

WOMAN'S INFORMATION PANEL	WM
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WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / 2 0 2 4

<i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i>	WM7. Record the time: HOURS : MINUTES _____ : _____						
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">YES, INTERVIEWED ALREADY</td> <td style="width: 50%; text-align: right;">1</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NO, FIRST INTERVIEW.....</td> <td style="text-align: right;">2</td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">1 ⇒ WM9B</td> <td style="width: 50%; text-align: right;">2 ⇒ WM9A</td> </tr> </table>	YES, INTERVIEWED ALREADY	1	NO, FIRST INTERVIEW.....	2	1 ⇒ WM9B	2 ⇒ WM9A
YES, INTERVIEWED ALREADY	1						
NO, FIRST INTERVIEW.....	2						
1 ⇒ WM9B	2 ⇒ WM9A						

SAMPLE

<p>WM9A. Hello, my name is (<i>your name</i>). We are from the Statistical Institute of Belize. We are conducting a survey about the situation of children, families, and households. I would like to talk to you about your health and other topics. We are also interviewing mothers about their children.</p> <p>This interview usually takes about 30 minutes.</p> <p>Participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of women.</p> <p>Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you will be made publicly available. We will only produce information about the general population.</p> <p>Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know.</p> <p>If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact the Statistical Institute of Belize.</p> <p>May I start the interview?</p>	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail.</p> <p>This interview usually takes about 30 minutes.</p> <p>Again, participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of women.</p> <p>Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you will be made publicly available. We will only produce information about the general population.</p> <p>Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know.</p> <p>If at any time you have any complaints or concerns about this survey, please use the information on the card I gave you earlier to contact the Statistical Institute of Belize.</p> <p>May I start the interview?</p>
<p>YES 1</p> <p>NO / NOT ASKED 2</p>	<p>1 ⇒ WOMAN'S BACKGROUND Module</p> <p>2 ⇒ WM17</p>

WOMAN'S BACKGROUND	WB	
<p>WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?</p>	<p>YES, RESPONDENT IS THE SAME, WM3=HH47 1</p> <p>NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2</p>	<p>1 ⇒ WB5</p>
<p>WB3. In what month and year were you born?</p>	<p>DATE OF BIRTH</p> <p>MONTH __ __</p> <p>DK MONTH 98</p> <p>YEAR __ __ __ __</p> <p>DK YEAR 9998</p>	
<p>WB4. How old are you?</p> <p><i>Probe: How old were you at your last birthday?</i></p> <p><i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i></p>	<p>AGE (IN COMPLETED YEARS)..... __ __</p>	

<p>WB5. Where were you born? In Belize or another country?</p>	<p>BELIZE 1 OTHER COUNTRY 2 DK..... 8</p>	<p>2⇒WB6 8⇒WB7</p>
<p>WB5A. In which district were you born?</p> <p><i>Probe to determine the region according to present borders.</i></p>	<p>COROZAL 01 ORANGE WALK 02 BELIZE NORTH 03 BELIZE SOUTH..... 04 CAYO 05 STANN CREEK 06 TOLEDO..... 07 DK..... 98</p>	<p>1⇒WB7A 2⇒WB7A 3⇒WB7A 4⇒WB7A 5⇒WB7A 6⇒WB7A 7⇒WB7A 98⇒WB7A</p>
<p>WB6. In which country were you born?</p> <p><i>Probe to determine country according to present borders and record ISO 3166-1 code of the country.</i></p> <p><u><i>If unable to find or determine the name of the country, write the name of the place below and then temporarily record '976' until you learn the appropriate code.</i></u></p> <p>_____</p> <p style="text-align: center;"><i>(Name of country)</i></p>	<p>GUATEMALA 320 EL SALVADOR 222 HONDURAS 340 MEXICO 484 USA 840 OTHER (specify) _____ UNABLE TO DETERMINE COUNTRY 976</p>	
<p>WB7. Do you have the citizenship of Belize?</p>	<p>YES, CITIZEN OF BELIZE 1 NO, ANOTHER COUNTRY 2 NO, NO CITIZENSHIP 3</p>	<p>2⇒WB7B 3⇒End</p>
<p>WB7A. Do you have the citizenship of another country?</p>	<p>YES 1 NO..... 2</p>	<p>2⇒End</p>
<p>WB7B. Which (other) country or countries do you have the citizenship of?</p> <p><i>Please select all that apply.</i></p> <p><i>Probe to determine country according to present borders and record ISO 3166-1 code of the country.</i></p> <p><u><i>If unable to find or determine the name of the country, write the name of the place below and then temporarily record '976' until you learn the appropriate code.</i></u></p> <p>_____</p> <p style="text-align: center;"><i>(Name of country)</i></p>	<p>GUATEMALA 320 EL SALVADOR 222 HONDURAS 340 MEXICO 484 USA 840 OTHER (specify) _____ UNABLE TO DETERMINE COUNTRY 976</p>	

SAMPLE

ICT use	IC	
IC1. Do you own a cell phone?	YES 1 NO 2	2 ⇒ IC3
IC2. Do you own a touch screen phone?	YES 1 NO 2	
IC3. During the last 3 months, did you use a cell phone at least once a week, less than once a week or not at all? <i>Probe if necessary:</i> I mean have you communicated with someone using a cell phone. <i>If 'At least once a week', probe:</i> Would you say this happens almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
IC4. Have you ever used a computer, such as a desktop, laptop, tablet, or similar?	YES 1 NO 2	2 ⇒ IC6
IC5. During the last 3 months, did you use a computer at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe:</i> Would you say this happened almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	1 ⇒ IC7 2 ⇒ IC7 3 ⇒ IC7
IC6. Check IC3: Is IC3=0?	Yes, IC3=0 1 No, IC3=1, 2, or 3 2	1 ⇒ IC10

	YES	NO	
IC7. I will now ask you about activities that you may have done on a computer, tablet or phone during the last 3 months. Did you:			
[B] Use a copy and paste tool to duplicate or move data, information, and content in digital environments, for example within a document, between devices, or on the cloud?	USE COPY/PASTE 1	2	
[C] Send a message, for example by e-mail, messaging service, or SMS, with an attached file, for example a document, picture, or video?	SEND MESSAGE 1 WITH ATTACHMENT	2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC 1 SPREADSHEET FORMULA	2	
[E] Connect and install a new device, such as a modem, camera, or printer?	CONNECT DEVICE..... 1	2	
[F] Find, download, install, and configure software?	INSTALL 1 SOFTWARE	2	
[G] Create an electronic presentation with presentation software such as PowerPoint, including text, images, sound, video, or charts?	CREATE 1 PRESENTATION	2	
[H] Transfer a file or application between a computer and other device?	TRANSFER FILE..... 1	2	
[I] Set up effective security measures, for example strong passwords or log-in attempt notification, to protect devices and online accounts?	SET UP SECURITY 1 MEASURES	2	
[J] Change privacy settings on your device such as passwords and PIN numbers, account, or app to limit the sharing of personal data and information, such as name, contact information, or photos?	CHANGE PRIVACY SETTINGS 1	2	
[K] Verify the reliability of information found online?	VERIFY RELIABILITY 1 OF INFO	2	
[L] Write a computer program using a specialised programming language, including programming or coding in digital environments, for example computer software or app development?	PROGRAMMING.....1	2	
IC8. Check IC7[F]: Is 'Yes' recorded?	Yes, IC7[F]=1 1 No, IC7[F]=22		1 ⇒IC11
IC9. Check IC7[K]: Is 'Yes' recorded?	Yes, IC7[K]=11 No, IC7[K]=2.....2		1 ⇒IC11
IC10. Have you ever used the internet from any location and any device?	YES1 NO2		2 ⇒End
IC11. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all?	NOT AT ALL0 LESS THAN ONCE A WEEK1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3		

If 'At least once a week', probe: Would you say this happens almost every day?

If 'Yes' record 3, if 'No' record 2.

SAMPLE

FERTILITY/BIRTH HISTORY		CM
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES 1 NO 2	2 ⇒ CM8
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	2 ⇒ CM5
CM3. How many sons live with you? <i>If none, record '00'.</i>	SONS AT HOME.....	
CM4. How many daughters live with you? <i>If none, record '00'.</i>	DAUGHTERS AT HOME.....	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	2 ⇒ CM8
CM6. How many sons are alive but do not live with you? <i>If none, record '00'.</i>	SONS ELSEWHERE.....	
CM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	DAUGHTERS ELSEWHERE	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? <i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i>	YES 1 NO 2	2 ⇒ CM11
CM9. How many boys have died? <i>If none, record '00'.</i>	BOYS DEAD	
CM10. How many girls have died? <i>If none, record '00'.</i>	GIRLS DEAD	
CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM.....	
CM12. Just to make sure that I have this right, you have had in total (<i>total number in CM11</i>) births during your life. Is this correct?	YES 1 NO 2	1 ⇒ CM14
CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE..... 1	0 ⇒ End

FERTILITY/BIRTH HISTORY

BH

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (name of birth) a boy or a girl?		BH4. On what day, month and year was (name of birth) born? Probe: What is (his/her) birthday?			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years.		BH7. Is (name of birth) living with you?		BH8. Record household line number of child (from HLI) Record '00' if child is not listed.		BH9. How old was (name of birth) when (he/she) died? If '1 year', probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years; or years			BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?	
		1 SINGLE 2 MULTI.		1 BOY 2 GIRL		Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N			
01		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___						
													⇒Next Birth								
02		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		
03		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		
04		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		
05		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		
06		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		
07		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		
08		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		
09		1 2		1 2	___	___	___	1	2☒	___	1	2	___	DAYS1 MONTHS ..2 YEARS3	___			1☒	2☒		
													⇒BH10					Add Birth	Next Birth		

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (<i>name of birth</i>) a boy or a girl?		BH4. In what month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive?		BH6. How old was (<i>name of birth</i>) at (<i>his/her</i>) last birthday? <i>Record age in completed years.</i>		BH7. Is (<i>name of birth</i>) living with you?		BH8. <i>Record household line number of child (from HLI)</i> <i>Record '00' if child is not listed.</i>		BH9. How old was (<i>name of birth</i>) when (<i>he/she</i>) died? <i>If '1 year', probe: How many months old was (name of birth)?</i> <i>Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>), including any children who died after birth?	
		1 SINGLE 2 MULTI	1 BOY 2 GIRL	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N					
10		1 2	1 2	___	___	___	1	2	___	___	1 2	___	___	1 2	___	DAYS1 MONTHS ..2 YEARS3	___	___	1	2	
11		1 2	1 2	___	___	___	1	2	___	___	1 2	___	___	1 2	___	DAYS1 MONTHS ..2 YEARS3	___	___	1	2	
12		1 2	1 2	___	___	___	1	2	___	___	1 2	___	___	1 2	___	DAYS1 MONTHS ..2 YEARS3	___	___	1	2	
13		1 2	1 2	___	___	___	1	2	___	___	1 2	___	___	1 2	___	DAYS1 MONTHS ..2 YEARS3	___	___	1	2	
14		1 2	1 2	___	___	___	1	2	___	___	1 2	___	___	1 2	___	DAYS1 MONTHS ..2 YEARS3	___	___	1	2	
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?											YES..... 1							1 ⇒ Record birth(s) in Birth History			
											NO..... 2										

<p>CM15. Compare number in CM11 with number of births listed in the birth history above and check:</p>	<p>NUMBERS ARE THE SAME..... 1 NUMBERS ARE DIFFERENT 2</p>	<p>1 ⇒ CM17</p>
<p>CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.</p>		
<p>CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)?</p> <p><i>If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.</i></p>	<p>NO LIVE BIRTHS IN THE LAST 2 YEARS..... 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1</p>	<p>0 ⇒ End</p>
<p>CM18. Copy name of the last child listed in BH1.</p> <p><i>If the child has died, take special care when referring to this child by name in the following modules.</i></p>	<p>NAME OF LAST-BORN CHILD</p> <p>_____</p>	

SAMPLE

ANTENATAL CARE		MN																								
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK 2</p>	2⇒End																								
<p>MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒End																								
<p>MN3. Whom did you see?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person seen and record all answers given.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER G</p> <p>OTHER (<i>specify</i>) X</p>																									
<p>MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p> <p>Record the answer as stated by respondent. If “9 months” or later, record 9.</p>	<p>WEEKS 1</p> <p>MONTHS 2 0</p> <p>DK 998</p>																									
<p>MN5. How many times did you receive antenatal care during this pregnancy?</p> <p>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</p>	<p>NUMBER OF TIMES 98</p> <p>DK 98</p>																									
<p>MN6. As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>[A] Measure your blood pressure?</p> <p>[B] Take a urine sample?</p> <p>[C] Take a blood sample?</p> <p>[D] Listen to your baby’s heartbeat?</p> <p>[E] Talk with you about which foods or how much food you should eat?</p> <p>[F] Talk with you about breastfeeding?</p> <p>[G] Ask if you had vaginal bleeding?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEARTBEAT</td> <td>1</td> <td>2</td> </tr> <tr> <td>FOODS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BREASTFEED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLEEDING.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BLOOD PRESSURE	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	HEARTBEAT	1	2	FOODS.....	1	2	BREASTFEED.....	1	2	BLEEDING.....	1	2	
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BLEEDING.....	1	2																								

DELIVERY CARE

MN

<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=1 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>	<p>2⇒End</p>
<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person assisting and record all answers given.</p> <p>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE / MIDWIFE..... B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER G</p> <p>RELATIVE / FRIEND H</p> <p>OTHER (<i>specify</i>) X</p> <p>NO ONE Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p>Probe to identify the type of place.</p> <p><u>If unable to determine whether public, private, or NGO, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</u></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT CLINIC / HEALTH CENTRE..... 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME 33</p> <p>OTHER PRIVATE (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11⇒End</p> <p>12⇒End</p> <p>96⇒End</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section, that is, did they cut your belly open to take the baby out?</p>	<p>YES..... 1</p> <p>NO 2</p>	<p>2⇒End</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p>Probe if necessary: Was it before or after your labour pains started?</p>	<p>BEFORE LABOUR PAINS 1</p> <p>AFTER LABOUR PAINS 2</p>	

IYCF: INITIAL BREASTFEEDING		MN
<p>MN1. Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>	<p>YES, CM17=11</p> <p>NO, CM17=0 OR BLANK2</p>	2⇒End
<p>MN36. Was (<i>name</i>) ever breastfed?</p>	<p>YES1</p> <p>NO2</p>	2⇒End
<p>MN37. How long after birth was (<i>name</i>) first put to the breast?</p> <p>If less than 1 hour, record '00' hours.</p> <p>If less than 24 hours, record hours.</p> <p>Otherwise, record days.</p>	<p>IMMEDIATELY000</p> <p>HOURS1 ____</p> <p>DAYS2 ____</p> <p>DK / DON'T REMEMBER998</p>	
<p>MN38. In the first two days after delivery, was (<i>name</i>) given anything at all other than breast milk to eat or drink, such as water, infant formula, aniseed drink or gripe water?</p>	<p>YES, SOMETHING OTHER THAN BREAST MILK.....1</p> <p>NO, ONLY BREAST MILK.....2</p>	

RC: CONTRACEPTION

CP

<p>CP1. I would like to talk with you about another subject: family planning.</p> <p>Are you pregnant now?</p>	<p>YES, CURRENTLY PREGNANT 1 NO 2 DK OR NOT SURE 8</p>	<p>1 ⇒ CP3</p>
<p>CP2. Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ CP4</p>
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ End 2 ⇒ End</p>
<p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i></p>	<p>FEMALE STERILIZATION/ TIE-OFF A MALE STERILIZATION/ VASECTOMY B IUD/ COIL C INJECTABLES/ INJECTION D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM / JELLY J LACTATIONAL AMENORRHOEA METHOD (LAM) K PERIODIC ABSTINENCE / RHYTHM L WITHDRAWAL M OTHER (<i>specify</i>) X</p>	

RC: UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	2 ⇒ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	1 ⇒ UN5
UN3. Check CM11: Any births?	NO BIRTHS 0 ONE OR MORE BIRTHS 1	0 ⇒ UN4A 1 ⇒ UN4B
UN4A. Did you want to have a baby later on or did you not want any children?	LATER 1 NONE / NO MORE 2	
UN4B. Did you want to have a baby later on or did you not want any more children?		
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8	1 ⇒ UN8 2 ⇒ UN14 8 ⇒ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, CP4=A 1 NO, CP4≠A 2	1 ⇒ UN14
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE / NONE 2 SAYS SHE CANNOT GET PREGNANT 3 UNDECIDED / DK 8	2 ⇒ UN10 3 ⇒ UN12 8 ⇒ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS 1 ___ YEARS 2 ___ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998	994 ⇒ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇒ UN14
UN10. Check CP2: Currently using a method?	YES, CP2=1 1 NO, CP2=2 2	1 ⇒ UN14
UN11. Do you think you are physically able to get pregnant at this time?	YES 1 NO 2 DK 8	1 ⇒ UN14 8 ⇒ UN14

<p>UN12. Why do you think you are not physically able to get pregnant? Select all that apply.</p>	<p>INFREQUENT SEX / NO SEX A MENOPAUSAL..... B NEVER MENSTRUATED C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULTE POSTPARTUM AMENORRHEIC F BREASTFEEDING G TOO OLD H FATALISTIC I OTHER (<i>specify</i>) X DK.....Z</p>	
<p>UN13. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C..... 1 NOT MENTIONED, UN12≠C 2</p>	<p>1 ⇒ DVI</p>
<p>UN14. When did your last menstrual period start? Record the answer using the same unit stated by the respondent. If '1 year', probe: How many months ago?</p>	<p>DAYS AGO 1 ___ WEEKS AGO 2 ___ MONTHS AGO 3 ___ YEARS AGO 4 ___ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH..... 994 NEVER MENSTRUATED 995</p>	<p>993 ⇒ DVI 994 ⇒ DVI 995 ⇒ DVI</p>

MENSTRUAL HEALTH AND HYGIENE

UN

<p>UN15A. Check UN12: 'Never menstruated' mentioned?</p>	<p>MENTIONED, UN12=C..... 1 NOT MENTIONED, UN12≠C..... 2</p>	<p>1 ⇒End</p>																				
<p>UN15B. Check UN14: Was the last menstrual period within last year?</p>	<p>YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE (OR UN14=993, 994, OR 995) 2</p>	<p>2 ⇒End</p>																				
<p>UN16. During your last menstrual period, did you have trouble participating in any of the following activities due to your period.</p> <p>[A] Work?</p> <p>[B] Education and training?</p> <p>[C] Social activities outside school or work?</p> <p><i>If the respondent would not normally attend such activity, record '7'</i></p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NO SUCH ACTIVITY</th> <th>DK/NOT SURE</th> </tr> </thead> <tbody> <tr> <td>WORK.....</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>EDUCATION/ TRAINING.....</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> <tr> <td>SOCIAL ACTIVITIES ..</td> <td>1</td> <td>2</td> <td>7</td> <td>8</td> </tr> </tbody> </table>		YES	NO	NO SUCH ACTIVITY	DK/NOT SURE	WORK.....	1	2	7	8	EDUCATION/ TRAINING.....	1	2	7	8	SOCIAL ACTIVITIES ..	1	2	7	8	
	YES	NO	NO SUCH ACTIVITY	DK/NOT SURE																		
WORK.....	1	2	7	8																		
EDUCATION/ TRAINING.....	1	2	7	8																		
SOCIAL ACTIVITIES ..	1	2	7	8																		
<p>UN17. During your last menstrual period, did you worry that someone would see you while you were changing menstrual materials <u>at home</u>?</p>	<p>YES, WORRIED..... 1 NO, DID NOT WORRY 2</p> <p>DID NOT CHANGE ANY MENSTRUAL MATERIALS AT HOME 7 DK / DON'T REMEMBER 8</p>																					
<p>UN18. During your last menstrual period, did you have enough menstrual materials to change them as often as you wanted to throughout your menstrual period?</p> <p><i>Regular (non-absorbent) underwear are not considered menstrual materials. If the woman did not use any menstrual materials, probe to learn if she wanted to use them. If she did not want to use any, record "YES ENOUGH".</i></p>	<p>YES, ENOUGH 1 NO, NOT ENOUGH 2</p> <p>DK / DON'T REMEMBER 8</p>																					
<p>UN19. During your last menstrual period, were you able to reduce your menstruation-related pain when you needed to?</p>	<p>YES 1 NO 2</p> <p>DIDN'T NEED TO 3 DK / DON'T REMEMBER 8</p>																					
<p>UN20. If you were to have a concern about your menstrual period, would you feel comfortable seeking help from a health care provider such as a school nurse, community health worker, or doctor?</p>	<p>YES 1 NO 2</p> <p>DK / NOT SURE..... 8</p>																					
<p>UN21. Before you had your first menstrual period, did you know about menstruation?</p>	<p>YES 1 NO 2</p> <p>DK / DON'T REMEMBER 8</p>																					

ATTITUDES TOWARD DOMESTIC VIOLENCE

DV

DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

YES NO DK

[A] If she goes out without telling him?

GOES OUT WITHOUT TELLING 1 2 8

[B] If she neglects the children?

NEGLECTS CHILDREN..... 1 2 8

[C] If she argues with him?

ARGUES WITH HIM 1 2 8

[D] If she refuses to have sex with him?

REFUSES SEX..... 1 2 8

[E] If she burns the food?

BURNS FOOD 1 2 8

[F] If she wastes the money?

WASTES THE MONEY 1 2 8

[G] If she is seen talking to another man who is not a relative?

TALKS TO ANOTHER MAN..... 1 2 8

[H] If she does not keep the house clean?

DOES NOT KEEP THE HOUSE CLEAN..... 1 2 8

SAMPLE

SDG16: SAFETY

VT

<p>VT20. Now I would like to ask you about how safe you feel in certain situations.</p> <p>How safe do you feel walking alone in your neighbourhood after dark?</p>	<p>VERY SAFE..... 1</p> <p>SAFE..... 2</p> <p>UNSAFE..... 3</p> <p>VERY UNSAFE 4</p> <p>NEVER WALK ALONE AFTER DARK 7</p>	
<p>VT21. How safe do you feel when you are at home alone after dark?</p>	<p>VERY SAFE..... 1</p> <p>SAFE..... 2</p> <p>UNSAFE..... 3</p> <p>VERY UNSAFE 4</p> <p>NEVER ALONE AFTER DARK 7</p>	

SAMPLE

DISCRIMINATION

VT

VT23. I will now ask you about discrimination. Discrimination happens when you are treated less favourably compared to others or harassed because of the way you look, where you come from, what you believe, or for other reasons.

In Belize, do you feel that you personally experienced any form of discrimination or harassment during the last 3 years, that is, since (*month of interview*) 2021, based on any of the following grounds?

Questions refer to the last 3 years. If 'Yes', an additional question referring to the last 1 year will be asked and the CAPI application will add a sentence to the beginning of the next item to remind the respondent of the return to the 3-year reference period.

		YES	NO	DK
[A] Your sex, such as you are a man or a woman?	SEX	1	2 ⁸ VT23[B]	8 ⁸ VT23[B]
[A1] How about since (<i>month of interview</i>) 2023?	SEX	1	2	8
[B] <i>Coming back to your experience since 2021, how about on grounds of your age, such as you are perceived to be too young or too old?</i>	AGE.....	1	2 ⁸ VT23[C]	8 ⁸ VT23[C]
[B1] How about since (<i>month of interview</i>) 2023?	AGE	1	2	8
[C] (<i>Coming back to your experience since 2021, how about on grounds of</i>) Your health status or if you had a disability, such as having difficulty in seeing, hearing, walking or moving, concentrating, or communicating, or having a disease or other health conditions and no reasonable accommodation provided for it?	DISABILITY OR HEALTH STATUS	1	2 ⁸ VT23[D]	8 ⁸ VT23[D]
[C1] How about since (<i>month of interview</i>) 2023?	DISABILITY OR HEALTH STATUS	1	2	8
[D] (<i>Coming back to your experience since 2021, how about on grounds of</i>) Your ethnicity, colour, or language, such as skin colour or physical appearance, ethnic origin or way of dressing, culture, traditions, native language or accent, indigenous status, or being of African descent?	ETHNICITY, COLOUR, OR LANGUAGE	1	2 ⁸ VT23[E]	8 ⁸ VT23[E]
[D1] How about since (<i>month of interview</i>) 2023?	ETHNICITY, COLOUR, OR LANGUAGE	1	2	8
[E] (<i>Coming back to your experience since 2021, how about on grounds of</i>) Your migration status, such as nationality or national origin, country of birth, migrant status, being an undocumented migrant, or stateless person?	MIGRATION STATUS	1	2 ⁸ VT23[F]	8 ⁸ VT23[F]
[E1] How about since (<i>month of interview</i>) 2023?	MIGRATION STATUS	1	2	8

[F]	<i>(Coming back to your experience since 2021, how about on grounds of)</i> Your socio-economic status, such as wealth or education level, being perceived to be from a lower or different social or economic group or class, or owning land or home or not?	SOCIO-ECONOMIC STATUS	1	2 \surd VT23[G]	8 \surd VT23[G]
[F1]	How about since (<i>month of interview</i>) 2023?	SOCIO-ECONOMIC STATUS	1	2	8
[G]	<i>(Coming back to your experience since 2021, how about on grounds of)</i> Your geographic location or place of residence, such as living in urban or rural areas, and formal or informal settlements?	LOCATION OR RESIDENCE	1	2 \surd VT23[H]	8 \surd VT23[H]
[G1]	How about since (<i>month of interview</i>) 2023?	LOCATION OR RESIDENCE	1	2	8
[H]	<i>(Coming back to your experience since 2021, how about on grounds of)</i> Your religion, such as having or not having a religion or religious beliefs?	RELIGION	1	2 \surd VT23[I]	8 \surd VT23[I]
[H1]	How about since (<i>month of interview</i>) 2023?	RELIGION	1	2	8
[I]	<i>Coming back to your experience since 2021, how about on grounds of</i> your marital and family status, such as being single, married, divorced, widowed, pregnant, with or without children, orphan or born from unmarried parents, or having children outside a wedlock?	MARITAL AND FAMILY STATUS	1	2 \surd VT23[J]	8 \surd VT23[J]
[I1]	How about since (<i>month of interview</i>) 2023?	MARITAL AND FAMILY STATUS	1	2	8
[J]	<i>Coming back to your experience since 2021, how about on grounds of</i> your sexual orientation or gender identity, such as being attracted to a person of the same sex, self-identifying differently from sex assigned at birth or as being sexually, bodily, or gender diverse?	SEXUAL ORIENTATION OR GENDER IDENTITY	1	2 \surd VT23[K]	8 \surd VT23[K]
[J1]	How about since (<i>month of interview</i>) 2023?	SEXUAL ORIENTATION OR GENDER IDENTITY	1	2	8
[K]	<i>Coming back to your experience since 2021, how about on grounds of</i> Your political opinion, such as expressing political views, defending the rights of others, being a member or not of a political party or trade union?	POLITICAL OPINION	1	2 \surd VT23[X]	8 \surd VT23[X]
[K1]	How about since (<i>month of interview</i>) 2023?	POLITICAL OPINION	1	2	8
[X]	Since 2021 do you feel that you personally experienced any other form of discrimination or harassment in Belize?	OTHER REASON	1	2 \surd End	8 \surd End
[X1]	On what ground? <i>Recode if possible.</i>	(Specify) _____			

[X2] Based on the ground(s) that you just specified, have you experienced this since (<i>month of interview</i>) 2023?	OTHER REASON.....	1	2	8	
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SAMPLE

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone as if married, or in a visiting relationship?	YES, IN A VISITING RELATIONSHIP 0 YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION 3	3⇒MA5
MA2. How old is your (<i>husband/partner</i>)? <i>Probe:</i> How old was your (<i>husband/partner</i>) on his last birthday?	AGE IN YEARS __ __ DK 98	
MA3. Besides yourself, does your (<i>husband/partner</i>) have any other wives, does he live with someone else as if married, or is he in a visiting relationship with other partners?	YES 1 NO 2	2⇒MA7
MA4. How many other wives or live-in partners or visiting relationships does he have?	NUMBER __ __ DK 98	⇒MA7 98⇒MA7
MA5. Have you ever been married or lived together with someone as if married, or been in a visiting relationship?	YES, FORMERLY HAD A VISITING RELATIONSHIP 0 YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER .. 2 NO 3	3⇒End
MA6. What is your marital status now: are you widowed, divorced, or separated, or no longer in a visiting relationship?	NO LONGER IN A VISITING RELATIONSHIP 0 WIDOWED 1 DIVORCED 2 SEPARATED 3	
MA7. Have you been married or lived with someone, or been in a visiting relationship only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	1⇒MA8A 2⇒MA8B
MA8A. In what month and year did you start living with your (<i>husband/partner</i>) or start the visiting relationship? <i>If respondent says that she is married but not yet living together with her husband, ask: In what month and year did you get married to your husband?</i>	DATE OF (FIRST) UNION MONTH __ __ DK MONTH 98 YEAR __ __ __ __ DK YEAR 9998	
MA8B. In what month and year did you start living with your <u>first</u> husband or partner or start your first visiting relationship? <i>If respondent says that she was married before but never lived with her first husband, ask: In what month and year did you get married to your <u>first</u> husband?</i>		
MA9. Check MA8A/B: Is 'DK Year' recorded?	YES, MA8A/B=9998 1 NO, MA8A/B≠9998 2	2⇒End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1⇒MA11A 2⇒MA11B

MA11A. How old were you when you started living with your (*husband/partner*) or when you started your visiting relationship?

If respondent says that she is married but not yet living together with her husband, ask: How old were you when you got married to your husband?

MA11B. How old were you when you started living with your first husband or partner or when you started your first visiting relationship?

If respondent says that she was married before but never lived with her first husband, ask: How old were you when you got married to your first husband?

AGE IN YEARS..... _ _

SAMPLE

MENTAL HEALTH

MH

<p>MH0. Check WB4: Age of respondent?</p>	<p>AGE 15-24 YEARS 1 AGE 25-49 YEARS 2</p>	<p>2 ⇒ End</p>
<p>MH1. Check for presence of others. No one should be within hearing distance. Do not continue until privacy is ensured.</p> <p><i>If privacy cannot be obtained at the time of the interview, ask respondent for another time when you can interview her in private and reschedule the interview.</i></p>	<p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p>	<p>2 ⇒ End</p>
<p>MH2. Now I would like to ask you some questions to better understand the feelings of people your age. There are no right or wrong answers. Many people your age experience some of the things that I will ask you about.</p> <p>Let me assure you again that your answers are confidential. This means that I will not share anything you tell me with other people and I will not mention you by name. The only exception to this is if there is a need to assist you in getting help in an emergency for your safety and wellbeing.</p> <p>If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>When answering these questions, I need you to think about the last 2 weeks. I will ask you how often you have been bothered by different problems during the past two weeks.</p> <p>For each of the situations I will describe, there are four possible answers. You may say that you have experienced that problem: never, sometimes, often, or always.</p> <p><i>Repeat the categories whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: never, sometimes, often, and always.</p>		
<p>MH3. During the past two weeks, how often have you been feeling very sad or depressed?</p>	<p>NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS..... 3 DK/NR 8</p>	
<p>MH4. During the past two weeks, how often have you felt easily annoyed or irritable at small things?</p>	<p>NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS..... 3 DK/NR..... 8</p>	
<p>MH5. During the past two weeks, how often have you not enjoyed doing things you used to enjoy, such as playing sports, singing and dancing, working, spending time with friends, watching videos?</p>	<p>NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS..... 3 DK/NR..... 8</p>	
<p>MH6. During the past two weeks, how often have you felt hopeless about the future?</p>	<p>NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS..... 3 DK/NR..... 8</p>	
<p>MH7. During the past two weeks, how often have you felt nervous or anxious?</p>	<p>NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS..... 3 DK/NR..... 8</p>	

MH8. During the past two weeks, how often have you worried you can't do anything right or are not doing things well?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH9. During the past two weeks, how often have you worried about the good and bad things that others think about you?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH10. During the past two weeks, how often have you worried something bad will happen to you or your family?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH11. During the past two weeks, how often have you worried too much about anything?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH12. During the past two weeks, how often have you felt unable to stop or control your worries?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH13. Check MH3-MH6: Is any MH3-MH6=2 or 3?	YES, AT LEAST ONE MH3-MH6=2 OR 3 1 NO, NO MH3-MH6=2 OR 3..... 2	1 ⇒MH15
MH14. Check MH7-MH12: Is any MH7-MH12=2 or 3?	YES, AT LEAST ONE MH7-MH12=2 OR 3 1 NO, NO MH7-MH12=2 OR 3..... 2	1 ⇒MH23 2 ⇒MH36
MH15. During the past two weeks, how often have you not wanted to eat even when food was available, or have you eaten more than usual?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH16. During the past two weeks, how often have you had problems falling asleep, problems sleeping well, or problems sleeping too much?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH17. During the past two weeks, how often have you felt that you got tired easily or did not have the energy to do daily activities?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH18. During the past two weeks, how often have you had trouble concentrating on things, such as doing homework, household chores, or other activities, such as working, watching videos or using social media, for example, Facebook, WhatsApp, or Instagram?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	

MH19. During the past two weeks, how often have you felt lonely?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH20. During the past two weeks, how often have you felt like a failure or like you have let yourself or your family down?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH21. During the past two weeks, how often have you had thoughts that you would rather not exist or thoughts of hurting yourself?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH22. During the past two weeks, how often have others said that you have been moving slower than usual?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH23. During the past two weeks, how often have others said that you are hyper or that you can't sit still?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH24. During the past two weeks, how often have you felt anxious that it was difficult to breathe?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH25. During the past two weeks, how often have you felt dizzy or faint?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH26. Check MH7-MH12: Is any MH7-MH12=2 or 3?	YES, AT LEAST ONE MH7-MH12=2 OR 3 1 NO, NO MH7-MH12=2 OR 3..... 2	2⇒MH31
MH27. During the past two weeks, how often have you suddenly felt scared for no reason?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH28. During the past two weeks, how often have you had difficulty relaxing or difficulty feeling calm?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH29. During the past two weeks, how often have you felt like your heart was beating too fast?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	

MH30. During the past two weeks, how often have you had headaches or muscle cramps?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH31. Check MH3-MH12: Is any MH3-MH12=2 or 3?	YES, AT LEAST ONE MH3-MH12=2 OR 3 1 NO, NO MH3-MH12=2 OR 3..... 2	2 ⇒ MH36
MH32. I would like to ask you a few more questions about the feelings and experiences that you mentioned in earlier questions. Repeat the categories whenever the respondent does not use an answer category.		
MH33. During the past two weeks, how often did any of these feelings and experiences mentioned in this interview negatively affect your ability to perform your daily activities or your relationships at home?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR 8	
MH34. During the past two weeks, how often did any of these feelings and experiences mentioned in this interview negatively affect your ability to perform your activities at school or work? If respondent does not attend school and does not work, record '5'.	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 NOT APPLICABLE..... 5 DK/NR..... 8	
MH35. During the past two weeks, how often did any of these feelings and experiences mentioned in this interview negatively affect your relationships with your peers?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	
MH36. From the start of this interview, we have been talking about different feelings, experiences and problems that people your age may go through. I would like to know how often you talk to someone else about these sorts of feelings and experiences. Would you say: never, sometimes, often, or always?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 DK/NR..... 8	1 ⇒ MH37 2 ⇒ MH37 3 ⇒ MH37
MH36A. Do you ever speak about these feelings to anyone, for example, someone in your family, a friend or perhaps a teacher, a counsellor, or a health care professional? If 'Yes', probe: Would you say: Sometimes, often, or always?	NO, NEVER..... 0 YES, SOMETIMES 1 YES, OFTEN 2 YES ALWAYS 3 DK/NR..... 8	0 ⇒ MH40
MH37. In the past month, have you talked to anybody about these kinds of problems or worries?	YES 1 NO 2 DK/NR..... 8	1 ⇒ MH38
MH37A. I just want to confirm: During the past month, have you met or contacted anyone about these sorts of problems or worries, for example, someone in your family, a friend, a teacher, a counsellor, or a health care professional?	YES 1 NO 2 DK/NR..... 8	2 ⇒ MH40

<p>MH38. Who have you talked to?</p> <p><i>Probe: Anyone else? Do not read options. Record all mentioned.</i></p>	<p>PROFESSIONALS COUNSELLOR.....A DOCTOR / NURSE / HEALTH AIDB PSYCHIATRISTC PRIEST.....D</p> <p>FAMILY PARENTF OTHER RELATIVE (ADULT)G OTHER RELATIVE (<18)H</p> <p>OTHER PERSON TEACHER.....I FRIEND.....J</p> <p>OTHER (<i>specify</i>)X DK/NR.....Z</p>	
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<p>MH40. The following questions are extremely sensitive. Carefully check again for presence of others. No one should be within hearing distance.</p> <p><i>Do not continue until privacy is ensured.</i></p>	<p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p>	<p>2⇒MH49D</p>
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MH41. Now, I would like to ask you a few more questions. If I ask you any question you do not want to answer or if you wish to stop the interview at any moment, please let me know.

<p>MH42. In the past 12 months, did you try to harm yourself with the intention or desire to end your life? For example, by taking poison or too much medicine, or trying to hang yourself?</p>	<p>YES..... 1 NO 2 DK/NR..... 8</p>	
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<p>MH43. In the past 2 weeks, have you thought about doing something to end your life?</p>	<p>YES..... 1 NO 2 DK/NR..... 8</p>	<p>2⇒MH46</p>
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<p>MH44. Check if MH42=1?</p>	<p>YES, MH42=1 1 NO, MH42≠1 2</p>	<p>2⇒MH48</p>
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MH45. *Initiate High Suicidal Risk Emergency Referral Protocol.*

It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. My supervisor can call a professional counsellor with whom you can talk about anything that worries you, and who will be able to contact you by phone. Counsellors help young people with their feelings and emotions and the conversation with them is always confidential. This counselling service is free of charge.

Would you like us to contact a counsellor?

<p><i>Permission for referral?</i></p>	<p>YES, PERMISSION FOR REFERRAL 1 NO PERMISSION FOR REFERRAL 2</p>	<p>1⇒MH49A 2⇒MH49C</p>
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<p>MH46. Add the response category values (0, 1, 2, or 3) of MH3-MH6 and MH15-MH25: Is the sum >17?</p>	<p>YES, THE SUM OF MH3-MH6 AND MH15-MH25 IS >17 1 NO, THE SUM OF MH3-MH6 AND MH15-MH25 IS NOT >17 2</p>	<p>1⇒MH48</p>
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MH47. Add the response category values (0, 1, 2, or 3) of MH7-MH12, MH24-MH25 and MH27-MH30: Is the sum >19?	YES, THE SUM OF MH7-MH12, MH24-MH25 AND MH27-MH30 IS >19..... 1 NO, THE SUM OF MH7-MH12, MH24-MH25 AND MH27-MH30 IS NOT >19..... 2	2 ⇒MH49D
MH48. Initiate Low/Moderate Risk Referral Protocol. It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. My supervisor can call a professional counsellor from the Ministry of Health and wellness with whom you can talk about anything that worries you. Counsellors help young people with their feelings and emotions and the conversation with them is always confidential. This counselling service is free of charge. Would you like us to contact a counsellor?		
Permission for referral?	YES, PERMISSION FOR REFERRAL 1 NO PERMISSION FOR REFERRAL 2	1 ⇒MH49B 2 ⇒MH49C

<p>MH49A. Okay, I need you to tell me how you prefer the counsellor to contact you. If you wish, you can give me a phone number where the counsellor can reach you. We will provide the counsellor with your contact details so that she or he can contact you directly. If you do not have a phone number, please provide a number of someone you trust such as a school teacher, relative or friend. The contact information for support services is also on the card that I am providing to you. Please be assured that we will not share any other information you have shared with me during the interview with the counsellor. Expect to hear from the counsellor within 24 hours if you provided a phone number.</p> <p>While you connect with the counsellor, it would be important for you to talk about your worries with an adult you trust, like a parent, a relative, or teacher, so that they can support you. I encourage you to do that.</p> <p><i>Once you finish the interview, contact your supervisor <u>immediately</u> to alert them that the respondent needs a high-risk emergency referral. It is critical that the counsellor contacts the respondent immediately, and in any case <u>no later than within 24 hours</u>.</i></p> <p>MH49B. Okay, I need you to tell me how you prefer the counsellor to contact you. If you wish, you can give me a phone number where the counsellor can reach you and provide the best time and day of the week to contact you. We will provide the counsellor with your contact details so that she or he can contact you directly. If you do not have a phone number, please provide a number of someone you trust such as a school teacher, relative or friend. The contact information of support services is also on the card that I am providing to you. Please be assured that we will not share any other information you have shared</p>	INFORMATION FOR REFERRAL TO SUPPORT SERVICE PROVIDER		
	CASE ID.....		
	REFERRAL TYPE HIGH RISK 1 LOW/MODERATE RISK 2		
	NAME _____		
	SEX MALE 1 FEMALE 2		
	AGE		
	BEST AND SAFEST WAY TO LINK THE COUNSELOR AND RESPONDENT: BY PHONE A IN OFFICE B OTHER (specify)..... X		A ⇒MH50 B ⇒MH50 X ⇒MH50
	PHONE NUMBER (IF APPLICABLE): -----		
	CLINIC LOCATION		
	REGION NAME AND NUMBER _____		
DISTRICT NAME AND NUMBER _____			
NAME OF VILLAGE/TOWN _____			

<p>with me during the interview with the counsellor. Expect to hear from the counsellor within a few days if you provided a phone number.</p> <p><i>The respondent can provide a phone number if she feels comfortable, or indicate a mental health district clinic where she can safely visit. Record all this information and reassure her that his information will be kept confidential and only used for the purpose of the referral.</i></p>	<p>TIME TO CONTACT (IF APPLICABLE)</p> <p>BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTACT RESPONDENT</p>	
<p>MH49C. I understand. Let me give you some information about counselling services available in your area that can be used free of charge in case you want to reach out to a counsellor.</p> <p><i>Although the respondent has not given permission to contact a counsellor, you must leave the information card and contact details for the nearest mental health services available in the area as provided to you by your supervisor.</i></p> <p>In any case, it would be important for you to talk about your worries with an adult you trust, like a parent, a relative, or teacher, so that they can support you. I encourage you to do that.</p>		⇒MH50
<p>MH49D. Thank you for your time and cooperation. Here is some information about counselling services in your area that can be used free of charge in case you ever need to contact them. I wish you the best.</p> <p><i>Leave the information card and contact details for the nearest support services available in the area as provided to you by your supervisor.</i></p>		
<p>MH50. After thanking the respondent for her cooperation, reassure her about the confidentiality of her answers. Fill out question MH51 with reference to the Mental Health module only.</p>		
<p>MH51. Interviewer's observations about the administration of the Mental Health module (e.g., any emotional reactions by respondent that made it difficult or impossible to answer any questions, etc.).</p>	<hr/> <hr/> <hr/> <hr/>	

WM10. Record the time.	HOURS AND MINUTES _ _ : _ _	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire.	ENGLISH 1 SPANISH 2	
WM13. Language of the Interview.	ENGLISH 1 SPANISH 2 GERMAN 3 MAYA 4 OTHER LANGUAGE (specify) 6	
WM14. First language of the Respondent.	ENGLISH 01 CREOLE 02 GARIFUNA 03 GERMAN 04 MAYA 05 SPANISH 06 OTHER LANGUAGE (specify) 96	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
WM15A. Check WB4: Respondent's age?	AGE 15-17 1 AGE 18 OR ABOVE 2	1 ⇒ WM16
WM15B. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	1 ⇒ WM16
WM15C. Has this respondent already been interviewed with any individual questionnaires?	YES, ALREADY INTERVIEWED 1 NO, NOT ALREADY INTERVIEWED 2	1 ⇒ WM16
WM15D. Check IC1, and check HC7[A] and HC12 in HOUSEHOLD QUESTIONNAIRE: Does this respondent have a mobile phone, or does the household have a fixed telephone line or any member of the household have a mobile phone?	YES, IC1 = 1 OR HC7[A]=1 OR HC12=1 1 NO, IC1 = 2 AND HC7[A]=2 AND HC12=2 2	2 ⇒ WM15F

<p>WM15E. Thank you for your participation. The Statistical Institute of Belize will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ WM15H 2 ⇒ WM16</p>
<p>WM15F. Thank you for your participation. The Statistical Institute of Belize will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team. Would you like to participate?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ WM16</p>
<p>WM15G. I have previously recorded that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ WM15I 2 ⇒ WM16</p>
<p>WM15H. Do you have a personal phone number or is there a phone number for the household?</p>	<p>YES 1 NO 2</p>	<p>2 ⇒ WM16</p>

WM15I. You may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
<p>WM15J. Ask for and record phone number.</p> <p>_____</p> <p>_____</p>			
<p>WM15K. Just to confirm, the number is (number recorded in WM15J)? If NO, return to WM15J and correct entry.</p>	<p>YES 1 NO 2 ⇄ WM15J</p>	<p>YES 1 NO 2 ⇄ WM15J</p>	<p>YES 1 NO 2 ⇄ WM15J</p>
<p>WM15L. Remember, you may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached?</p>	<p>YES 1 ⇄ [P2] NO 2 ⇄ WM16</p>	<p>YES 1 ⇄ [P3] NO 2 ⇄ WM16</p>	<p>YES 1 ⇄ [P4] NO 2 ⇄ WM16</p>

Tick here if additional questionnaire used:

WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

Is the respondent the mother or caregiver of any child age 0-4 living in this household?

Yes ⇒ Proceed to WM17 and record '01'. Then go to the *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.

No ⇒ Check HH26-HH27 in *HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17?*

Yes ⇒ Check column HL20 in *LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caregiver of the child selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 in this household?*

Yes ⇒ Proceed to WM17 and record '01'. Then go to the *QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17* for that child and start the interview with this respondent.

No ⇒ Proceed to WM17 and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

WM17. Result of woman's interview.

Discuss any result not completed with Supervisor.

COMPLETED	01
NOT AT HOME	02
REFUSED	03
PARTLY COMPLETED	04
INCAPACITATED (specify) _____	05
NO ADULT CONSENT FOR RESPONDENT AGE 15-17	06
OTHER (specify) _____	96

INTERVIEWER'S OBSERVATIONS

Large empty rectangular box for interviewer observations.

SUPERVISOR'S OBSERVATIONS

Large empty rectangular box for supervisor observations.