



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.

Incorrect



Correct



or



DISTRICT	LOCALITY	CTV Official Use	E.D. NUMBER	BUILDING NUMBER	HOUSEHOLD NUMBER	WEEK
<input type="radio"/> CZ <input type="radio"/> OW <input type="radio"/> BZ <input type="radio"/> CY <input type="radio"/> SC <input type="radio"/> TO	<input type="radio"/> Corozal Town <input type="radio"/> Orange Walk Town Belize City <input type="radio"/> North Side <input type="radio"/> South Side <input type="radio"/> San Pedro, A.C. <input type="radio"/> Belmopan <input type="radio"/> Benque Viejo <input type="radio"/> San Ignacio <input type="radio"/> Santa Elena <input type="radio"/> Dangriga <input type="radio"/> Punta Gorda <input type="radio"/> Rural	<div></div> <div></div> <div>0</div> <div>0</div> <div>1</div> <div>1</div> <div>2</div> <div>2</div> <div>3</div> <div>3</div> <div>4</div> <div>4</div> <div>5</div> <div>5</div> <div>6</div> <div>6</div> <div>7</div> <div>7</div> <div>8</div> <div>8</div> <div>9</div> <div>9</div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>0</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>1</div> <div>2</div> <div>2</div> <div>2</div> <div>2</div> <div>2</div> <div>3</div> <div>3</div> <div>3</div> <div>3</div> <div>3</div> <div>4</div> <div>4</div> <div>4</div> <div>4</div> <div>4</div> <div>5</div> <div>5</div> <div>5</div> <div>5</div> <div>5</div> <div>6</div> <div>6</div> <div>6</div> <div>6</div> <div>6</div> <div>7</div> <div>7</div> <div>7</div> <div>7</div> <div>7</div> <div>8</div> <div>8</div> <div>8</div> <div>8</div> <div>8</div> <div>9</div> <div>9</div> <div>9</div> <div>9</div> <div>9</div>	<div></div> <div></div> <div></div> <div>0</div> <div>0</div> <div>0</div> <div>1</div> <div>1</div> <div>1</div> <div>2</div> <div>2</div> <div>2</div> <div>3</div> <div>3</div> <div>3</div> <div>4</div> <div>4</div> <div>4</div> <div>5</div> <div>5</div> <div>5</div> <div>6</div> <div>6</div> <div>6</div> <div>7</div> <div>7</div> <div>7</div> <div>8</div> <div>8</div> <div>8</div> <div>9</div> <div>9</div> <div>9</div>	<div></div> <div></div> <div></div> <div>0</div> <div>0</div> <div>0</div> <div>1</div> <div>1</div> <div>1</div> <div>2</div> <div>2</div> <div>2</div> <div>3</div> <div>3</div> <div>3</div> <div>4</div> <div>4</div> <div>4</div> <div>5</div> <div>5</div> <div>5</div> <div>6</div> <div>6</div> <div>6</div> <div>7</div> <div>7</div> <div>7</div> <div>8</div> <div>8</div> <div>8</div> <div>9</div> <div>9</div> <div>9</div>	<div></div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>



RECORD OF VISITS

Interviewer Calls	Date dd/m	Time Started hh/mm	Time Ended hh/mm	Result Code	Language Code
1	<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
2	<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
3	<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
4	<input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="text"/> : <input type="text"/> <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

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: _____

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 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 household 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 (M/F)
1				

Person No.	First Name	Age	Sex (M/F)	Person No.	First Name	Age	Sex (M/F)
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			

Total Males Females



COMMENTS

6							
7							
8							
9							
10							
11							
12							
13							
14							

Extra person questionnaire bar-code numbers

15							
16							
17							
18							
19							
20							
21							
22							
23							

24							
25							
26							
27							
28							
29							
30							
31							
32							



SECTION 1 HOUSING

The purpose of the following questions is to collect information on housing and related conditions.

1.1: What type of dwelling does your household occupy?

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

1.2: Does your household own, rent or lease its dwelling?

- ☐ Own with a mortgage/hire-purchase
☐ Own without a mortgage
☐ Rent-private (paying) _____
☐ Rent-government (paying) _____
☐ Rent-free
☐ Lease
☐ Squat
☐ Other (specify) _____
☐ DK/NS _____

→ SKIP TO 1.5

1.3: What about the land - is it freehold, leasehold or some other type of occupancy?

- ☐ Owned/freehold ☐ Permission to work land
☐ Hire-purchase ☐ Squatted
☐ Leasehold ☐ Sharecropping
☐ Rented (paying) ☐ Other (specify) _____
☐ Rent-free
☐ Reservation land ☐ DK/NS

1.4: In which year was your dwelling built?

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

1.5: What is the main material of the outer walls?

- ☐ Wood ☐ Brick
☐ Plywood ☐ Stucco
☐ Concrete ☐ Makeshift
☐ Plycem ☐ Other (specify) _____
☐ Sheet metal
☐ Wood and concrete ☐ DK/NS
☐ Sticks/palmetto

1.6: What is the main material used for roofing?

- ☐ Sheet metal ☐ Asbestos
☐ Shingle (asphalt) ☐ Thatch
☐ Shingle (wood) ☐ Makeshift
☐ Shingle (tile) ☐ Other (specify) _____
☐ Concrete
☐ Rubber rye ☐ DK/NS

1.7: What is the main material used for the flooring?

- ☐ Concrete ☐ Other (specify) _____
☐ Wood
☐ Plywood ☐ DK/NS
☐ Earth/sand

1.8a: Is your dwelling in need of any repairs?

- ☐ Yes
☐ No _____
☐ DK/NS _____ → SKIP TO 1.9a

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?

- ☐ Kitchen in dwelling
☐ Kitchenette or other cooking space in dwelling
☐ Cooking space outside dwelling
☐ None _____
☐ DK/NS _____ → SKIP TO 1.10

1.9b: What type of fuel does your household use most for cooking?

- ☐ Wood/charcoal ☐ Bio-gas
☐ Kerosene ☐ Solar energy
☐ Electricity ☐ Other (specify) _____
☐ Butane (LPG) ☐ DK/NS

1.10: How does your household usually dispose of its garbage?

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

1.11: What is your household's main source of water supply?

- ☐ Public piped into dwelling
☐ Public piped into yard only
☐ Private piped into dwelling or yard
☐ Public standpipe
☐ Tanker truck
☐ Protected dug well
☐ Unprotected dug well
☐ Neighbour
☐ Private catchments, not piped (vat, drum, water tank, etc.)
☐ River/Stream/Creek/Pond/Spring
☐ Other (specify) _____
☐ DK/NS



SECTION 1 HOUSING

1.12: What is your household's main source of drinking water?

- ☐ Public piped into dwelling
☐ Public piped into yard only
☐ Private piped into dwelling or yard
☐ Public standpipe
☐ Tanker truck
☐ Protected dug well
☐ Unprotected dug well
☐ Private catchments, not piped (vat, drum, water tank, etc.)
☐ River/Stream/Creek/Pond/Spring
☐ Bottled/Purified water
☐ Neighbour
☐ Other (specify) _____
☐ DK/NS

1.13a: What type of toilet facility does your household usually use?

- ☐ Flush toilet linked to BWS sewer system
☐ Flush toilet linked to septic tank
☐ Pit latrine, ventilated and elevated
☐ Pit latrine, ventilated and not elevated
☐ Pit latrine, not ventilated and not elevated
☐ Pit latrine, elevated and not ventilated
☐ Other (specify) _____
☐ None (e.g. bucket, bush)
☐ DK/NS

**SKIP TO
1.13c**

SKIP TO 1.14

1.13b: Is that toilet indoor or outdoor?

- ☐ Indoor
☐ Outdoor
☐ DK/NS

1.13c: Is that toilet shared with any other household?

- ☐ Yes
☐ No
☐ DK/NS

1.14: What type of bathing facility does your household usually use?

- ☐ Fixed bath or shower inside dwelling
☐ Fixed bath or shower outside dwelling
☐ No fixed bath or shower available
☐ DK/NS

1.15: What is the main source of lighting for your household?

- ☐ Electricity from BEL
☐ Electricity - Private generator
☐ Electricity - Solar energy
☐ Electricity "drop" from neighbour/other source
☐ Kerosene lamp/Gas lamp
☐ Candle
☐ Other (specify) _____
☐ None
☐ DK/NS

1.16: How many rooms does your dwelling have?

	<input type="radio"/> 1	<input type="radio"/> 2									<input type="radio"/> DK/NS
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	

1.17: How many bedrooms does your dwelling have?

	<input type="radio"/> 1	<input type="radio"/> 2								<input type="radio"/> DK/NS
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

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

[READ ALL OPTIONS]

	0	1	2	3	4	5	6	7	8	9	4+	DK/NS
a. Air conditioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Refrigerator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Microwave oven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Washing machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Stove (Gas/electric/solar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Radio/stereo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. DVD player	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Portable MP3/Media Player	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Television set	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Electrical generator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Mobile/cellular phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Private motor vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.19: Does your household have...

[READ ALL OPTIONS]

	Yes	No	DK/NS
a. Cable TV service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fixed line telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Internet access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION 2 EMIGRATION

This section will collect basic information on persons who have permanently moved abroad in the past ten years.

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

☐ Yes

☐ No

☐ DK/NS

**GO TO
SECTION 3**

2.2: How many persons?

	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> DK/NS
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**INTERVIEWER: IF
RESPONSE TO 2.2 IS
MORE THAN 5, RECORD
INFORMATION FOR THE
FIVE OLDEST PERSONS**

2.6 None.....[None]
Pre-school.....[Pre]
Primary.....[Pri]
Secondary.....[Sec]
Associate's.....[Asct]

University.....[Uni]
Vocational.....[Voc]
Other (specify)
DK/NS

2.7 U.S.A.....840
U.K.....826
Canada.....124
Mexico.....484

2.9 Family reunification...[F]
Employment.....[E]
Business.....[B]
Study.....[S]
Medical.....[M]
Crime rate.....[C]
Other (specify)
DK/NS

	2.3: Sex of person:	2.4: Age at departure: (years)	2.5: Occupation and description of job at time of departure:	2.6: Highest educational level completed at the time of departure:	2.7: Country migrated to:	2.8: Year of departure:	2.9: Main reason for migrating:
1	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> DK/NS	<div><div></div><div></div></div> <input type="radio"/> DK/NS IF LESS THAN 14YRS SKIP TO 2.6	Occupation: _____ Description: _____ <div><div></div><div></div><div></div><div></div></div> <input type="radio"/> DK/NS Boxes for office use	<input type="radio"/> None <input type="radio"/> Uni <input type="radio"/> Pre <input type="radio"/> Voc <input type="radio"/> Pri <input type="radio"/> Other <input type="radio"/> Sec <input type="radio"/> DK/NS <input type="radio"/> Asct	<div>Country</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>20</div> <div></div> <div></div> <input type="radio"/> DK/NS	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> E <input type="radio"/> C <input type="radio"/> B <input type="radio"/> Other <input type="radio"/> S <input type="radio"/> DK/NS
2	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> DK/NS	<div><div></div><div></div></div> <input type="radio"/> DK/NS IF LESS THAN 14YRS SKIP TO 2.6	Occupation: _____ Description: _____ <div><div></div><div></div><div></div><div></div></div> <input type="radio"/> DK/NS Boxes for office use	<input type="radio"/> None <input type="radio"/> Uni <input type="radio"/> Pre <input type="radio"/> Voc <input type="radio"/> Pri <input type="radio"/> Other <input type="radio"/> Sec <input type="radio"/> DK/NS <input type="radio"/> Asct	<div>Country</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>20</div> <div></div> <div></div> <input type="radio"/> DK/NS	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> E <input type="radio"/> C <input type="radio"/> B <input type="radio"/> Other <input type="radio"/> S <input type="radio"/> DK/NS
3	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> DK/NS	<div><div></div><div></div></div> <input type="radio"/> DK/NS IF LESS THAN 14YRS SKIP TO 2.6	Occupation: _____ Description: _____ <div><div></div><div></div><div></div><div></div></div> <input type="radio"/> DK/NS Boxes for office use	<input type="radio"/> None <input type="radio"/> Uni <input type="radio"/> Pre <input type="radio"/> Voc <input type="radio"/> Pri <input type="radio"/> Other <input type="radio"/> Sec <input type="radio"/> DK/NS <input type="radio"/> Asct	<div>Country</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>20</div> <div></div> <div></div> <input type="radio"/> DK/NS	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> E <input type="radio"/> C <input type="radio"/> B <input type="radio"/> Other <input type="radio"/> S <input type="radio"/> DK/NS
4	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> DK/NS	<div><div></div><div></div></div> <input type="radio"/> DK/NS IF LESS THAN 14YRS SKIP TO 2.6	Occupation: _____ Description: _____ <div><div></div><div></div><div></div><div></div></div> <input type="radio"/> DK/NS Boxes for office use	<input type="radio"/> None <input type="radio"/> Uni <input type="radio"/> Pre <input type="radio"/> Voc <input type="radio"/> Pri <input type="radio"/> Other <input type="radio"/> Sec <input type="radio"/> DK/NS <input type="radio"/> Asct	<div>Country</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>20</div> <div></div> <div></div> <input type="radio"/> DK/NS	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> E <input type="radio"/> C <input type="radio"/> B <input type="radio"/> Other <input type="radio"/> S <input type="radio"/> DK/NS
5	<input type="radio"/> M <input type="radio"/> F <input type="radio"/> DK/NS	<div><div></div><div></div></div> <input type="radio"/> DK/NS IF LESS THAN 14YRS SKIP TO 2.6	Occupation: _____ Description: _____ <div><div></div><div></div><div></div><div></div></div> <input type="radio"/> DK/NS Boxes for office use	<input type="radio"/> None <input type="radio"/> Uni <input type="radio"/> Pre <input type="radio"/> Voc <input type="radio"/> Pri <input type="radio"/> Other <input type="radio"/> Sec <input type="radio"/> DK/NS <input type="radio"/> Asct	<div>Country</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>20</div> <div></div> <div></div> <input type="radio"/> DK/NS	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> E <input type="radio"/> C <input type="radio"/> B <input type="radio"/> Other <input type="radio"/> S <input type="radio"/> DK/NS



SECTION 3 AGRICULTURE

The next set of questions seek to find out whether the household is involved in farming activities.

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?

- ☐ Yes ☐ No ☐ 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
- 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

- ☐ Yes
☐ No
☐ DK/NS

SECTION 4 ENVIRONMENT

Now, we want to identify your household's concerns about issues negatively 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Water contamination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drainage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Air pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use of pesticide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Deforestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Destruction of mangroves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Soil erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Flooding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Integrity of protected areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Impacts of oil exploration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- ☐ None
☐ DK/NS

4.2: What are your sources of environmental information?

[MULTIPLE RESPONSES ALLOWED]

- ☐ Relatives/Friends
- ☐ Newspaper, TV or Radio
- ☐ Internet
- ☐ School/Library
- ☐ Environmental interest group
- ☐ Government or local town, city or village council
- ☐ Other (specify) _____
- ☐ None
- ☐ DK/NS



SECTION 5 CRIME

The following questions will collect information on whether any member of your household has been a victim of a crime.

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?
☐ Yes ☐ No ☐ DK/NS → **GO TO SECTION 6**

5.2: Referring to the most recent crime, what type was it?
☐ Murder/Manslaughter ☐ Wounding/Assault/Harm
☐ Sexual Assault ☐ Burglary
☐ Shooting ☐ Robbery
☐ Domestic Violence ☐ Other (specify) _____
☐ DK/NS

5.3: Was the crime reported to the police?
☐ Yes ☐ No → **SKIP TO 5.5**
☐ DK/NS → **GO TO SECTION 6**

5.4: What was the result?
☐ Pending ☐ Acquitted ☐ Charge withdrawn ☐ DK/NS
☐ Convicted ☐ Dismissed ☐ Other (specify) _____

GO TO SECTION 6

5.5: What was the main reason the crime was not reported?
☐ No confidence in the administration of justice
☐ Afraid of perpetrator
☐ Perpetrator is family/friend
☐ Not serious enough
☐ Too time consuming
☐ Other (specify) _____
☐ DK/NS

SECTION 6 MORTALITY

The next set of questions will collect information on the household members 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?
☐ Yes ☐ No ☐ DK/NS → **GO TO SECTION 7**

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

	6.2: Sex of deceased <input type="radio"/> (M) = Male <input type="radio"/> (F) = Female <input type="radio"/> (D) = DK/NS	6.3: How old was your.../N when he/she died?	FEMALES AGED 15 - 49 YEARS ONLY 6.4: Did the death occur during... [READ OPTIONS 1-3 ALOUD] 1. Pregnancy 3. Six weeks after the 4. None of the above 2. Child birth end of a pregnancy 9. DK/NS
1	<input type="radio"/> (M) <input type="radio"/> (F) <input type="radio"/> (D)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DK/NS	<input type="radio"/> Preg. <input type="radio"/> Child <input type="radio"/> Six <input type="radio"/> None <input type="radio"/> DK/NS
2	<input type="radio"/> (M) <input type="radio"/> (F) <input type="radio"/> (D)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DK/NS	<input type="radio"/> Preg. <input type="radio"/> Child <input type="radio"/> Six <input type="radio"/> None <input type="radio"/> DK/NS
3	<input type="radio"/> (M) <input type="radio"/> (F) <input type="radio"/> (D)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DK/NS	<input type="radio"/> Preg. <input type="radio"/> Child <input type="radio"/> Six <input type="radio"/> None <input type="radio"/> DK/NS
4	<input type="radio"/> (M) <input type="radio"/> (F) <input type="radio"/> (D)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> DK/NS	<input type="radio"/> Preg. <input type="radio"/> Child <input type="radio"/> Six <input type="radio"/> None <input type="radio"/> DK/NS

SECTION 7 WOMEN IN LEADERSHIP POSITIONS

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

7.1: Should women occupy more leadership positions in Belize?
☐ Yes ☐ No ☐ DK/NS → **GO TO SECTION 8**

7.2: What kind of leadership positions should they occupy?
[MULTIPLE RESPONSES ALLOWED]

- ☐ Prime Minister
- ☐ Other ministers of government
- ☐ Area representatives
- ☐ Senators
- ☐ City/town/village councillors
- ☐ CEO/Heads of Department/Directors/Chair of Boards
- ☐ Other (specify) _____
- ☐ DK/NS

7.3: What do you think would help women to occupy these positions?

[MULTIPLE RESPONSES ALLOWED]

- ☐ Political party support
- ☐ Training or education
- ☐ Family support
- ☐ Financial support
- ☐ Public sensitization
- ☐ Other (specify) _____
- ☐ DK/NS

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



PERSON QUESTIONNAIRE

Person Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

SECTION 8 GENERAL CHARACTERISTICS For all persons Head of Household

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?

- ☒ Head
☐ Spouse/Partner
☐ Child/Stepchild/Foster child
☐ Son-in-law/daughter-in-law
☐ Nephew/Niece
☐ Brother/Sister
☐ Grandchild
☐ Parent/Parent-in-law
☐ Other relative (specify) _____
☐ Domestic employee
☐ Not related
☐ DK/NS

8.2: What is your/N's sex?

- ☐ Male ☐ Female ☐ DK/NS

8.3: What is your/N's date of birth?

Date of Birth								<input type="radio"/> DK/NS
D	D	M	M	Y	Y	Y	Y	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

	<input type="radio"/>	<input type="radio"/> DK/NS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

INTERVIEWER: MAXIMUM OF 2 RESPONSES ALLOWED

- ☐ Asian - Japanese, Chinese, Taiwanese
☐ Black/African
☐ Caucasian/White
☐ Creole
☐ East Indian
☐ Garifuna
☐ Hindu
☐ Lebanese
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Mennonite
☐ Mestizo/Spanish/Latino
☐ Other
☐ 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 conduct a conversation?

4+

[MULTIPLE RESPONSES ALLOWED]

- ☐ Chinese
☐ Creole
☐ English
☐ Garifuna
☐ German
☐ Hindi
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Spanish
☐ Other (specify) _____
☐ Cannot speak
☐ DK/NS

INTERVIEWER: IF OVER 17 YEARS GO TO SECTION 9

8.8: Are your/N's biological parent(s) alive?

0-17

Father: ☐ Yes ☐ No ☐ 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

- ☐ Father only
☐ Mother only
☐ Both
☐ Neither
☐ DK/NS

SECTION 9 MIGRATION

For all persons

Head of Household

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?

<input type="radio"/> Belize		<input type="radio"/> DK/NS	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.1b: Was your/N's mother's normal residence in Belize or abroad at the time of your/N's birth?

<input type="radio"/> Belize		<input type="radio"/> DK/NS → SKIP TO 9.3	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

DISTRICT			<input type="radio"/> DK/NS
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC	
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO	
CITY/TOWN/VILLAGE			<input type="radio"/> DK/NS
(specify)			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3: Have you/Has N ever lived in another country?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK/NS → SKIP TO 9.7
---------------------------	--------------------------	--

9.4: In which country did you/N last live?

COUNTRY		<input type="radio"/> DK/NS
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

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

<input type="radio"/> Regard it as home	<input type="radio"/> Personal safety
<input type="radio"/> Family reunification	<input type="radio"/> Study
<input type="radio"/> Deported/Involuntary return	<input type="radio"/> Medical
<input type="radio"/> Employment	<input type="radio"/> Crime rate
<input type="radio"/> Business	<input type="radio"/> Other (specify)
<input type="radio"/> Retirement	
<input type="radio"/> Dependent	<input type="radio"/> DK/NS

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

<input type="radio"/> Never Moved	GO TO SECTION 10
DISTRICT	
<input type="radio"/> CZ	<input type="radio"/> BZ
<input type="radio"/> OW	<input type="radio"/> CY
<input type="radio"/> SC	<input type="radio"/> TO
CITY/TOWN/VILLAGE	
(specify)	
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

SECTION 10 DISABILITY & HEALTH For all persons Head of Household

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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Hearing (even using hearing aid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communicating and speaking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Upper body functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Self-care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Behavioural disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other? (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Yes (specify below) ☐ No ☐ DK/NS → IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE SKIP TO 10.3

[MULTIPLE RESPONSES ALLOWED]

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> 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.

	Vaccination card is available	Vaccination card is NOT available
10.3: 0 - 4 Has N been given at least one MMR vaccine?	<input type="radio"/> Yes <input type="radio"/> No → SKIP TO 10.5a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS → SKIP TO 10.5a
10.4: 0 - 4 Was N given his/her first MMR vaccine between 11 and 13 months?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS

10.5a: Has N's birth been registered?

☐ Yes ☐ No ☐ DK/NS → INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11

10.5b: Where was it registered?

- ☐ Vital Statistics Unit
☐ Magistrate Court
☐ Village Registrar
☐ Hospital
☐ Other place in Belize (specify) _____
☐ Abroad
☐ DK/NS

IN BELIZE

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

SECTION 11 EDUCATION**2 Years and Over****Head of Household**

The following questions gather information about the level of academic schooling in Belize.

11.1: Are you/Is N currently attending formal school, whether full-time or part-time?

- ☐ Yes, Full-time
☐ Yes, Part-time

- ☐ No
☐ DK/NS

→ SKIP TO 11.2b**11.2a:** In what school level or class are you/Is N presently?

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

- ☐ Pre-school
☐ Infant 1
☐ Infant 2
☐ Standard 1
☐ Standard 2
☐ Standard 3
☐ Standard 4
☐ Standard 5
☐ Standard 6
- ☐ 1st Form
☐ 2nd Form
☐ 3rd Form
☐ 4th Form
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate Degree
☐ Other (specify) _____
☐ DK/NS

→ 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?**Asct
+**☐ DK/NS

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

SECTION 12 ACCESS TO THE INTERNET**5 Years and Over****Head of Household**

I would now like to find out about your Internet use.

12.1: Have you/Has N used the Internet within the past 3 months?

- ☐ Yes
☐ No
☐ DK/NS

**IF 14 YEARS OR OVER GO TO
SECTION 13, OTHERWISE END
INTERVIEW FOR THIS PERSON****12.2:** What kind of equipment/device did you/N use to access the Internet in the past 3 months?

- ☐ Computer only
☐ Computer and mobile device
☐ Mobile device only
☐ DK/NS

**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 house
☐ School
☐ Internet café
☐ Community Internet access facility
- ☐ Home
☐ Work
☐ Other (specify) _____
☐ 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, 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?

- ☐ Yes
☐ No
☐ DK/NS

→ GO TO SECTION 14**13.2:** Referring to the most recent training completed, how was it received?

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

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

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

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SECTION 14 ECONOMIC ACTIVITY

14 Years and Over Head of Household

The following questions gather information on the labour force in Belize.

- 14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
☐ Yes **SKIP TO 14.5** ☐ No ☐ 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** ☐ No ☐ DK/NS

- 14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?

☐ Yes **SKIP TO 14.5** ☐ No ☐ 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?

☐ Nothing ☐ Not interested in working
☐ School ☐ Temporary illness/disability
☐ Home duties ☐ Other (specify) _____
☐ Retirement ☐ DK/NS

INTERVIEWER: SKIP TO 14.11a

- 14.5: Last week, how many jobs or businesses did you/N have?

1 2 3 4 5 6 7 8 9 ☐ DK/NS

- 14.6: What category of worker are you/is N in your/N's main job?

☐ Own business/self-employed with paid help
☐ Own business/self-employed without paid help
☐ Paid employee - Government (central or local)
☐ Paid employee - Quasi Government
☐ Paid employee - Private/NGO
☐ Paid employee - International Organisation/Embassy
☐ Unpaid family worker
☐ DK/NS

- 14.7a: What is your/N's job title in your/N's main job?

Job Title: _____ ☐ DK/NS

- 14.7b: Give a brief description of the main duties performed:

_____ ☐ DK/NS

ISCO	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

_____ ☐ DK/NS

BCEA	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

DISTRICT	<input type="radio"/> DK/NS
<input type="radio"/> CZ <input type="radio"/> BZ <input type="radio"/> SC	
<input type="radio"/> OW <input type="radio"/> CY <input type="radio"/> TO	
CITY/TOWN/VILLAGE	<input type="radio"/> DK/NS
(specify)	

	0 1 2 3 4 5 6 7 8 9	Office use only
	0 1 2 3 4 5 6 7 8 9	

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

	0 1 2 3 4 5 6 7 8 9	<input type="radio"/> DK/NS
	0 1 2 3 4 5 6 7 8 9	
	0 1 2 3 4 5 6 7 8 9	

- 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	<input type="radio"/> DK/NS
0 1 2	
0 1 2 3 4 5 6 7 8 9	

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

☐ Yes ☐ No ☐ DK/NS

GO TO SECTION 15

- 14.11b: What was the total value of the cash and goods that you/N received during that period?

(PRESENT FLASH CARD)

INCOME CODE	<input type="radio"/> DK/NS
0 1 2	
0 1 2 3 4 5 6 7 8 9	



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?

- ☐ Never married
☐ Married
☐ Divorced
☐ Widowed
☐ Legally separated
☐ 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

SKIP TO 15.4

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?

- ☐ Yes
☐ No
☐ DK/NS

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?

	1	2	3	4	5	6	7	8	9	<input type="radio"/> DK/NS
	0	1	2	3	4	5	6	7	8	9

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?

Total		1	2								<input type="radio"/> DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2								<input type="radio"/> DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2								<input type="radio"/> DK/NS
		0	1	2	3	4	5	6	7	8	9

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	2								<input type="radio"/> DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2								<input type="radio"/> DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2								<input type="radio"/> DK/NS
		0	1	2	3	4	5	6	7	8	9

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

	1	2	3	4							<input type="radio"/> DK/NS
	0	1	2	3	4	5	6	7	8	9	

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?

	1	2	3	4							<input type="radio"/> DK/NS
	0	1	2	3	4	5	6	7	8	9	

16.4a: How many live births did you/N have during the period May 2009 to April 2010?

Total		0	1	2	3	4	5	6	<input type="radio"/> DK/NS
Male		0	1	2	3	4	5	6	<input type="radio"/> DK/NS
Female		0	1	2	3	4	5	6	<input type="radio"/> DK/NS

INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR THIS PERSON

16.4b: How many of your/N's children who were born during that period have died?

	0	1	2	3	4	5	<input type="radio"/> DK/NS
--	---	---	---	---	---	---	-----------------------------

INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON

16.4c: What was the sex and age of the child/children?

Child No.	Sex			Age			
				[READ OPTIONS]			
	(M) = Male	(F) = Female	(D) = DK/NS	(1) - Less than or equal to 7 days	(2) - 8 to 28 days	(3) - More than 28 days	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	<input type="radio"/> DK/NS
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	<input type="radio"/> DK/NS
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	<input type="radio"/> DK/NS
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	<input type="radio"/> DK/NS
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	<input type="radio"/> DK/NS
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	<input type="radio"/> DK/NS

PERSON QUESTIONNAIRE

Person Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

SECTION 8 GENERAL CHARACTERISTICS For all persons Person 2

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?

- ☐ Head
☐ Spouse/Partner
☐ Child/Stepchild/Foster child
☐ Son-in-law/daughter-in-law
☐ Nephew/Niece
☐ Brother/Sister
☐ Grandchild
☐ Parent/Parent-in-law
☐ Other relative (specify) _____
☐ Domestic employee
☐ Not related
☐ DK/NS

8.2: What is your/N's sex?

- ☐ Male ☐ Female ☐ DK/NS

8.3: What is your/N's date of birth?

Date of Birth								<input type="radio"/> DK/NS
D	D	M	M	Y	Y	Y	Y	
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

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

	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> DK/NS
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> DK/NS	
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> DK/NS	

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

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

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

INTERVIEWER: MAXIMUM OF 2 RESPONSES ALLOWED

- ☐ Asian - Japanese, Chinese, Taiwanese
☐ Black/African
☐ Caucasian/White
☐ Creole
☐ East Indian
☐ Garifuna
☐ Hindu
☐ Lebanese
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Mennonite
☐ Mestizo/Spanish/Latino
☐ Other _____
☐ 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 conduct a conversation?

4+

[MULTIPLE RESPONSES ALLOWED]

- ☐ Chinese
☐ Creole
☐ English
☐ Garifuna
☐ German
☐ Hindi
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Spanish
☐ Other (specify) _____
☐ Cannot speak
☐ DK/NS

INTERVIEWER: IF OVER 17 YEARS GO TO SECTION 9

8.8: Are your/N's biological parent(s) alive?

0-17

Father: ☐ Yes ☐ No ☐ 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

- ☐ Father only
☐ Mother only
☐ Both
☐ Neither
☐ DK/NS

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?

<input type="radio"/> Belize		<input type="radio"/> DK/NS	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.1b: Was your/N's mother's normal residence in Belize or abroad at the time of your/N's birth?

<input type="radio"/> Belize		<input type="radio"/> DK/NS → SKIP TO 9.3	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

DISTRICT		<input type="radio"/> DK/NS	
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC	
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO	
CITY/TOWN/VILLAGE		<input type="radio"/> DK/NS	
(specify)			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3: Have you/Has N ever lived in another country?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK/NS → SKIP TO 9.7
---------------------------	--------------------------	--

9.4: In which country did you/N last live?

COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

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

<input type="radio"/> Regard it as home	<input type="radio"/> Personal safety
<input type="radio"/> Family reunification	<input type="radio"/> Study
<input type="radio"/> Deported/Involuntary return	<input type="radio"/> Medical
<input type="radio"/> Employment	<input type="radio"/> Crime rate
<input type="radio"/> Business	<input type="radio"/> Other (specify)
<input type="radio"/> Retirement	
<input type="radio"/> Dependent	<input type="radio"/> DK/NS

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

<input type="radio"/> Never Moved	GO TO SECTION 10	
DISTRICT		<input type="radio"/> DK/NS
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO
CITY/TOWN/VILLAGE		<input type="radio"/> DK/NS
(specify)		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

SECTION 10 DISABILITY & HEALTH**For all persons****Person 2**

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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Hearing (even using hearing aid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communicating and speaking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Upper body functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Self-care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Behavioural disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other? (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Yes (specify below) ☐ No ☐ DK/NS → **IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE SKIP TO 10.3**

[MULTIPLE RESPONSES ALLOWED]

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> 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.

	Vaccination card is available	Vaccination card is NOT available
10.3: 0 - 4 Has N been given at least one MMR vaccine?	<input type="radio"/> Yes <input type="radio"/> No → SKIP TO 10.5a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS → SKIP TO 10.5a
10.4: 0 - 4 Was N given his/her first MMR vaccine between 11 and 13 months?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS

10.5a: Has N's birth been registered?

☐ Yes ☐ No ☐ DK/NS →

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

10.5b: Where was it registered?

- ☐ Vital Statistics Unit
☐ Magistrate Court
☐ Village Registrar
☐ Hospital
☐ Other place in Belize (specify) _____
☐ Abroad
☐ DK/NS

IN BELIZE

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

SECTION 11 EDUCATION

2 Years and Over

Person 2

The following questions gather information about the level of academic schooling in Belize.

11.1: Are you/Is N currently attending formal school, whether full-time or part-time?

- ☐ Yes, Full-time ☐ No → **SKIP TO 11.2b**
☐ Yes, Part-time ☐ DK/NS

11.2a: In what school level or class are you/Is N presently?

- | | |
|----------------------------------|---|
| <input type="radio"/> Pre-school | <input type="radio"/> 1st Form |
| <input type="radio"/> Infant 1 | <input type="radio"/> 2nd Form |
| <input type="radio"/> Infant 2 | <input type="radio"/> 3rd Form |
| <input type="radio"/> Standard 1 | <input type="radio"/> 4th Form |
| <input type="radio"/> Standard 2 | <input type="radio"/> Associate's Degree |
| <input type="radio"/> Standard 3 | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Standard 4 | <input type="radio"/> Master's Degree |
| <input type="radio"/> Standard 5 | <input type="radio"/> Doctorate Degree |
| <input type="radio"/> Standard 6 | <input type="radio"/> Other (specify) _____ |
| | <input type="radio"/> 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?

- | | |
|----------------------------------|---|
| <input type="radio"/> Pre-school | <input type="radio"/> 1st Form |
| <input type="radio"/> Infant 1 | <input type="radio"/> 2nd Form |
| <input type="radio"/> Infant 2 | <input type="radio"/> 3rd Form |
| <input type="radio"/> Standard 1 | <input type="radio"/> 4th Form |
| <input type="radio"/> Standard 2 | <input type="radio"/> Associate's Degree |
| <input type="radio"/> Standard 3 | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Standard 4 | <input type="radio"/> Master's Degree |
| <input type="radio"/> Standard 5 | <input type="radio"/> Doctorate Degree |
| <input type="radio"/> Standard 6 | <input type="radio"/> Other (specify) _____ |
| | <input type="radio"/> DK/NS → 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?

Asct
+

☐ DK/NS

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

SECTION 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 N used the Internet within the past 3 months?

- ☐ Yes
☐ No → **IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON**
☐ DK/NS

12.2: What kind of equipment/device did you/N use to access the Internet in the past 3 months?

- ☐ Computer only
☐ Computer and mobile device
☐ Mobile device only → **IF 14 YEARS OR OVER GO TO SECTION 13, OTHERWISE END INTERVIEW FOR THIS PERSON**
☐ DK/NS

12.3: Where did you/N use the Internet in the past 3 months?

[MULTIPLE RESPONSES ALLOWED]

- | | |
|---|--|
| <input type="checkbox"/> Family or friend's house | <input type="checkbox"/> Home |
| <input type="checkbox"/> School | <input type="checkbox"/> Work |
| <input type="checkbox"/> Internet café | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Community Internet access facility | <input type="checkbox"/> 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?

- ☐ Yes ☐ No ☐ DK/NS → **GO TO SECTION 14**

13.2: Referring to the most recent training completed, how was it received?

- | | |
|---|---|
| <input type="radio"/> Correspondence course | <input type="radio"/> Agriculture school |
| <input type="radio"/> On the job | <input type="radio"/> Police academy |
| <input type="radio"/> Apprenticeship | <input type="radio"/> Other institution |
| <input type="radio"/> CET/ITVET | <input type="radio"/> Workshop or seminar |
| <input type="radio"/> University | <input type="radio"/> Internet |
| <input type="radio"/> Nursing school | <input type="radio"/> Other (specify) _____ |
| <input type="radio"/> Teachers College | <input type="radio"/> DK/NS |

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

☐ DK/NS

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

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SECTION 14 ECONOMIC ACTIVITY

14 Years and Over

Person 2

The following questions gather information on the labour force in Belize.

- 14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
☐ Yes **SKIP TO 14.5** ☐ No ☐ 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** ☐ No ☐ DK/NS

- 14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?

☐ Yes **SKIP TO 14.5** ☐ No ☐ 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?

☐ Nothing ☐ Not interested in working
☐ School ☐ Temporary illness/disability
☐ Home duties ☐ Other (specify) _____
☐ Retirement ☐ DK/NS

INTERVIEWER: SKIP TO 14.11a

- 14.5: Last week, how many jobs or businesses did you/N have?

1 2 3 4 5 6 7 8 9 ☐ DK/NS

- 14.6: What category of worker are you/is N in your/N's main job?

☐ Own business/self-employed with paid help
☐ Own business/self-employed without paid help
☐ Paid employee - Government (central or local)
☐ Paid employee - Quasi Government
☐ Paid employee - Private/NGO
☐ Paid employee - International Organisation/Embassy
☐ Unpaid family worker
☐ DK/NS

- 14.7a: What is your/N's job title in your/N's main job?

Job Title: _____ ☐ DK/NS

- 14.7b: Give a brief description of the main duties performed:

_____ ☐ DK/NS

ISCO	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

_____ ☐ DK/NS

BCEA	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

DISTRICT	Office use only
<input type="radio"/> CZ <input type="radio"/> BZ <input type="radio"/> SC	
<input type="radio"/> OW <input type="radio"/> CY <input type="radio"/> TO	
CITY/TOWN/VILLAGE	Office use only
(specify)	
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

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

- 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	Office use only
	0 1 2
	0 1 2 3 4 5 6 7 8 9

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

☐ Yes ☐ No ☐ DK/NS

GO TO SECTION 15

- 14.11b: What was the total value of the cash and goods that you/N received during that period?

(PRESENT FLASH CARD)

INCOME CODE	Office use only
	0 1 2
	0 1 2 3 4 5 6 7 8 9



SECTION 15 MARITAL AND UNION STATUS 15 Years and Over

Person 2

The following questions collect information on marital and other personal relationships.

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

- ☐ Never married
☐ Married
☐ Divorced
☐ Widowed
☐ Legally separated
☐ 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

SKIP TO 15.4

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?

- ☐ Yes
☐ No
☐ DK/NS

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?

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

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

SECTION 16 FERTILITY

Females 15 to 49 Years

Person 2

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?

Total		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9

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	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9

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

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

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?

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

16.4a: How many live births did you/N have during the period May 2009 to April 2010?

Total		0	1	2	3	4	5	6	DK/NS
Male		0	1	2	3	4	5	6	DK/NS
Female		0	1	2	3	4	5	6	DK/NS

INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR THIS PERSON

16.4b: How many of your/N's children who were born during that period have died?

	0	1	2	3	4	5	DK/NS
--	---	---	---	---	---	---	-------

INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON

16.4c: What was the sex and age of the child/children?

Child No.	Sex			Age			
				[READ OPTIONS]			
	(M) = Male	(F) = Female	(D) = DK/NS	(1) - Less than or equal to 7 days	(2) - 8 to 28 days	(3) - More than 28 days	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	DK/NS
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	DK/NS
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	DK/NS
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	DK/NS
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	DK/NS
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	DK/NS

PERSON QUESTIONNAIRE

Person Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

SECTION 8 GENERAL CHARACTERISTICS For all persons

Person 3

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?

- ☐ Head
☐ Spouse/Partner
☐ Child/Stepchild/Foster child
☐ Son-in-law/daughter-in-law
☐ Nephew/Niece
☐ Brother/Sister
☐ Grandchild
☐ Parent/Parent-in-law
☐ Other relative (specify) _____
☐ Domestic employee
☐ Not related
☐ DK/NS

8.2: What is your/N's sex?

- ☐ Male ☐ Female ☐ DK/NS

8.3: What is your/N's date of birth?

Date of Birth								<input type="radio"/> DK/NS
D	D	M	M	Y	Y	Y	Y	
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

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

	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> DK/NS
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> DK/NS	
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> DK/NS	

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

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

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

INTERVIEWER: MAXIMUM OF 2 RESPONSES ALLOWED

- ☐ Asian - Japanese, Chinese, Taiwanese
☐ Black/African
☐ Caucasian/White
☐ Creole
☐ East Indian
☐ Garifuna
☐ Hindu
☐ Lebanese
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Mennonite
☐ Mestizo/Spanish/Latino
☐ Other _____
☐ 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 conduct a conversation?

4+

[MULTIPLE RESPONSES ALLOWED]

- ☐ Chinese
☐ Creole
☐ English
☐ Garifuna
☐ German
☐ Hindi
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Spanish
☐ Other (specify) _____
☐ Cannot speak
☐ DK/NS

INTERVIEWER: IF OVER 17 YEARS GO TO SECTION 9

8.8: Are your/N's biological parent(s) alive?

0-17

Father: ☐ Yes ☐ No ☐ 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

- ☐ Father only
☐ Mother only
☐ Both
☐ Neither
☐ DK/NS

SECTION 9 MIGRATION

For all persons

Person 3

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?

<input type="radio"/> Belize		<input type="radio"/> DK/NS	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.1b: Was your/N's mother's normal residence in Belize or abroad at the time of your/N's birth?

<input type="radio"/> Belize		<input type="radio"/> DK/NS → SKIP TO 9.3	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DISTRICT		<input type="radio"/> DK/NS	
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC	
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO	
CITY/TOWN/VILLAGE		<input type="radio"/> DK/NS	
(specify)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.3: Have you/Has N ever lived in another country?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK/NS → SKIP TO 9.7
---------------------------	--------------------------	--

9.4: In which country did you/N last live?

COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

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

<input type="radio"/> Regard it as home	<input type="radio"/> Personal safety
<input type="radio"/> Family reunification	<input type="radio"/> Study
<input type="radio"/> Deported/Involuntary return	<input type="radio"/> Medical
<input type="radio"/> Employment	<input type="radio"/> Crime rate
<input type="radio"/> Business	<input type="radio"/> Other (specify)
<input type="radio"/> Retirement	
<input type="radio"/> Dependent	<input type="radio"/> DK/NS

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

<input type="radio"/> Never Moved	GO TO SECTION 10		
DISTRICT		<input type="radio"/> DK/NS	
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC	
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO	
CITY/TOWN/VILLAGE		<input type="radio"/> DK/NS	
(specify)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

SECTION 10 DISABILITY & HEALTH**For all persons****Person 3**

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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Hearing (even using hearing aid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communicating and speaking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Upper body functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Self-care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Behavioural disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other? (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Yes (specify below) ☐ No ☐ DK/NS → **IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE SKIP TO 10.3**

[MULTIPLE RESPONSES ALLOWED]

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> 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.

	Vaccination card is available	Vaccination card is NOT available
10.3: 0 - 4 Has N been given at least one MMR vaccine?	<input type="radio"/> Yes <input type="radio"/> No → SKIP TO 10.5a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS → SKIP TO 10.5a
10.4: 0 - 4 Was N given his/her first MMR vaccine between 11 and 13 months?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS

10.5a: Has N's birth been registered?

☐ Yes ☐ No ☐ DK/NS →

INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11**10.5b: Where was it registered?**

- ☐ Vital Statistics Unit
☐ Magistrate Court
☐ Village Registrar
☐ Hospital
☐ Other place in Belize (specify) _____
☐ Abroad
☐ DK/NS

IN BELIZE**INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11**

SECTION 11 EDUCATION

2 Years and Over

Person 3

The following questions gather information about the level of academic schooling in Belize.

11.1: Are you/Is N currently attending formal school, whether full-time or part-time?

- ☐ Yes, Full-time
☐ Yes, Part-time

- ☐ No
☐ DK/NS

→ **SKIP TO 11.2b**

11.2a: In what school level or class are you/Is N presently?

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

- ☐ Pre-school
☐ Infant 1
☐ Infant 2
☐ Standard 1
☐ Standard 2
☐ Standard 3
☐ Standard 4
☐ Standard 5
☐ Standard 6
- ☐ 1st Form
☐ 2nd Form
☐ 3rd Form
☐ 4th Form
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate Degree
☐ Other (specify) _____
☐ DK/NS

→ **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?

Asct
+

☐ DK/NS

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

SECTION 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 N used the Internet within the past 3 months?

- ☐ Yes
☐ No
☐ DK/NS

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

12.2: What kind of equipment/device did you/N use to access the Internet in the past 3 months?

- ☐ Computer only
☐ Computer and mobile device
☐ Mobile device only
☐ DK/NS

→ **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 house
☐ School
☐ Internet café
☐ Community Internet access facility
- ☐ Home
☐ Work
☐ Other (specify) _____
☐ 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 3

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?

- ☐ Yes
☐ No
☐ DK/NS

→ **GO TO SECTION 14**

13.2: Referring to the most recent training completed, how was it received?

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

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

☐ DK/NS

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

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SECTION 14 ECONOMIC ACTIVITY

14 Years and Over

Person 3

The following questions gather information on the labour force in Belize.

- 14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
☐ Yes **SKIP TO 14.5** ☐ No ☐ 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** ☐ No ☐ DK/NS

- 14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?

☐ Yes **SKIP TO 14.5** ☐ No ☐ 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?

☐ Nothing ☐ Not interested in working
☐ School ☐ Temporary illness/disability
☐ Home duties ☐ Other (specify) _____
☐ Retirement ☐ DK/NS

INTERVIEWER: SKIP TO 14.11a

- 14.5: Last week, how many jobs or businesses did you/N have?

1 2 3 4 5 6 7 8 9 ☐ DK/NS

- 14.6: What category of worker are you/is N in your/N's main job?

☐ Own business/self-employed with paid help
☐ Own business/self-employed without paid help
☐ Paid employee - Government (central or local)
☐ Paid employee - Quasi Government
☐ Paid employee - Private/NGO
☐ Paid employee - International Organisation/Embassy
☐ Unpaid family worker
☐ DK/NS

- 14.7a: What is your/N's job title in your/N's main job?

Job Title: _____ ☐ DK/NS

- 14.7b: Give a brief description of the main duties performed:

_____ ☐ DK/NS

ISCO	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

_____ ☐ DK/NS

BCEA	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

DISTRICT	Office use only
<input type="radio"/> CZ <input type="radio"/> BZ <input type="radio"/> SC	
<input type="radio"/> OW <input type="radio"/> CY <input type="radio"/> TO	
CITY/TOWN/VILLAGE	Office use only
(specify)	
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

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

- 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	Office use only
	0 1 2
	0 1 2 3 4 5 6 7 8 9

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

☐ Yes ☐ No ☐ DK/NS

GO TO SECTION 15

- 14.11b: What was the total value of the cash and goods that you/N received during that period?

(PRESENT FLASH CARD)

INCOME CODE	Office use only
	0 1 2
	0 1 2 3 4 5 6 7 8 9



SECTION 15 MARITAL AND UNION STATUS 15 Years and Over

Person 3

The following questions collect information on marital and other personal relationships.

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

- ☐ Never married
☐ Married
☐ Divorced
☐ Widowed
☐ Legally separated
☐ 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

SKIP TO
15.4

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?

- ☐ Yes
☐ No
☐ DK/NS

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?

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

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

SECTION 16 FERTILITY

Females 15 to 49 Years

Person 3

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?

Total		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9

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	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9

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

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

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?

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

16.4a: How many live births did you/N have during the period May 2009 to April 2010?

Total		0	1	2	3	4	5	6	DK/NS
Male		0	1	2	3	4	5	6	DK/NS
Female		0	1	2	3	4	5	6	DK/NS

INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR THIS PERSON

16.4b: How many of your/N's children who were born during that period have died?

	0	1	2	3	4	5	DK/NS
--	---	---	---	---	---	---	-------

INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON

16.4c: What was the sex and age of the child/children?

Child No.	Sex			Age		
				[READ OPTIONS]		
	(M) = Male	(F) = Female	(D) = DK/NS	(1) - Less than or equal to 7 days	(2) - 8 to 28 days	(3) - More than 28 days
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERSON QUESTIONNAIRE

Person Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

SECTION 8 GENERAL CHARACTERISTICS For all persons

Person 4

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?

- ☐ Head
☐ Spouse/Partner
☐ Child/Stepchild/Foster child
☐ Son-in-law/daughter-in-law
☐ Nephew/Niece
☐ Brother/Sister
☐ Grandchild
☐ Parent/Parent-in-law
☐ Other relative (specify) _____
☐ Domestic employee
☐ Not related
☐ DK/NS

8.2: What is your/N's sex?

- ☐ Male ☐ Female ☐ DK/NS

8.3: What is your/N's date of birth?

Date of Birth								<input type="radio"/> DK/NS
D	D	M	M	Y	Y	Y	Y	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

	<input type="radio"/>	<input type="radio"/> DK/NS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

INTERVIEWER: MAXIMUM OF 2 RESPONSES ALLOWED

- ☐ Asian - Japanese, Chinese, Taiwanese
☐ Black/African
☐ Caucasian/White
☐ Creole
☐ East Indian
☐ Garifuna
☐ Hindu
☐ Lebanese
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Mennonite
☐ Mestizo/Spanish/Latino
☐ Other _____
☐ 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 conduct a conversation?

4+

[MULTIPLE RESPONSES ALLOWED]

- ☐ Chinese
☐ Creole
☐ English
☐ Garifuna
☐ German
☐ Hindi
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Spanish
☐ Other (specify) _____
☐ Cannot speak
☐ DK/NS

INTERVIEWER: IF OVER 17 YEARS GO TO SECTION 9

8.8: Are your/N's biological parent(s) alive?

0-17

Father: ☐ Yes ☐ No ☐ 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

- ☐ Father only
☐ Mother only
☐ Both
☐ Neither
☐ DK/NS

SECTION 9 MIGRATION

For all persons

Person 4

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?

<input type="radio"/> Belize		<input type="radio"/> DK/NS	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.1b: Was your/N's mother's normal residence in Belize or abroad at the time of your/N's birth?

<input type="radio"/> Belize		<input type="radio"/> DK/NS		SKIP TO 9.3	
<input type="radio"/> Abroad (specify below)					
COUNTRY		<input type="radio"/> DK/NS			
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

DISTRICT			<input type="radio"/> DK/NS
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC	
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO	
CITY/TOWN/VILLAGE			<input type="radio"/> DK/NS
(specify)			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3: Have you/Has N ever lived in another country?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK/NS	SKIP TO 9.7
---------------------------	--------------------------	-----------------------------	--------------------

9.4: In which country did you/N last live?

COUNTRY		<input type="radio"/> DK/NS
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

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

<input type="radio"/> Regard it as home	<input type="radio"/> Personal safety
<input type="radio"/> Family reunification	<input type="radio"/> Study
<input type="radio"/> Deported/Involuntary return	<input type="radio"/> Medical
<input type="radio"/> Employment	<input type="radio"/> Crime rate
<input type="radio"/> Business	<input type="radio"/> Other (specify)
<input type="radio"/> Retirement	
<input type="radio"/> Dependent	<input type="radio"/> DK/NS

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

<input type="radio"/> Never Moved	GO TO SECTION 10	
DISTRICT		<input type="radio"/> DK/NS
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO
CITY/TOWN/VILLAGE		<input type="radio"/> DK/NS
(specify)		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

SECTION 10 DISABILITY & HEALTH**For all persons****Person 4**

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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Hearing (even using hearing aid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communicating and speaking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Upper body functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Self-care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Behavioural disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other? (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Yes (specify below) ☐ No ☐ DK/NS → **IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE SKIP TO 10.3**

[MULTIPLE RESPONSES ALLOWED]

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> 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.

	Vaccination card is available	Vaccination card is NOT available
10.3: 0 - 4 Has N been given at least one MMR vaccine?	<input type="radio"/> Yes <input type="radio"/> No → SKIP TO 10.5a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS → SKIP TO 10.5a
10.4: 0 - 4 Was N given his/her first MMR vaccine between 11 and 13 months?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS

10.5a: Has N's birth been registered?

☐ Yes ☐ No ☐ DK/NS →

INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11**10.5b: Where was it registered?**

- ☐ Vital Statistics Unit
☐ Magistrate Court
☐ Village Registrar
☐ Hospital
☐ Other place in Belize (specify) _____
☐ Abroad
☐ DK/NS

IN BELIZE**INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11**

SECTION 11 EDUCATION

2 Years and Over

Person 4

The following questions gather information about the level of academic schooling in Belize.

11.1: Are you/Is N currently attending formal school, whether full-time or part-time?

- ☐ Yes, Full-time
☐ Yes, Part-time

- ☐ No
☐ DK/NS

→ **SKIP TO 11.2b**

11.2a: In what school level or class are you/Is N presently?

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

- ☐ Pre-school
☐ Infant 1
☐ Infant 2
☐ Standard 1
☐ Standard 2
☐ Standard 3
☐ Standard 4
☐ Standard 5
☐ Standard 6
- ☐ 1st Form
☐ 2nd Form
☐ 3rd Form
☐ 4th Form
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate Degree
☐ Other (specify) _____
☐ DK/NS

→ **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?

Asct
+

☐ DK/NS

ISCED	Office use only									
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

SECTION 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 N used the Internet within the past 3 months?

- ☐ Yes
☐ No
☐ DK/NS

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

12.2: What kind of equipment/device did you/N use to access the Internet in the past 3 months?

- ☐ Computer only
☐ Computer and mobile device
☐ Mobile device only
☐ DK/NS

→ **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 house
☐ School
☐ Internet café
☐ Community Internet access facility
- ☐ Home
☐ Work
☐ Other (specify) _____
☐ 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 4

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?

- ☐ Yes
☐ No
☐ DK/NS

→ **GO TO SECTION 14**

13.2: Referring to the most recent training completed, how was it received?

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

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

☐ DK/NS

ISCED	Office use only									
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

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SECTION 14 ECONOMIC ACTIVITY

14 Years and Over

Person 4

The following questions gather information on the labour force in Belize.

- 14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
☐ Yes **SKIP TO 14.5** ☐ No ☐ 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** ☐ No ☐ DK/NS

- 14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?

☐ Yes **SKIP TO 14.5** ☐ No ☐ 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?

☐ Nothing ☐ Not interested in working
☐ School ☐ Temporary illness/disability
☐ Home duties ☐ Other (specify) _____
☐ Retirement ☐ DK/NS

INTERVIEWER: SKIP TO 14.11a

- 14.5: Last week, how many jobs or businesses did you/N have?

1 2 3 4 5 6 7 8 9 ☐ DK/NS

- 14.6: What category of worker are you/is N in your/N's main job?

☐ Own business/self-employed with paid help
☐ Own business/self-employed without paid help
☐ Paid employee - Government (central or local)
☐ Paid employee - Quasi Government
☐ Paid employee - Private/NGO
☐ Paid employee - International Organisation/Embassy
☐ Unpaid family worker
☐ DK/NS

- 14.7a: What is your/N's job title in your/N's main job?

Job Title: _____ ☐ DK/NS

- 14.7b: Give a brief description of the main duties performed:

_____ ☐ DK/NS

ISCO	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

_____ ☐ DK/NS

BCEA	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

DISTRICT	Office use only
<input type="radio"/> CZ <input type="radio"/> BZ <input type="radio"/> SC	
<input type="radio"/> OW <input type="radio"/> CY <input type="radio"/> TO	
CITY/TOWN/VILLAGE	Office use only
(specify)	
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

<input type="text"/>	1	<input type="radio"/> DK/NS
	0 1 2 3 4 5 6 7 8 9	
	0 1 2 3 4 5 6 7 8 9	

- 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	Office use only
<input type="radio"/> DK/NS	
	0 1 2
	0 1 2 3 4 5 6 7 8 9

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

☐ Yes ☐ No ☐ DK/NS

GO TO SECTION 15

- 14.11b: What was the total value of the cash and goods that you/N received during that period?

(PRESENT FLASH CARD)

INCOME CODE	Office use only
<input type="radio"/> DK/NS	
	0 1 2
	0 1 2 3 4 5 6 7 8 9



SECTION 15 MARITAL AND UNION STATUS 15 Years and Over

Person 4

The following questions collect information on marital and other personal relationships.

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

- ☐ Never married
☐ Married
☐ Divorced
☐ Widowed
☐ Legally separated
☐ 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

SKIP TO
15.4

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?

- ☐ Yes
☐ No
☐ DK/NS

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?

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

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

SECTION 16 FERTILITY

Females 15 to 49 Years

Person 4

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?

Total		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9

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	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2	3	4	5	6	7	8	9	DK/NS
		0	1	2	3	4	5	6	7	8	9

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

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

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?

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

16.4a: How many live births did you/N have during the period May 2009 to April 2010?

Total		0	1	2	3	4	5	6	7	8	9	DK/NS
Male		0	1	2	3	4	5	6	7	8	9	DK/NS
Female		0	1	2	3	4	5	6	7	8	9	DK/NS

INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR
THIS PERSON

16.4b: How many of your/N's children who were born during that period have died?

	0	1	2	3	4	5	6	7	8	9	DK/NS
--	---	---	---	---	---	---	---	---	---	---	-------

INTERVIEWER: IF "0" END INTERVIEW FOR THIS
PERSON

16.4c: What was the sex and age of the child/children?

Child No.	Sex			Age		
	[READ OPTIONS]					
	(M) = Male	(F) = Female	(D) = DK/NS	(1) - Less than or equal to 7 days	(2) - 8 to 28 days	(3) - More than 28 days
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERSON QUESTIONNAIRE

Person Number: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

SECTION 8 GENERAL CHARACTERISTICS For all persons Person 5

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?

- ☐ Head
☐ Spouse/Partner
☐ Child/Stepchild/Foster child
☐ Son-in-law/daughter-in-law
☐ Nephew/Niece
☐ Brother/Sister
☐ Grandchild
☐ Parent/Parent-in-law
☐ Other relative (specify) _____
☐ Domestic employee
☐ Not related
☐ DK/NS

8.2: What is your/N's sex?

- ☐ Male ☐ Female ☐ DK/NS

8.3: What is your/N's date of birth?

Date of Birth								<input type="radio"/> DK/NS
D	D	M	M	Y	Y	Y	Y	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

	<input type="radio"/>	<input type="radio"/> DK/NS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

INTERVIEWER: MAXIMUM OF 2 RESPONSES ALLOWED

- ☐ Asian - Japanese, Chinese, Taiwanese
☐ Black/African
☐ Caucasian/White
☐ Creole
☐ East Indian
☐ Garifuna
☐ Hindu
☐ Lebanese
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Mennonite
☐ Mestizo/Spanish/Latino
☐ Other
☐ 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 conduct a conversation?

4+

[MULTIPLE RESPONSES ALLOWED]

- ☐ Chinese
☐ Creole
☐ English
☐ Garifuna
☐ German
☐ Hindi
☐ Maya Ketchi
☐ Maya Mopan
☐ Maya Yucatec
☐ Spanish
☐ Other (specify) _____
☐ Cannot speak
☐ DK/NS

INTERVIEWER: IF OVER 17 YEARS GO TO SECTION 9

8.8: Are your/N's biological parent(s) alive?

0-17

Father: ☐ Yes ☐ No ☐ 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

- ☐ Father only
☐ Mother only
☐ Both
☐ Neither
☐ DK/NS

SECTION 9 MIGRATION

For all persons

Person 5

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?

<input type="radio"/> Belize		<input type="radio"/> DK/NS	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.1b: Was your/N's mother's normal residence in Belize or abroad at the time of your/N's birth?

<input type="radio"/> Belize		<input type="radio"/> DK/NS → SKIP TO 9.3	
<input type="radio"/> Abroad (specify below)			
COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DISTRICT		<input type="radio"/> DK/NS	
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC	
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO	
CITY/TOWN/VILLAGE		<input type="radio"/> DK/NS	
(specify)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

9.3: Have you/Has N ever lived in another country?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK/NS → SKIP TO 9.7
---------------------------	--------------------------	--

9.4: In which country did you/N last live?

COUNTRY		<input type="radio"/> DK/NS	
(specify)		USA.....840 Mexico.....484 Guatemala.....320 El Salvador.....222 Honduras.....340	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

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

<input type="radio"/> Regard it as home	<input type="radio"/> Personal safety
<input type="radio"/> Family reunification	<input type="radio"/> Study
<input type="radio"/> Deported/Involuntary return	<input type="radio"/> Medical
<input type="radio"/> Employment	<input type="radio"/> Crime rate
<input type="radio"/> Business	<input type="radio"/> Other (specify)
<input type="radio"/> Retirement	
<input type="radio"/> Dependent	<input type="radio"/> DK/NS

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

<input type="radio"/> Never Moved	GO TO SECTION 10	
DISTRICT		<input type="radio"/> DK/NS
<input type="radio"/> CZ	<input type="radio"/> BZ	<input type="radio"/> SC
<input type="radio"/> OW	<input type="radio"/> CY	<input type="radio"/> TO
CITY/TOWN/VILLAGE		<input type="radio"/> DK/NS
(specify)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="radio"/> Before 1980	<input type="radio"/> 2007
<input type="radio"/> 1980-1989	<input type="radio"/> 2008
<input type="radio"/> 1990-1999	<input type="radio"/> 2009
<input type="radio"/> 2000-2005	<input type="radio"/> 2010
<input type="radio"/> 2006	<input type="radio"/> DK/NS

SECTION 10 DISABILITY & HEALTH**For all persons****Person 5**

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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Hearing (even using hearing aid)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communicating and speaking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Upper body functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Self-care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Remembering or concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Behavioural disorders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other? (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

☐ Yes (specify below) ☐ No ☐ DK/NS → **IF 5 YEARS OR OVER GO TO SECTION 11, OTHERWISE SKIP TO 10.3**

[MULTIPLE RESPONSES ALLOWED]

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> 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.

	Vaccination card is available	Vaccination card is NOT available
10.3: 0 - 4 Has N been given at least one MMR vaccine?	<input type="radio"/> Yes <input type="radio"/> No → SKIP TO 10.5a	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS → SKIP TO 10.5a
10.4: 0 - 4 Was N given his/her first MMR vaccine between 11 and 13 months?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK/NS

10.5a: Has N's birth been registered?

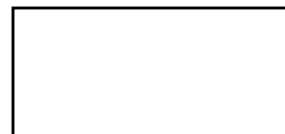
☐ Yes ☐ No ☐ DK/NS → **INTERVIEWER: IF PERSON IS UNDER 2 YEARS END INTERVIEW OTHERWISE CONTINUE TO SECTION 11**

10.5b: Where was it registered?

- ☐ Vital Statistics Unit
☐ Magistrate Court
☐ Village Registrar
☐ Hospital
☐ Other place in Belize (specify) _____
☐ Abroad
☐ DK/NS

IN BELIZE

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



SECTION 11 EDUCATION

2 Years and Over

Person 5

The following questions gather information about the level of academic schooling in Belize.

11.1: Are you/Is N currently attending formal school, whether full-time or part-time?

- ☐ Yes, Full-time
☐ Yes, Part-time

- ☐ No
☐ DK/NS

→ **SKIP TO 11.2b**

11.2a: In what school level or class are you/Is N presently?

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

- ☐ Pre-school
☐ Infant 1
☐ Infant 2
☐ Standard 1
☐ Standard 2
☐ Standard 3
☐ Standard 4
☐ Standard 5
☐ Standard 6
- ☐ 1st Form
☐ 2nd Form
☐ 3rd Form
☐ 4th Form
☐ Associate's Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate Degree
☐ Other (specify) _____
☐ DK/NS

→ **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?

Asct
+

☐ DK/NS

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

SECTION 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 N used the Internet within the past 3 months?

- ☐ Yes
☐ No
☐ DK/NS

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

12.2: What kind of equipment/device did you/N use to access the Internet in the past 3 months?

- ☐ Computer only
☐ Computer and mobile device
☐ Mobile device only
☐ DK/NS

→ **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 house
☐ School
☐ Internet café
☐ Community Internet access facility
- ☐ Home
☐ Work
☐ Other (specify) _____
☐ 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 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?

- ☐ Yes
☐ No
☐ DK/NS

→ **GO TO SECTION 14**

13.2: Referring to the most recent training completed, how was it received?

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

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

☐ DK/NS

ISCED	Office use only
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9
0	1 2 3 4 5 6 7 8 9

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SECTION 14 ECONOMIC ACTIVITY

14 Years and Over

Person 5

The following questions gather information on the labour force in Belize.

- 14.1: Last week, did you/N do any work for pay, profit or family gain for at least 1 hour?
☐ Yes **SKIP TO 14.5** ☐ No ☐ 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** ☐ No ☐ DK/NS

- 14.3: Last week, did you/N have a job, business or farm from which you were/N was temporarily absent?

☐ Yes **SKIP TO 14.5** ☐ No ☐ 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?

☐ Nothing ☐ Not interested in working
☐ School ☐ Temporary illness/disability
☐ Home duties ☐ Other (specify) _____
☐ Retirement ☐ DK/NS

INTERVIEWER: SKIP TO 14.11a

- 14.5: Last week, how many jobs or businesses did you/N have?

1 2 3 4 5 6 7 8 9 ☐ DK/NS

- 14.6: What category of worker are you/is N in your/N's main job?

☐ Own business/self-employed with paid help
☐ Own business/self-employed without paid help
☐ Paid employee - Government (central or local)
☐ Paid employee - Quasi Government
☐ Paid employee - Private/NGO
☐ Paid employee - International Organisation/Embassy
☐ Unpaid family worker
☐ DK/NS

- 14.7a: What is your/N's job title in your/N's main job?

Job Title: _____ ☐ DK/NS

- 14.7b: Give a brief description of the main duties performed:

_____ ☐ DK/NS

ISCO	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

_____ ☐ DK/NS

BCEA	Office use only
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

DISTRICT	Office use only
<input type="radio"/> CZ <input type="radio"/> BZ <input type="radio"/> SC	
<input type="radio"/> OW <input type="radio"/> CY <input type="radio"/> TO	
CITY/TOWN/VILLAGE	Office use only
(specify)	
	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9

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

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

- 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	Office use only
	0 1 2
	0 1 2 3 4 5 6 7 8 9

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

☐ Yes ☐ No ☐ DK/NS

GO TO SECTION 15

- 14.11b: What was the total value of the cash and goods that you/N received during that period?

(PRESENT FLASH CARD)

INCOME CODE	Office use only
	0 1 2
	0 1 2 3 4 5 6 7 8 9



SECTION 15 MARITAL AND UNION STATUS 15 Years and Over**Person 5**

The following questions collect information on marital and other personal relationships.

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

- ☐ Never married
☐ Married
☐ Divorced
☐ Widowed
☐ Legally separated
☐ 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

SKIP TO 15.4**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?**

- ☐ Yes
☐ No
☐ DK/NS

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?**

	1	2	3	4	5	6	7	8	9	DK/NS
	0	1	2	3	4	5	6	7	8	9

INTERVIEWER: IF FEMALE 15-49 YEARS CONTINUE TO SECTION 16, OTHERWISE END INTERVIEW FOR THIS PERSON**SECTION 16 FERTILITY****Females 15 to 49 Years****Person 5**

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?

Total		1	2								DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2								DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2								DK/NS
		0	1	2	3	4	5	6	7	8	9

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	2								DK/NS
		0	1	2	3	4	5	6	7	8	9
Male		1	2								DK/NS
		0	1	2	3	4	5	6	7	8	9
Female		1	2								DK/NS
		0	1	2	3	4	5	6	7	8	9

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

	1	2	3	4							DK/NS
	0	1	2	3	4	5	6	7	8	9	

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?**

	1	2	3	4							DK/NS
	0	1	2	3	4	5	6	7	8	9	

16.4a: How many live births did you/N have during the period May 2009 to April 2010?

Total		0	1	2	3	4	5	6	DK/NS
Male		0	1	2	3	4	5	6	DK/NS
Female		0	1	2	3	4	5	6	DK/NS

INTERVIEWER: IF TOTAL="0" END INTERVIEW FOR THIS PERSON**16.4b: How many of your/N's children who were born during that period have died?**

	0	1	2	3	4	5	DK/NS
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INTERVIEWER: IF "0" END INTERVIEW FOR THIS PERSON**16.4c: What was the sex and age of the child/children?**

Child No.	Sex			Age						
				[READ OPTIONS]						
	(M)	(F)	(D)	(1) - Less than or equal to 7 days						
				(2) - 8 to 28 days						
	(M)	(F)	(D)	(3) - More than 28 days						
1	(M)	(F)	(D)	1	2	3	DK/NS			
2	(M)	(F)	(D)	1	2	3	DK/NS			
3	(M)	(F)	(D)	1	2	3	DK/NS			
4	(M)	(F)	(D)	1	2	3	DK/NS			
5	(M)	(F)	(D)	1	2	3	DK/NS			
6	(M)	(F)	(D)	1	2	3	DK/NS			

INCOME FLASH CARD							
00 - Unpaid family Worker		88 - No Fixed Period (Seasonal work, piece work)				99 - DKNS	
Category	Daily	Weekly	Fortnightly	Monthly	Quarterly	Annually	Category
01	1 - 4	1 - 29	1 - 59	1 - 119	1 - 359	1 - 1439	01
02	5 - 9	30 - 59	60 - 119	120 - 239	360 - 719	1440 - 2879	02
03	10 - 14	60 - 89	120 - 179	240 - 359	720 - 1079	2880 - 4319	03
04	15 - 19	90 - 119	180 - 239	360 - 479	1080 - 1439	4320 - 5759	04
05	20 - 24	120 - 149	240 - 299	480 - 599	1440 - 1799	5760 - 7199	05
06	25 - 29	150 - 179	300 - 359	600 - 719	1800 - 2159	7200 - 8639	06
07	30 - 34	180 - 209	360 - 419	720 - 839	2160 - 2519	8640 - 10079	07
08	35 - 39	210 - 239	420 - 479	840 - 959	2520 - 2879	10080 - 11519	08
09	40 - 44	240 - 269	480 - 539	960 - 1079	2880 - 3239	11520 - 12959	09
10	45 - 49	270 - 299	540 - 599	1080 - 1199	3240 - 3599	12960 - 14399	10
11	50 - 54	300 - 329	600 - 659	1200 - 1319	3600 - 3959	14400 - 15839	11
12	55 - 59	330 - 359	660 - 719	1320 - 1439	3960 - 4319	15840 - 17279	12
13	60 - 64	360 - 389	720 - 779	1440 - 1559	4320 - 4679	17280 - 18719	13
14	65 - 69	390 - 419	780 - 839	1560 - 1679	4680 - 5039	18720 - 20159	14
15	70 - 74	420 - 449	840 - 899	1680 - 1799	5040 - 5399	20160 - 21599	15
16	75 - 79	450 - 479	900 - 959	1800 - 1919	5400 - 5759	21600 - 23039	16
17	80 - 84	480 - 509	960 - 1019	1920 - 2039	5760 - 6119	23040 - 24479	17
18	85 - 89	510 - 539	1020 - 1079	2040 - 2159	6120 - 6479	24480 - 25919	18
19	90 - 94	540 - 569	1080 - 1139	2160 - 2279	6480 - 6839	25920 - 27359	19
20	95 - 99	570 - 599	1140 - 1199	2280 - 2399	6840 - 7199	27360 - 28799	20
21	100 - 104	600 - 629	1200 - 1259	2400 - 2519	7200 - 7559	28800 - 30239	21
22	105 - 109	630 - 659	1260 - 1319	2520 - 2639	7560 - 7919	30240 - 31679	22
23	110 - 114	660 - 689	1320 - 1379	2640 - 2759	7920 - 8279	31680 - 33119	23
24	115 - 119	690 - 719	1380 - 1439	2760 - 2879	8280 - 8639	33120 - 34559	24
25	120 - 124	720 - 749	1440 - 1499	2880 - 2999	8640 - 8999	34560 - 35999	25
26	125 - 129	750 - 779	1500 - 1559	3000 - 3119	9000 - 9359	36000 - 37439	26
27	130 - 134	780 - 809	1560 - 1619	3120 - 3239	9360 - 9719	37440 - 38879	27
28	135 - 139	810 - 839	1620 - 1679	3240 - 3359	9720 - 10079	38880 - 40319	28
29	> 139	> 839	> 1679	> 3359	> 10079	> 40319	29

ECONOMIC ACTIVITY FLASH CARD		
Sell food/pastries/sweets from home or snacks at market/bus 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/hairstyling/ braiding	Bicycle cart deliveries	Drive taxi
Any other activity for pay, profit or family gain	Sell craft items	Basket weaving