

### MEXICAN FAMILY LIFE SURVEY

(THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER WHO KNOWS THE CHARACTERISTICS OF THE CHILD. PREFERABLY THE RESPONDENT SHOULD BE THE CHILD'S MOTHER OR THE CHILD HIMSELF/HERSELF IF HE/SHE IS 12 YEARS OLD OR OLDER). THIS BOOK APPLIES TO HOUSEHOLD MEMBERS AGED 0 TO 14.

### CHARACTERISTICS OF CHILDREN YOUNGER THAN 15 YEARS OLD

FOLIO | | | | | | | | | | | |

PID\_LINK | | | | | | | | | | | |

BOOK INTERVIEW RESULT | |

NUMBER OF SUPPLEMENTS | |

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

RESPONDENT		
Respondent's name:		
Respondent's LS (Household member identification):		
Child's name:		
Child's LS (Household member identification):		
Child's age:		
Child's gender: 1) Male 3) Female		
Is the child a panel member?		
1. Panel		1
3. New		3

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



**CHILD'S EDUCATION (SECTION EDN)**

<b>EDN01a. INTERVIEWER:</b>	<b>1. IF HE /SHE IS 5 YEARS OLD OR OLDER → CONTINUE</b> <b>2. IF HE/SHE IS YOUNGER THAN 5 YEARS OLD → SECTION EMN</b>
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Now, I would like to ask you some questions regarding the educational background of (NAME OF BOY/GIRL)?

<b>EDN01.</b>	Does (NAME OF THE BOY/GIRL) speak an indigenous language? 1. Yes 3. No	1 3
<b>EDN02.</b>	Does (NAME OF THE BOY/GIRL) speak Spanish? 1. Yes 3. No	1 3
<b>EDN02a.</b>	Has (NAME OF THE BOY/GIRL) ever attended preschool or kindergarten regularly? 1. Yes 3. No	1 3
<b>EDN02b.</b>	How old was (NAME OF THE BOY/GIRL) when he started attending preschool or kindergarten regularly? 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years Months	
<b>EDN03.</b>	Does (NAME OF THE BOY/GIRL) currently attend school? Yes ..... 1 → EDN09 No ..... 3	
<b>EDN04.</b>	Why is (NAME OF THE BOY/GIRL) currently not attending school? <b>(CIRCLE ALL THAT APPLY)</b> 01. Helps his/her parents to earn income 02. Helps his/her parents outside the household 03. The child helps in the household 04. There is no school/far away 05. The school does not have a teacher 06. The school remains closed 07. Does not have the documents required 08. Cannot afford to pay the school expenses 09. Does not want to attend school 10. Was not accepted into school 11. Graduated/finished 12. Because he/she is sick/handicapped 13. Because of an accident 14. Because of a change of residence 15. He/she does not have the age 16. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 _____
<b>EDN05.</b>	Currently, what is the <b>main</b> activity of (NAME OF THE BOY/GIRL)? 1. Works 2. Looks for a job 3. Helps in the family business/harvests 4. Helps with household work 5. He/She is sick 6. He/She does not do anything 7. Other (specify)	1 2 3 4 5 6 7 _____

<b>EDN06.</b>	Has (NAME OF THE BOY/GIRL) ever attended school? Yes ..... 1 No ..... 3 → SECTION EMN	
<b>EDN07.</b>	In which month and year did he/she graduate/stop attending school? 1. Month and year 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Month Year 8.
<b>EDN07x.</b>	<b>INTERVIEWER: IS THE RESPONDENT A PANEL MEMBER?</b>	1. <b>YES</b> 3. <b>NO → EDN08</b>
<b>EDN07a.</b>	<b>INTERVIEWER VERIFY EDN07</b> 1. The child graduated/stopped attending school in the year 2004/2005 or after 3. The child graduated/stopped attending school before the year 2004/2005	1. 3. → SECTION EMN
<b>EDN08.</b>	Why did (NAME OF THE BOY/GIRL) stop attending school? <b>(CIRCLE ALL THAT APPLY)</b> 01. To help his/her parents earn income 02. The child helps in the household 03. To help in the family business/harvest 04. Was looking for a job 05. There were no schools/far away 06. The school did not have a teacher 07. The school remained closed 08. Did not have the documents required 09. Could not afford to pay the school expenses 10. Did not want to go back to school 11. Was not accepted into school 12. Graduated/finished 13. Because he/she was sick/handicapped 14. Because of an accident 15. Because of a change of residence 16. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 _____
<b>EDN09.</b>	What was the last level of education (NAME OF THE BOY/GIRL) attended? 01. Without instruction 02. Preschool or Kinder 03. Elementary School 04. Secondary/Technical Secondary 05. Distance Secondary 06. High School 98. DK	01 → SECTION EMN 02 → SECTION EMN 03 04 05 06 98.

<p><b>EDN10.</b> What is the last grade that (NAME OF THE BOY/GIRL) finished in school?                  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. Other (specify)</p>	<p>00                  01                  02                  03                  04                  05                  06                  07 _____</p>																																																						
<p><b>EDN11.</b> Has (NAME OF THE BOY/GIRL) ever repeated any grade?</p>	<p>Yes.....1                  No.....3→EDN13                  DK.....8→EDN13</p>																																																						
<p><b>EDN12.</b> What grades has (NAME OF THE BOY/GIRL) repeated, and how many times?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Elementary School</th> <th colspan="2">Secondary School</th> <th colspan="2">High School</th> </tr> <tr> <th>Grade</th> <th>Times repeated</th> <th>Grade</th> <th>Times repeated</th> <th>Grade</th> <th>Times repeated</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1. <input type="checkbox"/></td> <td>01</td> <td>1. <input type="checkbox"/></td> <td>01</td> <td>1. <input type="checkbox"/></td> </tr> <tr> <td>02</td> <td>2. <input type="checkbox"/></td> <td>02</td> <td>2. <input type="checkbox"/></td> <td>02</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>03</td> <td>3. <input type="checkbox"/></td> <td>03</td> <td>3. <input type="checkbox"/></td> <td>03</td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td>04</td> <td>4. <input type="checkbox"/></td> <td>08.</td> <td>DK</td> <td>08.</td> <td>DK</td> </tr> <tr> <td>05</td> <td>5. <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>06</td> <td>6. <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>08.</td> <td>DK</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Elementary School		Secondary School		High School		Grade	Times repeated	Grade	Times repeated	Grade	Times repeated	01	1. <input type="checkbox"/>	01	1. <input type="checkbox"/>	01	1. <input type="checkbox"/>	02	2. <input type="checkbox"/>	02	2. <input type="checkbox"/>	02	2. <input type="checkbox"/>	03	3. <input type="checkbox"/>	03	3. <input type="checkbox"/>	03	3. <input type="checkbox"/>	04	4. <input type="checkbox"/>	08.	DK	08.	DK	05	5. <input type="checkbox"/>					06	6. <input type="checkbox"/>					08.	DK				
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<p><b>EDN13.</b> What is the name and address of the school (NAME OF THE BOY/GIRL) attends/attended?                  1. Specify                  3. Same Locality/Com./Municipality/District/State/Country of the interviewed                  8. DK</p> <p style="text-align: center;"><b>(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR THE NAME OF THE SCHOOL, ASK FOR ANY ENROLLMENT RECEIPT, REPORT CARD OR SIMILAR, AND FOR ANY REFERENCE)</b></p>	<table style="width:100%;"> <tr> <td style="width:70%;">1. Name</td> <td style="width:10%;"></td> <td style="width:20%;">8. DK</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>1. Address</td> <td></td> <td>8. DK</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>1. Reference</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>1. Locality/Com.</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>1. Municipality/District</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>1. State</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>1. Country</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table>	1. Name		8. DK	_____			1. Address		8. DK	_____			1. Reference			_____			_____			1. Locality/Com.	3. Same	8. DK	_____			1. Municipality/District	3. Same	8. DK	_____			1. State	3. Same	8. DK	_____			1. Country	3. Same	8. DK	_____											
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<p><b>EDN14.</b> The school that (NAME OF THE BOY/GIRL) attends/attended is/was?  <b>(READ OPTIONS)</b>                  1. Public (government-run)                  2. Private (non-government-run)                  8. DK</p>	<p>1 2 8</p>
<p><b>EDN15.</b> Does/Did (NAME OF THE BOY/GIRL) attend school in the mornings or in the afternoons?                  1. Mornings                  2. Afternoons                  8. DK</p>	<p>1 2 8</p>
<p><b>EDN16.</b> Will (NAME OF THE BOY/GIRL) attend school next school year?</p>	<p>Yes.....1→EDN17x                  No .....3                  DK.....8</p>
<p><b>EDN17.</b> Why is (NAME OF THE BOY/GIRL) not going to attend school next school year?  <b>(CIRCLE ALL THAT APPLY)</b>                  1. Will help his/her parents earn income                  2. Will help in the family business/harvest                  3. Will look for a job                  4. Will not be able to afford school expenses                  5. Will graduate/finish                  6. Because of a change of residence                  7. Does not want to attend school                  8. Other (specify)</p>	<p>1 2 3 4 5 6 7 8 _____</p>
<p><b>EDN17x. INTERVIEWER: VERIFY IF THE CHILD IS A PANEL MEMBER</b>                  1. PANEL                  2. NEW MEMBER</p>	<p>1. 2. →EDN18</p>
<p><b>EDN18a.</b> In the last 4 school years, <b>once</b> (NAME OF CHILD) was <b>enrolled in school and classes had begun</b>, did he/she stop attending classes for a period of 4 <b>consecutive</b> weeks or more?</p>	<p>Yes .....1                  No.....3 →EDN27                  DK.....8 →EDN27</p>
<p><b>EDN19a.</b> In the last 4 school years, how many times did (NAME OF THE CHILD) stop attending classes for a period of 4 consecutive weeks or more?                  1. Number of times                  8. DK</p>	<p>1. <input type="text"/> times → EDN20                  8.                   → EDN27</p>

<p><b>EDN18.</b> In the last 5 school years, <b>once</b> (NAME OF CHILD) was <b>enrolled in school and classes had begun</b>, did he/she stop attending classes for 4 consecutive weeks or more?</p>	<p>Yes.....1                  No .....3→EDN27                  DK.....8→EDN27</p>
<p><b>EDN19.</b> In the last 5 years, how many times has (NAME OF BOY/GIRL) stopped attending school, for a period of 4 consecutive weeks or more?                  1. Number of times                  8. DK</p>	<p>1. <input type="text"/> times                  8. →EDN27</p>

<p><b>EDN20. INTERVIEWER: FILL OUT AS MANY COLUMNS AS TIMES THE RESPONDENT STOPPED ATTENDING SCHOOL ACCORDING TO EDN19 OR EDN19a.</b></p>
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**CHILD'S EDUCATION (SECTION EDN)**

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

<b>INTERVIEWER: FIRST ASK QUESTION EDN21 AND THEN FILL OUT BY COLUMNS.</b>					
	<b>Last Interruption</b>	<b>Second to last Interruption</b>	<b>Third to last Interruption</b>	<b>Fourth to last Interruption</b>	<b>Fifth to last Interruption</b>
<b>EDN21.</b> For what reason did (NAME OF THE BOY/GIRL) stop attending school?	_____ →	_____ →	_____ →	_____ →	_____ →
<b>EDN22.</b> Why did (NAME OF THE BOY/GIRL) stop attending school in [...]? <b>(CIRCLE ALL THAT APPLY)</b>					
1. Helped his/her parents earn income	1	1	1	1	1
2. The child helps in the household	2	2	2	2	2
3. Helped in the family business/harvest	3	3	3	3	3
4. Was looking for a job	4	4	4	4	4
5. There is/was no school/far away	5	5	5	5	5
6. The school did not have a teacher	6	6	6	6	6
7. The school remains closed	7	7	7	7	7
8. Did not have the documents required	8	8	8	8	8
9. Could not afford to pay school expenses	9	9	9	9	9
10. Did not want to attend school	10	10	10	10	10
11. Was not accepted into school	11	11	11	11	11
12. Graduated/finished	12	12	12	12	12
13. Was sick/handicapped	13	13	13	13	13
14. For an accident	14	14	14	14	14
15. Because of a change of residence	15	15	15	15	15
16. Other (specify)	16 _____	16 _____	16 _____	16 _____	16 _____
<b>EDN23.</b> In which month and year did (NAME OF THE BOY/ GIRL) stop attending school for [...]?					
1. Month and year	1. ____ ____ Month Year	1. ____ ____ Month Year	1. ____ ____ Month Year	1. ____ ____ Month Year	1. ____ ____ Month Year
8. DK	8.	8.	8.	8.	8.
<b>EDN24.</b> How many weeks did (NAME OF THE BOY/GIRL) stop attending school for [...]?					
1. Number of weeks	1. ____ Weeks	1. ____ Weeks	1. ____ Weeks	1. ____ Weeks	1. ____ Weeks
3. All/the rest of the school year	3.	3.	3.	3.	3.
8. DK	8.	8.	8.	8.	8.
<b>EDN25. INTERVIEWER: WAS THERE ANY OTHER INTERRUPTION?</b>	<b>Yes .... 1 → NEXT COL. EDN22</b> <b>No ..... 3 → EDN26</b>	<b>Yes .... 1 → NEXT COL. EDN22</b> <b>No ..... 3 → EDN26</b>	<b>Yes .... 1 → NEXT COL. EDN22</b> <b>No ..... 3 → EDN26</b>	<b>Yes .... 1 → NEXT COL. EDN22</b> <b>No ..... 3 → EDN26</b>	<b>Yes .... 1 → SUPPLEMENT</b> <b>No ..... 3 → EDN26</b>
<b>EDN26. INTERVIEWER: IS THERE AS SUPPLEMENT?</b>	1. Yes 3. No				
<b>EDN27. INTERVIEWER: 1. IF HE/SHE ATTENDED SCHOOL THE PAST SCHOOL YEAR (2007-2008) → FIRST COLUMN</b> <b>2. IF HE/SHE ATTENDED SCHOOL ONCE, BUT NOT DURING THE PAST SCHOOL YEAR → SECOND COLUMN</b>					

	School year 2007-2008 (One year ago)	Last year attended (For those who did not attend the past school year)
<b>EDN28.</b> Did (NAME OF THE BOY/GIRL) attend school during the [...]? 1. Yes 3. No	<b>1. Yes → CONTINUE</b> <b>3. No → NEXT COLUMN</b>	
<b>EDN29. INTERVIEWER: WRITE DOWN THE SCHOOL LEVEL AS A REFERENCE.</b>	↓	↓
<b>EDN30.</b> Which was the last school level that (NAME OF THE BOY/GIRL) attended [...]?  01. Without instruction 02. Preschool or Kindergarten 03. Elementary School 04. Secondary School/Technical Secondary School 05. Distance Secondary School 06. High School 98. DK	Continue downwards ↓ 01 02 03 04 05 06 98 → EDN33	Continue downwards ↓ 01 02 03 04 05 06 98 → EDN33
<b>EDN31.</b> What is the last grade that (NAME OF THE BOY/GIRL) finished at school in the [...]? 01. First 02. Second 03. Third 04. Fourth 05. Fifth 06. Sixth 07. Seventh 08. Other (specify)	01 02 03 04 05 06 07 08 _____	01 02 03 04 05 06 07 08 _____
<b>EDN32.</b> Did (NAME OF THE BOY/GIRL) finish the [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8

Continue  
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Continue  
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	School year 2007-2008 (One year ago)	Last year attended (For those who did not attend the past school year)
<b>EDN28.</b> Did (NAME OF THE BOY/GIRL) attend school during the [...]?	1. Yes → <b>CONTINUE</b> 3. No → <b>NEXT COLUMN</b>	
<b>EDN29.</b> INTERVIEWER: WRITE DOWN THE SCHOOL LEVEL AS A REFERENCE.	↓	↓
<b>EDN33.</b> What is the name and address of the school that (NAME OF THE BOY/GIRL) attended during the [...]?  1. Specify 3. Same Locality/Community/Municipality/District/State/Country of the interviewed 4. Same school that he currently attends 8. DK  <b>(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR NAME OF THE SCHOOL, ASK FOR ANY ENROLLMENT RECEIPT, REPORT CARD OR SIMILAR, AND FOR ANY REFERENCE).</b>	Continue downwards ↓	Continue downwards ↓
	1. Name                      4. Same school                      8. DK _____ 1. Address    8. DK _____ _____ 1. Reference _____ _____ 1. Locality/Community                      3. Same      8. DK _____ 1. Municipality/District                      3. Same      8. DK _____ 1. State    3. Same      8. DK _____ 1. Country    3. Same      8. DK _____	1. Name                      4. Same school                      8. DK _____ 1. Address    8. DK _____ _____ 1. Reference _____ _____ 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>EDN34.</b> The school (NAME OF THE BOY/GIRL) attended when he/she was in [...] was [...]? 1. Public (government-run) 2. Private (non-government-run) 8. DK	1 2 8	1 2 8
<b>EDN35.</b> When (NAME OF THE BOY/GIRL) was in [...] did he/she attend school in the mornings or in the afternoons? 1. Mornings 2. Afternoons 8. DK	1 2 8 → <b>EDN36</b>	1 2 8 → <b>EDN36</b>



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

EDN36. INTERVIEWER: IN THE FOLLOWING QUESTIONS FILL OUT BY COLUMNS THE SCHOOL YEARS ATTENDED BY THE BOY/GIRL. IN CASE HE/SHE IS NOT CURRENTLY ATTENDING SCHOOL AND DID NOT ATTEND SCHOOL IN THE PAST SCHOOL YEAR, FILL OUT COLUMN 3.

	2008-2009 (For those who currently attend school - Did not attend the previous school year)	2007-2008 (For those who are not currently attending school-Attended the past school year)	Last year attended (For those who do not attend school, and did not attend the past school year)
EDN37. INTERVIEWER: VERIFY IN EDN03 AND EDN28 IF THE BOY/GIRL ATTENDS/ATTENDED SCHOOL IN [...]?	1. Yes → CONTINUE 3. No → NEXT COLUMN	1. Yes → CONTINUE 3. No → NEXT COLUMN	
EDN37a. INTERVIEWER: WRITE DOWN THE SCHOOL LEVEL AS A REFERENCE.	↓ Continue downwards	↓ Continue downwards	↓ Continue downwards
EDN38. How long does/did it take for (NAME OF THE BOY/GIRL) to reach school during the [...]? <b>(One way only)</b> 1. Time that it takes/took to reach school  8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8.
EDN39. How many hours a day does/did (NAME OF THE BOY/ GIRL) spend in school during the [...]? 1. Hours per day 8. DK	1. <input type="text"/> Hours/Day 8.	1. <input type="text"/> Hours/Day 8.	1. <input type="text"/> Hours/Day 8.
EDN40. How many days a week does/did (NAME OF THE BOY/ GIRL) spend in school during the [...]? 1. Days per week 8. DK	1. <input type="text"/> Days/ week 8.	1. <input type="text"/> Days/ week 8.	1. <input type="text"/> Days/ week 8.
EDN41. How many hours a week does/did (NAME OF THE BOY/ GIRL) spend studying and doing homework outside school during the [...]? <b>(Including weekdays and weekends)?</b> 1. Hours per week 8. DK	1. <input type="text"/> Hours/Week 8.	1. <input type="text"/> Hours/Week 8.	1. <input type="text"/> Hours/Week 8.

Continue downwards  
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Continue downwards  
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Continue downwards  
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	2008-2009 (For those who currently attend school - Did not attend the previous school year)	2007-2008 (For those who are not currently attending school-Attended the past school year)	Last year attended (For those who do not attend school, and did not attend the past school year)
<b>EDN37. INTERVIEWER: VERIFY IN EDN03 AND EDN28 IF THE BOY/GIRL ATTENDS/ATTENDED SCHOOL IN [...]?</b>	1. Yes → CONTINUE 3. No → NEXT COLUMN	1. Yes → CONTINUE 3. No → NEXT COLUMN	
<b>EDN37a. INTERVIEWER: WRITE DOWN THE SCHOOL LEVEL AS A REFERENCE.</b>	Continue downwards ↓	Continue downwards ↓	Continue downwards ↓
<b>EDN42. INTERVIEWER: ASK EDN42a, EDN42b, AND EDN42c TO THE MOTHER OR TO THE PERSON WHO IS RESPONSIBLE FOR THE CHILD.</b>			
<b>EDN42a.</b> Approximately, what has been/was the average <b>annual</b> expenditure on [...] for (NAME OF THE BOY/GIRL) during the [...]?	Continue downwards ↓ <b>Annual Expense</b>	Continue downwards ↓ <b>Annual Expense</b>	Continue downwards ↓ <b>Annual Expense</b>
<b>A. SCHOOL FEES</b> 1. Enrollment 2. School tuition 3. Exams 4. Special courses 5. Other fees (specify)  6. Upgrades and maintenance	<b>A.</b> 1. \$ _____ 8.DK 2. \$ _____ 8.DK 3. \$ _____ 8.DK 4. \$ _____ 8.DK 5. \$ _____ 8.DK  6. \$ _____ 8.DK	<b>A.</b> 1. \$ _____ 8.DK 2. \$ _____ 8.DK 3. \$ _____ 8.DK 4. \$ _____ 8.DK 5. \$ _____ 8.DK  6. \$ _____ 8.DK	<b>A.</b> 1. \$ _____ 8.DK 2. \$ _____ 8.DK 3. \$ _____ 8.DK 4. \$ _____ 8.DK 5. \$ _____ 8.DK  6. \$ _____ 8.DK
<b>B. SCHOOL SUPPLIES</b> 1. Books and school supplies 2. School uniforms and sports	<b>B.</b> 1. \$ _____ 8.DK 2. \$ _____ 8.DK	<b>B.</b> 1. \$ _____ 8.DK 2. \$ _____ 8.DK	<b>B.</b> 1. \$ _____ 8.DK 2. \$ _____ 8.DK
<b>C. SCHOOL FESTIVITIES AND CELEBRATIONS</b>	<b>C.</b> 1. \$ _____ 8.DK	<b>C.</b> 1. \$ _____ 8.DK	<b>C.</b> 1. \$ _____ 8.DK
<b>EDN42b.</b> Approximately, what has been/was the average <b>weekly</b> expenditure on [...] for (NAME OF THE BOY/GIRL) during the [...]?	<b>Weekly</b>	<b>Weekly</b>	<b>Weekly</b>
1. School transportation 2. Spending money	1. \$ _____ 8.DK 2. \$ _____ 8.DK	1. \$ _____ 8.DK 2. \$ _____ 8.DK	1. \$ _____ 8.DK 2. \$ _____ 8.DK
<b>EDN42c.</b> Did you have any other expenditure related to education during [...]?			
1. Amount Specify on what it was spent Specify reference period (A. annual, B. monthly, C. weekly, D. unique) (CIRCLE) 3. No	1. \$ _____ _____ A B C D 3.	1. \$ _____ _____ A B C D 3.	1. \$ _____ _____ A B C D 3.

Continue downwards  
↓

Continue downwards  
↓

Continue downwards  
↓

	2008-2009 (For those who currently attend school - Did not attend the previous school year)	2007-2008 (For those who are not currently attending school-Attended the past school year)	Last year attended (For those who do not attend school, and did not attend the past school year)
<b>EDN37. INTERVIEWER: VERIFY IN EDN03 AND EDN28 IF THE BOY/GIRL ATTENDS/ATTENDED SCHOOL IN [...]?</b>	1. Yes → CONTINUE 3. No → NEXT COLUMN	1. Yes → CONTINUE 3.No → NEXT COLUMN	
<b>EDN37a. INTERVIEWER: WRITE DOWN THE SCHOOL LEVEL AS A REFERENCE.</b>	Continue downwards ↓	Continue downwards ↓	Continue downwards ↓
<b>EDN43.</b> How many students are/were there in (NAME OF THE BOY/GIRL)'s classroom currently / when he/she was in [...]? 1. Number of students 8. DK	1. <input type="text"/> Students 8.	1. <input type="text"/> Students 8.	1. <input type="text"/> Students 8.
<b>EDN44.</b> How many teachers give/gave classes to (NAME OF THE BOY/GIRL) currently / when he/she was in [...]? 1. Number of teachers 8. DK	1. <input type="text"/> Teachers 8.	1. <input type="text"/> Teachers 8.	1. <input type="text"/> Teachers 8.
<b>EDN45.</b> Does/did (NAME OF THE BOY/GIRL) receive a scholarship from OPORTUNIDADES currently / when he/she was in [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8	1 3 8
<b>EDN46.</b> Does/did (NAME OF THE BOY/GIRL) receive support such as scholarships, books or others from the school, people or from other institutions? 1. Yes, for him/her 2. Yes, to share with his/her siblings 3. No 8. DK	1 2 3 8 → NEXT COLUMN EDN37a	1 2 3 8 → SECTION EDN46a1	1 2 3 8 → SECTION EDN46a1

**EDN46a1 INTERVIEWER: VERIFY IF THE CHILD IS 11 YEARS OLD OR OLDER. 1. Yes → CONTINUE  
3. NO → SECTION EMN**

<b>EDN46a.</b> Up to which school level do you plan on studying? 03. Elementary School 04. Secondary School 06. High school 08. Normal basic 09. College 10. Graduate School 98. DK	<input type="text"/>
<b>EDN46b.</b> When you turn 30 years old, how much money do you think you will earn every month? 1. Amount 6. Family worker without pay 8. DK	1. \$ <input type="text"/> , <input type="text"/> → SECTION EMN 6. → SECTION EMN 8. → EDN46c

<b>EDN46c.</b> Is it [...]?	<p>1. += \$6,000 → 11. += \$15,000 → 111. += \$30,000 112. -\$30,000 118. DK</p> <p>12. -\$15,000 → 121. += \$10,000 122. -\$10,000 128. DK</p> <p>1. -= \$6,000 → 21. += \$3,000 → 211. += \$4,500 212. -\$4,500 218. DK</p> <p>22. -\$3,000 → 221. += \$1,500 222. -\$1,500 228. DK</p> <p>8. DK</p>
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**CHILD EMPLOYMENT (SECTION EMN)**

<b>EMN01. INTERVIEWER:</b>	1. IF CHILD IS 4 YEARS OLD OR OLDER → CONTINUE 2. IF CHILD IS YOUNGER THAN 4 YEARS OLD → SECTION ATN
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**Now, I will ask some questions about (NAME OF THE BOY/GIRL)'s job.**

<b>EMN01a.</b> During the last week, did (NAME OF THE BOY/GIRL) work (or carry out any activity inside or outside the household to help with the household expenses) <b>for at least one hour</b> ?	
1. Yes 3. No	1 → EMN12 3
<b>EMN02.</b> During the last week, did (NAME OF THE BOY/GIRL) work or help in a family business (agricultural or non-agricultural) either paid or unpaid?	
1. Yes 3. No	1 → EMN12 3
<b>EMN03.</b> Does (NAME OF THE BOY/GIRL) work, <b>but did not go last week</b> ?	
1. Yes 3. No	1 → EMN12 3
<b>EMN04.</b> Has (NAME OF THE BOY/GIRL) <b>ever</b> worked (or has he/she carried out any activity inside or outside the household to help with the household expenses)?	
1. Yes 3. No	1 3 → SECTION ATN
<b>EMN05.</b> <b>In the past 12 months</b> , has (NAME OF THE BOY/GIRL) worked?	
1. Yes 3. No	1 → EMN12 3
<b>EMN06.</b> On which year did (NAME OF THE BOY/GIRL) work <b>for the last time</b> (or carry out any activity inside or outside the household to help with the household expenses)?	
1. Year 8. DK	1. [ ] [ ] [ ] [ ] [ ] → EMN08 8.
<b>EMN07.</b> At what age did (NAME OF THE BOY/GIRL) <b>work for the last time</b> ?	
	[ ] [ ] Years
<b>EMN08.</b> What activity did (NAME OF THE BOY/GIRL) carry out to help with the household expenses?	
1. Specify	1 _____ _____
<b>EMN09.</b> What was the main reason why (NAME OF THE BOY/GIRL) did not go back to work?	
01. He/She was sick 02. For studying 03. Because he/she did not want to 04. He/She was searching for another job 05. Change of residence 06. Other (specify)	01 02 03 04 05 06 _____

**CHILD EMPLOYMENT (SECTION EMN)**

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

**CHILD'S TIME ALLOCATION (SECTION ATN)**

<b>ATN00. INTERVIEWER:</b>	1. IF CHILD IS 3 YEARS OLD OR OLDER → CONTINUE 2. IF CHILD IS YOUNGER THAN 3 YEARS OLD → SECTION CEN
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The following questions are related to the activities of (NAME OF THE BOY/GIRL)

(ATN Type)	ATN01.	ATN02.
<b>INTERVIEWER: FIRST FILL OUT ATN01 AND THEN ATN02 UP TO LETTER I. THEN CONTINUE WITH ATN03 AND ATN04. IF ATN04=1 CONTINUE WITH ATN01 AND THEN WITH ATN02 STARTING WITH THE LETTER J.</b>	During the last week, did (NAME OF THE BOY/GIRL) [...]?	From <b>Monday through Sunday</b> of last week, how many hours/minutes [...]?
A. Participate in sports, cultural, or entertainment activities outside the household	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
B. Go to any educational center, for example private lessons, without including formal school.	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
C. Watch TV	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
D. Do domestic work, for example sweeping, washing dishes, dusting, washing clothes, etc. <b>(Do not include children/siblings' care).</b>	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
E. Play inside or outside the house	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
F. Take care of elderly or sick people and/or children/siblings	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
G. Carry firewood	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
H. Carry water	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
I. Carry out an agricultural activity, such as weeding, cleaning, seeding, taking the kernels off the cob; or taking care of animals/family businesses. <b>(DO NOT INCLUDE PETS)</b>	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
<b>ATN03.</b> How many hours does (NAME OF THE BOY/GIRL) sleep per day?	1. ___ Hours	
<b>ATN04. INTERVIEWER:</b>	1. IF CHILD IS 5 YEARS OLD OR OLDER → CONTINUE 2. IF CHILD IS YOUNGER THAN 5 YEARS OLD → SECTION CEN	
J. Help siblings or other household members to study or do homework	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
K. Read	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
L. Use internet	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)
M. Did (NAME OF THE BOY/GIRL) carry out any other important activity that I have not mentioned? Specify _____	1. Yes 3. No↓	1. ___ Hrs. ___ Mins. (Monday-Sunday)

**CHILD OUTPATIENT UTILIZATION (SECTION CEN)**

<b>CEN01.</b> In the last 4 weeks, did (NAME OF THE BOY/GIRL) visit any hospital, clinic, health care employee or healer, <b>without being hospitalized</b> ?	Yes.....1 No.....3
<b>CEN02.</b> In the last 4 weeks, did any doctor, healer, or health care employee visit (NAME OF THE CHILD)?	Yes.....1 No.....3

<b>CEN03. INTERVIEWER:</b>	<b>1. IF CEN01 = 3 AND CEN02 = 3 → ESN01</b> <b>2. IF CEN01 = 1 OR CEN02 = 1 → CEN04</b>
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(CEN Type) MEDICAL SERVICES	CEN04. In the last 4 weeks, has (NAME OF THE BOY/GIRL) gone to [...] / has been visited by [...]?	CEN05. How many times did he/she visit [...] / was he/she visited by [...] in the last 4 weeks?
A. SSA (Hospital or clinic)	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
B. IMSS (Hospital or clinic, include IMSS Solidaridad)	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
C. ISSSTE (Hospital or clinic)	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
E. Private Hospital or clinic	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
F. Private doctor or dentist	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
G. DIF (Hospital or clinic)	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
H. Nurse, paramedic, health promoter	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
I. Mobile unit	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
J. Red Cross	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
K. Dispensary	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
L. Drugstore (FOR MEDICAL APPOINTMENT)	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
M. Traditional health practitioner (healer, herb doctor, bone-setter, acupuncturist, midwife, etc.)	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times
N. Other (specify) _____	Yes ..... 1 → No ..... 3 ↓	1. <input type="text"/> Times

<b>CEN06. INTERVIEWER:</b>	<b>ADD THE TIMES IN CEN05</b>	<b>1. NUMBER OF TIMES</b>	1. <input type="text"/>
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<b>CEN06a. FILL OUT AS MANY COLUMNS IN CEN17 AS NUMBER OF TIMES IN CEN06, STARTING WITH THE LAST VISIT (MOST RECENT VISIT)</b>
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**CHILD OUTPATIENT UTILIZATION (SECTION CEN)**

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

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



**CHILD OUTPATIENT UTILIZATION (SECTION CEN)**

	LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
<b>CEN07.</b> What is the name of the place where (NAME OF THE BOY/ GIRL) went for his/her check-up in the [...]?	_____ →	_____ →	_____ →	_____ →
<b>CEN08.</b> What is the reason why (NAME OF THE BOY/ GIRL) went to /was visited by [...]?	_____ →	_____ →	_____ →	_____ →
<b>CEN11.</b> Has (NAME OF THE BOY/GIRL) gone/been visited by [...] in the last 12 months, for the same reason? 1. Yes 3. No	1 _____ 3 _____	1 _____ 3 _____	1 _____ 3 _____	1 _____ 3 _____
<b>CEN12.</b> What kind of services did (NAME OF THE BOY/GIRL) receive during the visit to/of [...], when [...]? <b>(CIRCLE ALL THAT APPLY)</b> 01. Immunization/ vaccination 02. Medical appointment/check-up 03. Preventive medical exam 04. Receive medicine/medical prescription 05. Laboratory analysis/X-rays 06. Treatment/therapy 07. Dental visit 08. Incapacity or doctor's note 09. Did not receive health assistance 10. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____
<b>CEN13. INTERVIEWER: WAS (NAME OF THE BOY/GIRL) VISITED AT HOME?</b>	Yes..... 1 → <b>CEN18</b> No ..... 3	Yes..... 1 → <b>CEN18</b> No ..... 3	Yes ..... 1 → <b>CEN18</b> No ..... 3	Yes ..... 1 → <b>CEN18</b> No ..... 3
<b>CEN14.</b> How long did it take him/her to reach [...]? 1. Time in hours and minutes 8. DK	1. ____ ____ Hours Minutes 8. _____	1. ____ ____ Hours Minutes 8. _____	1. ____ ____ Hours Minutes 8. _____	1. ____ ____ Hours Minutes 8. _____
<b>CEN15.</b> What is the distance between your house and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. ____ Kms. 2. ____ Mts. 8. _____	1. ____ Kms. 2. ____ Mts. 8. _____	1. ____ Kms. 2. ____ Mts. 8. _____	1. ____ Kms. 2. ____ Mts. 8. _____

**CHILD OUTPATIENT UTILIZATION (SECTION CEN)**

	LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
<b>CEN07.</b> What is the name of the place where (NAME OF THE BOY/ GIRL) went for his/her check-up in the [...]?	_____ →	_____ →	_____ →	_____ →
<b>CEN08.</b> What was the reason why (NAME OF THE BOY/ GIRL) went to /was visited by [...]?	_____ →	_____ →	_____ →	_____ →
<b>CEN16.</b> What was the cost of transportation ( <b>one way only</b> ) to [...]? <b>(INCLUDE COST OF THE COMPANION)</b> 1. Total cost of transportation 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK
<b>CEN17.</b> When you arrived, how long did (NAME OF THE BOY/ GIRL) wait before he/she was attended in [...]? 1. Time in hours and minutes (was attended) 2. Time in hours and minutes (was not attended) 8. DK	1. ____ ____ Hours Minutes 2. ____ ____ →CEN23 Hours Minutes 8.	1. ____ ____ Hours Minutes 2. ____ ____ →CEN23 Hours Minutes 8.	1. ____ ____ Hours Minutes 2. ____ ____ →CEN23 Hours Minutes 8.	1. ____ ____ Hours Minutes 2. ____ ____ →CEN23 Hours Minutes 8.
<b>CEN18.</b> In [...], how much were you charged for [...]? <b>(ASK FOR THE DETAILED AMOUNT, IF IT IS NOT KNOWN ASK FOR THE TOTAL AMOUNT)</b> <b>1. Detailed (DA)</b> a. Medical appointment/check-up/procedure b. Prescribed medicine c. Laboratory analysis/X-rays d. Vaccination/immunization e. Other (specify)  <b>3. Total amount (TA)</b> a. Total cost of the medical appointment  8. DK	<b>1. DA</b> a.1. \$____,____ 8.DK b.1. \$____,____ 8.DK c. 1. \$____,____ 8.DK d. 1. \$____,____ 8.DK e. 1. \$____,____ 8.DK _____ <b>3. TA</b> a. 1. \$____,____  <b>8. DK</b>	<b>1. DA</b> a.1. \$____,____ 8.DK b.1. \$____,____ 8.DK c. 1. \$____,____ 8.DK d. 1. \$____,____ 8.DK e. 1. \$____,____ 8.DK _____ <b>3. TA</b> a. 1. \$____,____  <b>8. DK</b>	<b>1. DA</b> a.1. \$____,____ 8.DK b.1. \$____,____ 8.DK c. 1. \$____,____ 8.DK d. 1. \$____,____ 8.DK e. 1. \$____,____ 8.DK _____ <b>3. TA</b> a. 1. \$____,____  <b>8. DK</b>	<b>1. DA</b> a.1. \$____,____ 8.DK b.1. \$____,____ 8.DK c. 1. \$____,____ 8.DK d. 1. \$____,____ 8.DK e. 1. \$____,____ 8.DK _____ <b>3. TA</b> a. 1. \$____,____  <b>8. DK</b>

**CHILD OUTPATIENT UTILIZATION (SECTION CEN)**

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

	LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST	FOURTH TO LAST VISIT
<b>CEN07.</b> What is the name of the place where (NAME OF BOY/GIRL) went for medical check-up in the [...]?	_____ →	_____ →	_____ →	_____ →
<b>CEN08.</b> What was the reason why (NAME OF THE BOY/ GIRL) went to /was visited by [...]?	_____ →	_____ →	_____ →	_____ →
<b>CEN19.</b> Does (NAME OF THE BOY/GIRL) have any private medical insurance that partially or fully paid the cost of the visit to/of [...]? <b>(DO NOT INCLUDE THE VOLUNTARY IMSS CONTRIBUTION)</b>	Yes..... 1 No ..... 3→CEN21	Yes.....1 No .....3→CEN21	Yes ..... 1 No .....3→CEN21	Yes ..... 1 No..... 3→CEN21
<b>CEN20.</b> As a result of the expenses paid by the private insurance in your [...], how much was paid as deductible? 1. Amount 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK
<b>CEN21.</b> Was any part of the payment made with products, goods or work? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods and work 4. No	1 2 3 4→CEN23	1 2 3 4→CEN23	1 2 3 4→CEN23	1 2 3 4→CEN23
<b>CEN22.</b> What is the value of the goods with which you paid or how much time did you assign to the work required as payment? a. Value of the products or goods b. Time assigned to the work required as payment	a.1.\$____,____ 8.DK b.1.____ ____ ____ 8.DK Days Hours Minutes	a.1.\$____,____ 8.DK b.1.____ ____ ____ 8.DK Days Hours Minutes	a.1.\$____,____ 8.DK b.1.____ ____ ____ 8.DK Days Hours Minutes	a.1.\$____,____ 8.DK b.1.____ ____ ____ 8.DK Days Hours Minutes
<b>CEN23. INTERVIEWER: VERIFY IF THERE IS ANOTHER VISIT?</b>	Yes... 1→NEXT COL. CEN09 No .... 3→CEN24	Yes ...1→NEXT COL. CEN09 No .....3→CEN24	Yes ...1→NEXT COL. CEN09 No..... 3→CEN24	Yes ... 1→SUPPLEMENT No..... 3→CEN24
<b>CEN24. INTERVIEWER: IS THERE A SUPPLEMENT?</b>	1. YES 3. NO			

**CHILD'S HEALTH CONDITION (SECTION ESN)**

Next, I will ask you about the health of (NAME OF THE BOY/GIRL).

<b>ESN01.</b>	Currently, the health of (NAME OF THE BOY/GIRL) is [...]? 1. Very good 2. Good 3. Regular 4. Bad 5. Very bad	1 2 3 4 5	
<b>ESN01a. INTERVIEWER:</b>			<b>1. IF CHILD IS YOUNGER THAN 2 YEARS OLD →ESN04, SENTENCE E 2. IF CHILD IS 2 YEARS OLD OR OLDER →CONTINUE</b>
<b>ESN02.</b>	In the last 4 weeks, how many days did (NAME OF THE BOY/GIRL) have to stop doing any of his/her daily activities because of any illness? 1. Days of inactivity 2. None 8. DK	1. <input type="text"/> Days 2. →ESN04 8.	
<b>ESN03.</b>	In the last 4 weeks, how many days did (NAME OF THE BOY/GIRL) spend in bed due to illness? 1. Days spent in bed 2. None 8. DK	1. <input type="text"/> Days 2. 8.	
<b>ESN04.</b>	Did (NAME OF THE BOY/GIRL) suffer from [...] in the last 4 weeks?	1. Yes                      3. No                      8. DK	
<b>A.</b>	Headaches	1                      3                      8	
<b>B.</b>	Abnormal tiredness	1                      3                      8	
<b>C.</b>	Stomach pain	1                      3                      8	

<b>D.</b>	Molar/tooth pain	1                      3                      8	
<b>E.</b>	Runny nose	1                      3                      8	
<b>F.</b>	Flu	1                      3                      8	
<b>G.</b>	Tonsils	1                      3                      8	
<b>H.</b>	Cough a. Dry cough b. Cough with phlegm c. Cough with blood	1                      3 → SENTENCE I 1                      3                      8 1                      3                      8 1                      3                      8	8 → SENTENCE I
<b>I.</b>	Breathing difficulties a. Suffocation b. Short or fast breathing	1                      3 → SENTENCE J 1                      3                      8 1                      3                      8	8 → SENTENCE J
<b>J.</b>	Fever	1                      3                      8	
<b>K.</b>	Nausea/Vomiting	1                      3                      8	
<b>L.</b>	Diarrhea (more than 3 times a day) a. Mixed with blood b. Mixed with mucus c. Pale liquid	1                      3 → SENTENCE N 1                      3                      8 1                      3                      8 1                      3                      8	8 → SENTENCE N
<b>M.</b>	How many days did the last diarrhea last?	1. <input type="text"/> Days	
<b>N.</b>	Welts/irritation, or itching in the skin	1                      3                      8	
<b>O.</b>	Infected/irritated eyes	1                      3                      8	
<b>P.</b>	Ear infection/ear pain	1                      3                      8	
<b>Q.</b>	Worms/amoebas	1                      3                      8	
<b>R.</b>	Convulsions/attacks	1                      3                      8	
<b>S.</b>	Other: _____	1                      3                      8	
<b>ESN05. INTERVIEWER:</b>	<b>DID THE (BOY/GIRL) HAVE ANY PAIN OR SYMPTOMS?</b>		<b>1. Yes → CONTINUE 3. No → ESN07</b>

**CHILD'S HEALTH CONDITION (SECTION ESN)**

<p><b>ESN06.</b> While (NAME OF THE BOY/GIRL) was sick, did he/she: <b>(CIRCLE ALL THAT APPLY)</b></p> <p>a. Want to play? b. Have difficulty sleeping? c. Appear more irritated than normal or cried too much? d. Stay only in bed?</p>	<p>1. Yes      3. No      8. DK</p> <p>1            3            8</p> <p>1            3            8</p> <p>1            3            8</p> <p>1            3            8</p>
<p><b>ESN07.</b> Has (NAME OF THE BOY/GIRL) been diagnosed with any chronic illness such as [...]?</p> <p>a. Hearing problems b. Asthma c. Flat feet d. Other (specify) _____ e. Obesity</p>	<p>1. Yes      3. No      8. DK</p> <p>1            3            8</p> <p>1            3            8</p> <p>1            3            8</p> <p>1            3            8</p> <p>1            3            8</p>
<p><b>ESN07a.</b> <b>INTERVIEWER: VERIFY IF YOU CIRCLED 1 (YES) IN SOME OF THE SENTENCES FROM ESN07 A-E</b></p>	<p>1. Yes → <b>ESN08 OF THE CORRESPONDING SENTENCE</b> 3. No → <b>ESN11</b></p>
<p><b>ESN08</b> How old was (NAME OF BOY/GIRL) when this problem started?</p>	<p>a. Hearing Problem      b. Asthma      c. Flat feet      d. Other (specify) _____      e. Obesity</p> <p>1. ___ Years old      1. ___ Years old      1. ___ Years old      1. ___ Years old      1. ___ Years old</p> <p>2. Since birth      2. Since birth      2. Since birth      2. Since birth      2. Since birth</p> <p>8. DK      8. DK      8. DK      8. DK      8. DK</p>
<p><b>ESN09.</b> Does (NAME OF THE BOY/GIRL) take medicines for this illness?</p>	<p>1. Yes 3. No → <b>ESN11</b></p>
<p><b>ESN10.</b> Approximately, what is the monthly expenditure on these medicines?</p> <p>1. Amount spent 8. DK</p>	<p>a. \$ ___ , ___      8. DK b. \$ ___ , ___      8. DK c. \$ ___ , ___      8. DK d. \$ ___ , ___      8. DK e. \$ ___ , ___      8. DK</p>
<p><b>ESN11.</b> Does (NAME OF THE BOY/GIRL) wear glasses?</p>	<p>1. Yes 3. No</p>
<p><b>ESN12.</b> In the last 4 weeks, did (NAME OF THE BOY/GIRL) have an accident?</p>	<p>1. Yes 3. No 8. DK</p>

**CHILD INPATIENT UTILIZATION (SECTION HSN)**

<b>HSN01.</b> During the last 12 months, has (NAME OF BOY/GIRL) been an in-patient in a hospital, clinic, health center, or at a doctor or midwife's house, <b>for at least one night</b> ?	Yes.....1 No .....3→SECTION AUTN
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HSN Type HOSPITALIZATION	HSN02.	HSN03.
	During the last 12 months, has (NAME OF THE BOY/GIRL) received in-patient care at [...]?	How many times has (NAME OF THE BOY/GIRL) received in-patient care at [...] during the last 12 months?
A. SSA (Hospital or clinic)	Yes.....1→ No .....3↓	_ _ Times
B. IMSS (Hospital or clinic)	Yes.....1→ No .....3↓	_ _ Times
C. ISSSTE (Hospital or clinic)	Yes.....1→ No .....3↓	_ _ Times
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	Yes.....1→ No .....3↓	_ _ Times
E. Private Hospital or Clinic	Yes.....1→ No .....3↓	_ _ Times
F. Office or house of any doctor	Yes.....1→ No .....3↓	_ _ Times
G. Rural Health Center	Yes.....1→ No .....3↓	_ _ Times
H. Red Cross	Yes.....1→ No .....3↓	_ _ Times
I. Traditional health practitioner (healer, herb doctor, bone-setter, acupuncturist, etc.)	Yes.....1→ No .....3↓	_ _ Times
J. Other _____	Yes.....1→ No .....3↓	_ _ Times

<b>HSN04. INTERVIEWER:</b> <b>ADD THE TIMES IN HSN03</b>  FILL OUT AS MANY COLUMNS IN HSN05 AS NUMBER OF TIMES IN HSN03, STARTING WITH THE MOST RECENT HOSPITALIZATION.	<b>1. NUMBER OF TIMES</b> 1. _ _ Times
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**CHILD INPATIENT UTILIZATION (SECTION HSN)**

**MxFLS 2009**

	LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION
<b>HSN05.</b> What is the name of the place where (NAME OF THE BOY/ GIRL) was hospitalized, or spent the night during his/her [...]?	_____ →	_____ →	_____ →	_____ →
<b>HSN06.</b> For what reason was (NAME OF THE BOY/GIRL) hospitalized in [...]?	_____ →	_____ →	_____ →	_____ →
<b>HSN07.</b> For what reason was (NAME OF THE BOY/GIRL) hospitalized in [...]? <b>(CIRCLE ALL THAT APPLY)</b> 1. Illness 2. Accident 3. Childbirth/caesarean 4. Physical aggression (violence) 5. Surgery 6. Analysis or medical studies 7. Other (specify)	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
<b>HSN08.</b> What is the address of [...]? 1. Specify 3. Same Loc/Com/Mun./Dist./State/ Country of the respondent 8. DK  <b>(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR THE NAME, ASK FOR ANY PRESCRIPTION, MEDICAL VOUCHER, OR CERTIFICATE OF DISCHARGE, AND COPY THE INFORMATION FROM THERE)</b>	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
<b>HSN09.</b> How many nights was (NAME OF THE BOY/GIRL) hospitalized in [...]?	_____ Nights	_____ Nights	_____ Nights	_____ Nights

**CHILD INPATIENT UTILIZATION (SECTION HSN)**

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

	LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION																																																																
<b>HSN05.</b> What is the name of the place where (NAME OF THE BOY/ GIRL) was hospitalized, or spent the night during his/her [...]?	_____ →	_____ →	_____ →	_____ →																																																																
<b>HSN06.</b> For what reason was (NAME OF THE BOY/GIRL) hospitalized in [...]?	_____ →	_____ →	_____ →	_____ →																																																																
<b>HSN10.</b> How long did it take to reach the [...]? 1. Time in hours and minutes 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 8. DK																																																																
<b>HSN11</b> What is the distance between your house and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms. 2. <input type="text"/> <input type="text"/> <input type="text"/> Mts. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms. 2. <input type="text"/> <input type="text"/> <input type="text"/> Mts. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms. 2. <input type="text"/> <input type="text"/> <input type="text"/> Mts. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Kms. 2. <input type="text"/> <input type="text"/> <input type="text"/> Mts. 8.																																																																
<b>HSN12.</b> What was the cost of transportation ( <b>one way only</b> ) to reach the [...]? <b>(INCLUDE COST OF TRANSPORTATION OF THE COMPANION)</b> 1. Total cost of transportation 8. DK	1. \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DK	1. \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DK	1. \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DK	1. \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DK																																																																
<b>HSN13.</b> When he/she arrived, how much time did (NAME OF THE BOY/GIRL) have to wait in order to be hospitalized in [...]? 1. Time in hours and minutes 2. Was not attended 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 2. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 2. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 2. 8.	1. <input type="text"/> <input type="text"/> <input type="text"/> Hours Minutes 2. 8.																																																																
<b>HSN14.</b> During the time that (NAME OF THE BOY/GIRL) was hospitalized in [...], did he/she receive [...]? <b>(CIRCLE ALL THAT APPLY)</b> A. Laboratory tests B. Surgery C. X-Rays	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8
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**CHILD INPATIENT UTILIZATION (SECTION HSN)**

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

	LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THRID TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION
<b>HSN05.</b> What is the name of the place where (NAME OF THE BOY/ GIRL) was hospitalized, or spent the night during his/her [...]?	_____ →	_____ →	_____ →	_____ →
<b>HSN06.</b> For what reason was (NAME OF THE BOY/GIRL) hospitalized in [...]?	_____ →	_____ →	_____ →	_____ →
<b>HSN15.</b> When (NAME OF THE BOY/GIRL) was in [...] what was the cost of [...]? <b>(ASK FOR THE DETAILED AMOUNT, OR THE TOTAL AMOUNT)</b> <b>1. Detailed cost (DA)</b> a. Laboratory analysis/X-rays/ medicines b. The surgery c. The room or bed used during the nights that he/she stayed d. Other (specify)  <b>3. Total Amount (TA)</b> a. Total cost of the hospitalization	<b>1. DA</b> a. 1\$____,____ 8.DK b. 1\$____,____ 8.DK c. 1\$____,____ 8.DK d. 1\$____,____ 8.DK _____ <b>3. TA</b> a. 1\$____,____ 8.DK	<b>1. DA</b> a. 1\$____,____ 8.DK b. 1\$____,____ 8.DK c. 1\$____,____ 8.DK d. 1\$____,____ 8.DK _____ <b>3. TA</b> a. 1\$____,____ 8.DK	<b>1. DA</b> a. 1\$____,____ 8.DK b. 1\$____,____ 8.DK c. 1\$____,____ 8.DK d. 1\$____,____ 8.DK _____ <b>3. TA</b> a. 1\$____,____ 8.DK	<b>1. DA</b> a. 1\$____,____ 8.DK b. 1\$____,____ 8.DK c. 1\$____,____ 8.DK d. 1\$____,____ 8.DK _____ <b>3. TA</b> a. 1\$____,____ 8.DK
<b>HSN16.</b> Does (NAME OF THE BOY/GIRL) have any private medical insurance that partially or fully paid the costs of [...]? <b>(DO NOT INCLUDE THE VOLUNTARY IMSS CONTRIBUTION )</b>	Yes ..... 1 No ..... 3→ <b>HSN18</b>	Yes ..... 1 No ..... 3→ <b>HSN18</b>	Yes ..... 1 No ..... 3→ <b>HSN18</b>	Yes ..... 1 No ..... 3→ <b>HSN18</b>
<b>HSN17.</b> As a result of the expenses paid by the private insurance in [...], how much was paid as deductible? 1. Amount 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK	1. \$____,____ 8. DK
<b>HSN18.</b> Was any payment made with products, goods or work? 1. Yes, with products or goods 2. Yes, with some work 3. Yes, with products, goods and work 4. No	1 2 3 4→ <b>HSN20</b>	1 2 3 4→ <b>HSN20</b>	1 2 3 4→ <b>HSN20</b>	1 2 3 4→ <b>HSN20</b>
<b>HSN19.</b> What is the value of the goods with which you paid or how much time did you assign to the work required as payment? a. Value of the products or goods b. Time assigned to the work required as payment	a.1.\$____,____ 8.DK b.1. ____ ____ ____ 8.DK Days Hours Minutes	a.1.\$____,____ 8.DK b.1. ____ ____ ____ 8.DK Days Hours Minutes	a.1.\$____,____ 8.DK b.1. ____ ____ ____ 8.DK Days Hours Minutes	a.1.\$____,____ 8.DK b.1. ____ ____ ____ 8.DK Days Hours Minutes
<b>HSN20. INTERVIEWER: IS THERE ANOTHER HOSPITALIZATION?</b>	<b>Yes .. 1→NEXT COL. HSN07</b> <b>No .... 3→HSN21</b>	<b>Yes...1→NEXT COL. HSN07</b> <b>No ....3→HSN21</b>	<b>Yes...1→NEXT COL. HSN07</b> <b>No ....3→HSN21</b>	<b>Yes .. 1→SUPPLEMENT</b> <b>No .... 3→HSN21</b>
<b>HSN21. INTERVIEWER: IS THERE A SUPPLEMENT?</b>	<b>1. YES</b> <b>3. NO</b>			

AUTN Type MEDICINE	AUTN01. During the last 4 weeks, has (NAME OF THE BOY/GIRL) taken [...] without a medical prescription?	AUTN02. Approximately how much did these medicines/herbs/remedies cost?
A. Drugstore Medicines like: A.1. Analgesic for the pain  A.2. Antihistamine for allergies  A.3. Antibiotic for infections or parasites	A.1 Yes ..... 1→ No ..... 3↓  A.2 Yes ..... 1→ No ..... 3↓  A.3 Yes ..... 1→ No ..... 3↓	A1 1. \$ _____, _____ 8. DK  1. \$ _____, _____ 8. DK  1. \$ _____, _____ 8. DK
B. Oral rehydration salts	Yes ..... 1→ No ..... 3↓	1. \$ _____, _____ 8. DK
C. Eye drops, ointment or medicinal pomades, medical plaster casts, splints, or bandages	Yes ..... 1→ No ..... 3↓	1. \$ _____, _____ 8. DK
D. Herbs or traditional medicine, or any other medicine	Yes ..... 1→ No ..... 3↓	1. \$ _____, _____ 8. DK

**CHILD VACCINATION (SECTION VAC)**

<b>VAC01. INTERVIEWER 1. IF CHILD IS 12 YEARS OLD OR YOUNGER → CONTINUE</b>	
<b>2. IF CHILD IS OLDER THAN 12 YEARS OLD → SECTION FH</b>	
<b>VAC02.</b> Does (NAME OF THE BOY/GIRL) have a vaccination card ( <b>Current Card 2009</b> )? <b>IF THE ANSWER IS YES:</b> May I see it please?	1. Yes, if you see it → <b>CONTINUE</b> 2. Yes, but you do not see it → <b>VAC04</b> 3. Does not have a card → <b>VAC04</b>
<b>VAC03.</b> (1) REGISTER EACH VACCINATION'S DATE FROM THE VACCINATION CARD. (2) WRITE DOWN "44" IN THE "DAY" COLUMN IF THE CHILD HAS BEEN VACCINATED, BUT THE DATE WAS NOT REGISTERED. (2) WRITE DOWN "45" IF THE CHILD HAS NOT BEEN VACCINATED BECAUSE HE/SHE HAS NOT THE AGE REQUIRED.	
a. BCG (Tuberculosis)	a.    DAY MONTH YEAR ___ / ___ / ___
b. Anti-Hepatitis B (First)	b.    ___ / ___ / ___
c. Anti-Hepatitis B (Second)	c.    ___ / ___ / ___
d. Anti-Hepatitis B (Third)	d.    ___ / ___ / ___
e. PENTAVALENT ACELLULAR (First)	e.    ___ / ___ / ___
f. PENTAVALENT ACELLULAR (Second)	f.    ___ / ___ / ___
g. PENTAVALENT ACELLULAR (Third)	g.    ___ / ___ / ___
h. PENTAVALENT ACELLULAR (Fourth)	h.    ___ / ___ / ___
i. DPT (First booster, diphtheria)	i.    ___ / ___ / ___
j. Rotavirus (First)	j.    ___ / ___ / ___
k. Rotavirus (Second)	k.    ___ / ___ / ___
l. Pneumococcal Conjugate (First)	l.    ___ / ___ / ___
m. Pneumococcal Conjugate (Second)	m.    ___ / ___ / ___
n. Pneumococcal Conjugate (Third)	n.    ___ / ___ / ___
o. Anti-influenza (First)	o.    ___ / ___ / ___
p. Anti-influenza (Second)	p.    ___ / ___ / ___
q. Anti-influenza (Annual revaccination)	q.    ___ / ___ / ___
r. Triple Viral SRP (First)	r.    ___ / ___ / ___
s. Triple Viral SRP (Second)	s.    ___ / ___ / ___
t. SABIN (Additional)	t.    ___ / ___ / ___
u. Td (Booster: Tetanus, Diphtheria)	u.    ___ / ___ / ___
v. SR (Booster: Measles, Rubella)	v.    ___ / ___ / ___
w. Anti-Hepatitis B (First)	w.    ___ / ___ / ___
x. Anti-Hepatitis B (Second)	x.    ___ / ___ / ___
y. Other, specify _____	y.    ___ / ___ / ___
<b>→ SECTION FH</b>	

<b>VAC01. INTERVIEWER 1. IF CHILD IS 12 YEARS OLD OR UNDER → CONTINUE</b>	
<b>2. IF CHILD IS OVER 12 YEARS OLD → SECTION FH</b>	
<b>VAC02.</b> Does (NAME OF THE BOY/GIRL) have a vaccination card? ( <b>Previous Card 2005-2008</b> ) <b>IF THE ANSWER IS YES:</b> May I see it please?	1. Yes, if you see it → <b>CONTINUE</b> 2. Yes, but you do not see it → <b>VAC04</b> 3. Does not have a card → <b>VAC04</b>
<b>VAC03.</b> (1) REGISTER EACH VACCINATION'S DATE FROM THE VACCINATION CARD. (2) WRITE DOWN "44" IN THE "DAY" COLUMN IF THE CHILD HAS BEEN VACCINATED, BUT THE DATE WAS NOT REGISTERED. (2) WRITE DOWN "45" IF THE CHILD HAS NOT BEEN VACCINATED BECAUSE HE/SHE HAS NOT THE AGE REQUIRED.	
a. BCG (Tuberculosis)	a.    DAY MONTH YEAR ___ / ___ / ___
b. SABIN (Preliminary Polio at birth)	b.    ___ / ___ / ___
c. SABIN (First Polio)	c.    ___ / ___ / ___
d. SABIN (Second Polio)	d.    ___ / ___ / ___
e. SABIN (Third Polio)	e.    ___ / ___ / ___
f. SABIN (Polio) Additional	f.    ___ / ___ / ___
g. SABIN (Polio) Additional	g.    ___ / ___ / ___
h. SABIN (Polio) Additional	h.    ___ / ___ / ___
i. Pentavalent (First)	i.    ___ / ___ / ___
j. Pentavalent (Second)	j.    ___ / ___ / ___
k. Pentavalent (Third)	k.    ___ / ___ / ___
l. DPT (First Diphtheria)	l.    ___ / ___ / ___
m. DPT (Second Diphtheria)	m.    ___ / ___ / ___
n. DPT (Third Diphtheria)	n.    ___ / ___ / ___
o. DPT (Booster 1, Diphtheria)	o.    ___ / ___ / ___
p. DPT (Booster 2, Diphtheria)	p.    ___ / ___ / ___
q. Measles	q.    ___ / ___ / ___
r. Triple Viral (First)	r.    ___ / ___ / ___
s. Triple Viral (Second)	s.    ___ / ___ / ___
t. Hepatitis B	t.    ___ / ___ / ___
u. Td (Booster: Tetanus, Diphtheria)	u.    ___ / ___ / ___
v. Other, specify _____	v.    ___ / ___ / ___
<b>→ SECTION FH</b>	

**CHILD VACCINATION (SECTION VAC)**

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

**CHILD'S UPBRINGING (SECTION FH)**

**INTERVIEWER:** 1. IF CHILD IS 5 YEARS OLD OR YOUNGER → CONTINUE  
 2. IF CHILD IS OLDER THAN 5 YEARS OLD → FH13

Now, I am going to ask you some questions related to (NAME OF THE BOY/GIRL)'s development.

<b>FH01.</b>	How old was (NAME OF THE BOY/GIRL) when he/she started crawling?  1. Age 2. He/She is not crawling yet 3- He/She never crawled 8. DK	1. <input type="text"/> Years <input type="text"/> Months 2. 3. 8. DK
<b>FH02.</b>	How old was (NAME OF THE BOY/GIRL) when he/she started walking? 1. Age 2. He/She is not walking yet 8. DK	1. <input type="text"/> Years <input type="text"/> Months 2. 8. DK
<b>FH03.</b>	How old was (NAME OF THE BOY/GIRL) when he/she said his/her first words? 1. Age 2. He/She is not talking yet 8. DK	1. <input type="text"/> Years <input type="text"/> Months 2. 8. DK
<b>FH04.</b>	How old was (NAME OF THE BOY/GIRL) when you began toilet training him/her? 1. Age 2. Has not trained him/her 8. DK	1. <input type="text"/> Years <input type="text"/> Months 2. 8. DK
<b>FH05.</b>	How old was (NAME OF THE BOY/GIRL) when he/she dressed by himself/herself? 1. Age 2. He/she is not getting dressed by himself/herself yet 8. DK	1. <input type="text"/> Years <input type="text"/> months 2. 8. DK
<b>FH06.</b>	Does (NAME OF THE BOY/GIRL) attend daycare? 1. Yes 3. No	1. Yes 3. No → FH09a
<b>FH07.</b>	For how many years/months has (NAME OF THE BOY/GIRL) been attending daycare? 1. Years 2. Months	1. <input type="text"/> Years 2. <input type="text"/> Months
<b>FH08.</b>	To what type of daycare does/did (NAME OF THE BOY/GIRL) go? 1. IMSS daycare 2. ISSSTE daycare 3. SEDESOL daycare (Estancias Infantiles) 4. Other (specify)	1. 2. 3. 4. _____

<b>FH09a.</b>	<b>INTERVIEWER:</b> 1. IF CHILD IS 3 YEARS OLD OR YOUNGER → CONTINUE 2. IF CHILD IS OLDER THAN 3 YEARS OLD → FH13	
<b>FH09.</b>	In the last 7 days, how many times did you bathe (NAME OF THE BOY/GIRL)? (CIRCLE ALL THAT APPLY)  1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> Times 2. <input type="text"/> Times 3. <input type="text"/> Times
<b>FH10.</b>	In the last 7 days, how many times did you feed (NAME OF THE BOY/GIRL)? (CIRCLE ALL THAT APPLY)  1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> Times 2. <input type="text"/> Times 3. <input type="text"/> Times
<b>FH11.</b>	In the last 7 days, how many times did you change (NAME OF THE BOY/GIRL)'s diapers? (CIRCLE ALL THAT APPLY)  1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> Times 2. <input type="text"/> Times 3. <input type="text"/> Times
<b>FH12.</b>	In the last 7 days, how many times did you take (NAME OF THE BOY/GIRL) to bed? (CIRCLE ALL THAT APPLY)  1. Mother 2. Father 3. Other (name) _____	1. <input type="text"/> Times 2. <input type="text"/> Times 3. <input type="text"/> Times

FH13. INTERVIEWER: DOES THE FATHER LIVE IN THE HOUSEHOLD?	YES → SECTION NE NO → FH14
<p><b>FH14.</b> How often does the father visit <b>(NAME OF THE BOY/GIRL)?</b> <b>(READ THE OPTIONS)</b></p> <ol style="list-style-type: none"> <li>1. Every day</li> <li>2. At least once a week</li> <li>3. At least once a month</li> <li>4. Once every 2 or 3 months</li> <li>5. A few times a year</li> <li>6. Never</li> <li>8. DK</li> </ol>	<p>1 2 3 4 5 6 8</p>
<p><b>FH15.</b> How often does the father call <b>(NAME OF THE BOY/GIRL)?</b></p> <ol style="list-style-type: none"> <li>1. Every day</li> <li>2. At least once a week</li> <li>3. At least once a month</li> <li>4. Once every 2 or 3 months</li> <li>5. A few times a year</li> <li>6. Never</li> <li>8. DK</li> </ol>	<p>1 2 3 4 5 6 8</p>
<p><b>FH16.</b> How often does the father take <b>(NAME OF THE BOY/GIRL)</b> to the doctor?</p> <ol style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Frequently</li> <li>4. Always</li> <li>8. DK</li> </ol>	<p>1 2 3 4 8</p>
<p><b>FH17.</b> How often does the father attend <b>(NAME OF THE BOY/GIRL)</b>'s school activities?</p> <ol style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Frequently</li> <li>4. Always</li> <li>8. DK</li> </ol>	<p>1 2 3 4 8</p>
<p><b>FH18.</b> How often does the father take <b>(NAME OF THE BOY/GIRL)</b> out (to the park, the zoo, etc.)?</p> <ol style="list-style-type: none"> <li>1. Never</li> <li>2. Rarely</li> <li>3. Frequently</li> <li>4. Always</li> <li>8. DK</li> </ol>	<p>1 2 3 4 8</p>
<p><b>FH19.</b> Does the father help with <b>(NAME OF THE BOY/GIRL)</b>'s expenses?</p> <ol style="list-style-type: none"> <li>1. All of the expenses</li> <li>2. Most of the expenses</li> <li>3. Some of the expenses</li> <li>4. Little of the expenses</li> <li>5. Does not help with the expenses</li> </ol>	<p>1 2 3 4 5</p>

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?

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**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?

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**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?

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**NE07. NOTES**

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## VISITS CONTROL

NUMBER OF VISITS	DATE OF THE VISIT			LENGTH OF THE VISIT		VISIT RESULTS (SEE CODES)	ANSWERED SECTIONS (CIRCLE)	DATE FOR THE NEXT VISIT				
	DAY	MONTH	YEAR	HRS.	MIN.			HRS.	MIN.	DAY	MONTH	YEAR
1							EDN EMN ATN CEN ESN HSN AUTN VAC FH NE					
2							EDN EMN ATN CEN ESN HSN AUTN VAC FH NE					
3							EDN EMN ATN CEN ESN HSN AUTN VAC FH NE					
4							EDN EMN ATN CEN ESN HSN AUTN VAC FH NE					
5							EDN EMN ATN CEN ESN HSN AUTN VAC FH NE					
6							EDN EMN ATN CEN ESN HSN AUTN VAC FH NE					

TOTAL LENGTH OF THE VISIT:

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VISIT RESULTS

## INTERVIEWER REGISTRATION

POSITION	NAME	CODE	SIGNATURE	DELIVERY DATE
HOUSEHOLD INTERVIEWER				
SUPERVISOR				
EDITOR				

### RESULT OF THE VISIT

- 20. Complete and correct
- 21. Incomplete due to new appointment
- 22. Respondent refused to continue
- 23. Respondent not found in successive visits
- 24. Respondent refused to provide information

- 25. Respondent not found
- 26. Respondent could not provide information
- 27. Other (specify) \_\_\_\_\_