

HOUSEHOLD MEMBERS CHARACTERISTICS

MEXICAN FAMILY LIFE SURVEY

(THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER 15 YEARS OLD OR OLDER)

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

RESPONDENT		
Name of the person about whom you are asking:		
LS (Household member identification) of the person about whom you are asking:		
Age of the person about whom you are asking:		
Gender of the person about whom you are asking: 1) Male 3) Female		
Respondent's name:		
Respondent's LS (Household member identification):		
Respondent's age:		
1.Panel		1
3.New		3

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.

CONFIDENTIAL



MARITAL HISTORY (SECCIÓN HM)

I would like to ask you about the marriage history of (NAME).

HM01a. INTERVIEWER VERIFY: IS (NAME) A PANEL MEMBER?	1. Yes 3. No → HM01
HM01b. Has the marital status of (NAME) changed since 2005?	1. Yes 3. No → SECTION MG

HM01. What is (NAME)'s current marital status? 01. Has never been married nor lived in domestic partnership 02. Married 03. Domestic partnership 04. Divorced 05. Separated (lived in domestic partnership) 06. Separated (still married, but no longer living together) 07. Widow (lived in domestic partnership) 08. Widow (was married) 98. DK	01 → SECTION MG 02 03 04 05 06 07 08 98 → SECTION MG
HM02. How many times has (NAME) been married or lived in domestic partnership?  1. Times 8. DK	1.  __  Times 8.

MARITAL HISTORY (SECCIÓN HM)

HM03	Could you give me the name of (NAME)'s last/current spouse/partner?	Last/Current _____
HM04.	In which month and year did (NAME) get married or started living in domestic partnership with [...]? 1. Year and month  8. DK	1. ____ Year → HM06 ____ Month 8.
HM05.	How old was (NAME) when he/she got married/started living in domestic partnership with [...]? 1. Age 8. DK	1. ____ Years old 8.
HM06.	During his/her marriage with [...], has (NAME) lived away from [...] for more than a month due to work, studies or any other reason? 1. Yes (specify how many times) 3. No 8. DK	1. ____ Times 3. → HM08 8. → HM08
HM07.	If you could put together all the time that (NAME) has been away from [...] since his/her marriage/domestic partnership started, how much time would it be? 1. Months and years  8. DK	1. ____ Months Years 8.
HM08.	INTERVIEWER: IS [...] A HOUSEHOLD MEMBER? 1. YES 3. NO	1 → SECTION MG 3
HM09.	When did his/her marriage/domestic partnership with [...] end? 1. Year and month  2. Still together 8. DK	1. ____ Year ____ Month → HM11 2 → HM11 8
HM10.	How old was (NAME) when his/her marriage/domestic partnership with [...] ended? 1. Age 8. DK	1. ____ Years old 8.

MARITAL HISTORY (SECCIÓN HM)

HM03	Could you give me the name of (NAME)'s last/current spouse/partner?	Last/Current _____
HM11.	What is the last level of education [...] achieved? 1. Without instruction 2. Elementary School 3. Secondary School 4. High School 5. Basic normal 6. College 7. Graduate School 8. DK	1 → SECTION MG 2 3 4 5 → SECTION MG 6 → SECTION MG 7 → SECTION MG 8 → SECTION MG
HM12.	What is the last grade [...] completed 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 or more 08. Not graduated 09. Graduated 10. Other (specify) 98. DK	00 01 02 03 04 05 06 07 08 09 10 _____ 98

MIGRATION (SECTION MG)

Now, I would like to ask you about the place where (NAME) was born and his/her changes of residence.

MG01x.	INTERVIEWER: VERIFY: IS (NAME) A PANEL MEMBER?  1. YES 3. NO	1 → MG09a 3
MG01.	What is the name of the locality/community, municipality/district, state, and country where (NAME) was born?  1. Specify 3. Same locality/ municipality/state/country as the current location 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
MG02.	When (NAME) was born, the place was a [...]? 1. Ranch 2. Town/Village 3. City 4. Ejido 5. Hacienda (i.e., vast ranch) 6. Villa 7. Other (specify) 8. DK	1 2 3 4 5 6 7 _____ 8
MG03.	When (NAME) was 12 years old, did he/she live in the same place where he/she was born?	1. Yes→MG06 3. No 8. DK →MG06
MG04.	What is the name of the locality/community, municipality/district, state, and country where (NAME) lived when he/she was 12 years old?  1. Specify 3. Same locality/municipality/state/country as the current one 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

MG05.	When (NAME) was 12 years old, ¿the place was a [...]? 1. Ranch 2. Town/Village 3. City 4. Ejido 5. Hacienda (i.e. vast ranch) 6. Villa 7. Other (specify) 8. DK	1 2 3 4 5 6 7 _____ 8
MG06.	Since (NAME) was 12 years old, has he/she lived or has he/she moved away for one year or more, out of the locality/community, where he/she lived then?	1. Yes 3. No → SECTION ED 8. DK → SECTION ED
MG07.	When did (NAME) move away after he/she was 12 years old? 1. Year and month  8. DK	1. ____ Year → MG09 ____ Month 8.
MG08.	How old was (NAME) when he/she moved away after he/she was 12 years old? 1. Age 8. DK	1. ____ Years old → MG09 8. DK → MG09
MG09a.	Has (NAME) changed his/her place of residence since 2005? 1. Yes 3. No	1 3 → SECTION ED
MG09.	What is the name of the locality/community, municipality/district, state, and country where (NAME) lived before coming here?  1. Specify 3. Same locality/municipality/state/country as the current one 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

EDUCATION (SECTION ED)

The following questions are regarding (NAME)'s education.

ED01.	Does (NAME) speak Spanish at his/her home? 1. Yes 3. No	1 3
ED02.	Can (NAME) read and write a message in Spanish? 1. Yes 3. No	1 3
ED03.	Does (NAME) speak an indigenous language? 1. Yes 3. No	1 3
ED04.	Does (NAME) attend or has he/she ever attended school? 1. Yes 3. No 8. DK	1 3 → SECTION TB 8 → SECTION TB
ED05.	What is/was the last level of education (NAME) attended? 01. Without instruction 02. Preschool or Kindergarten 03. Elementary School 04. Secondary School 05. Open Secondary School 06. High School 07. Open High School 08. Basic Normal 09. College 10. Graduate School 98. DK	01 → SECTION TB 02 → SECTION TB 03 04 05 → ED07 06 07 → ED07 08 → ED07 09 → ED07 10 → ED07 98 → ED08
ED06.	What is the last grade (NAME) completed? 00. Did not complete the first grade 01. First grade 02. Second grade 03. Third grade 04. Fourth grade 05. Fifth grade 06. Sixth grade 07. Seventh grade or more 08. Other (specify) 98. DK	00 → ED08 01 → ED08 02 → ED08 03 → ED08 04 → ED08 05 → ED08 06 → ED08 07 → ED08 08 → ED08 98 → ED08

ED07.	Did (NAME) obtain the degree that certifies that he/she graduated from that level of education? 1. Yes, he/she graduated/has a degree 2. Has not graduated 3. Did/Has not finish/finished all courses 8. DK	1 2 3 8
ED08.	Additionally, does/did (NAME) take technical or commercial courses? 1. Yes 3. No 8. DK	1 3 → ED10 8 → ED10
ED09.	How many years did (NAME) pass/has (NAME) passed in these courses? 1. Less than a year 2. Years passed 8. DK	1. 2. <input type="text"/> Years 8.
ED10.	Does (NAME) still attend school?	1 → ED12a 3 8 → ED12a
ED11.	In which date did (NAME) quit school or graduate? 1. Month and year 8. DK	1. <input type="text"/> / <input type="text"/> → ED12a Month Year 8.
ED12.	How old was (NAME) when he/she stopped attending school? 1. Age 8. DK	1. <input type="text"/> Years old 8.
ED12a.	INTERVIEWER: VERIFY: IS (NAME) A PANEL MEMBER? 1. YES 3. NO	1 → ED12b 3 → ED13
ED12b.	In what year did (NAME) finish school? 1. Before 2005 2. After 2005 3. He/She still attends school	1 → SECTION TB 2 3

EDUCATION (SECTION ED)

<b>ED13.</b> The school that (NAME) attends/attended is/was [...]? 1. Public/government-run 2. Private/non-government-run 3. Open system 8. DK	1 2 3 8
<b>ED14.</b> Did (NAME) attend school the last school period (August 2008 to July 2009)? 1. Yes, non-open system 2. Yes, open system (open secondary school or high school) 3. Yes, commercial or technical course 4. No 8. DK	1 2 → <b>ED16</b> 3 → <b>SECTION TB</b> 4 → <b>SECTION TB</b> 8 → <b>SECTION TB</b>
<b>ED15.</b> During the last school period, how many months did (NAME) attend school? 1. Months 2. Every month in the school year 3. Was doing thesis or research work, without taking classes 4. Took classes half of the period, and did thesis or research work the other half 8. DK	1. [ ][ ] Months 2. 3. 4. 8.
<b>ED16.</b> During the last school period, what was (NAME)'s <b>annual expenditure</b> on [...]?  1. Enrollment 2. Tuition 3. Exams 4. Special courses 5. Other fees (specify) 6. Books and school supplies 7. School uniforms and sports 8. School festivities and celebrations	1. \$ [ ][ ][ ] , [ ][ ][ ] 2. \$ [ ][ ][ ] , [ ][ ][ ] 3. \$ [ ][ ][ ] , [ ][ ][ ] 4. \$ [ ][ ][ ] , [ ][ ][ ] 5. \$ [ ][ ][ ] , [ ][ ][ ] 6. \$ [ ][ ][ ] , [ ][ ][ ] 7. \$ [ ][ ][ ] , [ ][ ][ ] 8. \$ [ ][ ][ ] , [ ][ ][ ]  } <b>ANNUAL</b>
<b>ED17.</b> During the last school period, what was (NAME)'s <b>average weekly</b> expenditure on [...]? 1. Transportation to school 2. Spending money	1. \$ [ ][ ][ ] , [ ][ ][ ] 2. \$ [ ][ ][ ] , [ ][ ][ ]  } <b>WEEKLY</b>
<b>ED18.</b> Did (NAME) have any other expenditure related to education? 1. Amount Specify how was it spent Specify reference period ( <b>1. annual, 2. monthly 3.weekly, 4. unique</b> ) <b>CIRCLE</b> 3. No 8. DK	1. \$ [ ][ ][ ] , [ ][ ][ ]  _____ <b>A                      B                      C                      D</b> 3. 8.

**EMPLOYMENT (SECTION TB)**

The following questions are related to (NAME)'s work or any other activity that helps with the household expenses.

<b>TB01.</b>	<b>INTERVIEWER: INCLUDE ALL KIND OF WORK: AGRICULTURAL, SELF-EMPLOYMENT, CRAFTSMANSHIP, SLEEPING MATS (MADE FROM LOCAL VEGETATION), TEXTILES, AND SALE OF HOME-MADE PRODUCTS.</b>	
<b>TB02.</b>	What was (NAME)'s main activity last week? 01. Worked or carried out an activity that helped with the household expenses 02. Looked for a job 03. Attended school 04. Homemaker 05. Was sick (did not work) 06. Retired 07. Handicapped 08. Other (specify) 98. DK	01 → <b>TB24</b> 02 03 04 05 06 07 08 _____ 98
<b>TB03.</b>	During the last week, did (NAME) work (or carry out any activity that helped with the household expenses), for at least one hour? 1. Yes 3. No 8. DK	1 → <b>TB24</b> 3 8
<b>TB04.</b>	Last week, did (NAME) work in a family business (agricultural or non-agricultural) either paid or unpaid? 1. Yes 3. No 8. DK	1 → <b>TB24</b> 3 8
<b>TB05.</b>	Does (NAME) have a job (or carry out any activity that helps with the household expenses), but did not attend it/carry it out last week? 1. Yes 3. No 8. DK	1 → <b>TB24</b> 3 8
<b>TB06.</b>	Has (NAME) ever worked (or carried out any activity that helped with the household expenses)? 1. Yes 3. No 8. DK	1 3 → <b>SECTION CR</b> 8 → <b>SECTION CR</b>
<b>TB07.</b>	In the last 12 months, has (NAME) worked (or carried out any activity that helped with the household expenses)? 1. Yes 3. No 8. DK	1 3 → <b>TB09</b> 8 → <b>TB09</b>

<b>TB08.</b>	In what month did (NAME) work (or carry out any activity that helped with the household expenses) for the last time? 1. Month 8. DK	1. ____ Month 8.
<b>TB09.</b>	In what year did (NAME) work (or carry out an activity that helped with the household expenses) for the last time? 1. Year 8. DK	1. _____ → <b>TB11</b> 8.
<b>TB10.</b>	How old was (NAME) when he/she worked (or carried out an activity that helped with the household expenses) for the last time? 1. Age 8. DK	1. ____ Years old 8.
<b>TB11.</b>	What was the main reason why (NAME) did not go back to work (or to carry out an activity to help with the household expenses) since that date? 01. Retired 02. Prolonged sickness 03. Incapacity for working the rest of his/her life 04. Marriage/domestic partnership 05. Had a child 06. Was fired 07. Has not found a job 08. Homemaker 09. Student 10. Changed residence 11. Took care of someone 12. Because of old age 13. Did not have a work permit 14. Did not want to 15. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 _____ 98
<b>TB12.</b>	In his/her last job (or activity that helped with the household expenses), how many hours per week did (NAME) normally work? 1. Hours a week 8. DK	1. ____ Hours/week 8.
<b>TB13.</b>	In (NAME)'s last job (or activity that helped with the household expenses), how many weeks did he/she work per year? 1. Weeks per year 2. All the weeks of the year 8. DK	1. ____ Weeks/year 2. 8
<b>TB14.</b>	What is the name of the activity or occupation that (NAME) performed in his/her last job (or activity that helped the household expenses)? 1. Activity or occupation 8. DK	1. _____ 8



EMPLOYMENT (SECTION TB)

<b>TB15.</b> What were the main activities or tasks that (NAME) performed in his/her last job (or activity that helped with the household expenses)? 1. Main activities 8. DK	1. _____ 8. _____
<b>TB16.</b> What was the main activity of (NAME)'s boss/business/company where he/she worked (or carried out an activity that helped with the household expenses) for the last time? 1. Main activities of his/her boss/business/company 8. DK	1. _____ 8. _____
<b>TB17.</b> So, in his/her last job, (NAME) was a [...]? 1. Peasant on his/her plot 2. Family worker in a household-owned business, without remuneration 3. Non-agricultural worker or employee 4. Rural laborer, or land peon (agricultural worker) 5. Boss, employer, or business owner 6. Self-employed worker 7. Worker without remuneration of a business or company that is not owned by the household 8. DK	1 → <b>TB19</b> 2 → <b>TB19</b> 3 4 5 6 7 8
<b>TB18.</b> In his/her last job, did (NAME) have a [...]? <b>(CIRCLE ALL THAT APPLY)</b> 1. Written indefinite contract (permanent, trustworthy position, etc.) 2. Written fixed-term or project-based contract3. Oral contract (do not have a contract) 4. Social Security (IMSS) 5. ISSSTE, PEMEX, SEDENA or SECMAR 6. Private health insurance given by the company/business 7. AFORE or SAR (savings system for retirement) 8. Christmas bonus 9. None of the above 10. Incapacity due to accident or illness 11. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 _____ 98
<b>TB19. INTERVIEWER:</b> TB17 = 3 4 or 8 → TB20 TB17 = 1 5 or 6 → TB22 TB17 = 2 or 7 → SECTION CR	

EMPLOYMENT (SECTION TB)

<div>TB20.</div> <div>In his/her last job, how much did (NAME) earn on <b>average per month</b> for [...]?</div> <div>ASK FOR THE DETAILED AMOUNT, IF IT IS NOT KNOWN, ASK FOR THE TOTAL AMOUNT</div> <div>1. Detailed amount (DA)</div> <div>A. Wages or salary (AFTER TAXES)</div> <div>B. Piecework</div> <div>C. Commissions and tips</div> <div>D. Extra Hours</div> <div>E. Meals</div> <div>F. Housing</div> <div>G. Transportation</div> <div>3. Total amount (TA)</div> <div>8. DK</div>	
	MONTHLY AVERAGE
	<div>1. DA</div> <div>A. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>B. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>C. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>D. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>E. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>F. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>G. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>3. TA \$ <input type="text"/> , <input type="text"/> , <input type="text"/></div> <div>8.</div>
<div>TB21.</div> <div>In his/her last job, how much did (NAME) earn on <b>average per year</b> for [...]?</div> <div>ASK FOR THE DETAILED AMOUNT, IF IT IS NOT KNOWN, ASK FOR THE TOTAL AMOUNT</div> <div>1. Detailed amount (DA)</div> <div>H. Christmas bonus</div> <div>I. Bonus, additional payment or supplementary wage</div> <div>J. Holiday bonus</div> <div>K. Profit sharing</div> <div>L. Medical benefits</div> <div>M. Other (specify)</div> <div>3. Total Amount (TA)</div> <div>8. DK</div>	
	ANNUAL AVERAGE
	<div>1. DA</div> <div>H. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>I. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>J. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>K. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>L. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS</div> <div>M. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.NS _____</div> <div>3. TA \$ <input type="text"/> , <input type="text"/> , <input type="text"/></div> <div>8.</div> <div>→ SECTION CR</div>
<div>TB22.</div> <div>In his/her last job as a self-employed worker or on his/her own business, what was (NAME)'s monthly income or profit?</div> <div>1. Income/gross profit</div> <div>2. Income/net profit</div> <div>8. DK</div>	
	MONTHLY
	<div>1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/></div> <div>2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/></div> <div>8.</div> <div>→ SECTION CR</div>

EMPLOYMENT (SECTION TB)

Now, I would like to ask you about (NAME)'s main job, that is, the one where he/she earns the majority of his/her income.

	MAIN JOB REFERENCE	SECONDARY JOB REFERENCE
TB24. What is the name of the occupation or task that (NAME) performs in his/her [...]?	<div></div> <div>↓ CONTINUE DOWNWARDS</div>	<div></div> <div>↓ CONTINUE DOWNWARDS</div>
TB25. What are (NAME)'s main activities or tasks, when working as [...]? 1. Main activities  8. DK	1. <div></div> <div></div> 8. <div></div>	1. <div></div> <div></div> 8. <div></div>
TB26. What is the main activity performed by (NAME)'s boss/business/company where he/she work as [...]? 1. Main activities of his/her boss/business/company  8. DK	1. <div></div> <div></div> 8. <div></div>	1. <div></div> <div></div> 8. <div></div>
TB27. What was the total number of hours that (NAME) worked as [...] in the past week? 1. Hours/week 8. DK	1. <div></div> Hours/week 8. <div></div>	1. <div></div> Hours/week 8. <div></div>
TB28. Normally, how many hours per week does (NAME) work as [...]? 1. Hours/week 8. DK	1. <div></div> Hours/week 8. <div></div>	1. <div></div> Hours/week 8. <div></div>
TB29. What is the total number of weeks that (NAME) worked as [...] in the last year? 1. Weeks/year 2.All the weeks of the year 8. DK	1. <div></div> Weeks/year 2. <div></div> 8. <div></div>	1. <div></div> Weeks/year 2. <div></div> 8. <div></div>
TB30. How many people, including (NAME) worked during the past month in his/her workplace (office, company, shop, business, etc)? 1. Number of people 8. DK	1. <div></div> , <div></div> People 8. <div></div>	1. <div></div> , <div></div> People 8. <div></div>
TB31. From Monday through Sunday of last week, how much time did (NAME) spend going to work and coming back home? 1. Hours 2. Minutes 8. DK	1. <div></div> Hours 2. <div></div> Minutes 8. <div></div>	1. <div></div> Hours 2. <div></div> Minutes 8. <div></div>

EMPLOYMENT (SECTION TB)

Now, I would like to ask you about (NAME)'s main job, that is, the one where he/she earns the majority of his/her income.

	MAIN JOB REFERENCE	SECONDARY JOB REFERENCE
TB24. What is the name of the occupation or task that (NAME) performs in his/her [...]?	<div></div> <div>↓ CONTINUE DOWNWARDS</div>	<div></div> <div>↓ CONTINUE DOWNWARDS</div>
TB32. Then, when he/she works as [...], is he/she a [...]? 1. Peasant on his/her plot 2. Family worker in a household-owned business, without remuneration 3. Non-agricultural worker or employee 4. Rural laborer, or land peon (agricultural worker) 5. Boss, employer, or business owner 6. Self-employed worker 7. Worker without remuneration of a business or company that is not owned by the household 8. DK	1 ➔ TB34 2 ➔ TB34 3 4 5 6 7 8	1 ➔ TB34 2 ➔ TB34 3 4 5 6 7 8
TB33. When (NAME) works as [...] does he/she have [...]? (CIRCLE ALL THAT APPLY) 1. Written indefinite contract (permanent, trustworthy position, etc.) 2. Written fixed-term or project-based contract 3. Oral contract (do not have a contract) 4. Social Security (IMSS) 5. ISSSTE, PEMEX, SEDENA or SECMAR 6. Private health insurance given by the company/business 7. AFORE or SAR (savings system for retirement) 8. Christmas bonus 9. None of the above 10. Incapacity due to accident or illness 11. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 98	01 02 03 04 05 06 07 08 09 10 11 98
TB34. INTERVIEWER: TB32 = 3 4 or 8 ➔ TB35A (TB35B if filling out secondary job) TB32 = 1 5 or 6 ➔ TB37 TB32 = 2 or 7 ➔ TB39 (SECTION CR if filling out secondary job)		

EMPLOYMENT (SECTION TB)

Now, I would like to ask you about (NAME)'s main job, that is, the one where he/she earns the majority of his/her income.

TB24. What is the name of the occupation or task that (NAME) performs in his/her [...]?	MAIN JOB REFERENCE	SECONDARY JOB REFERENCE
	↓ CONTINUE DOWNWARDS	↓ CONTINUE DOWNWARDS
	TB35A. How much did (NAME) earn last month, since (SAY THE DATE OF A MONTH AGO) until today, for working as [...]?	TB35B. How much did (NAME) earn last month, since (SAY THE DATE OF A MONTH AGO) until today, for working as [...]?
ASK FOR THE DETAILED AMOUNT, IF IT IS NOT KNOWN, ASK FOR THE TOTAL AMOUNT  1. Detailed amount (DA)  A. Wage or salary (AFTER TAXES) B. Piecework C. Commissions and tips D. Extra hours E. Meals F. Housing G. Transportation H. Medical Benefits I. Others (specify)  3. Total Amount (TA)  8. DK	1. DA  A. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK B. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK C. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK D. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK E. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK F. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK G. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK H. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK I. \$[ ] , [ ] [ ] , [ ] [ ] 8. DK  3. TA \$[ ] , [ ] [ ] , [ ] [ ]  8.	ASK ONLY FOR THE TOTAL AMOUNT          3. TA \$[ ] , [ ] [ ] , [ ] [ ]  8.

## EMPLOYMENT (SECTION TB)

**Now, I would like to ask you about (NAME)'s main job, that is, the one where he/she earns the majority of his/her income.**

	MAIN JOB REFERENCE	SECONDARY JOB REFERENCE
<b>TB24.</b> What is the name of the occupation or task that (NAME) performs in his/her [...]?	↓ CONTINUE DOWNWARDS	↓ CONTINUE DOWNWARDS
	<b>TB36A.</b> How much did (NAME) earn the <b>last twelve months</b> , since ( <b>SAY THE DATE OF 12 MONTHS AGO</b> ) until today, for working as [...]?	<b>TB36B.</b> How much did (NAME) earn the <b>last twelve months</b> , since ( <b>SAY THE DATE OF 12 MONTHS AGO</b> ) until today, for working as [...]?
<p><b>ASK FOR THE DETAILED AMOUNT, IF IGNORED, ASK FOR THE TOTAL AMOUNT</b></p> <p><b>1. Detailed amount (DA)</b></p> <p>A. Wage or salary (<b>AFTER TAXES</b>)</p> <p>B. Piecework</p> <p>C. Commissions and tips</p> <p>D. Extra hours</p> <p>E. Christmas bonus</p> <p>F. Bonus, additional payment or supplementary wage</p> <p>G. Holiday bonus</p> <p>H. Profit sharing</p> <p>I. Meals</p> <p>J. Housing</p> <p>K. Transportation</p> <p>L. Medical Benefits</p> <p>M. Others (specify)</p> <p><b>3. Total Amount (TA)</b></p> <p><b>8. DK</b></p>	<p><b>1. DA</b></p> <p>A. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>B. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>C. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>D. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>E. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>F. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>G. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>H. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>I. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>J. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>K. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>L. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p>M. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8. DK</p> <p><b>3. TA</b> \$ <input type="text"/> , <input type="text"/> , <input type="text"/></p> <p><b>8.</b></p> <p>→TB39</p>	<p><b>ASK ONLY FOR THE TOTAL AMOUNT</b></p> <p><b>3. TA</b> \$ <input type="text"/> , <input type="text"/> , <input type="text"/></p> <p><b>8.</b></p> <p>→SECTION CR</p>

EMPLOYMENT (SECTION TB)

Now, I would like to ask you about (NAME)'s main job, that is, the one where he/she earns the majority of his/her income.

	MAIN JOB REFERENCE	SECONDARY JOB REFERENCE
TB24. What is the name of the occupation or task that (NAME) performs in his/her [...]?	↓ CONTINUE DOWNWARDS	↓ CONTINUE DOWNWARDS
TB37. How much money did (NAME) earn for working as [...] during the last month, since (SAY THE DATE OF ONE MONTH AGO) until today?  1. Income/gross profit 2. Income/net profit 8. DK	1. \$ [ ] , [ ] [ ] , [ ] [ ] 2. \$ [ ] , [ ] [ ] , [ ] [ ] 8.	1. \$ [ ] , [ ] [ ] , [ ] [ ] 2. \$ [ ] , [ ] [ ] , [ ] [ ] 8.
TB38. How much money did (NAME) earn for working as [...] during the last 12 months, since (SAY THE DATE OF 12 MONTHS AGO) until today?  1. Income/gross profit 2. Income/net profit 8. DK	1. \$ [ ] , [ ] [ ] , [ ] [ ] 2. \$ [ ] , [ ] [ ] , [ ] [ ] 8.	1. \$ [ ] , [ ] [ ] , [ ] [ ] 2. \$ [ ] , [ ] [ ] , [ ] [ ] 8.
TB39. Besides working as [...], currently, does (NAME) have another job (or activity that helps with the household expenses)? (IF THERE IS MORE THAN ONE ADDITIONAL JOB OR ACTIVITY, ASK FOR THE ONE THAT GENERATES THE HIGHEST INCOME)  1. Yes 3. No 8. DK	1 → TB24 and TB25 NEXT COLUMN 3 → SECTION CR 8 → SECTION CR	

CREDIT (SECTION CR)

The following questions are related to the credits/loans that (NAME) has acquired.

<p><b>CR01.</b> In the last 12 months, did (NAME) make any <b>purchases with credit cards</b> that he/she did not pay in full at the due date? <b>(DO NOT INCLUDE DEBIT CARDS)</b></p> <p>1. Yes, he/she made purchases and did not pay them in full at the due date 2. Yes, he/she made purchases but paid them in full at the due date 3. No, he/she did not make purchases with credit card, but he/she has one 4. He/She does not have a credit card 8. DK</p>	<p>1 2 3 4 ➔ <b>CR04</b> 8 ➔ <b>CR04</b></p>
<p><b>CR02.</b> In the <b>last 12 months</b>, did (NAME) <b>withdraw cash from his/her credit card</b> and did not pay it in full at the due date? <b>(DO NOT INCLUDE DEBIT CARDS)</b></p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 8</p>
<p><b>CR03.</b> Currently, what is the total balance (NAME) owes in his/her <b>credit cards</b>?</p> <p>1. Amount 8. DK</p>	<p>1. \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> 8.</p>
<p><b>CR04.</b> In the <b>last 12 months</b>, has (NAME) participated in a Rotating Savings and Credit Association (ROSCA/TANDA)? <b>(INTERVIEWER: IF PARTICIPATED IN MORE THAN ONE, REGISTER THE MOST RECENT)</b></p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 ➔ <b>CR06</b> 8 ➔ <b>CR06</b></p>
<p><b>CR05.</b> How much money has (NAME) given to the Rotating Savings and Credit Association and how much money has he/she received or expects to receive from it?</p> <p>a. Amount given to the Rotating Savings and Credit Association b. Amount received from the Rotating Savings and Credit Association c. Amount that will receive from the Rotating Savings and Credit Association 8. DK</p>	<p>a.1. \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> Amount given b.1. \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> Amount received c.1. \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> Amount that will receive 8</p>
<p><b>CR06.</b> In the <b>last 12 months</b>, did (NAME) acquire any merchandise or service that he/she did not completely pay at that moment? <b>(DO NOT INCLUDE ACQUISITIONS WITH CREDIT CARDS)</b></p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 ➔ <b>CR09</b> 8 ➔ <b>CR09</b></p>
<p><b>CR07.</b> What is the [...]?</p> <p>a. Value of the merchandise, goods, products, or services acquired by (NAME) b. Amount paid to date by (NAME) <b>(INCLUDE AMOUNT PLUS INTEREST)</b> 8. DK</p>	<p>a.1. \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> Total Value 8. DK b.1. \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> Paid Amount 8. DK 8.</p>



CREDIT (SECTION CR)

<p><b>CR09.</b> If (NAME) had an emergency and had to borrow money, where would he/she go or whom would he/she ask for money? <b>(CIRCLE ALL THAT APPLY)</b></p> <p>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) /loan office 09. Other government loan program (specify) 10. IMSS/ISSSTE 11. Other (specify) 98. DK</p>	<p>01 02 03 04 05 06 07 09 _____ 10 _____ 11 _____ 98</p>
<p><b>CR10.</b> In the last 12 months, <b>has (NAME) borrowed</b> money or received credits from any of them?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 → <b>CR26</b> 8 → <b>CR26</b></p>
<p><b>CR11.</b> How many times in the last 12 months, has he/she borrowed money or received credits?</p> <p>1. Number of times 8. DK</p>	<p>1. <input type="text"/> Requests for money loans or credits 8. → <b>CR26</b></p>

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

CREDIT (SECTION CR)

	LAST REQUEST	SECOND TO LAST REQUEST	THIRD TO LAST REQUEST	FOURTH TO LAST REQUEST	FIFTH TO LAST REQUEST
CR13. INTERVIEWER: ASK FOR A REFERENCE	→	→	→	→	→
CR14. Where or to whom did (NAME) 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) 98. DK	01 02 03 04 05 06 07  09 10 11 98	01 02 03 04 05 06 07  09 10 11 98	01 02 03 04 05 06 07  09 10 11 98	01 02 03 04 05 06 07  09 10 11 98	01 02 03 04 05 06 07  09 10 11 98
CR15. Was (NAME) asked for any guarantee when he/she borrowed for [...]?  1. Yes (specify) 3. No 8. DK	1 3 8	1 3 8	1 3 8	1 3 8	1 3 8
CR16. Was the loan for [...] given to (NAME)? 1. Yes 3. No 8. DK	1 → CR18 3 8 → CR18	1 → CR18 3 8 → CR18	1 → CR18 3 8 → CR18	1 → CR18 3 8 → CR18	1 → CR18 3 8 → CR18
CR17. Why was the loan for [...] not given to (NAME)? 1. Specify 8. DK	1 → CR24 8 → CR24	1 → CR24 8 → CR24	1 → CR24 8 → CR24	1 → CR2 4 8 → CR24	1 → CR2 4 8 → CR24
CR18. How much money did (NAME) ask for [...]? 1. Amount 8. DK	1.\$           8.	1.\$           8.	1.\$           8.	1.\$           8.	1.\$           8.
CR19. How much money was lent to (NAME) for [...]? 1. Amount 8. DK	1.\$           8.	1.\$           8.	1.\$           8.	1.\$           8.	1.\$           8.

CREDIT (SECTION CR)

	LAST REQUEST	SECOND TO LAST REQUEST	THIRD TO LAST REQUEST	FOURTH TO LAST REQUEST	FIFTH TO LAST REQUEST
CR13. INTERVIEWER: ASK FOR A REFERENCE	→	→	→	→	→
CR20. To date, how much has (NAME) paid back of the amount that he/she borrowed for [...]? (INCLUDE INTERESTS)	1. \$     ,         ,         3. Everything 8. DK	1. \$     ,         ,         3. Everything 8. DK	1. \$     ,         ,         3. Everything 8. DK	1. \$     ,         ,         3. Everything 8. DK	1. \$     ,         ,         3. Everything 8. DK
CR21. How much time was (NAME) given to pay what he/she borrowed for [...]?  1. Time in years, months, and days  3. No specific period 8. DK	1.             Year Month Days  3. 8.	1.             Year Month Days  3. 8.	1.             Year Month Days  3. 8.	1.             Year Month Days  3. 8.	1.             Year Month Days  3. 8.
CR22. How much money did (NAME) pay / will (NAME) have to pay when the loan for [...] expired/expires? (INCLUDE INTERESTS) 1. Amount paid/will have to pay 8. DK	1. \$     ,         ,         8.	1. \$     ,         ,         8.	1. \$     ,         ,         8.	1. \$     ,         ,         8.	1. \$     ,         ,         8.
CR23. What is the average interest rate (NAME) was charged / will be charged for what he/she 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?	1. YES→CR14, NEXT COLUMN 3. No → CR25	1. YES→CR14, NEXT COLUMN 3. No → CR25	1. YES→CR14, NEXT COLUMN 3. No → CR25	1. YES→CR14, NEXT COLUMN 3. No → CR25	1. YES→SUPPLEMENT 3. No → CR25
CR25. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO				

CR26. Currently, what is the total amount of all (NAME)'s debts? (INTERVIEWER: IN CASE OF HAVING CREDIT CARDS, INCLUDE THEM)  1. Amount 2. Does not have any debts 8. DK	1. \$     ,         ,         2. 8.
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CREDIT (SECTION CR)

<b>CR27.</b> Does (NAME) have savings? 1. Yes 3. No 7. Did not answer 8. DK	1 3 ➔ <b>CR30</b> 7 ➔ <b>CR30</b> 8 ➔ <b>CR30</b>
<b>CR28.</b> How much money does (NAME) have saved? 1. Amount saved 8. DK	1. \$ _____, _____, _____ 8.
<b>CR29.</b> In what type of institution does (NAME) have his/her savings? <b>(CIRCLE ALL THAT APPLY)</b> 01. Did not answer 02. Bank 03. Cooperative 04. Savings fund 05. Friend/relative outside the household 06. Voluntary accounts in the AFORE 07. Solidarity/jointly cash 08. In his/her house 09. In his/her job 10. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 _____ 98
<b>CR30.</b> Does (NAME) have AFORE? 1. Yes 3. No 8. DK	1 3 8

TASTES AND HABITS (SECTION GH)

The following questions are related to (NAME)'s tastes and health.

<b>GH01.</b> What does (NAME) like to drink when he/she is at parties, gatherings, or any other type of festivity? <b>(CIRCLE ALL THAT APPLY)</b> 1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, mezcal, pulque, aguardiente or any fermented maguey juice 5. Other alcoholic beverages (specify) 6. Other non-alcoholic beverages (specify) 8. DK	1 2 3 4  5 _____ 6 _____ 8
<b>GH02.</b> At home, what does (NAME) like to drink with his/her food? <b>(CIRCLE ALL THAT APPLY)</b> <b>(EXCLUDE PARTIES)</b> 1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, mezcal or pulque 5. Other alcoholic beverages (specify) 6. Other non-alcoholic beverages (specify) 8. DK	1 2 3 4 5 _____ 6 _____ 8.
<b>GH03.</b> Does (NAME) make any type of physical exercise as a routine, from Monday through Friday? 1. Yes 3. No 8. DK	1. Yes 3. No → GH06 8. DK → GH06
<b>GH04.</b> How many days from Monday through Friday, does (NAME) exercise? 1. Days 8. DK	1. Days 8. DK
<b>GH05.</b> How much time per day, on average, does (NAME) spend doing exercise? 1. Time in hours and minutes  8. DK	1. / / Hrs. Min. 8.
<b>GH06.</b> Does (NAME) have/Did (NAME) ever have the habit of smoking cigarettes? 1. Yes 3. No 8. DK	1. 3. → SECTION ES 8. → SECTION ES

<b>GH07.</b> How old was (NAME) or in what year did (NAME) start smoking frequently? <b>(IF THERE IS MORE THAN ONE INTERRUPTION, WRITE DOWN THE FIRST TIME HE/SHE BEGAN SMOKING)</b> 1. Age 2. Year in which he/she started smoking 8. DK	1. Age 2. Year 8.
<b>GH08.</b> By the time (NAME) was smoking the most, how many cigarettes did he/she smoke on average per week? 1. Cigarettes per week 2. Packs of cigarettes per week (of 20 units each) 8. DK	1. Cigarettes 2. Packs 8.
<b>GH09.</b> How old was (NAME) or in what year did (NAME) quit smoking on a regular basis? <b>(IF THERE IS MORE THAN ONE INTERRUPTION, WRITE DOWN THE LAST TIME YOU QUIT SMOKING)</b> 1. Age 2. Year he/she quit 3. He/she has not quit smoking on a regular basis 8. DK	1. Age 2. Year 3. 8.
<b>GH10.</b> Currently, how many cigarettes does (NAME) smoke on average per week?  1. Cigarettes per week 2. Packs of cigarettes per week (of 20 units each) 3. He/she completely quit smoking 8. DK	1. Cigarettes 2. Packs 3. → GH12 8. → GH12
<b>GH11.</b> Currently, how much does (NAME) spend on cigarettes per week? 1. Amount 8. DK	1. \$ , 8. DK
<b>GH12.</b> If you could put together all the time (NAME) has smoked, how many years would that be? Please do not consider the time he/she quit smoking. 1. Time in years and months 8. DK	1. Years Months 8.

HEALTH STATUS (SECTION ES)

<b>ES01.</b> Currently, would you say that (NAME)'s health is [...]? 1. Very good 2. Good 3. Regular 4. Bad 5. Very bad 8. DK	1 2 3 4 5 8
<b>ES02.</b> In the last 4 weeks, did (NAME) stop doing any of his/her daily activities or work due to any illness? 1. Yes 3. No 8. DK	1. 3. ➔ <b>ES05</b> 8. ➔ <b>ES05</b>
<b>ES03.</b> In the last 4 weeks, how many days was (NAME) absent from his/her daily activities due to this illness?  1. Days in which he/she was absent from his/her daily activities 8. DK	1.  __ __  Days 8.
<b>ES04.</b> How many days did (NAME) spend in bed due to this illness? 1. Days spent in bed 8. DK	1. __ __  Days 8.
<b>ES05.</b> Comparing (NAME)'s current health status to his/her health status one year ago would you say his/her health is now [...]? 1. Much better 2. Better 3. The same 4. Worse 5. Much worse 8. DK	1 2 3 4 5 8
<b>ES06.</b> Has (NAME) ever had a serious accident? 1. Yes 3. No 8. DK	1 3 ➔ <b>ES08a</b> 8 ➔ <b>ES08a</b>
<b>ES07.</b> When did (NAME) suffer this accident? 1. Age when he/she suffered the accident 2. Year in which the accident happened 8. DK	1.  __ __  Age 2.  __ __ __ __  Year 8.

HEALTH STATUS (SECTION ES)

ES08.	Due to the accident, does (NAME) have a permanent injury that has changed his/her way of living? <b>(PHYSICAL OR PSYCHOLOGICAL INJURY)</b> 1. Yes (specify) 3. No 8. DK	1 _____ 3 8		
ES08a.	INTERVIEWER: IS (NAME) A PANEL MEMBER? 1. YES 3. NO	1 → ES09a 3		
ES09.	Has (NAME) ever had any serious health problems? 1. Yes 3. No	1 → ES10 3 → ES16		
ES09a.	Has (NAME) had any serious health problem in that last 4 years? 1. Yes 3. No	1 → ES10 3 → ES16		
ES10	What are the three most serious health problems that (NAME) has had during his/her life/in the last four years? <b>(ON EACH COLUMN WRITE DOWN THE REFERENCE FOR THE HEALTH PROBLEM AND CONTINUE BY COLUMN FROM ES10 TO ES14)</b>	PROBLEM 1 _____	PROBLEM 2 _____	PROBLEM 3 _____
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 was (NAME) when [...] started was detected? 1. Age 8. DK	1.  _ _  Age 8.	1.  _ _  Age 8.	1.  _ _  Age 8.
ES13.	For how long did (NAME) have [...]? 1. Still suffering from it 2. Time in years, months, and weeks 8. DK	1. 2.  _ _   _ _   _ _  Years Months Weeks 8.	1. 2.  _ _   _ _   _ _  Years Months Weeks 8.	1. → ES16 2.  _ _   _ _   _ _  → ES16 Years Months Weeks 8. → ES16
ES14.	INTERVIEWER: VERIFY IN ES10 IF (NAME) HAS HAD ANOTHER HEALTH PROBLEM (REMEMBER THAT WE ARE ONLY REGISTERING THE THREE MOST SERIOUS HEALTH PROBLEMS)	1. Yes → ES11, Next Column 3. No → ES16	1. Yes → ES11, Next Column 3. No → ES16	
ES16.	Comparing (NAME) with people the same age and gender, could you say his/her health is [...]? <b>(READ OPTIONS)</b> 1. Much better than others 2. Better than others 3. The same as others 4. Worse than others 5. Much worse than others 8. DK	1 2 3 4 5 8		

HEALTH STATUS (SECTION ES)

ES17. INTERVIEWER: IS (NAME) 50 YEARS OLD OR OLDER? (COVER)	1. Yes 3. No → ES22			
ES18. If (NAME) had to [...]	Easily	With difficulty	Could not do it	DK
A. Carry a heavy bucket (full of water, for example) for 20 meters, could he/she do it [...]?	1	3	5	8
B. Walk 5 kilometers, could he/she do it [...]?	1	3	5	8
C. Bend, sit on his/her knees, or squat, could he/she do it [...]?	1	3	5	8
D. Climb up stairs without help, could he/she do it [...]?	1	3	5	8
E. Get dressed without help, could he/she do it [...]?	1	3	5	8
F. Stand up from a chair without help, could he/she do it [...]?	1	3	5	8
G. Go to the bathroom without help, could he/she do it [...]?	1	3	5	8
H. Stand up from the floor without help, could he/she do it [...]?	1	3	5	8
ES19. If (NAME) has a cut or wound, does it take too long to heal? 1. Yes 3. No 8. DK	1 3 8			
ES20. Does (NAME) feel pain in his/her chest when climbing stairs/hills, or when he/she is very active or walking fast? 1. Yes 3. No 8. DK	1 3 8			
ES21. In the mornings, does (NAME) frequently wake up with a headache? 1. Yes 3. No 8. DK	1 3 8			

ES22. In the last 4 weeks, has (NAME) suffered from [...]?	Yes	No	DK
A. Flu	1	3	8
B. Cough a. Dry cough b. Cough with phlegm c. Cough with blood	1 a. 1 b. 1 c. 1	3 3 3 3	8 8 8 8
C. Breathing difficulties a. Asthma b. Short or fast breathing	1 a. 1 b. 1	3 3 3	8 8 8
D. Strong stomach pain	1	3	8
E. Nausea / Vomit	1	3	8
F. Diarrhea, at least three times a day a. Mixed with blood b. Mixed with mucus c. Pale liquid	1 a. 1 b. 1 c. 1	3 3 3 3	8 8 8 8
G. Swollen/painful joints	1	3	8
H. Welts, irritation, or itching in the skin	1	3	8
I. Irritated/red eyes	1	3	8
J. Molar/tooth pain	1	3	8
K. Headache	1	3	8
L. Temperature/ fever	1	3	8
M. Body aches	1	3	8
N. Pain in the left side of your chest	1	3	8
O. Throat	1	3	8
P. Respiratory, digestive or urinary problems	1	3	8
Q. Allergies	1	3	8
R. Blood Pressure	1	3	8
S. Stress	1	3	8
T. Other (specify)	1	3	8
ES23. In the last 4 weeks, has (NAME) frequently woken up at night to urinate? 1. Yes 3. No 8. DK		1 3 8	



OUTPATIENT UTILIZATION (SECTION CE)

The following questions are related to the health services that (NAME) visited or those that visited him/her in the last four weeks.

CE01. In the <b>last 4 weeks</b> , did (NAME) visit any hospital, clinic, health care employee, doctor or healer, without being hospitalized?		1. Yes 3. No 8. DK
CE02. In the <b>last 4 weeks</b> , has (NAME) been visited by any doctor, healer, or health care employee?		1. Yes 3. No 8. DK
CE03. INTERVIEWER: 1. IF CE01 = 3 or 8 and CE02 = 3 or 8 → SECTION HS 2. IF CE01 = 1 or CE02 = 1 → CE04		
(CE TYPE) MEDICAL SERVICES	CE04. In the <b>last 4 weeks</b> , has (NAME) visit [...] /has he/she been visited by [...]?	CE05. How many times did (NAME) visit [...] / was he/she visited by [...] in the last 4 weeks?
A. SSA (Hospital or clinic)	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK
B. IMSS (Hospital or clinic) (INCLUDE IMSS SOLIDARIDAD)	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK
C. ISSSTE (Hospital or clinic)	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK
D. PEMEX, SEDENA, MARINE	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK
E. Private hospital or clinic	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK
F. Private doctor or dentist	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK
G. DIF (Hospital or clinic)	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK
H. Nurse, paramedic, health practitioner	1. Yes→ 3. No↓ 8. DK↓	1.  _ _  Times 8. DK

OUTPATIENT UTILIZATION (SECTION CE)

(CE TYPE) MEDICAL SERVICES	CE04. In the <b>last 4 weeks</b> , has (NAME) gone to [...] /has he/she been visited by [...]?	CE05. How many times did (NAME) visit [...] / was he/she visited by [...] in the last 4 weeks?
I. Mobile Unit	1. Yes➔ 3. No⬇ 8. DK⬇	1.  _ _  Times 8. DK
J. Red Cross	1. Yes➔ 3. No⬇ 8. DK⬇	1.  _ _  Times 8. DK
K. Dispensary	1. Yes➔ 3. No⬇ 8. DK⬇	1.  _ _  Times 8. DK
L. Drugstore (FOR MEDICAL APPOINTMENT)	1. Yes➔ 3. No⬇ 8. DK⬇	1.  _ _  Times 8. DK
M. Traditional health practitioner (Healer, midwife, herb doctor, bone-setter, acupuncturist, etc.)	1. Yes➔ 3. No⬇ 8. DK⬇	1.  _ _  Times 8. DK
N. Other (specify) _____	1. Yes➔ 3. No⬇ 8. DK⬇	1.  _ _  Times 8. DK

INPATIENT UTILIZATION (SECTION HS)

HS01.	During the last 12 months, has (NAME) been an in-patient in a hospital, clinic, health center, or in the house or office of any doctor, midwife or healer, <b>for at least one night</b> ?	1. Yes 3. No→SECTION CA 8. DK→SECTION CA
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(HS Type) HOSPITALIZATION	HS02. During the last 12 months, has (NAME) received in-patient care at [...]?	HS03. How many times has (NAME) received in-patient care at [...] during the last 12 months?
A. SSA (Hospital or clinic)	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
B. IMSS (Hospital or clinic)	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
C. ISSSTE (Hospital or clinic)	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
E. Private hospital or clinic	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
F. Office or house of a private doctor	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
G. Rural health center	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
H. Red Cross	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
I. Traditional health practitioner (midwife, healer, herb doctor)	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK
J. Other (specify) _____	1. Yes→ 3. No↓ 8. DK↓	1.       Times 8. DK

INSURANCE CONDITION (SECTION CA)

The following questions are related to (NAME)’s health insurance.

CA01.	Does (NAME) have public health insurance such as IMSS, ISSSTE, or from any other institution? Or does (NAME) have a private health insurance or any company insurance? <b>(DO NOT INCLUDE LIFE INSURANCES)</b>	1. Yes 3. No→SECTION TP 8. DK→SECTION TP
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INTERVIEWER: FIRST FILL OUT CA02 FOR EACH SENTENCE.
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(CA Type) INSURANCE	CA02.	CA03.	CA04.
	Does (NAME) have health insurance [...]?	Does (NAME) have the right to this insurance [...]? (READ OPTIONS) (CIRCLE ALL THAT APPLY)	From which of (NAME)’s family members does he/she have the insurance [...]? (CIRCLE ALL THAT APPLY)
A. From IMSS	1. Yes→ 3. No↓ 8. DK↓	1. Through his/her job ↓ 2. Through a relative → 3. Other ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK
B. From ISSSTE	1. Yes→ 3. No↓ 8. DK↓	1. Through his/her job ↓ 2. Through a relative → 3. Other ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK
C. From PEMEX/SEDENA/MARINE	1. Yes→ 3. No↓ 8. DK↓	1. Through his/her job ↓ 2. Through a relative → 3. Other ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK
D. From the state government (specify) _____	1. Yes→ 3. No↓ 8. DK↓	1. Through his/her job ↓ 2. Through a relative → 3. Other ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK
E. Private (not given by the company)	1. Yes→ 3. No↓ 8. DK↓	1. Through his/her job ↓ 2. Through a relative → 3. Other ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK
F. Private given by the company (Other than IMSS, ISSSTE, PEMEX SEDENA and MARINE)	1. Yes→ 3. No↓ 8. DK↓	1. Through his/her job ↓ 2. Through a relative → 3. Other ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK
G. Other health insurance (Specify) _____	1. Yes→ 3. No↓ 8. DK↓	1. Through his/her job ↓ 2. Through a relative → 3. Other ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK
H. Popular Health Insurance (Seguro Popular)	1. Yes→ 3. No→SECTION TP 8. DK→SECTION TP	1. He/she acquired/bought it →SECTION TP 2. Through a relative → 3. Other →SECTION TP 8. DK →SECTION TP	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other 8. DK

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

The following questions are related to (NAME)'s parents.

	Father CONTINUE DOWNWARDS ↓	Mother CONTINUE DOWNWARDS ↓
TP01. Is (NAME)'s [...] still alive?	1. Yes 3. No→TP03 8. DK→TP10	1. Yes 3. No→TP03 8. DK→TP10
TP02. Does (NAME) and his/her [...] live in the same household?	1. Yes→TP01, MOTHER'S COLUMN 3. No→TP05	1. Yes→TP19 3. No→TP05
TP03. Has it been more than 12 months since (NAME)'s [...] passed away?	1. Yes 3. No 8. DK	1. Yes 3. No 8. DK
TP04. Did (NAME) and his/her [...] live in the same household when he/she died?	1. Yes→TP07 3. No 8. DK→TP07	1. Yes→TP07 3. No 8. DK→TP07
TP05. How frequently does/did (NAME) get together with his/her [...]? 01. Has never seen/Never saw him/her 02. Has not seen him/her in more than a year (if alive) 03. At least once a year 04. At least once a month 05. At least once a week 06. Every day 07. For periods of 1 to 3 months per year 08. For periods of 4 to 6 months per year 09. For periods of 7 to 12 months per year 98. DK	01 02 03 04 05 06 07 08 09 98	01 02 03 04 05 06 07 08 09 98
TP05a. How old is/was (NAME)'s [...]?	1.  _ _ _  Age	1.  _ _ _  Age
TP06. INTERVIEWER: CHECK IN TP01 IF (NAME)'S FATHER/MOTHER LIVES.	1. Yes→TP10 3. No 8. DK→TP10	1. Yes→TP10 3. No 8. DK→TP10
TP07. In which month and year did (NAME)'s [...] die? 1 Month and year of death 8. DK	1.  _ _  Month  _ _ _ _  Year 8.	1.  _ _  Month  _ _ _ _  Year 8.

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

	Father CONTINUE DOWNWARDS ↓	Mother CONTINUE DOWNWARDS ↓
<b>TP08.</b> How old was (NAME)'s [...] when he/she died? 1. Age 8. DK	1.  _ _ _  Age 8.	1.  _ _ _  Age 8.
<b>TP09.</b> How old was (NAME) when his/her [...] died? 1. Age 8. DK	1.  _ _ _  Age 8.	1.  _ _ _  Age 8.
<b>TP10.</b> Do you know where (NAME)'s [...] 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 _____
<b>TP11.</b> What was the highest level of education (NAME)'s [...] 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
<b>TP12.</b> What was the last grade (NAME)'s [...] 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

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

	Father CONTINUE DOWNWARDS ↓	Mother CONTINUE DOWNWARDS ↓
<b>TP13.</b> What was (NAME)'s [...] first job? 1. Peasant, rural day laborer or agricultural worker 2. Non-agricultural worker 3. Self-employed worker, landlord, business owner/employer 4. Other (specify) 5. Have never worked/Never worked 8. DK	1 2 3 4 _____ 5 8	1 2 3 4 _____ 5 8
<b>TP14.</b> What does (NAME)'s [...] mainly do for a living? / What did (NAME)'s [...] mainly do for a living before he/she died? <b>(READ OPTIONS)</b> 1. Works/Worked 2. Looks /Looked for a job 3. Attends/Attended school 4. Homemaker 5. Retired 6. Sick/handicapped in the past 2 years (without working) 7. Other (specify) 8. DK	1→TP16 2→TP16 3→TP16 4→TP16 5→TP16 6→TP16 7 _____ →TP16 8→TP16	1→TP16 2→TP16 3→TP16 4→TP16 5→TP16 6→TP16 7 _____ →TP16 8→TP16
<b>TP15.</b> What is/was the position of (NAME)'s [...] in his/her current/last job? 1. Peasant, rural day laborer or agricultural worker 2. Non-agricultural worker 3. Self-employed worker, landlord, business owner/employer 4. Other (specify) 8. DK	1 2 3 4 _____ 8	1 2 3 4 _____ 8
<b>TP16.</b> Do you know if (NAME)'s [...] suffers/suffered any chronic or physical illness (deafness, paralysis, blindness, etc.)? 1. Yes (specify) 3. No 8. DK	1 _____ 3 8	1 _____ 3 8

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

	Father CONTINUE DOWNWARDS ↓	Mother CONTINUE DOWNWARDS ↓
<b>TP17.</b> Currently/A year before his/her death, does/did (NAME)'s [...] need help to fulfill personal needs, such as getting dressed, eating, or showering? 1. Yes 3. No 8. DK	1 3 8	1 3 8
<b>TP18.</b> Where does (NAME)'s [...] live? / Where did (NAME)'s [...] live before he/she died? 1. Specify 3. Same State/Country of the respondent 8. DK	1. State 3. Same 8. DK  1. Country 3. Same 8. DK  →TP01, MOTHER'S COLUMN	1. State 3. Same 8. DK  1. Country 3. Same 8. DK



NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

TP19. INTERVIEWER: IN TP20 FIRST FILL OUT THE FATHER'S COLUMN AND THEN DO THE MOTHER'S COLUMN		
TP20. INTERVIEWER:  1. IF TP01 = 8 (RESPONDENT DOES NOT KNOW IF (NAME)'S FATHER/MOTHER STILL LIVES), CIRCLE 1, or IF TP02 = 1 ((NAME)'S FATHER/MOTHER LIVES AT THE HOUSEHOLD), CIRCLE 1, or IF TP03 = 1 ((NAME)'S FATHER/MOTHER DIED MORE THAN 12 MONTHS AGO), CIRCLE 1, or IF TP04 = 1 ((NAME)'S FATHER/MOTHER LIVED AT THE HOUSEHOLD WHEN HE/SHE DIED), CIRCLE 1, or IF TP04 = 8 (RESPONDENT DOES NOT KNOW IF (NAME)'S FATHER/MOTHER LIVED AT THE HOUSEHOLD), CIRCLE 1.  2. IF TP02 = 3 ((NAME)'S FATHER/MOTHER DOES NOT LIVE AT THE HOUSEHOLD), CIRCLE 2, or IF TP03 = 3 AND TP04 = 3 ((NAME)'S FATHER/MOTHER DIED 12 MONTHS AGO OR LESS, AND DID NOT LIVE AT THE HOUSEHOLD), CIRCLE 2.	Father	Mother
	1	1
	2	2
TP21. INTERVIEWER:  CIRCLE ACCORDING TO THE RESULTS IN T020.	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 (NAME)'s parents live together?/Did (NAME)'s parents live together before they died?/Did his/her parents live together before his/her [...] (one of both) died?	1. Yes → COLUMN 1, NEXT PAGE  3. No → FIRST COLUMN 2 NEXT PAGE THEN COLUMN 3 NEXT PAGE  8. DK → FIRST COLUMN 2 NEXT PAGE THEN COLUMN 3 NEXTPAGE	

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

	COLUMN 1 Father and Mother (live together) CONTINUE DOWNWARDS ↓	COLUMN 2 Father CONTINUE DOWNWARDS ↓	COLUMN 3 Mother CONTINUE DOWNWARDS ↓
TP23. During the last 12 months, did (NAME) give his/her [...] any help such as money, clothes, or food, or did (NAME) offer his/her time to help them with something?	1. Yes 3. No→TP25 8. DK→TP25	1. Yes 3. No→TP25 8. DK→TP25	1. Yes 3. No→TP25 8. DK→TP25
TP24. During the last 12 months, what kind of help did (NAME) offer his/her [...]? <b>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</b> A. Money to pay expenses related to his/her 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) 8. DK	A. \$                 B. \$                 C. \$                 D.       a. Days b. Months E.       a. Days b. Months F. \$                 8. DK	A. \$                 B. \$                 C. \$                 D.       a. Days b. Months E.       a. Days b. Months F. \$                 8. DK	A. \$                 B. \$                 C. \$                 D.       a. Days b. Months E.       a. Days b. Months F. \$                 8. DK
TP25. During the last 12 months, did (NAME) receive from his/her [...] any help such as money, clothes, or food, or did they offer their time to help him/her with something?	1. Yes 3. No→TP27 8. DK→TP27	1. Yes 3. No→TP27 8. DK→TP27	1. Yes 3. No→TP27 8. DK→TP27
TP26. During the last 12 months, did (NAME) receive support from his/her [...] such as [...]? <b>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</b> A. Money to pay expenses related to his/her 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) 8. DK	A. \$                 B. \$                 C. \$                 D.       a. Days b. Months E.       a. Days b. Months F. \$                 8. DK	A. \$                 B. \$                 C. \$                 D.       a. Days b. Months E.       a. Days b. Months F. \$                 8. DK	A. \$                 B. \$                 C. \$                 D.       a. Days b. Months E.       a. Days b. Months F. \$                 8. DK

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

	COLUMN 1 Father and Mother (live together) CONTINUE DOWNWARDS ↓	COLUMN 2 Father CONTINUE DOWNWARDS ↓	COLUMN 1 Mother CONTINUE DOWNWARDS ↓
TP27. With whom does/did (NAME)'s [...] live? (CIRCLE ALL THAT APPLY) (THE RELATIONSHIP IS IN REGARD TO THE FATHER/MOTHER) 01. Alone 02. With his/her spouse/partner 03. With hi/hers 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.	1. Yes→WRITE DOWN THE NAME 3. No→SECTION TH 8. DK→SECTION TH  1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	1. Yes→WRITE DOWN THE NAME 3. No →TP21 8. DK →TP21  1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	1. Yes→WRITE DOWN THE NAME 3. No→SECTION TH 8. DK→SECTION TH  1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

TH00x. INTERVIEWER: VERIFY IF (NAME) IS A PANEL MEMBER	1. Panel 3. New→TH01
TH001a. Does (NAME) have siblings that died since 2005 to date?	1. Yes→TH01a 3. No → REVIEW PRE-PRINTED LIST. WHEN FINISHED CONTINUE TO →TH12x 8. DK → REVIEW PRE-PRINTED LIST. WHEN FINISHED CONTINUE TO →TH12x

Now, we would like to ask you about (NAME)’s siblings.

TH01. How many siblings did (NAME) have that you know have died?  1. Number of dead siblings 2. None 8. DK	1.  _ _  Siblings→TH02 2. →TH12x 8. →TH12x
TH01a. How many siblings did (NAME) have that you know have died since 2005? 1. Number of dead siblings 2.	1.  _ _  Siblings      REVIEW PRE-PRINTED LIST AND UPDATE IT WITH THE INFORMATION IN TH01a 2.

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

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

TH02a. Can you give me the names of (NAME)'s siblings who have died, starting with the first who passed away.							
TH03. Dead Sibling	TH04. Name	TH05. Gender (SEE CODES)	TH06. In what year was [...] born? or How old would [...] be, if he/she had not died?	TH07. Age at death	TH08. What is the highest level of education [...] reached? (SEE CODES)	TH09. What is the highest grade [...] passed? (SEE CODES)	TH10. INTERVIEWER: IS THERE ANOTHER DEAD SIBLING?
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	1. Yes → NEXT SIBLING 3. No → 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	1. Yes → NEXT SIBLING 3. No → 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	1. Yes → NEXT SIBLING 3. No → 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	1. Yes → NEXT SIBLING 3. No → 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	1. Yes → SUPPLEMENT 3. No → TH11

TH11.	INTERVIEWER: IS THERE A SUPPLEMENT?	1. Yes 3. NO	Code for TH05: 1. Male 3. Female	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 no.t 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
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NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

TH12x. INTERVIEWER: MARK JUST ONE
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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	Does (NAME) have siblings <b>who live</b> in another household?	1. Yes 3. No ➔ SECTION THI
TH13.	How many siblings does (NAME) have <b>who live</b> in another household?	<input type="text"/> Siblings ➔ (FILL OUT THE LIST)

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

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:	→	→	→	→	→
TH20a. During the last 12 months, did (NAME) give [...] any help such as money, clothes, or food, or did (NAME) offer his/her time to help him/her with something?	1. Yes 3. No→TH20c 7. Did not want to answer→TH20c 8. DK→TH20c	1. Yes 3. No→TH20c 7. Did not want to answer→TH20c 8. DK→TH20c	1. Yes 3. No→TH20c 7. Did not want to answer→TH20c 8. DK→TH20c	1. Yes 3. No→TH20c 7. Did not want to answer→TH20c 8. DK→TH20c	1. Yes 3. No→TH20c 7. Did not want to answer→TH20c 8. DK→TH20c
TH20b. During the last 12 months, what kind of help did (NAME) offer [...]? (READ OPTIONS AND CIRCLE ALL THAT APPLY) (SEE CODES)	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 (NAME) receive from [...] any help such as money, clothes, or food, or did he/she offer his/her time to help (NAME) with something?	1. Yes 3. No→TH21 7. Did not want to answer→TH21 8. DK→TH21	1. Yes 3. No→TH21 7. Did not want to answer→TH21 8. DK→TH21	1. Yes 3. No→TH21 7. Did not want to answer→TH21 8. DK→TH21	1. Yes 3. No→TH21 7. Did not want to answer→TH21 8. DK→TH21	1. Yes 3. No→TH21 7. Did not want to answer→TH21 8. DK→TH21
TH20d. During the last 12 months, what kind of help did (NAME) receive from [...]? (READ OPTIONS AND CIRCLE ALL THAT APPLY) (SEE CODES)	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?	1. Yes→NEXT SIBLING 3. No→TH22	1. Yes→NEXT SIBLING 3. No→TH22	1. Yes→NEXT SIBLING 3. No→TH22	1. Yes →NEXT SIBLING 3. No→TH22	1. Si→SUPPLEMENT 3. No→TH22
TH22. INTERVIEWER: IS THERE A SUPPLEMENT?	1. Yes→SUPPLEMENT. WHEN FINISHED CONTINUE IN TH101 3. NO→TH101		Code for TH120b and TH120d 1. Money to pay expenses related to 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)		

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

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.					
INTERVIEWER: FIRST FILL OUT TH16, BEGINNING 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 old 8. DK If younger than 7 years old → TH21	1.       Years old 8. DK If younger than 7 years old → TH21	1.       Years old 8. DK If younger than 7 years old → TH21	1.       Years old 8. DK If younger than 7 years old → TH21	1.       Years old 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



NON-RESIDENT SIBLINGS TRANSFERS (SECTION THI)

Now, I would like to ask you about (NAME)'s children who do not live in this household

THI01. INTERVIEWER: IS (NAME) [...]? 1. A WOMAN 2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE AT THIS HOUSEHOLD, OR DOES NOT HAVE A SPOUSE/PARTNER 3. A MAN, AND HIS SPOUSE/PARTNER LIVES AT THIS HOUSEHOLD	1 ➔ THI04 2 ➔ THI04 3
THI02. Did/Does (NAME) have children with another partner (other than the current one) who do not live with him/her in the same household? 1. Yes 3. No 8. DK	1. Yes 3. No ➔ SECTION TO 8. DK ➔ SECTION TO
THI03. How many children did (NAME) have who died and who were from another partner (other than the current one)? 1. Number of dead children 3. None	1. [ ][ ] ➔ THI05a 3. ➔ THI15
THI04. Did/does (NAME) have children who do <b>not</b> live with him/her in the same household? 1. Yes 3. No 8. DK	1. Yes 3. No ➔ SECTION TO 8. DK ➔ SECTION TO
THI05. How many children <b>did</b> (NAME) have who died and did not live in the same household? 1. Number of dead children 3. None	1. . [ ][ ] 3. ➔ THI15
THI05a. INTERVIEWER: VERIFY IF (NAME) IS A PANEL MEMBER 1. PANEL 3. NEW	1 ➔ REVIEW AND UPDATE PRE-PRINTED LIST 3 ➔ THI06

NON-RESIDENT SIBLINGS TRANSFERS (SECTION THI)

Could you please give me the name of (NAME)’s dead children, starting with the one that died first?

THI06. INTERVIEWER: FIRST FILL OUT THI08, BEGINNING WITH THE FIRST DEAD CHILD.						
THI07. Dead Child	THI08. Name	THI09. Gender (SEE CODE)	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	1. Yes→NEXT CHILD 3. No→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	1. Yes→NEXT CHILD 3. No→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	1. Yes→NEXT CHILD 3. No→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	1. Yes→NEXT CHILD 3. No→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	1. Yes→SUPPLEMENT 3. No→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

NON-RESIDENT SIBLINGS TRANSFERS (SECTION THI)

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

NON-RESIDENT SIBLINGS TRANSFERS (SECTION THI)

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, BEGINNING WITH THE OLDEST CHILD.					
THI19. Child Alive	1	2	3	4	5
THI20. Name	→	→	→	→	→
THI24a In the last 12 months, did (NAME) give [...] any help such as money, clothes, or food, or did (NAME) offer his/her time to help him/her with something?	1. Yes 3. No→THI24c 7. Did not want to answer→THI24c 8. DK→THI24c	1. Yes 3. No→THI24c 7. Did not want to answer→THI24c 8. DK→THI24c	1. Yes 3. No→THI24c 7. Did not want to answer→THI24c 8. DK→THI24c	1. Yes 3. No→THI24c 7. Did not want to answer→THI24c 8. DK→THI24c	1. Yes 3. No→THI24c 7. Did not want to answer→THI24c 8. DK→THI24c
THI24b In the last 12 months, what kind of help did (NAME) offer [...]? (ADD THE TOTAL GIVEN TO ALL CHILDREN FOR EACH OPTION) (READ OPTIONS AND CIRCLE ALL THAT APPLY) (SEE CODES)	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 (NAME) receive from [...] any help such as money, clothes, or food, or did he/she offer his/her time to help (NAME) with something?	1. Yes 3. No→THI25 7. Did not want to answer→THI25 8. DK→THI25	1. Yes 3. No→THI25 7. Did not want to answer→THI25 8. DK→THI25	1. Yes 3. No→THI25 7. Did not want to answer→THI25 8. DK→THI25	1. Yes 3. No→THI25 7. Did not want to answer→THI25 8. DK→THI25	1. Yes 3. No→THI25 7. Did not want to answer→THI25 8. DK→THI25
THI24d In the last 12 months, what kind of help did (NAME) receive from [...]? (ADD THE TOTAL RECEIVED FROM ALL CHILDREN FOR EACH OPTION) (READ OPTIONS AND CIRCLE ALL THAT APPLY) (SEE CODES)	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. INTERVIEWER: VERIFY: IS THERE ANOTHER CHILD?	1. Yes→NEXT CHILD 3. No →THI26	1. Yes→NEXT CHILD 3. No →THI26	1. Yes→NEXT CHILD 3. No →THI26	1. Yes→NEXT CHILD 3. No →THI26	1. Yes → SUPPLEMENT 3. No → THI26
THI26. INTERVIEWER: IT THERE A SUPPLEMENT?	1. YES → SUPPLEMENT. WHEN FINISHED CONTINUE IN TO01 3. NO → 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)

NON-RESIDENT SIBLINGS TRANSFERS (SECTION THI)

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, BEGINNING WITH THE OLDEST CHILD.					
THI19. Child Alive	1	2	3	4	5
THI20. Name	→	→	→	→	→
THI21. Gender (SEE CODES)	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

## TRANSFERS OF OTHER NON-RESIDENT PERSONS (SECTION TO)

<b>TO01.</b>	During the last 12 months, <b>did (NAME) give</b> any person, who is not his/her 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 his/her time to help him/her with something?	1. Yes 3. No ➔ <b>TO03</b> 8. DK ➔ <b>TO03</b>
<b>TO02.</b>	During the last 12 months, what kind of help did (NAME) offer to these people and how much was that in total? <b>(ADD THE TOTAL OF WHAT (NAME) GAVE TO ALL THESE PEOPLE IN EACH OPTION)</b> <b>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</b>  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)  8. DK	          1. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 2. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 3. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 4. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 5. [ ] [ ]    a. Days         b. Months 6. [ ] [ ]    a. Days         b. Months 7. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] _____ 8. DK
<b>TO03.</b>	During the last 12 months, <b>did (NAME) receive</b> from any person who is not his/her 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 (NAME) their time to help him/her with something?	1. Yes 3. No ➔ <b>SECTION RES</b> 8. DK ➔ <b>SECTION RES</b>
<b>TO04.</b>	During the last 12 months, what kind of help did (NAME) receive from these people and how much was in total? <b>(ADD THE TOTAL OF WHAT (NAME) RECEIVED FROM ALL THESE PEOPLE IN EACH OPTION)</b> <b>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</b>  1. Money to pay expenses related to 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 the housework, take care of kids, provide accommodation or help with any other work 7. Other (specify)  8. DK	          1. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 2. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 3. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 4. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] 5. [ ] [ ]    a. Days         b. Months 6. [ ] [ ]    a. Days         b. Months 7. \$ [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] _____ 8. DK

PREGNANCY SUMMARY (SECTION RES)

RES01.	INTERVIEWER: IS (NAME) A MAN?	1. Yes →SECTION NE 3. No →CONTINUE
RES02.	INTERVIEWER: IS (NAME) OLDER THAN 50 YEARS OLD?	1. Yes →SECTION NE 3. No →CONTINUE
RES00x.	INTERVIEWER: VERIFY IF (NAME) IS A PANEL MEMBER (COVER)	1. Yes →RES00a 3. No →RES03
RES00a.	Has (NAME) been pregnant before 2005?	1. Yes →HE01a 3. No
RES01a.	Has (NAME) been pregnant after 2005?	1. Yes →RES03 3. No →SECTION AC
I would like to ask you some questions regarding (NAME)'s pregnancies.		
RES03.	Has (NAME) had a son or daughter born alive?	1. Yes 3. No → RES14 8. DK → RES14
RES04.	Of those children born alive, does (NAME) have any living with her now?	1. Yes 3. No → RES05=0 8. DK → RES06=0
RES05.	Of those children born alive, how many boys/men live with (NAME) now?	1. <input type="text"/> Men 8. DK
RES06.	Of those children born alive, how many girls/women live with (NAME) now?	1. <input type="text"/> Women 8. DK
RES07.	INTERVIEWER: IN THE HOUSEHOLD ROSTER BOOK C, VERIFY THE TOTAL NUMBER OF (NAME)'S CHILDREN. IF THE TOTAL RESULTING FROM ADDING RES05 + RES06, AND THE NUMBER OF (NAME)'S CHILDREN IN LS01 DO NOT MATCH, CLARIFY THE DIFFERENCES AND RECTIFY THE NUMBER.	
RES08.	Does (NAME) have biological sons or daughters still alive who are not living with her?	1. Yes 3. No → RES09=0 8. DK → RES10=0
RES09.	How many biological sons are still alive, but do not live with (NAME)?	1. <input type="text"/> Men 8. DK
RES10.	How many biological daughters are still alive, but do not live with (NAME)?	1. <input type="text"/> Women 8. DK
RES11	Has (NAME) given birth to sons or daughters who were born alive but died afterwards?	1. Yes 3. No → RES12=0 8. DK → RES13=0
RES12	How many sons of (NAME) were born alive, but died afterwards?	1. <input type="text"/> Men 8. DK

RES13.	How many daughters of (NAME) were born alive, but died afterwards?	1. <input type="text"/> Women 8. DK
RES14.	Has (NAME) had any son or daughter who was born dead?	1. Yes 3. No→RES15=0 8. DK→RES15=0
RES15.	How many sons or daughters born dead has (NAME) had?	1. <input type="text"/> Sons or Daughters 8. DK
RES16.	Has (NAME) had any miscarriage, abortion or pregnancy interruption?	1. Yes 3. No→RES17=0 8. DK→RES17=0
RES17.	How many losses has (NAME) had?	1. <input type="text"/> Losses 8. DK
RES18.	INTERVIEWER: ADD THE NUMBERS (RES05, RES06, RES09,RES10, RES12, AND RES13) AND WRITE THE RESULT HERE: <input type="text"/> Born Alive  TO CONFIRM YOUR ANSWER, (NAME) has had <input type="text"/> child/children born alive, is this correct?  Yes ..... 1 No ..... 3→Verify:RES05, RES06, RES09, RES10, RES12, RES13, CORRECT	
RES19.	INTERVIEWER: ADD THE NUMBERS (RES15 AND RES17) AND WRITE THE RESULT HERE: <input type="text"/> Stillbirths or losses  TO CONFIRM YOUR ANSWER, (NAME) has had <input type="text"/> stillbirths or losses, is this correct?  Yes .....1 No .....3→VERIFY: RES15 and RES17, CORRECT	

PREGNANCY HISTORY (SECTION HE)

HE01.	INTERVIEWER: TRANSFER THE INFORMATION FROM SECTION RES: a. NUMBER OF BIRTHS (RES18) b. LOSSES AND STILLBIRTHS (RES19)	
	a. NUMBER OF LIVE BIRTHS (RES18)  b. NUMBER OF LOSSES AND STILLBIRTHS (RES19)  c. Is (NAME) currently pregnant? 1. Yes (WRITE "1") ➔HE02 3. No (WRITE "0") ➔HE03 8. DK (WRITE "0") ➔HE03	a.  _ _  Born Alive  b.  _ _  Stillbirths/Losses  c.  _  Pregnant
HE02.	On which month does (NAME) expect to give birth to her child?	1.  _ _  Month 8. DK
HE03.	TOTAL OF ( a + b + c )	_ _  IF> 0 ➔ HE04 IF= 0 ➔ SECTION AC
HE04.	How many times has (NAME) been pregnant in the last 5 years?	_  Pregnancies If = 0 or 1 ➔ HE05 If greater than 1 ➔ HE06
HE05.	INTERVIEWER READ THE FOLLOWING: “Now, I am going to ask you about (NAME)’s pregnancies” ➔ HE07	
HE06.	INTERVIEWER READ THE FOLLOWING: “Now, I am going to ask you about (NAME)’s last two pregnancies” REMEMBER THAT IT DOESN’T MATTER WHEN WERE THESE PREGNANCIES	
HE07.	INTERVIEWER: LIST THE LAST TWO PREGNANCIES (NAME) HAS HAD BEGINNING WITH THE LAST ONE. FILL OUT ALL THE ROWS OF EACH COLUMN BEFORE REGISTERING THE NEXT PREGNANCY ➔ CONTINUE TO HE08	



PREGNANCY HISTORY (SECTION HE)

<div>HE01a.</div> <div><div>a. Since 2005, has (NAME) had another pregnancy?</div><div>b. How many times has (NAME) been pregnant (including live births, stillbirths and abortions) since 2005?</div><div>c. Is (NAME) currently pregnant?<div><div>1. Yes (WRITE "1") →HE02a</div><div>3. No (WRITE "0") →HE03a</div><div>8. DK (WRITE "0") →HE03a</div></div></div></div>	<div><div>1. Yes</div><div>3. No → SECTION AC</div><div>b. <div><div></div><div></div></div> Total number of pregnancies</div><div>c. <div><div></div></div> Pregnant</div></div>
<div>HE02a.</div> <div>On which month does (NAME) expect to give birth to her child?</div>	<div><div>1. <div><div></div><div></div></div> Month</div><div>8. DK</div></div>
<div>HE03a.</div> <div>TOTAL OF ( b + c )</div>	<div><div><div><div></div><div></div></div> IF &gt; 0 → HE04a</div><div>IF = 0 → SECTION AC</div></div>

<div>HE04a.</div> <div>Now, I am going to ask you about (NAME)'s last two pregnancies (beginning with the last one) → HE08</div>
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PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second to Last Pregnancy
<b>HE08.</b> INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.		
<b>HE09.</b> What was the result of (NAME)'s [...]? (READ OPTIONS, AND IN CASE OF MULTIPLE PREGNANCY, CIRCLE ALL THAT APPLY) 1. She is pregnant 2. Born alive 3. Pregnancy loss 4. Stillbirth 8. DK	1 ➔ HE10 2 3 4 8	1 ➔ HE10 2 3 4 8
<b>HE09a.</b> On what date did the birth/stillbirth/loss of (NAME)'s [...] occur? 1. Date  8. DK	1.         dd / mm / yy 8.	1.         dd / mm / yy 8.
<b>HE10.</b> In total, how many check-ups did (NAME) have during her [...]? 1. Number of check- ups 2. Zero check- ups 8. DK	1.         Check-ups 2. ➔ HE15 8.	1.         Check-ups 2. ➔ HE15 8.
<b>HE11.</b> In which month of (NAME)'s [...] did she have her first check-up? 1. Time in months 2. Time in weeks 8. DK	1.         Months 2.         Weeks 8.	1.         Months 2.         Weeks 8.
<b>HE12.</b> In (NAME)'s [...] the majority of her check-ups where at [...]? 01. Social Security (IMSS) 02. IMSS Solidaridad 03. ISSSTE (Hospital or clinic ) 04. SSA (Hospital or clinic ) 05. DIF (Public Health Services for Families) 06. Other public health institutions 07. PEMEX/SEDENA/Marine 08. Private medical center, clinic or hospital 09. Midwife's house 10. At home, with a doctor 11. At home, with a midwife 12. Red Cross 13. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 12 13 _____ 98	01 02 03 04 05 06 07 08 09 10 11 12 13 _____ 98

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second to Last Pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY		
HE13. Can you give me the name and the address of the place that (NAME) visits/visited? 1. Specify 3. Same Municipality/District/ Locality/Community/State/ Residence Country 8. DK	1. Name 8. DK 1. Address 8. DK 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. Name 8. DK 1. Address 8. DK 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
HE14. During (NAME)'s [...], did she, at any time, receive the following services?  a. She was weighed b. She was measured c. She was given the Tetanus vaccine d. Her blood pressure was taken e. She had a blood test f. She had an urine test g. They listened to the baby's heart beat h. She had a vaginal test i. Her hips were measured j. Her fundal height was measured with metric tape k. She had an ultrasound l. They talked to her about family planning m. They gave her classes about pregnancy and/or childbirth n. They taught her how to breastfeed	1. Yes 3. No 8. 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 g. 1 3 8 h. 1 3 8 i. 1 3 8 j. 1 3 8 k. 1 3 8 l. 1 3 8 m. 1 3 8 n. 1 3 8	1. Yes 3. No 8. 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 g. 1 3 8 h. 1 3 8 i. 1 3 8 j. 1 3 8 k. 1 3 8 l. 1 3 8 m. 1 3 8 n. 1 3 8
INTERVIEWER: IS (NAME) PREGNANT?	1. Yes ➔ HE15 3. No ➔ CONTINÚE 8. DK ➔ HE15	

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second to Last Pregnancy
<b>HE08. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY</b>		
o. At the end of the pregnancy, was (NAME) offered:  o1. Tubal ligation o2. An intrauterine device o3. Contraceptive pills o4. Contraceptive injections o5. Other (specify)	1. Yes                      3. No                      8. DK o1. 1                          3                          8 o2. 1                          3                          8 o3. 1                          3                          8 o4. 1                          3                          8 o5. 1                          3                          8	1. Yes                      3. No                      8. DK o1. 1                          3                          8 o2. 1                          3                          8 o3. 1                          3                          8 o4. 1                          3                          8 o5. 1                          3                          8
<b>HE15.</b> During (NAME)'s [...] did she take/has she taken [...]?  A. Iron B. Calcium C. Vitamins D. Folic acid	1. Yes                      3. No                      8. DK A. 1                          3                          8 B. 1                          3                          8 C. 1                          3                          8 D. 1                          3                          8	1. Yes                      3. No                      8. DK A. 1                          3                          8 B. 1                          3                          8 C. 1                          3                          8 D. 1                          3                          8
<b>HE16.</b> During (NAME)'s [...] did/has she suffered from [...]?  A. Vaginal bleeding B. Swelling of feet/legs/face/hands C. High blood pressure D. Red eyes E. Frequent headaches F. High blood sugar levels G. Kidney infection H. Fluid with abnormal smell or color I. Threatened preterm labor (last months) J. Threatened miscarriage (first months) K. Acute vaginal itching/vaginal infection L. Premature water breakage	1. Si                          3. No                          8. 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 G. 1                          3                          8 H. 1                          3                          8 I. 1                          3                          8 J. 1                          3                          8 K. 1                          3                          8 L. 1                          3                          8	1. Si                          3. No                          8. 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 G. 1                          3                          8 H. 1                          3                          8 I. 1                          3                          8 J. 1                          3                          8 K. 1                          3                          8 L. 1                          3                          8
<b>HE17. INTERVIEWER:</b> <b>1. HE09 = 1 (SHE IS PREGNANT) OR 3 (LOSS)</b>  <b>3. HE09 = 2 (BORN ALIVE) OR 4 (STILLBIRTH)</b>	<b>1   ➔ HE09 (OTHER PREGNANCY)</b> <b>➔ AC (THERE IS NO OTHER PREGNANCY)</b> <b>3   ➔ HE18</b>	<b>1   ➔ SECTION AC</b>  <b>3   ➔ HE18</b>

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to Last Pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY		
HE18. In her [...], at the moment of childbirth, was (NAME) in labor for more than one day and one night? 1. Yes 3. No 8. DK	1 3 8	1 3 8
HE19. Was her child from her [...] premature? 1. Yes 3. No 8. DK	1 3 8	1 3 8
HE20. Where was the childbirth of her [...]? 01. Social Security (IMSS) 02. IMSS Solidaridad 03. ISSSTE (Hospital or clinic ) 04. SSA (Hospital or clinic ) 05. DIF (Public Health Services for Families) 06. Other public health institutions 07. PEMEX/SEDENA/Marine 08. Private medical center, clinic or hospital 09. Midwife's house 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. At home, with neither doctor nor midwife 13. Red Cross 14. She has not given birth yet 15. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 98	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 98
HE21. Can you give me the name and address of the place that (NAME) visited?  1. Specify 3. Municipality/District/Locality/ Community/State/Country of the check-ups 8. DK  (INTERVIEWER: WRITE DOWN THE ADDRESS OF THE MEDICAL SERVICE)	1. Name 8. DK 1. Address 8. DK 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. Name 8. DK 1. Address 8. DK 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

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second to Last Pregnancy
<b>HE08. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY</b>		
<b>HE22.</b> Was the delivery of [...] normal or caesarean? 1. Normal 2. Caesarean 8. DK	1 2 8	1 2 8
<b>HE23.</b> During the childbirth of (NAME)'s [...]? A. Did she have high blood pressure B. Did she have low blood pressure C. The child was born feet first or bottom first D. The child had the umbilical cord tangled E. She had any complication or difficulty	1. Yes A. 1 B. 1 C. 1 D. 1 E. 1 3. No 3 3 3 3 8. DK 8 8 8 8	1. Yes A. 1 B. 1 C. 1 D. 1 E. 1 3. No 3 3 3 3 8. DK 8 8 8 8
<b>HE24.</b> Did (NAME) receive any type of anesthesia?	1. Yes 3. No 8. DK	1. Yes 3. No 8. DK
<b>HE25.</b> How much did (NAME) spend in transportation to reach the place where she delivered [...]? <b>(ONE WAY ONLY, INCLUDING COMPANION)</b> 1. Transportation expenses 8. DK	1. \$         ,         8	1. \$         ,         8
<b>HE26.</b> How much did the childbirth of her [...] cost her (including medical expenses)? 1. Cost of childbirth 3. Nothing 8. DK	1. \$         ,         3      ➔ <b>HE28</b> 8. DK	1. \$         ,         3      ➔ <b>HE28</b> 8. DK
<b>HE27.</b> Did (NAME) have any insurance / prepaid service for pregnancy and/or childbirth care?	1. Yes 3. No 8. DK	1. Yes 3. No 8. DK
<b>HE28.</b> Who provided care during [...] birth? <b>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</b> 01. General Doctor 02. Gynecologist 03. Pediatrician 04. Midwife 05. Auxiliary or Health Practitioner 06. Nurse 07. Anesthesiologist 08. Nobody 09. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 _____ 98	01 02 03 04 05 06 07 08 09 _____ 98

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second to Last Pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY		
HE29. Is [...] still alive? 1. Yes  3. No  8. DK	1 → { HE09 (there is other pregnancy) AC (there is no other pregnancy)  3  8 → { HE09 (there is other pregnancy) AC (there is no other pregnancy)	1 → SECTION AC  3  8 → SECTION AC
HE30. How old was [...] when he/she died? 1. Age in days 2. Age in weeks 3. Age in months 4. Age in years 8. DK	1. [ ][ ] Days old 2. [ ][ ] Weeks old 3. [ ][ ] Months old 4. [ ][ ] Years old 8. DK  → HE09 (there is other pregnancy)  → AC (there is no other pregnancy)	1. [ ][ ] Days old 2. [ ][ ] Weeks old 3. [ ][ ] Months old 4. [ ][ ] Years old 8. DK  → SECTION AC

ANTICONCEPCIÓN (SECTION AC)

AC07.	Is (NAME) physically capable of conceiving a child? 1. Yes 3. No 8. DK	1 3 8
AC08.	INTERVIEWER: VERIFY IF SHE HAS HAD CHILDREN IN RES18, OR STILLBIRTHS OR LOSSES IN RES19	1. Yes 3. No ➔ AC11
AC10.	How many children did (NAME) have the first time that (NAME) started using a contraceptive method? 1. Number of children 3. Has never used a contraceptive method 8. DK	1.  _ _  Children 3. ➔ SECTION NE 8.
AC11.	Currently, does (NAME) or (NAME)'s spouse/partner use a method to postpone or prevent pregnancy?	1. Yes 3. No ➔ SECTION NE 8. DK ➔ SECTION NE
AC12.	Which method does (NAME) or (NAME)'s spouse/partner use now? (IN CASE OF DOUBT, EXPLAIN THE METHODS)  01. Contraceptive pills 02. Emergency contraception 03. Contraceptive injections 04. Condom or preservative 05. Norplant, Tubes or Implants 06. Herbs/Teas 07. Intrauterine Device (IUD)/Copper T 08. Rhythm, Calendar, Billings or Periodical Abstinence 09. Withdrawal or interruption of coitus 10. Woman's surgery 11. Vasectomy 12. Other (specify) 13. Contraceptive Patch 98. DK	01 02 03 04 05 06 07 08 09 10 11 12 _____ 13 98



INTERVIEWER: 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

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

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

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

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

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

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

**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.		HM CA	MG TP	ED TH	TB THI	CR TO	GH RES	ES HE	CE AC	HS NE	HRS.	MIN.	DAY	MONTH	YEAR
1						I	HM CA	MG TP	ED TH	TB THI	CR TO	GH RES	ES HE	CE AC	HS NE					
2						I	HM CA	MG TP	ED TH	TB THI	CR TO	GH RES	ES HE	CE AC	HS NE					
3						I	HM CA	MG TP	ED TH	TB THI	CR TO	GH RES	ES HE	CE AC	HS NE					
4						I	HM CA	MG TP	ED TH	TB THI	CR TO	GH RES	ES HE	CE AC	HS NE					
5						I	HM CA	MG TP	ED TH	TB THI	CR TO	GH RES	ES HE	CE AC	HS NE					
6						I	HM CA	MG TP	ED TH	TB THI	CR TO	GH RES	ES HE	CE AC	HS NE					

TOTAL LENGTH OF THE VISIT

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VISIT RESULTS (PROXY)

--	--

III-A

--	--

III-B

--	--

VISIT RESULTS PER BOOK

IV

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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 visit  
24. Respondent refused to provide information
25. Respondent not found  
26. Respondent could not provide information  
27. Other (specify) \_\_\_\_\_