



REPUBLIC OF GUATEMALA
 NATIONAL STATISTICAL INSTITUTE - INE Y PROGRAM FOR THE IMPROVEMENT OF THE MEASUREMENT OF LIVING CONDITIONS - MECOVI
 NATIONAL SURVEY OF LIVING CONDITIONS - ENCOVI'2000
CONFIDENTIAL



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"/>
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 <input type="checkbox"/> 1
No <input type="checkbox"/> 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?
<input style="width: 40px;" type="text"/>
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

<p>IF MORE THAN ONE QUESTIONNAIRE PER HOUSEHOLD IS USED FOR THIS DWELLING, REGISTER THE IDENTIFICATION NUMBER OF THE QUESTIONNAIRES USED:</p> <p>2ND _____</p> <p>3RD _____</p>

<p>OBSERVATIONS:</p>

REGISTER FOR ALL MEMBERS OF THE HOUSEHOLD

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. INCLUDE RECENT BIRTHS AND ELDERLY		What is the gender of (.....)?	How old is (.....)?	For people less 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?	
				Yes..... 1 Next Per.	- 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	Yes..... 1 Q. 8	- 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	Yes..... 1 Next Per	- 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	
ID	1	2	YEARS	CODE	5	CODE	7	CODE	9	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

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	REASON FOR ABSENCE
	TO HEAD	

CHAPTER 1. DWELLING AND HOUSEHOLD - Respondent Head of Household

A. RESIDENTIAL SITUATION

1. Type of dwelling occupied by the household

- Formal house..... 1
- Apartment..... 2
- Room in a boarding house... 3
- Ranch..... 4
- Improvised house..... 5
- Other, what?..... 6

2. The exterior walls of the dwelling in which the household lives are made up of predominately what material?

- Bricks..... 1
- Block..... 2
- Concrete..... 3
- Adobe..... 4
- Wood..... 5
- Metal sheets..... 6
- Wattle and daub..... 7
- Cane or sticks..... 8
- Other, what?..... 9

3. What is the **predominant material in the roof** of the dwelling that this household occupies?

- Concrete..... 1
- Metal sheets..... 2
- Cement asbestos..... 3
- Tiles..... 4
- Palm leaves or similar..... 5
- Shingles..... 6
- Other, what?..... 7

4. What is the predominant material in the floors of the dwelling that the household occupies?

- Cement or mud bricks..... 1
- Formed cement..... 2
- Wood..... 3
- Granite/ceramic floor..... 4
- Earth or sand..... 5
- Other, what?..... 6

5. This dwelling is connected to:

	YES	NO
a. A water distribution network?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A drainage system?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. An electrical energy distribution system?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. A telephone line?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. A water meter?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. An electricity meter?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

6. How many rooms in total does the dwelling have? (Do not include the kitchen, bathrooms, passageways garages, or rooms used for business)

TOTAL ROOMS

7. How many rooms does the household have access to? (Do not include the kitchen, bathrooms, passageways garages, or rooms used for business)

ROOMS

8. How many rooms are used as bedrooms?

ROOMS

9. How many rooms are used **exclusively** for work or business?

ROOMS

10. In what area of the dwelling do the members of the household **usually** cook:

- In a room dedicated only to cooking within the dwelling?..... 1
- In a room used also for sleeping..... 2
- In the living or dining room?..... 3
- In the corridor?..... 4
- In a room outside of the dwelling?..... 5
- In the patio - cook outside?..... 6
- Don't cook..... 7 → **Q. 12**

11. The area where you cook:

- For the exclusive use of the household?..... 1
- Is shared with other households?..... 2

12. What is the principal source of water used by the household?

- Pipes (network) inside the dwelling... 1
- Pipes, outside the dwelling but within the property..... 2
- Pipes from a public well..... 3
- Public or private well..... 4 **Q.**
- River lake, stream..... 5 **20**
- Water truck..... 6
- Rain water..... 7
- Other, what?..... 8

13. The water service is:

- For the exclusive use of the household?.... 1
- Shared with other households?... 2

14. The water service is:

- Public?..... 1
- Private formal?..... 2
- Private informal?..... 3
- Water committee?..... 4

15. For how many years has the household had water service? (Always=98) Years (Less than 1 year = 00)

16. How much water did you use during the past month?

a. Quantity.....

b. Unit of measure.....

c. Equivalent in liters...

17. How much did you pay last month for the water you used? **Q.**

(If they didn't pay, write "00") (Included in the rent or in the administration, write 9997) → **Q. 17 a.**

17a. What percentage is the cost of water? %

18. Last month, how many days did the dwelling **have no water**? (Suspended, write 97) Days

19. Last month, how many **hours of the day** did the dwelling have water? Hours

Pass to Q. 23

20. ¿How far from the dwelling is the location where you carry water and how long does it take to get there?

a. Distance in meters.....

b. Time Hours Minutes

21. How do you transport water to the dwelling:

- On foot?..... 1
- Animal/horse?..... 2
- Boat/canoe?..... 3
- Bicycle?..... 4
- Truck..... 5
- Other, what?..... 6

22. What household members are responsible for bringing water to the dwelling? **ID**

1		
2		
3		

23. During the last month, did you buy or use water from a water truck?

YES 1
NO 2 → **Q. 25**

24. How much did you pay for water from the water truck during the last month? **Q.**

(Didn't pay, write "00")

25. What is the principal treatment you give to drinking water?

- None..... 1
- Boil it..... 2
- Filter it..... 3
- Put chlorine in..... 4
- Other, what?:..... 5

26. What type of sanitary system does the household?

- Toilet connected to a drainage system..... 1
- Toilet connected to a septic tank..... 2
- Washable toilet..... 3
- Latrine or covered well..... 4
- Don't have..... 5 → **Q. 29**

27. The sanitary service is for:

- Exclusive use of the household?..... 1
- Shared use with other households?..... 2

28. For how many years has the household had sanitary service? (Always write 98) Years (Less than 1 year write 00)

29. Does the household have:	YES 1	NO 2	30. How much did you pay last month?		
a. Telephone?			Q.		
b. Cellular?			Q.		
c. Beeper?			Q.		
d. Internet?			Q.		
e. T.V. Cable?			Q.		
If you have telephone or cellular, ask Q. 31 for the rest, Pass to Q. 32					
31. What companies provide your telephone service?					
- Guatel.....	<input type="checkbox"/>	1			
- Telgua.....	<input type="checkbox"/>	2			
- Telefónica.....	<input type="checkbox"/>	3			
- Comcel.....	<input type="checkbox"/>	4			
- Other, what?.....	<input type="checkbox"/>	5			
32. How does the household eliminate the largest amount of trash?					
- Municipal Service.....	<input type="checkbox"/>	1			
- Private service.....	<input type="checkbox"/>	2			
- Burn it.....	<input type="checkbox"/>	3	} Q.34		
- Bury it.....	<input type="checkbox"/>	4			
- Dump it in another location.....	<input type="checkbox"/>	5			
- Recycle.....	<input type="checkbox"/>	6			
- Other, what?.....	<input type="checkbox"/>	7			
33. Did you pay last month for the collection or elimination of the trash?					
YES <input type="checkbox"/> 1	How much did you pay last month?		Quetzales		
NO <input type="checkbox"/> 2					
(Included in the rent or administration or paid with other services, write 997)					
34. During the last month, did the household use electricity?					
YES <input type="checkbox"/> 1					
NO <input type="checkbox"/> 2 → Q. 39					
35. Who did you pay for the electricity service?					
- Public company.....	<input type="checkbox"/>	1			
- Private company.....	<input type="checkbox"/>	2			
- To the neighbor.....	<input type="checkbox"/>	3			
- Didn't pay.....	<input type="checkbox"/>	4			
- Other, what?:.....	<input type="checkbox"/>	5			
36. In the last month, how many times did you have no electricity for more than 30 minutes?					
<table border="1"> <tr> <td></td> <td></td> </tr> </table>					Number of times

37. In the last month, how many continuous days did you NOT have electricity?	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				Number of days
38. In the last month, how many continuous hours per day did you HAVE electricity?	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				Number of hours
39. During the last month did this household use firewood or sticks to cook or for other uses? YES..... <input type="checkbox"/> 1 NO..... <input type="checkbox"/> 2 → Section "B"					
40. How did the household obtain the firewood used last month?					
- Only purchased.....	<input type="checkbox"/>	1			
- Only received as a gift.....	<input type="checkbox"/>	2			
- Purchased and received as gift.....	<input type="checkbox"/>	3			
- Only collected/cut.....	<input type="checkbox"/>	4			
- Other, what?.....	<input type="checkbox"/>	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.....	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
b. Time	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
	Hours	Minutes			
IF "00" IS GIVEN AS DISTANCE → Q. 45					
42. How do you transport firewood to the dwelling:					
On foot?.....	<input type="checkbox"/>	1			
Animal/horse?.....	<input type="checkbox"/>	2			
Boat/canoe?.....	<input type="checkbox"/>	3			
Bicycle?.....	<input type="checkbox"/>	4			
Truck?.....	<input type="checkbox"/>	5			
Other, what?.....	<input type="checkbox"/>	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.....	<input type="checkbox"/>	1			
- Firewood plus other products/things.....	<input type="checkbox"/>	2			
- Other, what?.....	<input type="checkbox"/>	3			
45. In the dwelling is there a kitchen with a chimney or vent to allow smoke to escape?					
YES.....	<input type="checkbox"/>	1			
NO.....	<input type="checkbox"/>	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?		
					Quantity	Unit		Value	
CS	1	2	3	4	5	6	7		
NQ=GO TO NEXT	1. Beeswax and/or tallow candles?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (NQ)	- Lighting? <input type="checkbox"/> % _____ - Religious? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____		Units	Q. _____		
	2. Kerosene (running gas)?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (NQ)	- Lighting? <input type="checkbox"/> % _____ - Cooking? <input type="checkbox"/> % _____ - HH business? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____		Bottles	Q. _____		
	3. Propane gas?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (NQ)	- Cooking? <input type="checkbox"/> % _____ - HH business? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____		Pounds	Q. _____		
	4. Coal?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (NQ)	- Cooking? <input type="checkbox"/> % _____ - HH business? <input type="checkbox"/> % _____ - Ironing? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____		Pounds	Q. _____		
	5. Batteries?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (NQ)	- Flashlights? <input type="checkbox"/> % _____ - Appliances? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____		Units	Q. _____		
	6. Electricity?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (NQ)	- Household? <input type="checkbox"/> % _____ - Cooking? <input type="checkbox"/> % _____ - HH business? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____		Kilowatts	Q. _____		
	7. Firewood or sticks?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (NQ)	- Cooking? <input type="checkbox"/> % _____ - HH business? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____		Units	Q. _____		
	8. Other what?	Yes <input type="checkbox"/> 1 → 3 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	- Household? <input type="checkbox"/> % _____ - Cooking? <input type="checkbox"/> % _____ - HH business? <input type="checkbox"/> % _____ - Other? <input type="checkbox"/> % _____			Q. _____		
		(Pass to Section "C")							

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 } → **Q. 7**
- Other form..... 7 }

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

- None or don't have 1 → **Q. 4**
- Receipt or invoice..... 2
- Unregistered title..... 3
- Title in process of registration..... 4
- Registered title..... 5
- Other, what?..... 6

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 } → **Q. 7**
- You ordered it built?..... 2 }
- You built it yourselves?..... 3 }

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?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

LOANS:

b. Banco Rural (BANRURAL)?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Other State Banks?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Private Banks?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Credit cooperative?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Foguavi?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. NGOs/Communal Banks?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Moneylender or speculator?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Family and/or friends?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Other loans?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Gifts and assistance?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. Raffles and lotteries?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. Other sources, what?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 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:

What means of transport do you principally use to go to (.....)	How long does it take to go from your dwelling to the closest (.....)?	Is it inside your community?
On foot.....	1	YES... 1 NO... 2
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	

When there is more than one refer to the closest

(If there is none, write 997)

UNIT CODES

Blocks = 15
Cuerdas = 17
Kilometer = 25
League = 28
Meters = 41

REGISTER THE TWO PRINCIPAL

CS	1	DISTANCE	UNIT	REGISTER THE TWO PRINCIPAL		Hours	Minutes	5
				1	2			
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?							

CHAPTER II. SOCIAL CAPITAL - Respondent Head of Household-

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:

YES NO

a. Participate in activities to collect funds?..... 1 2

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

c. Take steps to obtain assistance from government programs?..... 1 2

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

e. Participate actively in an election campaign?..... 1 2

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

g. Notify the courts, the police or the Public Ministry of any problems?..... 1 2

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

i. Offer your time to a charitable organization?..... 1 2

j. Exchange manual labor?..... 1 2

k. Take care of children in a communal manner?..... 1 2

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

m. Vote in elections..... 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?
(register the first 2 responses that are given)

1	
2	

3. If your neighbor suffered an important economic loss for example: [rural areas: loss of harvest] [urban areas: loss of employment] In this situation, who do you think would help them economically?
(register the first 2 responses that are given)

1	
2	

4. Do you believe that people in this community generally have confidence to loan money or ask for loans among themselves?

- Yes, the majority..... 1

- Yes, some people..... 2

- No 3

Codes for questions 2 & 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

B. EXCLUSION

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

YES.....1

NO..... 2 → NQ

CODE

1		2	
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		

How does the community generally resolve this type of problem?

- 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

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)		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?	CODE		
In your opinion, in this community, are there people who need (.....) but who cannot get it in same conditions as others?						
TYPE OF SERVICE		3	4	5	CODES FOR Q.5	
1	A quota in order to attend primary, high school or university	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 → NQ				- Level of income..... 1 - Occupation..... 2 - Social position..... 3 - Age..... 4 - Gender..... 5 - Race/ethnic group/color..... 6 - Language..... 7 - Religious beliefs..... 8 - Family relationships..... 9 - Political affiliation..... 10 - Lack of education..... 11 - Lack of information..... 12 - Distance..... 13 - Not everyone needs it..... 14 - Obtained somewhere else..... 15 - Don't complete the requirements 16 - Other, what?..... 98
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..... 1
- Has worsened..... 2
- Remained the same..... 3

2. What are the two principal reasons for the living conditions of this **household** have improved, worsened or remained the same?

1st Reason: _____
Code

2nd Reason: _____
Code

3. In your opinion, what the two principal causes of poverty in Guatemala?

1st Reason: _____
Code

2nd Reason: _____
Code

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

2nd Reason: _____
Code

SEE THE CODES ON THE REVERSE OF THE PREVIOUS PAGE FOR QUESTIONS 2, 3 Y 4

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:

- | | YES | NO |
|-----------------------------------|----------------------------|----------------------------|
| 1 Earthquake?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2 Drought?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3 Flood?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4 Storms?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5 Hurricane?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6 Plagues?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 7 Landslides?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 8 Forest fires?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 9 Business closings?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 10 Massive lay offs?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 11 General increase in prices?... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 12 Public protests?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 13 Other, what?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 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 number	1	CODE	2	3	CODE	4	5
1							
2							
3							
4							

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

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

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

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

Order Number	6	CODE	7	8	CODE	9	10
1							
2							
3							
4							

B. CITIZEN SECURITY - Respondent Head of Household-

1. In the last 12 months were you or another person from your household a victim of: IF HE/SHE WAS A VICTIM MORE THAN 2 TIMES, REGISTER THE LAST TWO IF ALL THE RESPONSES ARE "NO" PASS TO CHAPTER IV YES = 1 NO = 2 → NQ		In the last 12 months, how many times were you a victim of (....)?	How many household members were affected?	FIRST EVENT				SECOND EVENT																																															
				Where were you when you were a victim of (.....)?	Who were the aggressors?	What authority or institution did you report the event to?	What was the principal reason that you did not report the (.....)?	Where were you when you were a victim of (.....)?	Who were the aggressors?	What authority or institution did you report the event to?	What was the principal reason that you did not report the (.....)?																																												
												- In the street..... 1	- On a footbridge..... 2	- In the field or on the highway..... 3	- In the market..... 4	- In the commercial center..... 5	- In the bank or automatic teller machine (ATM)..... 6	- In public transportation..... 7	- In a private vehicle. 8	- In the house..... 9	- Other, what?..... 10	- Gangs..... 1	- Known persons..... 2	- Unknown persons..... 3	- Other, what?.. 4	- Did not report.... 1	- Didn't know where.... 1	- Wasn't serious or of little value..... 2	- Fear of reprisal..... 3	- Didn't believe it would do any good..... 4	- Slow or complicated requirements.. 5	- Don't speak the language of the authorities.....6	- Otro, ¿cuál?..... 7	- In the street..... 1	- On a footbridge..... 2	- In the field or on the highway..... 3	- In the market..... 4	- In the commercial center..... 5	- In the bank or automatic teller machine (ATM).....6	- In public transportation.....7	- In a private vehicle. 8	- In the house..... 9	- Other, what?..... 10	- Gangs..... 1	- Known persons..... 2	- Unknown persons..... 3	- Other, what?... 4	- Did not report.... 1	- Didn't know where.... 1	- Wasn't serious or of little value..... 2	- Fear of reprisal..... 3	- Didn't believe it would do any good..... 4	- Slow or complicated requirements.. 5	- Don't speak the language of the authorities..... 6	- Otro, ¿cuál?..... 7
CE	Code					1st	2nd	3rd				1st	2nd	3rd																																									
	1	2	3	4	5	6			7	8	9	10			11																																								
1	Robbery?																																																						
2	Assault?																																																						
3	Physical aggression?																																																						
4	Acts of vandalism?																																																						
5	Land conflicts?																																																						
6	Physical mistreatment?																																																						
7	Other, what?																																																						

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-

<p>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?</p> <p>YES..... 1</p> <p>NO..... 2 Age less than 18 Pass to Section "C" otherwise pass to Section "B"</p>	<p>2. Of what group, organization, or association are you a member or participant?</p>	<p>3. Do you participate in (.....):</p> <p>- As an active member?..... 1</p> <p>- As a non-active member?..... 2</p> <p>- As a leader?..... 3</p> <p>- Other, what?..... 4</p>	<p>4. Do you participate in any other group, organization or association?</p> <p>YES.....1</p> <p>NO..... 2 Age less than 18 Pass to Section "C" otherwise pass to Section "B"</p>	<p>5. Of what other group, organization, or association are you a member or participant?</p>	<p>6. Do you participate in (.....):</p> <p>- As an active member?..... 1</p> <p>- As a non-active member?..... 2</p> <p>- As a leader?..... 3</p> <p>- Other, what?..... 4</p>	<p>7. Do you participate in any other group, organization or association?</p> <p>YES.....1</p> <p>NO..... 2 Age less than 18 Pass to Section "C" otherwise pass to Section "B"</p>	<p>8. Of what other group, organization, or association are you a member or participant?</p>	<p>9. Do you participate in, (.....):</p> <p>- As an active member?..... 1</p> <p>- As a non-active member?..... 2</p> <p>- As a leader?..... 3</p> <p>- Other, what?..... 4</p> <p>Age less than 18 pass to Section "C"</p>
--	--	---	---	--	---	---	--	---

ID	CODE	ORGANIZATION	CODE	ORGANIZATION	CODE	ORGANIZATION	CODE	ORGANIZATION	CODE	ID				
	1	2		3	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. CITIZENSHIP PARTICIPATION -For household members 18 years of age and older- -Direct informants with each of the people-

MEANS DE INFORMATION			VOTING	PUBLIC POST		PERCEPTION OF 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:	How would you rate (.....) in terms of effectiveness for imparting justice?													
- Television..... 1	- Television..... 1	- Television..... 1	YES..... 1	YES..... 1	YES..... 1	Good?..... 1	- From the press/published reports..... 1	- The Civil National Police?..... 1														
- Radio..... 2	- Radio..... 2	- Radio..... 2	NO..... 2	NO..... 2	NO..... 2	Regular?..... 2	- Personal experience..... 2	- The President?..... 2														
- Written press..... 3	- Written press..... 3	- Written press..... 3				Bad?..... 3	- Rumors or conversations... 3	- The Public Ministry?..... 3														
- Conversations with family, neighbors or friends..... 4	- Conversations with family, neighbors or friends..... 4	- Pamphlets..... 4					- Chats with friends or family..... 4	- The Supreme Court of Justice?..... 4														
- Conversations at work..... 5	- Conversations at work..... 5	- Workshops..... 5					- Other, what?.... 5	- The Judges?..... 5														
- Not aware..... 6	- Not aware..... 6	- In school... 6						- The Army?..... 6														
- Other, what?..... 7	- Other, what?..... 7	- Conversations with family, neighbors, or friends..... 7						- The Mayors?..... 7														
		- Conversations at work..... 8						- Your own community?..... 8														
		- Not aware..... 9																				
		- Other, what?..... 10																				
	Note the most important	Note the most important																				
ID	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	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			

(Only ask question 10 to the "YES" responses in question 9 items from 1 to 7)

YES.....1
NO.....2

QUALIFICATION Good..... 1
Regular..... 2
Bad..... 3

If all the responses are NO, pass to Section "C"

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-

1. In the last 12 months did you receive benefits from the following programs:														FIRST BENEFIT			SECOND BENEFIT			THIRD BENEFIT						
ID	1	2	3	4	5	6	7	8	9	10	11	Type of program	(.....) paid any money for (.....)?	If you had to buy the (.....) how much do you think it would cost per month?	What institution gave the (.....)?	Type of program	(.....) paid any money for (.....)?	If you had to buy the (.....) how much do you think it would cost per month?	What institution gave the (.....)?	Type of program	(.....) paid any money for (.....)?	If you had to buy the (.....) how much do you think it would cost per month?	What institution gave the (.....)?	ID		
												Code	Cod	Quetzales	Quetzales	Code	Cod	Quetzales	Quetzales	Code	Code	Cod	Quetzales	Quetzales	Code	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

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-

SPOKEN LANGUAGE		SPOKEN LANGUAGE		TRAINING	SPOKEN LANGUAGE BY PLACE AND PERSON										RELEVANCE	LANGUAGE OF THE PARENTS				RESIDENT			
What is the maternal language of (.....)?		What other languages does (.....) speak?		With whom or where did (....) learn the language that he/she speaks most often	What language does (.....) speak most frequently:										To which of the following groups does (....) belong:	What language do the parents of (.....) speak?				In the last 12 months, how many continuous months has (.....) been absent from the household?			
REGISTER NAME AND CODE		REGISTER NAME AND CODE			<div style="border: 1px solid black; padding: 5px; text-align: center;">LANGUAGE CODES</div> <ul style="list-style-type: none"> Ki'che..... 1 Kaqchikel..... 2 Mam..... 3 Q'eqchi'..... 4 Ch'orti..... 5 Chuj..... 6 Itzaj..... 7 Ixil..... 8 Mopán..... 9 Popti..... 10 Poqomam..... 11 Poqomchi..... 12 Q'anjob'al..... 13 Sakapulteko..... 14 Sipakapense..... 15 Tektiteko..... 16 Tz'utujil..... 17 Uspanteko..... 18 Jacalteko..... 19 Achi..... 20 Akateko..... 21 Awateko..... 22 Toxil..... 23 Xinca..... 24 Garifuna..... 25 Other Maya..... 26 Other non-Mayan language..... 27 Spanish..... 28 English..... 29 Other foreign languages.... 30 Don't know..... 40 Mute..... 50 No other..... 97 Does not apply or does not go to the activity or location or does not speak with these persons..... 98 										MAYAN k'iche?..... 1 Q'eqchi'?..... 2 Kaqchikel'?..... 3 Mam?..... 4 Other Maya what?..... 5	NON MAYAN Garifuna?..... 6 Xinka?..... 7				NON INDIGENOUS? .8 Other country?..... 9 (Foreigner)		IF HAS NOT BEEN ABSENT WRITE "00"	
MUTE, write 50 → Q. 5		No other, write 97		If Q. 2 = 97 → Q. 5																			
ID	LANGUAGE	CODE	LANGUAGE	CODE	a.	b.	c.	d.	e.	f.	g.	h.	i.	5	FATHER		MOTHER		MONTHS	ID			
	1		2		In the house-hold	In the School	In the Church	In the Market	At Work	With the Municipal Authorities	With the Police	With Judges	Members of the community		LANGUAGE	CODE	LANGUAGE	CODE					
1																					1		
2																					2		
3																					3		
4																					4		
5																					5		
6																					6		
7																					7		
8																					8		
9																					9		
10																					10		
11																					11		
12																					12		

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 breastmilk, write "97"

Never breastfed, write "96" & pass to Q. 5

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"

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

Less than 1 month write "00"

Never breastfed, write "96"

Still breastfeeding write "98" → Q. 6

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

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

- Yes..... 1
- No..... 2

B. IMMUNIZATIONS

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

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

Yes..... 1

No..... 2

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

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

Yes 1

No..... 2

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

Yes 1

No..... 2

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

How many doses
a b

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

Yes 1

No..... 2

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

How many doses
a b

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

Yes..... 1

No..... 2

ID	A. CHILDCARE AND BREASTFEEDING		B. IMMUNIZATIONS		Code	Submitted	Code	Code	Doses	Booster	Code	Doses	Booster	Code	ID
	1	2	3	4											
1															1
2															2
3															3
4															4
5															5
6															6
7															7
8															8
9															9
10															10
11															11
12															12

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
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?		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 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?		Who did (.....) consult last month when he/she was sick, had the accident or went for a medical check-up:		Why did (.....) not consult with a doctor, dentist, psychologist, nurse, healer, herbalist, natural healer or pharmacist?		How many times did (....) consult this person?		Where did (.....) receive attention?		How long does it take to go to the place where (.....) received attention?	
Yes..... 1 ➔ Q. 3 No..... 2		Yes..... 1 ➔ Q. 4 NO..... 2 ➔ Q. 19		Yes..... 1 No..... 2		<ul style="list-style-type: none"> - Doctor/dentist/ gynecologist/psychologist?...1 - Nurse/nurse assistant?..... 2 - Health worker/health assistant..... 3 - Healer/herbalist/ natural healer.....4 - Pharmacist?..... 5) - Family/members of the household?.....6 - Treated self?..... 7 - Didn't do anything?.....8 - Other, what?..... 9 		<ul style="list-style-type: none"> - 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 				<ul style="list-style-type: none"> - 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 - Other, what?..... 12 			
ID	1	2	CODE	How many days?	3	4	5	6	TIMES	7	8	MINUTES	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. (Continued)

What means of transport did (.....) use to go to the place where he/she received attention?		How long did (.....) have to wait the last time for the consultation?	Last month did (.....) pay cash for: MEDICAL CONSULTATION?		Last month did (.....) pay cash for: MEDICINE?		Last month did (.....) pay cash for: x-rays, laboratory exams or other similar items?		Last month did (.....) pay cash for: transport including emergency? (ambulances, boats, planes, helicopter, bus, taxi, etc.)		Last month did (.....) pay cash for: APPLIANCES/ ORTHOPEDIC EQUIPMENT? (prosthesis, wheelchair, crutches, etc.)		Last month did (.....) pay cash for: GRADUATED LENSES, EARPHONES FOR DEAF, DENTURES, OR DENTAL BRIDGES, ETC.)		For the illness or accident that (.....) had last month, was s/he HOSPITALIZED	Last month, did (.....) pay for hospitalization?							INSURANCE						
- 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			Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2 → Q. 19	Yes..... 1 No..... 2 How much was spent during the hospitalization: (DO NOT INCLUDE EXPENDITURES ALREADY MENTIONED) - The room?..... 1 - Medical consultations?..... 2 - Exams?..... 3 - Medicines?..... 4 - Transport?..... 5 - Other, what?..... 6 FOR EACH OF THE PREVIOUS CATEGORIES REGISTER THE COST NO EXPENDITURES = "00"							Is (.....), affiliated or covered by: - Private health or illness insurance?..... 1 - IGSS?..... 2 - IGSS & private..... 3 - Other, what?..... 4 - None?..... 5						
REGISTER THE TWO PRINCIPAL		MINUTES	COD	Quetzales per/mn	COD	Quetzales per/mn	COD	Quetzales per/mn	COD	Quetzales per/mn	COD	Quetzales per/mn	COD	Quetzales per/mn	COD	Num. of days	COD	1	2	3	4	5	6	Total general	Code	How much is paid in Quetzales/month	ID		
	1	2																											
	9	10		11		12		13		14		15		16		17											18		19
	1																											1	
	2																											2	
	3																											3	
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	12																											12	

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

REGISTRATION		ANNUAL COSTS				MONTHLY COSTS									
For school year 2000 was (.....) registered in:		For this school year, did you pay for the registration or enrollment of (.....)?		For this school year did you buy uniforms for (.....)?		At the beginning of this school year, did you buy books and materials for (.....)?		Are you paying a monthly school fee for (.....)?		This school year, did you pay for the transportation of (....) to attend school?		Without including purchases made at the beginning of 2000, have there been costs for the purchase of school materials for (.....)?		In this school years, have there been other different costs to those already mentioned for the education of (.....)? (raffles, donations)	
- 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		- 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		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2		Yes..... 1 No..... 2 Age = 5 to 6 years Pass to Chapter X	
ID		CODE	Quetzales	CODE	Quetzales	CODE	Quetzales	CODE	Quetzales	CODE	Quetzales	CODE	Quetzales	CODE	Quetzales
	1		2		3		4		5		6		7		8
1															
2															
3															
4															
5															
6															
7															
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12															

LANGUAGE CODES

Ki'che.....	1	Sakapulteko.....	14	Spanish.....	28
Kaqchikel.....	2	Sipakapense.....	15	English.....	29
Mam.....	3	Tektiteko.....	16	Other foreign	
Q'eqchi'.....	4	Tz'utujil.....	17	languages....	30
Ch'orti.....	5	Uspanteko.....	18	Don't know.....	40
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		

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? Yes..... 1 No..... 2		How old was (.....) when s/he registered the first time in first grade of primary school? Has never been registered in primary, write "00" → Q. 5		How old was (.....) when s/he registered the first time in first grade of secondary school? Has never been registered in secondary, write "00" → Q. 5		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 No..... 2 → Q. 26		In what grade and level was (.....) registered for school year 2000? LEVELS - Adult education..... 0 - Preparatory..... 1 - Primary..... 2 - Secondary Ed.... 3 - Higher Education..... 4 - Post-grad or Masters..... 5 → Q. 8		In what language is (.....) taught? - Only in Spanish..... 1 - Spanish & Mayan.... 2 - Only Mayan.... 3 - Other..... 4		Is this the first time that (....) has been enrolled in this grade and this level? Yes..... 1 No..... 2 ↓ Including this time, how many times has (..) been registered in this grade and level?		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	
ID	CODE	Which Mayan language? See code list	YEARS	YEARS	5	LEVEL	GRADE	CODE	language?	COD	and level?	9	MINUTES	1	2	ID					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					
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. EDUCATION - SCHOOLING (continued)

MONTHLY COSTS		MONTHLY COSTS		ATTENDANCE				GRADE AND LEVEL		DEGREES							
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		In this school year have there been other costs besides those already mentioned for (.....)? (Include quotas, raffles, contributions, excursions, etc.) Yes..... 1 No..... 2		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		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 Q. 27		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		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		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				LEVEL	Grade or year reached		ID						
		21		22	23	24	25	26	27	28	29						
1											1						
2											2						
3											3						
4											4						
5											5						
6											6						
7											7						
8											8						
9											9						
10											10						
11											11						
12											12						

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

In the last 12 months, did (.....) attend a training course for work? Yes..... 1 NO..... 2 Pass to Chap. VIII	How many weeks did the last training course that (...) attended last? Less than 1 week, write "00"	In which of the following institutions or companies did (.....) receive the last training course that s/he attended: - Technical Institute for Training and Productivity -INTECAP-?..... 1 - National Institute for Public Administration -INAP-?..... 2 - Institute for Agricultural Science and Technology -ICTA-?..... 3 - Other government institutions?..... 4 - Municipal institution?..... 5 - Training company?..... 6 - Company/institution where s/he works?..... 7 - Private institution or guild?..... 8 - NGOs?..... 9 - Churches?..... 10 - Cooperatives?..... 11 - Other, what?..... 12	How much was (...) charged for the last training course that s/he attended? Was not charged, write "00" The company paid, write "9997"	What educational or academic requirements were needed for the last training course that (...) attended? - None..... 1 - Read & write..... 2 - Incomplete primary... 3 - Complete primary..... 4 - Incomplete basic..... 5 - Complete basic..... 6 - Incomplete diversified..... 7 - Complete diversified..... 8 - Incomplete university..... 9 - Complete university..... 10 - Other, what?..... 11	In the last training course that (.....) attended, what was the training for? DESCRIBE BRIEFLY	For the last training course that (.....) attended, did they give any type of certificate diploma or proof? Yes..... 1 No..... 2	Besides what s/he learned, what was the principal benefit that (.....) received from the training that s/he received in the last course that s/he attended: - Obtain a salaried job?..... 1 - Create his/her own business?..... 2 - Improve income?..... 3 - Obtain a certificate?..... 4 - Promotion at work?..... 5 - Improve his/her production or of the business?..... 6 - Other, what?..... 7 - None..... 8	
ID	WEEKS					CODE		ID
1	2	3	4	5	6		7	8
1								1
2								2
3								3
4								4
5								5
6								6
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9								9
10								10
11								11
12								12

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		B. RESIDENCE FOR THE LAST 5 YEARS					C. RESIDENTIAL MOVEMENTS IN THE LAST 12 MONTHS					TIME				
In what municipio and department were you born?		Is or was the location where (.....) was born:	Where did (.....) usually live in June 1995?	In what location did (.....) usually live in June 1995:	The location where (.....) lived in June 1995 is or was:	This location is:	What was the principal reason (...) left (...)?	During the last 12 months, how many months did (.....) live permanently in this location?	In what location did (...) live during the months s/he was not in this location?	The location where (...) lived in those months is or was a:	For what reason did (...) go to live in (.....)?	How many continuous years has (...) lived in this location? (Municipio of the survey)	ID			
- Here..... 1 (Municipio of the survey)		- City?..... 1 - Town?..... 2 - Village?..... 3 - Colony?..... 4 - Hamlet?.....5 - District?..... 6 - Farm?.....7 - Place?.....8 - Other, what?...9	- Here..... 1 (Municipio of the survey) Pass to sec. "C" - Other location in Guatemala... 2 - Other country.... 3	- City?..... 1 - Town?..... 2 - Village?..... 3 - Colony?..... 4 - Hamlet?.....5 - District?..... 6 - Farm?.....7 - Place?.....8 - Other, what?...9	- City?..... 1 - Town?..... 2 - Village?..... 3 - Colony?..... 4 - Hamlet?.....5 - District?..... 6 - Farm?.....7 - Place?.....8 - Other, what?...9	- Totally indigenous?... 1 - Indigenous & ladino?..... 2 - Totally non-indigenous?... 3	- Low income..... 1 - No agricultural work..... 2 - No non-agricultural work..... 3 - To study..... 4 - To marry..... 5 - For illness..... 6 - Age..... 7 - Family reasons..... 8 - Violence..... 9 - Lack of access to public services..... 10 - Lack of access to health services..... 11 - Lack of access to education services..... 12 - Other, what?..... 13	1 2 3 4 5 6 7 8 9 10 11 12		- City?..... 1 - Town?..... 2 - Village?.....3 - Colony?..... 4 - Hamlet?..... 5 - District?.....6 - Farm?.....7 - Place?.....8 - Other, what?...9	- Work..... 1 - Studies..... 2 - Family..... 3 - Health..... 4 - The parents took him/her.....5 - To have better access to services.....6 - Other, what?.... 7	LESS THAN 1 YEAR= "00" ALL THEIR LIVES WRITE "98"	YEARS	ID		
	1	CODE	2	1	2	CODE	3	4	5	1	2	CODE	3	4	5	
1																1
2																2
3																3
4																4
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12																12

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																			B. STUDIES																																
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?				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?				Yesterday, did you work helping in the activities of the farm, plot or household business or for other persons without receiving income?				Yesterday, did you weave, embroider, make or process articles of clothing for household members?				Yesterday, did you take care of animals?				Yesterday, did you make repairs to your dwelling of any type: electrical, plumbing, bricklaying, etc.?				Yesterday, how much time did you spend getting yourself to and from the place where you work?				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				YES..... 1 NO..... 2				YES..... 1 NO..... 2				YES..... 1 NO..... 2				YES..... 1 NO..... 2				YES..... 1 NO..... 2				YES..... 1 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?																											
ID	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	CODE	HOURS	MINUTES	ID																										
		1				2						3						4						5						6						7						1									
1																								1																											
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10																								10																											
11																								11																											
12																								12																											

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 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 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?	How much time did it take yesterday?

ID	ODE	HOURS	MINUTES	ID																							
		1			2			3			4			5			6			7			8			1	
1																											1
2																											2
3																											3
4																											4
5																											5
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11																											11
12																											12

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-

OCCUPATION		ACTIVITY		TIME AND WORK DAY						What is the normal working day that you have as a (.....)?		Do you want and are you able to work more hours per week?	Why do you not work more hours per week?			
What did you do in the work that you spent the most hours last week or the last week that you worked? Register clearly the occupation labor or function that the respondent had for work in the last week If s/he had more than one job register the occupation that s/he worked the most hours		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 makes, what it sells, the services it provides, the function it fills, etc. Consider independent workers as a company or a business		In total, how many years have you been working as a (.....)?	How many months did you work as (.....) in the last 12 months? (from to)	How many days per month did you work as a (...)?	How many days per week did you work as a (...)?	How many hours per week did you work as a (...)?	How many hours per day did you work as a (.....)?	AM = 1 PM = 2	YES..... 1 NO..... 2 Q. 12	How many hours per week?	- Have looked for more work and have not found it..... 1 - Believe it is not possible to find more work..... 2 - For health reasons..... 3 - For family and/or personal reasons..... 4 - Other what?.... 5			
				Less than 1 year = "00"	Less than 1 mo. = "00"	Less than 1 day = "00"	Less than 1 hour = "00"	Less than 1 hour = "00"								
				YEARS	MONTHS	DAYS	DAYS	HOURS	HOURS							
				from AM to PM	to AM to PM	CODE										
ID	Occupation	CODE	Activity	CODE	YEARS	MONTHS	DAYS	DAYS	HOURS	HOURS	from AM to PM	to AM to PM	CODE	How many hours per week?	ID	
	1		2		3	4	5	6	7	8				10	11	
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. FIRST JOB OF THE LAST WEEK (continued)

OCCUPATIONAL CATEGORY			INDEPENDENT INCOME			WORK CONTRACT		ORGANIZATION		BONO 14																															
SIZE OF BUSINESS	IGSS QUOTA	In your occupation as (.....) do you work:	What was the last net income or earning that you received for work as (.....)? How often do you receive it? How many times did you receive it in the last 12 months (from to)?			In your occupation as (.....) do you have a written contract or appointment for work?	The contract or appointment is:	In the company, institution or organization where you work as (.....), is there a union, committee, or solidarity association of employees?	Do they have a collective pact or work conditions?	En your occupation as (.....) in the last 12 months did you receive a payment for bono 14?																															
How many people in total including yourself, work in the business, company, institution or organization where you work as (.....)?	Do you pay a quota to social security (IGSS) for the work that you do as (...)?	- 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 yourself or on your 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	<table border="1"> <tr><th colspan="3">FREQUENCY</th></tr> <tr><td>Daily.....</td><td>1</td><td></td></tr> <tr><td>Weekly.....</td><td>2</td><td></td></tr> <tr><td>Biweekly.....</td><td>3</td><td></td></tr> <tr><td>Monthly.....</td><td>4</td><td></td></tr> <tr><td>Quarterly.....</td><td>5</td><td></td></tr> <tr><td>Biannual.....</td><td>6</td><td></td></tr> <tr><td>Harvest.....</td><td>7</td><td></td></tr> <tr><td>Year.....</td><td>8</td><td></td></tr> <tr><td>Other, what?.....</td><td>9</td><td></td></tr> </table>			FREQUENCY			Daily.....	1		Weekly.....	2		Biweekly.....	3		Monthly.....	4		Quarterly.....	5		Biannual.....	6		Harvest.....	7		Year.....	8		Other, what?.....	9		YES..... 1 NO..... 2	Permanent? (indefinite)..... 1 Temporary?..... 2	YES..... 1 NO..... 2	Yes.... 1 No.... 2	YES..... 1 NO..... 2	
FREQUENCY																																									
Daily.....	1																																								
Weekly.....	2																																								
Biweekly.....	3																																								
Monthly.....	4																																								
Quarterly.....	5																																								
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Year.....	8																																								
Other, what?.....	9																																								
1 person..... 1 2 to 5..... 2 6 to 10..... 3 11 to 30..... 4 31 to 50..... 5 51 to 100..... 6 101 and more..... 7	YES..... 1 NO..... 2		Income Quetzales	Frequency	Times			Are you a member of any of these associations? YES..... 1 NO..... 2	How much do you pay per month?	How much did you receive?																															
ID	COD	Quetzales	Income Quetzales	Frequency	Times			CODE	MEMBER		CODE	QUETZALES	ID																												
12	13	14	15	16	17	18	19	20																																	
1													1																												
2													2																												
3													3																												
4													4																												
5													5																												
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8													8																												
9													9																												
10													10																												
11													11																												
12													12																												

B. FIRST JOB OF THE LAST WEEK (continued)

TIPS

In your occupation as (.....) do you receive during the year **tips** in cash?

YES..... 1
NO..... 2

How much do you receive on average per month?

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?

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)

IF DO NOT RECEIVE INCOME, WRITE "00"

In your occupation as (.....), did you receive free food or subsidized supplies?

YES..... 1
NO..... 2

If you had to pay for the food you received how much would you pay per month?

In your occupation as (.....), did you receive **housing** as part of the pay for your work?

YES..... 1
NO..... 2

If you had to pay for the rent of this dwelling how much would you pay per month?

In this occupation, did you receive work **clothes or uniforms** or other clothes without cost in the last 12 months?

YES..... 1
NO..... 2

If you had to pay for these goods, how much would it cost for what you received in the last 12 months?

In this occupation, did you receive free transportation or additional money for transportation to your work?

Yes, money..... 1
Yes, free transport... 2
Yes, money and free transportation..... 3
No..... 4

If you had to pay for this transportation, how much would it cost per month?

In this occupation as (.....) in the last 12 months did you receive payment for a Christmas bonus?

YES..... 1
NO..... 2

How much money did you receive?

In this occupation as (.....) do you have the right to vacations?

YES..... 1
NO..... 2

Besides the time and the salary or wages for your vacation, did you receive any additional pay for your vacations?

If received, note the value

If not received, write "00"

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	
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. 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 (.....)?	What are the principal means of transportation you use to go to the place where you work?	How many stages does it take to go to the place where you work as (.....)?	How long does it take to go to your work?	How many times per day do you go from your dwelling to work?	
						- 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
Pass to section "C"		WRITE THE TWO MOST IMPORTANT				

ID	CODE	CODE	1	2	NUMBER	MINUTES	TIMES	ID
	29	30	31		32	33	34	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12

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	
<p>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?</p> <p>Yes.....1</p> <p>No.....2 Pass to section "D"</p>	<p>What was the occupation, profession or labor that you did in this work?</p> <p>Register clearly the occupation, profession or labor that was done in the last week</p> <p>If more than one job, register the occupation that s/he worked the most hours</p>	<p>What is the business, company, institution or organization dedicated to or what does it do where you work as (...)?</p> <p>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</p>	<p>In total, how many years have you been working as a (...)?</p> <p>Less than 1 year = 00</p>	<p>How many months did you work as (...) in the last 12 months? (from.....to.....)</p> <p>Less than 1 month = 00</p>

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

C. SECOND JOB OF THE LAST WEEK (continued)

TIME AND WORK DAY				SIZE OF BUSINESS				OCCUPATIONAL CATEGORY				INDEPENDENT INCOME										
How many days per month did you work as (.....)?		How many days per week did you work as a (.....)?		How many hours per week did you work as a (.....)?		How many hours per day did you work as a (.....)?		What is the normal working day that you have as a (.....)?				In your occupation as (.....) do you work:				What was the last net income or earning that you received for work as (.....)? How many times did you receive it? How many times did you receive it in the last 12 months (from....to....)?						
Less than 1 day = 00		Less than 1 day = 00		Less than 1 hour = 00		Less than 1 hour = 00		AM = 1 PM = 2				1 person..... 1 2 - 5..... 2 6 - 10..... 3 11 - 30..... 4 31 - 50..... 5 51 - 100..... 6 101 & more..... 7				- 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				FREQUENCY Daily..... 1 Weekly..... 2 Bi-weekly..... 3 Monthly..... 4 Quarterly..... 5 Biannual..... 6 Harvest..... 7 Yearly..... 8 Other what?..... 9		
ID	6	7	8	9	FROM	AM PM	TO	AM PM	11	12	a. Income	b. Freq.	c. Times	ID								
					10								13									
1														1								
2														2								
3														3								
4														4								
5														5								
6														6								
7														7								
8														8								
9														9								
10														10								
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
<p>In your occupation as (...) did you receive during the year a payment for bono 14?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p style="text-align: center;">How much did you receive?</p>	<p>In your occupation as (...) did you receive cash tips during the year?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p style="text-align: center;">How much did you receive on avg/month?</p>	<p>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?</p> <p>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)</p> <p style="text-align: center;">IF DO NOT RECEIVE INC. WRITE 00</p>	<p>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 (...)?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p style="text-align: center;">If you had to purchase all the benefits that you received in the last 12 months, how much do you think you would have paid for them on average per month?</p>	<p>In the last 12 months (from... to...) did you have other jobs, different from those that you did last week?</p> <p>Yes.....1</p> <p>No.....2</p> <p style="text-align: center;">Pass to section "E"</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>READ TO THE INFORMANT</p> <p>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?</p> </div> <p>What was the occupation, profession or job that you did in this work?</p> <div style="border: 1px solid black; padding: 5px;"> <p>Register clearly the occupation, labor or function that the respondent had for work in the last 12 months.</p> </div>

ID	CODE	QUETZALES	CODE	QUETZALES	CODE	QUETZALES	CODE	QUETZALES	NUMBER	OCCUPATION	CODE	ID	
		14		15		16		17	1	2		3	
1												1	
2												2	
3												3	
4												4	
5												5	
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9												9	
10												10	
11												11	
12												12	

D. WORK DURING THE LAST 12 MONTHS (continued)

ACTIVITY	TIME	OCCUPATIONAL CATEGORY	INDEPENDENT INCOME			BONO 14		TIPS																					
What is the business, company, institution or organization dedicated to or what does it do where you work as (.....)? <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Register the activity of the business or what it does, what it sells, the services it provides, the function it fills, etc. Consider independent workers as a company or business </div>	During the last 12 months (from ...to....) how many months did you work as (.....)? <div style="border: 1px solid black; padding: 2px; width: fit-content;"> Less than 1 month =00 </div>	In your occupation as (....) did you work: - As a government employee?..... 1 } - As an employee or worker in a private company?..... 2 } Q. 8 - As a day worker or unskilled worker?..... 3 } - As a domestic employee?..... 4 } Q. 10 - 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 } Pass to Sec. "E" - As a helper or worker without pay in other distinct locations than your house or family farm or business?..... 8 }	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.....)? <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <table style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">FREQUENCY</th></tr> <tr><td>Daily.....</td><td>1</td></tr> <tr><td>Weekly.....</td><td>2</td></tr> <tr><td>Biweekly.....</td><td>3</td></tr> <tr><td>Monthly.....</td><td>4</td></tr> <tr><td>Quarterly.....</td><td>5</td></tr> <tr><td>Biannual.....</td><td>6</td></tr> <tr><td>Harvest.....</td><td>7</td></tr> <tr><td>Year.....</td><td>8</td></tr> <tr><td>Other, what?.....</td><td>9</td></tr> </table> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Pass a Sec. "E" </div>			FREQUENCY		Daily.....	1	Weekly.....	2	Biweekly.....	3	Monthly.....	4	Quarterly.....	5	Biannual.....	6	Harvest.....	7	Year.....	8	Other, what?.....	9	In your occupation as (.....) did you receive a payment for bono 14 during the year? YES..... 1 NO..... 2 How much did you receive?		In your occupation as (.....) during the year, did you receive cash tips ? YES..... 1 NO..... 2 How much did you receive on avg/month?	
FREQUENCY																													
Daily.....	1																												
Weekly.....	2																												
Biweekly.....	3																												
Monthly.....	4																												
Quarterly.....	5																												
Biannual.....	6																												
Harvest.....	7																												
Year.....	8																												
Other, what?.....	9																												
ID	ACTIVITY	CODE	INCOME	FREQ.	TIMES	CODE	QUETZALES	CODE	QUETZALES	ID																			
	4						8		9																				
1										1																			
2										2																			
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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? - The national government?... 1 - NGOs?..... 2 - Private national institutions?..... 3 - Churches?..... 4 - From other countries?.....5 - Other, what?..... 6			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 <input type="checkbox"/> Q. 7			YES.....1 No.....2					
<input type="checkbox"/> If do not receive income write "00"		<input type="checkbox"/> 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?		<input type="checkbox"/> How much did you receive last month?		<input type="checkbox"/> How much did you receive last month?		<input type="checkbox"/> 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							6	
1																		1
2																		2
3																		3
4																		4
5																		5
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9																		9
10																		10
11																		11
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-

GENERAL HEALTH		PRENATAL CARE																													
Have you ever had a PAP smear?	How long has it been since your PAP smear? - Less than 6 months.... 1 - From 6 months to 1 year... 2 - More than 1 year..... 3	Are you pregnant now? YES...1 NO... 2	To date, how many pregnancies, including the losses, have you had? None write, "00" y pass to the next person	In what month & year was your last pregnancy? Before May 1995, → Q.15 If is now pregnant, write "00" in month and year.	How many months into your pregnancy did you have prenatal care for the first time? (last or current pregnancy) - Still have not gotten prenatal care 95 - Did not have care..... 96 → Q. 10	How many times did you get prenatal care in your last pregnancy or in your current pregnancy?	In your last or current pregnancy, who was the principal provider for your prenatal care? - Healer/herbalist/natural healer.....1 - Midwife or traditional midwife..... 2 - Pharmacist..... 3 - Helper/assistant/health worker..... 4 - Nurse/nursing assistant..... 5 - Doctor/gynecologist..... 6 - Parents or members of the household..... 7 - Other what?..... 8	Where did you usually receive prenatal care for your last or current pregnancy? - Public hospital..... 1 - IGSS hospital..... 2 - Private hospital..... 3 - Health center..... 4 - Health post..... 5 - Private clinic..... 6 - Pharmacy..... 7 - In the midwife's house..... 8 - In your house..... 9 - Other what?..... 10	During your last or current pregnancy, did you get vaccinations against: - Tetanus..... 1 - Hepatitis..... 2 - Other vaccinations 3 YES.....1 NO..... 2	Now I'd like to chat about some other topics that we're interested in. There are various ways in which a woman can avoid pregnancy.																					
										Have you heard or do you know of any ways to avoid pregnancy? YES.....1 NO..... 2 → Q. 14	What methods do you know about to avoid pregnancy or what have you heard about? If all = "NO" pass to Q 14 - Rhythm?..... 1 - Withdrawal?..... 2 - Tablets/pills?..... 3 - IUD (spiral)?..... 4 - Injection?..... 5 - Diaphragm (foam, tablets)?..... 6 - Condom?..... 7 - Other what?..... 8 YES..... 1 NO..... 2	Have you used any of the following methods: Refer to the forms mentioned in Q 12 - Rhythm?..... 1 - Withdrawal?..... 2 - Tablets/pills?..... 3 - IUD (spiral)?..... 4 - Injection?..... 5 - Diaphragm (foam, tablets)?..... 6 - Condom?..... 7 - Other what?..... 8 YES..... 1 NO..... 2																			
ID			NUMBER	MO.	YEAR	MONTHS	TIMES			1	2	3		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	ID	
1																															
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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?		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?		
Yes..... 1 No..... 2		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 - Midwife or traditional midwife..... 2 - Pharmacist..... 3 - Helper/assistant/ health worker..... 4 - Nurse/nursing assistant..... 5 - Doctor/gynecologist..... 6 - Parents or household member..... 7 - Other what?..... 8		-Public hospital..... 1 -IGSS hospital..... 2 -Private hospital..... 3 -Health center..... 4 -Health post..... 5 -Private clinic..... 6 -Pharmacist..... 7 -In the midwife's house..... 8 -In your house..... 9 -Other what?..... 10		- Normal without complications?..... 1 - Normal with complications?..... 2 - Cesarean (operation)..... 3		Write the weight in pounds & ounces If not weighed write 97 in the pounds column		Yes..... 1 No..... 2		
How much did you pay in total?																How much did you pay in total?				
ID	CODE	QUETZALES	NUMBER	NUMBER	MONTH	YEAR									POUNDS	OUNCES	CODE	QUETZALES	ID	
		14	15	16	17		18		19		20		21		22			23		
1																			1	
2																			2	
3																			3	
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