



CONFIDENTIAL WHEN COMPLETED

"Every Woman, Every Man, Every Child, Counts"



POPULATION & HOUSING CENSUS
CENSUS DAY - MAY 12, 2000

INSTRUCTIONS

- Use number 2 pencil only.
- Make dark marks that fill the oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

Incorrect Marks



Correct Mark



DISTRICT

1
2
3
4
5
6

C/TV

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

E.D. NUMBER

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ELECTORAL DIVISION

0	0
1	1
2	2
3	3
4	4
5	
6	
7	
8	
9	

HOUSEHOLD NUMBER

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

STREET ADDRESS AND C/TV

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

INTERVIEWER SAY

I am the Census interviewer assigned to this area and I should like to get some information about the household and its members. Here is my identification card. (INTERVIEWER: SHOW I.D. CARD)

RECORD OF VISITS

INTERVIEWER CALLS	1	2	3	4
DATE				
TIME STARTED				
TIME ENDED				
DURATION				
RESULTS*				

*Results Codes:

1 = Completed
2 = Partially completed, call back
3 = Dwelling closed

4 = Refusal
5 = No suitable respondent at home
6 = Other
(Please specify)

INTERVIEWER

NAME

DATE

FIELD SUPERVISOR

NAME

DATE

DISTRICT EDITOR

NAME

DATE

H.Q. EDITOR

NAME

DATE

H.Q. CODER

NAME

DATE

LISTING OF HOUSEHOLD MEMBERS

H1.1 How many persons who usually live here were elsewhere in Belize on census day, May 12th?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

H1.2 How many persons who usually live here were abroad on census day, May 12th?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

H1.3 How many persons who usually live here were here on census day, May 12th?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

H1.4 INTERVIEWER: Add 1.1, 1.2 and 1.3. The number of persons listed below must be equal to the sum total.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Please give me the names of all persons who usually live and share one meal with your household. Kindly begin with the head of household.

INTERVIEWER: KINDLY FILL IN THE PERSON NUMBER OF THE PROVIDER OF THE INFORMATION.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

1	
SURNAME	FIRST NAME

9	
SURNAME	FIRST NAME

2	
SURNAME	FIRST NAME

10	
SURNAME	FIRST NAME

3	
SURNAME	FIRST NAME

11	
SURNAME	FIRST NAME

4	
SURNAME	FIRST NAME

12	
SURNAME	FIRST NAME

5	
SURNAME	FIRST NAME

13	
SURNAME	FIRST NAME

6	
SURNAME	FIRST NAME

14	
SURNAME	FIRST NAME

7	
SURNAME	FIRST NAME

15	
SURNAME	FIRST NAME

8	
SURNAME	FIRST NAME

16	
SURNAME	FIRST NAME

SECTION 1 HOUSING

1.1 What type of dwelling does this household occupy?

- ① Undivided private house
- ② Part of a private house
- ③ Flat/apartment/condominium
- ④ Double house/duplex
- ⑤ Combined business & dwelling
- ⑥ Barracks
- ⑦ Other (Specify _____)
- ⑨ Don't know/Not stated

1.2 Does this household own, rent or lease this dwelling?

- ① Own/Hire-purchase
- ② Squat (SKIP TO Q 1.4)
- ③ Rent – private
- ④ Rent – Govt. (SKIP TO Q 1.6)
- ⑤ Lease
- ⑥ Rent –free
- ⑦ Other (Specify _____)
- ⑨ Don't know/Not stated

1.3. Who is the owner of the dwelling?

INTERVIEWER:	<input type="text"/>	<input type="text"/>	INTERVIEWER:	<input type="text"/>	<input type="text"/>
Person's assigned number	0	0	Co-owners assigned number	0	0
	1	1		1	1
	2	2		2	2
	3	3		3	3
	4	4		4	4
	5	5		5	5
	6	6		6	6
	7	7		7	7
	8	8		8	8
	9	9		9	9

1.4. What about the land – Is it freehold, leasehold, or some other type of occupancy?

- ① Freehold
- ② Leasehold
- ③ Rented
- ④ Permission to work land
- ⑤ Sharecropping
- ⑥ Squatted (SKIP TO Q 1.6)
- ⑦ Family member not of this household
- ⑧ Other (Specify _____)
- ⑨ Don't know/Not stated

1.5. Who is the owner of the land?

INTERVIEWER:	<input type="text"/>	<input type="text"/>	INTERVIEWER:	<input type="text"/>	<input type="text"/>
Person's assigned number	0	0	Co-owners assigned number	0	0
	1	1		1	1
	2	2		2	2
	3	3		3	3
	4	4		4	4
	5	5		5	5
	6	6		6	6
	7	7		7	7
	8	8		8	8
	9	9		9	9

1.6 What is the main construction material of the outer walls?

- ① Wood
- ② Plywood
- ③ Concrete
- ④ Wood and concrete
- ⑤ Sticks/palmetto
- ⑥ Brick
- ⑦ Stucco
- ⑧ Makeshift
- ⑨ Other (Specify _____)
- ⑩ Don't know/Not stated

1.7 What is the main material used for roofing?

- ① Sheet metal (zinc, aluminum)
- ② Shingle
- ③ Rubber rye
- ④ Concrete
- ⑤ Thatch
- ⑥ Asbestos
- ⑦ Other (Specify _____)
- ⑨ Don't know/Not stated

1.8 What is the main construction material used for the flooring?

- ① Wood
- ② Cement/concrete
- ③ Dirt
- ④ Other (Specify _____)
- ⑨ Don't know/Not stated

1.9 In which year was this dwelling built?

- ① Before 1961
- ② 1961 – 1969
- ③ 1970 – 1979
- ④ 1980 – 1989
- ⑤ 1990 – 1994
- ⑥ 1995
- ⑦ 1996
- ⑧ 1997
- ⑨ 1998
- ⑩ 1999
- ⑪ 2000
- ⑩⑨ Don't know/Not stated

1.10 What is the main source of your drinking water supply?

- ① Private, piped into dwelling
- ② Private vat/drum/well, not piped
- ③ Public, piped into dwelling
- ④ Public, piped into yard
- ⑤ Public standpipe or handpump
- ⑥ Public well
- ⑦ River/Stream/Creek/Pond/Spring
- ⑧ Purified water
- ⑨ Other (Specify _____)
- ⑩⑨ Don't know/Not stated

1.11 What is the source of your water supply for bathing?

- ① Private, piped into dwelling
- ② Private vat/drum/well, not piped
- ③ Public, piped into dwelling
- ④ Public, piped into yard
- ⑤ Public standpipe or handpump
- ⑥ Public well
- ⑦ River/Stream/Creek/Pond/Spring
- ⑧ Other (Specify _____)
- ⑨ Don't know/Not stated

1.12 What type of toilet facility does this household have?

- ① W.C. linked to WASA sewer system
- ② W.C. linked to septic tank
- ③ Pit latrine, ventilated and elevated
- ④ Pit latrine, ventilated and not elevated
- ⑤ Pit latrine, ventilated compost
- ⑥ Pit latrine, not ventilated
- ⑦ Other (Specify _____)
- ⑧ None (SKIP TO Q 1.14)
- ⑨ Don't know/Not stated (SKIP TO Q 1.14)

1.13 Are these toilet facilities shared with another person not of this household or with another household?

- ① Yes
- ② No
- ⑨ Don't know/Not stated

1.14 How does this household usually dispose of its garbage?

- ① Prepare it for municipal collection
- ② Take it to a public dump
- ③ Dump it in own yard
- ④ Burn it
- ⑤ Bury it
- ⑥ Throw into river/creek/pond/the sea
- ⑦ Other (Specify _____)
- ⑨ Don't know/Not stated

SECTION 1 HOUSING

1.15 What type of lighting does this household use most?

- ① Gas lamp
- ② Kerosene lamp
- ③ Electricity from BEL
- ④ Electricity from a private generator
- ⑤ Other (Specify _____)
- ⑨ Don't know/Not stated

1.16 What type of fuel does this household use most for cooking?

- ① Wood
- ② Gas (Butane)
- ③ Kerosene
- ④ Electricity
- ⑤ Other (Specify _____)
- ⑨ Don't know/Not stated

1.17 Is your main kitchen inside the dwelling or outside?

- ① Inside
- ⑨ Don't know/Not stated
- ② Outside

1.18 Is the kitchen shared with another person not of this household or with another household?

- ① Yes, shared
- ⑨ Don't know/Not stated
- ② Not shared

1.19 How many bedrooms are there in this dwelling unit? Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied.

- | | |
|---|---|
| | |
| ① | ① |
| ② | |
| ③ | |
| ④ | |
| ⑤ | |
| ⑥ | |
| ⑦ | |
| ⑧ | |
| ⑨ | |
- ⑨ Don't know/Not stated

1.20 How many of the following items do members of this household own?

- a) Radio
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- b) Television set
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- c) Video recorder
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- d) Personal computer
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- e) Private vehicle
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- f) Refrigerator
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- g) Washing machine
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- h) Gas stove
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated
- i) Microwave
 - ① ② ③ ④ ⑤ ⑥ ⑦ ⑧
 - ⑨ Don't know/Not stated

1.21 Is there a telephone service in this home?

- ① Yes
- ② No
- ⑨ Don't know/Not stated

SECTION 2 ENVIRONMENTAL ISSUES FOR A PERSON 18 YEARS AND OVER

2.1 Which environmental issue are you most concerned about in your area?

- ① Waste disposal
- ② Water contamination
- ③ Drainage
- ④ Air pollution
- ⑤ Use of pesticides
- ⑥ Deforestation
- ⑦ Destruction of mangroves
- ⑧ Soil erosion
- ⑨ Squatting
- ⑩ Other (Specify _____)
- ⑪ Flooding
- ⑫ Have no issue of concern
- ⑨⑨ Don't know/Not stated

2.2 What is your main source of environmental information?

- ① Relatives/Friends
- ② Newspaper, TV or Radio
- ③ Internet
- ④ School/Library
- ⑤ Environmental interest group
- ⑥ Government or local council
- ⑦ Other (Specify _____)
- ⑧ None
- ⑨ Don't know/Not stated

2.3 Do you believe the information available in Belize, on the environment is sufficient or not enough?

- ① Sufficient
- ② Not enough
- ⑨ Don't know

2.4 In the last five years, do you believe the overall quality of the environment in Belize has improved, worsened or remained much the same?

- ① Improved
- ③ Remained much the same
- ② Worsened
- ⑨ Unsure/Don't know

SECTION 3 EMIGRATION

3.1 Has anybody from this household gone to live abroad permanently in the past ten (10) years, i.e. between 1990 and May 12 of this year? ① Yes ② No (SKIP TO SECTION 4)

3.2 How many persons? ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ Don't know/Not Stated (SKIP TO SECTION 4)

3.3a Person 1

Sex
① Male
② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
② Primary
③ Secondary
④ Higher than Secondary
⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3.3b Person 2

Sex
① Male
② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
② Primary
③ Secondary
④ Higher than Secondary
⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3.3c Person 3

Sex
① Male
② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
② Primary
③ Secondary
④ Higher than Secondary
⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3.3d Person 4

Sex
① Male
② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
② Primary
③ Secondary
④ Higher than Secondary
⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

SECTION 3 EMIGRATION

3.3e Person 5

Sex
 ① Male
 ② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
 ② Primary
 ③ Secondary
 ④ Higher than Secondary
 ⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3.3f Person 6

Sex
 ① Male
 ② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
 ② Primary
 ③ Secondary
 ④ Higher than Secondary
 ⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3.3g Person 7

Sex
 ① Male
 ② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
 ② Primary
 ③ Secondary
 ④ Higher than Secondary
 ⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3.3h Person 8

Sex
 ① Male
 ② Female

Year of Departure

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Age at Departure

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Occupation at Departure

Country Migrated to

① U.S.A	⑥ West Indies
② U.K.	⑦ Other
③ Canada	⑧ Don't Know
④ Mexico	⑨ Not Stated
⑤ Central America	

Education level completed at departure

① None
 ② Primary
 ③ Secondary
 ④ Higher than Secondary
 ⑨ Don't know/Not Stated

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

SECTION 4 GENERAL CHARACTERISTICS FOR ALL PERSONS PERSON 1

4.1 INTERVIEWER: PLEASE FILL IN THE PERSON'S ASSIGNED NUMBER.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4.2 What is your/ 's relationship to the head of household?

- ① Head
- ② Spouse/partner
- ③ Child
- ④ Son-in-law/daughter-in-law
- ⑤ Grandchild
- ⑥ Parent/parent-in-law
- ⑦ Other relative
- ⑧ Non relative
- ⑨ Don't know/Not stated

4.3 INTERVIEWER: FOR PERSON'S NOT SEEN, ASK:

Is male or female? ① Male ② Female

4.4 What is your/ 's date of birth?

day		mo		year			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

INTERVIEWER

If not known, ask:
How old were you/was on your/his/her last birthday?

years old	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4.5 To what ethnic group do you/does belong?

- ① Black/African
- ② Caucasian/White
- ③ Chinese
- ④ Creole
- ⑤ East Indian
- ⑥ Garifuna
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatec
- ⑩ Mennonite
- ⑪ Mestizo
- ⑫ Spanish
- ⑬ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.6 What is your/ 's religion/denomination?

- ① Anglican
- ② Bahai Faith
- ③ Baptist
- ④ Hindu
- ⑤ Jehovah Witness
- ⑥ Mennonite
- ⑦ Methodist
- ⑧ Mormon
- ⑨ Muslim
- ⑩ Nazarene
- ⑪ Pentecostal
- ⑫ Roman Catholic
- ⑬ Seventh Day Adventist
- ⑭ Salvation Army
- ⑮ Other (Specify _____)
- ⑯ None
- ⑰ Don't know/Not stated

4.7 INTERVIEWER: MARK THE APPROPRIATE OVAL.

- ① Under 4 (SKIP TO Q 5.1)
- ② 4 years and over

4.8 What was the first language you/ spoke at home as a child?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.9 Currently what is the language you/ most commonly use/uses at home?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.10 How well do you/does speak Spanish?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

4.11 How well do you/does speak English?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

SECTION 5 DISABILITY

FOR ALL PERSONS PERSON 1

5.1 Do you/Does have problems with any of the following?

- a) Sight difficulties (even with glasses, if worn)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- b) Hearing difficulties (even with hearing aid, if used)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- c) Speaking difficulties (talking)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- d) Moving/mobility difficulties (walking, climbing stairs, standing)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- e) Body movement difficulties (reaching, crouching, kneeling)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- f) Gripping/holding difficulties (using fingers to grip or handle objects)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- g) Learning difficulties (intellectual difficulties, retardation)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated

- h) Behavioural difficulties (psychological, emotional problems)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- i) Personal care difficulties (bathing, dressing, feeding yourself)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- j) Other (Specify _____)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated

INTERVIEWER: IF ALL RESPONSES IN Q 5.1 ARE "NO" OR "DON'T KNOW/NOT STATED" SKIP TO SECTION 6.

5.2 In which of the following ways are your/ 's activities limited compared with most people your/his/her age? (INTERVIEWER: READ OPTIONS. MORE THAN ONE OVAL MAY BE MARKED.)

- ① Self-care
- ② Mobility
- ③ Communication
- ④ Schooling
- ⑤ Employment
- ⑥ Other
- ⑦ None

SECTION 6 BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS PERSON 1

6.1 Were you/Was born in Belize?

- ① Yes
- ② No (SKIP TO Q 6.3)
- ⑨ Don't know/Not stated (SKIP TO Q 6.4)

6.2 In what district and city, town or village was that?

INTERVIEWER: REMEMBER WHAT IS REQUIRED IS THE MOTHER'S NORMAL RESIDENCE AT THE TIME OF BIRTH, AND NOT THE HOSPITAL OR PLACE WHERE THE BIRTH TOOK PLACE.

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

INTERVIEWER: ALL PERSONS ANSWERING Q6.2 MUST SKIP TO Q6.4.

SECTION 6 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS PERSON 1

6.3 In what country were you/was born?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.4 Have you/Has ever lived in another country?

- 1 Yes
- 2 No (SKIP TO Q 6.7)
- 9 Don't know/Not stated (SKIP TO Q 6.7)

6.5 In what country did you/. . . . last live?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.6 In what year did you/ last come to live in Belize?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.7 In what district and city, town or village in Belize did you/...last live?

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

- 99 Don't know/Not stated
- Never moved (SKIP TO SECTION 7)

6.8 In what year did you/. . . . come to live here, in this district and city, town or village?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

SECTION 7 EDUCATION

FOR PERSONS 2 AND OVER PERSON 1

7.1 Are you/Is presently attending formal school?

- 1 Yes
- 2 No (SKIP TO Q 7.4)
- 9 Don't know/Not stated (SKIP TO Q 7.4)

7.2 Are you/Is attending full-time or part-time?

- 1 Full-time
- 2 Part-time
- 9 Don't know/Not stated

7.3 In what standard/form/year and school level are you/is presently?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 7.5)

7.4 What was the last standard/form/year and school level you have/. . . .has completed?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.5 What is the highest certificate, diploma or degree that you/. . . . earned?

- 01 None (SKIP TO SECTION 8)
- 02 Primary school certificate (SKIP TO SECTION 8)
- 03 High school diploma
- 04 GCE 'O' levels or CXC
Number of subjects 0 1 2 3 4 5 6 7 8 9
- 05 Sixth Form diploma
- 06 Teachers College diploma
- 07 Nursing School diploma
- 08 College of Agriculture diploma
- 09 GCE 'A' levels
Number of subjects 0 1 2 3 4 5 6 7 8 9
- 10 Bachelors Degree
- 11 Masters Degree
- 12 Ph.D. Degree
- 13 Diploma (post graduates only)
- 14 Other (Specify _____)
- 99 Don't know/Not stated

7.6 Did you/. . . . acquire this in Belize or abroad?

- 1 Belize 2 Abroad 9 Don't know/Not stated

7.7 What is your/. . . . 's field of education?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.8 INTERVIEWER: FOR PERSONS LESS THAN 14 YEARS, END INTERVIEW. OTHERWISE CONTINUE WITH SECTION 8.

SECTION 8 TRAINING

FOR PERSONS 14 AND OVER PERSON 1

8.1 Can you/ do any of the following on a personal computer?

- a) Write a letter
 - 1 Yes 2 No 9 Don't know/Not stated
- b) Prepare a spreadsheet
 - 1 Yes 2 No 9 Don't know/Not stated
- c) Make a graph
 - 1 Yes 2 No 9 Don't know/Not stated

8.2 Have you/has received any type of technical/vocational training outside the formal school system?

- 1 Yes
- 2 No (SKIP TO Q 9.1)
- 9 Don't know/Not stated (SKIP TO Q 9.1)

8.3 How was this training received?

- 1 Correspondence course 6 Internet
- 2 On the job 7 Other (Specify _____)
- 3 Apprenticeship
- 4 Institution 9 Don't know/Not stated
- 5 Workshop or seminar

8.4 For what occupation were you/was trained?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

SECTION 9 MARITAL STATUS

FOR PERSONS 14 AND OVER PERSON 1

9.1 As at May 12, 2000, which of the following was your/ 's union status?

INTERVIEWER: READ THE OPTIONS LISTED BELOW.

- ① Legally married (SKIP TO Q 9.3)
- ② Common-law union (SKIP TO Q 9.3)
- ③ Visiting partner
- ④ Married but not in a union (SKIP TO Q 9.3)
- ⑤ Legally separated and not in a union (SKIP TO Q 9.3)
- ⑥ Widowed and not in union (SKIP TO Q 9.3)
- ⑦ Divorced and not in union (SKIP TO Q 9.3)
- ⑧ Not in a union
- ⑨ Don't know/Not stated

9.2 Have you/has ever lived together with a partner in a common-law union?

- ① Yes
- ② No (SKIP TO SECTION 10)
- ⑨ Don't know/Not stated (SKIP TO SECTION 10)

9.3 How old were you/was when you were/ was first married or lived in a common-law union?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

SECTION 10 FERTILITY

FOR FEMALES 14 TO 64 YEARS PERSON 1

10.1 How many livebirths have you/has ever had?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

IF TOTAL = 00,
SKIP TO
SECTION 11

10.2 How many
Are living in this household?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Are living elsewhere?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INTERVIEWER: CHECK THAT TOTAL IN Q 10.1 AND Q 10.2 ARE THE SAME, IF THEY DIFFER, YOU MUST RECONCILE.

10.3 How old were you/was when you/she had the first liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.4 How old were you/was at the birth of your/her last liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.5 How many livebirths did you/ have in the last 12 months?

- ① None (SKIP TO SECTION 11)
- ② One
- ③ Two separate births
- ④ Twins
- ⑤ Three or more
- ⑨ Don't know/Not stated

10.6 What is/are the sex(es) of this child/these children?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

10.7 Have any of these children died?

- ① Yes
- ② No (SKIP TO SECTION 11)

10.8 How many have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

SECTION 11 ECONOMIC ACTIVITY

FOR PERSONS 14 AND OVER PERSON 1

11.1 Do you/Does. . . own any land for farming?

- ① Yes
- ② No
- ⑨ Don't know/Not stated

11.2 Did you/ . . . do any work for pay, profit, or family gain for at least one hour during the week ending May 12th? This includes helping in a family business or farm, street vending, or work at home.

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

11.3 Did you/ . . . engage in any economic activity on the following list, for pay, profit or family gain, for at least one hour, during the week ending May 12th?

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

INTERVIEWER: READ THE FOLLOWING LIST

Babysitting
Laundry, ironing for pay
Cleaning yard/cutting yard

Nurse's Aid for pay
Subsistence farming

11.3 list continued.

Selling food or snacks at market/bus-stop/school
Bicycle/cart deliveries
Selling food from home
Selling sweets from home (fudge, etc.)

Sewing for pay
Cleaning of offices
Car washing
Taxi-driver
Lottery vendors
Any other similar activity

11.4 Did you/ . . . have a job during that week, from which you were temporarily absent?

- ① Yes
- ② No (SKIP TO Q 11.6)
- ⑨ Don't know/Not stated (SKIP TO Q 11.6)

11.5 How many hours did you/ . . . work during that week?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

(SKIP TO Q 11.7a)

11.6 If you/ . . . had been offered a job that week what would have prevented you/ . . . from taking up that job?

- ① Nothing
- ② School
- ③ Home duties
- ④ Retirement
- ⑤ Not interested in working
- ⑥ Other (Specify _____)
- ⑨ Don't know/Not stated

11.7 Have you/Has ever worked

- ① Yes (SKIP TO Q 11.7b)
- ② No (SKIP TO Q 11.13)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.7a What sort of work do you/does do in your/his/her (main) occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8a)

11.7b What sort of work did you/ do in your/his/her previous occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8b)

11.8a What type of business is carried on at your/ 's (main) workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.9)

11.8b What type of business was carried on at your/ 's previous workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.10b)

11.9 What is the name and address of your/ 's (main) workplace?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

11.10a Do you/Does carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government (SKIP TO Q 11.11)
- ② Paid employee – Private (SKIP TO Q 11.11)
- ③ Unpaid worker (SKIP TO Q 11.13)
- ④ Own business with paid help (Employer) (SKIP TO Q 11.12)
- ⑤ Own business without paid help (Own Account) (SKIP TO Q 11.12)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.10b Did you/ carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government
 - ② Paid employee – Private
 - ③ Unpaid worker
 - ④ Own business with paid help (Employer)
 - ⑤ Own business without paid help (Own Account)
 - ⑨ Don't know/Not stated
- SKIP TO Q 11.13**

11.11 How often do you/ get paid?

- ① Daily
- ② Weekly
- ③ Fortnightly
- ④ Monthly
- ⑤ Quarterly
- ⑥ Annually
- ⑦ Other (Specify _____)
- ⑨ Not stated

11.12 What was 's gross pay/income during the last pay period, that is before deductions?

--	--	--

(PRESENT FLASH CARD)

INTERVIEWER: FOR SELF-EMPLOYED PERSONS OBTAIN "NET INCOME," I.E., RECEIPTS LESS BUSINESS EXPENSES.

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

11.13 Do you/does he/she receive any money from family and/or friends abroad?

- ① Yes
- ② No (END PRESENT INTERVIEW)
- ⑨ Don't know/Not stated

11.14 Approximately how much money did you/he/she receive last year (....) from family and/or friends abroad?

--	--	--

(PRESENT FLASH CARD)

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

SECTION 4 GENERAL CHARACTERISTICS FOR ALL PERSONS PERSON 2

4.1 INTERVIEWER: PLEASE FILL IN THE PERSON'S ASSIGNED NUMBER.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4.2 What is your/ 's relationship to the head of household?

- ① Head
- ② Spouse/partner
- ③ Child
- ④ Son-in-law/daughter-in-law
- ⑤ Grandchild
- ⑥ Parent/parent-in-law
- ⑦ Other relative
- ⑧ Non relative
- ⑨ Don't know/Not stated

4.3 INTERVIEWER: FOR PERSON'S NOT SEEN, ASK:

Is male or female? ① Male ② Female

4.4 What is your/ 's date of birth?

day		mo		year			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

INTERVIEWER

If not known, ask:
How old were you/was on your/his/her last birthday?

years old	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4.5 To what ethnic group do you/does belong?

- ① Black/African
- ② Caucasian/White
- ③ Chinese
- ④ Creole
- ⑤ East Indian
- ⑥ Garifuna
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatec
- ⑩ Mennonite
- ⑪ Mestizo
- ⑫ Spanish
- ⑬ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.6 What is your/ 's religion/denomination?

- ① Anglican
- ② Bahai Faith
- ③ Baptist
- ④ Hindu
- ⑤ Jehovah Witness
- ⑥ Mennonite
- ⑦ Methodist
- ⑧ Mormon
- ⑨ Muslim
- ⑩ Nazarene
- ⑪ Pentecostal
- ⑫ Roman Catholic
- ⑬ Seventh Day Adventist
- ⑭ Salvation Army
- ⑮ Other (Specify _____)
- ⑯ None
- ⑰ Don't know/Not stated

4.7 INTERVIEWER: MARK THE APPROPRIATE OVAL.

- ① Under 4 (SKIP TO Q 5.1)
- ② 4 years and over

4.8 What was the first language you/ spoke at home as a child?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.9 Currently what is the language you/ most commonly use/uses at home?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.10 How well do you/does speak Spanish?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

4.11 How well do you/does speak English?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

SECTION 5 DISABILITY

FOR ALL PERSONS PERSON 2

5.1 Do you/Does have problems with any of the following?

- a) Sight difficulties (even with glasses, if worn)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- b) Hearing difficulties (even with hearing aid, if used)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- c) Speaking difficulties (talking)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- d) Moving/mobility difficulties (walking, climbing stairs, standing)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- e) Body movement difficulties (reaching, crouching, kneeling)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- f) Gripping/holding difficulties (using fingers to grip or handle objects)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- g) Learning difficulties (intellectual difficulties, retardation)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated

- h) Behavioural difficulties (psychological, emotional problems)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- i) Personal care difficulties (bathing, dressing, feeding yourself)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- j) Other (Specify _____)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated

INTERVIEWER: IF ALL RESPONSES IN Q 5.1 ARE "NO" OR "DON'T KNOW/NOT STATED" SKIP TO SECTION 6.

5.2 In which of the following ways are your/ 's activities limited compared with most people your/his/her age? (INTERVIEWER: READ OPTIONS. MORE THAN ONE OVAL MAY BE MARKED.)

- ① Self-care
- ② Mobility
- ③ Communication
- ④ Schooling
- ⑤ Employment
- ⑥ Other
- ⑦ None

SECTION 6 BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS PERSON 2

6.1 Were you/Was born in Belize?

- ① Yes
- ② No (SKIP TO Q 6.3)
- ⑨ Don't know/Not stated (SKIP TO Q 6.4)

6.2 In what district and city, town or village was that?

INTERVIEWER: REMEMBER WHAT IS REQUIRED IS THE MOTHER'S NORMAL RESIDENCE AT THE TIME OF BIRTH, AND NOT THE HOSPITAL OR PLACE WHERE THE BIRTH TOOK PLACE.

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

INTERVIEWER: ALL PERSONS ANSWERING Q6.2 MUST SKIP TO Q6.4.

SECTION 6 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS PERSON 2

6.3 In what country were you/was born?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.4 Have you/Has ever lived in another country?

- 1 Yes
 2 No (SKIP TO Q 6.7)
 9 Don't know/Not stated (SKIP TO Q 6.7)

6.5 In what country did you/. . . . last live?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.6 In what year did you/ last come to live in Belize?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.7 In what district and city, town or village in Belize did you/...last live?

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

- 99 Don't know/Not stated
 Never moved (SKIP TO SECTION 7)

6.8 In what year did you/. . . . come to live here, in this district and city, town or village?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

SECTION 7 EDUCATION

FOR PERSONS 2 AND OVER PERSON 2

7.1 Are you/Is presently attending formal school?

- 1 Yes
 2 No (SKIP TO Q 7.4)
 9 Don't know/Not stated (SKIP TO Q 7.4)

7.2 Are you/Is attending full-time or part-time?

- 1 Full-time
 2 Part-time
 9 Don't know/Not stated

7.3 In what standard/form/year and school level are you/is presently?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 7.5)

7.4 What was the last standard/form/year and school level you have/. . . .has completed?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.5 What is the highest certificate, diploma or degree that you/. . . . earned?

- 01 None (SKIP TO SECTION 8)
 02 Primary school certificate (SKIP TO SECTION 8)
 03 High school diploma
 04 GCE 'O' levels or CXC
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 05 Sixth Form diploma
 06 Teachers College diploma
 07 Nursing School diploma
 08 College of Agriculture diploma
 09 GCE 'A' levels
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 10 Bachelors Degree
 11 Masters Degree
 12 Ph.D. Degree
 13 Diploma (post graduates only)
 14 Other (Specify _____)
 99 Don't know/Not stated

7.6 Did you/. . . . acquire this in Belize or abroad?

- 1 Belize 2 Abroad 9 Don't know/Not stated

7.7 What is your/. . . . 's field of education?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.8 INTERVIEWER: FOR PERSONS LESS THAN 14 YEARS, END INTERVIEW. OTHERWISE CONTINUE WITH SECTION 8.

SECTION 8 TRAINING

FOR PERSONS 14 AND OVER PERSON 2

8.1 Can you/ do any of the following on a personal computer?

- a) Write a letter
 1 Yes 2 No 9 Don't know/Not stated
 b) Prepare a spreadsheet
 1 Yes 2 No 9 Don't know/Not stated
 c) Make a graph
 1 Yes 2 No 9 Don't know/Not stated

8.2 Have you/has received any type of technical/vocational training outside the formal school system?

- 1 Yes
 2 No (SKIP TO Q 9.1)
 9 Don't know/Not stated (SKIP TO Q 9.1)

8.3 How was this training received?

- 1 Correspondence course 6 Internet
 2 On the job 7 Other (Specify _____)
 3 Apprenticeship
 4 Institution 9 Don't know/Not stated
 5 Workshop or seminar

8.4 For what occupation were you/was trained?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

SECTION 9 MARITAL STATUS

FOR PERSONS 14 AND OVER PERSON 2

9.1 As at May 12, 2000, which of the following was your/ 's union status?

INTERVIEWER: READ THE OPTIONS LISTED BELOW.

- ① Legally married (SKIP TO Q 9.3)
- ② Common-law union (SKIP TO Q 9.3)
- ③ Visiting partner
- ④ Married but not in a union (SKIP TO Q 9.3)
- ⑤ Legally separated and not in a union (SKIP TO Q 9.3)
- ⑥ Widowed and not in union (SKIP TO Q 9.3)
- ⑦ Divorced and not in union (SKIP TO Q 9.3)
- ⑧ Not in a union
- ⑨ Don't know/Not stated

9.2 Have you/has ever lived together with a partner in a common-law union?

- ① Yes
- ② No (SKIP TO SECTION 10)
- ⑨ Don't know/Not stated (SKIP TO SECTION 10)

9.3 How old were you/was when you were/ was first married or lived in a common-law union?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

SECTION 10 FERTILITY

FOR FEMALES 14 TO 64 YEARS PERSON 2

10.1 How many livebirths have you/has ever had?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

IF TOTAL = 00,
SKIP TO
SECTION 11

10.2 How many
Are living in this household?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Are living elsewhere?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INTERVIEWER: CHECK THAT TOTAL IN Q 10.1 AND Q 10.2 ARE THE SAME, IF THEY DIFFER, YOU MUST RECONCILE.

10.3 How old were you/was when you/she had the first liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.4 How old were you/was at the birth of your/her last liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.5 How many livebirths did you/ have in the last 12 months?

- ① None (SKIP TO SECTION 11)
- ② One
- ③ Two separate births
- ④ Twins
- ⑤ Three or more
- ⑨ Don't know/Not stated

10.6 What is/are the sex(es) of this child/these children?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

10.7 Have any of these children died?

- ① Yes
- ② No (SKIP TO SECTION 11)

10.8 How many have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

SECTION 11 ECONOMIC ACTIVITY

FOR PERSONS 14 AND OVER PERSON 2

11.1 Do you/Does. . . own any land for farming?

- ① Yes
- ② No
- ⑨ Don't know/Not stated

11.2 Did you/ . . . do any work for pay, profit, or family gain for at least one hour during the week ending May 12th? This includes helping in a family business or farm, street vending, or work at home.

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

11.3 Did you/ . . . engage in any economic activity on the following list, for pay, profit or family gain, for at least one hour, during the week ending May 12th?

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

INTERVIEWER: READ THE FOLLOWING LIST

Babysitting
Laundry, ironing for pay
Cleaning yard/cutting yard

Nurse's Aid for pay
Subsistence farming

11.3 list continued.

Selling food or snacks at market/bus-stop/school
Bicycle/cart deliveries
Selling food from home
Selling sweets from home (fudge, etc.)

Sewing for pay
Cleaning of offices
Car washing
Taxi-driver
Lottery vendors
Any other similar activity

11.4 Did you/ . . . have a job during that week, from which you were temporarily absent?

- ① Yes
- ② No (SKIP TO Q 11.6)
- ⑨ Don't know/Not stated (SKIP TO Q 11.6)

11.5 How many hours did you/ . . . work during that week?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

(SKIP TO Q 11.7a)

11.6 If you/ . . . had been offered a job that week what would have prevented you/ . . . from taking up that job?

- ① Nothing
- ② School
- ③ Home duties
- ④ Retirement
- ⑤ Not interested in working
- ⑥ Other (Specify _____)
- ⑨ Don't know/Not stated

11.7 Have you/Has ever worked

- ① Yes (SKIP TO Q 11.7b)
- ② No (SKIP TO Q 11.13)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.7a What sort of work do you/does do in your/his/her (main) occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8a)

11.7b What sort of work did you/ do in your/his/her previous occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8b)

11.8a What type of business is carried on at your/ 's (main) workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.9)

11.8b What type of business was carried on at your/ 's previous workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.10b)

11.9 What is the name and address of your/ 's (main) workplace?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

11.10a Do you/Does carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government (SKIP TO Q 11.11)
- ② Paid employee – Private (SKIP TO Q 11.11)
- ③ Unpaid worker (SKIP TO Q 11.13)
- ④ Own business with paid help (Employer) (SKIP TO Q 11.12)
- ⑤ Own business without paid help (Own Account) (SKIP TO Q 11.12)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.10b Did you/ carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government
 - ② Paid employee – Private
 - ③ Unpaid worker
 - ④ Own business with paid help (Employer)
 - ⑤ Own business without paid help (Own Account)
 - ⑨ Don't know/Not stated
- SKIP TO Q 11.13**

11.11 How often do you/ get paid?

- ① Daily
- ② Weekly
- ③ Fortnightly
- ④ Monthly
- ⑤ Quarterly
- ⑥ Annually
- ⑦ Other (Specify _____)
- ⑨ Not stated

11.12 What was 's gross pay/income during the last pay period, that is before deductions?

--	--	--

(PRESENT FLASH CARD)

INTERVIEWER: FOR SELF-EMPLOYED PERSONS OBTAIN "NET INCOME," I.E., RECEIPTS LESS BUSINESS EXPENSES.

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

11.13 Do you/does he/she receive any money from family and/or friends abroad?

- ① Yes
- ② No (END PRESENT INTERVIEW)
- ⑨ Don't know/Not stated

11.14 Approximately how much money did you/he/she receive last year (....) from family and/or friends abroad?

--	--	--

(PRESENT FLASH CARD)

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

4.1 INTERVIEWER: PLEASE FILL IN THE PERSON'S ASSIGNED NUMBER.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4.2 What is your/ 's relationship to the head of household?

- ① Head
- ② Spouse/partner
- ③ Child
- ④ Son-in-law/daughter-in-law
- ⑤ Grandchild
- ⑥ Parent/parent-in-law
- ⑦ Other relative
- ⑧ Non relative
- ⑨ Don't know/Not stated

4.3 INTERVIEWER: FOR PERSON'S NOT SEEN, ASK:

Is male or female? ① Male ② Female

4.4 What is your/ 's date of birth?

day		mo		year			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

INTERVIEWER

If not known, ask:
How old were you/was on your/his/her last birthday?

years old	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4.5 To what ethnic group do you/does belong?

- ① Black/African
- ② Caucasian/White
- ③ Chinese
- ④ Creole
- ⑤ East Indian
- ⑥ Garifuna
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatec
- ⑩ Mennonite
- ⑪ Mestizo
- ⑫ Spanish
- ⑬ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.6 What is your/ 's religion/denomination?

- ① Anglican
- ② Bahai Faith
- ③ Baptist
- ④ Hindu
- ⑤ Jehovah Witness
- ⑥ Mennonite
- ⑦ Methodist
- ⑧ Mormon
- ⑨ Muslim
- ⑩ Nazarene
- ⑪ Pentecostal
- ⑫ Roman Catholic
- ⑬ Seventh Day Adventist
- ⑭ Salvation Army
- ⑮ Other (Specify _____)
- ⑯ None
- ⑰ Don't know/Not stated

4.7 INTERVIEWER: MARK THE APPROPRIATE OVAL.

- ① Under 4 (SKIP TO Q 5.1)
- ② 4 years and over

4.8 What was the first language you/ spoke at home as a child?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.9 Currently what is the language you/ most commonly use/uses at home?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.10 How well do you/does speak Spanish?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

4.11 How well do you/does speak English?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

SECTION 5 DISABILITY

5.1 Do you/Does have problems with any of the following?

- a) Sight difficulties (even with glasses, if worn)
 - ① Yes ② No ⑨ Don't know/Not stated
- b) Hearing difficulties (even with hearing aid, if used)
 - ① Yes ② No ⑨ Don't know/Not stated
- c) Speaking difficulties (talking)
 - ① Yes ② No ⑨ Don't know/Not stated
- d) Moving/mobility difficulties (walking, climbing stairs, standing)
 - ① Yes ② No ⑨ Don't know/Not stated
- e) Body movement difficulties (reaching, crouching, kneeling)
 - ① Yes ② No ⑨ Don't know/Not stated
- f) Gripping/holding difficulties (using fingers to grip or handle objects)
 - ① Yes ② No ⑨ Don't know/Not stated
- g) Learning difficulties (intellectual difficulties, retardation)
 - ① Yes ② No ⑨ Don't know/Not stated

- h) Behavioural difficulties (psychological, emotional problems)
 - ① Yes ② No ⑨ Don't know/Not stated
- i) Personal care difficulties (bathing, dressing, feeding yourself)
 - ① Yes ② No ⑨ Don't know/Not stated
- j) Other (Specify _____)
 - ① Yes ② No ⑨ Don't know/Not stated

INTERVIEWER: IF ALL RESPONSES IN Q 5.1 ARE "NO" OR "DON'T KNOW/NOT STATED" SKIP TO SECTION 6.

5.2 In which of the following ways are your/ 's activities limited compared with most people your/his/her age? (INTERVIEWER: READ OPTIONS. MORE THAN ONE OVAL MAY BE MARKED.)

- ① Self-care
- ② Mobility
- ③ Communication
- ④ Schooling
- ⑤ Employment
- ⑥ Other
- ⑦ None

SECTION 6 BIRTHPLACE AND RESIDENCE

6.1 Were you/Was born in Belize?

- ① Yes
- ② No (SKIP TO Q 6.3)
- ⑨ Don't know/Not stated (SKIP TO Q 6.4)

6.2 In what district and city, town or village was that?

INTERVIEWER: REMEMBER WHAT IS REQUIRED IS THE MOTHER'S NORMAL RESIDENCE AT THE TIME OF BIRTH, AND NOT THE HOSPITAL OR PLACE WHERE THE BIRTH TOOK PLACE.

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

INTERVIEWER: ALL PERSONS ANSWERING Q6.2 MUST SKIP TO Q6.4.

SECTION 6 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS PERSON 3

6.3 In what country were you/was born?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.4 Have you/Has ever lived in another country?

- 1 Yes
 2 No (SKIP TO Q 6.7)
 9 Don't know/Not stated (SKIP TO Q 6.7)

6.5 In what country did you/. . . . last live?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.6 In what year did you/ last come to live in Belize?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.7 In what district and city, town or village in Belize did you/...last live?

DISTRICT						C/T/V					
1	2	3	4	5	6						
						0	1	2	3	4	5
						6	7	8	9		

99 Don't know/Not stated
 Never moved (SKIP TO SECTION 7)

6.8 In what year did you/. . . . come to live here, in this district and city, town or village?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

SECTION 7 EDUCATION

FOR PERSONS 2 AND OVER PERSON 3

7.1 Are you/Is presently attending formal school?

- 1 Yes
 2 No (SKIP TO Q 7.4)
 9 Don't know/Not stated (SKIP TO Q 7.4)

7.2 Are you/Is attending full-time or part-time?

- 1 Full-time
 2 Part-time
 9 Don't know/Not stated

7.3 In what standard/form/year and school level are you/is presently?

	Standard/form/year										
	0	1	2	3	4	5	6	7	8	9	
	School level										
	0	1	2	3	4	5	6	7	8	9	
	0	1	2	3	4	5	6	7	8	9	

(SKIP TO Q 7.5)

7.4 What was the last standard/form/year and school level you have/. . . .has completed?

	Standard/form/year										
	0	1	2	3	4	5	6	7	8	9	
	School level										
	0	1	2	3	4	5	6	7	8	9	
	0	1	2	3	4	5	6	7	8	9	

7.5 What is the highest certificate, diploma or degree that you/. . . . earned?

- 01 None (SKIP TO SECTION 8)
 02 Primary school certificate (SKIP TO SECTION 8)
 03 High school diploma
 04 GCE 'O' levels or CXC
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 05 Sixth Form diploma
 06 Teachers College diploma
 07 Nursing School diploma
 08 College of Agriculture diploma
 09 GCE 'A' levels
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 10 Bachelors Degree
 11 Masters Degree
 12 Ph.D. Degree
 13 Diploma (post graduates only)
 14 Other (Specify _____)
 99 Don't know/Not stated

7.6 Did you/. . . . acquire this in Belize or abroad?

- 1 Belize 2 Abroad 9 Don't know/Not stated

7.7 What is your/. . . . 's field of education?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.8 INTERVIEWER: FOR PERSONS LESS THAN 14 YEARS, END INTERVIEW. OTHERWISE CONTINUE WITH SECTION 8.

SECTION 8 TRAINING

FOR PERSONS 14 AND OVER PERSON 3

8.1 Can you/ do any of the following on a personal computer?

- a) Write a letter
 1 Yes 2 No 9 Don't know/Not stated
 b) Prepare a spreadsheet
 1 Yes 2 No 9 Don't know/Not stated
 c) Make a graph
 1 Yes 2 No 9 Don't know/Not stated

8.2 Have you/has received any type of technical/ vocational training outside the formal school system?

- 1 Yes
 2 No (SKIP TO Q 9.1)
 9 Don't know/Not stated (SKIP TO Q 9.1)

8.3 How was this training received?

- 1 Correspondence course 6 Internet
 2 On the job 7 Other (Specify _____)
 3 Apprenticeship 9 Don't know/Not stated
 4 Institution
 5 Workshop or seminar

8.4 For what occupation were you/was trained?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

SECTION 9 MARITAL STATUS

FOR PERSONS 14 AND OVER PERSON 3

9.1 As at May 12, 2000, which of the following was your/ 's union status?

INTERVIEWER: READ THE OPTIONS LISTED BELOW.

- ① Legally married (SKIP TO Q 9.3)
- ② Common-law union (SKIP TO Q 9.3)
- ③ Visiting partner
- ④ Married but not in a union (SKIP TO Q 9.3)
- ⑤ Legally separated and not in a union (SKIP TO Q 9.3)
- ⑥ Widowed and not in union (SKIP TO Q 9.3)
- ⑦ Divorced and not in union (SKIP TO Q 9.3)
- ⑧ Not in a union
- ⑨ Don't know/Not stated

9.2 Have you/has ever lived together with a partner in a common-law union?

- ① Yes
- ② No (SKIP TO SECTION 10)
- ⑨ Don't know/Not stated (SKIP TO SECTION 10)

9.3 How old were you/was when you were/ was first married or lived in a common-law union?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

SECTION 10 FERTILITY

FOR FEMALES 14 TO 64 YEARS PERSON 3

10.1 How many livebirths have you/has ever had?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

IF TOTAL = 00,
SKIP TO
SECTION 11

10.2 How many
Are living in this household?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Are living elsewhere?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INTERVIEWER: CHECK THAT TOTAL IN Q 10.1 AND Q 10.2 ARE THE SAME, IF THEY DIFFER, YOU MUST RECONCILE.

10.3 How old were you/was when you/she had the first liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.4 How old were you/was at the birth of your/her last liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.5 How many livebirths did you/ have in the last 12 months?

- ① None (SKIP TO SECTION 11)
- ② One
- ③ Two separate births
- ④ Twins
- ⑤ Three or more
- ⑨ Don't know/Not stated

10.6 What is/are the sex(es) of this child/these children?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

10.7 Have any of these children died?

- ① Yes
- ② No (SKIP TO SECTION 11)

10.8 How many have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

SECTION 11 ECONOMIC ACTIVITY

FOR PERSONS 14 AND OVER PERSON 3

11.1 Do you/Does. . . own any land for farming?

- ① Yes
- ② No
- ⑨ Don't know/Not stated

11.2 Did you/ . . . do any work for pay, profit, or family gain for at least one hour during the week ending May 12th? This includes helping in a family business or farm, street vending, or work at home.

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

11.3 Did you/ . . . engage in any economic activity on the following list, for pay, profit or family gain, for at least one hour, during the week ending May 12th?

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

INTERVIEWER: READ THE FOLLOWING LIST

Babysitting
Laundry, ironing for pay
Cleaning yard/cutting yard

Nurse's Aid for pay
Subsistence farming

11.3 list continued.

Selling food or snacks at market/bus-stop/school
Bicycle/cart deliveries
Selling food from home
Selling sweets from home (fudge, etc.)

Sewing for pay
Cleaning of offices
Car washing
Taxi-driver
Lottery vendors
Any other similar activity

11.4 Did you/ . . . have a job during that week, from which you were temporarily absent?

- ① Yes
- ② No (SKIP TO Q 11.6)
- ⑨ Don't know/Not stated (SKIP TO Q 11.6)

11.5 How many hours did you/ . . . work during that week?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

(SKIP TO Q 11.7a)

11.6 If you/ . . . had been offered a job that week what would have prevented you/ . . . from taking up that job?

- ① Nothing
- ② School
- ③ Home duties
- ④ Retirement
- ⑤ Not interested in working
- ⑥ Other (Specify _____)
- ⑨ Don't know/Not stated

11.7 Have you/Has ever worked

- ① Yes (SKIP TO Q 11.7b)
- ② No (SKIP TO Q 11.13)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.7a What sort of work do you/does do in your/his/her (main) occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8a)

11.7b What sort of work did you/ do in your/his/her previous occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8b)

11.8a What type of business is carried on at your/ 's (main) workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.9)

11.8b What type of business was carried on at your/ 's previous workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.10b)

11.9 What is the name and address of your/ 's (main) workplace?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

11.10a Do you/Does carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government (SKIP TO Q 11.11)
- ② Paid employee – Private (SKIP TO Q 11.11)
- ③ Unpaid worker (SKIP TO Q 11.13)
- ④ Own business with paid help (Employer) (SKIP TO Q 11.12)
- ⑤ Own business without paid help (Own Account) (SKIP TO Q 11.12)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.10b Did you/ carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government
 - ② Paid employee – Private
 - ③ Unpaid worker
 - ④ Own business with paid help (Employer)
 - ⑤ Own business without paid help (Own Account)
 - ⑨ Don't know/Not stated
- SKIP TO Q 11.13**

11.11 How often do you/ get paid?

- ① Daily
- ② Weekly
- ③ Fortnightly
- ④ Monthly
- ⑤ Quarterly
- ⑥ Annually
- ⑦ Other (Specify _____)
- ⑨ Not stated

11.12 What was 's gross pay/income during the last pay period, that is before deductions?

--	--	--

(PRESENT FLASH CARD)

INTERVIEWER: FOR SELF-EMPLOYED PERSONS OBTAIN "NET INCOME," I.E., RECEIPTS LESS BUSINESS EXPENSES.

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

11.13 Do you/does he/she receive any money from family and/or friends abroad?

- ① Yes
- ② No (END PRESENT INTERVIEW)
- ⑨ Don't know/Not stated

11.14 Approximately how much money did you/he/she receive last year (....) from family and/or friends abroad?

--	--	--

(PRESENT FLASH CARD)

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

4.1 INTERVIEWER: PLEASE FILL IN THE PERSON'S ASSIGNED NUMBER.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4.2 What is your/ 's relationship to the head of household?

- ① Head
- ② Spouse/partner
- ③ Child
- ④ Son-in-law/daughter-in-law
- ⑤ Grandchild
- ⑥ Parent/parent-in-law
- ⑦ Other relative
- ⑧ Non relative
- ⑨ Don't know/Not stated

4.3 INTERVIEWER: FOR PERSON'S NOT SEEN, ASK:

Is male or female? ① Male ② Female

4.4 What is your/ 's date of birth?

day		mo		year			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

INTERVIEWER

If not known, ask:
How old were you/was on your/his/her last birthday?

years old	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4.5 To what ethnic group do you/does belong?

- ① Black/African
- ② Caucasian/White
- ③ Chinese
- ④ Creole
- ⑤ East Indian
- ⑥ Garifuna
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatec
- ⑩ Mennonite
- ⑪ Mestizo
- ⑫ Spanish
- ⑬ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.6 What is your/ 's religion/denomination?

- ① Anglican
- ② Bahai Faith
- ③ Baptist
- ④ Hindu
- ⑤ Jehovah Witness
- ⑥ Mennonite
- ⑦ Methodist
- ⑧ Mormon
- ⑨ Muslim
- ⑩ Nazarene
- ⑪ Pentecostal
- ⑫ Roman Catholic
- ⑬ Seventh Day Adventist
- ⑭ Salvation Army
- ⑮ Other (Specify _____)
- ⑯ None
- ⑰ Don't know/Not stated

4.7 INTERVIEWER: MARK THE APPROPRIATE OVAL.

- ① Under 4 (SKIP TO Q 5.1)
- ② 4 years and over

4.8 What was the first language you/ spoke at home as a child?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.9 Currently what is the language you/ most commonly use/uses at home?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.10 How well do you/does speak Spanish?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

4.11 How well do you/does speak English?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

SECTION 5 DISABILITY

5.1 Do you/Does have problems with any of the following?

- a) Sight difficulties (even with glasses, if worn)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- b) Hearing difficulties (even with hearing aid, if used)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- c) Speaking difficulties (talking)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- d) Moving/mobility difficulties (walking, climbing stairs, standing)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- e) Body movement difficulties (reaching, crouching, kneeling)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- f) Gripping/holding difficulties (using fingers to grip or handle objects)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- g) Learning difficulties (intellectual difficulties, retardation)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated

- h) Behavioural difficulties (psychological, emotional problems)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- i) Personal care difficulties (bathing, dressing, feeding yourself)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- j) Other (Specify _____)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated

INTERVIEWER: IF ALL RESPONSES IN Q 5.1 ARE "NO" OR "DON'T KNOW/NOT STATED" SKIP TO SECTION 6.

5.2 In which of the following ways are your/ 's activities limited compared with most people your/his/her age? (INTERVIEWER: READ OPTIONS. MORE THAN ONE OVAL MAY BE MARKED.)

- ① Self-care
- ② Mobility
- ③ Communication
- ④ Schooling
- ⑤ Employment
- ⑥ Other
- ⑦ None

SECTION 6 BIRTHPLACE AND RESIDENCE

6.1 Were you/Was born in Belize?

- ① Yes
- ② No (SKIP TO Q 6.3)
- ⑨ Don't know/Not stated (SKIP TO Q 6.4)

6.2 In what district and city, town or village was that?

INTERVIEWER: REMEMBER WHAT IS REQUIRED IS THE MOTHER'S NORMAL RESIDENCE AT THE TIME OF BIRTH, AND NOT THE HOSPITAL OR PLACE WHERE THE BIRTH TOOK PLACE.

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

INTERVIEWER: ALL PERSONS ANSWERING Q6.2 MUST SKIP TO Q6.4.

SECTION 6 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS PERSON 4

6.3 In what country were you/was born?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.4 Have you/Has ever lived in another country?

- 1 Yes
 2 No (SKIP TO Q 6.7)
 9 Don't know/Not stated (SKIP TO Q 6.7)

6.5 In what country did you/. . . . last live?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.6 In what year did you/ last come to live in Belize?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.7 In what district and city, town or village in Belize did you/...last live?

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated
 Never moved (SKIP TO SECTION 7)

6.8 In what year did you/. . . . come to live here, in this district and city, town or village?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

SECTION 7 EDUCATION

FOR PERSONS 2 AND OVER PERSON 4

7.1 Are you/Is presently attending formal school?

- 1 Yes
 2 No (SKIP TO Q 7.4)
 9 Don't know/Not stated (SKIP TO Q 7.4)

7.2 Are you/Is attending full-time or part-time?

- 1 Full-time
 2 Part-time
 9 Don't know/Not stated

7.3 In what standard/form/year and school level are you/is presently?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 7.5)

7.4 What was the last standard/form/year and school level you have/. . . .has completed?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.5 What is the highest certificate, diploma or degree that you/. . . . earned?

- 01 None (SKIP TO SECTION 8)
 02 Primary school certificate (SKIP TO SECTION 8)
 03 High school diploma
 04 GCE 'O' levels or CXC
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 05 Sixth Form diploma
 06 Teachers College diploma
 07 Nursing School diploma
 08 College of Agriculture diploma
 09 GCE 'A' levels
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 10 Bachelors Degree
 11 Masters Degree
 12 Ph.D. Degree
 13 Diploma (post graduates only)
 14 Other (Specify _____)
 99 Don't know/Not stated

7.6 Did you/. . . . acquire this in Belize or abroad?

- 1 Belize 2 Abroad 9 Don't know/Not stated

7.7 What is your/. . . . 's field of education?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.8 INTERVIEWER: FOR PERSONS LESS THAN 14 YEARS, END INTERVIEW. OTHERWISE CONTINUE WITH SECTION 8.

SECTION 8 TRAINING

FOR PERSONS 14 AND OVER PERSON 4

8.1 Can you/. . . . do any of the following on a personal computer?

- a) Write a letter
 1 Yes 2 No 9 Don't know/Not stated
 b) Prepare a spreadsheet
 1 Yes 2 No 9 Don't know/Not stated
 c) Make a graph
 1 Yes 2 No 9 Don't know/Not stated

8.2 Have you/has received any type of technical/vocational training outside the formal school system?

- 1 Yes
 2 No (SKIP TO Q 9.1)
 9 Don't know/Not stated (SKIP TO Q 9.1)

8.3 How was this training received?

- 1 Correspondence course 6 Internet
 2 On the job 7 Other (Specify _____)
 3 Apprenticeship
 4 Institution 9 Don't know/Not stated
 5 Workshop or seminar

8.4 For what occupation were you/was trained?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

SECTION 9 MARITAL STATUS

FOR PERSONS 14 AND OVER PERSON 4

9.1 As at May 12, 2000, which of the following was your/ 's union status?

INTERVIEWER: READ THE OPTIONS LISTED BELOW.

- ① Legally married (SKIP TO Q 9.3)
- ② Common-law union (SKIP TO Q 9.3)
- ③ Visiting partner
- ④ Married but not in a union (SKIP TO Q 9.3)
- ⑤ Legally separated and not in a union (SKIP TO Q 9.3)
- ⑥ Widowed and not in union (SKIP TO Q 9.3)
- ⑦ Divorced and not in union (SKIP TO Q 9.3)
- ⑧ Not in a union
- ⑨ Don't know/Not stated

9.2 Have you/has ever lived together with a partner in a common-law union?

- ① Yes
- ② No (SKIP TO SECTION 10)
- ⑨ Don't know/Not stated (SKIP TO SECTION 10)

9.3 How old were you/was when you were/ was first married or lived in a common-law union?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

SECTION 10 FERTILITY

FOR FEMALES 14 TO 64 YEARS PERSON 4

10.1 How many livebirths have you/has ever had?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

IF TOTAL = 00,
SKIP TO
SECTION 11

10.2 How many
Are living in this household?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Are living elsewhere?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INTERVIEWER: CHECK THAT TOTAL IN Q 10.1 AND Q 10.2 ARE THE SAME, IF THEY DIFFER, YOU MUST RECONCILE.

10.3 How old were you/was when you/she had the first liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.4 How old were you/was at the birth of your/her last liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.5 How many livebirths did you/ have in the last 12 months?

- ① None (SKIP TO SECTION 11)
- ② One
- ③ Two separate births
- ④ Twins
- ⑤ Three or more
- ⑨ Don't know/Not stated

10.6 What is/are the sex(es) of this child/these children?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

10.7 Have any of these children died?

- ① Yes
- ② No (SKIP TO SECTION 11)

10.8 How many have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

SECTION 11 ECONOMIC ACTIVITY

FOR PERSONS 14 AND OVER PERSON 4

11.1 Do you/Does. . . own any land for farming?

- ① Yes
- ② No
- ⑨ Don't know/Not stated

11.2 Did you/ . . . do any work for pay, profit, or family gain for at least one hour during the week ending May 12th? This includes helping in a family business or farm, street vending, or work at home.

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

11.3 Did you/ . . . engage in any economic activity on the following list, for pay, profit or family gain, for at least one hour, during the week ending May 12th?

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

INTERVIEWER: READ THE FOLLOWING LIST

Babysitting
Laundry, ironing for pay
Cleaning yard/cutting yard

Nurse's Aid for pay
Subsistence farming

11.3 list continued.

Selling food or snacks at market/bus-stop/school
Bicycle/cart deliveries
Selling food from home
Selling sweets from home (fudge, etc.)

Sewing for pay
Cleaning of offices
Car washing
Taxi-driver
Lottery vendors
Any other similar activity

11.4 Did you/ . . . have a job during that week, from which you were temporarily absent?

- ① Yes
- ② No (SKIP TO Q 11.6)
- ⑨ Don't know/Not stated (SKIP TO Q 11.6)

11.5 How many hours did you/ . . . work during that week?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

(SKIP TO Q 11.7a)

11.6 If you/ . . . had been offered a job that week what would have prevented you/ . . . from taking up that job?

- ① Nothing
- ② School
- ③ Home duties
- ④ Retirement
- ⑤ Not interested in working
- ⑥ Other (Specify _____)
- ⑨ Don't know/Not stated

11.7 Have you/Has ever worked

- ① Yes (SKIP TO Q 11.7b)
- ② No (SKIP TO Q 11.13)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.7a What sort of work do you/does do in your/his/her (main) occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8a)

11.7b What sort of work did you/ do in your/his/her previous occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8b)

11.8a What type of business is carried on at your/ 's (main) workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.9)

11.8b What type of business was carried on at your/ 's previous workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.10b)

11.9 What is the name and address of your/ 's (main) workplace?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

11.10a Do you/Does carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government (SKIP TO Q 11.11)
- ② Paid employee – Private (SKIP TO Q 11.11)
- ③ Unpaid worker (SKIP TO Q 11.13)
- ④ Own business with paid help (Employer) (SKIP TO Q 11.12)
- ⑤ Own business without paid help (Own Account) (SKIP TO Q 11.12)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.10b Did you/ carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government
 - ② Paid employee – Private
 - ③ Unpaid worker
 - ④ Own business with paid help (Employer)
 - ⑤ Own business without paid help (Own Account)
 - ⑨ Don't know/Not stated
- SKIP TO Q 11.13**

11.11 How often do you/ get paid?

- ① Daily
- ② Weekly
- ③ Fortnightly
- ④ Monthly
- ⑤ Quarterly
- ⑥ Annually
- ⑦ Other (Specify _____)
- ⑨ Not stated

11.12 What was 's gross pay/income during the last pay period, that is before deductions?

--	--	--

(PRESENT FLASH CARD)

INTERVIEWER: FOR SELF-EMPLOYED PERSONS OBTAIN "NET INCOME," I.E., RECEIPTS LESS BUSINESS EXPENSES.

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

11.13 Do you/does he/she receive any money from family and/or friends abroad?

- ① Yes
- ② No (END PRESENT INTERVIEW)
- ⑨ Don't know/Not stated

11.14 Approximately how much money did you/he/she receive last year (....) from family and/or friends abroad?

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(PRESENT FLASH CARD)

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

4.1 INTERVIEWER: PLEASE FILL IN THE PERSON'S ASSIGNED NUMBER.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4.2 What is your/ 's relationship to the head of household?

- ① Head
- ② Spouse/partner
- ③ Child
- ④ Son-in-law/daughter-in-law
- ⑤ Grandchild
- ⑥ Parent/parent-in-law
- ⑦ Other relative
- ⑧ Non relative
- ⑨ Don't know/Not stated

4.3 INTERVIEWER: FOR PERSON'S NOT SEEN, ASK:

Is male or female? ① Male ② Female

4.4 What is your/ 's date of birth?

day		mo		year			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

INTERVIEWER

If not known, ask:
How old were you/was on your/his/her last birthday?

years old	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4.5 To what ethnic group do you/does belong?

- ① Black/African
- ② Caucasian/White
- ③ Chinese
- ④ Creole
- ⑤ East Indian
- ⑥ Garifuna
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatec
- ⑩ Mennonite
- ⑪ Mestizo
- ⑫ Spanish
- ⑬ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.6 What is your/ 's religion/denomination?

- ① Anglican
- ② Bahai Faith
- ③ Baptist
- ④ Hindu
- ⑤ Jehovah Witness
- ⑥ Mennonite
- ⑦ Methodist
- ⑧ Mormon
- ⑨ Muslim
- ⑩ Nazarene
- ⑪ Pentecostal
- ⑫ Roman Catholic
- ⑬ Seventh Day Adventist
- ⑭ Salvation Army
- ⑮ Other (Specify _____)
- ⑯ None
- ⑰ Don't know/Not stated

4.7 INTERVIEWER: MARK THE APPROPRIATE OVAL.

- ① Under 4 (SKIP TO Q 5.1)
- ② 4 years and over

4.8 What was the first language you/ spoke at home as a child?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.9 Currently what is the language you/ most commonly use/uses at home?

- ① Chinese
- ② Creole
- ③ English
- ④ Garifuna
- ⑤ German
- ⑥ Hindi
- ⑦ Maya Ketchi
- ⑧ Maya Mopan
- ⑨ Maya Yucatecan
- ⑩ Spanish
- ⑪ Other (Specify _____)
- ⑨⑨ Don't know/Not stated

4.10 How well do you/does speak Spanish?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

4.11 How well do you/does speak English?

- ① Very well
- ② Not so well
- ③ Barely/Not at all
- ⑨ Don't know/Not stated

SECTION 5 DISABILITY

5.1 Do you/Does have problems with any of the following?

- a) Sight difficulties (even with glasses, if worn)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- b) Hearing difficulties (even with hearing aid, if used)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- c) Speaking difficulties (talking)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- d) Moving/mobility difficulties (walking, climbing stairs, standing)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- e) Body movement difficulties (reaching, crouching, kneeling)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- f) Gripping/holding difficulties (using fingers to grip or handle objects)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated
- g) Learning difficulties (intellectual difficulties, retardation)
 - ① Yes
 - ② No
 - ⑨ Don't know/Not stated

h) Behavioural difficulties (psychological, emotional problems)

- ① Yes
- ② No
- ⑨ Don't know/Not stated

i) Personal care difficulties (bathing, dressing, feeding yourself)

- ① Yes
- ② No
- ⑨ Don't know/Not stated

j) Other (Specify _____)

- ① Yes
- ② No
- ⑨ Don't know/Not stated

INTERVIEWER: IF ALL RESPONSES IN Q 5.1 ARE "NO" OR "DON'T KNOW/NOT STATED" SKIP TO SECTION 6.

5.2 In which of the following ways are your/ 's activities limited compared with most people your/his/her age? (INTERVIEWER: READ OPTIONS. MORE THAN ONE OVAL MAY BE MARKED.)

- ① Self-care
- ② Mobility
- ③ Communication
- ④ Schooling
- ⑤ Employment
- ⑥ Other
- ⑦ None

SECTION 6 BIRTHPLACE AND RESIDENCE

6.1 Were you/Was born in Belize?

- ① Yes
- ② No (SKIP TO Q 6.3)
- ⑨ Don't know/Not stated (SKIP TO Q 6.4)

6.2 In what district and city, town or village was that?

INTERVIEWER: REMEMBER WHAT IS REQUIRED IS THE MOTHER'S NORMAL RESIDENCE AT THE TIME OF BIRTH, AND NOT THE HOSPITAL OR PLACE WHERE THE BIRTH TOOK PLACE.

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

- ⑨⑨ Don't know/Not stated

INTERVIEWER: ALL PERSONS ANSWERING Q6.2 MUST SKIP TO Q6.4.

SECTION 6 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS PERSON 5

6.3 In what country were you/was born?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.4 Have you/Has ever lived in another country?

- 1 Yes
 2 No (SKIP TO Q 6.7)
 9 Don't know/Not stated (SKIP TO Q 6.7)

6.5 In what country did you/. . . . last live?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.6 In what year did you/ last come to live in Belize?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

6.7 In what district and city, town or village in Belize did you/...last live?

DISTRICT						C/T/V									
1	2	3	4	5	6	0	1	2	3	4	5	6	7	8	9
						0	1	2	3	4	5	6	7	8	9

- 99 Don't know/Not stated
 Never moved (SKIP TO SECTION 7)

6.8 In what year did you/. . . . come to live here, in this district and city, town or village?

		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

99 Don't know/Not stated

SECTION 7 EDUCATION

FOR PERSONS 2 AND OVER PERSON 5

7.1 Are you/Is presently attending formal school?

- 1 Yes
 2 No (SKIP TO Q 7.4)
 9 Don't know/Not stated (SKIP TO Q 7.4)

7.2 Are you/Is attending full-time or part-time?

- 1 Full-time
 2 Part-time
 9 Don't know/Not stated

7.3 In what standard/form/year and school level are you/is presently?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 7.5)

7.4 What was the last standard/form/year and school level you have/. . . .has completed?

		Standard/form/year									
		0	1	2	3	4	5	6	7	8	9

		School level									
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.5 What is the highest certificate, diploma or degree that you/. . . . earned?

- 01 None (SKIP TO SECTION 8)
 02 Primary school certificate (SKIP TO SECTION 8)
 03 High school diploma
 04 GCE 'O' levels or CXC
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 05 Sixth Form diploma
 06 Teachers College diploma
 07 Nursing School diploma
 08 College of Agriculture diploma
 09 GCE 'A' levels
 Number of subjects 0 1 2 3 4 5 6 7 8 9
 10 Bachelors Degree
 11 Masters Degree
 12 Ph.D. Degree
 13 Diploma (post graduates only)
 14 Other (Specify _____)
 99 Don't know/Not stated

7.6 Did you/. . . . acquire this in Belize or abroad?

- 1 Belize 2 Abroad 9 Don't know/Not stated

7.7 What is your/. . . . 's field of education?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

7.8 INTERVIEWER: FOR PERSONS LESS THAN 14 YEARS, END INTERVIEW. OTHERWISE CONTINUE WITH SECTION 8.

SECTION 8 TRAINING

FOR PERSONS 14 AND OVER PERSON 5

8.1 Can you/ do any of the following on a personal computer?

- a) Write a letter
 1 Yes 2 No 9 Don't know/Not stated
 b) Prepare a spreadsheet
 1 Yes 2 No 9 Don't know/Not stated
 c) Make a graph
 1 Yes 2 No 9 Don't know/Not stated

8.2 Have you/has received any type of technical/vocational training outside the formal school system?

- 1 Yes
 2 No (SKIP TO Q 9.1)
 9 Don't know/Not stated (SKIP TO Q 9.1)

8.3 How was this training received?

- 1 Correspondence course 6 Internet
 2 On the job 7 Other (Specify _____)
 3 Apprenticeship
 4 Institution 9 Don't know/Not stated
 5 Workshop or seminar

8.4 For what occupation were you/was trained?

		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

SECTION 9 MARITAL STATUS

FOR PERSONS 14 AND OVER PERSON 5

9.1 As at May 12, 2000, which of the following was your/ 's union status?

INTERVIEWER: READ THE OPTIONS LISTED BELOW.

- ① Legally married (SKIP TO Q 9.3)
- ② Common-law union (SKIP TO Q 9.3)
- ③ Visiting partner
- ④ Married but not in a union (SKIP TO Q 9.3)
- ⑤ Legally separated and not in a union (SKIP TO Q 9.3)
- ⑥ Widowed and not in union (SKIP TO Q 9.3)
- ⑦ Divorced and not in union (SKIP TO Q 9.3)
- ⑧ Not in a union
- ⑨ Don't know/Not stated

9.2 Have you/has ever lived together with a partner in a common-law union?

- ① Yes
- ② No (SKIP TO SECTION 10)
- ⑨ Don't know/Not stated (SKIP TO SECTION 10)

9.3 How old were you/was when you were/ was first married or lived in a common-law union?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

SECTION 10 FERTILITY

FOR FEMALES 14 TO 64 YEARS PERSON 5

10.1 How many livebirths have you/has ever had?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

IF TOTAL = 00,
SKIP TO
SECTION 11

10.2 How many
Are living in this household?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Are living elsewhere?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑨ Don't know/Not stated

TOTAL

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INTERVIEWER: CHECK THAT TOTAL IN Q 10.1 AND Q 10.2 ARE THE SAME, IF THEY DIFFER, YOU MUST RECONCILE.

10.3 How old were you/was when you/she had the first liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.4 How old were you/was at the birth of your/her last liveborn child?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

10.5 How many livebirths did you/ have in the last 12 months?

- ① None (SKIP TO SECTION 11)
- ② One
- ③ Two separate births
- ④ Twins
- ⑤ Three or more
- ⑨ Don't know/Not stated

10.6 What is/are the sex(es) of this child/these children?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

10.7 Have any of these children died?

- ① Yes
- ② No (SKIP TO SECTION 11)

10.8 How many have died?

Boys ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

Girls ① ② ③ ④ ⑤ ⑥ ⑨ Don't know/Not stated

SECTION 11 ECONOMIC ACTIVITY

FOR PERSONS 14 AND OVER PERSON 5

11.1 Do you/Does. . . own any land for farming?

- ① Yes
- ② No
- ⑨ Don't know/Not stated

11.2 Did you/ . . . do any work for pay, profit, or family gain for at least one hour during the week ending May 12th? This includes helping in a family business or farm, street vending, or work at home.

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

11.3 Did you/ . . . engage in any economic activity on the following list, for pay, profit or family gain, for at least one hour, during the week ending May 12th?

- ① Yes (SKIP TO Q 11.5)
- ② No
- ⑨ Don't know/Not stated

INTERVIEWER: READ THE FOLLOWING LIST

Babysitting
Laundry, ironing for pay
Cleaning yard/cutting yard

Nurse's Aid for pay
Subsistence farming

11.3 list continued.

Selling food or snacks at market/bus-stop/school
Bicycle/cart deliveries
Selling food from home
Selling sweets from home (fudge, etc.)

Sewing for pay
Cleaning of offices
Car washing
Taxi-driver
Lottery vendors
Any other similar activity

11.4 Did you/ . . . have a job during that week, from which you were temporarily absent?

- ① Yes
- ② No (SKIP TO Q 11.6)
- ⑨ Don't know/Not stated (SKIP TO Q 11.6)

11.5 How many hours did you/ . . . work during that week?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

⑨ Don't know/Not stated

(SKIP TO Q 11.7a)

11.6 If you/ . . . had been offered a job that week what would have prevented you/ . . . from taking up that job?

- ① Nothing
- ② School
- ③ Home duties
- ④ Retirement
- ⑤ Not interested in working
- ⑥ Other (Specify _____)
- ⑨ Don't know/Not stated

11.7 Have you/Has ever worked

- ① Yes (SKIP TO Q 11.7b)
- ② No (SKIP TO Q 11.13)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.7a What sort of work do you/does do in your/his/her (main) occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8a)

11.7b What sort of work did you/ do in your/his/her previous occupation? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.8b)

11.8a What type of business is carried on at your/ 's (main) workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.9)

11.8b What type of business was carried on at your/ 's previous workplace? Please specify in detail.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(SKIP TO Q 11.10b)

11.9 What is the name and address of your/ 's (main) workplace?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

11.10a Do you/Does carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government (SKIP TO Q 11.11)
- ② Paid employee – Private (SKIP TO Q 11.11)
- ③ Unpaid worker (SKIP TO Q 11.13)
- ④ Own business with paid help (Employer) (SKIP TO Q 11.12)
- ⑤ Own business without paid help (Own Account) (SKIP TO Q 11.12)
- ⑨ Don't know/Not stated (SKIP TO Q 11.13)

11.10b Did you/ carry on your/his/her own business, work for a wage or salary or as an unpaid worker?

- ① Paid employee – Government
 - ② Paid employee – Private
 - ③ Unpaid worker
 - ④ Own business with paid help (Employer)
 - ⑤ Own business without paid help (Own Account)
 - ⑨ Don't know/Not stated
- SKIP TO Q 11.13**

11.11 How often do you/ get paid?

- ① Daily
- ② Weekly
- ③ Fortnightly
- ④ Monthly
- ⑤ Quarterly
- ⑥ Annually
- ⑦ Other (Specify _____)
- ⑨ Not stated

11.12 What was 's gross pay/income during the last pay period, that is before deductions?

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

(PRESENT FLASH CARD)

INTERVIEWER: FOR SELF-EMPLOYED PERSONS OBTAIN "NET INCOME," I.E., RECEIPTS LESS BUSINESS EXPENSES.

11.13 Do you/does he/she receive any money from family and/or friends abroad?

- ① Yes
- ② No (END PRESENT INTERVIEW)
- ⑨ Don't know/Not stated

11.14 Approximately how much money did you/he/she receive last year (....) from family and/or friends abroad?

	0	0
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

(PRESENT FLASH CARD)

