

CHILD'S EDUCATION (SECTION EDN)

EDN01a. INTERVIEWER:	1. IF HE/SHE IS 5 YRS OLD OR OLDER → CONTINUE 2. IF HE/SHE IS UNDER THE AGE OF 5 → SECTION EMN
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Now I would like to ask you some questions regarding the educational background of (NAME OF BOY/GIRL)

EDN01. Does (NAME OF BOY/GIRL) speak an indigenous language? 1. Yes 3. No		1 3
EDN02. Does (NAME OF BOY/GIRL) speak Spanish? 1. Yes 3. No		1 3
EDN03. Does (NAME OF BOY/GIRL) currently attend school? 1. Yes 3. No		Yes 1 → EDN09 No 3
EDN04. Why doesn't (NAME OF BOY/GIRL) currently attend school? (CIRCLE ALL THAT APPLY) 01. To help parents earn income 02. Helping parents someplace other than the household 03. The child helps within the household 04. There is no school/ too far away 05. The school does not have a teacher 06. The school remains closed 07. Does not have the required legal documents 08. Cannot afford to pay school expenses 09. Does not want to attend school 10. Was not accepted 11. Graduated/finished 12. He is ill/handicapped 13. Because of an accident 14. Because of a change in residence 15. Child is not old enough 16. Other, specify		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16
EDN05. Currently, what kind of activities does (NAME OF BOY/GIRL) mainly do? 1. Works 2. Looks for a job 3. Helps out with the family business/harvesting 4. Stays at home 5. He is ill 6. Child does not have a specific activity 7. Other (specify)		1 2 3 4 5 6 7
EDN06. Has (NAME OF BOY/GIRL) ever attended school? 1. Yes 3. No		Yes 1 No 3 → SECTION EMN

EDN07. What month and year did he/she graduate/stop attending school? 1. Month and year 8. DK		1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year 8.
EDN07x. INTERVIEWER: IS THE RESPONDENT A PANEL MEMBER?		1. YES 3. NO → EMN08
EDN07a. INTERVIEWER CHECK EDN07 1. Did the child graduate/stop attending school during the 2001/2002 academic year or after? 3. Did the child graduate/stop attending school before the 2001/2002 academic year?		1. 3. → EMN
EDN08. Why did (NAME OF BOY/GIRL) stop attending school? (CIRCLE ALL THAT APPLY) 01. To help parents earn income 02. The child helps out within the household 03. Helps with the family business/harvest 04. Was looking for a job 05. There were no schools/too far away 06. The school does not have a teacher 07. The school remains closed 08. Did not have the required legal documents 09. Could not afford to pay school expenses 10. Did not want to go back to school 11. Was not accepted at school 12. Graduated/finished 13. Because he was sick/handicapped 14. Because of an accident 15. Because of a change in residence 16. Other, specify		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16
EDN09. What is the highest level of education that (NAME OF BOY/GIRL) achieved? 1. No formal schooling 2. Preschool or Kinder 3. Elementary 4. Jr. High/Trade School 5. High School as Distance Learning 6. High School 8. DK		1 → SECTION EMN 2 → SECTION EMN 3 4 5 6 8
EDN10. What is the highest grade (NAME OF BOY/GIRL) passed at school? 00. Didn't complete the first grade 01. First Grade 02. Second Grade 03. Third Grade 04. Fourth Grade 05. Fifth Grade 06. Sixth Grade 07. Other (specify)		00 01 02 03 04 05 06 07

CHILD'S EDUCATION (SECTION EDN)

<p>EDN11. Did (NAME OF BOY/GIRL) ever repeat a school year?</p> <p>1. Yes 3. No 8. DK</p>	<p>Yes.....1 No.....3 → EDN13 DK.....8 → EDN13</p>																																																						
<p>EDN12. What grade level did (NAME OF BOY/GIRL) repeat, and how many times?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Elementary</th> <th colspan="2" style="text-align: center;">Jr High/ Middle School</th> <th colspan="2" style="text-align: center;">High School</th> </tr> <tr> <th style="text-align: left;">Grade</th> <th style="text-align: left;">Times repeated</th> <th style="text-align: left;">Grade</th> <th style="text-align: left;">Times repeated</th> <th style="text-align: left;">Grade</th> <th style="text-align: left;">Times repeated</th> </tr> </thead> <tbody> <tr> <td>01</td><td>1. <input type="checkbox"/></td> <td>01</td><td>1. <input type="checkbox"/></td> <td>01</td><td>1. <input type="checkbox"/></td> </tr> <tr> <td>02</td><td>2. <input type="checkbox"/></td> <td>02</td><td>2. <input type="checkbox"/></td> <td>02</td><td>2. <input type="checkbox"/></td> </tr> <tr> <td>03</td><td>3. <input type="checkbox"/></td> <td>03</td><td>3. <input type="checkbox"/></td> <td>03</td><td>3. <input type="checkbox"/></td> </tr> <tr> <td>04</td><td>4. <input type="checkbox"/></td> <td>08. DK</td><td></td> <td>08. DK</td><td></td> </tr> <tr> <td>05</td><td>5. <input type="checkbox"/></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>06</td><td>6. <input type="checkbox"/></td> <td></td><td></td> <td></td><td></td> </tr> <tr> <td>08. DK</td><td></td> <td></td><td></td> <td></td><td></td> </tr> </tbody> </table>	Elementary		Jr High/ Middle School		High School		Grade	Times repeated	Grade	Times repeated	Grade	Times repeated	01	1. <input type="checkbox"/>	01	1. <input type="checkbox"/>	01	1. <input type="checkbox"/>	02	2. <input type="checkbox"/>	02	2. <input type="checkbox"/>	02	2. <input type="checkbox"/>	03	3. <input type="checkbox"/>	03	3. <input type="checkbox"/>	03	3. <input type="checkbox"/>	04	4. <input type="checkbox"/>	08. DK		08. DK		05	5. <input type="checkbox"/>					06	6. <input type="checkbox"/>					08. DK					
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<p>EDN13. What is the name and the address of the school (NAME OF BOY/GIRL) attends/attended?</p> <p>1. Specify 3. Same Locality/Com./Municipality/District/State/Country of the interviewed 8. DK</p> <p style="text-align: center;">(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR THE NAME OF THE SCHOOL, ASK FOR AN ENROLLMENT VOUCHER, REPORT CARD OR SOMETHING SIMILAR AND ASK FOR A REFERENCE)</p>	<p>1. Name 8. DK</p> <p>_____</p> <p>1. Address 8. DK</p> <p>_____</p> <p>_____</p> <p>1. Reference</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Locality/Com. 3. Same 8. DK</p> <p>_____</p> <p>1. Municipality/District 3. Same 8. DK</p> <p>_____</p> <p>1. State 3. Same 8. DK</p> <p>_____</p> <p>1. Country 3. Same 8. DK</p> <p>_____</p>																																																						
<p>EDN14. The school that (NAME OF BOY/GIRL) attends/attended is/was? (READ OPTIONS)</p> <p>1. Public (government funded) 2. Private (not government funded) 8. DK</p>	<p>1 2 8</p>																																																						
<p>EDN15. Does/Did (NAME OF BOY/GIRL) attend school in the mornings or evenings?</p> <p>1. Mornings 2. Evenings 8. DK</p>	<p>1 2 8</p>																																																						

CHILD'S EDUCATION (SECTION EDN)

<p>EDN16. Will (NAME OF BOY/GIRL) attend school during the next school year? 1. Yes 3. No 8. DK</p>	<p>Yes 1 → EDN17x No 3 DK 8</p>
<p>EDN17. Why isn't (NAME OF BOY/GIRL) going to attend school next year? (CIRCLE ALL THAT APPLY) 1. To help parents earn income 2. To help out with the family business/harvest 3. Will look for a job 4. Cannot afford to pay school expenses 5. Will graduate/finish 6. Because of a change in residence 7. Child does not want to go 8. Other (specify)</p>	<p>1 2 3 4 5 6 7 8 _____</p>
<p>EDN17x. INTERVIEWER: VERIFY THAT CHILD IS A PANEL MEMBER</p>	<p>1. PANEL 3. NEW MEMBER → EDN18</p>
<p>EDN18a. During the last 4 school years, once the child was registered and classes began, did (NAME OF CHILD) ever stop attending classes for a period of 4 straight weeks or longer?</p>	<p>Yes1 No3 → EDN27 DK8 → EDN27</p>
<p>EDN19a. During the last 4 school years, how many times has (NAME OF CHILD) stopped attending class for a period of 4 straight weeks or longer? 1. Number of times 8. DK</p>	<p>1. __ times → EDN20 8. → EDN27</p>
<p>EDN18. In the past 5 school years, once the child was enrolled and classes began did (NAME OF BOY/GIRL) stop attending class for an uninterrupted period of 4 weeks or longer?</p>	<p>Yes 1 No 3 → EDN27 DK 8 → EDN27</p>
<p>EDN19. In the past 5 years, how many times has (NAME OF BOY/GIRL) stopped attending school, for a continuous period of 4 weeks or longer? 1. Number of times 8. DK</p>	<p>1. __ times 8. → EDN27</p>

EDN20. INTERVIEWER: FILL OUT AS MANY COLUMNS AS TIMES INDICATED THAT THE CHILD STOPPED ATTENDING SCHOOL (EDN19 or EDN19a).

CHILD'S EDUCATION (SECTION EDN)

Next, I will ask you some questions about the times (NAME OF BOY/GIRL) was absent from school.

INTERVIEWER: FIRST ASK QUESTION EDN21 AND THEN FILL OUT EACH COLUMN

	Last Interruption →	Second to last Interruption →	Third from last Interruption →	First Preceding Interruption →	Second Preceding Interruption →
EDN21. What is the reason why (NAME OF BOY/GIRL) stopped attending school?	_____ →	_____ →	_____ →	_____ →	_____ →
EDN22. Why did (NAME OF BOY/GIRL) stop attending school at [...]? (CIRCLE ALL THAT APPLY) 01. To help parents earn income 02. The child helps out at home 03. Helps out in the family business/harvest 04. Was looking for a job 05. There is no/was no school/ too far away 06. The school did not have a teacher 07. The school remains closed 08. Did not have the required legal documents 09. Could not afford to pay school expenses 10. Did not want to attend school 11. Was not accepted 12. Graduated/finished 13. Was ill/handicapped 14. Due to an accident 15. Because of a change in residence 16. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____
EDN23. What month and year did (NAME OF BOY/ GIRL) stop attending school due to [...]? 1. Month and year 8. DK	1. _____ Month Year 8.				
EDN24. How many weeks did (NAME OF BOY/GIRL) stop attending school during [...]? 1. Number of weeks 3. All/ the rest of the school year 8. DK	1. _____ Weeks 3. 8.				
EDN25. INTERVIEWER: WAS THERE ANY OTHER INTERRUPTION?	Yes.....1 →NEXT COL. EDN22 No3 → EDN26	Yes.... 1 → NEXT COL. EDN22 No 3 → EDN26	Yes.... 1 → NEXT COL. EDN22 No..... 3 → EDN26	Yes 1 → NEXT COL. EDN22 No..... 3 → EDN26	Yes1 →SUPPLEMENT No3 → EDN26

EDN26. INTERVIEWER: IS THERE A SUPPLEMENT?
1. Yes
3. No

EDN27. INTERVIEWER: 1. HE/SHE ATTENDED SCHOOL DURING THE PAST SCHOOL YEAR (2003-2004) → FIRST COLUMN
2. HE/SHE HAS AT ONE POINT ATTENDED SCHOOL, BUT DID NOT ATTEND THIS PAST SCHOOL YEAR → SECOND COLUMN

CHILD'S EDUCATION (SECTION EDN)

	School year 2003-2004 (One year ago)	Last year attended (For those who did not attend school this past year)
EDN28. Did (NAME OF BOY/GIRL) attend school during the [...]? 1. Yes 3. No	1. Yes → CONTINUE 3. No → NEXT COLUMN	
EDN29. INTERVIEWER: AS A REFERENCE, WRITE DOWN THE SCHOOL GRADE	↓	↓
EDN30. What was the highest school grade level that (NAME OF BOY/GIRL) attended [...]? 1. No formal schooling 2. Preschool or Kinder 3. Elementary 4. Jr High/Trade School 5. High School as Distance Learning 6. High School 8. DK	Continue ↓ 1 2 3 4 5 6 8 → EDN33	Continue ↓ 1 2 3 4 5 6 8 → EDN33
EDN31. What was the highest grade that (NAME OF BOY/GIRL) finished at school [...]? 1. First 2. Second 3. Third 4. Fourth 5. Fifth 6. Sixth 7. Seventh 8. Other (specify)	1 2 3 4 5 6 7 8 _____	1 2 3 4 5 6 7 8 _____
EDN32. Did (NAME OF BOY/GIRL) pass [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8

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CHILD'S EDUCATION (SECTION EDN)

	2003-2004 school year (One year ago)	Last year in attendance (For those who did not attend school this past year)
EDN28. Did (NAME OF BOY/GIRL) attend school during [...]? 1. Yes 3. No	1. Yes → CONTINUE 3. No → NEXT COLUMN	
EDN29. INTERVIEWER: AS A REFERENCE, WRITE DOWN THE SCHOOL GRADE	↓	↓
EDN33. What is the name and address of the school that (NAME OF BOY/GIRL) attended during [...]? 1. Specify 3. Same Locality/Community/Municipality/District/State/Country of the interviewed 4. Same school he currently attends 8. DK (IF THE INTERVIEWED DOES NOT KNOW THE ADDRESS OR NAME OF THE SCHOOL, ASK FOR ENROLLMENT PAPERS, REPORT CARDS OR SOMETHING SIMILAR, AND FOR A REFERENCE).	Continue ↓	Continue ↓
	1. Name 4. Same school 8. DK _____ 1. Address 8. DK _____ _____ 1. Reference 8. DK _____ _____ 1. Locality/Community 3. Same 8. DK _____ 1. Municipality/District 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Name 4. Same school 8. DK _____ 1. Address 8. DK _____ _____ 1. Reference 8. DK _____ _____ 1. Locality/Community 3. Same 8. DK _____ 1. Municipality/District 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
EDN34. The school (NAME OF BOY/GIRL) attended when he was during [...] was (...)? 1. Public (government run and financed) 2. Private (non governmental) 8. DK	1 2 8	1 2 8
EDN35. When (NAME OF BOY/GIRL) was going to [...] did he/she attend school during the morning or evenings? 1. Mornings 2. Evenings 8. DK	1 2 8 → EDN36	1 2 8 → EDN36

Now, I will ask you about the current school year.

EDN36. INTERVIEWER: FILL OUT COLUMN BY COLUMN FOR THOSE YEARS THAT THE BOY/GIRL ATTENDED SCHOOL. IF HE/SHE IS NOT CURRENTLY ATTENDING AND HAS NOT ATTENDED SCHOOL DURING THE PAST SCHOOL YEAR, FILL OUT COLUMN 3

CHILD'S EDUCATION (SECTION EDN)

	2004-2005 (Current Year)	2003-2004 (Last Year)	Last year in attendance (for those who do not attend school, and those who did not attend school this past year)
EDN37. INTERVIEWER: VERIFY WITH EDN03 AND EDN28, IF THE BOY/GIRL ATTENDS/ATTENDED SCHOOL DURING [...]?	1. Yes → CONTINUE 3. No → NEXT COLUMN	1. Yes → CONTINUE 2. No, but he/she is currently attending → EDN46a 3. No, currently not attending → NEXT COLUMN	
EDN37a. INTERVIEWER: WRITE DOWN THE SCHOOL GRADE AS A REFERENCE .	Continue ↓	Continue ↓	Continue ↓
EDN38. How long does/did it take for (NAME OF BOY/GIRL) to reach school during [...]? (One way only) 1. Time that it takes/took to reach school 8. DK	Continue ↓ 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8.	Continue ↓ 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8.	Continue ↓ 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8.
EDN39. How many hours a day does/did (NAME OF BOY/ GIRL) spend at school during [...]? 1. Hours per day 8. DK	1. <input type="text"/> <input type="text"/> Hours/Day 8.	1. <input type="text"/> <input type="text"/> Hours/Day 8.	1. <input type="text"/> <input type="text"/> Hours/Day 8.
EDN40. How many days a week does/did (NAME OF BOY/ GIRL) spend in school during [...]? 1. Days per week 8. DK	1. <input type="text"/> Days per week 8.	1. <input type="text"/> Days per week 8.	1. <input type="text"/> Days per week 8.
EDN41. How many hours a week does/did (NAME OF BOY/ GIRL) spend studying and doing homework somewhere other than at school during [...]? (including work days and weekends) 1. Hours per week 8. DK	1. <input type="text"/> Hours/Week 8.	1. <input type="text"/> Hours/Week 8.	1. <input type="text"/> Hours/Week 8.

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CHILD'S EDUCATION (SECTION EDN)

	2004-2005 (Current Year)	2003-2004 (Last Year)	Last year in attendance (for those who do not attend school, and those who did not attend school this past year)
EDN37. INTERVIEWER: VERIFY WITH EDN03 AND EDN28, IF THE BOY/GIRL ATTENDS/ATTENDED SCHOOL DURING [...]?	1. Yes → CONTINUE 3. No → NEXT COLUMN	1. Yes → CONTINUE 2. No, But he/she is currently attending → EDN46a 3. No, currently not attending → NEXT COLUMN	
EDN37a. INTERVIEWER: AS A REFERENCE, WRITE DOWN THE SCHOOL GRADE.	Continue ↓	Continue ↓	Continue ↓
EDN42. INTERVIEWER: ASK THE FOLLOWING: EDN42a, EDN42b, AND EDN42c TO CHILD'S MOTHER OR TO A PERSON RESPONSIBLE FOR THE CHILD.			
EDN42a. Approximately, what has been/was the average annual expense on (...) for (NAME OF BOY/GIRL) during [...]?	Continue ↓ Annual Expense	Continue ↓ Annual Expense	Continue ↓ Annual Expense
A. SCHOOL FEES	A.	A.	A.
1. Enrollment	1. \$ _____ 8.DK	1. \$ _____ 8.DK	1. \$ _____ 8.DK
2. Registration	2. \$ _____ 8.DK	2. \$ _____ 8.DK	2. \$ _____ 8.DK
3. Exams	3. \$ _____ 8.DK	3. \$ _____ 8.DK	3. \$ _____ 8.DK
4. Special courses	4. \$ _____ 8.DK	4. \$ _____ 8.DK	4. \$ _____ 8.DK
5. Other fees (specify)	5. \$ _____ 8.DK	5. \$ _____ 8.DK	5. \$ _____ 8.DK
6. School maintenance	6. \$ _____ 8.DK	6. \$ _____ 8.DK	6. \$ _____ 8.DK
B. SCHOOL MATERIAL	B.	B.	B.
1. Books and school utilities	1. \$ _____ 8.DK	1. \$ _____ 8.DK	1. \$ _____ 8.DK
2. School uniforms and sports	2. \$ _____ 8.DK	2. \$ _____ 8.DK	2. \$ _____ 8.DK
C. SCHOOL FESTIVITIES AND CELEBRATIONS	C.	C.	C.
1. \$ _____ 8.DK	1. \$ _____ 8.DK	1. \$ _____ 8.DK	
EDN42b. Approximately, what has been/was the average weekly expense of (NAME OF BOY/GIRL)'s (...) while he attended [...]?	Weekly	Weekly	Weekly
1. School Transportation	1. \$ _____ 8.DK	1. \$ _____ 8.DK	1. \$ _____ 8.DK
2. Spending money	2. \$ _____ 8.DK	2. \$ _____ 8.DK	2. \$ _____ 8.DK
EDN42c. Did you have any other expenses during [...]?			
1. Amount	1. \$ _____ 8.DK	1. \$ _____ 8.DK	1. \$ _____ 8.DK
Specify expense	_____	_____	_____
Specify time-period reference (A. yearly, B. monthly, C. weekly, D. unique) (CIRCLE)	A B C D	A B C D	A B C D
3. No	3.	3.	3.

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CHILD'S EDUCATION (SECTION EDN)

	2004-2005 (Current Year)	2003-2004 (Past Year)	Last year in attendance (for those who do not attend school, and those who did not attend school this past year)
EDN37. INTERVIEWER: VERIFY WITH EDN03 AND EDN28, IF THE BOY/GIRL ATTENDS/ATTENDED SCHOOL DURING [...]?	1. Yes → CONTINUE 3. No → NEXT COLUMN	1. Yes → CONTINUE 2. No, But he/she is currently attending → EDN46a 3. No, currently not attending → NEXT COLUMN	
EDN37a. INTERVIEWER: AS A REFERENCE, WRITE DOWN THE SCHOOL GRADE.	Continue ↓	Continue ↓	Continue ↓
EDN43. How many students are/were there in (NAME OF BOY/GIRL)'s classroom during [...]? 1. Number of students 8. DK	1. [] Students 8.	1. [] Students 8.	1. [] Students 8.
EDN44. How many teachers give/gave classes to (NAME OF BOY/GIRL) during [...]? 1. Number of teachers 8. DK	1. [] Teachers 8.	1. [] Teachers 8.	1. [] Teachers 8.
EDN45. Does/did (NAME OF BOY/GIRL) receive a scholarship from OPORTUNIDADES during [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8	1 3 8
EDN46. Does/did (NAME OF BOY/GIRL) receive any aid from the school, from individuals or scholarship institutions, any books or other aid during [...]? 1. Yes, for him 2. Yes, to share with siblings 3. No 8. DK	1 2 3 8 → NEXT COLUMN EDN38	1 2 3 8 → EDN46a	1 2 3 8 → EDN46a

INTERVIEWER: THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE CHILD IF HE/SHE IS 11 YEARS OLD OR OLDER AND HAS BEEN ANSWERING THE SURVEY OR HAS BEEN PRESENT DURING THE INTERVIEW

EDN46a. How far would you like to continue your academic studies? 03. Elementary 04. Junior high 06. High school 08. Trade School 09. College 10. Graduate 98. DK	[]
EDN46b. When you are 30 years old, how much do you think you will earn per month? 1. Amount 6. Family worker with no pay 8. DK	1. \$ [] , [] → SECTION EMN 6. → SECTION EMN 8. → EDN46c

EDN46c. Is it [...]?	<p>1. += \$3,000</p> <ul style="list-style-type: none"> 11. += \$4,000 → 111. += \$4,500 12. - \$4,000 → 112. - \$4,500 18. DK → 118. DK 21. += \$2,000 → 121. += \$3,500 22. - \$2,000 → 122. - \$3,500 28. DK → 128. DK <p>1. - \$3,000</p> <ul style="list-style-type: none"> 21. += \$2,000 → 111. += \$2,500 112. - \$2,500 118. DK 121. += \$1,500 22. - \$2,000 → 122. - \$1,500 28. DK → 128. DK
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CHILD EMPLOYMENT (SECTION EMN)

<p>EMN10. During the last job or activity that (NAME OF BOY/GIRL) carry out to help with household expenses, how many hours per week did he usually work? 1. Hours per week 8. DK</p>	<p>1. <input type="text"/> Hours/week 8.</p>
<p>EMN11. In his last job, how many weeks per year did (NAME OF CHILD) work? 1. Weeks per year 2. All weeks of the year 8. DK</p>	<p>1. <input type="text"/> Weeks/year → SECTION ATN 2. → SECTION ATN 8. → SECTION ATN</p>
<p>EMN12. What activity does/did (NAME OF BOY/GIRL) carry out to help with household expenditures? 1. Specify</p>	<p>1. _____ _____</p>
<p>EMN13. During the past 12 months, from what month to what month did (NAME OF BOY/GIRL) work? (READ OPTIONS) 1. All year long 2. Specify from which month to which month 3. Specify time worked in weeks 4. Less than a week 8. DK</p>	<p>1. Year round 2. From <input type="text"/> to <input type="text"/> 3. <input type="text"/> Weeks → EMN15 4. 8.</p>
<p>EMN14. During the past 12 months, if you could add together all the days or weeks that he/she worked, in total, how many days or weeks would that be? 1. Specify time in weeks 2. Specify time in days 3. Less than a week 8. DK</p>	<p>1. <input type="text"/> Weeks 2. <input type="text"/> Days 3. 8.</p>
<p>EMN15. On average, during the past 12 months, how many hours per day/per week did (NAME OF BOY/GIRL) work from Monday to Friday? 1. Hours per day from Monday through Friday 2. Hours per week from Monday through Friday 8. DK 9. NA</p>	<p>1. <input type="text"/> Hours per day from Monday through Friday 2. <input type="text"/> Hours per week from Monday through Friday 8. 9.</p>
<p>EMN16. During the past 12 months, on average, how many hours per day/ per week did (NAME OF BOY/GIRL) work on weekends? 1. Hours per day on weekends 2. Hours per week on weekends 8. DK 9. NA</p>	<p>1. <input type="text"/> Hours on weekends 2. <input type="text"/> Hours/weeks on weekends 8. 9.</p>
<p>EMN17. Approximately, how much did (NAME OF BOY /GIRL) earn per week/month during the past 12 months? 1. Amount earned per week 2. Amount earned per month 3. Amount earned per year 8. DK</p>	<p>1. \$ <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> 8.</p>

CHILD OUTPATIENT APPOINTMENTS (SECTION CEN)

The following questions are related to health services you visited during the last 4 weeks. We will begin with the most recent one.

	LAST VISIT	SECOND FROM LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CEN07. What is the name of the place where (NAME OF BOY/ GIRL) went for his/her check-up in the [...]?	_____ →	_____ →	_____ →	_____ →
CEN08. What is the reason why (NAME OF BOY/GIRL) visited/was visited by [...]?	_____ →	_____ →	_____ →	_____ →
CEN09. What was the main reason why (NAME OF THE BOY/ GIRL) went to/was visited by [...] when (...)?				
01. Immunization/ vaccination	01	01	01	01
02. Medical Visit/check-up	02	02	02	02
03. Preventive medical examination	03	03	03	03
04. Receive medicine/medical prescription	04	04	04	04
05. Laboratory analysis/X-rays	05	05	05	05
06. Treatment/therapy	06	06	06	06
07. Accident	07	07	07	07
08. Dental visit	08	08	08	08
09. Pick up/ask for medical disability justification	09	09	09	09
10. Other (specify)	10 _____	10 _____	10 _____	10 _____
CEN10. What is the address where (NAME OF BOY/GIRL) went to when [...]?	1. Address 8. DK _____ _____ _____			
1. Specify				
3. Same Loc/Col/Mun/Dist/State/ Country of the interviewed	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
8. DK				
(IF THE INTERVIEWEE WAS VISITED AT HOME, WRITE DOWN THE ADDRESS OF THE MEDICAL SERVICE AND NOT THE ADDRESS WHERE THE VISIT OCCURRED).	1. Loc./Com. 3. Same 8. DK _____ _____			
	1. Mun./Distr. 3. Same 8. DK _____ _____			
	1. State 3. Same 8. DK _____ _____			
	1. Country 3. Same 8. DK _____ _____			

CHILD OUTPATIENT APPOINTMENTS (SECTION CEN)

The following questions are related to health service visits in the last 4 weeks. We will begin with the most recent one.

	LAST VISIT	SECOND FROM LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CEN07. What is the name of the place where (NAME OF BOY/ GIRL) went for his/her check-up in the [...]?	_____ →	_____ →	_____ →	_____ →
CEN08. What is the reason why (NAME OF BOY/GIRL) visited/was visited by [...]?	_____ →	_____ →	_____ →	_____ →
CEN11. Had (NAME OF BOY/GIRL) gone/been back to [...] in the last 12 months, for the same reason? 1. Yes 3. No	1 3	1 3	1 3	1 3
CEN12. What kind of service did (NAME OF BOY/GIRL) receive in the visit to/from [...] when [...]? (CIRCLE ALL THAT APPLY) 01. Immunization/ vaccination 02. Medical Visit/check-up 03. Preventive medical exam 04. Receive medicine/medical prescription 05. Laboratory analysis/X-rays 06. Treatment/therapy 07. Dental visit 08. Pick up/ask for medical disability justification 09. Was not attended to 10. Other (specify)	01 02 03 04 05 06 07 08 09 10 _____	01 02 03 04 05 06 07 08 09 10 _____	01 02 03 04 05 06 07 08 09 10 _____	01 02 03 04 05 06 07 08 09 10 _____
CEN13. INTERVIEWER: WAS (NAME OF BOY/GIRL) VISITED AT HOME?	Yes 1 → CEN18 No 3			
CEN14. How long did he/she take to reach [...]? 1. Time in hours and minutes 8. DK	1. _____ Hours Minutes 8.	1. _____ Hrs Min 8.	1. _____ Hrs Min 8.	1. _____ Hrs Min 8.
CEN15. What is the distance between his/her household and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. _____ Kms 2. _____ Mts 8.			

CHILD OUTPATIENT APPOINTMENTS (SECTION CEN)

The following questions are related to health service visits in the last 4 weeks. We will begin with the most recent one.

	LAST VISIT	SECOND FROM LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CEN07. What is the name of the place where (NAME OF BOY/GIRL) went to for medical check-ups in the [...]?	_____ →	_____ →	_____ →	_____ →
CEN08. What was the reason why (NAME OF BOY/GIRL) visited/was visited by [...]?	_____ →	_____ →	_____ →	_____ →
CEN16. What was the cost of transportation (one way only) to [...]? (INCLUDE COST OF COMPANION) 1. Total cost of transportation 8. DK	1. \$ _____, _____ 8. DK	1. \$ _____, _____ 8. DK	1. \$ _____, _____ 8. DK	1. \$ _____, _____ 8. DK
CEN17. When you arrived, how long did (NAME OF BOY/ GIRL) wait before being attended to during [...]? 1. Time in hours and minutes (was attended) 2. Time in hours and minutes (wasn't attended) 8. DK	1. _____ Hrs Min 2. _____ → CEN23 Hrs Min 8.			
CEN18. In [...], how much were you charged for (...) ? (ASK FOR THE ITEMIZED COST, IF THE RESPONDENT DOES NOT KNOW, ASK FOR THE TOTAL AMOUNT) 1. Detailed (DG) a. Visit/check-up/medical procedure b. Prescribed medicine c. Laboratory analysis/x-rays d. Vaccination/immunization e. Other (specify) _____ 3. Total amount (CT) a. Total cost of the doctor's visit 8. DK	1. DG a.1. \$ _____, _____ 8.DK b.1. \$ _____, _____ 8.DK c. 1. \$ _____, _____ 8.DK d. 1. \$ _____, _____ 8.DK e. 1. \$ _____, _____ 8.DK _____ 3. CT a. 1. \$ _____, _____ 8. DK	1. DG a.1. \$ _____, _____ 8.DK b.1. \$ _____, _____ 8.DK c. 1. \$ _____, _____ 8.DK d. 1. \$ _____, _____ 8.DK e. 1. \$ _____, _____ 8.DK _____ 3. CT a. 1. \$ _____, _____ 8. DK	1. DG a.1. \$ _____, _____ 8.DK b.1. \$ _____, _____ 8.DK c. 1. \$ _____, _____ 8.DK d. 1. \$ _____, _____ 8.DK e. 1. \$ _____, _____ 8.DK _____ 3. CT a. 1. \$ _____, _____ 8. DK	1. DG a.1. \$ _____, _____ 8.DK b.1. \$ _____, _____ 8.DK c. 1. \$ _____, _____ 8.DK d. 1. \$ _____, _____ 8.DK e. 1. \$ _____, _____ 8.DK _____ 3. CT a. 1. \$ _____, _____ 8. DK

CHILD OUTPATIENT APPOINTMENTS (SECTION CEN)

The following questions are related with health service visits during the last 4 weeks. We will begin with the most recent one.

	LAST VISIT	SECOND FROM LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CEN07. What is the name of the place you went fo for (NAME OF BOY/GIRL)'s medical attention for [...]?	_____ →	_____ →	_____ →	_____ →
CEN08. What is the reason why (NAME OF BOY/GIRL) visited/was visited by [...]?	_____ →	_____ →	_____ →	_____ →
CEN19. Does (NAME OF BOY/GIRL) have any private medical insurance policy that had partially or fully paid the cost of the visit to/from [...]? (DO NOT INCLUDE VOLUNTARY IMSS FEE)	Yes 1 No 3 → CEN21	Yes 1 No 3 → CEN21	Yes1 No3 → CEN21	Yes 1 No 3 → CEN21
CEN20. As a result of the expenses paid by the private insurance in your [...], how much did you pay as a deductible? 1. Value 8. DK	1. \$ _____ , _____ 8. DK	1. \$ _____ , _____ 8. DK	1. \$ _____ , _____ 8. DK	1. \$ _____ , _____ 8. DK
CEN21. Was any part of the payment made in-kind? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods and work 4. No	1 2 3 4 → CEN23	1 2 3 4 → CEN23	1 2 3 4 → CEN23	1 2 3 4 → CEN23
CEN22. What is the approximate value of these goods or time allocated for work, that was required as payment? a. Price of the products or goods b. Time assigned to the work required as payment	a. \$ _____ , _____ 8. DK b. _____ _____ 8. DK Hrs Min	a. \$ _____ , _____ 8. DK b. _____ _____ 8. DK Hrs Min	a. \$ _____ , _____ 8. DK b. _____ _____ 8. DK Hrs Min	a. \$ _____ , _____ 8. DK b. _____ _____ 8. DK Hrs Min
CEN23. INTERVIEWER: VERIFY IF THERE IS ANOTHER VISIT?	Yes ... 1 → NEXT COL. CEN09 No 3 → CEN24	Yes....1 → NEXT COL. CEN09 No3 → CEN24	Yes... 1 → NEXT COL. CEN09 No 3 → CEN24	Yes ... 1 → SUPPLEMENT No 3 → CEN24
CEN24. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO			

CHILD'S HEALTH CONDITION (SECTION ESN)

Next, I will ask you about (NAME OF BOY/GIRL)'s health.

ESN01.	At the present time, (NAME OF BOY/GIRL)'s health is (...)? 1. Very good 2. Good 3. Normal 4. Bad 5. Very bad	1 2 3 4 5
ESN01a. INTERVIEWER:	1. IF UNDER THE AGE OF 2 → ESN04, SENTENCE E 2. IF 2 YEARS OLD OR OLDER → CONTINUE	
ESN02.	In the last 4 weeks, how many days was (NAME OF BOY/GIRL) inactive because of any illness? 1. Days of inactivity 2. None 8. DK	1. <input type="text"/> Days 2. → ESN04 8.
ESN03.	In the last 4 weeks, how many days did (NAME OF BOY/GIRL) spend lying down due to illness? 1. Days spent lying down 2. None 8. DK	1. <input type="text"/> Days 2. 8.
ESN04.	Did (NAME OF BOY/GIRL) suffer from (...) in the last 4 weeks?	1. Yes 3. No 8. DK
A.	Headaches	1 3 8
B.	Feeling abnormally tired	1 3 8
C.	Stomach pain	1 3 8

D.	Tooth pain	1	3	8
E.	Runny nose	1	3	8
F.	Flu	1	3	8
G.	Tonsillitis	1	3	8
H.	Cough	1	3	→ SENTENCE I 8 → SENTENCE I
	a. Dry cough	1	3	8
	b. Cough with phlegm	1	3	8
	c. Cough with bleeding	1	3	8
I.	Breathing difficulty	1	3	→ SENTENCE J 8 → SENTENCE J
	a. Suffocation	1	3	8
	b. Short or fast breathing	1	3	8
J.	Fever	1	3	8
K.	Nausea/Vomiting	1	3	8
L.	Diarrhea (more than 3 times a day)	1	3	→ SENTENCE N 8 → SENTENCE N
	a. Combined with bleeding	1	3	8
	b. Combined with mucus	1	3	8
	c. Pale liquid	1	3	8
M.	How many days did the most recent diarrhea episode last?	1. <input type="text"/> Days		
N.	Welts/irritation, or itching in the skin	1	3	8
O.	Infected/irritated eyes	1	3	8
P.	Ear infection/ear pain	1	3	8
Q.	Tapeworm/amoeba	1	3	8
R.	Convulsions/attacks	1	3	8
S.	Other Ailments: _____	1	3	8

ESN05. INTERVIEWER:	DID THE (BOY/GIRL) HAVE ANY CONTINUOUS AILMENT OR SYMPTOM?	1. Yes → CONTINUE	3. No → ESN07
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CHILD'S HEALTH CONDITION (SECTION ESN)

<p>ESN06. While (NAME OF BOY/GIRL) was sick, did he/she: (CIRCLE ALL THAT APPLY)</p> <p>a. Want to play? b. Have difficulties sleeping? c. Appear more irritated than normal or cried too much? d. Remained in bed?</p>	<p>1. Yes 3. No 8. DK 1 3 8 1 3 8 1 3 8 1 3 8</p>			
<p>ESN07. Has (NAME OF BOY/GIRL) been diagnosed with any chronic illness such as (...)?</p> <p>a. Hearing problems b. Asthma c. Flat feet d. Other (specify) _____</p>	<p>1. Yes 3. No 8. DK 1 3 8 1 3 8 1 3 8 1 3 8</p>			
<p>ESN07a. INTERVIEWER CHECK: DID YOU CIRCLE 1 (YES) IN ANY OF THE SENTENCES IN ESN07 A – D?</p> <p>1. Yes 3. No</p>	<p>1. Yes → ESN08 3. No → ESN11</p>			
<p>ESN08. How old was (NAME OF BOY/GIRL) when this problem started?</p> <p>1. Years 2. Since birth 8. DK</p>	<p>a. Hearing Problem 1. <input type="text"/> <input type="text"/> Years 2. Since birth 8. DK</p>	<p>b. Asthma 1. <input type="text"/> <input type="text"/> Years 2. Since birth 8. DK</p>	<p>c. Flat feet 1. <input type="text"/> <input type="text"/> Years 2. Since birth 8. DK</p>	<p>d. Other 1. <input type="text"/> <input type="text"/> Years 2. Since birth 8. DK</p>
<p>ESN09. Does (NAME OF BOY/GIRL) take medication for this illness?</p>	<p>1. Yes 3. No → ESN11</p>			
<p>ESN10. Approximately, how much does (NAME OF BOY/GIRL) spend on medications?</p> <p>1. Amount spent 8. DK</p>	<p>a. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK b. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK c. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK d. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK</p>			
<p>ESN11. Does (NAME OF BOY/GIRL) wear glasses?</p> <p>1. Yes 3. No</p>	<p>1. Yes 3. No</p>			
<p>ESN12. In the past 4 weeks, did (NAME OF BOY/GIRL) have an accident?</p> <p>1. Yes 3. No 8. DK</p>	<p>1. Yes 3. No 8. DK</p>			

THE USE OF CHILD INPATIENT SERVICES (SECTION HSN)

HSN01. During the past 12 months, has (NAME OF BOY/GIRL) been placed in a hospital, health center, or any doctor's or midwife's house, for at least one night?	Yes..... 1 No 3 → SECTION AUTN
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HSN Type HOSPITALIZATION	HSN02. During the last 12 months, has (NAME OF BOY/GIRL) ever received in-patient care at (...)?	HSN03. How many times has (NAME OF BOY/GIRL) received in patient care at (...) during the last 12 months?
A. SSA (Ministry of Health Hospital or clinic)	Yes 1 → No.....3 ↓	_ _ _ times
B. IMSS (Social Security Hospital or clinic)	Yes 1 → No.....3 ↓	_ _ _ times
C. ISSSTE (Govt. Emphys. Soc. Sec.Hospital or clinic)	Yes 1 → No.....3 ↓	_ _ _ times
D. PEMEX, SEDENA, MARINA (Nat. Oil Co., Min. of Defense, Navy Hospital)	Yes 1 → No.....3 ↓	_ _ _ times
E. Private Hospital or Clinic	Yes 1 → No.....3 ↓	_ _ _ times
F. A physician office or house	Yes 1 → No.....3 ↓	_ _ _ times
G. Rural Health Center	Yes 1 → No.....3 ↓	_ _ _ times
H. Red Cross	Yes 1 → No 3 ↓	_ _ _ times
I. Traditional medicine practitioner (faith healer, herbalist, bone doctor, acupunturist, etc.)	Yes 1 → No.....3 ↓	_ _ _ times
J. Other _____	Yes 1 → No.....3 ↓	_ _ _ times

HSN04. INTERVIEWER: 1. NUMBER OF TIMES FILL OUT AS MANY COLUMNS IN HSN05 AS HSN03 NUMBER OF TIMES, BEGINNING WITH THE MOST RECENT HOSPITALIZATION	ADD THE HSN03 TIMES 1. _ _ _
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THE USE OF CHILD INPATIENT SERVICES (SECTION HSN)

The following questions are related to the last 12 months of hospitalizations. We will start with the most recent hospitalization

	LAST HOSPITALIZATION	SECOND FROM LAST HOSPITALIZATION	THIRD FROM LAST HOSPITALIZATION	PRECEDING HOSPITALIZATION
HSN05. What is the name of the place where (NAME OF BOY/ GIRL) was placed, or spent the night in his [...]?	_____ →	_____ →	_____ →	_____ →
HSN06. What was the reason why (NAME OF BOY/GIRL) was hospitalized in [...]?	_____ →	_____ →	_____ →	_____ →
HSN07. What was the reason why (NAME OF BOY/GIRL) was hospitalized in [...]? (CIRCLE ALL THAT APPLY) 1. Illness 2. Accident 3. Childbirth/caesarean 4. Physical Aggression (violence) 5. Surgery 6. Analysis or medical studies 7. Other (specify)	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
HSN08. What is the name of [...]? 1. Specify 3. Same Loc/Com/Mun./Dist./State/ Country of the respondent 8. DK (IF THE INTERVIEWEE DOES NOT KNOW THE ADDRESS OR NAME, ASK FOR A PRESCRIPTION, MEDICAL VOUCHER, OR DISCHARGE RECEIPT, AND COPY IT)	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
HSN09. How many nights did/was (NAME OF BOY/GIRL) hospitalized in [...]?	_____ Nights	_____ Nights	_____ Nights	_____ Nights

THE USE OF CHILD INPATIENT SERVICES (SECTION HSN)

The following questions are related to the last 12 months hospitalizations. We will start with the most recent hospitalization

	LAST HOSPITALIZATION	SECOND FROM LAST HOSPITALIZATION	THIRD FROM LAST HOSPITALIZATION	PRECEDING HOSPITALIZATION
HSN05. What is the name of the place where (NAME OF BOY/ GIRL) was placed, or spent the night in his [...]?	_____	_____	_____	_____
HSN06. What was the reason why (NAME OF BOY/GIRL) was hospitalized in [...]?	_____ →	_____ →	_____ →	_____ →
HSN10. How long did it take to reach the [...]? 1. Time in hours and minutes 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 8. DK
HSN11 What is the distance between your home and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms 2. <input type="text"/> <input type="text"/> Mts 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms 2. <input type="text"/> <input type="text"/> Mts 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms 2. <input type="text"/> <input type="text"/> Mts 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms 2. <input type="text"/> <input type="text"/> Mts 8.
HSN12. What was the cost of transportation (one way only) to reach the [...]? (INCLUDE COMPANION'S COST OF TRANSPORTATION) 1. Total cost of transportation 8. DK	1. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK	1. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK	1. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK	1. \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> 8. DK
HSN13. When he/she arrived, how long did (NAME OF BOY/GIRL) have to wait before being hospitalized at [...]? 1. Time in hours and minutes 2. Was not attended to 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 2. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 2. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 2. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hrs Min 2. 8.
HSN14. During the time (NAME OF BOY/GIRL) was hospitalized at [...], did he have (...) performed? (CIRCLE ALL THAT APPLY) A. Laboratory tests B. Surgery C. X-Rays	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8

THE USE OF CHILD INPATIENT SERVICES (SECTION HSN)

The following questions are related to the last 12 months of hospitalizations. We will start with the most recent hospitalization

	LAST HOSPITALIZATION	SECOND FROM LAST HOSPITALIZATION	THIRD FROM LAST HOSPITALIZATION	PRECEDING HOSPITALIZATION
HSN05. What is the name of the place where (NAME OF BOY/GIRL) was hospitalized, or spent the night in his [...]?	_____ →	_____ →	_____ →	_____ →
HSN06. What was the reason for (NAME OF BOY/GIRL)'s hospitalization at [...]?	_____ →	_____ →	_____ →	_____ →
HSN15. When (NAME OF BOY/GIRL) was in [...] what was the cost of (...)? (ASK FOR ITEMIZED COST, OR TOTAL AMOUNT) 1. Itemized cost (DG) a. Laboratory analysis/X-rays/ medicines b. The surgery c. The room, or cost of bed used during the number of nights hospitalized d. Other (specify) 3. Total Amount (CT) a. Total cost of the hospitalization	1. DG a. 1\$ _____, _____ 8.DK b. 1\$ _____, _____ 8.DK c. 1\$ _____, _____ 8.DK d. 1\$ _____, _____ 8.DK 3. CT a. 1\$ _____, _____ 8.DK	1. DG a. 1\$ _____, _____ 8.DK b. 1\$ _____, _____ 8.DK c. 1\$ _____, _____ 8.DK d. 1\$ _____, _____ 8.DK 3. CT a. 1\$ _____, _____ 8.DK	1. DG a. 1\$ _____, _____ 8.DK b. 1\$ _____, _____ 8.DK c. 1\$ _____, _____ 8.DK d. 1\$ _____, _____ 8.DK 3. CT a. 1\$ _____, _____ 8.DK	1. DG a. 1\$ _____, _____ 8.DK b. 1\$ _____, _____ 8.DK c. 1\$ _____, _____ 8.DK d. 1\$ _____, _____ 8.DK 3. CT a. 1\$ _____, _____ 8.DK
HSN16. Does (NAME OF BOY/GIRL) have any private medical insurance policy which partially or fully paid the costs of [...]? (DO NOT INCLUDE VOLUNTARY IMSS)	Yes 1 No 3 → HSN18			
HSN17. As a result of the expenses paid by the private insurance in [...], how much did you pay as a deductible? 1. Value 8. DK	1. \$ _____, _____ 8. DK	1. \$ _____, _____ 8. DK	1. \$ _____, _____ 8. DK	1. \$ _____, _____ 8. DK
HSN18. Was any payment made in-kind? 1. Yes, with products or goods 2. Yes, with some type of work 3. Yes, with products, goods and work 4. No	1 2 3 4 → HSN20	1 2 3 4 → HSN20	1 2 3 4 → HSN20	1 2 3 4 → HSN20
HSN19. What is the approximate value of the goods or amount of time spent to pay for [...]? a. Price of the products or goods b. Time assigned to the work required as payment	a.1. \$ _____, _____ 8. DK b.1. _____ _____ 8. DK Hrs Min	a.1. \$ _____, _____ 8. DK b.1. _____ _____ 8. DK Hrs Min	a.1. \$ _____, _____ 8. DK b.1. _____ _____ 8. DK Hrs Min	a.1. \$ _____, _____ 8. DK b.1. _____ _____ 8. DK Hrs Min
HSN20. INTERVIEWER: IS THERE ANOTHER HOSPITALIZATION?	Yes.. 1 → NEXT COL. HSN07 No.... 3 → HSN21	Yes... 1 → NEXT COL. HSN07 No 3 → HSN21	Yes... 1 → NEXT COL. HSN07 No.... 3 → HSN21	Yes.. 1 → SUPPLEMENT No.... 3 → HSN21
HSN21. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO			

CHILD'S SELF TREATMENT (SECTION AUTN)

AUTN Type	AUTN01.	AUTN02.
MEDICINE	During the last 4 weeks, has (NAME OF BOY/GIRL) consumed (...) without medical prescription?	Approximately how much did this medication/herbs/treatment cost?
<p>A. Drugstore medication such as:</p> <p>A.1. Analgesics/ Painkillers</p> <p>A.2. Antihistamine against allergies</p> <p>A.3. Antibiotic for infections or parasites</p>	<p>A.1 Yes..... 1 → No 3 ↓</p> <p>A.2 Yes..... 1 → No 3 ↓</p> <p>A.3 Yes..... 1 → No 3 ↓</p>	<p>1. \$ _____, _____</p> <p>8. DK</p> <p>1. \$ _____, _____</p> <p>8. DK</p> <p>1. \$ _____, _____</p> <p>8. DK</p>
<p>B. Oral Saline Solution/ Serum</p>	<p>Yes 1 → No 3 ↓</p>	<p>1. \$ _____, _____</p> <p>8. DK</p>
<p>C. Eye drops, ointment or medical pomades, medical plaster or bandages</p>	<p>Yes 1 → No 3 ↓</p>	<p>1. \$ _____, _____</p> <p>8. DK</p>
<p>D. Traditional herbs or medicine, or any other medicine.</p>	<p>Yes 1 → No 3 ↓</p>	<p>1. \$ _____, _____</p> <p>8. DK</p>

CHILD VACCINATION (SECTION VAC)

VAC01. INTERVIEWER 1. IF 12 YEARS OLD OR UNDER →CONTINUE	
2. IF OVER THE AGE OF 12 →SECTION FH	
VAC02. Does (NAME OF BOY/GIRL) have a vaccination card? IF THE ANSWER IS YES: May I see it please?	1. Yes, if you see it→ CONTINUE 2. Yes, but you don't see it→ VAC04 3. Does not have a vaccination card→ VAC04
VAC03. (1) REGISTER EACH VACCINATION'S DATE IN THE VACCINATION RECORD CARD. (2) WRITE DOWN "44" IN THE "DAY" COLUMN, IF THE CHILD HAS BEEN VACCINATED, BUT THE DATE WAS NOT REGISTERED (3) WRITE "45" IF THE CHILD HAS NOT BEEN VACCINATED BECAUSE HE/SHE IS NOT OLD ENOUGH.	
	DAY MONTH YEAR
a. BCG (Tuberculosis)	a. <input type="text"/> / <input type="text"/> / <input type="text"/>
b. SABIN (Preliminary Polio at birth)	b. <input type="text"/> / <input type="text"/> / <input type="text"/>
c. SABIN (First Polio)	c. <input type="text"/> / <input type="text"/> / <input type="text"/>
d. SABIN (Second Polio)	d. <input type="text"/> / <input type="text"/> / <input type="text"/>
e. SABIN (Third Polio)	e. <input type="text"/> / <input type="text"/> / <input type="text"/>
f. SABIN (Polio) Additional	f. <input type="text"/> / <input type="text"/> / <input type="text"/>
g. SABIN (Polio) Additional	g. <input type="text"/> / <input type="text"/> / <input type="text"/>
h. SABIN (Polio) Additional	h. <input type="text"/> / <input type="text"/> / <input type="text"/>
i. Pentavalent (First)	i. <input type="text"/> / <input type="text"/> / <input type="text"/>
j. Pentavalent (second)	j. <input type="text"/> / <input type="text"/> / <input type="text"/>
k. Pentavalent (Third)	k. <input type="text"/> / <input type="text"/> / <input type="text"/>
l. DPT (First Diphtheria)	l. <input type="text"/> / <input type="text"/> / <input type="text"/>
m. DPT (Second Diphtheria)	m. <input type="text"/> / <input type="text"/> / <input type="text"/>
n. DPT (Third Diphtheria)	n. <input type="text"/> / <input type="text"/> / <input type="text"/>
o. DPT (Reinforcement 1, Diphtheria)	o. <input type="text"/> / <input type="text"/> / <input type="text"/>
p. DPT (Reinforcement 2, Diphtheria)	p. <input type="text"/> / <input type="text"/> / <input type="text"/>
q. Measles	q. <input type="text"/> / <input type="text"/> / <input type="text"/>
r. Triple Virus (First)	r. <input type="text"/> / <input type="text"/> / <input type="text"/>
s. Triple Virus (second)	s. <input type="text"/> / <input type="text"/> / <input type="text"/>
t. Hepatitis B	t. <input type="text"/> / <input type="text"/> / <input type="text"/>
u. Td (Reinforcement: Tetanus, Diphtheria)	u. <input type="text"/> / <input type="text"/> / <input type="text"/>
v. Other, specify _____	v. <input type="text"/> / <input type="text"/> / <input type="text"/>
	→SECTION FH

VAC04. Can you please tell me if (NAME OF BOY/GIRL) has already received the following vaccines :	
A. Vaccine BCG against tuberculosis This vaccine is injected into the arm and leaves a scar.	1. Yes 3. No 8. DK
B. Vaccine against Polio. This vaccine consists of pink or white drops that are poured into the mouth.	1. Yes 3. No → C 8. DK → C
B.1. How many times has he/she had the Polio vaccine?	1. <input type="text"/> times 8. DK
C. DPT Vaccine (Diphtheria) This vaccine is an intramuscular injection, and protects the child against diphtheria.	1. Yes 3. No 8. DK
D. Pentavalent Vaccine Is an injection given within the muscle, and prevents diphtheria, tetanus, pertussis, and hepatitis B.	1. Yes 3. No → E 8. DK → E
D.1. How many times has he/she had this vaccine?	1. <input type="text"/> times 8. DK
E. Triple Virus Vaccine It is an injection that prevents rubella, measles, and mumps.	1. Yes 3. No → F 8. DK → F
E.1. How many times has he/she had this vaccine?	1. <input type="text"/> times 8. DK
F. Vaccine against the measles. It is an intramuscular injection, which is given during the first year after birth and is related to the rubella-mumps vaccine.	1. Yes 3. No 8. DK
G. Vaccine against the Hepatitis B Is an intramuscular injection.	1. Yes 3. No 8. DK
H. Td (reinforcement, tetanus, Diphtheria)	1. Yes 3. No 8. DK

CHILD'S UPBRINGING (SECTION FH)

INTERVIEWER: 1. IF CHILD IS UNDER THE AGE OF 5 → CONTINUE
 2. IF CHILD IS 5 YEARS OLD OR OLDER → FH13

NOW I WILL ASK SOME QUESTIONS REGARDING THE CHILD'S DEVELOPMENT	
FH01. How old was the child when he/she started to crawl? 1. Age 8. DK	1. <input type="text"/> Years <input type="text"/> months 8. DK
FH02. How old was the child when he/she started to walk? 1. Age 8. DK	1. <input type="text"/> Years <input type="text"/> months 8. DK
FH03. How old was the child when she/he said his/her first words? 1. Age 8. DK	1. <input type="text"/> Years <input type="text"/> months 8. DK
FH04. How old was the child when you began toilet training? 1. Age 8. DK	1. <input type="text"/> Years <input type="text"/> months 8. DK
FH05. How old was the child when he/she dressed him/herself? 1. Age 8. DK	1. <input type="text"/> Years <input type="text"/> months 8. DK

FH06. Does the child attend or has he/she previously gone to a nursery school? 1. Yes 3. No → FH09a	
FH07. How many years/months has the child been attending nursery school? 1. Years 2. Months	1. <input type="text"/> Years 2. <input type="text"/> Months
FH08. What type of nursery school does he/she attend or attended to? 1. IMSS nursery 2. ISSSTE nursery 3. Private nursery 4. Other type of nursery (specify) _____	1 2 3 4

FH09a. INTERVIEWER: 1. IF CHILD IS 3 YEARS OLD OR UNDER → CONTINUE
 2. IF CHILD IS OVER THE AGE OF 3 → FH13

FH09. In the last 7 days, how many times did (...) bathe the child? (CIRCLE ALL THAT APPLY) 1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> number of times 2. <input type="text"/> number of times 3. <input type="text"/> number of times
FH10. In the last 7 days, how many days did (...) feed the child? (CIRCLE ALL THAT APPLY) 1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> number of times 2. <input type="text"/> number of times 3. <input type="text"/> number of times
FH11. In the last 7 days, how many times did (...) change the child's diapers? (CIRCLE ALL THAT APPLY) 1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> number of times 2. <input type="text"/> number of times 3. <input type="text"/> number of times
FH12. In the last 7 days, how many times did (...) put the child to bed? (CIRCLE ALL THAT APPLY) 1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> number of times 2. <input type="text"/> number of times 3. <input type="text"/> number of times

CHILD'S UPBRINGING (SECTION FH)

FH13. INTERVIEWER: DOES THE FATHER LIVE AT HOME?	1. YES → SECTION NE 3. NO → FH14
FH14. How often does the father visit the child? (READ THE OPTIONS) 1. Every day 2. At least once a week 3. At least once a month 4. Once every 2 or 3 months 5. A few times a year 6. Never 8. Don't know	1 2 3 4 5 6 8
FH15. How often does the father call the child? 1. Every day 2. At least once a week 3. At least once a month 4. Once every 2 or 3 months 5. A few times a year 6. Never 8. Don't know	1 2 3 4 5 6 8
FH16. When does the father take the child to the doctor? 1. Never 2. Rarely 3. Frequently 4. Always 8. Don't know	1 2 3 4 8
FH17. How often does the father attend the child's school activities? 1. Never 2. Rarely 3. Frequently 4. Always 8. Don't know	1 2 3 4 8
FH18. How often does the father take the child out (to the park, the zoo, etc.)? 1. Never 2. Rarely 3. Frequently 4. Always 8. Don't know	1 2 3 4 8
FH19. Does the father help with child expenses? 1. All of the expenses 2. Most of the expenses 3. Some of the expenses 4. Little of the expenses 5. Does not help with the expenses	1 2 3 4 5

INTERVIEW SESSION NOTES (SECTION NE)

FILL OUT THIS SECTION AFTER COMPLETING THE BOOK.

NE01. WHO ELSE WAS PRESENT DURING THE INTERVIEW?
(CIRCLE ALL THAT APPLY)

- A. NOBODY
- B. A 5 YEARS-OLD CHILD OR UNDER
- C. A 5 YEARS-OLD CHILD
- D. SPOUSE/ PARTNER
- E. A HOME-MEMBER ADULT
- F. A NON-HOME-MEMBER ADULT

NE04. WHAT QUESTIONS DID THE RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?

NE02. WHAT IS YOUR EVALUATION REGARDING THE ACCURACY OF THE RESPONDENT'S ANSWERS?

- 1. EXCELLENT
- 2. GOOD
- 3. FAIR
- 4. NOT SO GOOD
- 5. VERY BAD

NE05. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING?

NE03. WHAT IS YOUR EVALUATION REGARDING THE RESPONDENT'S SERIOUSNESS AND ATTENTIVENESS?

- 1. EXCELLENT
- 2. GOOD
- 3. FAIR
- 4. NOT SO GOOD
- 5. VERY BAD

NE06. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NE07. NOTES

VISIT LOG

NUMBER OF VISITS	DATE OF VISIT		TIME OF INTERVIEW		VISIT RESULT (SEE CODES)	ANSWERED SECTIONS	DATE OF NEXT VISIT			
	DAY	MONTH	HRS.	MIN.			HRS.	MIN.	DAY	MONTH
1						EDN EMN ATN CEN ESN HSN AUTN VAC FH NE				
2						EDN EMN ATN CEN ESN HSN AUTN VAC FH NE				
3						EDN EMN ATN CEN ESN HSN AUTN VAC FH NE				
4						EDN EMN ATN CEN ESN HSN AUTN VAC FH NE				
5						EDN EMN ATN CEN ESN HSN AUTN VAC FH NE				
6						EDN EMN ATN CEN ESN HSN AUTN VAC FH NE				
TOTAL TIME OF THE INTERVIEW										

||| _____
VISIT RESULTS

STAFF RECORD

POSTS	NAME	CODE	SIGNATURE	DELIVERY DATE
HOUSEHOLD INTERVIEWER				
HOUSEHOLD TEAM				
SUPERVISOR				
EDITOR				
STATE COORDINATOR				

RESULT OF INTERVIEW

- 20. Complete and correct
- 21. Incomplete due to new appointment
- 22. Respondent refused to continue
- 23. Respondent not found in successive visits
- 24. Other (specify) _____

- 25. Respondent refused to provide information
- 26. Respondent not found
- 27. Respondent could not provide information
- 28. Other (specify) _____