MXF-LS 2009

MEXICAN FAMILY LIFE SURVEY
(THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER 15 YEARS OLD OR OLDER)

BOOK IIIB

HOUSEHOLD MEMBERS' CHARACTERISTICS

FOLIO |__|__|__|__|__|__| |__|__| |__|__|

PID_LINK |__|__|__|__|__|__|__|__|__|__|__|__|

BOOK INTERVIEW RESULT |__|__|

NUMBER OF SUPPLEMENTS |__|__|

THE SURVEY IS AUTHORIZED BY THE LAW OF GEOGRAPHY AND STATISTICAL INFORMATION, CHAPTER V. ACCORDING TO THE 38th ARTICLE OF THIS LAW, THE INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

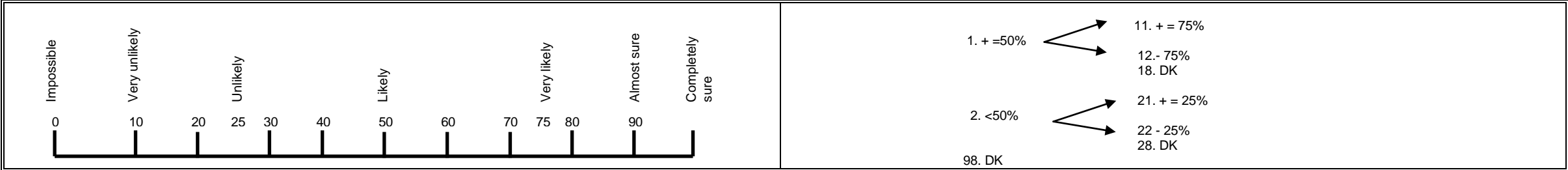| GEOGRAPHIC LOCATION		
1. State:		
2. Municipality:		
3. Locality:		
4. A.G.E.B:		
5. Strata:		
6. Fieldwork period:	1	2

RESPONDENT		
Name:		
LS (Household member identification):		
Age:		
Gender: 1) Male 3) Female		
Marital Status: 1. Single 2. Separated 3. Married 4. Divorced 5. Widow 6. In domestic partnership		
1.Panel		1
3.New		3

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Duke UNIVERSITY

UNIVERSIDAD IBEROAMERICANA
CIUDAD DE MÉXICO

TASTES AND HABITS (SECTION GH)　　　　　　　　　　　　　　　　　MxFLS 2009

The following questions are related to your tastes and health.

GH01.	What do you like to drink when you are at parties, gatherings, or any other type of festivity? **(CIRCLE ALL THAT APPLY)**	
	1. Water (plain or flavored)	1
	2. Soda	2
	3. Beer	3
	4. Tequila, mezcal, pulque, aguardiente or any fermented maguey juice	4
	5. Rum, Brandy or Cognac	5
	6. Other alcoholic beverages (specify)	6_____
	7. Hot beverages	7
	8. Other non-alcoholic beverages (specify)	8_____
GH02.	At home, what do you like to drink with your food? **(CIRCLE ALL THAT APPLY)** **(EXCLUDE PARTIES)**	
	1. Water (plain or flavored)	1
	2. Soda	2
	3. Beer	3
	4. Tequila, mezcal or pulque	4
	5. Hot drinks	5
	6. Other (specify)	6_____
GH03.	Do you make any type of physical exercise as a routine, from Monday through Friday?	Yes.............1 No...............3➔**GH06**
GH04.	How many days from Monday through Friday, do you exercise?	└─┘ Days
GH05.	How much time per day, on average, do you spend doing physical exercise?	
	1. Time in hours and minutes	1. └─┴─┘/└─┴─┘ Hrs.　Min.
	8. DK	8.
GH06.	Do you have/Did you ever have the habit of smoking cigarettes?	Yes.............1 No...............3➔**SECTION RG**
GH07.	How old were you, or in what year did you start smoking frequently? **(IF YOU HAVE MORE THAN ONE INTERRUPTION, WRITE DOWN THE FIRST TIME YOU BEGAN SMOKING)**	
	1. Age	1. └─┴─┘ Age
	2. Year you started smoking	2. └─┴─┴─┴─┘ Year

GH08.	By the time you were smoking the most, how many cigarettes did you smoke on average per week?	
	1. Cigarettes per week	
	2. Packs of cigarettes per week (of 20 units each)	1. └─┴─┴─┘ Cigarettes 2. └─┴─┴─┴─┘ Packs of cigarettes
GH09.	How old were you, or in what year did you quit smoking on a regular basis? **(IF THERE IS MORE THAN ONE INTERRUPTION, WRITE DOWN THE LAST TIME YOU QUIT SMOKING)**	
	1. Age	1. └─┴─┘ Age
	2. Year you quit	2. └─┴─┴─┴─┘ Year
	9. You have not quit smoking on a regular basis	9.
GH10.	Currently, how many cigarettes do you smoke on average per week?	
	1. Cigarettes per week	1. └─┴─┴─┘ Cigarettes
	2. Packs of cigarettes per week (of 20 units each)	2. └─┴─┴─┴─┘ Packs of cigarettes
	9. You completely quit smoking	9. ➔**GH12**
GH11.	Currently, how much do you spend on cigarettes per week?	$ └─┘ , └─┴─┴─┘
GH12.	If you could put together all the time you have smoked, how many years would that be? Please do not consider the time you quit smoking.	
	1. Time in years and months	1. └─┴─┘　└─┴─┘ Years　Months

RG01.	**(INTERVIEWER: SHOW HIM/HER SLIDE RG01)** Imagine you can choose between two bags. Once you have chosen one of the bags, you will put your hand inside the bag and without looking you will pick a ball which will show the amount of money you have won. Bag No. 1 has a ball that is worth $2,500. Bag No. 2 has two balls: one is worth $2,500 (same as Bag No. 1) and the other ball is worth $5,000. Which one of the two bags do you choose? **(INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)**	1. $2,500 or $2,500 2. $2,500 or $5,000➔ **RG03** 8. DK
RG02.	**(INTERVIEWER: SHOW HIM/HER SLIDE RG02)** Are you sure? You are going to pick only one ball from the bag you choose. Things would not change if we put another ball that is worth $2,500 into Bag No. 1. Now Bag No. 1 has two balls worth $2,500 each, as shown in the image. If you choose Bag No. 1 you will win $2,500. If you choose Bag No. 2, you will win at least $2,500 and probably, you will win $5,000, depending on your luck. Which one of the two bags do you choose? **(INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL).**	1. He/She still chooses Bag No. 1 ➔ **RG07** 2. He/She changes to Bag No. 2 8. DK
RG03.	**(INTERVIEWER: SHOW HIM/HER SLIDE RG03)** Now, imagine you can choose between the following two bags: Bag No. 1 guarantees that you will win $2,500. Bag No. 2 has a ball that is worth $2,000 and another ball that is worth $5,000. Which one of the two bags do you choose? **(INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)**	1. $2,500➔ **RG08** 2. $5,000 or $2,000 8. DK
RG04.	**(INTERVIEWER: SHOW HIM/HER SLIDE RG04)** And if now you could choose between: Bag No. 1, which again guarantees that you will win $2,500; or Bag No. 2 which has a ball that is worth $1,500 and another ball that is worth $5,000. Which one of the two bags do you choose? **(INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)**	1. $2,500➔ **RG08** 2. $5,000 or $1,500 8. DK
RG05.	**(INTERVIEWER: SHOW HIM/HER SLIDE RG05)** Now, suppose you can choose between: Bag No. 1, which guarantees $2,500; or Bag No. 2, which now has a ball that is worth $1,000 and another ball that is worth $5,000. Which one of the two bags do you choose? **(INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)**	1. $2,500➔ **RG08** 2. $5,000 or $1,000 8. DK
RG06.	**(INTERVIEWER: SHOW HIM/HER SLIDE RG06)** Now, suppose you can choose between: Bag No. 1, which guarantees $2,500; or Bag No. 2, which has a ball that is worth $500 and another ball that is worth $5,000. Which one of the two bags do you choose? **(INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)**	1. $2,500➔ **RG08** 2. $5,000 or $500➔ **RG08** 8. DK ➔ **RG08**
RG07.	**(INTERVIEWER: SHOW HIM/HER SLIDE RG07)** Finally, suppose you can choose between: Bag No. 1, which guarantees $2,000; or Bag No. 2, which has a ball that is worth $5,000 and another ball that is worth $2,500. Which one of the two bags do you choose? **(INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)**	1. $2,000 2. $5,000 or $2,500 8. DK

Now, I have some questions about how likely it is that some things happen. To make it easier, we will use a scale from 1 to 100, where 0 is 'impossible' and 100 is 'completely sure' that it will happen.
(INTERVIEWER: GIVE THE SCALE TO THE RESPONDENT). For example: no one knows if it is going to rain tomorrow, but you may think that it is very unlikely that it will rain. Then, you can say that it is '10' percent likely using this scale, because 10 is closer to 0 than to 100. On the contrary, if you believe it is very likely that it will rain tomorrow, you might say '75' percent likely using this scale, because 75 is closer to 100 than to 0.

	Scale		
Impossible 0 / Very unlikely 10 / Unlikely 20 25 30 / 40 / Likely 50 / 60 / 70 75 / Very likely 80 / 90 / Almost sure / Completely sure		1. + =50% → 11. + = 75% / 12.- 75% / 18. DK	
		2. <50% → 21. + = 25% / 22 - 25% / 28. DK	
		98. DK	

RG08.	How likely is it that you invest all your monthly income in an informal savings group (e.g., ROSCA [tanda])? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG09.	How likely is it that you steal electricity from the public lines (illegally)? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG10.	How likely is it that you eat greasy food? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG11.	How likely is it that you move to a city away from your whole family? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG12.	How likely is it that you return a wallet with $500 pesos in it? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG13.	How likely is it that tomorrow will be a sunny day? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG14.	How likely is it that you will have enough money this year to cover all your household needs? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG15.	How likely is it that you will have enough money in 3 years to cover all your household needs? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.

RG16.	**INTERVIEWER: IS THE RESPONDENT 50 YEARS OLD OR OLDER AND YOUNGER THAN 75? (COVER)** **1. YES** **3. NO**	1 3➜RG18
RG17.	How likely is it that you will live until 75 years of age? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG18.	How likely is it that you will be working in 3 years? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG19.	How likely is it that you will be working in 10 years? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG20.	If you lose your wallet with $200 pesos in it, how likely is it that you will get it back with the money inside if someone that lives close to you finds it? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG21.	And if a **POLICEMAN** finds it? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.
RG22.	And if a **STRANGER** finds it? 1. Probability 8. DK	1. ⌞⌞⌞⌟ % 8. ➜ 11. 12. 18. 21. 22. 28. 98.

For the following questions, can you tell me if you completely agree, agree, disagree or completely disagree?
(INTERVIEWER: READ OPTIONS)

CO01.	Laws are made to be broken 1. Completely agree 2. Agree 3. Disagree 4. Completely disagree 8. DK	1 2 3 4 8
CO02.	It is alright to do whatever we want as long as we do not hurt others 1. Completely agree 2. Agree 3. Disagree 4. Completely disagree 8. DK	1 2 3 4 8
CO03.	The one who does not cheat, does not get ahead 1. Completely agree 2. Agree 3. Disagree 4. Completely disagree 8. DK	1 2 3 4 8
CO04.	No one should get involved in family or friends' problems 1. Completely agree 2. Agree 3. Disagree 4. Completely disagree 8. DK	1 2 3 4 8
CO05.	Are you trustworthy? 1. Completely agree 2. Agree 3. Disagree 4. Completely disagree 8. DK	1 2 3 4 8
CO06.	Now imagine that you have a rich relative who gives you $20, 000 pesos today. In the next 30 days, would you spend it all, save it all, or spend one part and save the rest? 1. Spend it all 3. Save it all 5. Spend one part and save the rest 8. DK	1.➔ **CO09** 3.➔ **SECTION ES** 5. 8.➔ **SECTION ES**

CO07.	Approximately, how much would you spend? 1. Amount 2. Percentage 8. DK	1. $ └┘ └┘ , └┘└┘└┘ ➔ **CO09** 2. └┘└┘└┘ % ➔ **CO09** 8.

CO08.	Is it [...]?	A B
		
		              ➔ 11. >=$15,000
		1. >=$10,000
		             ↘ 12.<$15,000
		                18. DK
		             ➔ 21. >=$5,000
		2. < $10,000
		             ↘ 22.<$5, 000
		                28. DK
		8. DK

CO09.	On what would you spend this money? **(CIRCLE ALL THAT APPLY)** 01. Food for household members 02. Clothes for household members 03. Health and education for household members 04. Durable or semi-durable goods for household members 05. In the business 06. To help relatives (non-household members) 07. To help non-relatives (non-household members) 98. Other (specify)	 01. 02. 03. 04. 05. 06. 07. 98. _____

ES01.	Currently, would you say that your health is [...]?	
	1. Very good	1
	2. Good	2
	3. Regular	3
	4. Bad	4
	5. Very bad	5_____
ES02.	In the last 4 weeks, did you stop doing any of your daily activities or work due to any illness?	Yes.............1 No..............3➔**ES05**
ES03.	In the last 4 weeks, how many days were you absent from your daily activities due to this illness?	
	1. Days in which you were absent from your daily activities	1. └─┴─┘ Days
	8. DK	8.
ES04.	How many days did you spend in bed due to this illness?	
	1. Days spent in bed	1. └─┴─┘ Days
	8. DK	8.
ES05.	Comparing your current health status to your health status one year ago would you say your health is now [...]?	
	1. Much better	1
	2. Better	2
	3. The same	3
	4. Worse	4
	5. Much worse	5
ES06.	Have you ever had a serious accident?	Yes.............1 No..............3➔**ES08a**
ES07.	When did you suffer this accident?	
	1. Age when you suffered the accident	1. └─┴─┘ Age
	2. Year in which the accident happened	2. └─┴─┴─┘ Year
ES08.	Due to the accident, do you have a permanent injury that has changed your way of living?	
	(PHYSICAL OR PSYCHOLOGICAL INJURY)	
	1. Yes (specify)	1. _____
	3. No	3.
ES08a:	**INTERVIEWER: IS THE RESPONDENT A PANEL MEMBER?**	
	1. PANEL	**1. Panel ➔ES09a**
	3. NEW	**3. New ➔ES09**

ES09.	Have you ever had any serious health problems?	Yes..1➔**ES10** No..3➔**ES15**
ES09a.	Have you had any serious health problem in that last 4 years?	Yes..1 No..3➔**ES15**

		PROBLEM 1	PROBLEM 2	PROBLEM 3
ES10.	What are the three most serious health problems you have had during your life/in the last four years? **(ON EACH COLUMN WRITE DOWN THE REFERENCE FOR THE HEALTH PROBLEM AND CONTINUE BY COLUMN FROM ES10 TO ES14)**	_____ ➔	_____ ➔	_____
ES11.	When did [...] start/was detected? 1. Year 8. DK	1. ⌴⌴⌴⌴ Year➔**ES13** 8.	1. ⌴⌴⌴⌴ Year➔**ES13** 8.	1. ⌴⌴⌴⌴ Year➔**ES13** 8.
ES12.	How old were you when [...] started was detected? 1. Age 8. DK	1. ⌴⌴ Age 8.	1. ⌴⌴ Age 8.	1. ⌴⌴ Age 8.

ES13.	For how long did you have [...]?
	1. Still suffering from it
	2. Time in years, months, and weeks
	3. It was an emergency, it lasted for less than a week
		1.
		2. ⌴⌴ ⌴⌴ ⌴⌴
		   Years Months Weeks
		3. Emergency
			1.
			2. ⌴⌴ ⌴⌴ ⌴⌴
			   Years Months Weeks
			3.Emergency
				1. ➔**ES15**
				2. ⌴⌴ ⌴⌴ ⌴⌴ ➔**ES15**
				   Years Months Weeks
				3. Emergency➔**ES15**

ES14.	**INTERVIEWER: IS THERE ANOTHER HEALTH PROBLEM?**	**Yes ....1➔ES11, NEXT COL.** **No ....3➔ES15**	**Yes ....1➔ES11, NEXT COL.** **No...........3➔ES15**	

ES15.	Do you think next year your health will be [...]? **(READ OPTIONS)**	
	1. Much better	1
	2. Better	2
	3. The same	3
	4. Worse	4
	5. Much worse	5
ES16.	Comparing yourself with people the same age and gender, could you say your health is [...]? **(READ OPTIONS)**	
	1. Much better than others	1
	2. Better than others	2
	3. The same as others	3
	4. Worse than others	4
	5. Much worse than others	5

ES17.	INTERVIEWER: IS THE RESPONDENT 50 YEARS OLD OR OLDER? (COVER)	Yes .... 1 No... 3➔ES22

ES18.	If you had to […]	Easily	With difficulty	Could not do it
	A. Carry a heavy bucket (full of water, for example) for 20 meters, could you do it [...]?	1	3	5
	B. Walk 5 kilometers, could you do it [...]?	1	3	5
	C. Bend, sit on your knees, or squat, could you do it [...]?	1	3	5
	D. Climb up stairs without help, could you do it [...]?	1	3	5
	E. Get dressed without help, could you do it [...]?	1	3	5
	F. Stand up from a chair without help, could you do it [...]?	1	3	5
	G. Go to the bathroom without help, could you do it [...]?	1	3	5
	H. Stand up from the floor without help, could you do it [...]?	1	3	5

ES19.	If you have a cut or wound, does it take too long to heal?	
	1. Yes	1
	3. No	3
ES20.	Do you feel pain in your chest when climbing stairs/hills, or when you are very active or walking fast?	
	1. Yes	1
	3. No	3
ES21.	In the mornings, do you frequently wake up with a headache?	
	1. Yes	1
	3. No	3

ES22.	In the last 4 weeks, have you suffered from [...]?		Yes	No
	A. Flu		1	3
	B. Cough		1	3➔SENTENCE C
	a. Dry cough	a.	1	3
	b. Cough with phlegm	b.	1	3
	c. Cough with blood	c.	1	3
	C. Breathing difficulties		1	3➔SENTENCE D
	a. Asthma	a.	1	3
	b. Short or fast breathing	b.	1	3
	D. Strong stomach pain		1	3
	E. Nausea / Vomit		1	3
	F. Diarrhea, at least three times a day		1	3➔SENTENCE G
	a. Mixed with blood	a.	1	3
	b. Mixed with mucus	b.	1	3
	c. Pale liquid	c.	1	3
	G. Swollen/painful joints		1	3
	H. Welts, irritation, or itching in the skin		1	3
	I. Irritated/red eyes		1	3
	J. Molar/tooth pain		1	3
	K. Headache		1	3
	L. Temperature/ fever		1	3
	M. Body aches		1	3
	N. Pain in the left side of your chest		1	3
	O. Throat		1	3
	P. Respiratory, digestive or urinary problems		1	3
	Q. Allergies		1	3
	R. Blood Pressure		1	3
	S. Stress		1	3
	T. Other (specify)		1	3
				_____
ES23.	In the last 4 weeks, have you frequently woken up at night to urinate?			
	1. Yes		1	
	3. No		3	

The following questions are related to human influenza A (H1N1)

ES30.	Have you heard of the human influenza virus? 1. Yes 3. No	1 3➔**ES35**
ES31.	When did you find out that Mexico was affected by the human influenza virus? 1. Month and Year 8. DK	 1. ⌴⌴ Month ⌴⌴⌴⌴ Year 8.
ES32.	Do you know someone who has contracted the human influenza virus? Who? **(CIRCLE ALL THAT APPLY)** 1. Household member 2. Relative 3. Neighbor or community member 4. A co-worker 5. Friend 6. Friend or relative of a friend 7. Other (specify) 8. No one	 1. 2. 3. 4. 5. 6. 7._____ 8.
ES33.	How likely do you think it is that the human influenza virus affects Mexico again? 1. Very likely 2. Likely 3. Not likely 4. Unlikely 8. DK	 1. 2. 3. 4. 8.
ES34.	In case there were another influenza epidemic, what preventive measures do you plan to take? **(CIRCLE ALL THAT APPLY)** 1. Take the influenza vaccine 2. Stay at home 3. Use disposable face mask 4. Wash my hands frequently 5. Use gloves 6. Nothing 7. Other (specify)	 1. 2. 3. 4. 5. 6. 7._____
ES35.	Did you take the seasonal influenza vaccine? 1. Yes 3. No 8. DK	 1. 3. ➔**SECTION SM** 8. ➔**SECTION SM**
ES36.	When was the last time you took the seasonal influenza vaccine? 1. Month and Year 8. DK	 1. ⌴⌴ Month ⌴⌴⌴⌴ Year ➔**SECTION SM** 8.
ES37.	How old were you the last time you took the seasonal influenza vaccine? 1. Age	 1. ⌴⌴ Age

The following questions are related to how you have felt emotionally during the last 4 weeks. Please tell me if sometimes, many times, all the time or never.

SM01.	In the last 4 weeks, have you felt sad or sorrowful?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM02.	In the last 4 weeks, have you cried or felt like crying?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM03.	In the last 4 weeks, have you slept poorly at night?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM04.	In the last 4 weeks, have you waked up depressed (due to lack of energy or fear)?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM05.	In the last 4 weeks, have you had difficulty focusing on your daily activities?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM06.	In the last 4 weeks, has your appetite diminished?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4

SM07.	In the last 4 weeks, have you felt obsessive or repetitive (for example: with recurring ideas you cannot take out of your mind or with actions that you constantly repeat)?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM08.	In the last 4 weeks, has your sexual desire decreased?	
	1. Yes, a little	1
	2. Yes, somewhat	2
	3. Yes, a lot	3
	4. No	4
	5. Do not want to answer	5
SM09.	In the last 4 weeks, do you consider that your performance in your job/daily activities has diminished?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM10.	In the last 4 weeks, have you felt pressure in your chest?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM11.	In the last 4 weeks, have you felt nervous, anguished, anxious or eager more than normal?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM12.	In the last 4 weeks, have you felt more tired or more discouraged than normal?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4

SM13.	In the last 4 weeks, have you felt pessimistic or have you thought things will go wrong?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM14.	In the last 4 weeks, have you had frequent headaches or felt pain in the nape?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM15.	In the last 4 weeks, have you felt more irritated or more angry than normal?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM16.	In the last 4 weeks, have you felt insecure or with lack of confidence in yourself?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM17.	In the last 4 weeks, have you felt useless to your family?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM18.	In the last 4 weeks, have you felt fear of some things, as if you were waiting for something serious to happen to you?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4

SM19.	In the last 4 weeks, have you wished to die?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM20.	In the last 4 weeks, have you lost interest in things?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4
SM21.	In the last 4 weeks, have you felt lonely?	
	1. Yes, sometimes	1
	2. Yes, many times	2
	3. Yes, all the time	3
	4. No	4

INTERVIEWER: FIRST FILL OUT COLUMN EC01 AND THEN CONTINUE BY ROW.

The following questions are related to possible chronic illnesses that you may have.

(EC Type)	EC01.	EC01a.	EC01b.	EC02.	EC02a.	EC03.	EC04.	EC04a.
CHRONICAL ILLNESS	Have you ever been diagnosed with […]?	How did they confirm that you had […]?	In which year were you diagnosed with […]?	Do you currently take medicines regularly/ follow a treatment for […]?	What type of treatment do you follow?	Approximately, how much have you spent on this medicine in the **last 3 months**? (SEE CODES)	What is the reason why you do not take medicines/follow a treatment for […]? (SEE CODES)	In a scale from 1 to 10, where 10 is very well and 1 is really bad, how well do you follow the treatment?
A. Diabetes	Yes .... 1➔ No........................3⬇	1.With a blood test 2.With a urine test 3.Without any test 4.Other (specify) _____ 8. DK	1. ⌊_⌊_⌊_⌊ Year	1.Yes ➔ 3.No ➔**EC04**	1. Tablets/Pills 2. Injections 3. Both 4. Other (specify) _____	1.$⌊_⌊_⌊ , ⌊_⌊_⌊ ➔**EC04a** 2. ➔**EC04a** 8. ➔**EC04a**	1.⬇ 2.⬇ 3.⬇ 4.⬇ 5.⬇ 8. ⬇	1　　2　　3　　4　　5 6　　7　　8　　9　　10
B. Hypertension	Yes .... 1➔ No........................3⬇	1. Blood pressure 2. Other (specify) _____ 8. DK	1. ⌊_⌊_⌊_⌊ Year	1.Yes ➔ 3.No ➔**EC04**	1. Tablets/Pills 2. Other (specify) _____	1.$⌊_⌊_⌊ , ⌊_⌊_⌊ ➔**EC04a** 2. ➔**EC04a** 8. ➔**EC04a**	1.⬇ 2.⬇ 3.⬇ 4.⬇ 5.⬇ 8. ⬇	1　　2　　3　　4　　5 6　　7　　8　　9　　10
C. Heart diseases	Yes .... 1➔ No........................3⬇			1.Yes ➔ 3.No ⬇		1.$⌊_⌊_⌊ , ⌊_⌊_⌊ 2. 8.		
D. Cancer	Yes .... 1➔ No........................3⬇			1.Yes ➔ 3.No ⬇		1.$⌊_⌊_⌊ , ⌊_⌊_⌊ 2. 8.		
E. Arthritis/ Rheumatism	Yes .... 1➔ No........................3⬇			1.Yes ➔ 3.No ⬇		1.$⌊_⌊_⌊ , ⌊_⌊_⌊ 2. 8.		

Code EC03
1. Amount
3. The clinic provides the medicines/free
8. DK

Code EC04
1. The doctor never provided/suggested treatment
2. Treatments have been recommended but he/she does not follow them
3. No money to follow a treatment
4. Lack of self-discipline
5. Other (specify)
8. DK

(EC Type)	EC01.	EC01a.	EC01b.	EC02.	EC02a.	EC03.	EC04.	EC04a.
CHRONICAL ILLNESS	Have you ever been diagnosed with […]?	How did they confirm that you had […]?	In which year were you diagnosed with […]?	Do you currently take medicines regularly/ follow a treatment for […]?	What type of treatment do you follow?	Approximately, how much have you spent on this medicine in the **last 3 months**? (SEE CODES)	What is the reason why you do not take medicines/follow a treatment for […]? (SEE CODES)	In a scale from 1 to 10, where 10 is very well and 1 is really bad, how well do you follow the treatment?
F. Gastric Ulcer	Yes .... 1➜ No........................ 3⬇			1.Yes ➜ 3.No ⬇		1.$ ⌴⌴⌴⌴ , ⌴⌴⌴⌴ 2. 8.		
G. Migraine	Yes .... 1➜ No........................ 3⬇			1.Yes ➜ 3.No ⬇		1.$ ⌴⌴⌴⌴ , ⌴⌴⌴⌴ 2. 8.		
H. Other (specify) _____ _____	Yes .... 1➜ No........................ 3⬇			1.Yes ➜ 3.No ⬇		1.$ ⌴⌴⌴⌴ , ⌴⌴⌴⌴ 2. 8.		
I. Other (specify) _____ _____	Yes .... 1➜ No........................ 3⬇			1.Yes ➜ 3.No ⬇		1.$ ⌴⌴⌴⌴ , ⌴⌴⌴⌴ 2. 8.		

Code EC03
1. Amount
3. The clinic provides the medicines/free
8. DK

(ATS Type)	ATS01.	ATS02.
MEDICINES	In the **last 4 weeks**, have you taken […] without a medical prescription?	How much did these medicines/herbs cost you?
A. Drugstore medicines like: A1. Analgesic for the pain A2. Antihistamine for allergies A3. Antibiotic for infections or parasites	A1. Yes...............1➜ No ....3⬇ A2. Yes...............1➜ No ....3⬇ A3. Yes...............1➜ No ....3⬇	A1. 1. $⎵⎵⎵⎵ , ⎵⎵⎵⎵ 8. DK A2. 1. $⎵⎵⎵⎵ , ⎵⎵⎵⎵ 8. DK A3. 1. $⎵⎵⎵⎵ , ⎵⎵⎵⎵ 8. DK
B. Eye drops, ointments or medicinal pomades, medical plaster casts, splints, or bandages	Yes...............1➜ No ....3⬇	1. $⎵⎵⎵⎵ , ⎵⎵⎵⎵ 8. DK
C. Medicinal herbs or traditional medicine	Yes...............1➜ No ....3⬇	1. $⎵⎵⎵⎵ , ⎵⎵⎵⎵ 8. DK

CE01	In the last 4 weeks, **did you visit** any hospital, clinic, health care employee, doctor or healer, **without being hospitalized**?	1. Yes
		3. No
CE02.	In the last 4 weeks, **have you been visited** by any doctor, healer, or health care employee?	1. Yes
		3. No

| CE03. | INTERVIEWER: 1. IF CE01 = 3 AND CE02 = 3 ➜ SECTION HS |
| | 2. IF CE01 = 1 OR CE02 = 1 ➜ CE04 |

(CE Type)	CE04.	CE05.
MEDICAL SERVICES	In the last 4 weeks, have you visit […]/ have you been visited by […]?	How many times did you visit […] / were you visited by […] in the last 4 weeks?
A. SSA (Hospital or clinic)	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
B. IMSS (Hospital or clinic) **(INCLUDE IMSS SOLIDARIDAD)**	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
C. ISSSTE (Hospital or clinic)	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
E. Private hospital or clinic	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
F. Private doctor or dentist	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
G. DIF (Hospital or clinic)	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
H. Nurse, paramedic, health practitioner	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
I. Mobile Unit	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
J. Red Cross	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
K. Dispensary	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
L. Drugstore **(FOR MEDICAL APPOINTMENT)**	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
M. Traditional health practitioner (midwife, healer, herb doctor, bone-setter, acupuncturist, etc.)	Yes.......................................1➜ No...3⬇	└─┴─┘ Times
N. Other (specify) _____	Yes.......................................1➜ No...3⬇	└─┴─┘ Times

| CE06. | INTERVIEWER: ADD THE TOTAL NUMBER OF TIMES IN CE05. | **1. NUMBER OF TIMES** | 1. └─┴─┘ |

| CE07. | INTERVIEWER: IN CE08 FILL OUT AS MANY COLUMNS AS NUMBER OF TIMES IN CE06 |

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08	**What is the name of the place or person that you visited to get health care in your** [...]**?**	_____ ➜	_____ ➜	_____ ➜	_____
CE09	**What was the reason why you went to** [...]**?**	_____ ➜	_____ ➜	_____ ➜	_____
CE10.	What was the **main** reason why you went/you were visited by [...]?				
	01. Immunization/vaccination	01	01	01	01
	02. Medical appointment/check-up	02	02	02	02
	03. Preventive medical exam	03	03	03	03
	04. Receive medicines/ medical prescription	04	04	04	04
	05. Laboratory analysis/X-rays	05	05	05	05
	06. Pregnancy check up	06	06	06	06
	07. Treatment/therapy	07	07	07	07
	08. Accident	08	08	08	08
	09. Dental visit	09	09	09	09
	10. Family planning	10	10	10	10
	11. Pick up/ask for disability or doctor's note	11	11	11	11
	12. Surgery	12	12	12	12
	13. Other (specify)	13 _____	13_____	13 _____	13_____
CE11.	What is the address of [...] where you went when [...]? 1. Specify 3. Same Locality/Com./Municipality/ District/Sate/Country 8. DK **(IF THE RESPONDENT WAS VISITED AT HOME, WRITE DOWN THE MEDICAL SERVICE ADDRESS AND NOT THE LOCATION WHERE THE VISIT TOOK PLACE)**	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 _____

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08	What is the name of the place or person that you visited to get health care in your […]?	_____ ➔	_____ ➔	_____ ➔	_____
CE09	What was the reason why you went to […]?	_____ ➔	_____ ➔	_____ ➔	_____
CE12.	Had you gone/had you been visited by [...], in the last 12 months, for the same reason? 1. Yes 3. No	1 3	1 3	1 3	1 3
CE13.	What services did you receive during the visit to/of […], when […]? **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** 01. Immunization/vaccination 02. Medical appointment/check-up 03. Preventive health test 04. Receive medication/medical prescription 05. Laboratory analysis/X-rays 06 Pregnancy check up 07. Treatment/therapy 08. Dental visit 09. Family planning 10. Disability or doctor's note 11. Did not receive health assistance 12. Surgery 13. Cure/removal of stitches 14. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____
CE14.	Did he/she [...] visit you at home?	Yes .... 1 ➔**CE19** No 3	Yes .... 1➔**CE19** No 3	Yes .... 1➔**CE19** No 3	Yes .... 1➔**CE19** No 3

CE15	How long did it take you to reach the [...]?
	
	 1. Time in hours and minutes
	
	 8. DK
		1. ⌷⌷ ⌷⌷
		   Hrs. Min.
		 8.
			1. ⌷⌷ ⌷⌷
			   Hrs. Min.
			 8.
				1. ⌷⌷ ⌷⌷
				   Hrs. Min.
				 8.
					1. ⌷⌷ ⌷⌷
					   Hrs. Min.
					 8.

CE16.	What is the distance between your home and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. ⌷⌷⌷⌷ Kms. 2. ⌷⌷⌷ Mts. 8.	3. ⌷⌷⌷⌷ Kms. 4. ⌷⌷⌷ Mts. 8.	5. ⌷⌷⌷⌷ Kms. 6. ⌷⌷⌷ Mts. 8.	7. ⌷⌷⌷⌷ Kms. 8. ⌷⌷⌷ Mts. 8.

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08	What is the name of the place or person that you visited to get health care in your […]?	_____ ➔	_____ ➔	_____ ➔	_____
CE09	What was the reason why you went to […]?	_____ ➔	_____ ➔	_____ ➔	_____
CE17.	What was the transportation cost **(one way only)** to reach the [...]? **(INCLUDE THE TRANSPORTATION COST OF THE COMPANION)** 1. Total transportation cost 8. DK	1. $⎵⎵,⎵⎵⎵ 8. DK	1. $⎵⎵,⎵⎵⎵ 8. DK	1. $⎵⎵,⎵⎵⎵ 8. DK	1. $⎵⎵,⎵⎵⎵ 8. DK

CE18.	When you arrived, how much time did you wait before you were attended at [...]?
	
	1. Time in hours and minutes (WAS ATTENDED)
	
	2. Time in hours and minutes (WAS NOT ATTENDED)
	
	8. DK
		1. ⎵⎵ ⎵⎵
		   Hrs. Min.
		2. ⎵⎵ ⎵⎵ ➔**CE24**
		   Hrs. Min.
		8.
			1. ⎵⎵ ⎵⎵
			   Hrs. Min.
			2. ⎵⎵ ⎵⎵ ➔**CE24**
			   Hrs. Min.
			8.
				1. ⎵⎵ ⎵⎵
				   Hrs. Min.
				2. ⎵⎵ ⎵⎵ ➔**CE24**
				   Hrs. Min.
				8.
					1. ⎵⎵ ⎵⎵
					   Hrs. Min.
					2. ⎵⎵ ⎵⎵ ➔**CE24**
					   Hrs. Min.
					8.

CE19.	At [...], what was the cost of […]?
	
	(ASK FOR THE DETAILED AMOUNT, IF THE RESPONDENT DOES NOT KNOW IT, ASK FOR THE TOTAL AMOUNT)
	
	1. Detailed Amount (DA)
	  a. The medical appointment/check-up/procedure
	  b. The prescribed medicines
	  c. The laboratory analysis/X-rays
	  d. The immunization /vaccination
	
	  e. Other (specify)
	
	3. Total amount (TA)
	  a. Total cost of the medical appointment
	
	8. DK
		1. DA
		a. 1. $⎵⎵,⎵⎵⎵ 8. DK
		
		b. 1. $⎵⎵,⎵⎵⎵ 8. DK
		c. 1. $⎵⎵,⎵⎵⎵ 8. DK
		
		d. 1. $⎵⎵,⎵⎵⎵ 8. DK
		
		e. 1. $⎵⎵,⎵⎵⎵ 8. DK
		_____
		3. TA
		a. 1. $⎵⎵,⎵⎵⎵ 8. DK
		
		8. DK
			1. DA
			a. 1. $⎵⎵,⎵⎵⎵ 8. DK
			
			b. 1. $⎵⎵,⎵⎵⎵ 8. DK
			c. 1. $⎵⎵,⎵⎵⎵ 8. DK
			
			d. 1. $⎵⎵,⎵⎵⎵ 8. DK
			
			e. 1. $⎵⎵,⎵⎵⎵ 8. DK
			_____
			3. TA
			a. 1. $⎵⎵,⎵⎵⎵ 8. DK
			
			8. DK
				1. DA
				a. 1. $⎵⎵,⎵⎵⎵ 8. DK
				
				b. 1. $⎵⎵,⎵⎵⎵ 8. DK
				c. 1. $⎵⎵,⎵⎵⎵ 8. DK
				
				d. 1. $⎵⎵,⎵⎵⎵ 8. DK
				
				e. 1. $⎵⎵,⎵⎵⎵ 8. DK
				_____
				3. TA
				a. 1. $⎵⎵,⎵⎵⎵ 8. DK
				
				8. DK
					1. DA
					a. 1. $⎵⎵,⎵⎵⎵ 8. DK
					
					b. 1. $⎵⎵,⎵⎵⎵ 8. DK
					c. 1. $⎵⎵,⎵⎵⎵ 8. DK
					
					d. 1. $⎵⎵,⎵⎵⎵ 8. DK
					
					e. 1. $⎵⎵,⎵⎵⎵ 8. DK
					_____
					3. TA
					a. 1. $⎵⎵,⎵⎵⎵ 8. DK
					
					8. DK

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08.	What is the name of the place or person that you visited to get health care in your […]?	_____ ➔	_____ ➔	_____ ➔	_____
CE09.	What was the reason why you went to [...]?	_____ ➔	_____ ➔	_____ ➔	_____
CE20.	Do you have a private medical insurance that partially or totally paid the costs of the visit to/of [...]? (DO NOT INCLUDE THE VOLUNTARY IMSS CONTRIBUTION)	Yes.................. 1 No .... 3➔CE22	Yes ....1 No ....3➔CE22	Yes ....1 No ....3➔CE22	Yes ....1 No...................3➔CE22
CE21.	As a result of the expenses paid by the private insurance in [...], how much did you pay for the deductible? 1. Amount 8. DK	1. $└┴┘,└┴┴┘ 8.	1. $└┴┘,└┴┴┘ 8.	1. $└┴┘,└┴┴┘ 8.	1. $└┴┘,└┴┴┘ 8.
CE22.	The total or part of the cost of what you received in [...], did you pay it with any products, goods, or work? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods, and work 4. No	1 2 3 4➔CE24	1 2 3 4➔CE24	1 2 3 4➔CE24	1 2 3 4➔CE24
CE23.	What is the value of the products or goods with which you paid, or how much time did you assign to the work that was required as payment? a. Value of the products or goods b. Time assigned to the work required as payment	a. 1. $└┴┘,└┴┴┘ 8. DK b. 1. └┴┘,└┴┘, └┴┘8. DK Days Hrs. Min.	a. 1. $└┴┘,└┴┴┘ 8. DK b. 1. └┴┘,└┴┘,└┴┘ 8. DK Days Hrs. Min.	a. 1. $└┴┘,└┴┴┘ 8. DK b. 1. └┴┘,└┴┘,└┴┘ 8. DK Days Hrs. Min.	a. 1. $└┴┘,└┴┴┘ 8. DK b. 1. └┴┘,└┴┘,└┴┘ 8. DK Days Hrs. Min.
CE24.	INTERVIEWER: IS THERE ANOTHER VISIT?	Yes ....1➔CE10, NEXT COL. No......3➔CE25	Yes ....1➔CE10, NEXT COL. No......3➔CE25	Yes ....1➔CE10, NEXT COL. No......3➔CE25	Yes.... 1➔SUPPLEMENT No .....3➔CE25
CE25.	INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO			

HS01.	During the last 12 months, have you been an in-patient in a hospital, clinic, health center, or in the house or office of any doctor, midwife or healer **for at least one night**?	Yes .... 1 No........................... 3➜**SECTION CA**

(HS Type) **HOSPITALIZATION**	**HS02.** During the last 12 months, have you received in-patient care at [...]?	**HS03.** How many times have you received in-patient care at [...] during the last 12 months?
A. SSA (Hospital or clinic)	Yes .... 1➜ No.. 3⬇	�|�|�| Times
B. IMSS (Hospital or clinic)	Yes .... 1➜ No.. 3⬇	�|�|�| Times
C. ISSSTE (Hospital or clinic)	Yes .... 1➜ No.. 3⬇	�|�|�| Times
D. PEMEXI, SEDENA, MARINE (Hospital or clinic)	Yes .... 1➜ No.. 3⬇	�|�|�| Times
E. Private hospital or clinic	Yes .... 1➜ No.. 3⬇	�|�|�| Times
F. Office or house of a private doctor	Yes .... 1➜ No.. 3⬇	�|�|�| Times
G. Rural health center	Yes .... 1➜ No.. 3⬇	�|�|�| Times
H. Red Cross	Yes .... 1➜ No.. 3⬇	�|�|�| Times
I. Traditional health practitioner (midwife, healer, herb doctor, bone-setter, acupuncturist, etc.)	Yes .... 1➜ No.. 3⬇	�|�|�| Times
J. Other (specify) _____	Yes .... 1➜ No.. 3⬇	�|�|�| Times

HS04.	INTERVIEWER: ADD THE TOTAL NUMBER OF TIMES IN HS03. **1. NUMBER OF TIMES**	1. ⌊⌋⌊⌋

HS05.	INTERVIEWER: IN HS06 FILL OUT AS MANY COLUMNS AS NUMBER OF TIMES IN HS04

The following questions are related to the hospitalizations that you have had in the last 12 months. We will start with the most recent one.

	LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION
HS06. What is the name of the place where you were hospitalized or spent the night during your […]?	_____ ➜	_____ ➜	_____ ➜	_____
HS07. What was the reason why you went to […]?	_____ ➜	_____ ➜	_____ ➜	_____
HS08. What was the reason why you were hospitalized in [...]? **(CIRCLE ALL THAT APPLY)** 1. Illness 2. Accident 3. Labor/ caesarean 4. Physical aggression (violence) 5. Surgery 6. Medical analysis or studies 7. Abortion or curettage 8. Other (specify)	1 2 3 4 5 6 7 8 _____	1 2 3 4 5 6 7 8 _____	1 2 3 4 5 6 7 8 _____	1 2 3 4 5 6 7 8 _____
HS09. What is the address of [...] where you were attended when [...]? 1. Specify 3. Same Locality/Com/ Municipality/District/State/ Country 8. DK **(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR THE NAME, ASK FOR ANY PRESCRIPTION, MEDICAL VOUCHER, OR CERTIFICATE OF DISCHARGE, AND COPY THE INFORMATION FROM THERE)**	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 _____
HS10. How many nights were you hospitalized in [...]?	└─┴─┴─┘ Nights	└─┴─┴─┘ Nights	└─┴─┴─┘ Nights	└─┴─┴─┘ Nights

The following questions are related to the hospitalizations that you have had in the last 12 months. We will start with the most recent one.

		LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION
HS06.	What is the name of the place where you were hospitalized or spent the night during your […]?	_____ ➜	_____ ➜	_____ ➜	_____
HS07.	What was the reason why you went to […]?	_____ ➜	_____ ➜	_____ ➜	_____

HS11.	How much time did it take you to reach the [...]?
	1. Time in hours and minutes
	
	8. DK
		1. └┴┘ └┴┘
		   Hrs. Min.
		8.
			1. └┴┘ └┴┘
			   Hrs. Min.
			8.
				1. └┴┘ └┴┘
				   Hrs. Min.
				8.
					1. └┴┘ └┴┘
					   Hrs. Min.
					8.

HS12.	What is the distance between your house and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. └┴┴┘ Kms. 2. └┴┴┘ Mts. 8.	1. └┴┴┘ Kms. 2. └┴┴┘ Mts. 8.	1. └┴┴┘ Kms. 2. └┴┴┘ Mts. 8.	1. └┴┴┘ Kms. 2. └┴┴┘ Mts. 8.
HS13.	What was the transportation cost (**one way only**) to reach the [...]? **(INCLUDE THE TRANSPORTATION COST OF THE COMPANION)** 1. Total transportation cost 8. DK	1. $└┴┘,└┴┴┘ 8. DK	1. $└┴┘,└┴┴┘ 8. DK	1. $└┴┘,└┴┴┘ 8. DK	1. $└┴┘,└┴┴┘ 8. DK

HS14.	When you arrived, how much time did you wait before being hospitalized in [...]?
	
	1. Time in hours and minutes
	
	8. DK
		1. └┴┘ └┴┘
		   Hrs. Min.
		8.
			1. └┴┘ └┴┘
			   Hrs. Min.
			8.
				1. └┴┘ └┴┘
				   Hrs. Min.
				8.
					1. └┴┘ └┴┘
					   Hrs. Min.
					8.

HS15.	During the time you were hospitalized in [...], did you receive [...]? **(CIRCLE ALL THAT APPLY)** A. Laboratory exams B. Surgery C. X-Rays D. Ultrasound exam (no X-Rays) E. Medicines, serum, prosthesis F. Other (specify)	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8 F 1 3 8 _____	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8 F 1 3 8 _____	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8 F 1 3 8 _____	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8 F 1 3 8 _____

The following questions are related to the hospitalizations that you have had in the last 12 months. We will start with the most recent one.

		LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION
HS06.	What is the name of the place where you were hospitalized or spent the night during your […]?	_____ ➔	_____ ➔	_____ ➔	_____
HS07.	What was the reason why you went to […]?	_____ ➔	_____ ➔	_____ ➔	_____

HS16.	When you were in [...], what was the cost of [...]? **(ASK FOR THE DETAILED AMOUNT, IF THE RESPONDENT DOES NOT KNOW IT, ASK FOR THE TOTAL AMOUNT)**
	1. **Detailed Amount (DA)**
	  a. The medical visit/check-up/procedure
	  b. The prescribed medicines
	  c. The laboratory analysis/x-rays
	  d. The immunization/ vaccination
	  e. Other (specify)
	3. **Total amount (TA)**
	  a. Total cost of the medical visit
	8.DK
		1. DA
		a. 1. $⊔⊔,⊔⊔⊔ 8. DK
		b. 1. $⊔⊔,⊔⊔⊔ 8. DK
		c. 1. $⊔⊔,⊔⊔⊔ 8. DK
		d. 1. $⊔⊔,⊔⊔⊔ 8. DK
		e. 1. $⊔⊔,⊔⊔⊔ 8. DK
		_____
		3. TA
		a. 1. $⊔⊔,⊔⊔⊔ 8. DK
		8.DK
			1. DA
			a. 1. $⊔⊔,⊔⊔⊔ 8. DK
			b. 1. $⊔⊔,⊔⊔⊔ 8. DK
			c. 1. $⊔⊔,⊔⊔⊔ 8. DK
			d. 1. $⊔⊔,⊔⊔⊔ 8. DK
			e. 1. $⊔⊔,⊔⊔⊔ 8. DK
			_____
			3. TA
			a. 1. $⊔⊔,⊔⊔⊔ 8. DK
			8.DK
				1. DA
				a. 1. $⊔⊔,⊔⊔⊔ 8. DK
				b. 1. $⊔⊔,⊔⊔⊔ 8. DK
				c. 1. $⊔⊔,⊔⊔⊔ 8. DK
				d. 1. $⊔⊔,⊔⊔⊔ 8. DK
				e. 1. $⊔⊔,⊔⊔⊔ 8. DK
				_____
				3. TA
				a. 1. $⊔⊔,⊔⊔⊔ 8. DK
				8.DK
					1. DA
					a. 1. $⊔⊔,⊔⊔⊔ 8. DK
					b. 1. $⊔⊔,⊔⊔⊔ 8. DK
					c. 1. $⊔⊔,⊔⊔⊔ 8. DK
					d. 1. $⊔⊔,⊔⊔⊔ 8. DK
					e. 1. $⊔⊔,⊔⊔⊔ 8. DK
					_____
					3. TA
					a. 1. $⊔⊔,⊔⊔⊔ 8. DK
					8.DK

HS17.	Do you have a private medical insurance that partially or totally paid the costs of [...]? **(DO NOT INCLUDE THE VOLUNTARY IMSS CONTRIBUTION)**	Yes.................... 1 No .... 3➔**HS19**	Yes ....1 No ....3➔**HS19**	Yes ....1 No.....................3➔**HS19**	Yes ....1 No.....................3➔**HS19**
HS18.	As a result of the expenses paid by the private insurance in [...], how much did you pay for the deductible?	1. $⊔⊔,⊔⊔⊔ 8.	1. $⊔⊔,⊔⊔⊔ 8.	1. $⊔⊔,⊔⊔⊔ 8.	1. $⊔⊔,⊔⊔⊔ 8.
HS19.	The total or part of the cost of what you received in [...], did you pay with any product, good, or work? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods, and work 4. No	1 2 3 4➔**HS21**	1 2 3 4➔**HS21**	1 2 3 4➔**HS21**	1 2 3 4➔**HS21**

HS20.	What is the value of the products or goods you paid with, or how much time did you assign to the work that was required as payment in [...]?
	a. Value of the products or goods
	b. Time assigned to the work required as payment
		a. 1. $⊔⊔,⊔⊔⊔ 8. DK
		b. 1. ⊔⊔,⊔⊔,⊔⊔ 8. DK
		  Days Hrs. Min.
			a. 1. $⊔⊔,⊔⊔⊔ 8. DK
			b. 1. ⊔⊔,⊔⊔,⊔⊔ 8. DK
			  Days Hrs. Min.
				a. 1. $⊔⊔,⊔⊔⊔ 8. DK
				b. 1. ⊔⊔,⊔⊔,⊔⊔ 8. DK
				  Days Hrs. Min.
					a. 1. $⊔⊔,⊔⊔⊔ 8. DK
					b. 1. ⊔⊔,⊔⊔,⊔⊔ 8. DK
					  Days Hrs. Min.

HS21.	**INTERVIEWER: IS THERE ANOTHER HOSPITALIZATION?**	**Yes ....1➔HS08, NEXT COL.** **No ......3➔HS22**	**Yes ....1➔HS08, NEXT COL.** **No ......3➔HS22**	**Yes ....1➔HS08, NEXT COL.** **No...... 3➔HS22**	**Yes ....1➔SUPPLEMENT** **No ......3➔HS22**
HS22.	**INTERVIEWER:** **IS THERE A SUPPLEMENT?**	**1. YES** **3. NO**			

CA01.	Do you have public health insurance such as IMSS, ISSSTE or from any other institution? Or do you have a private health insurance or any company insurance? **(DO NOT INCLUDE LIFE INSURANCES)**	Yes ....1 No...3➜**SECTION RE**

(CA Type) **INSURANCES**	CA02. Do you have health insurance […]?	CA03. Do you have the right to this insurance […]? **(CIRCLE ALL THAT APPLY)**	CA04. From which of your family members do you have the insurance? **(CIRCLE ALL THAT APPLY)**
A. From IMSS	Yes ....1➜ No.....................3⬇ DK ....8⬇	1. Through your job⬇ 2. Through a relative➜ 3. Through school/college⬇ 4. Through the parcel/community⬇ 5. You acquired/bought it⬇ 6. From a program 7. Other _____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
B. From ISSSTE	Yes ....1➜ No.....................3⬇ DK ....8⬇	1. Through your job⬇ 2. Through a relative➜ 3. Other _____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
C. From PEMEX/SEDENA/MARINE	Yes ....1➜ No.....................3⬇ DK ....8⬇	1. Through your job⬇ 2. Through a relative➜ 3. Other _____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
D. From the state government Specify	Yes ....1➜ No.....................3⬇ DK ....8⬇	1. Through your job⬇ 2. Through a relative➜ 3. Through school/college 4. Other _____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
E. Private (not given by the company)	Yes ....1➜ No.....................3⬇ DK ....8⬇	1. Through your job ⬇ 2. Through a relative➜ 3. Other _____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
F. Private given by the company (Other than IMSS, ISSSTE, PEMEX, SEDENA and MARINE)	Yes ....1➜ No.....................3⬇ DK ....8⬇	1. Through your job⬇ 2. Through a relative➜ 3. Other _____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
G. Other health insurance (specify) ——————————————————— ——————————————————— ———————————————————	Yes ....1➜ No.....................3⬇ DK ....8⬇	1. Through your job⬇ 2. Through a relative➜ 3. Other _____⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
H. Seguro Popular (Popular Health Insurance)	Yes ....1➜ No.....................3➜**SECTION RE** DK ....8➜**SECTION RE**	1. You acquired/bought it➜**SECTION RE** 2. Through a relative➜ 3. Other _____➜**SECTION RE** _____	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____

The following questions are related to the possible relatives that live outside the household.

RE01.	Do you have any relative living in the United States?	Yes .... 1 No .... 3➜**SECTION CR**

		FIRST RELATIVE	SECOND RELATIVE	THIRD RELATIVE	FOURTH RELATIVE
RE02.	Could you give me the names of your relatives living in the United States?	_____ ➜	_____ ➜	_____ ➜	_____
RE03.	What relationship do you have with [...]?				
	1. Spouse/partner	1	1	1	1
	2. Your father	2	2	2	2
	3. Your mother	3	3	3	3
	4. Your brother/sister	4	4	4	4
	5. Your son/daughter	5	5	5	5
	6. Your father in law/mother in law	6	6	6	6
	7. Your grandparents	7	7	7	7
	8. Brother in law/sister in law	8	8	8	8
	9. Grandson/granddaughter	9	9	9	9
	10. Cousin	10	10	10	10
	11. Uncle/Aunt	11	11	11	11
	12. Niece/nephew	12	12	12	12
	13. Other relative (specify)	13 _____	13 _____	13 _____	13 _____
RE04.	Could you provide the address and phone number of [...]? 1. Specify 3. Does not want to provide the information 8. DK	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____
RE05.	**INTERVIEWER: IS THERE ANOTHER RELATIVE?**	**Yes ....1➜RE03, NEXT COL.** **No ......3➜SECTION CR**	**Yes ....1➜RE03, NEXT COL.** **No ......3➜SECTION CR**	**Yes ....1➜RE03, NEXT COL.** **No ......3➜SECTION CR**	

The following questions are related to the credits/loans that you have acquired.

CR01.	In the last 12 months, did you make any **purchases with credit cards** that you did not pay in full at the due date? **(DO NOT INCLUDE DEBIT CARDS)**	
	1. Yes, you made purchases, and did not pay them in full at the due date	1
	2. Yes, you made purchases, but paid them in full at the due date	2
	3. No, you did not make purchases with credit card, but you have one	3➔**CR03b**
	4. Do not have a credit card	4➔**CR03d**
CR01a.	In the last month, what is the approximate amount of your expenditures in all your credit cards?	
	1. Less than $500	**1**
	2. Between $500 and $2,000	2
	3. Between $2,000 and $5,000	3
	4. Between $5,000 and $10,000	4
	5. More than $10,000	5
CR01b.	How many credit cards do you have?	
	1. Number of credit cards	1. ⎵⎵⎵
CR01c.	From which bank are they? **(WRITE DOWN THE THREE CREDIT CARDS MOST USED BY THE RESPONDENT)**	
	1. Banamex	1
	2. Bancomer	2
	3. HSBC	3
	4. Banorte	4
	5. Santander	5
	6. Scotiabank	6
	7. American Express	7
	8. Other (specify)	8 _____
CR01d.	Since when do you have these credit cards? **(THE THREE MOST USED BY THE RESPONDENT)**	1. ⎵⎵ / ⎵⎵⎵⎵ Year / ⎵⎵⎵ Years
		2. ⎵⎵ / ⎵⎵⎵⎵ Year / ⎵⎵⎵ Years
		3. ⎵⎵ / ⎵⎵⎵⎵ Year / ⎵⎵⎵ Years
CR02.	In the last 12 months, did you **withdraw cash from your credit card** and did not pay it in full at the due date? **(DO NOT INCLUDE DEBIT CARDS)**	Yes.................................... 1 No 3
CR03.	Currently, what is the total balance you owe in your **credit cards**?	
	1. Amount	1. $⎵⎵ , ⎵⎵⎵⎵ , ⎵⎵⎵⎵
	8. DK	8.

CR03a.	Approximately, how much did you pay last month for all your **credit cards**?	
	1. Amount	1. $ �換,⌷⌷⌷,⌷⌷⌷
	8. DK	8.
CR03b.	In the last 12 months, have you had any problem that has prevented you from paying any of your **credit cards**?	
	1. Yes	1.
	3. No	3. ➔**CR03d**
CR03c.	In the last 12 months, how many months did you stop paying the minimum amount required in any of your **credit cards**?	
	1. Number of months	1. ⌷⌷ Months
	8. DK	8.
CR03d.	Do you currently have a bank account? (It can be a payroll account, a savings account, a checking account or an account for any other type of transaction without including your **CREDIT CARD**)	1.
	1. Yes	3. ➔**CR03f**
	3. No	
CR03e.	How many bank accounts do you have?	1 ⌷⌷ ➔**CR03g**
	1. Number of bank accounts	
CR03f.	What is the reason why you do not have a bank account?	
	1. Does not know about the product	1➔**CR04**
	2. Does not want to because he/she does not need it	2➔**CR04**
	3. Does not have one because there is no institution that provides this product in his/her locality.	3➔**CR04**
	4. It is expensive	4➔**CR04**
	5. Does not trust bank institutions	5➔**CR04**
	6. Does not comply with the minimum requirements	6➔**CR04**
	7. Other reasons (specify)	7 _____ ➔**CR04**
CR03g.	Do you receive deposits from [...] in your bank account?	
	(CIRCLE ALL THAT APPLY)	
	1. Your job	1.Yes 3.No
	2. Government transfers from the program OPORTUNIDADES	2.Yes 3.No
	3. Transfers from relatives living in another country (e.g. remittances)	3.Yes 3.No
	4. Other (specify)	4.Yes_____3.No

CR03h.	Currently, do you have a **DEBIT CARD**?	
	1. Yes	1
	3. No	3➔**CR03k**
CR03i.	How many times did you withdraw money from your **DEBIT CARD** in the last 15 days?	
	1. Less than 2 times	1
	2. Between 3 and 5 times	2
	3. More than 5 times	3
	4. None	4
	8. DK	8
CR03j.	In the last 15 days, did you use your **DEBIT CARD** to pay in stores, supermarkets, restaurants, etc?	
	1.Yes	1
	3.No	3
CR03k.	Do you currently have a checking account?	
	1. Yes	1
	3. No	3➔**CR04**
CR03l.	How many checks, approximately did you use last month?	
	1. None	1
	2. Less than 2	2
	3. Between 3 and 5	3
	4. More than 5	4
	8. DK	8
CR04.	In the last 12 months, have you participated in a Rotating Savings and Credit Association (ROSCA/ TANDA)?	
	(INTERVIEWER: IF PARTICIPATED IN MORE THAN ONE, REGISTER THE MOST RECENT)	Yes 1
	1. Yes	No...................................... 3➔**CR09**
	3. No	
CR05.	How much money will you receive/ have you received from the Rotating Savings and Credit Association?	
	1. Amount	1. $⎣⎦ , ⎣⎦⎣⎦⎣⎦ , ⎣⎦⎣⎦⎣⎦
CR05a.	How long did/will the rotating savings and credit association last?	
	1. Days	1. ⎣⎦⎣⎦ Days
	2. Weeks	2. ⎣⎦⎣⎦ Weeks
	3. Months	3. ⎣⎦⎣⎦ Months
	8. DK	8. DK

CR09.	If you had an emergency and had to borrow money, where would you go or whom would you ask for money?	
	(READ OPTIONS AND CIRCLE ALL THAT APPLY)	
	01. Bank	01
	02. Cooperative/savings fund	02
	03. Moneylender	03
	04. Relative	04
	05. Friends/People you know	05
	06. Work	06
	07. Monte de Piedad (non-profit institution that provides interest-free or low-interest loans to poor families) /loan office	07
	09. Other government loan program (specify)	09_____
	10. IMSS/ISSSTE	10
	11. Other (specify)	11_____
CR10.	In the last 12 months, **have you borrowed** money or received credits from any of them?	Yes .... 1 No .... 3 ➔ **CR26**
CR11.	How many times in the last 12 months, have you borrowed money or received credits?	
	1. Number of times	1. └─┴─┘ Requests for money loans or credits

CR12.	**INTERVIEWER: IN CR13 FILL OUT AS MANY COLUMNS AS NUMBER OF TIMES IN CR11.**

Now, I would like to ask you about your requests for money loans or credits. We will begin with the most recent one.

		LAST REQUEST	SECOND TO LAST REQUEST	THIRD TO LAST REQUEST	FOURTH TO LAST REQUEST	FIFTH TO LAST REQUEST
CR13.	What was the reason why you borrowed […]?	_____ →	_____ →	_____ →	_____ →	_____ →
CR14.	Where or to whom did you request money loans or credits for […]? **(READ OPTIONS)** 01. Bank 02. Cooperative/savings fund 03. Moneylender 04. Relative 05. Friends/People you know 06. Work 07. Monte de Piedad (non-profit institution that provides interest-free or low-interest loans to poor families) /loans office 09. Other government loan program (specify) 10. IMSS/ISSSTE 11. Other (specify)	01 02 03 04 05 06 07 09 _____ 10 11 _____	01 02 03 04 05 06 07 09 _____ 10 11 _____	01 02 03 04 05 06 07 09 _____ 10 11 _____	01 02 03 04 05 06 07 09 _____ 10 11 _____	01 02 03 04 05 06 07 09 _____ 10 11 _____
CR15.	Were you asked for any guarantee when you borrowed for [...]? 1. Yes (specify) 3. No	1 _____ 3	1 _____ 3	1 _____ 3	1 _____ 3	1 _____ 3
CR16.	Was the loan for [...] given to you? 1. Yes 3. No	1→CR18 3	1→CR18 3	1→CR18 3	1→CR18 3	1→CR18 3
CR17.	Why was the loan for [...] not given to you?	1 _____ 2 _____ 3 _____ →CR24	1 _____ 2 _____ 3 _____ →CR24	1 _____ 2 _____ 3 _____ →CR24	1 _____ 2 _____ 3 _____ →CR24	1 _____ 2 _____ 3 _____ →CR24
CR18.	How much money did you **ask** for [...]?	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK
CR19.	How much money was **lent** to you for [...]?	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK	$ ⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8.DK

Now, I would like to ask you about your requests for money loans or credits. We will begin with the most recent one.

		LAST REQUEST	SECOND TO LAST REQUEST	THIRD TO LAST REQUEST	FOURTH TO LAST REQUEST	FIFTH TO LAST REQUEST
CR13.	What was the reason why you borrowed […]?	——————— →	——————— →	——————— →	——————— →	——————— →
CR20.	To date, how much have you paid back of the amount that you borrowed for […]? **(INCLUDE INTERESTS)**	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 3. Everything	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 3. Everything	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 3. Everything	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 3. Everything	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 3. Everything
CR21.	How much time were you given to pay what you borrowed for […]? 1. Time in years, months, and days 3. No specific period	1. ⎵⎵⎵ ⎵⎵⎵ ⎵⎵⎵ Years Months Days 3.	1. ⎵⎵⎵ ⎵⎵⎵ ⎵⎵⎵ Years Months Days 3.	1. ⎵⎵⎵ ⎵⎵⎵ ⎵⎵⎵ Years Months Days 3.	1. ⎵⎵⎵ ⎵⎵⎵ ⎵⎵⎵ Years Months Days 3.	1. ⎵⎵⎵ ⎵⎵⎵ ⎵⎵⎵ Years Months Days 3.
CR22.	How much money **did you pay**/will you have to pay when the loan for […] **expired**/expires […]? **(INCLUDE INTERESTS)** 1. Amount paid/will have to pay 8. DK	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8. DK	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8. DK	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8. DK	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8. DK	1.$⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 8. DK
CR23.	What is the average interest rate you were charged/will be charged for what you borrowed for […]? 1. Annual interest rate 2. Monthly interest rate 3. Daily interest rate 4. Without interest 8. DK	1. ⎵⎵⎵ % annual 2. ⎵⎵⎵ % monthly 3. ⎵⎵⎵ % daily 4. 8. DK	1. ⎵⎵⎵ % annual 2. ⎵⎵⎵ % monthly 3. ⎵⎵⎵ % daily 4. 8. DK	1. ⎵⎵⎵ % annual 2. ⎵⎵⎵ % monthly 3. ⎵⎵⎵ % daily 4. 8. DK	1. ⎵⎵⎵ % annual 2. ⎵⎵⎵ % monthly 3. ⎵⎵⎵ % daily 4. 8. DK	1. ⎵⎵⎵ % annual 2. ⎵⎵⎵ % monthly 3. ⎵⎵⎵ % daily 4. 8. DK
CR24.	INTERVIEWER: IS THERE ANOTHER LOAN?	Yes.....1➔CR14, NEXT COL. No.......3➔CR25	Yes.....1➔CR14, NEXT COL. No.......3➔CR25	Yes..... 1➔CR14, NEXT COL. No ...... 3➔CR25	Yes.....1➔CR14, NEXT COL. No ......3➔CR25	Yes.....1➔SUPPLEMENT No.......3➔CR25
CR25.	INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO				

CR26.	Currently, what is the total amount of all your debts? **(INTERVIEWER: IN CASE OF HAVING CREDIT CARDS, INCLUDE THEM)** 1. Amount 2. Does not have any debts 8. DK	1. $⎵⎵⎵⎵,⎵⎵⎵⎵,⎵⎵⎵⎵ 2 8.

CR27.	Do you have savings?	
	1. Yes	Yes.. 1
	3. No	No .... 3➜**CR30**
	7. Did not answer	NR... 7➜**CR30**
CR28.	How much money do you have saved?	
	1. Amount saved	1. $ └┴┴┘ , └┴┴┘ , └┴┴┘
CR29.	In what type of institution do you have your savings?	
	(CIRCLE ALL THAT APPLY)	
	01. Did not answer	01
	02. Bank	02
	03. Cooperative	03
	04. Savings fund	04
	05. Friend/relative outside the household	05
	06. Voluntary accounts in the AFORE	06
	07. Solidarity/jointly cash	07
	08. In your house	08
	09. In your job	09
	10. Other (specify)	10 _____
CR30.	Do you have AFORE?	Yes.. 1
		No .... 3➜**SECTION PR**
		Did not answer .... 7➜**SECTION PR**
CR31.	How much money do you have in the AFORE?	
	1. Amount in the AFORE	1. $ └┴┴┘ , └┴┴┘ , └┴┴┘
CR32.	Have you made voluntary contributions?	
	1. Yes	1
	3. No	3➜**SECTION PR**
CR32a.	What is the total amount of all the voluntary contributions you made last year?	
	Contributions	1. $ └┴┴┘ , └┴┴┘ , └┴┴┘

PR01.	Some people save because they expect their income to be less in the future. Others do not save because they expect their income to increase in the future. Do you think about the future when you make your decisions about spending and saving? 1. Yes 2. No, I do not have enough money 3. No, I do not think about the future	1 2➔ **PR03** 3➔ **PR03**
PR02.	What period of time is the most important to you when deciding how much to spend and how much to save? **(INTERVIEWER: READ OPTIONS)** 01. A few days 02. A few weeks 03. A few months 04. The next year 05. A few years 06. The next five years 07. More than ten years 08. I have never thought about the future 98. DK	01 02 03 04 05 06 07 08 98
PR03.	Imagine you have won the lottery. You can choose to get paid: **A.** 1. $1,000 today or 2. $1,000 in a month. Which one do you choose? **B.** 1. $1,000 today or 2. $1,500 in a month. Which one do you choose? **C.** 1. $1,000 today or 2. $1,200 in a month. Which one do you choose? **D.** 1. $1,000 today or 2. $3,000 in a month. Which one do you choose? **E.** 1. $1,000 today or 2. $2,000 in a month. Which one do you choose? **F.** Why? **G.** Now imagine you can choose between getting paid: 1. $1,200 today or 2. $1,000 in a month. Which one do you choose?	**A.** 1➔ **PR03B** 2➔ **PR03F** **B.** 1➔ **PR03D** 2➔ **PR03C** **C.** 1➔ **PR04** 2➔ **PR04** **D.** 1➔ **PR04** 2➔ **PR03E** **E.** 1➔ **PR04** 2➔ **PR04** **F.** _____ ➔**PR03G** _____ **G.** 1. $1,200 today➔ **PR04** 2. $1,000 in one month➔ **PR04**
PR04.	Imagine you have won the lottery. You can choose to get paid: **A.** 1. $1,000 today or 2. $1,000 in one year. Which one do you choose? **B.** 1. $1,000 today or 2. $1,500 in one year. Which one do you choose? **C.** 1. $1,000 today or 2. $1,200 in one year. Which one do you choose? **D.** 1. $1,000 today or 2. $3,000 in one year. Which one do you choose? **E.** 1. $1,000 today or 2. $2,000 in one year. Which one do you choose? **F.** Why? **G.** Now imagine you can choose between getting paid: 1. $1,200 today or 2. $1,000 in one year. Which one do you choose?	**A.** 1➔ **PR04B** 2➔ **PR04F** **B.** 1➔ **PR04D** 2➔ **PR04C** **C.** 1➔ **SECTION TP** 2➔ **SECTION TP** **D.** 1➔ **SECTION TP** 2➔ **PR04E** **E.** 1➔ **SECTION TP** 2➔ **SECTIONTP** **F.** _____ ➔**PR04G** _____ **G.** 1. $1,200 today ➔ **SECTION TP** 2. $1,000 in one year➔**SECTION TP**

The following questions are related to your parents.

		Father ↓CONTINUE DOWNWARDS	Mother ↓CONTINUE DOWNWARDS
TP01.	Is your [...] still alive?	Yes ....1 No....................................3➜**TP03** DK ....7➜**TP10**	Yes................................. 1 No .... 3➜**TP03** DK.................................... 7➜**TP10**
TP02.	Do you and your [...] live in the same household?	Yes ....1➜**TP01, MOTHER'S COLUMN** No....................................3➜**TP05**	Yes................................. 1➜**TP19** No .... 3➜**TP05**
TP03.	Has it been more than 12 months since your [...] passed away?	Yes ....1 No....................................3	Yes................................. 1 No 3
TP04.	Did you and your [...] live in the same household when he/she died?	Yes ....1➜**TP07** No...................................3 DK ....8➜**TP07**	Yes................................. 1➜**TP07** No. .... 3 DK.................................... 8➜**TP07**
TP05.	How frequently do/did you get together with your [...]? 1. Have never seen/Never saw him/her 2. Have not seen him/her in more than a year (if alive) 3. At least once a year 4. At least once a month 5. At least once a week 6. Every day 7. For periods of 1 to 3 months per year 8. For periods of 4 to 6 months per year 9. For periods of 7 to 12 months per year	 1 2 3 4 5 6 7 8 9	 1 2 3 4 5 6 7 8 9
TP05a.	How old is/was your […]?	∟∟∟ Age	∟∟∟ Age
TP06.	**INTERVIEWER: CHECK IN TP01 IF THE FATHER/MOTHER LIVES.**	**Yes ....1➜TP10** **No....................................3**	**Yes .... 1➜TP10** **No 3**
TP07.	In which month and year did your [...] die? 1. Month and year of death 8. DK	 1. ∟∟ Month ∟∟∟∟ Year 8.	 1. ∟∟ Month ∟∟∟∟ Year 8.

		Father ⬇CONTINUE DOWNWARDS	Mother ⬇CONTINUE DOWNWARDS
TP08.	How old was your [...] when he/she died? 1. Age 8. DK	1. ⎿⎿⎿�� 8.	1. ⎿⎿⎿�� 8.
TP09.	How old were you when your [...] died? 1. Age 8. DK	1. ⎿⎿⎿� 8.	1. ⎿⎿⎿� 8.
TP10.	Do you know where your [...] was born? 1. Specify 3. Same Loc/Com./Mun./Dist./State/Country of the respondent 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. 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 ——————————————
TP11.	What was the highest level of education your [...] achieved? 01. Without instruction 02. Preschool or Kinder 03. Elementary School 04. Secondary School 05. High School 06. Basic/Superior Normal 07. College 08. Graduate School 98. DK	01➜**TP13** 02➜**TP13** 03 04 05 06➜**TP13** 07➜**TP13** 08➜**TP13** 98➜**TP13**	01➜**TP13** 02➜**TP13** 03 04 05 06➜**TP13** 07➜**TP13** 08➜**TP13** 98➜**TP13**
TP12.	What was the last grade your [...] finished in school? 00. Did not complete first grade 01. First grade 02. Second grade 03. Third grade 04. Fourth grade 05. Fifth grade 06. Sixth grade 07. Seventh grade 08. Other (specify) 98. DK	00 01 02 03 04 05 06 07 08 _____ 98	00 01 02 03 04 05 06 07 08 _____ 98

		Father ↓CONTINUE DOWNWARDS	Mother ↓CONTINUE DOWNWARDS
TP13.	What was your [...]'s first job?		
	1. Peasant, rural day laborer or agricultural worker	1	1
	2. Non-agricultural worker	2	2
	3. Self-employed worker, landlord, business owner/employer	3	3
	4. Other (specify)	4 _____	4 _____
	5. Have never worked/Never worked	5	5
	8. DK	8	8
TP14.	What does your [...] mainly do for a living? / What did your [...] mainly do for a living before he/she died?		
	(READ OPTIONS)		
	1. Works/Worked	1	1
	2. Looks /Looked for a job	2➡**TP16**	2➡**TP16**
	3. Attends/Attended school	3➡**TP16**	3➡**TP16**
	4. Homemaker	4➡**TP16**	4➡**TP16**
	5. Retired	5➡**TP16**	5➡**TP16**
	6. Sick/handicapped in the past 2 years (without working)	6➡**TP16**	6➡**TP16**
	7. Other (specify)	7 _____ ➡**TP16**	7 _____ ➡**TP16**
	8. DK	8➡**TP16**	8➡**TP16**
TP15.	What is/was your [...]'s position in his/her current/last job?		
	1. Peasant, rural day laborer or agricultural worker	1	1
	2. Non-agricultural worker	2	2
	3. Self-employed worker, landlord, business owner/employer	3	3
	4. Other (specify)	4 _____	4 _____
	8. DK	8	8
TP16.	Do you know if your [...] suffers/suffered any chronic or physical illness (deafness, paralysis, blindness, etc.)?		
	1. Yes (specify)	1 _____	1 _____
	3. No	3	3
	8. DK	8	8
TP17.	Currently/A year before his/her death, does/did your [...] need help to fulfill personal needs, such as getting dressed, eating, or showering?		
	1. Yes	1	1
	3. No	3	3
	8. DK	8	8
TP18.	Where does your [...] live?/ Where did your [...] live before he/she died?	1. State 3. Same 8. DK _____	1. State 3. Same 8. DK _____
	1. Specify		
	3. Same State/Country of the respondent	1. Country 3. Same 8. DK _____	1. Country 3. Same 8. DK _____
	8. DK	➡**TP01, MOTHER'S COLUMN**	

TP19.	INTERVIEWER: IN TP20 FIRST FILL OUT THE FATHER'S COLUMN AND THEN THE MOTHER'S COLUMN		
		Father	Mother
TP20.	**INTERVIEWER:** **1.** **IF TP01 = 8 (RESPONDENT DOES NOT KNOW IF HIS/HER FATHER/MOTHER STILL LIVES), CIRCLE 1, or** **IF TP02 = 1 (FATHER/MOTHER LIVES AT THE HOUSEHOLD), CIRCLE 1, or** **IF TP03 = 1 (FATHER/MOTHER DIED MORE THAN 12 MONTHS AGO), CIRCLE 1, or** **IFTP04 = 1 (FATHER/MOTHER LIVED AT THE HOUSEHOLD WHEN HE/SHE DIED), CIRCLE 1, or** **IFTP04 = 8 (RESPONDENT DOES NOT KNOW IF HIS/HER FATHER/MOTHER LIVED AT THE HOUSEHOLD), CIRCLE 1.**	1	1
	2. **IF TP02 = 3 (FATHER/MOTHER DOES NOT LIVE AT THE HOUSEHOLD), CIRCLE 2, or** **IF TP03 = 3 AND TP04 = 3 (FATHER/MOTHER DIED 12 MONTHS AGO OR LESS, AND DID NOT LIVE AT THE HOUSEHOLD), CIRCLE 2.**	2	2

TP21.	**INTERVIEWER:** **CIRCLE ACCORDING TO THE RESULTS IN TP20.**	**FATHER = 1 AND MOTHER= 1 ....1→SECTION TH** **FATHER = 1 AND MOTHER= 2 ....2→COLUMN 3, NEXT PAGE** **FATHER = 2 AND MOTHER= 1 ....3→COLUMN 2, NEXT PAGE** **FATHER = 2 AND MOTHER = 2 ....4→TP22**
TP22.	Do your parents live together? / Did your parents live together before they died? / Did your parents live together before your [...] (one of both) died?	Yes.....................1→**COLUMN 1, NEXT PAGE** No ....3→**FIRST COLUMN 2, NEXT PAGE** **THEN COLUMN 3, NEXT PAGE**

	COLUMN 1	COLUMN 2	COLUMN 3
	Father and Mother (live together) ⬇**CONTINUE DOWNWARDS**	**Father** ⬇**CONTINUE DOWNWARDS**	**Mother** ⬇**CONTINUE DOWNWARDS**
TP23. During the last 12 months, did **you give** your [...] any help such as money, clothes, or food, or did you offer your time to help them with something?	Yes .... 1 No.................................3➜**TP25**	Yes .... 1 No.................................3➜**TP25**	Yes........................... 1 No.................................3➜**TP25**
TP24. During the last 12 months, what kind of help did you offer to your [...]? **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** A. Money to pay expenses related to your father's/mother's health B. Any other money C. Food, clothes, or any other products D. Time and care during illness E. Do the housework, take care of kids, provide accommodation or help with any work F. Other (specify)	A. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ B. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ C. $⌊⌋⌊⌋,⌊⌋⌊⌋ D. ⌊⌋⌊⌋　a. Days　　b. Months E. ⌊⌋⌊⌋　a. Days　　b. Months F. $⌊⌋⌊⌋,⌊⌋⌊⌋　_____ 　　　　　　　　　　_____	A. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ B. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ C. $⌊⌋⌊⌋,⌊⌋⌊⌋ D. ⌊⌋⌊⌋　a. Days　　b. Months E. ⌊⌋⌊⌋　a. Days　　b. Months F. $⌊⌋⌊⌋,⌊⌋⌊⌋　_____ 　　　　　　　　　　_____	A. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ B. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ C. $⌊⌋⌊⌋,⌊⌋⌊⌋ D. ⌊⌋⌊⌋　a. Days　　b. Months E. ⌊⌋⌊⌋　a. Days　　b. Months F. $⌊⌋⌊⌋,⌊⌋⌊⌋　_____ 　　　　　　　　　　_____
TP25. During the last 12 months, did **you receive** from your [...] any help such as money, clothes, or food, or did they offer their time to help you with something?	Yes .... 1 No.................................3➜**TP27**	Yes .... 1 No.................................3➜**TP27**	Yes........................... 1 No.................................3➜**TP27**
TP26. During the last 12 months, did you receive support from your [...] such as [...]? **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** A. Money to pay expenses related with your health B. Any other money C. Food, clothes, or any other products D. Time and care during illness E. Do the housework, take care of kids, provide accommodation or help with any work F. Other (specify)	A. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ B. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ C. $⌊⌋⌊⌋,⌊⌋⌊⌋ D. ⌊⌋⌊⌋　a. Days　　b. Months E. ⌊⌋⌊⌋　a. Days　　b. Months F. $⌊⌋⌊⌋,⌊⌋⌊⌋　_____	A. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ B. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ C. $⌊⌋⌊⌋,⌊⌋⌊⌋ D. ⌊⌋⌊⌋　a. Days　　b. Months E. ⌊⌋⌊⌋　a. Days　　b. Months F. $⌊⌋⌊⌋,⌊⌋⌊⌋　_____	A. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ B. $⌊⌋,⌊⌋⌊⌋,⌊⌋⌊⌋ C. $⌊⌋⌊⌋,⌊⌋⌊⌋ D. ⌊⌋⌊⌋　a. Days　　b. Months E. ⌊⌋⌊⌋　a. Days　　b. Months F. $⌊⌋⌊⌋,⌊⌋⌊⌋　_____

	COLUMN 1	COLUMN 2	COLUMN 3
	Father and Mother (live together)	Father	Mother
TP27. With whom does/did your [...] live? **(CIRCLE ALL THAT APPLY)** **(THE RELATIONSHIP IS IN REGARD TO THE FATHER/MOTHER)** 01. Alone 02. With his/her spouse/partner 03. With his/her daughter 04. With his/her son 05. With his/her brother in law/sister in law 06. With his/her sister 07. With his/her brother 08. With his/her grandson/granddaughter 09. With his/her father/mother 10. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 _____ 98	01 02 03 04 05 06 07 08 09 10_____ 98	01 02 03 04 05 06 07 08 09 10 _____ 98
TP28. **INTERVIEWER: VERIFY IF [...] LIVE(S)/LIVED** **WITH ANY SON OR DAUGHTER.**	Yes ....1➔**WRITE DOWN THE NAME** No............3➔**SECTION TH** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10._____	Yes ....1➔**WRITE DOWN THE NAME** No............3 ➔ **SECTION TH** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	Yes ....1➔**WRITE DOWN THE NAME** No............3➔ **SECTION TH** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10._____

TH00x.	INTERVIEWER: VERIFY IF THE RESPONDENT IS A PANEL MEMBER	1. Panel 3. New ➔ **TH01**
TH001a.	Do you have siblings that died since 2005 to date?	1. Yes➔ **TH01a** 3. No➔ **REVIEW PRE-PRINTED LIST. WHEN FINISHED CONTINUE TO ➔TH12x**

Now, we would like to ask you about your siblings.

TH01.	How many siblings did you have that you know have died? 1. Number of dead siblings 2. None	1. ⎣__⎦ Siblings➔**TH02** 2. ➔**TH12x**
TH01a.	How many siblings did you have that you know have died since 2005? 1. Number of dead siblings	1. ⎣__⎦ Siblings **REVIEW PRE-PRINTED LIST AND UPDATE IT** **WITH THE INFORMATION IN TH01a**

TH02.	INTERVIEWER: FIRST FILL OUT TH04, STARTING WITH THE FIRST WHO DIED.

TH02a.	Can you give me the names of your siblings who have died, starting with the first who passed away.

TH03.	TH04.	TH05.	TH06.	TH07.	TH08.	TH09.	TH10.
Dead Sibling	Name	Gender **(SEE CODES)**	In what year was […] born? or How old would […] be, if he/she had not died?	Age at death	What is the highest level of education […] reached? **(SEE CODES)**	What is the highest grade […] passed? **(SEE CODES)**	INTERVIEWER: **IS THERE ANOTHER BROTHER/SISTER DEAD?**
1	_____	1 3	1. ⌴⌴⌴⌴ Year 2. ⌴⌴ Age	1. ⌴⌴ Years old 8. DK **If younger than 7 years old ➜TH10**	01➜**TH10** 06➜**TH10** 02➜**TH10** 07➜**TH10** 03 08➜**TH10** 04 98➜**TH10** 05	00 01 02 03 04 05 06 07 98 08 _____ _____	**Yes....1➜NEXT SIBLING** **No......3➜TH11**
2	_____	1 3	1. ⌴⌴⌴⌴ Year 2. ⌴⌴ Age	1. ⌴⌴ Years old 8. DK **If younger than 7 years old ➜TH10**	01➜**TH10** 06➜**TH10** 02➜**TH10** 07➜**TH10** 03 08➜**TH10** 04 98➜**TH10** 05	00 01 02 03 04 05 06 07 98 08 _____ _____	**Yes....1➜NEXT SIBLING** **No......3➜TH11**
3	_____	1 3	1. ⌴⌴⌴⌴ Year 2. ⌴⌴ Age	1. ⌴⌴ Years old 8. DK **If younger than 7 years old ➜TH10**	01➜**TH10** 06➜**TH10** 02➜**TH10** 07➜**TH10** 03 08➜**TH10** 04 98➜**TH10** 05	00 01 02 03 04 05 06 07 98 08 _____ _____	**Yes....1➜NEXT SIBLING** **No......3➜TH11**
4	_____	1 3	1. ⌴⌴⌴⌴ Year 2. ⌴⌴ Age	1. ⌴⌴ Years old 8. DK **If younger than 7 years old ➜TH10**	01➜**TH10** 06➜**TH10** 02➜**TH10** 07➜**TH10** 03 08➜**TH10** 04 98➜**TH10** 05	00 01 02 03 04 05 06 07 98 08 _____ _____	**Yes....1➜NEXT SIBLING** **No......3➜TH11**
5	_____	1 3	1. ⌴⌴⌴⌴ Year 2. ⌴⌴ Age	1. ⌴⌴ Years old 8. DK **If younger than 7 years old ➜TH10**	01➜**TH10** 06➜**TH10** 02➜**TH10** 07➜**TH10** 03 08➜**TH10** 04 98➜**TH10** 05	00 01 02 03 04 05 06 07 98 08 _____ _____	**Yes....1➜SUPPLEMENT** **No......3➜TH11**

TH11.	INTERVIEWER: **IS THERE A SUPPLEMENT?**	**1. YES** **3. NO**

Code for TH08:
01. Without instruction
02. Preschool or Kinder
03. Elementary School
04. Secondary School
05. High school
06. Basic/Superior Normal
07. College
08. Graduate School
98. DK

Code for TH09:
00. Did not complete first grade
01. First grade
02. Second grade
03. Third grade
04. Fourth grade
05. Fifth grade
06. Sixth grade
07. Seventh grade
08. Other (specify)
98. DK

Code for TH05:
1. Male
3. Female

TH12x. INTERVIEWER: REVIEW (MARK JUST ONE)		
PANEL MEMBER WITH PRE-PRINTED LIST OF SIBLINGS	**PANEL MEMBER WITHOUT PRE-PRINTED LIST OF SIBLINGS**	**NEW MEMBER**
1 ➜ **PRE-PRINTED LIST OF SIBLINGS**	2 ➜ **TH12**	3 ➜ **TH12**
TH12. Do you have siblings **who live** in another household?	Yes.............................1 No ....3➜**SECTION THI**	
TH13. How many siblings do you have **who live** in another household?	└─┴─┘ siblings ➜**(FILL OUT THE LIST)**	

	LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST.
	FILL OUT THE COLUMNS FROM TH15 TO TH21 WITH THE INFORMATION OF THE SIBLINGS WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.
TH14.	INTERVIEWER: FIRST FILL OUT TH16, STARTING WITH THE OLDEST ONE. WHEN FINISHED, FILL OUT BY COLUMNS.

		1	2	3	4	5
TH15.	Sibling Alive					
TH16.	Name	_____ →	_____ →	_____ →	_____ →	_____ →
TH20a.	During the last 12 months, **did you give** [...] any help such as money, clothes, or food, or did you offer your time to help him/her with something?	Yes ....1 No...........................3➜**TH20c** Did not want to answer ....8➜**TH20c**	Yes......................... 1 No .... 3➜**TH20c** Did not want to answer .... 8➜**TH20c**	Yes........................ 1 No .... 3➜**TH20c** Did not want to answer .... 8➜**TH20c**	Yes ....1 No...........................3➜**TH20c** Did not want to answer ....8➜**TH20c**	Yes ....1 No...........................3➜**TH20c** Did not want to answer ....8➜**TH20c**
TH20b.	During the last 12 months, what kind of help did you offer [...]? **(SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)**	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____
TH20c.	During the last 12 months, **did you receive** from [...] any help such as money, clothes, or food, or did he/she offer you his/her time to help you with something?	Yes ....1 No...........................3➜**TH21** Did not want to answer.........8➜**TH21**	Yes......................... 1 No .... 3➜**TH21** Did not want to answer.........8➜**TH21**	Yes........................ 1 No .... 3➜**TH21** Did not want to answer.........8➜**TH21**	Yes ....1 No...........................3➜**TH21** Did not want to answer.........8➜**TH21**	Yes ....1 No...........................3➜**TH21** Did not want to answer.........8➜**TH21**
TH20d.	During the last 12 months, what kind of help **did you receive** from [...]? **(SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)**	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴ _____
TH21.	**INTERVIEWER: IS THERE ANOTHER BROTHER/SISTER?**	Yes .... 1➜**NEXT SIBLING TH17** No...... 3➜**TH22**	Yes.....1➜**NEXT SIBLING TH17** No ......3➜**TH22**	Yes.....1➜**NEXT SIBLING TH17** No ......3➜**TH22**	Yes .... 1➜**NEXT SIBLING TH17** No ......3➜**TH22**	Yes ....1➜**SUPPLEMENT** No.............3➜**TH22**
TH22.	**INTERVIEWER: IS THERE A SUPPLEMENT?**	**1. YES** **3. NO**	**Code for TH20b and TH20d** 1. Money to pay expenses related to your/his/her health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do housework, take care of kids, provide accommodation or help with any other work 7. Other (specify)			

LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST					
FILL OUT THE COLUMNS FROM TH15 TO TH21 WITH THE INFORMATION OF THE SIBLINGS WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.					
TH14. INTERVIEWER: FIRST FILL OUT TH16, STARTING WITH THE OLDEST ONE. WHEN FINISHED, FILL OUT BY COLUMNS					
TH15. Sibling Alive	**1**	**2**	**3**	**4**	**5**
TH16. Name	_____ →	_____ →	_____ →	_____ →	_____ →
TH17. Gender **(SEE CODES)**	1 3	1 3	1 3	1 3	1 3
TH18. Age	1. ⌴⌴ Years 8. DK **If younger than 7 years old** **➜TH21**	1. ⌴⌴ Years 8. DK **If younger than 7 years old** **➜TH21**	1. ⌴⌴ Years 8. DK **If younger than 7 years old** **➜TH21**	1. ⌴⌴ Years 8. DK **If younger than 7 years old** **➜TH21**	1. ⌴⌴ Years 8. DK **If younger than 7 years old** **➜TH21**
TH19. What is the highest level of education that […] achieved? **(SEE CODES)**	01➜**TH20a** 06➜**TH20a** 02➜**TH20a** 07➜**TH20a** 03 08➜**TH20a** 04 98➜**TH20a** 05	01➜**TH20a** 06➜**TH20a** 02➜**TH20a** 07➜**TH20a** 03 08➜**TH20a** 04 98➜**TH20a** 05	01➜**TH20a** 06➜**TH20a** 02➜**TH20a** 07➜**TH20a** 03 08➜**TH20a** 04 98➜**TH20a** 05	01➜**TH20a** 06➜**TH20a** 02➜**TH20a** 07➜**TH20a** 03 08➜**TH20a** 04 98➜**TH20a** 05	01➜**TH20a** 06➜**TH20a** 02➜**TH20a** 07➜**TH20a** 03 08➜**TH20a** 04 98➜**TH20a** 05
TH20. What is the highest grade that […] passed? **(SEE CODES)**	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____

Code for TH17:

1. Male
3. Female

Code for TH19:

01. Without instruction
02. Preschool or Kinder
03. Elementary
04. Secondary School
05. High school

06. Basic/Superior Normal
07. College
08. Graduate School
98. DK

Code for TH20:

00. Did not complete first grade
01. First grade
02. Second grade
03. Third grade
04. Fourth grade

05. Fifth grade
06. Sixth grade
07. Seventh grade
08. Other (specify)
98. DK

Now, I would like to ask you about your children who do not live in this household

THI01.	**INTERVIEWER: IS THE RESPONDENT [...]?**	
	1. A WOMAN	**1➔THI04**
	2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE IN THIS HOUSEHOLD, OR DOES NOT HAVE A SPOUSE/PARTNER	**2➔THI04**
	3. A MAN, AND HIS SPOUSE/PARTNER LIVES IN THIS HOUSEHOLD	**3**
THI02.	**Did/Do** you have children with another partner (other than the current one) who do not live with you in the same household?	Yes............................ 1
		No .... 3➔**SECTION TO**
THI03.	How many children did you have who died and who were from another partner (other than the current one)?	
	1. Number of dead children	1. ⌴⌴⌴ ➔**THI05a**
	3. None	3.................➔**THI15**
THI04.	**Did/do** you have children who do **not** live with you in the same household?	Yes............................ 1
		No .... 3➔**SECTION TO**
THI05.	How many children **did** you have who died and did not live in the same household?	
	1. Number of dead children	1. ⌴⌴⌴
	3. None	3. ➔**THI15**
THI05a.	**INTERVIEWER: VERIFY IF THE RESPONDENT IS A PANEL MEMBER**	
	1. PANEL	**1. PANEL ➔ REVIEW AND UPDATE PRE-PRINTED LIST**
	3. NEW MEMBER	**3. NEW ➔ THI06**

Could you please give me the name of your dead children, starting with the one who died first?

THI06.	INTERVIEWER: FIRST FILL OUT THI08, STARTING WITH THE FIRST DEAD CHILD.

THI07. Dead Child	THI08. Name	THI09. Gender (SEE CODES)	THI10. Age at death	THI11. What is the highest level of education [...] achieved? (SEE CODES)	THI12. What is the highest grade [...] passed? (SEE CODES)	THI13. INTERVIEWER: IS THERE ANOTHER DEAD CHILD?
1	_____	1 3	1. └─┴─┘ Years old 8. DK **If younger than 7 years old ➔THI13**	01➔THI13 06➔THI13 02➔THI13 07➔THI13 03 08➔THI13 04 98➔THI13 05	00 01 02 03 04 05 06 07 98 08_____ _____	**Yes ... 1➔NEXT CHILD** **No..... 3➔THI14**
2	_____	1 3	1. └─┴─┘ Years old 8. DK **If younger than 7 years old ➔THI13**	01➔THI13 06➔THI13 02➔THI13 07➔THI13 03 08➔THI13 04 98➔THI13 05	00 01 02 03 04 05 06 07 98 08_____ _____	**Yes ... 1➔NEXT CHILD** **No..... 3➔THI14**
3	_____	1 3	1. └─┴─┘ Years old 8. DK **If younger than 7 years old ➔THI13**	01➔THI13 06➔THI13 02➔THI13 07➔THI13 03 08➔THI13 04 98➔THI13 05	00 01 02 03 04 05 06 07 98 08_____ _____	**Yes ... 1➔NEXT CHILD** **No..... 3➔THI14**
4	_____	1 3	1. └─┴─┘ Years old 8. DK **If younger than 7 years old ➔THI13**	01➔THI13 06➔THI13 02➔THI13 07➔THI13 03 08➔THI13 04 98➔THI13 05	00 01 02 03 04 05 06 07 98 08_____ _____	**Yes ... 1➔NEXT CHILD** **No..... 3➔THI14**
5	_____	1 3	1. └─┴─┘ Years old 8. DK **If younger than 7 years old ➔THI13**	01➔THI13 06➔THI13 02➔THI13 07➔THI13 03 08➔THI13 04 98➔THI13 05	00 01 02 03 04 05 06 07 98 08_____ _____	**Yes ... 1➔SUPPLEMENT** **No..... 3➔THI14**

THI14. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO

Code for THI09:
1. Male
3. Female

Code for THI11:
01. Without instruction
02. Preschool or Kinder
03. Elementary School
04. Secondary School
05. High school
06. Basic/Superior Normal
07. College
08. Graduate School
98. DK

Code for THI12:
00. Did not complete first grade
01. First grade
02. Second grade
03. Third grade
04. Fourth grade
05. Fifth grade
06. Sixth grade
07. Seventh grade
08. Other (specify)
98. DK

THI15.	**INTERVIEWER: IS THE RESPONDENT [...]?**	
	1. A WOMAN	**1➔THI17**
	2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE IN THIS HOUSEHOLD, OR DOES NOT HAVE A SPOUSE/PARTNER	**2➔THI17**
	3. A MAN, AND HIS SPOUSE/PARTNER LIVES IN THIS HOUSEHOLD	**3**
THI16.	In total, how many children do you have with other partners, who are alive, but who do not live with you in the same household?	
	1. Number of children	1. ⌴⌴ Children alive➔**THI 17x**
	3. None	3. ➔**SECTION TO**
THI17.	In total, how many children do you have who are alive, but who do not live with you in the same household?	
	1. Number of children	1. ⌴⌴ Children alive
	3. None	3. ➔**SECTION TO**
THI17x.	**INTERVIEWER: VERIFY IF THE RESPONDENT IS A PANEL MEMBER**	
	1. PANEL	**1. PANEL ➔ REVIEW AND UPDATE PRE-PRINTED LIST**
	3. NEW MEMBER	**3. NEW ➔ FILL OUT THI20 ACCORDING TO THE INFORMATION IN THI17**

LIST OF CHILDREN FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST
FILL OUT THE COLUMNS FROM THI20 TO THI25 WITH THE INFORMATION OF THE CHILDREN WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.
THI18.   INTERVIEWER: FIRST FILL OUT THI20, STARTING WITH THE OLDEST CHILD.

Could you please give me the name of your children who do not live in this household but are alive?

THI19.	**Child Alive**	**1**	**2**	**3**	**4**	**5**
THI20.	**Name**	_____ →	_____ →	_____ →	_____ →	_____ →
THI24a.	In the last 12 months, **did you give** [...] any help such as money, clothes, or food, or did you offer your time to help him/her with something?	Yes...................... 1 No .... 3 →**THI24c** Did not want to answer…7 →**THI24c**	Yes......................1 No ....3 →**THI24c** Did not want to answer…7 →**THI24c**	Yes ....1 No ....3 →**THI24c** Did not want to answer…7 →**THI24c**	Yes ....1 No........................3 →**THI24c** Did not want to answer…7 →**THI24c**	Yes ....1 No........................ 3 →**THI24c** Did not want to answer…7 →**THI24c**
THI24b.	In the last 12 months, what kind of help **did you offer** [...]? **(ADD THE TOTAL GIVEN TO EACH CHILD IN EACH OPTION)** **(SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)**	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴
THI24c.	In the last 12 months, **did you receive** from [...] any help like money, clothes, or food, or did he/she offer you his/her time to help you with something?	Yes......................1 No ....3 →**THI25** Did not want to answer…7 →**THI25**	Yes......................1 No ....3 →**THI25** Did not want to answer…7 →**THI25**	Yes ....1 No ....3 →**THI25** Did not want to answer…7 →**THI25**	Yes .... 1 No........................ 3 →**THI25** Did not want to answer…7 →**THI25**	Yes ....1 No........................ 3 →**THI25** Did not want to answer…7 →**THI25**
THI24d.	In the last 12 months, what kind of help did you receive from [...]? **(ADD THE TOTAL RECEIVED FROM EACH CHILD IN EACH OPTION)** **(SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)**	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴	1. $⌴,⌴⌴⌴,⌴⌴⌴ 2. $⌴,⌴⌴⌴,⌴⌴⌴ 3. $⌴,⌴⌴⌴,⌴⌴⌴ 4. $⌴,⌴⌴⌴,⌴⌴⌴ 5. ⌴⌴ a. Days b. Months 6. ⌴⌴ a. Days b. Months 7. $⌴,⌴⌴⌴,⌴⌴⌴
THI25.	**VERIFY:** **IS THERE ANOTHER CHILD?**	Yes...1→**NEXT CHILD** No ....3→**THI26**	Yes...1→**NEXT CHILD** No….3 →**THI26**	Yes...1→**NEXT CHILD** No….3→**THI26**	Yes...1→**NEXT CHILD** No….3→**THI26**	Yes...1→**SUPPLEMENT** No….3→**THI26**
THI26.	**INTERVIEWER:** **IT THERE A SUPPLEMENT?**	Yes...1→**Supplement. Then TO01** No ....3→**TO01**	**Code for THI24b and THI24d** 1. Money to pay expenses related to your/his/her health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products	5. Time and care during any illness 6. Do housework, take care of kids, provide accommodation or help with any other work 7. Other (specify)		

LIST OF CHILDREN FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST

FILL OUT THE COLUMNS FROM THI 20 TO THI 25 WITH THE INFORMATION OF THE CHILDREN WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.

THI18.   INTERVIEWER: FIRST FILL OUT THI20, STARTING WITH THE OLDEST CHILD.

Could you please give me the name of your children who do not live in this household but are alive?

THI19.	**Child Alive**	**1**	**2**	**3**	**4**	**5**
THI20.	**Name**	_____ →	_____ →	_____ →	_____ →	_____ →
THI21.	Gender	1 3	1 3	1 3	1 3	1 3
THI22.	Age	1. ⌴⌴ Years old 8. DK **If younger than 7 years old** **➜THI25**	1. ⌴⌴ Years old 8. DK **If younger than 7 years old** **➜THI25**	1. ⌴⌴ Years old 8. DK **If younger than 7 years old** **➜THI25**	1. ⌴⌴ Years old 8. DK **If younger than 7 years old** **➜THI25**	1. ⌴⌴ Years old 8. DK **If younger than 7 years old** **➜THI25**
THI23.	What is the highest level of education […] achieved? **(SEE CODES)**	01➜THI24a 06➜THI24a 02➜THI24a 07➜THI24a 03 08➜THI24a 04 98➜THI24a 05	01➜THI24a 06➜THI24a 02➜THI24a 07➜THI24a 03 08➜THI24a 04 98➜THI24a 05	01➜THI24a 06➜THI24a 02➜THI24a 07➜THI24a 03 08➜THI24a 04 98➜THI24a 05	01➜THI24a 06➜THI24a 02➜THI24a 07➜THI24a 03 08➜THI24a 04 98➜THI24a 05	01➜THI24a 06➜THI24a 02➜THI24a 07➜THI24a 03 08➜THI24a 04 98➜THI24a 05
THI24.	What is the highest grade […] passed? **(SEE CODES)**	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08_____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08_____

Code for THI21:
1. Male
3. Female

Code for THI23:
01. Without instruction
02. Preschool or Kinder
03. Elementary School
04. Secondary School
05. High school
06. Basic/Superior Normal
07. College
08. Graduate School
98. DK

Code for THI24:
00. Did not complete first grade
01. First grade
02. Second grade
03. Third grade
04. Fourth grade
05. Fifth grade
06. Sixth grade
07. Seventh grade
08. Other (specify)
98. DK

TO01.	During the last 12 months, **did you give** any person, who is not your father/mother, brother/sister, or son/daughter and who lives outside this household, any kind of help such as money, clothes, or food, or offered your time to help him/her with something?	Yes............................ 1 No .... 3➔**TO03**

TO02.	During the last 12 months, what kind of help did you offer to these people and how much was that in total?
	      (ADD THE TOTAL OF WHAT YOU GAVE TO ALL THESE PEOPLE IN EACH OPTION)
	      (READ OPTIONS AND CIRCLE ALL THAT APPLY)
	
	  1. Money to pay expenses related to their health
	
	  2. Pay school tuition
	
	  3. Any other money support
	
	  4. Food, clothes, or other products
	
	  5. Time and care during any illness
	
	  6. Do the housework, take care of kids, provide accommodation or help with any other work
	
	  7. Other (specify)
		1. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		2. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		3. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		4. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		5. ⅬⅬⅬ a. Days b. Months
		
		6. ⅬⅬⅬ a. Days b. Months
		
		7. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		_____

TO03.	During the last 12 months, **did you receive** from any person who is not your father/mother, brother/sister, or son/daughter and who lives outside this household, any kind of help such as money, clothes, food, or did they offer you their time to help you with something?	Yes............................ 1 No .... 3➔**SECTION NE**

TO04.	During the last 12 months, what kind of help did you receive from these people and how much was in total?
	      (ADD THE TOTAL OF WHAT YOU RECEIVED FROM ALL THESE PEOPLE IN EACH OPTION)
	      (READ OPTIONS AND CIRCLE ALL THAT APPLY)
	
	  1. Money to pay expenses related to your health
	
	  2. Pay school tuition
	
	  3. Any other money support
	
	  4. Food, clothes, or other products
	
	  5. Time and care during any illness
	
	  6. Do the housework, take care of kids, provide accommodation or help with any other work
	
	  7. Other (specify)
		1. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		2. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		3. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		4. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		5. ⅬⅬⅬ a. Days b. Months
		
		6. ⅬⅬⅬ a. Days b. Months
		
		6.1 ⅬⅬⅬ Days/Week
		
		6.2 ⅬⅬⅬ Weeks/Month
		
		7. $ⅬⅬ,ⅬⅬⅬⅬ,ⅬⅬⅬⅬ
		
		_____

FILL OUT THIS SECTION AFTER COMPLETING THE BOOK

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

A. NOBODY
B. A CHILD WHO IS 5 YEARS OLD OR YOUNGER
C. A CHILD WHO IS OLDER THAN 5 YEARS OLD
D. SPOUSE/PARTNER
E. AN ADULT HOUSEHOLD MEMBER
F. AN ADULT NON-HOUSEHOLD MEMBER

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

1. EXCELLENT
2. GOOD
3. FAIR
4. BAD
5. VERY BAD

NE03. WHAT IS YOUR EVALUATION OF THE SERIOUNESS AND ATTENTIVENES OF THE RESPONDENT?

1. EXCELLENT
2. GOOD
3. FAIR
4. BAD
5. VERY BAD

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

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

NE06. WHAT QUESTIONS DID THE RESPONDENT SEEM INTERESTED IN?
_____
_____
_____

NE07. NOTES

_____
_____
_____
_____
_____
_____
_____

VISITS CONTROL

NUMBER OF VISITS	DATE OF THE VISIT			LENGTH OF THE VISIT		VISIT RESULTS (SEE CODES)	ANSWERED SECTIONS (CIRCLE)	DATE FOR THE NEXT VISIT				
	DAY	MONTH	YEAR	HRS.	MIN.			HRS.	MIN.	DAY	MONTH	YEAR
1	|_	|_	|_			|_	GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE	|_	|_	|_	|_	|_
2	|_	|_	|_			|_	GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE	|_	|_	|_	|_	|_
3	|_	|_	|_			|_	GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE	|_	|_	|_	|_	|_
4	|_	|_	|_			|_	GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE	|_	|_	|_	|_	|_
5	|_	|_	|_			|_	GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE	|_	|_	|_	|_	|_
6	|_	|_	|_			|_	GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE	|_	|_	|_	|_	|_

TOTAL LENGTH OF THE VISIT:

|_|_|

VISIT RESULTS

INTERVIEWER REGISTRATION

POSITION	NAME	CODE	SIGNATURE	DELIVERY DATE
HOUSEHOLD INTERVIEWER				
SUPERVISOR				
EDITOR				

RESULT OF THE VISIT
20. Complete and correct
21. Incomplete due to new appointment
22. Respondent refused to continue
23. Respondent not found in successive visits
24. Respondent refused to provide information
25. Respondent not found
26. Respondent could not provide information
27. Other (specify) _____