

## POPULATION \& HOUSING CENSUS CENSUS DAY - MAY 12, 2010

## INSTRUCTIONS

## - Use No. 2B pencil only.

- Do not use pen.
- Make dark marks that fill the bubble completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.
- Mark only one response for each question, unless otherwise stated.


| DISTRICT | LOCALITY |
| :--- | :--- |
| O CZ | O Corozal Town <br> O Orange Walk Town <br> O OW <br> O BZ <br> Belize City <br> O North Side <br> O O South Side <br> O SC <br> O TO <br> O Tan Pedro, A.C. <br> O Belmopan <br> O Benque Viejo <br> O San Ignacio <br> O Santa Elena <br> O Dangriga <br> O Punta Gorda <br> O Rural |



## HOUSEHOLD NUMBER

WEEK

|  |  |  |  |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |
| 0 | 0 | 0 |  |

## RECORD OF VISITS



## RESULT CODES

1 = Complete
2 = Partially Complete
3 = No suitable respondent at home
4 = Refusal
5 = No contact
6 = Other (specify)

## LANGUAGE CODES

1 = English
2 = Spanish
3 = Other (specify)

ADDRESS: $\qquad$
House No.
Street Name

Lot/Parcel No.
NMCP No.
VCP No.

City/Town/Village

STAFF IDENTIFICATION GRID

|  | Code | Name | Signature | Date |
| :--- | :--- | :--- | :--- | :--- |
| Interviewer |  |  |  |  |
| Field Supervisor |  |  |  |  |
| Zone Supervisor |  |  |  |  |
| District Supervisor |  |  |  |  |
| Assistant District    <br> Supervisor    |  |  |  |  |
| Editor |  |  |  |  |
| Coder |  |  |  |  |

## LISTING OF HOUSEHOLD MEMBERS

First, we will be listing your household members. Household members are persons who usually sleep at least 4 nights per week and share a daily meal with the household.

Please give me the names of all houschold members, including those persons who are temporarily elsewhere. Kindly begin with the head of the household and then give me the names of the other members in order of age, from the oldest to youngest.

INTERVIEWER: CIRCLE THE PERSON NUMBER(S) OF THE PROVIDER(S) OF THE INFORMATION

| Head | First Name | Surname | Age | Sex <br> (M/F) |
| :---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |


| Person No. | First Name | Age | $\begin{gathered} \text { Sex } \\ \text { (M/F) } \end{gathered}$ | Person No. | First Name | Age | $\begin{gathered} \text { Sex } \\ \text { (M/F) } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2 |  |  |  | 18 |  |  |  |
| 3 |  |  |  | 19 |  |  |  |
| 4 |  |  |  | 20 |  |  |  |
| 5 |  |  |  | 21 |  |  |  |
| 6 |  |  |  | 22 |  |  |  |
| 7 |  |  |  | 23 |  |  |  |
| 8 |  |  |  | 24 |  |  |  |
| 9 |  |  |  | 25 |  |  |  |
| 10 |  |  |  | 26 |  |  |  |
| 11 |  |  |  | 27 |  |  |  |
| 12 |  |  |  | 28 |  |  |  |
| 13 |  |  |  | 29 |  |  |  |
| 14 |  |  |  | 30 |  |  |  |
| 15 |  |  |  | 31 |  |  |  |
| 16 |  |  |  | 32 |  |  |  |
| 17 |  |  |  | 33 |  |  |  |

Males $\square$
Females $\square$

Extra person questionnaire bar-code numbers


1．1：What type of dwelling does your household occupy？

| O Undivided private house | O Duplex |
| :--- | :--- |
| O Part of a private house | O Barracks |
| Olat，apartment，condominium | O Out－room |
| O Combined business and dwelling | O Other（specify） |
| Dwelling attached to business |  |
| Town house | O DK／NS |

1．2：Does your household own，rent or lease its dwelling？
O Own with a mortgage／hire－purchase
O Own without a mortgage
O Rent－private（paying）
O Rent－government（paying）
O Rent－free
O Lease


O Squat
O Other（specify）
O DK／NS
1．3：What about the land－is it freehold，leasehold or some other type of occupancy？

| O Owned／freehold | O Permission to work land |
| :--- | :--- |
| O Hire－purchase | 〇 Squatted |
| O Leasehold | 〇 Sharecropping |
| O Rented（paying） | 〇 Other（specify） |
| O Rent－free |  |
| O Reservation land | ODK／NS |

1．4：In which year was your dwelling built？

| O Before 1980 | 〇 2007 |
| :--- | :--- |
| O 1980－1989 | ○ 2008 |
| 1990－1999 | ○ 2009 |
| O 2000－2005 | ○ 2010 |
| 2006 | O DK／NS |

1．5：What is the main material of the outer walls？


1．6：What is the main material used for roofing？
Sheet metal
Shingle（asphalt）
Shingle（wood）
Shingle（tile）
Concrete
Rubber rye

Asbestos
Thatch
O Makeshift
O Other（specify）
O DK／NS

1．7：What is the main material used for the flooring？

| O Concrete | O Other（specify） |
| :--- | :---: |
| O Wood | O DK／NS |
| Plywood |  |

1．8a：Is your dwelling in need of any repairs？
O Yes


1．8b：What level of repair does your dwelling need？
Minor repairs
Moderate repairs
Major repairs
Irreparable／Not worth repairing
DK／NS

1．9a：What is the main type of cooking facility your dwelling has？
O Kitchen in dwelling
Oitchenette or other cooking space in dwelling
Cooking space outside dwelling
O None
O DK／NS


SKIP TO 1.10

1．9b：What type of fuel does your household use most for cooking？

| O wood／charcoal | O Bio－gas |
| :--- | :--- |
| O Kerosene | 〇 Solar energy |
| O Electricity | 〇 Other（specify） |
| O Butane（LPG） | O DK／NS |

1．10：How does your household usually dispose of its garbage？

| O Dump on land | O Bury |
| :--- | :--- |
| O Take to dumpsite | 〇 Municipal collection |
| O Compost | 〇 Garbage truck－Private |
| O Burn | O Other（specify） |
| O Throw into river，sea or pond | O DK／NS |

1．11：What is your household＇s main source of water supply？
O Public piped into dwelling
O Public piped into yard only
O Private piped into dwelling or yard
O Public standpipe
O Tanker truck
O Protected dug well
O Unprotected dug well
O Neighbour
O Private catchments，not piped（vat，drum，water tank，etc．）
O River／Stream／Creek／Pond／Spring
Other（specify）
O DK／NS
1.12: What is your household's main source of drinking water?

O
$\bigcirc$
$\bigcirc$
Public piped into dwelling
Public piped into yard only
Private piped into dwelling or yard
O Public standpipe
Tanker truck
O Protected dug well
O Unprotected dug well
O Private catchments, not piped (vat, drum, water tank, etc.)
O River/Stream/Creek/Pond/Spring
Bottled/Purified water
O
Neighbour
Other (specify)
O DK/NS
1.13a: What type of toilet facility does your household usually use?

O Flush toilet linked to BWS sewer system
O Flush toilet linked to septic tank
O Pit latrine, ventilated and elevated
O Pit latrine, ventilated and not elevated
O Pit latrine, not ventilated and not elevated
SKIP TO 1.13c

O Pit latrine, elevated and not ventilated
O Other (specify)
O None (e.g. bucket, bush) $\square \rightarrow$ SKIP TO 1.14
DK/NS
1.13b: Is that toilet indoor or outdoor?
O Indoor
O Outdoor
O DK/NS
1.13c: Is that toilet shared with any other household?

O Yes
O No
O DK/NS
1.14: What type of bathing facility does your household usually use?

O Fixed bath or shower inside dwelling
O Fixed bath or shower outside dwelling
O No fixed bath or shower available
O DK/NS
1.15: What is the main source of lighting for your household?

O Electricity from BEL
O Electricity - Private generator
O Electricity - Solar energy
O Electricity "drop" from neighbour/other source
O Kerosene lamp/Gas lamp
O Candle
Other (specify)
O None
O DK/NS
1.16: How many rooms does your dwelling have?

1.17: How many bedrooms does your dwelling have?

1.18: How many of the following appliances or equipment does your household own and have in working order?
[READ ALL OPTIONS]

|  |  | 4+ | DK/NS |
| :---: | :---: | :---: | :---: |
| a. | Air conditioner | (1) (1) (2) (3) (4) | (-) |
| b. | Refrigerator | (1) (1) (2) (3) (4) | (-) |
| C. | Microwave oven | (1) (1) (2) 3 (4) | - |
| d. | Washing machine | (1) (1) (2) (3) (4) | (-) |
| e. | Stove (Gas/electric/solar) | (1) (1) (2) (3) (4) | (-) |
| f. | Radio/stereo | (1) (1) (2) (3) 4) | (-) |
| g . | DVD player | (1) (1) (2) 3 (4) | (-) |
| h. | Portable MP3/Media Player | (1) (1) (2) 3 (4) | - |
| $i$. | Television set | (1) (1) (2) 3 (4) | (-) |
| j. | Electrical generator | (1) (1) (2) 3 (4) | (-) |
| k. | Mobile/cellular phone | (1) (1) (2) 3 (4) | (-) |
| 1. | Computer | (1) (1) (2) 3 (4) | (-) |
|  | Private motor vehicle | (1) (1) (2) (3) (4) | - |

1.19: Does your household have...
[READ ALL OPTIONS]

| a. Cable TV service | © | © | © |
| :--- | :--- | :--- | :--- |
| b. Fixed line telephone | © | © | © |
| c. Internet access | © | © | © |

## SECTION 2 EMIGRATION <br> This section will collect basic information on persons who have

2.1: Between the year 2000 and now, did anyone in your household move to live abroad and is still living there?

2.2: How many persons?


3.1: Do you or any member of your household own or lease any land that is currently being used, or is intended for farming?
O Yes
O No
O dK/Ns
3.2: Do you or any member of your household engage in any of the following agricultural activities?

INTERVIEWER: READ OPTIONS BELOW. AT FIRST "YES", GO TO SECTION 4
a. Grow more than 0.5 acre of crops
b. Own 2 or more sheep, goats, pigs, heads of cattle (combined)
c. Own 10 or more chickens, ducks, turkeys, geese (combined)
d. Have any aquaculture ponds for farming fish

O Yes
e. Have more than 0.5 acre of fallow farm land and/or pasture land
f. Engage in fishing as a major source of income
g. Have 5 or more fruit trees

## SECTION 4 ENVIRONMENI affecting the quality of natural resources such as the air, water, and land.

4.1: What environmental issues affect and/or concern you in your area or community?

| [DO NOT READ OPTIONS] | Affect | Concern | Both |
| :---: | :---: | :---: | :---: |
| a. Waste disposal | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| b. Water contamination | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| c. Drainage | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| d. Air pollution | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| e. Use of pesticide | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| f. Deforestation | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| g. Destruction of mangroves | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| h. Soil erosion | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| i. Squatting | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| j. Flooding | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| k. Integrity of protected areas | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| I. Impacts of oil exploration | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| m. Noise | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| n. Other (specify) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

O None
O DK/NS
4.2: What are your sources of environmental information? [MULTIPLE RESPONSES ALLOWED]
$\square$ Relatives/FriendsNewspaper, TV or RadioInternetSchool/LibraryEnvironmental interest groupGovernment or local town, city or village councilOther (specify) $\qquad$NoneDK/NS
5.1: Have you or any member of your household been a victim of a crime during the 12 months between May 2009 and April 2010?
O Yes
 No $\qquad$ DK/NS
GO TO SECTION 6
5.2: Referring to the most recent crime, what type was it?

5.4:

## What was the result?

O Pending
O Aquitted
O Charge withdrawn
○ DK/NS
$\bigcirc$ Convicted $\bigcirc$ Dismissed $\bigcirc$ Other (specify)

## GO TO SECTION 6

5.5: What was the main reason the crime was not reported?

O No confidence in the administration of justice
O Afraid of perpetrator
O Perpetrator is family/friend
Not serious enough
O Too time consuming
O Other (specify)
O DK/NS

## The next set of questions will collect information on the household members

SECTION 6 MORTALITY that have died in the past year.
6.1: Did any member of your household aged 1 year or over die during the 12 months between May 2009 and April 2010?


Please tell me the sex and age of each person who died.

|  | 6.2: Sex of deceased <br> (IM) = Male <br> (F) Female <br> (D) $=\mathrm{DK} / \mathrm{NS}$ |  |  | 6.3: How old was your.../N when he/she died? | FEMALES AGED 15-49 YEARS ONLY <br> 6.4: Did the death occur during... <br> [READ OPTIONS 1-3 ALOUD] <br> 1. Pregnancy 3 . Six weeks after the <br> 4. None of the abo <br> 2. Child birth end of a pregnancy <br> 9. DK/NS |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | © | $\bigcirc$ | $\bigcirc$ | O DK/NS | O Preg. | O Child | O Six | O None | O DK/NS |
| 2 | © | $\bigcirc$ | $\bigcirc$ | O DK/NS | O Preg. | O Child | O Six | O None | O DK/NS |
| 3 | (1) | $\bigcirc$ | $\bigcirc$ | O DK/NS | O Preg. | O Child | O Six | O None | O DK/NS |
| 4 | © | $\bigcirc$ | $\bigcirc$ | O DK/NS | O Preg. | O Child | O Six | O None | O DK/NS |

## SECTION 7 WOMEN IN LEADERSHIP POSITIONS

## I would now like to know your opinion about women in leadership positions.

7.1: $\quad$ Should women occupy more leadership positions in Belize? O Yes $\quad$ O No
7.2: What kind of leadership positions should they occupy?
[MULTIPLE RESPONSES ALLOWED]
$\square$ Prime Minister
$\square$ Other ministers of government
$\square$ Area representatives
$\square$ Senators
$\square$ City/town/village councillors
$\square$ CEO/Heads of Department/Directors/Chair of Boards
$\square$ Other (specify)
$\square$ DK/NS
7.3: What do you think would help women to occupy these positions?

## [MULTIPLE RESPONSES ALLOWED]

$\square$ Political party support
$\square$ Training or education
$\square$ Family support
$\square$ Financial support
$\square$ Public sensitization
$\square$ Other (specify)
$\square$ DK/NS

That's the end of the household section, I will now ask questions specific to each household member.

## SECTION 8 GENERAL CHARACTERISTICS For all persons Head of Household

To measure the changes in the population since the last census，l＇ll now ask some specific questions about you．

8．1：
What is your／N＇s relationship to the head of your household？

| Head | O Grandchild |
| :--- | :--- |
| Spouse／Partner | O Parent／Parent－in－law |
| O Child／Stepchild／Foster child | O Other relative（specify） |
| Son－in－law／daughter－in－law |  |
| O Nephew／Niece | Omestic employee |
| Brother／Sister | Ot related |
|  | OL／NS |

8．2：What is your／N＇s sex？
O Male $\bigcirc$ Female $\bigcirc$ DK／NS

8．3：What is your／N＇s date of birth？

| Date of Birth |  |  |  |  | O DK／NS |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| D | D | M | M | Y | Y | Y |  |
| $\begin{aligned} & \circ \\ & \stackrel{\circ}{0} \\ & \bigcirc \end{aligned}$ | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | － | － | － | （1） |  | － | － |
|  | O |  | O | － |  | － | － |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  |  | － |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

8．4：What was your／N＇s age at your／N＇s last birthday？


8．5：What is your／N＇s religious affiliation／denomination？

| O Anglican | O Nazarene |
| :--- | :--- |
| O Bahai Faith | O Pentecostal |
| O Baptist | O Rastafarian |
| O Budhism | O Roman Catholic |
| O Hinduism | O Seventh Day Adventist |
| O Islam（Muslim） | O Salvation Army |
| O Jehovah＇s Witness | O Other（specify） |
| O Mennonite | O None |
| O Methodist | O DK／NS |
| O Mormon |  |

8．6：To which ethnic group do you／does N belong？
INTERVIEWER：MAXIMUM OF 2 RESPONSES ALLOWED

| O Asian－Japanese， | 〇 Maya Ketchi |
| :--- | :--- |
| Chinese，Taiwanese | 〇 Maya Mopan |
| Black／African | 〇 Maya Yucatec |
| Caucasian／White | 〇 Mennonite |
| Creole | 〇 Mestizo／Spanish／Latino |
| East Indian | Other |
| Garifuna | O DK／NS |
| Hindu |  |

## INTERVIEWER：IF LESS THAN 4 YEARS SKIP TO 8.8

8．7：Which language（s）do you／does $N$ speak well enough to
4＋conduct a conversation？
［MULTIPLE RESPONSES ALLOWED］Chinese $\square$ CreoleMaya YucatecSpanish
$\square$ Other（specify）
English
Garifuna
GermanCannot speak
$\square$ Maya KetchiDK／NS
Maya Mopan

## INTERVIEWER：IF OVER 17 YEARS GO TO SECTION 9

8．8：Are your／N＇s biological parent（s）alive？
0－17
Father：
O Yes
O No
O DK／NS
Mother：○ Yes ○ No ○ DK／NS

## INTERVIEWER：IF＂Yes＂TO ANY OF THE ABOVE THEN CONTINUE，OTHERWISE GO TO SECTION 9.

8．9：Do they live in your household？
0－17

9．1a：Were you／Was N born in Belize or abroad？

| Belize <br> DK／NS <br> Abroad（specify below） |  |
| :---: | :---: |
| COUNTRY ○ DK／NS | USA．．．．．．．．．．．．．．．． 840Mexico．．．．．．．．．．．． 484Guatemala．．．．．． 320El Salvador．．．．． 222Honduras．．．．．．． 340 |
| （specify） |  |
| （1）（1）（2）（3）（4）（5）（6）（3）（3） |  |
| （1）（1）（2）（3）（4）（5）（6）（7）（8）－ |  |
|  |  |

9．1b：Was your／N＇s mother＇s normal residence in Belize or abroad at the time of your／N＇s birth？

| O Belize O DK／NS | SKIP TO 9.3 |
| :---: | :---: |
| O Abroad（specify below） |  |
| COUNTRY O DK／NS |  |
| （specify） | USA．．．．．．．．．．．．．． 840 |
| （1）（1）（2）（3）（4）（5）（6）（ㄱ）（8）${ }^{\text {（9）}}$ | Guatemala．．．．．．．．．． 320 |
| （1）（1）（2）3（4）5（\％）（3）（3） | El Salvador．．．．．． 222 Honduras．．．．．．． 340 |
| （1）（1）（2）3（4）（5）（6）（3）（8） | SKIP TO 9.4 |

9．2：In what district and city，town or village was that？

| DISTRICT |  | O DK／NS |  |
| :---: | :---: | :---: | :---: |
| $\begin{aligned} & \mathrm{O} \mathrm{cz} \\ & \mathrm{O} \text { ow } \end{aligned}$ | O ${ }^{\text {b }}$ | O sc |  |
|  | $w \quad$ Ocy | О то |  |
| CITY／TOWN／VILLAGE |  | O DK／NS |  |
| （specify） |  |  |  |
|  |  |  | Office use only |
|  |  | （1）${ }^{\text {（3）}}$ |  |

9．3：$\quad$ Have you／Has $N$ ever lived in another country？


9．4：In which country did you／N last live？


9．5：In what year did you／N return／last come to live in Belize？

| O Before 1980 | ○ 2007 |
| :--- | :--- |
| O 1980－1989 | ○ 2008 |
| 1990－1999 | ○ 2009 |
| 2000－2005 | ○ 2010 |
| 2006 | O DK／NS |

9．6：What was the main reason you／N returned／came to live in Belize？

| O Regard it as home | O Personal safety |
| :--- | :--- |
| O Family reunification | 〇 Study |
| O Deported／Involuntary return | 〇 Medical |
| O Employment | 〇 Crime rate |
| Business | O Other（specify） |
| Retirement | O DK／NS |

9．7：In what district and city，town or village in Belize did you／N last live？


9．8：In what year did you／N last come to live in this city／town／ village？

| O Before 1980 | O 2007 |
| :--- | :--- |
| O 1980－1989 | O 2008 |
| O 1990－1999 | O 2009 |
| O 2000－2005 | O 2010 |
| O 2006 | O DK／NS |

10.1: Do you/Does N have difficulty with...

| [READ OPTIONS ALOUD] | No difficulty | Some difficulty | Lots of difficulty | Cannot do it at all | DK/NS |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Seeing (even with glasses)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 2. Hearing (even using hearing aid)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 3. Communicating and speaking? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 4. Walking or climbing stairs? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 5. Upper body functions? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 6. Self-care? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 7. Remembering or concentrating? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 8. Learning? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 9. Behavioural disorders? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 10. Other? (specify) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

10.2: Have you/Has N ever been diagnosed by a medical doctor with any longstanding or recurring illness(es)?

| O Yes (specify below) | O No | DK/NS |
| :--- | :--- | :--- |
| $[$ MULTIPLE RESPONSES ALLOWED] |  | IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE |
| $\square$ SKIP TO 10.3 |  |  |
| $\square$ Arthritis/rheumatism | $\square$ Hypertension (High blood pressure) | $\square$ Heart disease |
| $\square$ Kidney disease | $\square$ Sickle cell anemia | $\square$ Lupus |
| $\square$ Asthma | $\square$ Glaucoma | $\square$ Autism |
| $\square$ Diabetes | $\square$ Cancer | $\square$ Other (specify) |

INTERVIEWER: IF PERSON IS 5 YEARS OR OVER, GO TO SECTION 11, OTHERWISE ASK TO SEE N'S VACCINATION CARD. THIS WILL DICTATE HOW YOU ANSWER QUESTIONS 10.3 AND 10.4.

|  |  |  |  | Vaccinat | card is available | Vaccina | on card | NOT available |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{array}{r} \text { 10.3: } \\ 0-4 \end{array}$ | Has $\mathbf{N}$ been given at least one MMR vaccine? |  |  | O Yes | $\mathrm{O} \mathrm{No} \rightarrow$ SKIP TO 10.5a | O Yes | O No | O DK/NS | SKIP TO 10.5a |
| $\begin{gathered} \hline 10.4: \\ 0-4 \end{gathered}$ | Was N given his/her first MMR vaccine between 11 and 13 months? |  |  | O Yes | O No | O Yes | O No | O DK/NS |  |
| 10.5a: | Has N's O Yes | O No | registered? | INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11 |  |  |  |  |  |
| 10.5b: | Where was it registered?Vital Statistics UnitMagistrate CourtVillage RegistrarHospital $\qquad$Other place in Belize (specify)AbroadDK/NS |  |  | E |  |  |  |  |  |

## INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11

11.1: Are youlls N currently attending formal school, whether full-time or part-time?
O Yes, Full-time
O No
$\rightarrow$ SKIP TO 11.2b

INTERVIEWER: IF ASSOCIATE'S DEGREE OR HIGHER SKIP TO 11.3, OTHERWISE GO TO SECTION 12
11.2b: What was the highest level of formal school you/N completed?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) |
|  | O DK/NS $\rightarrow$ GO TO SECTION 12 |

INTERVIEWER: IF LESS THAN 5 YEARS, END INTERVIEW; IF ASSOCIATE'S DEGREE OR HIGHER CONTINUE, OTHERWISE GO TO SECTION 12
11.3: What is/was your/N's field of education or programme of Asct study?


## SECTION 12 ACCESS TO THE INTERNET

I would now like to find out about your Internet use.
12.1: Have you/Has $\mathbf{N}$ used the Internet within the past 3 months?

12.2: What kind of equipment/device did you/ N use to access the Internet in the past 3 months?
O Computer only
O Computer and mobile device
O Mobile device only $\rightarrow$ IF 14 YEARS OR OVER GO TO
O DK/NS

SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON
12.3: Where did you/ N use the Internet in the past 3 months?

## [MULTIPLE RESPONSES ALLOWED]

Family or friend's house
## $\square$ Home

 $\square$ Work$\square$ Other (specify) $\square$ DK/NS

## IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON

## SECTION 13 TRAINING

## 14 Years and Over

Head of Household
Now, Id like to find out about any occupation or job that you may have been trained for.
13.1: Apart from your/N's formal education, have you/has $\mathbf{N}$ ever completed any training for a specific job or occupation?
O Yes
O No
O DK/NS $\rightarrow$ GO TO SECTION 14
13.2: Referring to the most recent training completed, how was it received?

| O Correspondence course | O Agriculture school |
| :--- | :--- |
| O On the job | O Police academy |
| O Apprenticeship | O Other institution |
| O CET/ITVET | O Workshop or seminar |
| O University | O Internet |
| O Nursing school | O Other (specify) |
| O Teachers college | O DK/NS | 14591686

13.3: For what job or occupation were you/was N trained?

O DK/NS

14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
O Yes SKIP TO 14.5
O No
O DK/NS
14.2: Last week, did you/ N do any of the following activities for pay, profit or family gain for at least 1 hour?
INTERVIEWER: READ LIST ON FLASH CARD
O Yes SKIP TO 14.5
O No
O DK/NS
14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?
O Yes SKIP TO 14.5
O No
O DK/NS
14.4: If you/ N had been offered a job or the opportunity to start a business during the last two weeks, what would have prevented you/N from taking up that offer?
O Nothing $\quad$ O Not interested in working
O School ○ Temporary illness/disability
O Home duties
O Retirement
O Other (specify)

## INTERVIEWER: SKIP TO 14.11a

14.5: Last week, how many jobs or businesses did you/N have?
$\square$
14.6: What category of worker are youlis N in your/ N 's main job?

O Own business/self-employed with paid help
O Own business/self-employed without paid help
O Paid employee - Government (central or local)
O Paid employee - Quasi Government
O Paid employee - Private/NGO
O Paid employee - International Organisation/Embassy
O Unpaid family worker
O DK/NS
14.7a: What is your/N's job title in your/N's main job?
14.7b: Give a brief description of the main duties performed:

14.8a: What is the name of the establishment in which you/N work in your/N's main job?

O DK/NS
Name of Establishment:
14.8b: Give a brief description of the main economic activity carried out there; i.e. type of goods and/or services produced.

O DK/NS

14.8c: In what district and city, town or village is the establishment?

| DISTRICT |  | O DK/NS |
| :--- | :--- | :--- |
| O cz | O Bz | O sc |
| O ow | O cy | O TO |
| CITYITOWN/VILLAGE |  | O DK/NS |
| (specify) |  |  |


|  | Office |
| :---: | :---: |
|  | use only |

14.9: How many hours did you/ N work in all jobs last week?

14.10: Last month, in which category on this flash card did your/N's total income from employment or business fall? This is before taxes and deductions.
INTERVIEWER: PRESENT FLASH CARD. FOR
SELF-EMPLOYED PERSONS OBTAIN "NET INCOME" THAT IS, RECEIPTS LESS BUSINESS EXPENSES

14.11a: Did you/N receive any cash or goods from family or friends abroad during the period May 2009 to April 2010?

14.11b: What was the total value of the cash and goods that you/N received during that period?
(PRESENT FLASH CARD)


## SECTION 15 MARITAL AND UNION STATUS 15 Years and Over Head of Household

 The following questions collect information on marital and other personal relationships.15.1: What is your/N's legal marital status?

O Never married
O Married
O Divorced
O Widowed
O Legally separated
O DK/NS
15.2: Which of the following best describes your/N's present union status? [READ OPTIONS ALOUD]
Married and living with spouse
Common-law relationship
Visiting partner relationship
Not in a union
DK/NS

INTERVIEWER: IF 15.1 = "MARRIED", "DIVORCED", "WIDOWED" OR "LEGALLY SEPARATED", SKIP TO 15.4.
15.3: Have you/Has N ever been in a common-law or visiting partner relationship before?
O Yes
O No

O DK/NS $\rightarrow \quad$| IF FEMALE 15-49 YEARS GO TO |
| :--- |
| SECTION 16, OTHERWISE END |
| INTERVIEW FOR THIS PERSON |

15.4: How old were you/was $N$ when you were/ N was in either a marriage, visiting partner, or common-law relationship for the very first time?


## INTERVIEWER: IF FEMALE 15-49 YEARS CONTINUE TO SECTION 16, OTHERWISE END INTERVIEW FOR THIS PERSON

SECTION 16 FERTILITY
Females 15 to 49 Years
Head of Household
These questions will collect information on the children born to women 15 to 49 years.
16.1a: How many live-born children have you/has N ever had?


## INTERVIEWER: IF NO CHILDREN END INTERVIEW FOR THIS PERSON

16.1b: How many of your/N's live-born children are still alive?

16.2: How old were you/was N when you/she had your/her first live-born child?


## INTERVIEWER: IF 16.1a = "1", SKIP TO 16.4a

16.3: How old were you/was N when you/she had your/her last live-born child?


How many live births did you/ N have during the period May 2009 to April 2010?

| Total |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Male |  |  |  |  |  |  |  |  |  |  |
| Fer |  |  |  | - | $\bigcirc$ | $\bigcirc$ |  |  |  | DK/NS |

## INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR

 THIS PERSON16.4b: How many of your/N's children who were born during that period have died?

○ (1) (2) ○ ○ ODK/NS
INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON
16.4c: What was the sex and age of the child/children?

| Child No. |  |  |  | Age |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Sex |  |  | [READ OPTIONS] |  |  |  |
|  | (11) = Male |  |  | (1)- Less than or equal to 7days |  |  |  |
|  | © = Female |  |  | (2)-8 to 28 days |  |  |  |
|  | (D) $=$ DK/NS |  |  | (3)- More than 28 days |  |  |  |
| 1 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | - | ( | $\bigcirc$ | O DKINS |
| 2 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | © | $\bigcirc$ | O DKINS |
| 3 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | - | - | $\bigcirc$ | O DKINS |
| 4 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |  | - | $\bigcirc$ | O DK/NS |
| 5 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |  | ( | $\bigcirc$ | O DK/NS |
| 6 | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | © | (2) | $\bigcirc$ | O DK/NS |

## SECTION 8 GENERAL CHARACTERISTICS For all persons

To measure the changes in the population since the last census，I＇ll now ask some specific questions about you．

8．1：
O Head

Spouse／Partner
Child／Stepchild／Foster child
Son－in－law／daughter－in－law
O Nephew／Niece
O Brother／Sister
O Grandchild
Parent／Parent－in－law
Other relative（specify）
Domestic employee
Not related
DK／NS
8．2：What is your／N＇s sex？
O Male $\bigcirc$ Female $\bigcirc$ DK／NS

8．3：What is your／N＇s date of birth？

| Date of Birth |  |  |  |  | O DK／NS |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| D | D | M | м | Y | Y | Y | Y |
| $\begin{aligned} & \bigcirc \\ & \stackrel{\circ}{0} \\ & \bigcirc \bigcirc \end{aligned}$ | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | － | $\bigcirc$ | $\bigcirc$ | － |  | － | － |
|  | － |  | $\bigcirc$ | （2） |  | － | － |
|  | $\bigcirc$ |  |  |  |  |  | （3） |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | － |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | O |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | O |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

8．4：What was your／N＇s age at your／N＇s last birthday？


8．5：What is your／N＇s religious affiliation／denomination？

| O Anglican | O Nazarene |
| :--- | :--- |
| O Bahai Faith | O Pentecostal |
| O Baptist | 〇 Rastafarian |
| O Buddhism | 〇 Roman Catholic |
| O Hinduism | 〇 Seventh Day Adventist |
| O Islam（Muslim） | 〇 Salvation Army |
| O Jehovah＇s Witness | 〇 Other（specify） |
| O Mennonite | 〇 None |
| O Methodist | O DK／NS |

8．6：To which ethnic group do you／does N belong？
INTERVIEWER：MAXIMUM OF 2 RESPONSES ALLOWED
O Asian－Japanese，
Chinese，Taiwanese
Olack／African
Caucasian／White
Creole
East Indian
Garifuna
Hindu
Lebanese

O Maya Ketchi
O Maya Mopan
O Maya Yucatec
O Mennonite
O Mestizo／Spanish／Latino
O Other
O DK／NS

INTERVIEWER：IF LESS THAN 4 YEARS SKIP TO 8.8
8．7：Which language（s）do you／does $N$ speak well enough to
4＋conduct a conversation？
［MULTIPLE RESPONSES ALLOWED］Chinese $\square$ CreoleMaya YucatecSpanish
Other（specify）
$\square$ English
Garifuna GermanCannot speak
$\square$ Maya KetchiDK／NS
Maya Mopan

## INTERVIEWER：IF OVER 17 YEARS GO TO SECTION 9

8．8：Are your／N＇s biological parent（s）alive？
0－17
Father：
O Yes
O No
O DK／NS
Mother：○ Yes ○ No ○ DK／NS

## INTERVIEWER：IF＂Yes＂TO ANY OF THE ABOVE THEN CONTINUE，OTHERWISE GO TO SECTION 9.

8．9：Do they live in your household？
0－17

SECTION 9 MIGRATION
For all persons
Person 2
The following questions seek to measure movement of the population in and out of the country，as well as within Belize．

9．1a：Were you／Was N born in Belize or abroad？

| Belize <br> Abroad（specify below） |  |
| :---: | :---: |
|  |  |
| COUNTRY $\bigcirc$ DK／NS | USA．．．．．．．．．．．．．．．．． 840Mexico．．．．．．．．．．． 484Guatemala．．．．．． 320El Salvador．．．．． 222Honduras．．．．．．． 340 |
| （specify） |  |
| （1）（1）（2）（3）（4）（5）（6）（7）（8）（3） |  |
| （0）（1）（2）（3）（4）도（6）（7）（8）© |  |
| （0）（1）（2）（3）（4）（5）（6）（7）（8）© |  |

9．1b：Was your／N＇s mother＇s normal residence in Belize or abroad at the time of your／N＇s birth？

| O Belize O DK／NS | SKIP TO 9.3 |
| :---: | :---: |
| O Abroad（specify below） |  |
| COUNTRY O DK／NS |  |
| （specify） | USA．．．．．．．．．．．．．． 840 |
| （1）（1）（2）（3）（4）（5）（6）（ㄱ）（8）${ }^{\text {（9）}}$ | Guatemala．．．．．．．．．． 320 |
| （1）（1）（2）3（4）5（\％）（3）（3） | El Salvador．．．．．． 222 Honduras．．．．．．． 340 |
| （1）（1）（2）3（4）（5）（6）（3）（8） | SKIP TO 9.4 |

9．2：In what district and city，town or village was that？

| DISTRICT |  | O DK／NS |  |
| :---: | :---: | :---: | :---: |
| Ocz | OBz | O sc |  |
| O ow | w Ocy | О то |  |
| CITYITOWN／VILLAGE |  | O DK／NS |  |
| （specify） |  |  |  |
|  |  |  | Office use only |
|  | －1）（1）（3） | （ㄱ）（3） |  |

9．3：$\quad$ Have you／Has N ever lived in another country？


9．4：In which country did you／N last live？


9．5：In what year did you／N return／last come to live in Belize？

| O Before 1980 | ○ 2007 |
| :--- | :--- |
| O 1980－1989 | ○ 2008 |
| 1990－1999 | ○ 2009 |
| 2000－2005 | ○ 2010 |
| 2006 | O DK／NS |

9．6：What was the main reason you／N returned／came to live in Belize？

| O Regard it as home | O Personal safety |
| :--- | :--- |
| O Family reunification | 〇 Study |
| O Deported／Involuntary return | 〇 Medical |
| O Employment | 〇 Crime rate |
| Business | O Other（specify） |
| Retirement | O DK／NS |

9．7：In what district and city，town or village in Belize did you／N last live？


9．8：In what year did you／N last come to live in this city／town／ village？

| O Before 1980 | ○ 2007 |
| :--- | :--- |
| O 1980－1989 | ○ 2008 |
| 1990－1999 | $\bigcirc 2009$ |
| O2000－2005 | ○ 2010 |
| 2006 | ○ DK／NS |

SECTION 10 DISABILITY \& HEALTH For all persons
This section determines what are the disabilities and longstanding illnesses present in the population.
10.1: Do you/Does N have difficulty with...

| [READ OPTIONS ALOUD] | No difficulty | Some difficulty | Lots of difficulty | Cannot do it at all | DK/NS |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Seeing (even with glasses)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 2. Hearing (even using hearing aid)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 3. Communicating and speaking? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 4. Walking or climbing stairs? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 5. Upper body functions? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 6. Self-care? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 7. Remembering or concentrating? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 8. Learning? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 9. Behavioural disorders? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 10. Other? (specify) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

10.2: Have you/Has N ever been diagnosed by a medical doctor with any longstanding or recurring illness(es)?

| O Yes (specify below) | O No | DK/NS |
| :--- | :--- | :--- |
| $[$ MULTIPLE RESPONSES ALLOWED] |  | IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE |
| $\square$ SKIP TO 10.3 |  |  |
| $\square$ Arthritis/rheumatism | $\square$ Hypertension (High blood pressure) | $\square$ Heart disease |
| $\square$ Kidney disease | $\square$ Sickle cell anemia | $\square$ Lupus |
| $\square$ Asthma | $\square$ Glaucoma | $\square$ Autism |
| $\square$ Diabetes | $\square$ Cancer | $\square$ Other (specify) |

INTERVIEWER: IF PERSON IS 5 YEARS OR OVER, GO TO SECTION 11, OTHERWISE ASK TO SEE N'S VACCINATION CARD. THIS WILL DICTATE HOW YOU ANSWER QUESTIONS 10.3 AND 10.4.

|  |  |  |  | Vaccinat | card is available | Vaccina | on card | NOT available |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{array}{r} \text { 10.3: } \\ 0-4 \end{array}$ | Has $\mathbf{N}$ been given at least one MMR vaccine? |  |  | O Yes | $\mathrm{O} \mathrm{No} \rightarrow$ SKIP TO 10.5a | O Yes | O No | O DK/NS | SKIP TO 10.5a |
| $\begin{gathered} \hline 10.4: \\ 0-4 \end{gathered}$ | Was N given his/her first MMR vaccine between 11 and 13 months? |  |  | O Yes | O No | O Yes | O No | O DK/NS |  |
| 10.5a: | Has N's O Yes | O No | registered? | INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11 |  |  |  |  |  |
| 10.5b: | Where was it registered?Vital Statistics UnitMagistrate CourtVillage RegistrarHospital $\qquad$Other place in Belize (specify)AbroadDK/NS |  |  | E |  |  |  |  |  |

## INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11

The following questions gather information about the level of academic schooling in Belize.
11.1: Are youlls N currently attending formal school, whether full-time or part-time?
O Yes, Full-time
O No
O$\rightarrow$ SKIP TO 11.2b
11.2a: In what school level or class are youlis N presently?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) <br> O DK/NS |

INTERVIEWER: IF ASSOCIATE'S DEGREE OR HIGHER SKIP TO 11.3, OTHERWISE GO TO SECTION 12
11.2b: What was the highest level of formal school you/N completed?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) |
|  | O DK/NS $\rightarrow$ GO TO SECTION 12 |

INTERVIEWER: IF LESS THAN 5 YEARS, END INTERVIEW; IF ASSOCIATE'S DEGREE OR HIGHER CONTINUE, OTHERWISE GO TO SECTION 12
11.3: What is/was your/N's field of education or programme of Asct study? $+$


## SECTION 12 ACCESS TO THE INTERNET 5 Years and Over Person 2

I would now like to find out about your internet use.
12.1: Have you/Has $\mathbf{N}$ used the Internet within the past 3 months?
12.2: What kind of equipment/device did you/N use to access the Internet in the past 3 months?
O Computer only
Computer and mobile device
O dK/Ns


O Mobile device only $\rightarrow$ IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON
12.3: Where did you/N use the Internet in the past 3 months?

## [MULTIPLE RESPONSES ALLOWED]

Family or friend's houseSchool
Internet caféWork

Community Internet access facility $\qquad$ DK/NS

## IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON

## SECTION 13 TRAINING

14 Years and Over
Person 2
Now, I'd like to find out about any occupation or job that you may have been trained for.
13.1: Apart from your/N's formal education, have you/has $N$ ever completed any training for a specific job or occupation?
O Yes
O No
O DK/NS $\rightarrow$ GO TO SECTION 14
13.2: Referring to the most recent training completed, how was it received?

| O Correspondence course | O Agriculture school |
| :--- | :--- |
| O On the job | O Police academy |
| O Apprenticeship | O Other institution |
| CET/ITVET | O Workshop or seminar |
| Oniversity | O Internet |
| Oursing school | O Other (specify) |
| Teachers College | O DK/NS |

O Correspondence course
O Agriculture school
O On the job
O Apprenticeship
O CET/ITVET
O University
Nursing schoo

14591686
13.3: For what job or occupation were you/was N trained?

○ DK/NS

14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
O Yes SKIP TO 14.5
O No
O DK/NS
14.2: Last week, did you/ N do any of the following activities for pay, profit or family gain for at least 1 hour?
INTERVIEWER: READ LIST ON FLASH CARD
○ Yes SKIP TO 14.5
O No
O DK/NS
14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?
O Yes SKIP TO 14.5
O No
O DK/NS
14.4: If you/ N had been offered a job or the opportunity to start a business during the last two weeks, what would have prevented you/N from taking up that offer?
O Nothing $\quad$ O Not interested in working
O School ○ Temporary illness/disability
O Home duties
O Retirement
O Other (specify)
O DK/NS

## INTERVIEWER: SKIP TO 14.11a

14.5: Last week, how many jobs or businesses did you/N have?
$\square$
14.6: What category of worker are youlis N in your/N's main job?

O Own business/self-employed with paid help
O Own business/self-employed without paid help
O Paid employee - Government (central or local)
O Paid employee - Quasi Government
O Paid employee - Private/NGO
O Paid employee - International Organisation/Embassy
O Unpaid family worker
O DK/NS
14.7a: What is your/N's job title in your/N's main job?
14.7b: Give a brief description of the main duties performed:

14.8a: What is the name of the establishment in which you/N work in your/N's main job?

O DK/NS
Name of Establishment:
14.8b: Give a brief description of the main economic activity carried out there; i.e. type of goods and/or services produced.

O DK/NS

14.8c: In what district and city, town or village is the establishment?

| DISTRICT |  | O DK/NS |
| :--- | :--- | :--- |
| O CZ | O BZ | O SC |
| O OW | O CY | O TO |
| CITYITOWN/VILLAGE | O DK/NS |  |
| (specify) |  |  |


|  | Offi |
| :---: | :---: |
|  | use only |

14.9: How many hours did you/N work in all jobs last week?

14.10: Last month, in which category on this flash card did your/N's total income from employment or business fall? This is before taxes and deductions.

INTERVIEWER: PRESENT FLASH CARD. FOR
SELF-EMPLOYED PERSONS OBTAIN "NET INCOME" THAT IS, RECEIPTS LESS BUSINESS EXPENSES

14.11a: Did you/N receive any cash or goods from family or friends abroad during the period May 2009 to April 2010?

14.11b: What was the total value of the cash and goods that you/N received during that period?
(PRESENT FLASH CARD)


## SECTION 1.5 MARITAL AND UNION STATUS 15 Years and Over <br> The following questions collect information on marital and other personal relationships.

15.1: What is your/N's legal marital status?

O Never married
O Married
O Divorced
O Widowed
O Legally separated
O DK/NS
15.2: Which of the following best describes your/N's present union status? [READ OPTIONS ALOUD]
Married and living with spouse
Common-law relationship
Visiting partner relationship
Not in a union
DK/NS

INTERVIEWER: IF 15.1 = "MARRIED", "DIVORCED", "WIDOWED" OR "LEGALLY SEPARATED", SKIP TO 15.4.
15.3: Have you/Has N ever been in a common-law or visitingpartner relationship before?
O Yes
O No

O DK/NS $\rightarrow \quad$| IF FEMALE 15-49 YEARS GO TO |
| :--- |
| SECTION 16, OTHERWISE END |
| INTERVIEW FOR THIS PERSON |

15.4: How old were you/was $N$ when you were/ $N$ was in either a marriage, visiting partner, or common-law relationship for the very first time?


## INTERVIEWER: IF FEMALE 15-49 YEARS CONTINUE TO SECTION 16, OTHERWISE END INTERVIEW FOR THIS PERSON

## SECTION 16 FERTILITY

These questions will collect information on the children born to women 15 to 49 years.
16.1a: How many live-born children have you/has $\mathbf{N}$ ever had?


## INTERVIEWER: IF NO CHILDREN END INTERVIEW FOR THIS PERSON

16.1b: How many of your/N's live-born children are still alive?

16.2: How old were you/was $N$ when you/she had your/her first live-born child?


## INTERVIEWER: IF 16.1a = "1", SKIP TO 16.4a

16.3: How old were you/was $\mathbf{N}$ when youlshe had your/her last live-born child?


How many live births did you/ N have during the period May 2009 to April 2010?

| Total | $\bigcirc$ ○ ○ ○ ○ ○ ○ O DK/NS <br>  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Male |  |  |  |  |  |  |  |  |  |
| Female |  | (1) |  | (2) | - | $\bigcirc$ | $\bigcirc$ |  | ODK/NS |

## INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR

 THIS PERSON16.4b: How many of your/N's children who were born during that period have died?

○ (1) ○ 0 ○ ○○ ODK/NS
INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON
16.4c: What was the sex and age of the child/children?

| Child No. |  |  |  |  |  | Ag |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Sex |  |  | [READ OPTIONS] |  |  |  |
|  | (11) = Male |  |  | (1)- Less than or equal to 7days |  |  |  |
|  | (F) = Female |  |  | (2)- 8 to 28 days |  |  |  |
|  | (D) $=$ DK/NS |  |  | (3)-More than 28 days |  |  |  |
| 1 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 2 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 3 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 4 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 5 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 6 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |

## SECTION 8 GENERAL CHARACTERISTICS For all persons

To measure the changes in the population since the last census, ill now ask some specific questions about you.
8.1: What is your/N's relationship to the head of your household?

| O Head | O Grandchild |
| :--- | :--- |
| Spouse/Partner | O Parent/Parent-in-law |
| Child/Stepchild/Foster child | O Other relative (specify) |
| O Son-in-law/daughter-in-law |  |
| O Nephew/Niece | Omestic employee |
| Brother/Sister | O Not related |
|  | OL/NS |

8.2: What is your/N's sex?

O Male $\bigcirc$ Female $\bigcirc$ DK/NS
8.3: What is your/N's date of birth?

| Date of Birth |  |  |  |  | O DK/NS |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| D | D | M | M | Y | Y | Y | r |
| $\begin{aligned} & \circ \\ & \stackrel{0}{0} \\ & \bigcirc \end{aligned}$ | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | - | - | $\bigcirc$ | - |  | - | ( |
|  | O |  | $\bigcirc$ | - |  | - | - |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  |  | - |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | - |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

8.4: What was your/N's age at your/N's last birthday?

8.5: What is your/N's religious affiliation/denomination?

| O Anglican | O Nazarene |
| :--- | :--- |
| O Bahai Faith | O Pentecostal |
| O Baptist | O Rastafarian |
| O Buddhism | O Roman Catholic |
| O Hinduism | O Seventh Day Adventist |
| O Islam (Muslim) | O Salvation Army |
| O Jehovan's Witness | O Other (specify) |
| O Mennonite |  |
| O Methodist | O None |
| O Mormon | O DK/NS |

8.6: $\quad$ To which ethnic group do you/does N belong?

INTERVIEWER: MAXIMUM OF 2 RESPONSES ALLOWED
O Asian - Japanese, Chinese, Taiwanese
O Black/African
O Caucasian/White
O Creole
O East Indian
O Garifuna
O Hindu
O Lebanese

## INTERVIEWER: IF LESS THAN 4 YEARS SKIP TO 8.8

8.7: Which language(s) do you/does $N$ speak well enough to

4+ conduct a conversation?
[MULTIPLE RESPONSES ALLOWED]Chinese Creole $\square$ English
GarifunaMaya YucatecSpanishOther (specify)
$\square$ Maya KetchiCannot speak
Maya Mopan

## INTERVIEWER: IF OVER 17 YEARS GO TO SECTION 9

8.8: Are your/N's biological parent(s) alive?
Father:
O Yes
O No
O DK/NS
Mother: ○ Yes ○ No ○ DK/Ns

## INTERVIEWER: IF "Yes" TO ANY OF THE ABOVE THEN CONTINUE, OTHERWISE GO TO SECTION 9.

8.9: Do they live in your household?

0-17

9．1a：Were you／Was N born in Belize or abroad？

| Belize <br> DK／NS <br> Abroad（specify below） |  |
| :---: | :---: |
| COUNTRY ○ DK／NS | USA．．．．．．．．．．．．．．．． 840Mexico．．．．．．．．．．．． 484Guatemala．．．．．． 320El Salvador．．．．． 222Honduras．．．．．．． 340 |
| （specify） |  |
| （1）（1）（2）（3）（4）（5）（6）（3）（3） |  |
| （1）（1）（2）（3）（4）（5）（6）（7）（8）－ |  |
|  |  |

9．1b：Was your／N＇s mother＇s normal residence in Belize or abroad at the time of your／N＇s birth？

| O Belize O DK／NS | SKIP TO 9.3 |
| :---: | :---: |
| O Abroad（specify below） |  |
| COUNTRY O DK／NS |  |
| （specify） | USA．．．．．．．．．．．．．． 840 |
| （1）（1）（2）（3）（4）（5）（6）（ㄱ）（8）${ }^{\text {（9）}}$ | Guatemala．．．．．．．．．． 320 |
| （1）（1）（2）3（4）5（\％）（3）（3） | El Salvador．．．．．． 222 Honduras．．．．．．． 340 |
| （1）（1）（2）3（4）（5）（6）（3）（8） | SKIP TO 9.4 |

9．2：In what district and city，town or village was that？

| DISTRICT |  | O DK／NS |  |
| :---: | :---: | :---: | :---: |
| $\begin{aligned} & \mathrm{O} \mathrm{cz} \\ & \mathrm{O} \text { ow } \end{aligned}$ | O ${ }^{\text {b }}$ | O sc |  |
|  | $w \quad$ Ocy | О то |  |
| CITY／TOWN／VILLAGE |  | O DK／NS |  |
| （specify） |  |  |  |
|  |  |  | Office use only |
|  |  | （1）${ }^{\text {（3）}}$ |  |

9．3：$\quad$ Have you／Has $N$ ever lived in another country？


9．4：In which country did you／N last live？


9．5：In what year did you／N return／last come to live in Belize？

| O Before 1980 | ○ 2007 |
| :--- | :--- |
| O 1980－1989 | ○ 2008 |
| 1990－1999 | ○ 2009 |
| 2000－2005 | ○ 2010 |
| 2006 | O DK／NS |

9．6：What was the main reason you／N returned／came to live in Belize？

| O Regard it as home | O Personal safety |
| :--- | :--- |
| O Family reunification | 〇 Study |
| O Deported／Involuntary return | 〇 Medical |
| O Employment | 〇 Crime rate |
| Business | O Other（specify） |
| Retirement | O DK／NS |

9．7：In what district and city，town or village in Belize did you／N last live？


9．8：In what year did you／N last come to live in this city／town／ village？

| O Before 1980 | O 2007 |
| :--- | :--- |
| O 1980－1989 | O 2008 |
| O 1990－1999 | O 2009 |
| O 2000－2005 | O 2010 |
| O 2006 | O DK／NS |

SECTION 10 DISABILITY \& HEALTH For all persons
This section determines what are the disabilities and longstanding illnesses present in the population.
10.1: Do you/Does N have difficulty with...

| [READ OPTIONS ALOUD] | No difficulty | Some difficulty | Lots of difficulty | Cannot do it at all | DK/NS |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Seeing (even with glasses)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 2. Hearing (even using hearing aid)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 3. Communicating and speaking? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 4. Walking or climbing stairs? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 5. Upper body functions? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 6. Self-care? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 7. Remembering or concentrating? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 8. Learning? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 9. Behavioural disorders? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 10. Other? (specify) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

10.2: Have you/Has N ever been diagnosed by a medical doctor with any longstanding or recurring illness(es)?

| O Yes (specify below) | O No | DK/NS |
| :--- | :--- | :--- |
| $[$ MULTIPLE RESPONSES ALLOWED] |  | IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE |
| $\square$ SKIP TO 10.3 |  |  |
| $\square$ Arthritis/rheumatism | $\square$ Hypertension (High blood pressure) | $\square$ Heart disease |
| $\square$ Kidney disease | $\square$ Sickle cell anemia | $\square$ Lupus |
| $\square$ Asthma | $\square$ Glaucoma | $\square$ Autism |
| $\square$ Diabetes | $\square$ Cancer | $\square$ Other (specify) |

INTERVIEWER: IF PERSON IS 5 YEARS OR OVER, GO TO SECTION 11, OTHERWISE ASK TO SEE N'S VACCINATION CARD. THIS WILL DICTATE HOW YOU ANSWER QUESTIONS 10.3 AND 10.4.

|  |  |  |  | Vaccinat | card is available | Vaccina | on card | NOT available |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{array}{r} \text { 10.3: } \\ 0-4 \end{array}$ | Has $\mathbf{N}$ been given at least one MMR vaccine? |  |  | O Yes | $\mathrm{O} \mathrm{No} \rightarrow$ SKIP TO 10.5a | O Yes | O No | O DK/NS | SKIP TO 10.5a |
| $\begin{gathered} \hline 10.4: \\ 0-4 \end{gathered}$ | Was N given his/her first MMR vaccine between 11 and 13 months? |  |  | O Yes | O No | O Yes | O No | O DK/NS |  |
| 10.5a: | Has N's O Yes | O No | registered? | INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11 |  |  |  |  |  |
| 10.5b: | Where was it registered?Vital Statistics UnitMagistrate CourtVillage RegistrarHospital $\qquad$Other place in Belize (specify)AbroadDK/NS |  |  | E |  |  |  |  |  |

## INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11

The following questions gather information about the level of academic schooling in Belize.
11.1: Are youlls N currently attending formal school, whether full-time or part-time?
O Yes, Full-time
O
O$\rightarrow$ SKIP TO 11.2b
11.2a: In what school level or class are youlis N presently?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) |

INTERVIEWER: IF ASSOCIATE'S DEGREE OR HIGHER SKIP TO 11.3, OTHERWISE GO TO SECTION 12
11.2b: What was the highest level of formal school you/N completed?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) |
|  | O DK/NS $\rightarrow$ GO TO SECTION 12 |

INTERVIEWER: IF LESS THAN 5 YEARS, END INTERVIEW; IF ASSOCIATE'S DEGREE OR HIGHER CONTINUE, OTHERWISE GO TO SECTION 12
11.3: What is/was your/N's field of education or programme of Asct study? $+$


## SECTION 12 ACCESS TO THE INTERNET 5 Years and Over Person 3

I would now like to find out about your Internet use.
12.1: Have you/Has $\mathbf{N}$ used the Internet within the past 3 months?

12.2: What kind of equipment/device did you/ N use to access the Internet in the past 3 months?
O Computer only
O Computer and mobile device
O Mobile device only $\rightarrow$ IF 14 YEARS OR OVER GO TO
O DK/NS

SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON
12.3: Where did you/N use the Internet in the past 3 months?

## [MULTIPLE RESPONSES ALLOWED]

Family or friend's houseSchool
Internet caféWork

Community Internet access facility
$\qquad$

## IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON

## SECTION 13 TRAINING

Now, I'd like to find out about any occupation or job that you may have been trained for.
13.1: Apart from your/N's formal education, have you/has $\mathbf{N}$ ever completed any training for a specific job or occupation?
O Yes
O No
O DK/NS $\rightarrow$ GO TO SECTION 14
13.2: Referring to the most recent training completed, how was it received?

| O Correspondence course | O Agriculture school |
| :--- | :--- |
| O On the job | O Police academy |
| O Apprenticeship | O Other institution |
| O CET/ITVET | O Workshop or seminar |
| O University | O Internet |
| O Nursing school | O Other (specify) |
| Teachers College | O DK/NS |

O Correspondence course
O Agriculture school
O On the job
O Apprenticeship
O CET/ITVET
O University
Nursing schoo

14591686
13.3: For what job or occupation were you/was N trained?

○ DK/NS

14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
O Yes SKIP TO 14.5
O No
O DK/NS
14.2: Last week, did you/ N do any of the following activities for pay, profit or family gain for at least 1 hour?

## INTERVIEWER: READ LIST ON FLASH CARD

○ Yes SKIP TO 14.5
O No
O DK/NS
14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?
O Yes SKIP TO 14.5
O No
O DK/NS
14.4: If you/ N had been offered a job or the opportunity to start a business during the last two weeks, what would have prevented you/N from taking up that offer?
O Nothing $\quad$ O Not interested in working
O School ○ Temporary illness/disability
O Home duties
O Retirement
O Other (specify)
O DK/NS

## INTERVIEWER: SKIP TO 14.11a

14.5: Last week, how many jobs or businesses did you/N have?
$\square$
14.6: What category of worker are youlis N in your/N's main job?

O Own business/self-employed with paid help
O Own business/self-employed without paid help
O Paid employee - Government (central or local)
O Paid employee - Quasi Government
O Paid employee - Private/NGO
O Paid employee - International Organisation/Embassy
O Unpaid family worker
O DK/NS
14.7a: What is your/N's job title in your/N's main job?
14.7b: Give a brief description of the main duties performed:

14.8a: What is the name of the establishment in which you/N work in your/N's main job?

O DK/NS
Name of Establishment:
14.8b: Give a brief description of the main economic activity carried out there; i.e. type of goods and/or services produced.

O DK/NS

14.8c: In what district and city, town or village is the establishment?

| DISTRICT |  | O DK/NS |
| :--- | :--- | :--- |
| O cz | O Bz | O sc |
| O ow | O cy | O TO |
| CITYITOWN/VILLAGE |  | O DK/NS |
| (specify) |  |  |


|  | Off |
| :---: | :---: |
|  | use only |

14.9: How many hours did you/N work in all jobs last week?

14.10: Last month, in which category on this flash card did your/N's total income from employment or business fall? This is before taxes and deductions.

INTERVIEWER: PRESENT FLASH CARD. FOR SELF-EMPLOYED PERSONS OBTAIN "NET INCOME" THAT IS, RECEIPTS LESS BUSINESS EXPENSES

| INCOME CODE | O DK/NS |
| :---: | :---: |
| $\bigcirc$ (1) - |  |
| - (1) © | $\bigcirc$ - ${ }^{\circ}$ |

14.11a: Did you/N receive any cash or goods from family or friends abroad during the period May 2009 to April 2010?

14.11b: What was the total value of the cash and goods that you/N received during that period?
(PRESENT FLASH CARD)


## SECTION 1.5 MARITAL AND UNION STATUS 1.5 Years and Over <br> The following questions collect information on marital and other personal relationships.

15.1: What is your/N's legal marital status?

O Never married
O Married
O Divorced
O Widowed
O Legally separated
O DK/NS
15.2: Which of the following best describes your/N's present union status? [READ OPTIONS ALOUD]
Married and living with spouse
Common-law relationship
Visiting partner relationship
Not in a union
DK/NS

INTERVIEWER: IF 15.1 = "MARRIED", "DIVORCED", "WIDOWED" OR "LEGALLY SEPARATED", SKIP TO 15.4.
15.3: Have you/Has $N$ ever been in a common-law or visiting partner relationship before?
O Yes
O No

O DK/NS $\rightarrow \quad$| IF FEMALE 15-49 YEARS GO TO |
| :--- |
| SECTION 16, OTHERWISE END |
| INTERVIEW FOR THIS PERSON |

15.4: How old were you/was $N$ when you were/ N was in either a marriage, visiting partner, or common-law relationship for the very first time?


## INTERVIEWER: IF FEMALE 15-49 YEARS CONTINUE TO SECTION 16, OTHERWISE END INTERVIEW FOR THIS PERSON

SECTION 16 FERTILITY
Females 15 to 49 Years
These questions will collect information on the children born to women 15 to 49 years.
16.1a: How many live-born children have you/has $N$ ever had?


## INTERVIEWER: IF NO CHILDREN END INTERVIEW FOR THIS PERSON

16.1b: How many of your/N's live-born children are still alive?

| Total | (1) ${ }^{\text {2 }}$ | ODK/NS |
| :---: | :---: | :---: |
|  | ○○○○00000 |  |
| Male | - ${ }^{\circ}$ | O DK/NS |
|  | $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 00000$ |  |
| Female | (1) ${ }^{\text {c }}$ | O dK/NS |
|  |  |  |

16.2: How old were you/was N when you/she had your/her first live-born child?


## INTERVIEWER: IF 16.1a = "1", SKIP TO 16.4a

16.3: How old were you/was N when you/she had your/her last live-born child?


How many live births did you/ N have during the period May 2009 to April 2010?

| Total | (0) (1) (2) (3) (4) (5) (6) $\mathrm{DK} / \mathrm{NS}$ |
| :---: | :---: |
| Male |  |
| Female | (0) (1) (2) (3) (4) (5) (6) DK/NS |

## INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR

 THIS PERSON16.4b: How many of your/N's children who were born during that period have died?

○ (1) ○ 0 ○ ○○ ODK/NS
INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON
16.4c: What was the sex and age of the child/children?

| Child No. |  |  |  |  |  | Ag |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Sex |  |  | [READ OPTIONS] |  |  |  |
|  | (11) = Male |  |  | (1)- Less than or equal to 7days |  |  |  |
|  | (F) = Female |  |  | (2)- 8 to 28 days |  |  |  |
|  | (D) $=$ DK/NS |  |  | (3)-More than 28 days |  |  |  |
| 1 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 2 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 3 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 4 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 5 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 6 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |

## SECTION 8 GENERAL CHARACTERISTICS For all persons

To measure the changes in the population since the last census，I＇ll now ask some specific questions about you．

8．1：What is your／N＇s relationship to the head of your household？

| O Head | O Grandchild |
| :--- | :--- |
| Spouse／Partner | O Parent／Parent－in－law |
| Child／Stepchild／Foster child | O Other relative（specify） |
| O Son－in－law／daughter－in－law |  |
| O Nephew／Niece | Omestic employee |
| Brother／Sister | O Not related |
|  | OL／NS |

8．2：What is your／N＇s sex？
O Male $\bigcirc$ Female $\bigcirc$ DK／NS

8．3：What is your／N＇s date of birth？

| Date of Birth |  |  |  |  | O DK／NS |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| D | D | M | M | Y | Y | Y | r |
| $\begin{aligned} & \circ \\ & \stackrel{0}{0} \\ & \bigcirc \end{aligned}$ | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | － | － | $\bigcirc$ | － |  | － | （ |
|  | O |  | $\bigcirc$ | － |  | － | － |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  |  | － |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | － |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

8．4：What was your／N＇s age at your／N＇s last birthday？


8．5：What is your／N＇s religious affiliation／denomination？

| O Anglican | O Nazarene |
| :--- | :--- |
| O Bahai Faith | 〇 Pentecostal |
| O Baptist | 〇 Rastafarian |
| O Buddhism | 〇 Roman Catholic |
| O Hinduism | 〇 Seventh Day Adventist |
| O Islam（Muslim） | 〇 Salvation Army |
| O Jehovah＇s Witness | 〇 Other（specify） |
| Mennonite | 〇 None |
| Methodist | O DK／NS |

8．6：$\quad$ To which ethnic group do you／does N belong？
INTERVIEWER：MAXIMUM OF 2 RESPONSES ALLOWED
O Asian－Japanese， Chinese，Taiwanese
O Black／African
O Caucasian／White
O Creole
O East Indian
O Garifuna
O Hindu
O Lebanese

## INTERVIEWER：IF LESS THAN 4 YEARS SKIP TO 8.8

8．7：Which language（s）do you／does $N$ speak well enough to
4＋conduct a conversation？
［MULTIPLE RESPONSES ALLOWED］Chinese $\square$ Creole $\square$ English
Maya YucatecSpanishOther（specify） Garifuna
GermanCannot speak
$\square$ Maya KetchiDK／NS
Maya Mopan

## INTERVIEWER：IF OVER 17 YEARS GO TO SECTION 9

8．8：$\quad$ Are your／N＇s biological parent（s）alive？
Father：
O Yes
O No
O DK／NS
Mother：○ Yes ○ No ○ DK／Ns

## INTERVIEWER：IF＂Yes＂TO ANY OF THE ABOVE THEN CONTINUE，OTHERWISE GO TO SECTION 9.

8．9：Do they live in your household？
0－17

9．1a：Were you／Was N born in Belize or abroad？

| Belize <br> DK／NS <br> Abroad（specify below） |  |
| :---: | :---: |
| COUNTRY ○ DK／NS | USA．．．．．．．．．．．．．．．． 840Mexico．．．．．．．．．．．． 484Guatemala．．．．．． 320El Salvador．．．．． 222Honduras．．．．．．． 340 |
| （specify） |  |
| （1）（1）（2）（3）（4）（5）（6）（3）（3） |  |
| （1）（1）（2）（3）（4）（5）（6）（7）（8）－ |  |
|  |  |

9．1b：Was your／N＇s mother＇s normal residence in Belize or abroad at the time of your／N＇s birth？

| O Belize O DK／NS | SKIP TO 9.3 |
| :---: | :---: |
| O Abroad（specify below） |  |
| COUNTRY O DK／NS |  |
| （specify） | USA．．．．．．．．．．．．．． 840 |
| （1）（1）（2）（3）（4）（5）（6）（ㄱ）（8）${ }^{\text {（9）}}$ | Guatemala．．．．．．．．．． 320 |
| （1）（1）（2）3（4）5（\％）（3）（3） | El Salvador．．．．．． 222 Honduras．．．．．．． 340 |
| （1）（1）（2）3（4）（5）（6）（3）（8） | SKIP TO 9.4 |

9．2：In what district and city，town or village was that？

| DISTRICT |  | O DK／NS |  |
| :---: | :---: | :---: | :---: |
| $\begin{aligned} & \mathrm{O} \mathrm{cz} \\ & \mathrm{O} \text { ow } \end{aligned}$ | O ${ }^{\text {b }}$ | O sc |  |
|  | $w \quad$ Ocy | О то |  |
| CITY／TOWN／VILLAGE |  | O DK／NS |  |
| （specify） |  |  |  |
|  |  |  | Office use only |
|  |  | （1）${ }^{\text {（3）}}$ |  |

9．3：$\quad$ Have you／Has $N$ ever lived in another country？


9．4：In which country did you／N last live？


9．5：In what year did you／N return／last come to live in Belize？

| O Before 1980 | ○ 2007 |
| :--- | :--- |
| O 1980－1989 | ○ 2008 |
| 1990－1999 | ○ 2009 |
| 2000－2005 | ○ 2010 |
| 2006 | O DK／NS |

9．6：What was the main reason you／N returned／came to live in Belize？

| O Regard it as home | O Personal safety |
| :--- | :--- |
| O Family reunification | 〇 Study |
| O Deported／Involuntary return | 〇 Medical |
| O Employment | 〇 Crime rate |
| Business | O Other（specify） |
| Retirement | O DK／NS |

9．7：In what district and city，town or village in Belize did you／N last live？


9．8：In what year did you／N last come to live in this city／town／ village？

| O Before 1980 | O 2007 |
| :--- | :--- |
| O 1980－1989 | O 2008 |
| O 1990－1999 | O 2009 |
| O 2000－2005 | O 2010 |
| O 2006 | O DK／NS |

SECTION 10 DISABILITY \& HEALTH For all persons
This section determines what are the disabilities and longstanding illnesses present in the population.
10.1: Do you/Does N have difficulty with...

| [READ OPTIONS ALOUD] | No difficulty | Some difficulty | Lots of difficulty | Cannot do it at all | DK/NS |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Seeing (even with glasses)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 2. Hearing (even using hearing aid)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 3. Communicating and speaking? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 4. Walking or climbing stairs? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 5. Upper body functions? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 6. Self-care? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 7. Remembering or concentrating? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 8. Learning? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 9. Behavioural disorders? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 10. Other? (specify) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

10.2: Have you/Has N ever been diagnosed by a medical doctor with any longstanding or recurring illness(es)?

| O Yes (specify below) | O No | DK/NS |
| :--- | :--- | :--- |
| $[$ IMULTIPLE RESPONSES ALLOWED] |  | IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE |
| $\square$ SKIP TO 10.3 |  |  |
| $\square$ Arthritis/rheumatism | $\square$ Hypertension (High blood pressure) | $\square$ Heart disease |
| $\square$ Kidney disease | $\square$ Sickle cell anemia | $\square$ Lupus |
| $\square$ Asthma | $\square$ Glaucoma | $\square$ Autism |
| $\square$ Diabetes | $\square$ Cancer | $\square$ Other (specify) |

INTERVIEWER: IF PERSON IS 5 YEARS OR OVER, GO TO SECTION 11, OTHERWISE ASK TO SEE N'S VACCINATION CARD. THIS WILL DICTATE HOW YOU ANSWER QUESTIONS 10.3 AND 10.4.

|  |  |  |  | Vaccinat | card is available | Vaccina | on card | NOT available |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{array}{r} \text { 10.3: } \\ 0-4 \end{array}$ | Has $\mathbf{N}$ been given at least one MMR vaccine? |  |  | O Yes | $\mathrm{O} \mathrm{No} \rightarrow$ SKIP TO 10.5a | O Yes | O No | O DK/NS | SKIP TO 10.5a |
| $\begin{gathered} \hline 10.4: \\ 0-4 \end{gathered}$ | Was N given his/her first MMR vaccine between 11 and 13 months? |  |  | O Yes | O No | O Yes | O No | O DK/NS |  |
| 10.5a: | Has N's O Yes | O No | registered? | INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11 |  |  |  |  |  |
| 10.5b: | Where was it registered?Vital Statistics UnitMagistrate CourtVillage RegistrarHospital $\qquad$Other place in Belize (specify)AbroadDK/NS |  |  | E |  |  |  |  |  |

## INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11

11.1: Are youlls N currently attending formal school, whether full-time or part-time?
O Yes, Full-time
O No
—— $\rightarrow$ SKIP TO 11.2b
11.2a: In what school level or class are youlis N presently?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) <br> O DK/NS |

INTERVIEWER: IF ASSOCIATE'S DEGREE OR HIGHER SKIP TO 11.3, OTHERWISE GO TO SECTION 12
11.2b: What was the highest level of formal school you/N completed?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) |
|  | O DK/NS $\rightarrow$ GO TO SECTION 12 |

INTERVIEWER: IF LESS THAN 5 YEARS, END INTERVIEW; IF ASSOCIATE'S DEGREE OR HIGHER CONTINUE, OTHERWISE GO TO SECTION 12
11.3: What is/was your/N's field of education or programme of study?

O DK/NS


## SECTION 12 ACCESS TO THE INTERNET 5 Years and Over Person 4

I would now like to find out about your Internet use.
12.1: Have you/Has $\mathbf{N}$ used the Internet within the past 3 months?

12.2: What kind of equipment/device did you/ N use to access the Internet in the past 3 months?
O Computer only
O Computer and mobile device
O Mobile device only $\rightarrow$ IF 14 YEARS OR OVER GO TO
O DK/NS

SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON
12.3: Where did you/N use the Internet in the past 3 months?

## [MULTIPLE RESPONSES ALLOWED]

Family or friend's houseSchool
Internet caféWork

Community Internet access facility
$\qquad$

## IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON

## SECTION 13 TRAINING <br> 14 Years and Over

Person 4
Now, I'd like to find out about any occupation or job that you may have been trained for.
13.1: $\quad$ Apart from your/N's formal education, have you/has $\mathbf{N}$ ever completed any training for a specific job or occupation?
O Yes
O No
O DK/NS $\rightarrow$ GO TO SECTION 14
13.2: Referring to the most recent training completed, how was it received?

| O Correspondence course | O Agriculture school |
| :--- | :--- |
| O On the job | O Police academy |
| O Apprenticeship | O Other institution |
| O CET/ITVET | O Workshop or seminar |
| O University | O Internet |
| O Nursing school | O Other (specify)- |
| O Teachers College | O DK/NS | 14591686

13.3: For what job or occupation were you/was N trained?

O DK/NS

14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
O Yes SKIP TO 14.5
O No
O DK/NS
14.2: Last week, did you/ N do any of the following activities for pay, profit or family gain for at least 1 hour?
INTERVIEWER: READ LIST ON FLASH CARD
○ Yes SKIP TO 14.5
O No
O DK/NS
14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?
O Yes SKIP TO 14.5
O No
O DK/NS
14.4: If you/ N had been offered a job or the opportunity to start a business during the last two weeks, what would have prevented you/N from taking up that offer?
O Nothing $\quad$ O Not interested in working
O School ○ Temporary illness/disability
O Home duties
O Retirement
O Other (specify)
O DK/NS

## INTERVIEWER: SKIP TO 14.11a

14.5: Last week, how many jobs or businesses did you/N have?
$\square$
14.6: What category of worker are youlis N in your/N's main job?

O Own business/self-employed with paid help
O Own business/self-employed without paid help
O Paid employee - Government (central or local)
O Paid employee - Quasi Government
O Paid employee - Private/NGO
O Paid employee - International Organisation/Embassy
O Unpaid family worker
O DK/NS
14.7a: What is your/N's job title in your/N's main job?
14.7b: Give a brief description of the main duties performed:

14.8a: What is the name of the establishment in which you/N work in your/N's main job?

O DK/NS
Name of Establishment:
14.8b: Give a brief description of the main economic activity carried out there; i.e. type of goods and/or services produced.

O DK/NS

14.8c: In what district and city, town or village is the establishment?

| DISTRICT |  | O DK/NS |
| :--- | :--- | :--- |
| O cz | O Bz | O sc |
| O ow | O cy | O TO |
| CITYITOWN/VILLAGE |  | O DK/NS |
| (specify) |  |  |


|  | Off |
| :---: | :---: |
|  | use only |

14.9: How many hours did you/N work in all jobs last week?

14.10: Last month, in which category on this flash card did your/N's total income from employment or business fall? This is before taxes and deductions.

INTERVIEWER: PRESENT FLASH CARD. FOR SELF-EMPLOYED PERSONS OBTAIN "NET INCOME" THAT IS, RECEIPTS LESS BUSINESS EXPENSES

14.11a: Did you/N receive any cash or goods from family or friends abroad during the period May 2009 to April 2010?

14.11b: What was the total value of the cash and goods that you/N received during that period?
(PRESENT FLASH CARD)


## SECTION 1.5 MARITAL AND UNION STATUS 1.5 Years and Over <br> The following questions collect information on marital and other personal relationships.

15.1: What is your/N's legal marital status?

O Never married
O Married
O Divorced
O Widowed
O Legally separated
O DK/NS
15.2: Which of the following best describes your/N's present union status? [READ OPTIONS ALOUD]
Married and living with spouse
Common-law relationship
Visiting partner relationship
Not in a union
DK/NS

INTERVIEWER: IF 15.1 = "MARRIED", "DIVORCED", "WIDOWED" OR "LEGALLY SEPARATED", SKIP TO 15.4.
15.3: Have you/Has $N$ ever been in a common-law or visiting partner relationship before?
O Yes
O No

O DK/NS $\rightarrow \quad$| IF FEMALE 15-49 YEARS GO TO |
| :--- |
| SECTION 16, OTHERWISE END |
| INTERVIEW FOR THIS PERSON |

15.4: How old were you/was $N$ when you were/ N was in either a marriage, visiting partner, or common-law relationship for the very first time?


## INTERVIEWER: IF FEMALE 15-49 YEARS CONTINUE TO SECTION 16, OTHERWISE END INTERVIEW FOR THIS PERSON

SECTION 16 FERTILITY
Females 15 to 49 Years
These questions will collect information on the children born to women 15 to 49 years.
16.1a: How many live-born children have you/has $N$ ever had?


## INTERVIEWER: IF NO CHILDREN END INTERVIEW FOR THIS PERSON

16.1b: How many of your/N's live-born children are still alive?

16.2: How old were you/was N when you/she had your/her first live-born child?


## INTERVIEWER: IF 16.1a = "1", SKIP TO 16.4a

16.3: How old were you/was $\mathbf{N}$ when you/she had your/her last live-born child?


How many live births did you/ N have during the period May 2009 to April 2010?

| Total |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Male |  | - | (2) | - | - | - | ( | $\bigcirc$ |  | Odk/ns |
| Female |  |  |  | ( | - | - | $\bigcirc$ |  |  | Od |

## INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR

 THIS PERSON16.4b: How many of your/N's children who were born during that period have died?

○ (1) ○ 0 ○ ○○ ODK/NS
INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON
16.4c: What was the sex and age of the child/children?

| Child No. |  |  |  |  |  | Ag |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Sex |  |  | [READ OPTIONS] |  |  |  |
|  | (11) = Male |  |  | (1)- Less than or equal to 7days |  |  |  |
|  | (F) = Female |  |  | (2)- 8 to 28 days |  |  |  |
|  | (D) $=$ DK/NS |  |  | (3)-More than 28 days |  |  |  |
| 1 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 2 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 3 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 4 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 5 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 6 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |

## SECTION 8 GENERAL CHARACTERISTICS For all persons

To measure the changes in the population since the last census，I＇ll now ask some specific questions about you．

8．1：
O Head

Spouse／Partner
Child／Stepchild／Foster child
Son－in－law／daughter－in－law
O Nephew／Niece
O Brother／Sister
O Grandchild
Parent／Parent－in－law
Other relative（specify）
Domestic employee
Not related
DK／NS
8．2：What is your／N＇s sex？
O Male $\bigcirc$ Female $\bigcirc$ DK／NS

8．3：What is your／N＇s date of birth？

| Date of Birth |  |  |  |  | O DK／NS |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| D | D | M | м | Y | Y | Y |  |
| $\begin{aligned} & \circ \\ & \stackrel{0}{0} \\ & \bigcirc \end{aligned}$ | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
|  | － | － | $\bigcirc$ | － |  | － | － |
|  | － |  | （2） | － |  | $\bigcirc$ | － |
|  | $\bigcirc$ |  | $0$ |  |  |  | － |
|  | $\bigcirc$ |  | $0$ |  |  | $\bigcirc$ | － |
|  | $\bigcirc$ |  | $0$ |  |  | $\bigcirc$ | － |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  |  | $\bigcirc$ | O |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | － | $\bigcirc$ |
|  | $\bigcirc$ |  | $\bigcirc$ |  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

8．4：What was your／N＇s age at your／N＇s last birthday？


8．5：What is your／N＇s religious affiliation／denomination？

| O Anglican | O Nazarene |
| :--- | :--- |
| O Bahai Faith | 〇 Pentecostal |
| O Baptist | 〇 Rastafarian |
| O Buddhism | 〇 Roman Catholic |
| O Hinduism | O Seventh Day Adventist |
| O Islam（Muslim） | 〇 Salvation Army |
| O Jehovah＇s Witness | 〇 Other（specify） |
| Mennonite | O None |
| Methodist | O DK／NS |

8．6：To which ethnic group do you／does N belong？
INTERVIEWER：MAXIMUM OF 2 RESPONSES ALLOWED
O Asian－Japanese，
Chinese，Taiwanese
Olack／African
Caucasian／White
Creole
East Indian
Garifuna
Hindu
Lebanese

O Maya Ketchi
O Maya Mopan
Maya Yucatec
O Mennonite
O Mestizo／Spanish／Latino
O Other
O DK／NS

INTERVIEWER：IF LESS THAN 4 YEARS SKIP TO 8.8
8．7：Which language（s）do you／does $N$ speak well enough to
4＋conduct a conversation？
［MULTIPLE RESPONSES ALLOWED］Chinese $\square$ CreoleMaya YucatecSpanish
Other（specify）
$\square$ English
Garifuna GermanCannot speak
$\square$ Maya KetchiDK／NS
Maya Mopan

## INTERVIEWER：IF OVER 17 YEARS GO TO SECTION 9

8．8：Are your／N＇s biological parent（s）alive？
0－17
Father：
O Yes
O No
O DK／NS
Mother：〇 Yes ○ No ○ DK／NS

## INTERVIEWER：IF＂Yes＂TO ANY OF THE ABOVE THEN CONTINUE，OTHERWISE GO TO SECTION 9.

8．9：Do they live in your household？
0－17

9．1a：Were you／Was N born in Belize or abroad？

| BelizeAbroad（specify below） |  |
| :---: | :---: |
|  |  |
| COUNTRY ○ DK／NS | USA．．．．．．．．．．．．．．．． 840Mexico．．．．．．．．．．．．． 484Guatemala．．．．． 320El Salvador．．．．． 222Honduras．．．．．．． 340 |
| （specify） |  |
| （3）（1）（2）（3）（4）（5）（6）（ㄱ）（8）（9） |  |
| （1）（1）（2）3（4）（5）（6） $7^{\text {（3）}}$（9） |  |
| （1）（1）（2）（3）（4）다（6）（3）（8） |  |

9．1b：Was your／N＇s mother＇s normal residence in Belize or abroad at the time of your／N＇s birth？

| O Belize O DK／NS | SKIP TO 9.3 |
| :---: | :---: |
| O Abroad（specify below） |  |
| COUNTRY O DK／NS |  |
| （specify） | USA．．．．．．．．．．．．．． 840 |
| （1）（1）（2）（3）（4）（5）（6）（ㄱ）（8）${ }^{\text {（9）}}$ | Guatemala．．．．．．．．．． 320 |
| （1）（1）（2）3（4）5（\％）（3）（3） | El Salvador．．．．．． 222 Honduras．．．．．．． 340 |
| （1）（1）（2）3（4）（5）（6）（3）（8） | SKIP TO 9.4 |

9．2：In what district and city，town or village was that？

| DISTRICT |  | O DK／NS |  |
| :---: | :---: | :---: | :---: |
| $\begin{aligned} & \mathrm{O} \mathrm{cz} \\ & \mathrm{O} \text { ow } \end{aligned}$ | O ${ }^{\text {b }}$ | O sc |  |
|  | $w \quad$ Ocy | О то |  |
| CITY／TOWN／VILLAGE |  | O DK／NS |  |
| （specify） |  |  |  |
|  |  |  | Office use only |
|  |  | （1）${ }^{\text {（3）}}$ |  |

9．3：$\quad$ Have you／Has N ever lived in another country？


9．4：In which country did you／N last live？


9．5：In what year did you／N return／last come to live in Belize？

| O Before 1980 | ○ 2007 |
| :--- | :--- |
| O 1980－1989 | ○ 2008 |
| 1990－1999 | ○ 2009 |
| 2000－2005 | ○ 2010 |
| 2006 | O DK／NS |

9．6：What was the main reason you／N returned／came to live in Belize？

| O Regard it as home | O Personal safety |
| :--- | :--- |
| O Family reunification | 〇 Study |
| O Deported／Involuntary return | 〇 Medical |
| O Employment | 〇 Crime rate |
| Business | O Other（specify） |
| Retirement | O DK／NS |

9．7：In what district and city，town or village in Belize did you／N last live？


9．8：In what year did you／N last come to live in this city／town／ village？

| O Before 1980 | O 2007 |
| :--- | :--- |
| O 1980－1989 | O 2008 |
| O 1990－1999 | O 2009 |
| O 2000－2005 | O 2010 |
| O 2006 | O DK／NS |

SECTION 10 DISABILITY \& HEALTH For all persons
This section determines what are the disabilities and longstanding illnesses present in the population.
10.1: Do you/Does N have difficulty with...

| [READ OPTIONS ALOUD] | No difficulty | Some difficulty | Lots of difficulty | Cannot do it at all | DK/NS |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Seeing (even with glasses)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 2. Hearing (even using hearing aid)? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 3. Communicating and speaking? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 4. Walking or climbing stairs? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 5. Upper body functions? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 6. Self-care? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 7. Remembering or concentrating? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 8. Learning? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 9. Behavioural disorders? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 10. Other? (specify) | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

10.2: Have you/Has N ever been diagnosed by a medical doctor with any longstanding or recurring illness(es)?

| O Yes (specify below) | O No | DK/NS |
| :--- | :--- | :--- |
| $[$ IMULTIPLE RESPONSES ALLOWED] |  | IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE |
| $\square$ SKIP TO 10.3 |  |  |
| $\square$ Arthritis/rheumatism | $\square$ Hypertension (High blood pressure) | $\square$ Heart disease |
| $\square$ Kidney disease | $\square$ Sickle cell anemia | $\square$ Lupus |
| $\square$ Asthma | $\square$ Glaucoma | $\square$ Autism |
| $\square$ Diabetes | $\square$ Cancer | $\square$ Other (specify) |

INTERVIEWER: IF PERSON IS 5 YEARS OR OVER, GO TO SECTION 11, OTHERWISE ASK TO SEE N'S VACCINATION CARD. THIS WILL DICTATE HOW YOU ANSWER QUESTIONS 10.3 AND 10.4.

|  |  |  |  | Vaccinat | card is available | Vaccina | on card | NOT available |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{array}{r} \text { 10.3: } \\ 0-4 \end{array}$ | Has $\mathbf{N}$ been given at least one MMR vaccine? |  |  | O Yes | $\mathrm{O} \mathrm{No} \rightarrow$ SKIP TO 10.5a | O Yes | O No | O DK/NS | SKIP TO 10.5a |
| $\begin{gathered} \hline 10.4: \\ 0-4 \end{gathered}$ | Was N given his/her first MMR vaccine between 11 and 13 months? |  |  | O Yes | O No | O Yes | O No | O DK/NS |  |
| 10.5a: | Has N's O Yes | O No | registered? | INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11 |  |  |  |  |  |
| 10.5b: | Where was it registered?Vital Statistics UnitMagistrate CourtVillage RegistrarHospital $\qquad$Other place in Belize (specify)AbroadDK/NS |  |  | E |  |  |  |  |  |

## INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11

11.1: Are youlls N currently attending formal school, whether full-time or part-time?
O Yes, Full-time
O No
—— $\rightarrow$ SKIP TO 11.2b
11.2a: In what school level or class are youlis N presently?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) <br> O DK/NS |

INTERVIEWER: IF ASSOCIATE'S DEGREE OR HIGHER SKIP TO 11.3, OTHERWISE GO TO SECTION 12
11.2b: What was the highest level of formal school you/N completed?

| O Pre-school | O 1st Form |
| :---: | :---: |
| O Infant 1 | O 2nd Form |
| O Infant 2 | O 3rd Form |
| O Standard 1 | O 4th Form |
| O Standard 2 | O Associate's Degree |
| O Standard 3 | O Bachelor's Degree |
| O Standard 4 | O Master's Degree |
| O Standard 5 | O Doctorate Degree |
| O Standard 6 | O Other (specify) |
|  | O DK/NS $\rightarrow$ GO |

INTERVIEWER: IF LESS THAN 5 YEARS, END INTERVIEW; IF ASSOCIATE'S DEGREE OR HIGHER CONTINUE, OTHERWISE GO TO SECTION 12
11.3: What is/was your/N's field of education or programme of study?


## SECTION 12 ACCESS TO THE INTERNET 5 Years and Over Person 5

I would now like to find out about your Internet use.
12.1: Have you/Has $\mathbf{N}$ used the Internet within the past 3 months?

12.2: What kind of equipment/device did you/ N use to access the Internet in the past 3 months?
O Computer only
O Computer and mobile device
O Mobile device only $\rightarrow$ IF 14 YEARS OR OVER GO TO
O DK/NS

SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON
12.3: Where did you/N use the Internet in the past 3 months?

## [MULTIPLE RESPONSES ALLOWED]

Family or friend's houseSchool
Internet caféWork

Community Internet access facility
$\qquad$

## IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON

## SECTION 13 TRAINING <br> 14 Years and Over

Person 5
Now, I'd like to find out about any occupation or job that you may have been trained for.
13.1: Apart from your/N's formal education, have you/has $N$ ever completed any training for a specific job or occupation?
O Yes
O No
O DK/NS $\rightarrow$ GO TO SECTION 14
13.2: Referring to the most recent training completed, how was it received?

| O Correspondence course | O Agriculture school |
| :--- | :--- |
| O On the job | O Police academy |
| O Apprenticeship | O Other institution |
| CET/ITVET | O Workshop or seminar |
| University | O Internet |
| Nursing school | O Other (specify) |
| Teachers College | O DK/NS |

O Correspondence course
O Agriculture school
O On the job
O Apprenticeship
O CET/ITVET
O University
Nursing schoo

14591686
13.3: For what job or occupation were you/was N trained?

○ DK/NS

14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
O Yes SKIP TO 14.5
O No
O DK/NS
14.2: Last week, did you/ N do any of the following activities for pay, profit or family gain for at least 1 hour?
INTERVIEWER: READ LIST ON FLASH CARD
○ Yes SKIP TO 14.5
O No
O DK/NS
14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?
O Yes SKIP TO 14.5
O No
O DK/NS
14.4: If you/ N had been offered a job or the opportunity to start a business during the last two weeks, what would have prevented you/N from taking up that offer?
O Nothing $\quad$ O Not interested in working
O School ○ Temporary illness/disability
O Home duties
O Retirement
O Other (specify)
O DK/NS

## INTERVIEWER: SKIP TO 14.11a

14.5: Last week, how many jobs or businesses did you/N have?
$\square$
14.6: What category of worker are youlis N in your/N's main job?

O Own business/self-employed with paid help
O Own business/self-employed without paid help
O Paid employee - Government (central or local)
O Paid employee - Quasi Government
O Paid employee - Private/NGO
O Paid employee - International Organisation/Embassy
O Unpaid family worker
O DK/NS
14.7a: What is your/N's job title in your/N's main job?
14.7b: Give a brief description of the main duties performed:

14.8a: What is the name of the establishment in which you/N work in your/N's main job?

O DK/NS
Name of Establishment:
14.8b: Give a brief description of the main economic activity carried out there; i.e. type of goods and/or services produced.

O DK/NS

14.8c: In what district and city, town or village is the establishment?

| DISTRICT |  | O DK/NS |
| :--- | :--- | :--- |
| O CZ | O BZ | O SC |
| O OW | O CY | O TO |
| CITYITOWN/VILLAGE | O DK/NS |  |
| (specify) |  |  |


|  | Offi |
| :---: | :---: |
|  | use only |

14.9: How many hours did you/N work in all jobs last week?

14.10: Last month, in which category on this flash card did your/N's total income from employment or business fall? This is before taxes and deductions.

INTERVIEWER: PRESENT FLASH CARD. FOR
SELF-EMPLOYED PERSONS OBTAIN "NET INCOME" THAT IS, RECEIPTS LESS BUSINESS EXPENSES

14.11a: Did you/N receive any cash or goods from family or friends abroad during the period May 2009 to April 2010?

14.11b: What was the total value of the cash and goods that you/N received during that period?
(PRESENT FLASH CARD)


## SECTION 1.5 MARITAL AND UNION STATUS 1.5 Years and Over <br> The following questions collect information on marital and other personal relationships.

15.1: What is your/N's legal marital status?

O Never married
O Married
O Divorced
O Widowed
O Legally separated
O DK/NS
15.2: Which of the following best describes your/N's present union status? [READ OPTIONS ALOUD]
Married and living with spouse
Common-law relationship
Visiting partner relationship
Not in a union
DK/NS

INTERVIEWER: IF 15.1 = "MARRIED", "DIVORCED", "WIDOWED" OR "LEGALLY SEPARATED", SKIP TO 15.4.
15.3: Have you/Has $N$ ever been in a common-law or visiting partner relationship before?
O Yes
O No

O DK/NS $\rightarrow \quad$| IF FEMALE 15-49 YEARS GO TO |
| :--- |
| SECTION 16, OTHERWISE END |
| INTERVIEW FOR THIS PERSON |

15.4: How old were you/was $N$ when you were/ N was in either a marriage, visiting partner, or common-law relationship for the very first time?


## INTERVIEWER: IF FEMALE 15-49 YEARS CONTINUE TO SECTION 16, OTHERWISE END INTERVIEW FOR THIS PERSON

SECTION 16 FERTILITY
These questions will collect information on the children born to women 15 to 49 years.
16.1a: How many live-born children have you/has $\mathbf{N}$ ever had?


## INTERVIEWER: IF NO CHILDREN END INTERVIEW FOR THIS PERSON

16.1b: How many of your/N's live-born children are still alive?

16.2: How old were you/was N when you/she had your/her first live-born child?


## INTERVIEWER: IF 16.1a = "1", SKIP TO 16.4a

16.3: How old were you/was $\mathbf{N}$ when you/she had your/her last live-born child?


How many live births did you/ N have during the period May 2009 to April 2010?

| Total | $\bigcirc$ ○ © ○ ○ ○ ○ O DK/NS $\bigcirc$ ○ (2) ○ ○ ○ ○ ODKINS |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Male |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  | (2) | - | - |  |  |  | DK/NS |

## INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR

 THIS PERSON16.4b: How many of your/N's children who were born during that period have died?

○ (1) ○ 0 ○ ○○ ODK/NS
INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON
16.4c: What was the sex and age of the child/children?

| Child No. |  |  |  | Age |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Sex |  |  | [READ OPTIONS] |  |  |  |
|  | (11) = Male |  |  | (1)- Less than or equal to 7days |  |  |  |
|  | (F) = Female |  |  | (2)- 8 to 28 days |  |  |  |
|  | (D) $=$ DK/NS |  |  | (3)- More than 28 days |  |  |  |
| 1 | (1) | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 2 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 3 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 4 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 5 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |
| 6 | © | $\bigcirc$ | $\bigcirc$ | (1) | (2) | (3) | O DK/NS |

INCOME FLASH CARD

| 88 - No Fixed Period (Seasonal work, piece work) |  |  |  | 99 - DKNS |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Weekly | Fortnightly | Monthly | Quarterly | Annually | Category |
| 1-29 | 1-59 | 1-119 | 1-359 | 1-1439 | 01 |
| 30-59 | 60-119 | 120-239 | 360-719 | 1440-2879 | 02 |
| 60-89 | 120-179 | 240-359 | 720-1079 | 2880-4319 | 03 |
| 90-119 | 180-239 | 360-479 | 1080-1439 | 4320-5759 | 04 |
| 120-149 | 240-299 | 480-599 | 1440-1799 | 5760-7199 | 05 |
| 150-179 | 300-359 | 600-719 | 1800-2159 | 7200-8639 | 06 |
| 180-209 | 360-419 | 720-839 | 2160-2519 | 8640-10079 | 07 |
| 210-239 | 420-479 | 840-959 | 2520-2879 | 10080-11519 | 08 |
| 240-269 | 480-539 | 960-1079 | 2880-3239 | 11520-12959 | 09 |
| 270-299 | 540-599 | 1080-1199 | 3240-3599 | 12960-14399 | 10 |
| 300-329 | 600-659 | 1200-1319 | 3600-3959 | 14400-15839 | 11 |
| 330-359 | 660-719 | 1320-1439 | 3960-4319 | 15840-17279 | 12 |
| 360-389 | 720-779 | 1440-1559 | 4320-4679 | 17280-18719 | 13 |
| 390-419 | 780-839 | 1560-1679 | 4680-5039 | 18720-20159 | 14 |
| 420-449 | 840-899 | 1680-1799 | 5040-5399 | 20160-21599 | 15 |
| 450-479 | 900-959 | 1800-1919 | 5400-5759 | 21600-23039 | 16 |
| 480-509 | 960-1019 | 1920-2039 | 5760-6119 | 23040-24479 | 17 |
| 510-539 | 1020-1079 | 2040-2159 | 6120-6479 | 24480-25919 | 18 |
| 540-569 | 1080-1139 | 2160-2279 | 6480-6839 | 25920-27359 | 19 |
| 570-599 | 1140-1199 | 2280-2399 | 6840-7199 | 27360-28799 | 20 |
| 600-629 | 1200-1259 | 2400-2519 | 7200-7559 | 28800-30239 | 21 |
| 630-659 | 1260-1319 | 2520-2639 | 7560-7919 | 30240-31679 | 22 |
| 660-689 | 1320-1379 | 2640-2759 | 7920-8279 | 31680-33119 | 23 |
| 690-719 | 1380-1439 | 2760-2879 | 8280-8639 | 33120-34559 | 24 |
| 720-749 | 1440-1499 | 2880-2999 | 8640-8999 | 34560-35999 | 25 |
| 750-779 | 1500-1559 | 3000-3119 | 9000-9359 | 36000-37439 | 26 |
| 780-809 | 1560-1619 | 3120-3239 | 9360-9719 | 37440-38879 | 27 |
| 810-839 | 1620-1679 | 3240-3359 | 9720-10079 | 38880-40319 | 28 |
| > 839 | > 1679 | > 3359 | > 10079 | > 40319 | 29 |

## ECONOMIC ACTIVITY FLASH CARD

| Sell food/pastries/sweets from home or snacks at market/bus <br> stop/school | Cleaning yard/cutting grass | Cleaning offices |
| :--- | :--- | :--- |
| Babysitting | Sewing for pay | Subsistence farming |
| Washing, ironing and cleaning clothes | Nurse's aide | Car washing |
| Barbering/hairdressing/ braiding | Bicycle cart deliveries | Drive taxi |
| Any other activity for pay, profit or family gain | Sell craft items | Basket weaving |

