
1.1	Sofas/Couch					
1.2	Center/ Coffee Table/Endtable					
1.3	Chairs/Foot stools/Rocking Chairs					
1.4	Living Room Set					
1.5	Stereo/TV Furniture					
1.6	Shelves					
1.7	Other (specify)					
2) DINING ROOM AND KITCHEN FURNITURE						
2.1	Dining Sets					
2.2	Tables					
2.3	Chairs					
2.4	China Closets					
2.5	Kitchen Lockers and Cabinets					
2.6	Bar Room Set					
2.7	Other (specify)					
3) BEDROOM FURNITURE						
3.1	Beds					
3.2	Mattresses					
3.3	Clothes Closets					
3.4	Wardrobes					
3.5	Bureaus					
3.6	Night stands/Bedside tables					
3.7	Cots					
3.8	Other (specify)					
4) PORCH/PATIO FURNITURE						
4.1	Patio table					
4.2	Patio chairs					
4.3	Other (specify)					
5) BABY FURNITURE/EQUIPMENT						
5.1	Cribs					
5.2	Night Chairs					
5.3	Changing tables					
5.4	Play Pens					
5.5	Pram/Stroller					
5.6	Baby Toys					
5.7	Other (specify)					
6) BATHROOM FURNITURE						
6.1	Medicine Cabinet					
6.2	Bathroom/toilet stand					
6.3	Towel rack					
6.4	Bathroom shelves					
6.5	Other (specify)					
7) OTHER HOUSEHOLD FURNITURE						
7.1	Computer desk					
7.2	Other (specify)					
PART B - FURNISHINGS						
8) FLOOR COVERING (Not permanent part of structure)						
8.1	Carpets					
8.2	Rugs					
8.3	Linoleum/Marley					
8.6	Other (specify)					
9) WALL/DECORATIVE FURNISHINGS						
9.1	Ornaments/Decorations					

SECTION 5: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT (Continued)						
EXPENSES FOR PAST 12 MONTHS						
<b>INTERVIEWER: I WILL READ TO YOU A LIST OF FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT. PLEASE STATE IF YOU OR ANY MEMBER OF THIS HOUSEHOLD BOUGHT ANY OF THEM DURING THE PAST 12 MONTHS. IF YOU DID, I WOULD LIKE TO KNOW THE AMOUNT, VALUE AND WHETHER THE ITEM WAS PURCHASED NEW OR SECOND HAND.</b>	Spent on...?	Quantity	Unit	Value	New/Second Hand	
	1. Yes 2. No 9. DK/NS		1. Unit 2. Set(s) 3. Piece (s) 4. Yard 5. Other 9. DK/NS	\$	1. New 2. 2nd Hand 9. DK/NS	
	(a)	(b)	(c)	(d)	(e)	(f)
	9.2 Paintings/Pictures					
	9.3 Carvings/Sculptures					
	9.4 Flower Pots/Flowers					
	9.5 Mirrors					
9.6 Lighting fixtures						
9.5 Other (specify)						
PART C - HOUSEHOLD TEXTILES						
10.1 Hammocks						
10.2 Sheets						
10.3 Pillow Cases						
10.4 Pillows/Throw Pillows/Cushions						
10.5 Bedspreads						
10.6 Blankets/Comforters/Quilts						
10.7 Curtains (include curtain material)						
10.8 Blinds						
10.9 Tablecloths/Table runners						
10.10 Awnings						
10.11 Table Mats						
10.11 Mats (Door mats, bathroom mats)						
10.12 Pot Holders						
10.13 Shower Curtains						
10.14 Bathroom Sets						
10.15 Towels						
10.16 Wash Cloth (Wash rags)						
10.17 Other (specify)						
PART D - HOUSEHOLD APPLIANCES AND EQUIPMENT						
<b>11) KITCHEN APPLIANCES AND EQUIPMENT</b>						
11.1 Gas Stoves						
11.2 Electric Stoves						
11.3 Kerosene Stoves						
11.4 Hot Plates						
11.5 Rotisserie Oven						
11.6 Microwave Ovens						
11.7 Toaster/Toaster Ovens						
11.8 Refrigerators						
11.9 Freezers						
11.10 Dishwashers						
11.11 Mixers/Electric Beater						
11.12 Blenders/Juicers						
11.13 Food Processors						
11.14 Crock Pot/Slow Cooker						
11.15 Rice Cooker						
11.16 Coffee Maker						
11.17 Electric Can Opener						
11.18 Other (specify)						
<b>12) KITCHEN EQUIPMENT (NON-ELECTRIC)</b>						
12.1 Cooking Pots						
12.2 Frying Pans						
12.3 Baking Pans						
12.4 Pressure Cookers						
12.5 Comal						
12.6 Knives/Spoons/Forks						
12.7 Pan Cake/Waffle Iron						
12.8 Dishes/Plates/Bowls						
12.9 Tupperware/Plastic Container						

SECTION 5: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT (Continued)					
EXPENSES FOR PAST 12 MONTHS					
INTERVIEWER: I WILL READ TO YOU A LIST OF FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT. PLEASE STATE IF YOU OR ANY MEMBER OF THIS HOUSEHOLD BOUGHT ANY OF THEM DURING THE PAST 12 MONTHS. IF YOU DID, I WOULD LIKE TO KNOW THE AMOUNT, VALUE AND WHETHER THE ITEM WAS PURCHASED NEW OR SECOND HAND.	Spent on...?  1. Yes 2. No 9. DK/NS	Quantity	Unit 1. Unit 2. Set(s) 3. Piece (s) 4. Yard 5. Other 9. DK/NS	Value \$	New/Second Hand  1. New 2. 2nd Hand 9. DK/NS
(a)	(b)	(c)	(d)	(e)	(f)
12.10	Glasses/cups				
12.11	Can Openers				
12.12	Beaters				
12.13	Graters				
12.14	Roller Pin				
12.15	Cutting board				
12.16	Meat Tenderizers				
12.17	Coolers				
<b>13) ELECTRONIC/MUSICAL/PHOTOGRAPHIC EQUIPMENT</b>					
13.1	Television				
13.2	Video Cassette Player/Recorder				
13.3	Video Camera/Camcorder				
13.4	Stereo System/Components, Speakers				
13.5	Portable Radio/Tape Player				
13.6	Compact Disc Player/Recorder				
13.7	DVD Player				
13.8	Records/audio cassettes (pre-recorded)				
13.9	CD/DVD (blank)				
13.10	CD/DVD (recorded)				
13.11	Video Cassette Rental				
13.12	MP3 Player/ IPod				
13.13	Digital Camera				
13.14	Photographic Film/Film Development				
13.15	Photographic Service				
13.16	Personal Computer				
13.17	Computer Software				
13.18	Video Game Player/Game Console				
13.19	Video Game Software				
13.20	Electronic Keyboard				
13.21	Piano				
13.22	Guitar				
13.23	Calculator				
13.24	Cellular Phone				
13.27	Toys				
<b>14) PERSONAL CARE APPLIANCES</b>					
14.1	Blow Dryer				
14.2	Electric Shavers/Trimmers				
14.3	Curling Irons/Flat Irons				
14.4	Electric Curlers				
14.5	Other (specify)				
<b>15) LAUNDRY APPLIANCES &amp; EQUIPMENT</b>					
15.1	Washing Machine				
15.2	Clothes Dryer				
15.3	Irons				
15.4	Ironing Boards				
15.5	Clothes Lines				
15.6	Bath/Wash Pans				
15.7	Scrub Boards				
15.8	Laundry Baskets				

SECTION 5: FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT (Continued)					
EXPENSES FOR PAST 12 MONTHS					
INTERVIEWER: I WILL READ TO YOU A LIST OF FURNITURE, FURNISHINGS AND HOUSEHOLD EQUIPMENT. PLEASE STATE IF YOU OR ANY MEMBER OF THIS HOUSEHOLD BOUGHT ANY OF THEM DURING THE PAST 12 MONTHS. IF YOU DID, I WOULD LIKE TO KNOW THE AMOUNT, VALUE AND WHETHER THE ITEM WAS PURCHASED NEW OR SECOND HAND.	Spent on...?  1. Yes 2. No 9. DK/NS	Quantity	Unit 1. Unit 2. Set(s) 3. Piece (s) 4. Yard 5. Other 9. DK/NS	Value \$	New/Second Hand  1. New 2. 2nd Hand 9. DK/NS
(a)	(b)	(c)	(d)	(e)	(f)
16) CLEANING EQUIPMENT					
16.1	Vacuum Cleaner				
16.2	Floor Polisher				
16.3	Broom				
16.4	Mop				
16.5	Bucket				
16.6	Garbage Can				
16.7	Dust Can				
16.8	Scrub Brushes				
17) COOLING/HEATING EQUIPMENT					
17.1	Air Conditioner				
17.2	Ceiling Fans				
17.3	Portable Fans				
17.4	Space Heaters				
17.5	Water Heaters				
17.6	Water Coolers				
17.7	Humidifiers				
18) LIGHTING EQUIPMENT					
18.1	Stove Lighters				
18.2	Cigarette Lighter				
18.3	Flashlights				
18.4	Kerosene/Gas Lanterns				
18.5	Incandescent Bulbs				
18.6	Florescent Bulbs				
18.7	Electric Lamps				
18.8	Garden/Solar lights				
19) OTHER HOUSEHOLD EQUIPMENT					
19.1	Water Pump				
19.2	Water Tank				
19.3	Sewing Machine				
19.4	Generator				
19.5	Lawn Mower/Weed wacker				
19.6	Hedge Trimmer				
19.7	Garden Tools				
19.8	Ladder				
19.9	Machetes				
19.10	Power Tools				
19.11	Hand Tools				
19.12	Wheel Barrow				
19.13	Garden Hoses				
19.14	Barbecue Grill				
20) REPAIR OF HOUSEHOLD EQUIPMENT					
20.1	Electrical appliances				
20.2	Electronic equipment (eg. TV)				
20.3	Musical instruments				
20.4	Re-upholstering and Furniture Repair				
20.5	Lawnmower repair				
20.6	Repair of tools				



SECTION 6: CLOTHING AND FOOTWEAR (Expenditures during the past 12 months)																									
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT EXPENDITURE'S MADE ON CLOTHING AND FOOTWEAR DURING THE PAST 12 MONTHS.																									
A) READY-MADE CLOTHING																									
1) Did you or any other member of your household make expenditures on ... [ready-made clothing]... for any member of the household during the past 12 months?    1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No    9. <input type="checkbox"/> DK/NS → Skip to Part B																									
2) Which household members made expenditures on ready-made clothing during the past 12 months?		IND. No.			IND. No.			IND. No.																	
3) For each household member, please state whether any of the following items were purchased for any member of the household during the past 12 months. Please state the amount and value, in Belize dollars, of each item purchased during the past 12 months.		Spent on...? 1. Yes 2. No 9. DK/NS		Qty.		Unit 1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		Value (\$)		Spent on...? 1. Yes 2. No 9. DK/NS		Qty.		Unit 1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		Value (\$)		Spent on...? 1. Yes 2. No 9. DK/NS		Qty.		Unit 1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		Value (\$)	
(a)		(b)		(c)		(d)		(e)		(b)		(c)		(d)		(e)		(b)		(c)		(d)		(e)	
1) MENS' OUTERWEAR (14 YRS.AND OLDER)																									
1.1		Compete suit/coat																							
1.2		Dress pants																							
1.3		Jeans																							
1.4		Other casual pants																							
1.5		Shorts																							
1.6		Sweater/jackets																							
1.7		Dress shirt																							
1.8		Guayabera																							
1.9		Working shirt																							
1.10		Sport shirt (with collar)																							
1.11		T-shirt																							
1.12		Sportswear																							
1.13		Uniform (school)																							
1.14		Other uniform (work, etc.)																							
1.15		Other men's outerwear																							
1.16		TOTAL																							
2) MEN'S UNDERWEAR (14 YRS.AND OLDER)																									
2.1		Underwear/briefs																							
2.2		Underwear/boxer shorts																							
2.3		Undershirt																							



SECTION 6: CLOTHING AND FOOTWEAR (Expenditures during the past 12 months) - (continued)													
A) READY-MADE CLOTHING													
		IND. No.				IND. No.				IND. No.			
		Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)
		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS	
		(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)
<b>5) BOYS' UNDERWEAR (3 - 13 YEARS)</b>													
5.1	Underwear/briefs												
5.2	Undershirts												
5.3	Socks												
5.4	Other boys' underwear												
5.5	TOTAL												
<b>6) OTHER BOYS' CLOTHING (3 - 13 YEARS)</b>													
6.1	Pyjamas												
6.2	Hats/caps												
6.3	All other boys' clothing												
6.4	TOTAL												
<b>7) WOMEN'S OUTERWEAR (14 YRS. AND OLDER)</b>													
7.1	Suits/jackets												
7.2	Dresses - party/formal												
7.3	Dresses - casual												
7.4	Skirts												
7.5	Jeans pants												
7.6	Slacks												
7.7	Blouses												
7.8	Sportshirts (with collar)												
7.9	T-shirt												
7.10	Sportswear												
7.11	Sweater/jackets												
7.12	Bathing suits (swim wear)												
7.13	Shorts												
7.14	Uniform (school)												



SECTION 6: CLOTHING AND FOOTWEAR (Expenditures during the past 12 months) - (continued)														
A) READY-MADE CLOTHING														
		IND. No.			IND. No.			IND. No.			IND. No.			
		Spent on...? 1. Yes 2. No 9. DK/NS	Qty.	Unit 1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Qty.	Unit 1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Qty.	Unit 1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS
(a)		(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(b)
10)	Continued													
10.4	Jeans													
10.5	Slacks (Dress/casual pants)													
10.6	Sportshirts (with collar)													
10.7	T-shirts													
10.8	Sportswear													
10.9	Shorts													
10.10	Uniform (school)													
10.13	Other girls' outerwear													
10.14	TOTAL													
11) GIRLS' UNDERWEAR AND HOSIERY (3 - 13 YEARS)														
11.1	Panties													
11.2	Brassieres													
11.3	Slips													
11.4	Girdles													
11.5	Vests													
11.6	Stockings													
11.7	Socks													
11.8	Other girl's underwear													
11.9	TOTAL													
12) OTHER GIRLS' CLOTHING (3 - 13 YEARS)														
12.1	Sleepwear (gown/pyjamas/dusters)													
12.2	Hats/Caps													




SECTION 6: CLOTHING AND FOOTWEAR (Expenditures during the past 12 months) - (continued)														
A) READY-MADE CLOTHING		IND. No.			IND. No.			IND. No.			IND. No.			Value (\$)
		Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)	
		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		
	(a)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(e)
15)	Continued													
15.4	Wallet/handbag/Purses													
15.5	Umbrellas													
15.6	Sunshades													
15.7	Briefcases/suitcases													
15.8	Bags/School bags													
15.9	Girl's/Ladies Belts													
15.10	Other clothing accessories													
15.11	TOTAL													
16)	MEN'S AND BOYS' CLOTHING MATERIAL													
16.1	Suit material													
16.2	Pants material													
16.3	Shirt													
16.4	Uniform material (school)													
16.5	Other men's and boys' material													
16.6	TOTAL													
17)	WOMEN AND GIRL'S CLOTHING MATERIAL													
17.1	Dress/skirt/blouse material													
17.2	Uniform material (school)													
17.3	Uniform material (work)													
17.4	Other women's and girls' material													
17.5	TOTAL													





SECTION 6: CLOTHING AND FOOTWEAR (Expenditures during the past 12 months) - (continued)

C) FOOTWEAR

1) Did you or any other member of the household make expenditures on footwear during the past 12 months? 1. ☐ Yes  
2. ☐ No ☐ DK/NS  Skip to Section 7

2) Which household members made expenditures on footwear during the past 12 months?	IND. No.						IND. No.						IND. No.							
	Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)	Spent on...?	Qty.	Unit	Value (\$)
3) For each household member, please state whether any of the following items were purchased during the past 12 months. Please state the amount and value, in Belize dollars, of each item purchased during the past 12 months.	1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS		1. Yes 2. No 9. DK/NS		1. Unit 2. Pairs 3. Pack 4. Sets 5. Yards 6. Other 9. DK/NS	
(a)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)	(b)	(c)	(d)	(e)
1) MEN'S AND BOYS' FOOTWEAR																				
1.1 Dress and casual shoes																				
1.2 Dress boots																				
1.3 Tennis shoes																				
1.4 Rain boots/Rubber boots																				
1.5 Slippers																				
1.6 Work shoes and boots																				
1.7 Other men's and boys' footwear																				
1.8 TOTAL																				
2) WOMEN'S AND GIRLS' FOOTWEAR																				
2.1 Dress and casual shoes																				
2.2 Tennis shoes																				
2.3 Slippers																				
2.4 Other women's and girls' footwear																				
2.5 TOTAL																				
3) INFANTS' FOOTWEAR (under 2 yr. old)																				
3.1 Dress shoes																				
3.2 Tennis shoes																				
3.3 Slippers																				
3.4 Other children & Infants, footwear																				
3.5 TOTAL																				
4) FOOTWEAR REPAIRS																				
4.1 Men's and boys' footwear																				
4.2 Women's and girls' footwear																				
4.3 TOTAL																				

SECTION 7: EXPENDITURE ON PERSONAL AND SELECTED SERVICES (Past Month)

INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT EXPENDITURES MADE ON PERSONAL AND SELECTED SERVICES DURING THE PAST MONTH ONLY

1. Did you or any other member of your household make expenditures on personal and selected services during the **past month**?  
1. ☐ Yes  
2. ☐ No  
9. ☐ DK/NS ☐ **Skip to Section 8**

2. Which household members made expenditures on personal and selected services during the PAST MONTH?	IND.NO.			IND.NO.			IND.NO.			IND.NO.		
	Spent on...? (a) 1. Yes 2. No 9. DK/NS	Qty. (b)	Value (c) (\$)	Spent on...? (a) 1. Yes 2. No 9. DK/NS	Qty. (b)	Value (c) (\$)	Spent on...? (a) 1. Yes 2. No 9. DK/NS	Qty. (b)	Value (c) (\$)	Spent on...? (a) 1. Yes 2. No 9. DK/NS	Qty. (b)	Value (c) (\$)
3. Please state whether expenditures were made by you/N on each of the following personal and selected services during the <b><u>past month</u></b> . Also state the total number of times expenditures were made and the total value.												
1. Boy's/Men's Haircut/Shaves												
2. Shoe Shine												
3. Girl's/Women's Haircut												
4. Hair Washing												
5. Hair Styling												
6. Perms/Relax												
7. Hair braiding												
8. Manicure												
9. Pedicure												
10. Laundry service												
11. Spa Services												
12. Dry cleaning service												
13. Music lessons												
14. Fitness classes												
15. Other Personal and Selected Services												

SECTION 8: ENTERTAINMENT, RECREATION AND MISCELLANEOUS EXPENDITURES (Past 12 Months)								
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT EXPENDITURES MADE BY THE SPENDERS IN THIS HOUSEHOLD ON ENTERTAINMENT, RECREATION AND MISCELLANEOUS ITEMS DURING THE PAST 12 MONTHS.								
INTERVIEWER: List the individual number of all the spenders in the household.	IND. NO.		IND. NO.		IND. NO.		IND. NO.	
2) Please state whether expenditures were made by you/N on each of the following types of entertainment, recreation and miscellaneous items during the past 12 months. Where applicable, also state the total value of expenditure made.	Spent on...	Value (\$)	Spent on...	Value (\$)	Spent on...	Value (\$)	Spent on...	Value (\$)
	1.Yes 2.No 9.DK/NS		1.Yes 2.No 9.DK/NS		1.Yes 2.No 9.DK/NS		1.Yes 2.No 9.DK/NS	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1. Cinema								
2. Concerts/Plays/Pageants								
3. Spectator sports - entrance fee, treats etc. (Basketball, Football, Softball, Tennis etc.)								
4. Participant sport - equipment and supplies (Basketball, Football, Softball, Tennis, Fishing, Diving etc.)								
5. Participant sport - dues/ membership fee/ subscription (Basketball, Football, Softball, Tennis, Fishing, Diving, Weight lifting, Aerobics, etc.)								
6. Night Clubs (entrance fee, drinks, etc.)								
7. Casino								
8. Newspapers								
9. Books (Other than school books)								
10. Magazines								
11. Hobbies								
12. Fairs/Shows								
13. Other recreation and sports								
14. Weddings								
15. Funerals								
16. Baby Showers								
17. Gifts/Greeting Cards								
18. Party expenses (other than food)								
19. Flowers								
20. Veterinary expenses (for pets)								
21. Pet food								
22. Other pet expenses								
23. Boledo/lottery/lotto tickets								
24. Postage								
25. Stationery (exclude school-related items)								
26. Courier service								
27. Pay telephones calls/Phonecards								
28. Internet Café								
29. Church contributions								
30. Other charitable contributions								
31. Other expenditures n.e.s (specify) _____								



SECTION 9: TRANSPORTATION (Continued)

- 2) Operating expenses, maintenance and repairs.  
a) Operating Expenses

1) Which household member made expenditures on vehicle operations during the past 12 months?								
2) State whether expenditures were made by you/N on each of the following and the value of each.	IND. NO.		IND. NO.		IND. NO.		IND. NO.	
	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)
2.1 Gasoline (monthly)								
2.2 Diesel (monthly)								
2.3 Butane & other fuel (lubricants, brake/transmission fluids, coolants etc.)								
2.4 licence (past 12 months)								
2.5 Insurance - private (past 12 months)								
2.6 Driving permit (past 12 months)								
2.7 Tolls (past month)								
2.8 Vehicle rental								
2.9 Other (past 12 months) (Specify) _____								

- b) Servicing and Repairs (past 12 months):

1) Which household member made expenditures on servicing and repairs (labour costs) during the past 12 months?								
2) State whether expenditures were made by you/N on each of the following and the value of each.	IND. NO.		IND. NO.		IND. NO.		IND. NO.	
	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)
2.10 Regular Service (oil change, tune up, oil wash, body wash, wax, tyre repair, etc.)								
2.11 Brake Repair								
2.12 Engine Repair								
2.13 Wheel balancing/alignment								
2.14 Body work (include paint)								
2.15 Other Services and Repairs (Specify) _____								

- c) Parts and Supplies (past 12 months):

1) Which household member made expenditures on parts and supplies during the past 12 months?								
2) State whether expenditures were made by you/N on each of the following and the value of each.	IND. NO.		IND. NO.		IND. NO.		IND. NO.	
	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)
2.16 Tyres and Tubes								
2.17 Battery								
2.18 Exhaust/Muffler								
2.19 Engine Parts								
2.20 Spark Plugs								
2.21 Filters, shock absorbers								
2.22 Car care item (wax, seat covers, sun shades, etc.)								
2.23 Other (past 12 months) (Specify) _____								

B) PUBLIC TRANSPORTATION (Other than vacation and business travel) Expenditures during the past 12 months.

1) Which household member made expenditures on vehicle operations during the past 12 months?								
2) State whether expenditures were made by you/N on each of the following and the value of each.	IND. NO.		IND. NO.		IND. NO.		IND. NO.	
	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Value (\$)
Description								
1 Air transportation								
2 Sea transportation								
3 Bus transportation								
4 Taxi transportation								
5 Other transportation								

SECTION 10: TRAVEL (Expenditures during the past 12 months.)

INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ON EXPENDITURES MADE BY THE MEMBERS OF YOUR HOUSEHOLD ON LOCAL TRAVEL DURING THE PAST 12 MONTHS.

I) LOCAL TRAVEL

1) Did any member(s) of your household travel to or visit any part of the country on vacation during the past 12 months. (Exclude business travel.)

1. ☐ Yes
2. ☐ No
9. ☐ DK/NS
- Skip to II) FOREIGN TRAVEL

2) Which household members made expenditures on local vacation travel during the past 12 months?		IND.NO.			IND.NO.			IND.NO.			IND.NO.		
(a)		(b)	(C)	Value (\$)	(b)	(C)	Value (\$)	(b)	(C)	Value (\$)	(b)	(C)	Value (\$)
3) Please state whether you/N made expenditures on one of the following during the past 12 months and state the total value of expenditures made.		Spent on...?			Spent on...?			Spent on...?			Spent on...?		
		1.Yes 2.No 9.DK/NS			1.Yes 2.No 9.DK/NS			1.Yes 2.No 9.DK/NS			1.Yes 2.No 9.DK/NS		
3.1	Air fare												
3.2	Sea fare												
3.3	Bus fare												
3.4	Taxi												
3.5	Travel in personal vehicle												
	3.5a - Gasoline .....												
	3.5b - Other expenses .....												
3.6	Hotel												
3.7	Meals												
3.8	Tips												
3.9	Entertainment (tours, nightclubs, museums, sports events, etc.)												
3.10	Package tours and excursions												
3.11	Other expenses (rentals, souvenirs, etc.)												

SECTION 10: TRAVEL (Expenditures during the past 12 months.)												
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ON EXPENDITURES MADE BY THE MEMBERS OF YOUR HOUSEHOLD ON FOREIGN TRAVEL DURING THE PAST 12 MONTHS.												
II) FOREIGN TRAVEL												
1) Did any member(s) of your household travel to visit another country on vacation during the past 12 months? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <input type="checkbox"/> DK/NS ➔ Skip to Section 11 9. <input type="checkbox"/> DK/NS												
2) Which household members made expenditures on foreign vacation travel during the past 12 months?			IND.NO.		IND.NO.		IND.NO.		IND.NO.		IND.NO.	
(a)			(b)	(c)	(b)	(c)	(b)	(c)	(b)	(c)	(b)	(c)
3) Please state whether you/N made expenditures on one of the following during the past 12 months and state the total value of expenditures made.			Spent on...?	Value (\$)	Spent on...?	Value (\$)	Spent on...?	Value (\$)	Spent on...?	Value (\$)	Spent on...?	Value (\$)
			1.Yes 2.No 9.DK/NS		1.Yes 2.No 9.DK/NS		1.Yes 2.No 9.DK/NS		1.Yes 2.No 9.DK/NS		1.Yes 2.No 9.DK/NS	
3.1 Air fare												
3.2 Sea Fare												
3.3 Departure tax												
3.4 Bus fare												
3.5 Taxi												
3.6 Travel in personal vehicle												
3.6a - Gasoline												
3.6b - Other expenses												
3.7 Hotel												
3.8 Meals												
3.9 Tips												
3.10 Entertainment (tours, museums sport events, nightclubs, etc.)												
3.11 Package tours and excursions												
3.12 Custom duties												
3.13 Other expenses (rentals, souvenirs, etc.)												

SECTION 11: EDUCATION (PAST 12 MONTHS)																																						
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT EXPENDITURES MADE ON EDUCATION BY HOUSEHOLD MEMBERS DURING THE PAST 12 MONTHS.																																						
SCREENING QUESTIONS (Past 12 Months)																																						
1.	Did any member (s) of your household attend school during the past 12 months (Note: this may be either full time or part time.)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS → Skip to SECTION 12																																				
2.	Did your household make expenditures on education for any of its members during the past 12 months?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS																																				
3.	State the number of students from your household who attended school during the past 12 months for each of the following levels: Pre-School ..... 3.1 Primary ..... 3.2 Secondary ..... 3.3 Adult Education/Vocational ..... 3.4 Post-Secondary (Associates Degree) ..... 3.5 University ..... 3.6	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				

4. For each of the following levels of education attended by a member of this household during the past 12 months, state the value of expenditures made by the household and/or any other source on each of the following categories of expenses.	PRE-SCHOOL (PAST 12 MONTHS)		PRIMARY (PAST 12 MONTHS)		SECONDARY		ADULT EDUCATION/ VOCATIONAL		POST SECONDARY		UNIVERSITY	
	Amount (\$) paid by		Amount (\$) paid by		Amount (\$) paid by		Amount (\$) paid by		Amount paid by		Amount paid by	
	Household	Sponsorship/ Scholarship/ Grants	Household	Sponsorship/ Scholarship/ Grants	Household	Sponsorship/ Scholarship/ Grants	Household	Sponsorship/ Scholarship/ Grants	Household	Sponsorship/ Scholarship/ Grants	Household	Sponsorship/ Scholarship/ Grants
(a)	(b)	(c)	(b)	(c)	(b)	(c)	(b)	(c)	(b)	(c)	(b)	(c)
4.1 Tuition .....												
4.2 Exam Fees .....												
4.3 Other Fees .....												
4.4 Books/supplies/equipment .....												
4.5 Special lessons .....												
4.6 Boarding/Lodge .....												
4.7 Uniforms .....												
4.8 Other Expenses (specify) _____												



SECTION 12: HEALTH CARE									
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT HEALTH INSURANCE POLICIES OWNED BY INDIVIDUALS HOUSEHOLD MEMBERS DURING THE PAST 12 MONTHS.									
PART A: EXPENDITURES ON HEALTH INSURANCE									
1) Which household members contribute to social security?									
Ind. No. _____		Ind. No. _____		Ind. No. _____		Ind. No. _____			
Ind. No. _____		Ind. No. _____		Ind. No. _____		Ind. No. _____			
2) Did any member(s) of your household own a private health insurance policy									
1. <input type="checkbox"/> Yes									
2. <input type="checkbox"/> No <input type="checkbox"/> DK/NS <input type="checkbox"/> Skip to PART B									
9. <input type="checkbox"/> DK/NS <input type="checkbox"/> Skip to PART B									
HEALTH INSURANCE POLICIES									
Policy No. 1									
Policy No. 2									
Policy No. 3									
Policy No. 4									
Policy No. 5									
Policy No. 6									
FOR OFFICE USE ONLY									
Value									
(h)									
3) Which household members?									
4) What type(s) of health insurance policy/policies did you/N own?									
(If more than one type of policy is owned by a household member, indicate the responses in separate columns)									
Personal (Individual) ..... 4.1 <input type="checkbox"/>									
Family ..... 4.2 <input type="checkbox"/>									
Group ..... 4.3 <input type="checkbox"/>									
Other (specify) ..... 4.4 <input type="checkbox"/>									
DK/NS ..... 4.9 <input type="checkbox"/>									
5) Who paid the premium?									
The policy owner only ..... 5.1 <input type="checkbox"/>									
The employer only ..... 5.2 <input type="checkbox"/>									
The employer and policy owner ..... 5.3 <input type="checkbox"/>									
Other (specify) ..... 5.4 <input type="checkbox"/>									
DK/NS ..... 5.9 <input type="checkbox"/>									

SECTION 12: HEALTH CARE (Past 12 months) - Continued

HEALTH INSURANCE POLICIES

(a)		Policy No.1	Policy No.2	Policy No.3	Policy No.4	Policy No.5	Policy No.6	Policy No.7	Policy No.8	
	Individual Number of Policy Owner.	IND. NO.	IND. NO.	IND. NO.	IND. NO.	IND. NO.	IND. NO.	IND. NO.	IND. NO.	
6)	Did your/N's policy cover any of the following medical services?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 9. <input type="checkbox"/> DK/NS		
	Accidents .....	6.01								
	Hospitalization .....	6.02								
	Maternity.....	6.03								
	Surgery.....	6.04								
	X-Ray.....	6.05								
	Lab Fees.....	6.06								
	Anesthesia.....	6.07								
	Ambulance.....	6.08								
	Physicians fees, hospital.....	6.09								
	Physicians fees, office visit.....	6.10								
	Dental Care.....	6.11								
	Glasses (Eye test).....	6.12								
	Other (specify).....	6.13								
	DK/NS.....	99								
7)	What was the total value of your/N's premium payments during the last 12 months?	7 \$	\$	\$	\$	\$	\$	\$	\$	
8)	How often do you pay this amount?									
	Weekly.....	8.1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bi-monthly.....	8.2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monthly.....	8.3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Quarterly.....	8.4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Semi-annually.....	8.5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Annually.....	8.6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (Specify) _____	8.7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DK/NS.....	99 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 12: HEALTH CARE (Past 12 months) - Continued

PART B: EXPENDITURE NOT COVERED BY HEALTH INSURANCE

1) Did any household member make expenditures on health care not covered by health insurance during the past 12 months? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <input type="checkbox"/> <b>→ Skip to Part C</b> 9. <input type="checkbox"/> DK/NS												
2) Who are the members?	IND. NO.			IND. NO.			IND. NO.			IND. NO.		
	(b)	(c)	Value paid past 12 month (\$)	Spent on...?	(b)	(c)	Value paid past 12 month (\$)	Spent on...?	(b)	(c)	Value paid past 12 month (\$)	
3) Please state whether you/N made expenditure on any of the following medical services during the past 12 months and state the total value of expenses made.	Spent on...? 1. Yes 2. No 9. DK/NS			Value paid past 12 month (\$)			Spent on...? 1. Yes 2. No 9. DK/NS			Value paid past 12 month (\$)		
1. Office visit (physician)												
2. Office visit (dentist)												
3. Office visit (Optician)/Eyeglasses												
4. Childbirth												
5. Cesaerian Section												
6. Midwifery												
7. Chiropractic Service												
8. Surgery												
9. X-ray/UltraSound/Cat Scan/Mammograms, etc/												
10. Anesthesia												
11. Hospitalization Fee												
12. Bush Doctor/ Herbalist												
13. Lab Fees												
14. Nursing Services												
16. Orthopedic Appl. (wheelchairs, crutches, artificial limbs, etc.)												
17. Other expenditures not covered by health insurance.												

SECTION 12: HEALTH CARE (Past 12 months) - Continued

PART C: MEDICINE AND MEDICAL SUPPLIES

1) Did any household member make expenditures during the past 12 months on medicines and/or medical supplies.

1. ☐ Yes
2. ☐ No ☐ **→ Skip to Section 13**
9. ☐ DK/NS ☐

2) Which members?	IND. NO.		IND. NO.		IND. NO.		IND. NO.	
	(b)	(c)	(b)	(c)	(b)	(c)	(b)	(c)
3) Please state whether you/N made expenditure on any of the following medicines or medical supplies during the past 12 months and the value of each.	Spent on...? 1. Yes 2. No 9. DK/NS	Total Value paid past 12 month (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Total Value paid past 12 month (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Total Value paid past 12 month (\$)	Spent on...? 1. Yes 2. No 9. DK/NS	Total Value paid past 12 month (\$)
a. Pain, fever and Headache Medicine eg. Tylenol								
b. Diarrhea Medicine eg. Imodium, Pepto Bismol								
c. Gas/Indigestion Medicine eg. Alka Seltzer								
d. Antibiotics eg. Ampicilin								
e. Flu/Cold Medicine eg. Theraflu								
f. Tranquilizers eg. Valium								
g. Vitamins eg. Centrum, Triple S, Seven Seas								
h. Antiseptic solution eg. Detol, Savlon								
i. First Aid Supplies								
j. Contraceptives (Condoms, birth control pills, others)								
k. Herbal Medicine eg Senna, Aloe Vera, Bitters, Barks								
l. Other Medicine and Drugs eg. pressure pills								

SECTION 13: LIFE INSURANCE (Past 12 months)							
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT INSURANCE POLICIES OWNED BY INDIVIDUAL HOUSEHOLD MEMBERS DURING THE PAST 12 MONTHS.							
LIFE INSURANCE POLICIES		Policy No.1	Policy No.2	Policy No.3	Policy No.4	Policy No.5	FOR OFFICE USE ONLY Value
(a)	(b)	(c)	(d)	(e)	(e)	(e)	(f)
1) Did any member of your household own a life insurance policy during the past 12 months? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <input type="checkbox"/> DK/NS <input type="checkbox"/> <b>→ Skip to Section 14</b> 9. <input type="checkbox"/> DK/NS							
2) Which members?	IND. NO.	IND. NO.	IND. NO.	IND. NO.	IND. NO.	IND. NO.	
3) State the type of insurance coverage for each separate life insurance policy owned. (FOR EACH POLICY OWNED BY A HOUSEHOLD MEMBER, RECORD THE RESPONSE IN SEPARATE COLUMNS).							
Personal (life insurance coverage obtained directly by the policy owner) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Group (life insurance coverage obtained through a group coverage (usually at a discount rate))...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DK/NS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) What type of life insurance policy did you/N own?							
Term (life insurance coverage for a definite period of time after which the policy ceases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Whole Life (life insurance coverage for the entire life of the policy owner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endowment (life insurance coverage for a definite period of time, after which the policy owner collects part of the face value of the policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____ (any other life insurance policy, such as accidental death or dismemberment policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DK/NS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) What was the value of the life insurance policy owned?	\$	\$	\$	\$	\$	\$	
6) What was the total value of your/N's premium payments? (Include only premiums paid by household during the past 12 months)	\$	\$	\$	\$	\$	\$	
7) How often did you/N make premium payments?							
Weekly - once a week .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bi-monthly - twice a month .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly - once a month .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quarterly - once every three (3) months .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bi-annually - once every six (6) months .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annually - once a year .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) - any other period _____ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DK/NS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 14: FINANCE CHARGES AND INVENTORY OF CREDIT (Past 12 months)

INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ON LOANS OBTAINED BY HOUSEHOLD MEMBERS DURING THE PAST 12 MONTHS. SOMETIMES PERSONS SPEND MORE THAN THEY EARN AND SO INCUR DEBT TO MAKE THEIR CURRENT AND MORE EXPENSIVE PURCHASES E.G. REFRIGERATORS, CARS, EDUCATION, FOREIGN TRAVEL, ETC. THESE QUESTIONS ARE AN ATTEMPT TO FIND OUT ABOUT DEBT ACCUMULATIONS AND FINANCING.

1) Did you or any member of your household obtain a loan during the past 12 months. (Include loans which were paid off during the past 12 months. Exclude mortgages which are reported in SECTION 3. Include loans for hire purchase of vehicles from SECTION 10.) 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <input type="checkbox"/> DK/NS <b>→ Skip to Section 15</b>					
(a)	(b)	(c)	(d)	(e)	(f)
2) From what source was the loan obtained?	What was the principal or original amount of the loan (s)? (\$)	What is the total value of all payments made on loans received in the past 12 months? Include lump sum payments made during the past 12 months? (\$)	What is the amount of loan still owing? \$	Of loans received in the past 12 months, did you receive any write offs on any loans during the past 12 months? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No <input type="checkbox"/> DK/NS <b>→ Skip to SECTION 15</b>	What was the value? (\$)
1. Banks					
2. Insurance Companies (Do not include premium payments.)					
3. Credit Unions					
4. Hire-Purchases					
5. Finance Companies					
6. Charge Accounts (grocery, etc.)					
7. Credit Cards					
8. Medical and Dental bills.					
9. Individuals (not household members)					
10. Other (specify)					
99. DK/NS					



SECTION 15: EMPLOYMENT (CONTINUED)

Ind No.	Name	7) During the PAST TWO (2) MONTHS, what was the main reason why you/N did not look for work?  1 Did not want to work → <b>Skip to Q9</b> 2 Other (Specify) _____ 9 DK/NS	8) Could you/N have started a job in the PAST TWO (2) WEEKS if a job had been offered or you/N had the opportunity to start a business?  1 Yes 2 No 9 DK/NS	9) Did you/N work or have a job but not at work at any time DURING THE PAST 12 MONTHS?  1 Yes → <b>Skip to Q11</b> 2 No 9 DK/NS	10) Have you ever worked?  1 Yes 2 No → <b>STOP HERE FOR THIS PERSON</b>	11) When was the last time you/N worked?  <b>INTERVIEWER: STOP HERE FOR THIS PERSON</b>  MMYY	12) What is your/N job's title?



SECTION 15: EMPLOYMENT (CONTINUED)

Ind No.	Name	12a) Give a brief description of your main activities.	ISCO Code (OFFICE USE ONLY)	13 What is the name of the place where you/N mainly work and what type of business is carried on there?  a) Name	b) Business Type	ISIC (OFFICE USE ONLY)	BCEA (OFFICE USE ONLY)	14 What category of worker are you/ is N in your/N's main job?  1. Own business/self-employed with paid help 2. Own business/self-employed without paid help 3. Paid employee – Government 4. Paid employee - Quasi Gov't 5. Paid employee - Private 6. Unpaid family worker 9. DK/NS



PART B: INCOME OF EMPLOYERS AND SELF-EMPLOYED PERSONS - Past 12 months - continued											
		IND. NO.	Value (\$)	IND. NO.	Value (\$)	IND. NO.	Value (\$)	IND. NO.	Value (\$)	IND. NO.	Value (\$)
12.	During the past 12 months how much was deducted for:										
	Income Tax .....	12.1									
	Social Security .....	12.2									
	Pension Plan .....	12.3									
	Life Insurance .....	12.4									
	Deduction to Banks/Credit Unions for Savings.....	12.5									
	Loan Payments/Mortgage Payments .....	12.6									
	Other (specify) _____	12.7									
INTERVIEWER: IF SECTION 15: Q14 = 1-5, FOR AN INDIVIDUAL, DO NOT ASK HIM/HER THE QUESTIONS IN PART C											
PART C: INCOME OF UNEMPLOYED, RETIRED PERSONS WITHOUT JOBS, UNPAID FAMILY WORKERS ETC. (Include those who are not presently employed but worked during the past 12 months.)											
13.	Which household members are presently without a job or are unpaid family members?	IND. NO.	Value (\$)	IND. NO.	Value (\$)	IND. NO.	Value (\$)	IND. NO.	Value (\$)	IND. NO.	Value (\$)
14.	How much was recieved for each of the following during the past 12 months?										
	Old Age Pensions .....	14.1									
	Social Security Benefits.....	14.2									
	Gratuity .....	14.3									
	Retirement pensions .....	14.4									
	Social Assistance .....	14.5									
15.	(FOR THOSE WHO WORKED AT ANY TIME DURING THE PAST 12 MONTHS) What was your total gross income from wages, salaries, tips, bonuses and commissions during the past?										
15a.	In all how much was deducted for income tax, social security ,pension plan, life insurance, union dues, deductions to banks/credit unions etc?	15.1									
		15.2									
15b.	How much was your net (take home) pay during the past 12 months?	15.3									

SECTION 16: INCOME (Past 12 Months) - continued

PART D: OTHER SOURCES OF INCOME (ALL PERSONS)									
16.	State which members of the household received any additional income from any of the following sources during the past 12 months and the value received.					IND. NO.	IND. NO.	IND. NO.	IND. NO.
17.	SOURCES OF INCOME. (Insert 0.00. if no income recieved)					Value (\$)	Value (\$)	Value (\$)	Value (\$)
	a. Income from hunting, fishing and sale of home-produced goods								
	b. Income from odd-jobs, part-time work, n.e.s., etc.								
	c. Interest on bank and other fixed deposits								
	d. Interest on bonds								
	e. Other interest receipts e.g. loans (specify) _____								
	f. Net Income from rents. (Include rental income from Section 3 Part B-Q11 and Part C-Q20 )								
	g. Dividends on stocks and shares								
	h. Remittances from abroad								
	i. Retirement pensions (Retired person with job)								
	j. Gratuity								
	k. Social Security benefits								
	l. Alimony/child maintenance (received)								
	m. Net Income from boarders and lodgers who are not members of the household. (Do not include rental income reported in 17F								
	n. Insurance benefits and trust funds								
	o. Support from other relatives or friends outside the household but living in Belize								
	p. Any other income: gifts, inheritances, etc. (specify) _____								
PART E: TOTAL EARNED INCOME (Office Use Only)									
PART F: TOTAL INCOME (All Sources)									

SECTION 17 - SAVINGS, INVESTMENTS, LOANS AND OTHER EXPENSES (Past 12 Months)													
INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT EXPENDITURE MADE DURING THE PAST 12 MONTHS ON SAVINGS, INVESTMENTS, LOANS AND OTHER EXPENSES													
1. Please state whether you or any other member of your household did any of the following during the past 12 months.									1. Yes 2. No 9. DK/NS				
1.1	Purchase stocks and bonds												
1.2	Pay real estate expenses not reported in Section 3												
1.3	Make other investments												
1.4	Give loans to persons outside the housing unit												
1.5	Have money which was lost or stolen												
1.6	Pay alimony/Child maintenance												
1.7	Pay court fines												
1.8	Incur gambling losses												
1.9	Make any other expenses not elsewhere specified _____												
2. Which individual(s)?													
		INDIV. NO.		INDIV. NO.		INDIV. NO.		INDIV. NO.		INDIV. NO.		INDIV. NO.	
3. On which of these did you/person N make an expenditure and what was the value? (a)		Item (b)	Value (\$) (c)	Item (b)	Value (\$) (c)	Item (b)	Value (\$) (c)	Item (b)	Value (\$) (c)	Item (b)	Value (\$) (c)	Item (b)	Value (\$) (c)
3.1	Purchase stocks and bonds	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.2	Real Estate expenses not reported in Section 3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.3	Other Investments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.4	Loans to persons outside the housing unit	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.5	Money which was lost or stolen	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.6	Alimony/Child maintenance	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.7	Court fines	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.8	Gambling losses	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.9	Other expenses n.e.s. (specify)_____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
THE FOLLOWING SHOULD BE ASKED OF ALL SPENDERS													
		INDIV. NO.		INDIV. NO.		INDIV. NO.		INDIV. NO.		INDIV. NO.		INDIV. NO.	
4(a) What was the total value of your savings at the start of the last 12 months?		\$		\$		\$		\$		\$		\$	
4(b) What was the total value of your savings at the end of the last 12 months?		\$		\$		\$		\$		\$		\$	
4(c) Net difference in savings during the past 12 months. (OFFICE USE ONLY)		\$		\$		\$		\$		\$		\$	

SECTION 18: AGRICULTURAL PRODUCTION

PART A: HOME PRODUCTION ACTIVITY (Past 12 months)

- 1(a). Does your household own or operate a farm(s)?
1. ☐ Yes

2. ☐ No

9. ☐ DK/NS
- (b) If Yes, what is the total size in acres? \_\_\_\_\_
2. Did your household produce any food during the past 12 months?
1. ☐ Yes

2. ☐ No

9. ☐ DK/NS
- ➔ Skip to Section 19

PART B: POULTRY, EGGS, MEAT AND FISH. (Past 12 months)

1. Did your the household produce any poultry, eggs, meat or fish during the past 12 months?
1. ☐ Yes

2. ☐ No

9. ☐ DK/NS
- ➔ Skip to Part C

2) Please state whether your household produced any of the following during the past 12 months.	Produce...? 1. Yes 2. No 9. DK/NS	How much was produced during the past 12 months?		Please state the Quantity and Value Sold.		Average Unit Price (OFFICE USE ONLY)	How much was consumed?	Value of Quantity Consumed (OFFICE USE ONLY)	How much was given away/ Wasted/ Ex-changed?
		Quantity Produced	Unit 1. Unit 2. Pounds 9. DK/NS	Quantity Sold	Value Sold				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
1. Live Poultry									
2. Dressed Poultry									
3. Eggs									
4. Pork									
5. Beef									
6. Fish									
7. Lobster									
8. Conch									
9. Shrimp									
10 Sea Crab									
11 Game Meat									
12 Other Meat									

PART C: FRUITS (Past 12 months)

1. Did your household produce any fruits during the past 12 months?
1. ☐ Yes

2. ☐ No

9. ☐ DK/NS
- ➔ Skip to Part D

2) Please state whether your household produced any of the following during the past 12 months.	Produce...? 1. Yes 2. No 9. DK/NS	How much was produced during the past 12 months?		Please state the Quantity and Value Sold		Average Unit Price (OFFICE USE ONLY)	How much was consumed BY YOUR HOUSE-HOLD?	Value of Quantity Consumed (OFFICE USE ONLY)	How much was given away/ Wasted/ Ex-changed?
		Quantity Produced	Unit 1. Unit 2. Pounds 9. DK/NS	Quantity Sold	Value Sold				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
1. Orange									
2. Grapefruit									
3. Lime/Lemon									
4. Other citrus									
5. Banana									
6. Watermelon									
7. Papaya									
8. Pineapple									
9. Coconut									
10. Craboo									
11. Mango									
12. Plums									
13. Soursop									
14. Custard Apple									
15. Cantaloupe									
16. Cashew									
17. Other fruit									

PART D: VEGETABLES (Past 12 months)

1. Did YOUR household produce any vegetables during the past 12 months?

1. ☐ Yes

2. ☐ No

9. ☐ DK/NS

→ Skip to Part E

2) Please state whether this household produced any of the following during the past 12 months.	Produce...? 1. Yes 2. No 9. DK/NS	How much was produced during the past 12 months?		Please state the Quantity and Value Sold		Average Unit Price (OFFICE USE ONLY)	How much was consumed by your household	Value of Quantity Consumed (OFFICE USE ONLY)	How much was given away/ Wasted/ Ex-changed?
		Quantity Produced	Unit 1. Unit 2. Pounds 9. DK/NS						
				Quantity Sold	Value Sold				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
1. Rice									
2. RK Beans									
3. Other Beans									
4. Peas									
5. Corn									
6. Irish Potato									
7. Onion									
8. Tomato									
9. Sweet Pepper									
10. Carrots									
11. Cabbage									
12. Lettuce									
13. Cucumber									
14. Celery									
15. Hot Pepper									
16. Plantain									
17. Avocado									
18. Cassava									
19. Yam									
20. Cocoa									
21. Sweet Potato									
22. Chocho									
23. Cauliflower									
24. Garden Eggs									
25. Squash									
26. Pumpkin									
27. Okra									
28. Other vegetable									





SECTION 19 - OTHER EXPENDITURE	
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**INTERVIEWER: I WILL NOW ASK YOU SOME QUESTIONS ABOUT ANY OTHER EXPENDITURE MADE DURING THE PAST 12 MONTHS.**

[illegible]

## **INSURANCE RELATED TERMS.**

### **Deductible**

The amount that is paid by the policy holder in the event of a claim on insurance. ([/www.compuquotes.com/glossary-insurance-terms.html](http://www.compuquotes.com/glossary-insurance-terms.html)) (HEALTH).

### **Premium**

The monthly payment made by the policy holder for coverage received.  
Life Insurance

Is a policy that protects against financial loss as a result of death. Upon your death, the insurance company that you have your policy with will pay your chosen beneficiary a specific lump sum, assuming all the guidelines of the policy have been met. ([/www.compuquotes.com/glossary-insurance-terms.html](http://www.compuquotes.com/glossary-insurance-terms.html))

### **Permanent Life Insurance**

Offers a set Death Benefit (payment to your beneficiary) for as long as you live. The premium remains the same for the term of the insurance period and many offer guaranteed cash values, which means if you choose to terminate the policy, you will be refunded the guaranteed cash value. ([/www.compuquotes.com/glossary-insurance-terms.html](http://www.compuquotes.com/glossary-insurance-terms.html)) (This is also referred to as Whole Life Insurance or Universal Life in Belize.)

### **Term Life Insurance**

also offers a Death Benefit, but only for as long as the policy is in effect. They also have adjustable premiums, based on the amount you are insured for, and many offer renewable policies. ([/www.compuquotes.com/glossary-insurance-terms.html](http://www.compuquotes.com/glossary-insurance-terms.html))

### **Term Life Insurance**

is most often used to cover periods of time where a large loan (such as a mortgage) is taken out, or during child rearing years, to provide protection when it is most needed. ([/www.compuquotes.com/glossary-insurance-terms.html](http://www.compuquotes.com/glossary-insurance-terms.html))

### **Endowment life insurance policies**

Build up a cash value in the policy which equals the death benefit at a specific age, known as the endowment age. Endowment policies are typically more expensive than other types of life insurance policies because the premium period is shorter and the endowment date is earlier. ([/www.compuquotes.com/glossary-insurance-terms.html](http://www.compuquotes.com/glossary-insurance-terms.html))

### **Homeowners insurance:**

An insurance policy which cover the house, other structures and contents inside the house.

## **INVESTMENT TERMS.**

### **Stocks:**

Another term for SHARES. What are called ordinary shares in the UK are known as common stock in the United States.

([www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks](http://www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks))

Financial SECURITIES, each granting part ownership of a company. In return for risking their CAPITAL by giving it to the company's management to develop the business, shareholders get the right to a slice of whatever is left of the firm's revenue after it has met all its other obligations. This money is paid as a DIVIDEND, although most companies retain some of their residual revenue for INVESTMENT purposes.

([www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks](http://www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks))

### **Bonds:**

A bond is an interest-bearing security issued by governments, companies and some other organisations. Bonds are an alternative way for the issuer to raise capital to selling shares or taking out a bank loan.

([www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks](http://www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks))

### **Dividends:**

The part of a company's PROFIT distributed to shareholders.

([www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks](http://www.economist.com/research/economics/alphabetic.cfm?letter=S#stocks))

### **Real Estate**

A piece of land, including the air above it and the ground below it, and any buildings or structures on it. also ...

([www.investorwords.com/4057/real\\_estate.html](http://www.investorwords.com/4057/real_estate.html))

### **Commission:**

Most salespeople earn commissions for the work that they do and there are many sales professionals involved in each transaction, including Realtors, loan officers, title representatives, attorneys, escrow representative, and representatives for pest companies, home warranty companies, home inspection companies, insurance agents, and more. The commissions are paid out of the charges paid by the seller or buyer in the purchase transaction. Realtors generally earn the largest commissions, followed by lenders, then the others.

([www.realestateabc.com/GLOSSARY/glossary1.htm#commission](http://www.realestateabc.com/GLOSSARY/glossary1.htm#commission))

### **Market value of building**

The sum of money that the presence of a structure - based on its highest and best use - adds to or subtracts from the value of the land on which it sits.

([www.realestatewords.com/byword/real\\_estate\\_words\\_definition\\_Market\\_value\\_of\\_building.htm](http://www.realestatewords.com/byword/real_estate_words_definition_Market_value_of_building.htm))

### **Acquisition**

The act or process by which a person obtains ownership of or an interest in property/

([www.realestatewords.com/byword/real\\_estate\\_words\\_definition\\_Market\\_value\\_of\\_building.htm](http://www.realestatewords.com/byword/real_estate_words_definition_Market_value_of_building.htm))

### **Closing costs**

The miscellaneous expenses buyers and sellers normally incur at settlement in the transfer of ownership of real property over and above the cost of the property such as recording fees, attorney fees, title insurance premium, etc.

([www.realestatewords.com/byword/real\\_estate\\_words\\_definition\\_Market\\_value\\_of\\_building.htm](http://www.realestatewords.com/byword/real_estate_words_definition_Market_value_of_building.htm))

### **Commission**

The compensation or fee for services that a licensee receives for performing the agreed-upon terms under a brokerage contract which in the practice of real estate is usually a percentage of the selling price of a property, a percentage of rentals, a flat fee, etc.

([www.realestatewords.com/byword/real\\_estate\\_words\\_definition\\_Market\\_value\\_of\\_building.htm](http://www.realestatewords.com/byword/real_estate_words_definition_Market_value_of_building.htm))

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.



FINAL COMPLETION STATUS			
Section	Title	Complete	Incomplete
1	Household Composition	<input type="checkbox"/>	<input type="checkbox"/>
2	General Housing Characteristics	<input type="checkbox"/>	<input type="checkbox"/>
3	Expenditure on Housing Accommodations	<input type="checkbox"/>	<input type="checkbox"/>
4	Fuel, Utilities, and Other Household Operations	<input type="checkbox"/>	<input type="checkbox"/>
5	Furniture, Furnishing and Equipment	<input type="checkbox"/>	<input type="checkbox"/>
6	Clothing and Footwear	<input type="checkbox"/>	<input type="checkbox"/>
7	Expenditure on Personal and Selected Services	<input type="checkbox"/>	<input type="checkbox"/>
8	Entertainment, Recreation and Miscellaneous Expenditures	<input type="checkbox"/>	<input type="checkbox"/>
9	Transportation	<input type="checkbox"/>	<input type="checkbox"/>
10	Travel	<input type="checkbox"/>	<input type="checkbox"/>
11	Education	<input type="checkbox"/>	<input type="checkbox"/>
12	Health Care	<input type="checkbox"/>	<input type="checkbox"/>
13	Insurance	<input type="checkbox"/>	<input type="checkbox"/>
14	Finance Charges and Inventory of Credit	<input type="checkbox"/>	<input type="checkbox"/>
15	Employment	<input type="checkbox"/>	<input type="checkbox"/>
16	Income	<input type="checkbox"/>	<input type="checkbox"/>
17	Savings, Investments, Loans and Other Expenses	<input type="checkbox"/>	<input type="checkbox"/>
18	Agricultural Supplement	<input type="checkbox"/>	<input type="checkbox"/>
19	Other Expenditures	<input type="checkbox"/>	<input type="checkbox"/>