

QUESTIONNAIRE OF

QUESTIONNAIRE NUMBER:

A. IDENTIFICATION OF THE SELECTED DWELLING

	CODE		
1 REGION			
2 DEPARTAMENT			
3 MUNICIPIO			
4 SECTOR			
5 COMPACT SEGMENT			
6 DWELLING No. (Building No., floor y local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 AREA:	Urban <input type="checkbox"/>	1	
	Rural <input type="checkbox"/>	2	
8 LANGUAGE OF THE SECTOR			
	K'iche <input type="checkbox"/>	1	
	Kaqchiquel <input type="checkbox"/>	2	
	Mam <input type="checkbox"/>	3	
	Q'eqchi <input type="checkbox"/>	4	
	Other Indigenous <input type="checkbox"/>	5	
	Spanish <input type="checkbox"/>	6	

B. HOUSEHOLDS IN THE DWELLING

1 In this dwelling are there people or groups of people who **prepare** their food separately?

Yes ☐ 1

No ☐ 2

IF THE ANSWER IS "NO" TO Q.1, WRITE "1" FOR Q.2

2 How many groups of people are there that prepare their food separately in this household?

Number of households

3 HOUSEHOLD No.

4 NUMBER OF PEOPLE IN THE HOUSEHOLD

5 NAME OF THE HOUSEHOLD HEAD

C. FIELD WORK PERSONNEL

POSITION	NAME	COD.
1 INTERVIEWER		
2 SUPERVISOR		
3 KEY ENTRY		
4 MONITOR		

D. ADDRESS OF THE SELECTED DWELLING

Name of the Population /Community	Street/Avenue, Route/Road	House/Lot Number, Floor/Building	Zone	Other Location Information

IF MORE THAN ONE QUESTIONNAIRE PER HOUSEHOLD IS USED FOR THIS DWELLING, REGISTER THE IDENTIFICATION NUMBER OF THE QUESTIONNAIRES USED:

2ND

3RD

OBSERVATIONS:

REGISTER FOR ALL MEMBERS OF THE HOUSEHOLD										
HOUSEHOLD MEMBERS		SEX	AGE	BIRTH CERTIFICATE		RESIDENCE DOCUMENT		VOTING REGISTRATION		
Register the first and last names of all the people who USUALLY eat and sleep in this household. <div>INCLUDE RECENT BIRTHS AND ELDERLY</div>		What is the gender of (.....)?	How old is (.....)?	For people less than 18 years old		For people older than 18 years old		For people older than 18 years old		
				Does (.....) have a birth certificate?	What is the principal reason that (.....) does not have a birth certificate?	So you have a residence document?	What is the principal reason that (.....) does not have a residence document?	Are you registered to vote?	What is the principal reason why you are not registered?	
					- Doesn't need it.....1 - Don't know how to get one..... 2 - Lack of money to pay for one..... 3 - Don't know how to fill in the forms..... 4 - Fear of the authorities..... 5 - Distance/lack of transport..... 6 - No interest..... 7 - Too many problems..... 8 - Forgot it..... 9 - Because of violence..... 10 - Other, what?..... 11		- Doesn't need it.....1 - Don't know how to get one..... 2 - Lack of money to pay for one..... 3 - Don't know how to fill in the forms..... 4 - Fear of the authorities..... 5 - Distance/lack of transport..... 6 - No interest..... 7 - Too many problems..... 8 - Forgot it..... 9 - Because of violence..... 10 - Other, what?..... 11		- Doesn't need it..... 1 - Don't know how to get one..... 2 - Lack of money to pay for one..... 3 - Don't know how to fill in the forms..... 4 - Fear of the authorities..... 5 - Distance/lack of transport..... 6 - No interest..... 7 - Too many problems..... 8 - Because of violence..... 9 - Other, what?..... 10	
		- Male = 1 - Female = 2		Yes..... 1 Next Per. No.....2		Yes.....1 ➡ Q. 8 No..... 2		Yes.....1 Next Per. No..... 2		
ID			YEARS	CODE		CODE		CODE		ID
	1	2	3	4	5	6	7	8	9	
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12

INSTRUCTIONS FOR THE CORRECT REGISTRATION OF HOUSEHOLD MEMBERS

Interviewer: in order to register the members of the household, read the following to the respondent:

We need to make a list of the names of all the people who usually eat and sleep in this household. Do not include people who for different reasons are absent from the household for more than 9 continuous months.

In the case where the head of household is absent for more than 9 months and lives in another household, tell me the name of the person that the members of the household recognize as the head of the household.
Please:

- 1. Tell me the name of the head of the household who usually eats and sleeps in this household (put the name in row 1 of question 1)
- 2. Now tell me the name of the spouse, partner, or significant other who usually eats and sleeps in this household,
- 3. Tell me the name of each **unmarried son or daughter** starting with the oldest . Include any recent births, the youngest and stepchildren.
- 4. Now tell me the names of the **married sons or daughters**, their spouses and their children who usually eat and sleep in this household.
- 5. If there are **other relatives of the head of household or his/her spouse**, who usually eat and sleep in this household, tell me their names
- 6. Tell me the names of the **domestic servants and their family members** who usually eat and sleep in this household.
- 7. Now tell me the names of people who are **not family members and who pay to eat and sleep on a regular basis in this household.**
- 8. **Are there any other people, friends, godparents, students, etc who usually eat and sleep in this household for a period of three months or more? If so, tell me their names.**
- 9. Tell me if there are any members of the household not previously mentioned who have been absent for less than 9 continuous months for vacations, work, study or health reasons? If so, tell me their names.
- 10. Don't forget the elderly, invalids, and handicapped persons if there are any in the household.
- 11. Are there any other people in this household who are absent for more than 9 continuous months and have not formed another household or do not live in another household?

YES.....☐ 1 NO.....☐ 2

NAMES		RELATIONSHIP TO HEAD	REASON FOR ABSENCE

CHAPTER 1. DWELLING AND HOUSEHOLD - Respondent Head of Household

A. RESIDENTIAL SITUATION	
1. Type of dwelling occupied by the household	5. This dwelling is connected to: <div><div>YESNO</div><div>a. A water distribution network?.....<input type="checkbox"/> 1<input type="checkbox"/> 2</div><div>b. A drainage system?.....<input type="checkbox"/> 1<input type="checkbox"/> 2</div><div>c. An electrical energy distribution system?.....<input type="checkbox"/> 1<input type="checkbox"/> 2</div><div>d. A telephone line?.....<input type="checkbox"/> 1<input type="checkbox"/> 2</div><div>e. A water meter?.....<input type="checkbox"/> 1<input type="checkbox"/> 2</div><div>f. An electricity meter?.....<input type="checkbox"/> 1<input type="checkbox"/> 2</div></div>
2. The exterior walls of the dwelling in which the household lives are made up of predominately what material?	6. How many rooms in total does the dwelling have? (Do not include the kitchen, bathrooms, passageways garages, or rooms used for business) <div>TOTAL ROOMS<div></div></div>
3. What is the predominant material in the roof of the dwelling that this household occupies?	7. How many rooms does the household have access to? (Do not include the kitchen, bathrooms, passageways garages, or rooms used for business) <div>ROOMS<div></div></div>
4. What is the predominant material in the floors of the dwelling that the household occupies?	8. How many rooms are used as bedrooms? <div>ROOMS<div></div></div>
	9. How many rooms are used exclusively for work or business? <div>ROOMS<div></div></div>
	10. In what area of the dwelling do the members of the household usually cook: <div><div>In a room dedicated only to cooking within the dwelling?.....<input type="checkbox"/> 1</div><div>In a room used also for sleeping?.....<input type="checkbox"/> 2</div><div>In the living or dining room?.....<input type="checkbox"/> 3</div><div>In the corridor?.....<input type="checkbox"/> 4</div><div>In a room outside of the dwelling?.....<input type="checkbox"/> 5</div><div>In the patio - cook outside?.....<input type="checkbox"/> 6</div><div>Don't cook.....<input type="checkbox"/> 7→Q. 12</div></div>
	11. The area where you cook: <div><div>For the exclusive use of the household?.....<input type="checkbox"/> 1</div><div>Is shared with other households?.....<input type="checkbox"/> 2</div></div>
	12. What is the principal source of water used by the household? <div><div>Pipes (network) inside the dwelling...<input type="checkbox"/> 1</div><div>Pipes, outside the dwelling but within the property.....<input type="checkbox"/> 2</div><div>Pipes from a public well.....<input type="checkbox"/> 3</div><div>Public or private well.....<input type="checkbox"/> 4</div><div>River lake, stream.....<input type="checkbox"/> 5</div><div>Water truck.....<input type="checkbox"/> 6</div><div>Rain water.....<input type="checkbox"/> 7</div><div>Other, what?.....<input type="checkbox"/> 8</div></div> <div>Q. 20</div>
	13. The water service is: <div><div>For the exclusive use of the household?....<input type="checkbox"/> 1</div><div>Shared with other households?...<input type="checkbox"/> 2</div></div>
	14. The water service is: <div><div>Public?.....<input type="checkbox"/> 1</div><div>Private formal?.....<input type="checkbox"/> 2</div><div>Private informal?.....<input type="checkbox"/> 3</div><div>Water committee?.....<input type="checkbox"/> 4</div></div>
	15. For how many years has the household had water service? (Always=98) <div>Years<div></div></div> <div>(Less than 1 year = 00)</div>
	16. How much water did you use during the past month? <div>a. Quantity.....<div></div></div> <div>b. Unit of measure.....</div> <div>c. Equivalent in liters....<div></div></div>
	17. How much did you pay last month for the water you used? <div>Q. <div></div></div> <div>(If they didn't pay, write "00")</div> <div>(Included in the rent or in the administration, write 9997) → Q. 17 a.</div>
	17a. What percentage is the cost of water? <div>%<div></div></div>
	18. Last month, how many days did the dwelling have no water ? (Suspended, write 97) Days <div></div>
	19. Last month, how many hours of the day did the dwelling have water? <div>Hours<div></div></div> <div>Pass to Q. 23</div>
	20. ¿How far from the dwelling is the location where you carry water and how long does it take to get there? <div>a. Distance in meters.....<div></div></div> <div>b. Time<div><div></div><div></div></div><div>HoursMinutes</div></div>
	21. How do you transport water to the dwelling: <div><div>On foot?.....<input type="checkbox"/> 1</div><div>Animal/horse?.....<input type="checkbox"/> 2</div><div>Boat/canoe?.....<input type="checkbox"/> 3</div><div>Bicycle?.....<input type="checkbox"/> 4</div><div>Truck.....<input type="checkbox"/> 5</div><div>Other, what?.....<input type="checkbox"/> 6</div></div>
	22. What household members are responsible for bringing water to the dwelling? <div>ID<div></div></div>
	23. During the last month, did you buy or use water from a water truck? <div>YES<input type="checkbox"/> 1</div> <div>NO<input type="checkbox"/> 2 →Q. 25</div>
	24. How much did you pay for water from the water truck during the last month? <div>Q. <div></div></div> <div>(Didn't pay, write "00")</div>
	25. What is the principal treatment you give to drinking water? <div><div>None.....<input type="checkbox"/> 1</div><div>Boil it.....<input type="checkbox"/> 2</div><div>Filter it.....<input type="checkbox"/> 3</div><div>Put chlorine in.....<input type="checkbox"/> 4</div><div>Other, what?:.....<input type="checkbox"/> 5</div></div>
	26. What type of sanitary system does the household? <div><div>Toilet connected to a drainage system.....<input type="checkbox"/> 1</div><div>Toilet connected to a septic tank.....<input type="checkbox"/> 2</div><div>Washable toilet.....<input type="checkbox"/> 3</div><div>Latrine or covered well.....<input type="checkbox"/> 4</div><div>Don't have.....<input type="checkbox"/> 5→Q. 29</div></div>
	27. The sanitary service is for: <div><div>Exclusive use of the household?.....<input type="checkbox"/> 1</div><div>Shared use with other households?.....<input type="checkbox"/> 2</div></div>
	28. For how many years has the household had sanitary service? (Always write 98) <div>YEARS<div></div></div> <div>(Less than 1 year write 00)</div>

29. Does the household have:

YES 1

NO 2

a. Telephone?

b. Cellular?

c. Beeper?

d. Internet?

e. T.V. Cable?

If you have telephone or cellular, ask Q. 31 for the rest, Pass to Q. 32

31. What companies provide your telephone service?

- Guatel.....1

- Telgua.....2

- Telefónica.....3

- Comcel.....4

- Other, what?.....5

32. How does the household eliminate the largest amount of trash?

- Municipal Service.....1

- Private service.....2

- Burn it.....3

- Bury it.....4

- Dump it in another location.....5

- Recycle.....6

- Other, what?.....7

Q.34

33. Did you pay last month for the collection or elimination of the trash?

YES 1

How much did you pay last month?

Quetzales

(Included in the rent or administration or paid with other services, write 997)

34. During the last month, did the household use electricity?

YES 1

NO 2

Q. 39

35. Who did you pay for the electricity service?

- Public company.....1

- Private company.....2

- To the neighbor.....3

- Didn't pay.....4

- Other, what?:.....5

36. In the last month, how many times did you have no electricity for more than 30 minutes?

Number of times

37. In the last month, how many continuous days did you NOT have electricity?

Number of days

38. In the last month, how many continuous hours per day did you HAVE electricity?

Number of hours

39. During the last month did this household use firewood or sticks to cook or for other uses?

YES.....1

NO.....2

Section "B"

40. How did the household obtain the firewood used last month?

- Only purchased.....1

- Only received as a gift.....2

- Purchased and received as gift.....3

- Only collected/cut.....4

- Other, what?.....5

41. How far from your dwelling is the area from which you carry,collect or purchase most frequently your firewood?

a. Distance in meters.....

b. Time

Hours

Minutes

IF "00" IS GIVEN AS DISTANCE

Q. 45

42.How do you transport firewood to the dwelling:

On foot?.....1

Animal/horse?.....2

Boat/canoe?.....3

Bicycle?.....4

Truck?.....5

Other, what?.....6

43. What person(s) from the household brings or collects FREQUENTLY the firewood that the household uses?

No.

Name

ID

1

2

3

44. Do they go only to pick up firewood or do they pick up other products and things?

- Exclusively for firewood.....1

- Firewood plus other products/things.....2

- Other, what?.....3

45. In the dwelling is there a kitchen with a chimney or vent to allow smoke to escape?

YES.....1

NO.....2

B. SOURCES OF ENERGY USED BY THE HOUSEHOLD

Last month, did any household member purchase?...

Did you use (.....) last month?

How many years has the household used (.....)?

Last month what was the reason for using (.....) in this household:

What proportion of (.....) is used for (.....)

What quantity of (.....) was bought or used during the last month?

How much did you pay for (.....) that you bought or used last month?

NQ=GO TO NEXT

Lt 1 year = "00"

Always = "98"

Yes.....1

No....2

CS

1

2

3

4

5

6

7

1. Beeswax and/or tallow candles?

Yes 1

No 2

Yes 1

No 2

(NQ)

- Lighting?

- Religious?

- Other?

Units

Q.

2. Kerosene (running gas)?

Yes 1

No 2

Yes 1

No 2

(NQ)

- Lighting?

- Cooking?

- HH business?

- Other?

Bottles

Q.

3. Propane gas?

Yes 1

No 2

Yes 1

No 2

(NQ)

- Cooking?

- HH business?

- Other?

Pounds

Q.

4. Coal?

Yes 1

No 2

Yes 1

No 2

(NQ)

- Cooking?

- HH business?

- Ironing?

- Other?

Pounds

Q.

5. Batteries?

Yes 1

No 2

Yes 1

No 2

(NQ)

- Flashlights?

- Appliances?

- Other?

Units

Q.

6. Electricity?

Yes 1

No 2

Yes 1

No 2

(NQ)

- Household?

- Cooking?

- HH business?

- Other?

Kilowatts

Q.

7. Firewood or sticks?

Yes 1

No 2

Yes 1

No 2

(NQ)

- Cooking?

- HH business?

- Other?

Units

Q.

8. Other what?

Yes 1

No 2

Yes 1

No 2

(Pass to Section "C")

- Household?

- Cooking?

- HH business?

- Other?

Q.

2

C. TENANCY OF THE DWELLING

1. The dwelling that this household occupies is:

- Owned and totally paid?.....

☐ 1

- Owned and paying off?.....

☐ 2

- Inheritance or gift?.....

☐ 3

- Right of possession?.....

☐ 4

- Rented ?.....

☐ 5

→ Q. 8

- Transferred or loaned?.....

☐ 6

- Other form.....

☐ 7

→ Q. 7

2. What type of documents (papers) of ownership do you have for the dwelling?

- None or don't have

☐ 1

- Receipt or invoice.....

☐ 2

- Unregistered title.....

☐ 3

- Title in process of registration.....

☐ 4

- Registered title.....

☐ 5

- Other, what?.....

☐ 6

→ Q. 4

3. In the name of which household member is the property document for this dwelling?

N	NAME	ID
1		
2		
3		

(Person(s) who do not live in the household, write 00)

→ Q. 5

4. What is the principal reason you do not have a property title for the dwelling?

- Very expensive.....

☐ 1

- Don't know how to get it.....

☐ 2

- Didn't know it was necessary.....

☐ 3

- There is no notary.....

☐ 4

- Other, what?.....

☐ 5

5. This household acquired the dwelling by:

- It was already constructed?.....

☐ 1

- You ordered it built?.....

☐ 2

- You built it yourselves?.....

☐ 3

→ Q. 7

6. Of the following groups, who helped to construct the dwelling:

YES=1	NO=2	MALES adults	WOMEN adults	BOYS	GIRLS	PAID
		a.	b.	c.	d.	e.
1.Household member?						
2. Family members?						
3.Neighbors/friends?						

7. If you had to pay rent for this dwelling, how much would you have to pay per month?

Q.

→ Q. 9

8. How much do you pay monthly for rent?

Q.

9. How many continuous years have you lived in this dwelling?

(Lt 1 year, write "00")

Years

10. How many years since the dwelling was constructed?

(Lt 1 year, write "00")

Years

D. IMPROVEMENTS TO THE DWELLING

1. In the last 12 months have you made improvements or additions to the dwelling?

YES ☐ 1

NO ☐ 2

→ Section "E"

2. What additions or improvements were made:

	YES	NO
a. Additional rooms?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Built fences/walls?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Build a terrace?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Changed the roof?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Changed floors/walls?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Changed doors/windows?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Installed sanitary service?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Installed water tank?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Installed security system....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Other, what?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

3. Where did you get the financial resources for the improvements or additions to the dwelling:

YES

NO

a. Savings or own resources?.....

☐ 1

☐ 2

LOANS:

b. Banco Rural (BANRURAL)?.....

☐ 1

☐ 2

c. Other State Banks?.....

☐ 1

☐ 2

d. Private Banks?.....

☐ 1

☐ 2

e. Credit cooperative?.....

☐ 1

☐ 2

f. Foguavi?.....

☐ 1

☐ 2

g. NGOs/Communal Banks?.....

☐ 1

☐ 2

h. Moneylender or speculator?.....

☐ 1

☐ 2

i. Family and/or friends?.....

☐ 1

☐ 2

j. Other loans?.....

☐ 1

☐ 2

k. Gifts and assistance?.....

☐ 1

☐ 2

l. Raffles and lotteries?.....

☐ 1

☐ 2

m. Other sources, what?.....

☐ 1

☐ 2

4. Did the members of the household work together on the improvements or additions to the dwelling?

YES ☐ 1

NO ☐ 2

5.What was the TOTAL cost of the improvements or additions made to the dwelling in the last 12 months?

Q.

E. ACCESS TO SERVICES

How far from the dwelling is (.....) located:

When there is more than one refer to the closest

(If there is none, write 997)

↓

NQ

UNIT CODES

Blocks = 15

Cuerdas = 17

Kilometer = 25

League = 28

Meters = 41

What means of transport do you principally use to go to (.....)

On foot..... 1

Animal/horse..... 2

Boat/canoe..... 3

Bicycle..... 4

Public service van..... 5

Taxi..... 6

Car/pick up..... 7

Motorcycle..... 8

Truck..... 9

Ambulance..... 10

Other, what?..... 11

How long does it take to go from your dwelling to the closest (.....)?

YES... 1

NO.... 2

REGISTER THE TWO PRINCIPAL

CS	DISTANCE	UNIT	1	2	Hours	Minutes	
	1	2	3	4	5		
COMMUNICATIONS							
1 Public/community telephone?							
2 Post office/telegraph?							
3 Intracity bus stop?							
4 Urban bus stop?							
OTHER SERVICES							
5 Bank?							
6 Cooperative?							
7 Police station?							
8 Civil registry?							
9 Market?							
10 Church?							
11 Community meeting room?							
12 Fire station?							

3

A. COLLECTIVE ACTIONS, SOLIDARITY AND CONFIDENCE

1. In the last 12 months, did you personally or any other member of the household participate in any of the following:

b. Participate in community workshops to obtain additional income?..... ☐ 1 ☐ 2

d. Participate actively in an information campaign?..... ☐ 1 ☐ 2

f. Contact your political representative?..... ☐1 ☐2

h. Give cash or in-kind donations?..... ☐ 1 ☐ 2

j. Exchange manual labor?..... ☐1 ☐2

I. Participate in the collective construction of community works (roads, schools etc.)..... ☐ 1 ☐ 2

n. Other, what?..... ☐1 ☐2

2. If something bad happened to a household member, for example: illness or serious accident or the sudden death of the father or mother. In this situation, to what person, organization or aid institution would you go to for assistance?

		Code
1		
2		

(register the first 2 responses that are given)		Code
1		
2		

- Yes, the majority..... ☐ 1

- Yes, some people..... ☐ 2

- No ☐ 3

No one will help.....	1
The family.....	2
The neighbors.....	3
Friends.....	4
A religious group	5
A community leader.....	6
An entrepreneurial leader or a business.....	7
The police.....	8
A judge from the Family Court/Peace Judge.....	9
The boss/benefactor/godfather.....	10
A political leader/political party.....	11
A group or organization that they belong to.....	12
A group or organization that they don't belong to.....	13
The government.....	14
NGOs.....	15
Fire fighters.....	16
No one else.....	97
Other group or person, what?.....	98

The differences between (.....), create serious problems between people in this community?

	CODE
--	------

a.	Those who have more education and those who have less education	
----	---	--

b.	The people who have wealth and material goods and those who don't have them	
----	---	--

c.	The poor and the not poor	
----	---------------------------	--

d.	Those who have always lived here and those who have recently arrived	
----	--	--

e.	The members of the distinct political parties	
----	---	--

f.	The distinct religions	
----	------------------------	--

g. The indigenous and the non-indigenous	
--	--

h.	The elderly and young people
----	------------------------------

- Groups resolve them among themselves.....	1
- Family or household intervention.....	2
- The neighbors intervene.....	3
- With the mediation of community leaders.....	4
- With the mediation of religious leaders.....	5
- With the intervention of the authorities.....	6
- Through violence.....	7
- They are not resolved.....	8
- Other, what?.....	9

	2
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--	--

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CODES FOR THE PERCEPTION OF CHANGES QUESTION 2, WHEN QUESTION 1 IS "1"	
More employment/less unemployment.....	1
More and better transportation.....	2
Better incomes, salaries, and profits.....	3
Improve the health of the population.....	4
There are more health centers.....	5
Improve the education of the population.....	6
There are more schools.....	7
There is more security, less crimes, less violence.....	8
There is less drug addiction.....	9
Less corruption.....	10
Improved water service.....	11
Improved electricity service.....	12
Improved communications (roads, telephones, etc.).....	13
More dwellings, improved dwellings.....	14
Improved harvests.....	15
Help from NGOs.....	16
Introduction of potable water.....	17
Construction of irrigation systems.....	18
Other, what?.....	98

PERCEPTION OF CHANGES, POVERTY AND PROBLEMS QUESTION 2, WHEN QUESTION 1 IS "2" OR "3" AND QUESTIONS 3 AND 4	
Lack of employment, more unemployment.....	1
Less transportation/deteriorated transportation.....	2
Less or bad incomes, salaries or profits.....	3
Deteriorated health of the population.....	4
Lack of health centers/lack of hospitals.....	5
Lack of schools, classrooms or teachers.....	6
More violence, more crime, more insecurity.....	7
More drug addiction.....	8
More alcoholism.....	9
More corruption.....	10
Lack of water/bad quality of water.....	11
Lack of electrical energy/lack of lighting.....	12
Lack of communication methods (roads, telephones).....	13
High costs of living.....	14
Lack of housing.....	15
Too much trash/lack of trash collectors.....	16
The social differences are growing.....	17
The people don't want to work.....	18
Excess population.....	19
Lack of land to work.....	20
Bad harvests or loss of harvests.....	21
Disintegration of the society and the family.....	22
Lack of technical assistance for agriculture and business.....	23
Deforestation.....	24
Lack of credit.....	25
High interest rates.....	26
Bad government.....	27
Lack of training for work.....	28
The legalization of the land.....	28
Bad or little maintenance of the roads.....	30
Other, what?.....	98

B. EXCLUSION (Continued)					
In your opinion, in this community, are there people who need (.....) but who cannot get it in same conditions as others?			What proportion of people are excluded?	In your opinion, what is the principal reason that not all people from the community where you live can benefit from this service?	
TYPE OF SERVICE					
3			4	5	CODE
1	A quota in order to attend primary, high school or university	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
2	Receive attention in a hospital or health center	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
3	To have potable water in their house	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
4	Receive training for work or to be able to have a business	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
5	Credit for agriculture or a business	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
6	Receive technical assistance for agriculture or a business	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
7	Public transport to school or work	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
8	Social Security to protect against illness or accidents	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
9	Drainage services, control of sewage and plagues	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
10	Improvements in roads to get to their dwelling	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ NQ			
11	From the opportune administration of justice or from the resolution of conflicts	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 ➡ Sec. "C"			

C. PERCEPTION OF WELFARE	
1. In the last 5 years, the living conditions or welfare of the household : - Has improved..... <input type="checkbox"/> 1 - Has worsened..... <input type="checkbox"/> 2 - Remained the same..... <input type="checkbox"/> 3	<div>SEE THE CODES ON THE REVERSE OF THE PREVIOUS PAGE FOR QUESTIONS 2, 3 Y 4</div>
2. What are the two principal reasons for the living conditions of this household have improved, worsened or remained the same? 1st Reason: _____ Code <input type="text"/>	
3. In your opinion, what the two principal causes of poverty in Guatemala? 1st Reason: _____ Code <input type="text"/>	
4. In your opinion, what are the two principal problems in this community that you consider should be resolved in an urgent fashion? 1st Reason: _____ Code <input type="text"/>	

CHAPTER III. ADVERSE SITUATIONS AND CITIZEN SECURITY -Respondent Head of Household-. A. ADVERSE SITUATIONS

In the last 12 months, has the household been affected by any of the following general types of problems:

YESNO

1 Earthquake?.....☐ 1☐ 2

2 Drought?.....☐ 1☐ 2

3 Flood?.....☐ 1☐ 2

4 Storms?.....☐ 1☐ 2

5 Hurricane?.....☐ 1☐ 2

6 Plagues?.....☐ 1☐ 2

7 Landslides?.....☐ 1☐ 2

8 Forest fires?.....☐ 1☐ 2

9 Business closings?.....☐ 1☐ 2

10 Massive lay offs?.....☐ 1☐ 2

11 General increase in prices?...☐ 1☐ 2

12 Public protests?.....☐ 1☐ 2

13 Other, what?.....☐ 1☐ 2

IF THE RESPONSES TO ALL THE QUESTIONS WERE "NO", PASS TO Q. 6

REGISTER THE FOUR MOST IMPORTANT PROBLEMS ACCORDING TO THE RESPONDENT

For each problem, ask questions 2 to 5.

The (....) signified a decrease or loss for your household of:

- The income that you normally receive?.....1

- Inheritance?.....2

- Of income and Inheritance?.....3

- It has not signified any loss.....4

NQ

What did the household do to compensate or resolve this decrease or loss of income and/or inheritance? (Register the most important action)

- Spent savings or investments.....1

- Pawned goods (jewelry, furniture, machines, appliances, etc.).....2

- Mortgaged house or land.....3

- Cashed in securities.....4

- With more work than already working.....5

- Other members went to work.....6

- Applied for a cash loan from a private bank.....7

- Applied for a cash loan from a state bank.....8

- Asked for a cash loan from a family member.....9

- Asked for a cash loan from a friend.....10

- Asked for a cash loan from a moneylender.....11

- Asked for cash loan from work.....12

- Sold the house or land.....13

- Sold animals.....14

- Sold appliances, equipment machines.....15

- Sold some jewelry.....16

- Sold the harvest in advance.....17

- With help from government organizations.....18

- With help from private entities.....19

- With help from international entities.....20

- With help from NGOs.....21

- With help from the neighbors.....22

- Stop consuming some products or services.....23

- Didn't do anything.....24

- Other, what?.....98

The decrease of income or inheritance caused by (.....) has been totally resolved?

YES.....1

NQ

NO.....2

How much time do you think you will need to resolve the decrease of income or inheritance caused by (.....)?

- Within 6 months.....1

- Between 6 and 12 months.....2

- More than 1 year.....3

- Don't know when.....9

Order numberCODE

1234

1

2

3

4

6

A. ADVERSE SITUATIONS (continued)

In the last 12 months, has this household been affected by any of the following problems:

	YES	NO
1. Loss of employment of any member?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. Lowered income of any member?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Bankruptcy of a family business?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Illness or serious accident of a working member of the household?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Death of a working member of the household.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. Death of another member of the household?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Abandonment by the household head?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. Fire in the house/business/property?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. Criminal act?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. Land dispute?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. Family dispute?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. Loss of cash or in-kind assistance?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. Fall in prices of products in the household business?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. Loss of harvest?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. Other, what?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

IF THE HOUSEHOLD HAS NOT BEEN AFFECTED BY ANY OF THE ACTS MENTIONED, PASS TO SECTION "B"

REGISTER THE FOUR MOST IMPORTANT PROBLEMS,
ACCORDING TO THE RESPONDENT

For each problem apply questions 7 to 10

The (....) signified a decrease or loss for your household of:

2	- The income that you	
2	normally receive?.....	1
2	- Inheritance?.....	2
2	- Of income and	
2	Inheritance?.....	3
2	- It has not signified any	
2	loss.....	4

NQ

What did the household do to compensate or resolve this decrease or loss of income and/or inheritance?

(Register the most important action)

1	- Spent savings or investments.....	1
2	- Pawned goods (jewelry, furniture, machines, appliances, etc.).....	2
3	- Mortgaged house or land.....	3
4	- Cashed in securities.....	4
	- With more work than already working.....	5
	- Other members went to work.....	6
	- Applied for a cash loan from a private bank.....	7
	- Applied for a cash loan from a state bank.....	8
	- Asked for a cash loan from a family member.....	9
	- Asked for a cash loan from a friend.....	10
	- Asked for a cash loan from a moneylender.....	11
	- Asked for cash loan from work.....	12
	- Sold the house or land.....	13
	- Sold animals.....	14
	- Sold appliances, equipment machines.....	15
	- Sold some jewelry.....	16
	- Sold the harvest in advance.....	17
	- With help from government organizations.....	18
	- With help from private entities.....	19
	- With help from international entities.....	20
	- With help from NGOs.....	21
	- With help from the neighbors.....	22
	- Stop consuming some products or services.....	23
	- Didn't do anything.....	24
	- Other, what?.....	98

Register the principal action

CODE

The decrease of income or inheritance caused by (.....) has been totally resolved?

YES.....	1
----------	---

NQ

NO..... 2

How much time do you think you will need to resolve the decrease of income or inheritance caused by (.....)?

- Within 6 months..... 1
- Between 6 and 12 months..... 2
- More than 1 year..... 3
- Don't know when..... 9

Order Number	
--------------	--

CODE

6

7

8

9

10

1

2

3

4

B. CITIZEN SECURITY - Respondent Head of Household-

[illegible]

ORGANIZATION CODES	
Farmers group.....	1
Association of merchants/employers.....	2
Cooperative.....	3
Women's group.....	4
Credit group.....	5
Political group.....	6
Youth group.....	7
Religious group.....	8
Cultural group.....	9
Community board/neighborhood association...	10
Parents Association.....	11
School committee.....	12
Neighborhood committee.....	13
Water/trash/rubbish board.....	14
Roads board.....	15
Sports group.....	16
Civic group.....	17
Non-governmental Organization (NGO).....	18
Professional organization.....	19
Pro-housing committee.....	20
Charitable organization.....	21
Solidarity organization.....	22
Boy Scouts.....	23
Girl Guides.....	24
Other, what?.....	98

CHAPTER IV. PARTICIPATION IN ORGANIZATIONS, SOCIAL ASSISTANCE PROGRAMS AND CITIZENSHIP - Direct informants persons of 12 years of age and older -																	
A. PARTICIPATION IN ORGANIZATIONS - For all household members 7 years of age and older-																	
1. Are you a member or do you participate in a group, organization or association, such as: cultural groups, trade unions, guilds, sports organizations, community organizations, productive organizations or of any other type? YES..... 1 <div>NO..... 2 Age less than 18 Pass to Section "C" otherwise pass to Section "B"</div>		2. Of what group, organization, or association are you a member or participant?		3. Do you participate in (.....): - As an active member?..... 1 - As a non-active member?..... 2 - As a leader?..... 3 - Other, what?..... 4		4. Do you participate in any other group, organization or association? YES.....1 <div>NO..... 2 Age less than 18 Pass to Section "C" otherwise pass to Section "B"</div>		5.Of what other group, organization, or association are you a member or participant?		6. Do you participate in (.....): - As an active member?..... 1 - As a non-active member?..... 2 - As a leader?..... 3 - Other, what?..... 4		7. Do you participate in any other group, organization or association? YES.....1 <div>NO..... 2 Age less than 18 Pass to Section "C" otherwise pass to Section "B"</div>		8.Of what other group, organization, or association are you a member or participant?		9. Do you participate in, (.....): - As an active member?..... 1 - As a non-active member?..... 2 - As a leader?..... 3 - Other, what?..... 4 <div>Age less than 18 pass to Section "C"</div>	
ID	CODE	ORGANIZATION	CODE			ORGANIZATION	CODE			ORGANIZATION	CODE			ORGANIZATION	CODE		ID
	1	2		3	4	5		6	7	8		9					
1																	1
2																	2
3																	3
4																	4
5																	5
6																	6
7																	7
8																	8
9																	9
10																	10
11																	11
12																	12

MEANS DE INFORMATION				VOTING	PUBLIC POST		PERCEPTION OF JUSTICE		How would you rate (.....) in terms of effectiveness for imparting justice?																								
Generally, how do you find out what is happening in Guatemala?		How do you find out what is happening in your region or locality?		By what means did you find out about the Peace Accords?		Did you vote in the elections of November or December of last year?		Do you occupy any post by popular election?		Have you had any post in the public administration at the local, municipal, regional, or national level?		In your opinion, how do those who are in charge of imparting justice work in Guatemala:		On what do you base your opinion?		Of the following institutions and/or persons, which are in charge of imparting justice in Guatemala:								(Only ask question 10 to the "YES" responses in question 9 items from 1 to 7)									
- Television.....1 - Radio.....2 - Written press.....3 - Conversations with family, neighbors or friends.....4 - Conversations at work.....5 - Not aware.....6 - Other, what?.....7		- Television.....1 - Radio.....2 - Written press.....3 - Conversations with family, neighbors or friends.....4 - Conversations at work.....5 - Not aware.....6 - Other, what?.....7		- Television.....1 - Radio.....2 - Written press.....3 - Pamphlets.....4 - Workshops.....5 - In school...6 - Conversations with family, neighbors, or friends.....7 - Conversations at work.....8 - Not aware.....9 - Other, what?.....10		YES.....1 NO.....2		YES.....1 NO.....2		YES.....1 NO.....2		Good?.....1 Regular?....2 Bad?.....3		- From the press/published reports.....1 - Personal experience.....2 - Rumors or conversations...3 - Chats with friends or family.....4 - Other, what?....5		- The Civil National Police?.....1 - The President?.....2 - The Public Ministry?.....3 - The Supreme Court of Justice?.....4 - The Judges?.....5 - The Army?.....6 - The Mayors?.....7 - Your own community?.....8								- The Civil National Police?.....1 - The President?.....2 - The Public Ministry?.....3 - The Supreme Court of Justice?.....4 - The Judges?.....5 - The Army?.....6 - The Mayors?.....7									
Note the most important		Note the most important		Note the most important												YES.....1 NO.....2								QUALIFICATION Good.....1 Regular.....2 Bad.....3									
ID		ID		ID		ID		ID		ID		ID		ID		ID								ID									
1		2		3		4		5		6		7		8		9								10								ID	
1																																1	
2																																2	
3																																3	
4																																4	
5																																5	
6																																6	
7																																7	
8																																8	
9																																9	
10																																10	
11																																11	
12																																12	

INSTITUTION CODES	
CARE.....	1
Health center or health post.....	2
Private school.....	3
CONALFA.....	4
CONRED.....	5
Cooperative.....	6
Red Cross.....	7
Peace Corps.....	8
Scholarship Promotion Office.....	9
Private business.....	10
Food and Agriculture Organization of the UN (FAO).....	11
Catholic Church.....	12
Evangelical Church.....	13
International Organization.....	14
Ministry of Education.....	15
Ministry of Public Health.....	16
Ministry of Labor.....	17
Municipality.....	18
World Health Organization.....	19
Non-governmental Organizations (NGOs).....	20
Other churches.....	22
Program of Community Households.....	23
PRONADE.....	24
Secretariat of Social Welfare of the Presidency.....	25
Secretariat of Social Works of the First Lady.....	26
UNICEF.....	27
Other, what?.....	98

C. PARTICIPATION AND BENEFITS FROM SOCIAL ASSISTANCE PROGRAMS -For all household members- -Direct informants respondents 12 years of age and older-

[illegible]

CHAPTER V. CHARACTERISTICS AND COMPOSITION OF THE HOUSEHOLD A. DEMOGRAPHIC CHARACTERISTICS -For all household members- -Direct informants persons 12 years of age and older-																						
DATE OF BIRTH				RELATIONSHIP		MARITAL STATUS		FAMILY GROUPS														
What is the date of birth of (.....)?				What relationship or relation does (.....) have with the head of this household? - Head..... 1 - Spouse or companion.....2 - Son/daughter.....3 - Son/daughter-in-law 4 - Grandchild 5 - Father-mother 6 - Parent-in-law 7 - Brother/sister 8 - Brother/sister-in-law 9 - Other relative 10 - Domestic employee 11 - Boarder-guest..... 12 - Other non-relative..... 13 <div>Persons less than 10 years old pass to Q. 5</div>		What is the current marital status of (.....)? - United..... 1 - Married..... 2 - Separated from marriage.... 3 - Separated from union..... 4 - Divorced... 5 - Widow/widower.....6 - Single..... 7 <div>Pass to Q. 5</div>		Does the spouse of (....) live in the household?		Does the father of (...) live in the household?		What is or was the highest education level achieved by the father of (.....)? - None..... 1 - Knows or knew how to read & write..... 2 - Preparatory... 3 - Complete primary.....4 - Incomplete primary..... 5 - Secondary education.....6 - Higher education..... 7 - Don't know or didn't know..... 8		What is or was the PRINCIPAL occupation of the father of (.....)? - Salaried employee.. 1 - Day worker..... 2 - Owner or boss..... 3 - Self-employed or independent worker 4 - Worker on his own farm..... 5 - Domestic employee... 6 - Household chores..... 7 - Landlord..... 8 - Retiree or pensioner 9 - Other, what?..... 10		Does the mother of (...) live in the household?		What is or was the highest education level achieved by the mother of (.....)? - None..... 1 - Knows or knew how to read & write..... 2 - Preparatory... 3 - Complete primary.....4 - Incomplete primary..... 5 - Secondary education.....6 - Higher education..... 7 - Don't know or didn't know..... 8		What is or was the PRINCIPAL occupation of the mother of (.....)? - Salaried employee.. 1 - Day worker..... 2 - Owner or boss..... 3 - Self-employed or independent worker 4 - Worker on his own farm..... 5 - Domestic employee... 6 - Household chores..... 7 - Landlord..... 8 - Retiree or pensioner 9 - Other, what?..... 10		
								Yes...1 <div>write the code of the spouse</div> <div>No... 2</div>		Yes...1 <div>write the code of the father Q. 8</div> <div>No... 2</div>						Yes...1 <div>write the code of the mother Pass to Sec. "B"</div> <div>No... 2</div>						
								CODE		ID						CODE						ID
ID	DAY	MONTH	YEAR	2		3		4		5		6		7		8		9		10		ID
	1							4		5		6		7		8		9		10		
1																						1
2																						2
3																						3
4																						4
5																						5
6																						6
7																						7
8																						8
9																						9
10																						10
11																						11
12																						12

B. LANGUAGES SPOKEN BY THE MEMBERS OF THE HOUSEHOLD - For people 7 years of age and older- -Direct informants persons 12 years of age and older-

[illegible]

CHAPTER VI. HEALTH

A. CHILDCARE AND BREASTFEEDING

For all children less than 6 years of age -Informant the mother-

With whom did (.....) spend the majority of his/her time last week?

- With mother in house

1

- With father in house

2

- With the mother at work.....

3

- With the father at work.....

4

- Household member 15 years old or older.....

5

- Household member less than 15 years old.....

6

- Employee or nanny.....

7

- Family, but not member of the household.....

8

- Neighbors/friends.....

9

- Daycare.....

10

- Children's house.....

11

- Community house.....

12

- Other institution.....

13

- Alone.....

14

- Other, what?.....

15

For how long did you give or are you still giving only breastmilk to (...), that is without any other foods, not even water?

Less than 1 month write "00"

Never gave only breast-milk, write "97"

Never breast-fed, write "96" & pass to Q. 5

MONTHS

2

How old was (.....) when you started to give cows milk, powdered milk, pasteurized milk, soy milk, water, juices, etc.?

Less than 1 month write "00"

Did not give these liquids, write "97"

Still isn't giving write "98"

MONTHS

3

How old was (.....) When you stopped breastfeeding?

Less than 1 month write "00"

Never breast-fed, write "96"

Still breastfeeding write "98" Q. 6

MONTHS

4

What was the main reason you stopped breastfeeding or never breastfed (.....)?

- Little milk or couldn't.....

1

- Refusal of the child.....

2

- Illness of mother or child.....

3

- Because of work.....

4

- Medical advice.....

5

- New pregnancy..

6

- Age of child....

7

- The child doesn't live with the mother.....

8

- Family advice....

9

For fear or lack of confidence.....

10

- Other, what?.....

11

5

In your work did they offer or do they offer facilities to care and feed (.....)?

-Yes.....

1

- No.....

2

- Don't work.....

3

6

B. IMMUNIZATIONS

For all children less than 6 years of age -Informant the mother-

Does (.....) have a vaccination card?

Yes.....

1

No.....

2

Code

Submitted

1

Did they submit it? Yes..... 1 No..... 2

Did (.....) receive the vaccination against tuberculosis (BCG)?

Yes

1

No.....

2

Code

2

Did (...) receive the vaccination against diphtheria, whooping cough &tetanus (DTP)?

Yes

1

No.....

2

Code

Doses

Booster

3

Did s/he receive boosters Yes 1 No..... 2

a

b

Did (.....) receive the vaccination against Polio?

Yes

1

No.....

2

Code

Doses

Booster

4

Did s/he receive boosters Yes 1 No..... 2

a

b

Did (.....) receive the measles vaccination?

Yes.....

1

No.....

2

Code

ID

5

1

2

3

4

5

6

1

2

3

4

5

6

7

8

9

10

11

12

14

C. DIARRHEA AND RESPIRATORY ILLNESSES. For all children less than 6 years of age -Informant the mother -

Last month did (.....) have diarrhea?	What did you give (.....) principally for the diarrhea? - Only water..... 1 - Domestic salt..... 2 - Oral rehydration salts..... 3 - Leaf tea..... 4 - Other household remedies..... 5 - Medicine..... 6 - Other, what? 7 - Didn't give anything..... 8	Last month, did (.....) have a cold, cough, whooping cough, bronchitis, breathing trouble or any respiratory infection? Yes..... 1 NO..... 2 NO & Q 1 = YES → Q. 5 NO & Q 1 = NO Pass to Section "D"	What did you give (.....) principally for the cold, cough, etc.? - Medicine... 1 - Natural medicine..... 2 - Household remedies..... 3 - Other, what? 4 - Didn't give anything..... 5	Who cared for (...) for the diarrhea or the respiratory infections that s/he had last month? - Natural healer or herbalist..... 1 - Pharmacist..... 2 - Health worker.. 3 - Nurse or auxiliary nurse... 4 - Doctor (fixed or ambulatory)..... 5 - Parents or members of household..... 6 - Other, what?..... 7	Where did you get care for (.....) - Public hospital..... 1 - IGSS hospital... 2 - Private hospital.... 3 - Health center..... 4 - Health post..... 5 - Community center 6 - Private clinic..... 7 - Pharmacy..... 8 - Other, what? 9 - In the house..... 10 Pass to Q. 9	How long did it take to take (.....) to the place where s/he received care? MINUTES	What means of transport did you use to take (...) to the place where s/he received care? - On foot..... 1 - Animal/horse..... 2 - Boat/canoe..... 3 - Bicycle..... 4 - Public service van..... 5 - Taxi..... 6 - Car/pickup..... 7 - Motorcycle..... 8 - Truck..... 9 - Ambulance..... 10 - Other, what?..... 11	How much did you pay last month for (.....) in:							Last month, besides the diarrhea and the respiratory infections, did (.....) have any accidents, illness or health problems (tooth pain, headache, hearing, etc)		
								- Medical consultations?.....1 - Exams?..... 2 - Medicine?..... 3 - Transport?.....4 - One total bill..... 5 - Other, what?..... 6 FOR EACH OF THE PREVIOUS CATEGORIES, REGISTER THE COST NO COSTS, WRITE "00"									
								1	2	3	4	5	6	Total general			
ID	1	2	3	4	5	6	7	1	2	QUETZALES						10	ID
	1																1
	2																2
	3																3
	4																4
	5																5
	6																6
	7																7
	8																8
	9																9
	10																10
	11																11
	12																12

D. ACCESS TO HEALTH SERVICES. -For all members of the household- - Direct informants people 12 years old and older-

Last month did (.....) suffer any illness, accident, (burns, fracture, falls etc.) or health problems (tooth-ache, headache, hearing, etc.) even if it was not serious?

Yes..... 1
➡ Q. 3

No..... 2

Even though (.....) wasn't sick or had no accident | last month, did s/he go to a doctor, dentist, nurse, pharmacist, natural healer or herbalist?

For women do not include birth control

Yes..... 1
➡ Q. 4

NO..... 2
➡ Q. 19

For the illness or accident that (.....) had last month, did s/he have to stop going to work, or school or stop doing his/her normal activities?

Yes..... 1

No..... 2

Who did (.....) consult last month when he/she was sick, had the accident or went for a medical check-up:

- Doctor/dentist/ gynecologist/psychologist?...1

- Nurse/nurse assistant?..... 2

- Health worker/health assistant..... 3

- Healer/herbalist/ natural healer.....4

- Pharmacist?..... 5

Q. 6

- Family/members of the household?.....6

- Treated self?..... 7

- Didn't do anything?.....8

- Other, what?..... 9

Why did (.....) not consult with a doctor, dentist, psychologist, nurse, healer, herbalist, natural healer or pharmacist?

- It was not that serious 1

- Did not have time..... 2

- Too far away..... 3

- No money for transportation..... 4

- No money for the consultation.. 5

- The service is expensive..... 6

- No means of transportation..... 7

- Do not believe in these people..... 8

- There are no doctors/nurses..... 9

- They do not speak my language.....10

- Very long time to wait..... 11

- Other, what?..... 12

Q. 19

How many times did (....) consult this person?

TIMES

Where did (.....) receive attention?

- Public hospital..... 1

- IGSS hospital..... 2

- Private hospital..... 3

- IGSS clinic..... 4

- Health center..... 5

- Health post..... 6

- Community center..... 7

- Private clinic or private consultation..... 8

- Private pharmacy..... 9

- State pharmacy..... 10

- At home..... 11

Pass to Q. 12

- Other, what?..... 12

How long does it take to go to the place where (.....) received attention?

MINUTES

ID

1

2

CODE

How many days?

3

4

5

6

7

8

ID

1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12

16

D. ACCESS TO HEALTH SERVICES. (Continued)

[illegible]

CHAPTER VII. EDUCATION. A. PRESCHOOL EDUCATION. -For children less than 7 years of age- -Direct informant father or mother-

REGISTRATION

For school year 2000 was (.....) registered in:

- Childcare?..... 1

- Prekindergarten?..... 2

- Kindergarten?..... 3

- Infant school?..... 4

- Preparatory..... 5

- Primary school?.... 6

Pass to section "B"

- Not registered?..... 7

Less than 5 years old

pass to the next person

Age = to 5 or 6 years

Pass to Chapter X

The education institution where (.....) was registered was:

- Ministry of Education?..... 1

- PRONADE?..... 2

- New unitary schools (NEUS)..... 3

- Other institution of the central government?..... 4

- Municipal?..... 5

- Cooperative?..... 6

- Community?..... 7

- Private?..... 8

- NGO's?..... 9

- Other, what?..... 10

ANNUAL COSTS

For this school year, did you pay for the **registration or enrollment of (.....)?**

Yes..... 1

No..... 2

How much did you pay in total?

For this school year did you buy **uniforms** for (.....)?

Yes..... 1

No..... 2

How much did you pay in total?

At the beginning of this school year, did you buy books and materials for (.....)?

Yes..... 1

No..... 2

How much did you pay in total?

Are you paying a **monthly school fee** for (.....)?

Yes..... 1

No..... 2

How much do you pay/month

This school year, did you pay for the **transportation** of (....) to attend school?

Yes..... 1

No..... 2

How much do you pay/month

Without including purchases made at the beginning of 2000, have there been costs for the purchase **of school materials** for (.....)?

Yes..... 1

No..... 2

How much do you pay on average/month

In this school years, have there been other different **costs to those already** mentioned for the education of (.....)? (raffles, donations)

Yes..... 1

No..... 2

How much on average/month

MONTHLY COSTS

CODE

Quetzales

ID

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Quetzales

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18

LANGUAGE CODES			
Ki'che.....	1	Sakapulteko.....	14
Kaqchikel.....	2	Sipakapense.....	15
Mam.....	3	Tektiteko.....	16
Q'eqchi'.....	4	Tz'utujil.....	17
Ch'orti.....	5	Uspanteko.....	18
Chuj.....	6	Jacalteko.....	19
Itzaj.....	7	Achi.....	20
Ixil.....	8	Akateko.....	21
Mopán.....	9	Awateko.....	22
Popti.....	10	Toxil.....	23
Poqomam.....	11	Xinca.....	24
Poqomchi.....	12	Garifuna.....	25
Q'anjob'al.....	13	Other Maya.....	26
		Spanish.....	28
		English.....	29
		Other foreign	
		languages.....	30
		Don't know.....	40

B. EDUCATION - SCHOOLING - For people 7 years of age and older- -Direct informants people 12 years of age and older-

LITERACY				REGISTRATION OR ENROLLMENT																					
Does (.....) know how to read and write in Spanish? - Read & write... 1 - Read only.....2 - Neither read nor write..... 3		Does (.....), know how to read and write in a Mayan language? <div>Yes..... 1</div> <div>No..... 2</div> <div></div>		How old was (.....) when s/he registered the first time in first grade of primary school?		How old was (.....) when s/he registered the first time in first grade of secondary school?		Was (.....) registered for school year 2000, in adult education, in primary, secondary, university or post-graduate even if s/he had withdrawn previously? Yes..... 1 <div>No..... 2</div> <div></div>		In what grade and level was (.....) registered for school year 2000? <div>LEVELS</div> <div>- Adult education..... 0</div> <div>- Preparatory..... 1</div> <div>- Primary..... 2</div> <div>- Secondary Ed.... 3</div> <div>- Higher Education..... 4</div> <div>- Post-grad or Masters..... 5</div> <div></div>		In what language is (.....) taught?		Is this the first time that (....) has been enrolled in this grade and this level? Yes..... 1 <div>No..... 2</div> <div></div> <div>Including this time, how many times has (..) been registered in this grade and level?</div>		The facilities where (.....) is registered is: - Ministry of Education?..... 1 - PRONADE?..... 2 - New unitary schools (NEUS)..... 3 - Other institution of the central government?..... 4 - Municipal?..... 5 - Cooperative?..... 6 - Community?..... 7 - Private?..... 8 - NGO's?..... 9 - Other, what?..... 10		How long does it take to go to the school where (.....) studies?		What is the principal means of transportation that (.....) uses to go to the school where s/he studies? - On foot..... 1 - Animal/horse..... 2 - Boat/canoe..... 3 - Bicycle..... 4 - Public service van/bus..... 5 - Taxi..... 6 - Car/pickup..... 7 - Motorcycle..... 8 - Truck..... 9 - School bus..... 10 - Other, what?..... 11					
				Has never been registered in primary, write "00"		Has never been registered in secondary, write "00"																			
				→ Q. 5																					
				→ Q. 8																					
CODE		Which Mayan language? See code list		YEARS		YEARS				CODE		In what language?		COD				MINUTES		1		2		ID	
1		2		3		4		5		6		GRADE		7		8		9		10		11			
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B. EDUCATION - SCHOOLING (continued)																										
ANNUAL COSTS																										
For this school year did you pay to register or enroll (.....) ?			For this school year, did you buy uniforms for (.....)?			At the beginning of the school year did you buy or hire books for (.....)?			How did (.....) obtain most of his/her books in this school year?			Why did (.....) not have books this school year?			At the beginning of the school year, did you buy notebooks and school supplies for (.....)?			How did (.....) obtain most of the notebooks and school materials that s/he used in this school year?			In 2000, are you paying the monthly fee or grant for (.....)?			In 2000, are you paying for transportation for (.....) to go to school?		
Yes..... 1 No..... 2			Yes..... 1 No..... 2			Yes..... 1 No..... 2			- Did not have books..... 1 - They were loaned/already had.... 2 - Was given as gifts by family/friends..... 3 - Free in the school..... 4 - Sold by the school..... 5 - Free from government pgm..... 6 - Free - private pgm/NGOs..... 7 - Sold by government..... 8 - Purchased..... 9 - Hired..... 10 - Other, what?..... 11 } Q. 17			- Did not ask for them..... 1 - Lack of money..... 2 - Went to the library..... 3 - There are no books..... 4 - They were stolen..... 5 - Other, what?... 6			Yes..... 1 No..... 2			- Did not have notebooks..... 1 - Loaned/already had..... 2 - Was given as gifts by family/friends..... 3 - Free in the school..... 4 - Sold by the school..... 5 - Free from govt pgm..... 6 - Free - private pgm or NGO's..... 7 - Sold by government..... 8 - Purchased..... 9 - Hired..... 10 - Other, what?..... 11			Yes..... 1 No..... 2			Yes..... 1 No..... 2		
How much did you pay total?			How much did you pay total?			How much did you pay total?																				
ID	CODE	Quetzales	CODE	Quetzales	CODE	Quetzales	15			16			17			18			19			20			ID	
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B. EDUCATION - SCHOOLING (continued)

MONTHLY COSTS

Without including those purchased at the beginning of 2000, have you bought **monthly school supplies** for (.....)?

(Include: transparencies, materials for projects)

Yes..... 1

No..... 2

How much did you pay on avg/month

In this school year have there been **other costs** besides those already mentioned for (.....)?

(Include quotas, raffles, contributions, excursions, etc.)

Yes..... 1

No..... 2

How much paid on avg/month

Did (.....) drop out or is s/he not attending the school where s/he was registered?

- Is attending.. 1

- Definitely has dropped out..... 2

➡ Q. 25

During the time s/he was enrolled, how many weeks did (.....) not attend the school?

None or less than 3 days write "00" ➡ Q. 27

3 days or more write 1 week

1 or more weeks, write the total number of weeks

➡ Q. 27

ATTENDANCE

What is the principal reason that (.....) dropped out or stopped attending classes this year?

- Illness..... 1

- No teacher.... 2

- Mother working... 3

- Working at home... 4

- Teacher strike.. 5

- Lack of money..... 6

- Work..... 7

- No interest.... 8

- Bad weather..... 9

- Pregnancy..... 10

- Temporary migration..... 11

- Other, what?..... 12

For what reason was (.....) **not registered for school** year 2000?

- Illness/handicap..... 1

- The school does not offer the grade..... 2

- No space available.....3

- Working at home..... 4

- Work.....5

- Lack of money..... 6

- Finished studies..... 7

- No interest..... 8

- Distance/transport..... 9

- Pregnancy..... 10

- Requires special school..... 11

- Had to repeat..... 12

- Temporary migration..... 13

- No school..... 14

- Age..... 15

- Other, what?..... 16

GRADE AND LEVEL

What was the highest **grade and level of education** reached by (.....)?

EDUCATION LEVELS

- None..... 1

Pass to section "C"

- Preparatory..... 2

- Primary..... 3

- Secondary Ed..... 4

- Higher Education.... 5

- Post- graduate..... 6

- Adult Education..... 7

LEVEL

Grade or year reached

DEGREES

For the level of studies completed, has (....) received a degree, diploma or certificate?

Yes..... 1

No..... 2

Pass to section "C"

What was the highest title, certificate or diploma that (.....) achieved in his/her studies?

- Preparatory..... 1

- Primary..... 2

- Basic..... 3

- Diversified..... 4

- University..... 5

- Post-Graduate..... 6

- Other, what?..... 7

ID

COD

Quetzales

COD

Quetzales

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C. TRAINING FOR WORK -For people 7 years of age and older- -Direct informants persons 12 years old and older-

[illegible]

CHAPTER VIII. MIGRATION. -For all household members 7 years of age and older- -Direct informants people 12 years old and older-

A. PLACE OF BIRTH

In what municipio and department were you born?

- Here..... 1
(Municipio of the survey)

- Other location2

Where?
Register the name of the Municipio & Department or country (foreign)

B. RESIDENCE FOR THE LAST 5 YEARS

In what location did (.....) usually live in June 1995?

Where did (.....) usually live in June 1995?

- Here..... 1
(Municipio of the survey)

Pass to sec. "C"

- Other location in Guatemala... 2

- Other country.... 3

Register the name of the Municipio & Department or country (foreign)

C. RESIDENTIAL MOVEMENTS IN THE LAST 12 MONTHS

During the last 12 months, how many (.....) live permanently in this location? (Municipio survey)

12 months pass to Q. 5

Register the name of the Municipio & Department or country (foreign)

TIME

How many continuous years has (...) lived in this location? (Municipio of the survey)

LESS THAN 1 YEAR= "00"

ALL THEIR LIVES WRITE "98"

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CHAPTER IX. TIME USE -For household members 7 years of age and older- -Direct informants persons 12 years old and older-

A. PAID AND UNPAID WORK ACTIVITIES

Yesterday, did you work in a company or institution, farm or plot in exchange for income, salary, wages or daily fee in cash or in-kind?

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, did you work in your business, farm or plot or as an independent worker in exchange for income, benefits or earnings in cash or in-kind?

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, did you work helping in the activities of the farm, plot or household business or for other persons without receiving income?

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, did you weave, embroider, make or process articles of clothing for household members?

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, did you take care of animals?

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, did you make repairs to your dwelling of any type: electrical, plumbing, bricklaying, etc.?

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, how much time did you spend getting yourself to and from the place where you work?

YES..... 1

NO..... 2

How much time did it take yesterday?

B. STUDIES

Yesterday, did you attend school, carry out any other type of studies, do homework, and/or go to the place where you study?

YES..... 1

NO..... 2

How much time did it take yesterday?

ID	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	ID
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24

TIME USE (continued)																																			
C. HOUSEHOLD MAINTENANCE ACTIVITIES																							D. PURCHASES/PAYMENTS												
Yesterday, did you clean the house?				Yesterday, did you cook or prepare breakfast, lunch, or dinner?				Yesterday, did you wash dishes?				Yesterday, did you wash or iron clothing?				Yesterday, did you throw out the trash?				Yesterday did you haul water?				Yesterday, did you collect firewood?				Yesterday did you serve and/or look after children?				Yesterday, did you make any household purchases? (go to the corner store, the supermarket, etc.)			
YES..... 1				YES..... 1				YES..... 1				YES..... 1				YES..... 1				YES..... 1				YES..... 1				YES..... 1							
NO..... 2				NO..... 2				NO..... 2				NO..... 2				NO..... 2				NO..... 2				NO..... 2				NO..... 2							
How much time did it take yesterday?				How much time did it take yesterday?				How much time did it take yesterday?				How much time did it take yesterday?				How much time did it take yesterday?				How much time did it take yesterday?				How much time did it take yesterday?				How much time did it take yesterday?							
ID	ODE	HOURS	MINUTES	ODE	HOURS	MINUTES	ODE	HOURS	MINUTES	ODE	HOURS	MINUTES	ODE	HOURS	MINUTES	ODE	HOURS	MINUTES	ODE	HOURS	MINUTES	ODE	HOURS	MINUTES	ID										
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TIME USE. (continued)

D. PURCHASES/PAYMENTS

Yesterday, did you make any payments for household services like paying for water, light, electricity, telephone, etc?

YES..... 1

NO..... 2

How much time did it take yesterday?

E. OTHER ACTIVITIES

Yesterday, did you spend time in care, attention and personal activities?

(Bathing, doing your hair, saving, putting on makeup, etc.)

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, did you participate in any sporting activities, cultural activities, and/or relaxation?

(Playing, watch television, go to the movies, go to the theatre, etc.)

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, did you provide any free service or participate in community work or meetings?

YES..... 1

NO..... 2

How much time did it take yesterday?

Yesterday, how much time did you spend in eating, sleeping, reading, and/or resting?

YES..... 1

NO..... 2

How much time did it take yesterday?

F. SIMULTANEOUS ACTIVITIES

Of the activities mentioned, which were done simultaneously or at parallel times?

None = 00

Nothing else = 97

USE THE SECTION AND THE NUMBER OF THE QUESTION TO REGISTER THE SIMULTANEOUS OR PARALLEL ACTIVITIES
Example: B1, C1, D4, etc.

Register up to a maximum of 3 combined activities

Register up to a maximum of 4 simultaneous activities

SIMULTANEOUS OR PARALLEL ACTIVITIES

1st Combined

2nd Combined

3rd Combined

4th Combined

ID	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	HOURS	MINUTES	COD	HOURS	MINUTES	1st Combined	2nd Combined	3rd Combined	4th Combined	ID	
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CHAPTER X. ECONOMIC ACTIVITIES A. EMPLOYMENT ACTIVITIES -For all household members 5 years of age and older- -Direct informants persons 12 years of age and older-																
ACTIVITIES IN THE LAST WEEK			UNEMPLOYMENT						INACTIVITY							
Write the code of the person who is giving the information	Last week, did you work: for a salary or wages? for yourself? or providing paid work to other persons?	Last week, you did not work: Not even one hour? Not even helping in a family business, in construction or on a farm? Not even selling lottery tickets, food, magazines or other products? Not even washing, ironing or sewing clothing for other persons? Not even cleaning cars, shining shoes or another similar activity?	Although you did not work last week, did you have any job or business from which you were absent for leave, illness, vacation, maternity leave or other motive?	Last week, did you look for work?	How many weeks have you been looking for work?	Did you work before?	What was the reason that you left your last job? - Company closed.. 1 - Fired..... 2 - Quit..... 3 - Termination of contract.....4 - The season for the work ended..... 5 - Was retired or was pensioned..... 6 - Mutual accord..... 7 - Voluntary retirement...8 - To get married..... 9 - To take care of children or family members..... 10 - Other, what?..... 11	How many weeks were you out of work?	What was the principal reason you did not look for work last week: - Waiting for a response for a request for work or waiting to start a new job?..... 1 - Waiting for the harvest/season for work?..... 2 - Has a sporadic/occasional job?..... 3 - Is pensioner/retiree/landlord?..... 4 - Household chores/ childcare?.....\ 5 - Pregnancy?..... 6 - Is ill or incapacitated?..... 7 - Is studying?..... 8 - Is tired of looking?..... 9 - Does not want to look/does not want to work?.... 10 - Thinks there is no work?..... 11 - There is work, but no one will hire you?..... 12 - Other, what?..... 13	In the last 12 months (from.....to.....), did you work for a salary or wage or help with a family business or for other persons?						
											Yes..... 1	Yes..... 1	Yes..... 1	Yes..... 1	Less than one week write "00"	Yes..... 1
											Pass to Sec. "B"	Pass to Sec. "B"	Pass to Sec. "B"	No..... 2	Pass to section "E"	Pass to section "D"
											No.....2	No.....2	No.....2	No.....2	Pass to q. 10	No.....2
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B. FIRST JOB OF THE LAST WEEK -For all household members 5 years of age or older- -Direct informants persons 12 years old and older-

[illegible]

B. FIRST JOB OF THE LAST WEEK (continued)

[illegible]

B. FIRST JOB OF THE LAST WEEK (continued)																	
TIPS																	
In your occupation as (.....) do you receive during the year tips in cash? <div>YES..... 1</div> <div>NO..... 2</div> <div>How much do you receive on average per month?</div>		What was the wage or monthly gross salary before deductions that you received for work as (.....) including commissions, overtime, representation costs, per diems, and other required contributions?		In your occupation as (.....), did you receive free food or subsidized supplies?		In your occupation as (.....), did you receive housing as part of the pay for your work?		In this occupation, did you receive work clothes or uniforms or other clothes without cost in the last 12 months?		In this occupation, did you receive free transportation or additional money for transportation to your work?		In this occupation as (.....) in the last 12 months did you receive payment for a Christmas bonus?		In this occupation as (.....) do you have the right to vacations?			
		<div>Wage or Gross Salary is the amount of money without deducting the payments of taxes, insurance, quotas, food, payment of loans and debts, mortgages, food pensions, transport, etc. (Does not include bono 14, holiday bonus & travel)</div>		<div>YES..... 1</div> <div>NO..... 2</div>		<div>YES..... 1</div> <div>NO..... 2</div>		<div>YES..... 1</div> <div>NO..... 2</div>		<div>Yes, money..... 1</div> <div>Yes, free transport... 2</div> <div>Yes, money and free transportation..... 3</div> <div>No..... 4</div>		<div>YES..... 1</div> <div>NO..... 2</div>		<div>YES..... 1</div> <div>NO..... 2</div>			
														<div>Besides the time and the salary or wages for your vacation, did you receive any additional pay for your vacations?</div>			
		IF DO NOT RECEIVE INCOME, WRITE "00"		<div>If you had to pay for the food you received how much would you pay per month?</div>		<div>If you had to pay for the rent of this dwelling how much would you pay per month?</div>		<div>If you had to pay for these goods, how much would it cost for what you received in the last 12 months?</div>		<div>If you had to pay for this transportation, how much would it cost per month?</div>		<div>How much money did you receive?</div>		<div>If received, note the value</div>		<div>If not received, write "00"</div>	
ID	CODE	Quetzales	Wage or Gross Salary in Quetzales	CODE	Q.	CODE	Q.	CODE	Q.	COD	QUETZALES	CODE	QUETZALES	CODE	QUETZALES	ID	
		21	22		23		24		25		26		27		28		
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B. FIRST JOB OF THE LAST WEEK (continued)											
				MEANS OF TRANSPORTATION							
In which Department and Municipio is the place where you work as (.....)?		In which of the following sites or locations did you work as (.....)? - Premises of the business, institution or the owner?..... 1 - Premises of your business (owned or leased)?..... 2 - A construction site?..... 3 - It moves (taxi, bus, car, etc.)?..... 4 - Door to door?..... 5 - A place found in the street?..... 6 - Kiosk in the street?..... 7 - Dwelling distinct from your dwelling?..... 8 - On your farm or plot?..... 9 - Other's farm or plot?..... 10 - In your home?..... 11		What are the principal means of transportation you use to go to the place where you work? - On foot..... 1 - Animal/horse..... 2 - Boat/canoe..... 3 - Bicycle..... 4 - Public service van or bus..... 5 - Taxi..... 6 - Car/pickup..... 7 - Motorcycle..... 8 - Truck..... 9 - Company transportation..... 10 - Other, what?..... 11		How many stages does it take to go to the place where you work as (.....)? Include stretches in the street Ex. Walk to the bus stop, take the bus and then a taxi = 3 stages		How long does it take to go to your work? If you use public transport. include the waiting time		How many times per day do you go from your dwelling to work?	
		Pass to section "C"									
				WRITE THE TWO MOST IMPORTANT							
ID		CODE	CODE	1	2	NUMBER	MINUTES	TIMES	ID		
	29		30	31		32	33	34			
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C. SECOND JOB OF THE LAST WEEK -For household members 5 years of age and older- -Direct informants persons 12 years old and older-								
SECOND JOB		OCCUPATION		ACTIVITY		TIME AND WORK DAY		
<div>Besides your work as (....), Did you have another job during the last week or the last week that you worked, whether it was for yourself, a wage, or help with a family business or for other persons?</div> <div>Yes.....1</div> <div>No.....2</div> <div>Pass to section "D"</div>		<div>What was the occupation, profession or labor that you did in this work?</div> <div>Register clearly the occupation, profession or labor that was done in the last week</div> <div>If more than one job, register the occupation that s/he worked the most hours</div>		<div>What is the business, company, institution or organization dedicated to or what does it do where you work as (....)?</div> <div>Register the activity of the business or what it makes, what it sells, the services it provides, the function it fills, etc. Consider independent workers as a company or business</div>		<div>In total, how many years have you been working as a (.....)?</div> <div>Less than 1 year = 00</div>		<div>How many months did you work as (.....) in the last 12 months? (from.....to.....)</div> <div>Less than 1 month = 00</div>
ID	CODE	OCCUPATION	CODE	ACTIVITY	CODE	YEARS	MONTHS	ID
	1	2		3		4	5	
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11								11
12								12

C. SECOND JOB OF THE LAST WEEK (continued)								D. WORK DURING THE LAST 12 MONTHS					
BONO 14			TIPS		GROSS MONTHLY SALARY AND OTHER PAYMENTS			OTHER WORK		OCCUPATION			
In your occupation as (....) did you receive during the year a payment for bono 14 ?			In your occupation as (....) did you receive cash tips during the year?		What was the wage or monthly gross salary before deductions that you received for work as (.....) including commissions, overtime, representation costs, per diems, and other required contributions?			Besides the wage or salary, did you receive food, housing, work clothes, transportation or other goods as part of your payment for work done as a (.....)?	In the last 12 months (from... to....) did you have other jobs , different from those that you did last week?	How many different jobs besides those you did last week did you have in the last 12 months?	<div>READ TO THE INFORMANT</div> <div>If you had more than one job in the last 12 months, please give me information on the occupation or profession that you worked the most weeks?</div> <div>What was the occupation, profession or job that you did in this work?</div> <div>Register clearly the occupation, labor or function that the respondent had for work in the last 12 months.</div>		
					Wage or Gross Salary is the amount of money without deducting the payments of taxes, insurance, quotas, food, payment of loans and debts, mortgages, food pensions, transport, etc. (Does not include bono 14, holiday bonus & travel)								
YES..... 1 NO..... 2			YES..... 1 NO..... 2		IF DO NOT RECEIVE INC. WRITE 00			YES..... 1 NO..... 2	Yes.....1 No.....2 Pass to section "E"				
ID	CODE	QUETZALES	CODE	QUETZALES	QUETZALES		CODE	QUETZALES		NUMBER	OCCUPATION	CODE	ID
		14		15	16			17	1	2	3		
1													1
2													2
3													3
4													4
5													5
6													6
7													7
8													8
9													9
10													10
11													11
12													12

D. WORK DURING THE LAST 12 MONTHS (continued)

ACTIVITY

What is the business, company, institution or organization dedicated to or what does it do where you work as (.....)?

Register the activity of the business or what it does, what it sells, the services is provides, the function it fills, etc. Consider independent workers as a company or business

TIME

During the last 12 months (fromto....) how many months did you work as (.....)?

Less than 1 month =00

OCCUPATIONAL CATEGORY

In your occupation as (....) did you work:

- As a government employee?..... 1

- As an employee or worker in a private company?..... 2

- As a day worker or unskilled worker?..... 3

- As a domestic employee?..... 4

- As boss or owner of the company or your own farm or as an active member?..... 5

- Work for your self or on your own farm?..... 6

- As a helper or worker without pay in the house or family business or family farm?..... 7

- As a helper or worker without pay in other distinct locations than your house or family farm or business?..... 8

Q. 8

Q. 10

Pass to Sec. "E"

INDEPENDENT INCOME

What was the last net income or earnings that you received for work as a (.....), how many times did you receive it and how many times did you receive it in the last 12 months (from... to.....)?

FREQUENCY

Daily..... 1

Weekly..... 2

Biweekly..... 3

Monthly..... 4

Quarterly..... 5

Biannual..... 6

Harvest..... 7

Year..... 8

Other, what?..... 9

Pass a Sec. "E"

a.

b.

c.

INCOME

FREQ.

TIMES

BONO 14

In your occupation as (.....) did you receive a payment for bono 14 during the year?

YES..... 1

NO..... 2

How much did you receive?

TIPS

In your occupation as (.....) during the year, did you receive cash tips?

YES..... 1

NO..... 2

How much did you receive on avg/month?

ID	ACTIVITY	CODE											ID
	4		5	6	7	8	9						
1													1
2													2
3													3
4													4
5													5
6													6
7													7
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9													9
10													10
11													11
12													12

D. WORK DURING THE LAST 12 MONTHS (continued)				E. OTHER INCOME AND ASSISTANCE IN CASH. FOR ALL HOUSEHOLD MEMBERS 7 YEARS OLD AND OLDER														
GROSS MONTHLY SALARY AND OTHER PAYMENTS				PENSION/FOOD		PENSION/ORPHANS		PENSION/RETIREMENT		ASSISTANCE IN CASH								
What was the gross monthly salary or wage , before deductions, that you received for work as (.....) including commissions, overtime, representation expenses, per diems and other required contributions?		Besides salary or wage, did you receive food, housing, work clothes, transportation, or other goods as part of your payment for the work you did as a (.....)		Did you receive money from a pension for food? (from the father or mother)		Did you receive money from a pension for orphans or widows?		Did you receive money from a pension or retirement?		In the last 12 months, did you receive cash assistance from government institutions, NGOs or the church?		Who gave you assistance with money?				In total, how much money did you receive in the last 12 months (from ...to ...) from these institutions?		
Wage or Gross Salary is the amount of money without deducting the payments of taxes, insurance, quotas, food, payment of loans and debts, mortgages, food pensions, transport, etc. (Does not include bono 14, holiday bonus & travel)		YES..... 1 No..... 2		YES..... 1 NO..... 2		YES..... 1 NO..... 2		YES..... 1 NO..... 2		YES.....1 No.....2 <div>➡ Q. 7</div>		- The national government?... 1 - NGOs?..... 2 - Private national institutions?..... 3 - Churches?..... 4 - From other countries?.....5 - Other, what?..... 6 YES.....1 No.....2						
If do not receive income write "00"		If you had to purchase all the benefits you received in the last 12 months, how much do think you would have paid on average per month?		How much did you receive last month?		How much did you receive last month?		How much did you receive last month?										
ID	QUETZALES	CODE	QUETZALES	ODE	QUETZALES	ODE	QUETZALES	ODE	QUETZALES	CODE	1	2	3	4	5	6	QUETZALES	ID
	10		11		1		2		3	4	5						6	
1																		1
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11																		11
12																		12

E. OTHER INCOME AND ASSISTANCE IN CASH. (continued)												
REMITTANCES								WORK AGE				
<div>Did you receive cash from family or friends?</div> <div>Yes.....1</div> <div>No.....2</div> <div>Pass to Q. 10</div>		Where do these people live:					In total, how much money did you receive in the last 12 months (from.... to....) from these persons?		How old were you when you had your first paying job or your first job helping without pay on the family farm or business?			
		- Guatemala?..... 1							Never worked=00			
		- United States?.. 2										
		- Mexico?..... 3										
- Central America?.... 4												
- Other countries?..... 5												
YES..... 1												
NO..... 2												
ID		1	2	3	4	5	QUETZALES		YEARS		ID	
	7	8					9		10			
1											1	
2											2	
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12											12	

CHAPTER XI. FERTILITY AND MATERNAL HEALTH - For all women 12 to 49 years of age- -Direct informants women 12 years old and older-

[illegible]

FERTILITY AND MATERNAL HEALTH (continued)																		
COSTS			DELIVERY															
During the last 12 months, did you pay for consultations, medicines, remedies or care for your last or current pregnancy? <div>Yes..... 1</div> <div>No..... 2</div> <div>How much did you pay in total?</div>			In total how many live births have you had?	Of these children, how many are still living?	What month and year did you have your last live birth?	Is the child from your last live birth still living?	Who provided the principal care for your last delivery?	Where did you deliver your last child?	Was your last delivery:	How much did your last child weigh at birth?		During the last 12 months, did you pay for the care, medicine, exams, cesareans, hospitalization, doctors fees, etc., for your last pregnancy?						
					None, write 00 and pass to the following person	If it was before May 1995, pass to the following person	Yes..... 1	No..... 2	- Healer/herbalist natural healer.....1	-Public hospital..... 1	- Normal without complications?..... 1	Write the weight in pounds & ounces	Yes..... 1					
														- Midwife or traditional midwife..... 2	-IGSS hospital..... 2	- Normal with complications?..... 2	If not weighed write 97 in the pounds column	No..... 2
														- Pharmacist..... 3	-Health center..... 4	- Cesarean (operation)..... 3		
														- Helper/assistant/ health worker..... 4	-Health post..... 5			
														- Nurse/nursing assistant..... 5	-Private clinic..... 6			
														- Doctor/gynecologist..... 6	-Pharmacist..... 7			
														- In the midwife's house..... 8				
- Parents or household member..... 7	-In your house..... 9																	
- Other what?..... 8	-Other what?..... 10																	
ID	CODE	QUETZALES	NUMBER	NUMBER	MONTH	YEAR					POUNDS	OUNCES	CODE	QUETZALES	ID			
		14	15	16		17	18	19	20	21		22		23				
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