

MEXICAN FAMILY LIFE SURVEY

GEOGRAPHIC LOCATION				
1) State				
2) Municipality:				
3) Town:				
4) Week of survey				
5) Type of book				

LOCATION	
1) State	
2) Municipality:	
3) Town:	

ADRESS	
Suburb:	
Street:	
Number:	
Block, Lot or Section:	
Between streets:	C.P.
Reference:	_____

Latitude:	° ' "
Longitude:	° ' "

HEALTH SERVICE INFRAESTRUCTURE

Type of infrastructure:

1. Concentrate Rural Health Center(CRHC)
2. Dispersed Rural Health Center (DRHC)
3. Urban Health Center (UHC)
4. Auxiliary Health Unit (UAS)
5. Family Medicine Unit
6. Clinic
7. Hospital
8. Other (specify) _____

COMMUNITY ID

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RESULT OF INTERVIEW

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THE SURVEY IS AUTHORIZED BY THE LAW OF STATISTICS INFORMATION AND GEOGRAPHY, CHAPTER V, IN ACCORDANCE TO ARTICLE 38th OF SUCH LAW. THE INFORMATION WILL BE KEPT UNDER STRICT CONFIDENTIALITY

CONFIDENTIAL



CENTRO DE INVESTIGACIÓN Y DOCENCIA ECONÓMICAS



INSTITUTO NACIONAL DE ESTADÍSTICA, GEOGRAFÍA E INFORMÁTICA



RESPONSIBLE FOR THE SERVICES (SECTION RS)

RS01. INTERVIEWER: THIS SECTION WILL BE ANSWERED BY THE DIRECTOR OF THE HEALTH UNIT, IF HE IS NOT FOUND AN INTERIM SHOULD SUSTITUTE HIM.

1. Name of the director / interim: _____	2. Position: _____
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In this study we must get infotmation about this unit, could you please give me the name of the people we can interview about the following topics:

(RS Type)	RS02	RS03	RS04
TOPICS	Does this unit have (...)?	What is the name of the person who can tell us about the (...)? FOLLOW THE ARROW →	What position does he have?
AG. General aspects of the unit (THIS SECTION MUST BE ANSWERED BY THE DIRECTOR OR PERSON IN CHARGE OF THE HEALTH UNIT)		1. _____ _____	2. _____ _____
PS. Personnel and utilities in the unit. (PERSONNEL WHO WORK IN THE UNIT AND THE MAIN UTILITIES AVAILABLE, SUCH AS ELECTRICITY, WATER AND SEWERAGE)		1. _____ _____ 3. Same respondent	2. _____ _____
SER. Activities and services provided by the unit. (ACTIVITIES AND SERVICES PROVIDED TO THE PATIENTS)		1. _____ _____ 3. Same respondent	2. _____ _____
LAB. Laboratory of clinical test. (TEST DONE IN THE LABORATORY OF THE UNIT)	1. Yes 3. No ↻	1. _____ _____ 3. Same respondent	2. _____ _____
FM. Drugstore / medicines (MEDICINES NOT OFFERED TO THE PUBLIC)	1. Yes 3. No ↻	1. _____ _____ 3. Same respondent	2. _____ _____

GENERAL ASPECTS OF THE UNIT (SECTION AG)

AG01. INTERVIEWER: THIS SECTION WILL BE ANSWERED BY THE DIRECTOR OF THE HEALTH UNIT, AND IF HE IS NOT FOUND AN INTERIM SHOULD SUSTITUTE HIM.

1. Name: _____	2. Position: _____	3. Same respondent
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The following questions are about general aspects of the health unit.

<p>AG02. Does the unit have phone? 1. Yes (specify) 3. No</p>	<p>1 3</p>	<p>_____ - _____ - _____ - _____ - _____ → AG04</p>
<p>AG03. Is there a community phone? 1. Yes (specify) 2. Yes, but doesn't know it 3. No</p>	<p>1 2 3</p>	<p>_____ - _____ - _____ - _____ - _____</p>
<p>AG04. Does this unit have a beeper? 1. Yes 3. No</p>	<p>1 3</p>	
<p>AG05. To what institution does the unit belong to?</p> <p>01. SSA (Health Ministry) 02. IMSS (Mexican Institute for Social Welfare) 03. ISSSTE (Institute of Social Welfare for Government Employees) 04. DIF (Integral Family Development Institute) 05. State, municipal or university services 06. Red Cross 07. SEDENA (Defense Department) 08. SEMAR (Navy Department) 09. PEMEX (Mexican Oil Company) 10. INI (National Indigenous Institute) 11. Private religious service 12. Private non religious service 13. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 13</p>	<p>Specify _____</p> <p>_____</p>
<p>AG06. What is the identification code of this unit? 1. Identification code 8. DK</p>	<p>1. _____</p> <p>8. _____</p>	<p>Source of the code _____</p>
<p>AG07. How long has this unit been operating? 1. Time in years / months / weeks 8. DK</p>	<p>1. 8.</p>	<p>_____ Years _____ Months _____ Weeks</p>
<p>AG08. Is this unit certified? 1. Yes 3. No</p>	<p>1 3</p>	

GENERAL ASPECTS OF THE UNIT (SECTION AG)

The following questions are about the director / person in charge of the health unit.

AG09.	Name of the director: _____	
AG10. INTERVIEWER:	1. THE RESPONDENT IS THE DIRECTOR/PERSON IN CHARGE OF THE UNIT → AG22 2. THE RESPONDENT IS NOT THE DIRECTOR/PERSON IN CHARGE OF THE UNIT → AG11	
AG11.	How old are you? 1. Date 8. DK	1. __ Month __ __ Year AG13 8. _____
AG12.	How old are you?	__ Years
AG13. INTERVIEWER:	1. MALE	
GENDER OF RESPONDENT	3. FEMALE	
AG14.	Which is the highest level of education you studied in school? 1. Elementary 2. Junior High School 3. Open Junior High School 4. Senior High School or High School 5. Open Senior High School 6. Normal Basic High School 7. Normal Superios High School 8. College 9. PHD	1 2 3 → AG16 4 → AG16 5 → AG16 6 → AG16 7 → AG16 8 → AG16 9 → AG16
AG15.	Which is the last grade you finished in school? 00. Didn'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)	00 01 02 03 04 05 06 07 08 _____ } → AG17
AG16.	Obtained the title for graduating at this level? 1. Yes, graduated/received title 2. No, did not graduate 3. Did not finish/has not finished all of the courses	1 2 3
AG17.	Do you study or have you studied any technical or comercial courses?	Yes..... 1 No..... 3 → AG20

AG18.	How many years have you spent or did you spend on this degree? 1. Less than a year 2. Years since you approved or finished 8. DK	1 2 __ Years 8
AG19.	In order to enter this degree, which studies did they require you to have? 1. None 2. Finished Elementary school 3. Finished Junior High School 4. Finished Senior High School 5. Other (specify)	1 2 3 4 5 _____
AG20.	What is your career or job? 1. General physician 2. A specialist physician (specify) 3. Paramedic 4. Nurse 5. Assistant nurse 6. Health promoter 7. Manager 7. Other (specify)	1 2 _____ 3 4 5 6 7 _____ 8
AG21.	How long have you been working here? 1. Time in years / months / weeks	1. __ Years __ Months __ Weeks
AG22.	INTERVIEWER: THE FOLLOWING QUESTIONS ARE ABOUT THE DIRECTOR/PERSON IN CHARGE.	
AG23.	What is your / the director's date of birth? 1. Date 8. DK	1. __ Month __ __ Year → AG25 8.
AG24.	How old are you / the director? 1. Years 8. DK	1. __ Years 8.
AG25. INTERVIEWER:	GENDER OF DIRECTOR / PERSON IN CHARGE	
	1. MALE	
	3. FEMALE	
AG26.	Are you / the director originally from this province? 1. Yes 3. No	1 3

GENERAL ASPECTS OF THE UNIT (SECTION AG)

AG27. Which is the highest level of education you / the director studied in school? 01. Elementary 02. Junior High School 03. Open Junior High School 04. Senior High School or High School 05. Senior High School or open High School 06. Basic Teacher's Degree Course 07. High Teacher's Degree Course 08. Bachelor's Degree 09. Postgraduate 98. DK	01 02 03 → AG29 04 05 → AG29 06 → AG29 07 → AG29 08 → AG29 09 → AG29 98 → AG30
AG28. Which is the last grade you / the director finished in school? 00. Didn'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	00 01 02 03 04 05 06 07 08 _____ 98 } → AG30
AG29. Did you / the director obtain the title that certifies you / him finished that level? 1. Yes graduated / finished 2. No, intern 3. He didn't finish all the courses 8. DK	1 2 3 8
AG30. Did you / the director study or studied also another technical or comercial degree?	Yes.....1 No.....3 → AG33 NS.....8 → AG33
AG31. How many years you / the director spent or had spent in this degree? 1. Less than a year 2. Years you approved or finished 8. DK	1 2 __ Years 8
AG32. In order to enter this degree, what studies did they require you to have? 1. None 2. Finished Elementary School 3. Finished Junior High School 4. Finished Senior High School 5. Other (specify) 8. DK	1 2 3 4 5 _____ 8

AG33. What is your / director's career or job? 1. General physician 2. A specialistic physician (specify) 3. Paramedic 4. Nurse 5. Assistant nurse 6. Health promoter 7. Other (specify) 8. DK	1 2 _____ 3 4 5 6 7 _____ 8
AG34. Have taken some course of administration? 1. Yes 3. No 8. NS	1 3 8
AG35. For how long have you been in charge of this unit? 1. Time in years / months / weeks 8. DK	1. __ __ Years __ __ Months __ __ Weeks 8.
AG36. For how long have you worked in this unit, not considering the time you have been director? 1. Time in years / months / weeks 8. DK 9. NA	1. __ __ Years __ __ Months __ __ Weeks 8. 9.
AG37. Before being in charge of this unit, were you in charge of another unit?	Yes.....1 No.....3 → AG39 DK.....8 → AG39
AG38. For how long were you in charge of another health units? 1. Time in years / months / weeks 8. DK	1. __ __ Years __ __ Months __ __ Weeks 8.
AG39. How many hours did you work last week in this unit? 1. Hours/weekly 8. NS	1. __ __ Hours/Weekly 8.
AG40. How many hours do you/the director usualy work in this unit? 1. Hours/weekly 8. NS	1. __ __ Hours/Weekly 8.

GENERAL ASPECTS OF THE UNIT (SECTION AG)

<p>AG41. In the last 12 months, how many weeks did you / the director work in this unit? 1. Weeks/yearly 2. Months/yearly 8. DK</p>	<p>1. <input type="text"/> Weeks 2. <input type="text"/> Months 8.</p>
<p>AG42. Do you / the director generally check the patients?</p>	<p>Yes.....1 No.....3 → AG44 DK.....8 → AG44</p>
<p>AG43. How many patients did you / the director examine during the last month? 1. Patients per month 2. Patients per week 8. DK</p>	<p>1. <input type="text"/> Patients per month 2. <input type="text"/> Patients per week 8.</p>
<p>AG44. What was your wage last month? 1. Total 2. Broken down: a. Wage b. Food c. Transportation d. Other (specify) 8. DK</p>	<p>1. Total 1. \$ <input type="text"/>, <input type="text"/> 8. 2. Broken down a. 2. \$ <input type="text"/>, <input type="text"/> 8. b. 2. \$ <input type="text"/>, <input type="text"/> 8. c. 2. \$ <input type="text"/>, <input type="text"/> 8. d. 2. \$ <input type="text"/>, <input type="text"/> 8. _____ 8.</p>
<p>AG45. What was your total wage during the last 12 months? 1. Total 2. Broken down: A. Salary or salaries B. Food C. Transportation D. Other (specify) 8. DK</p>	<p>1. Total 1. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. 2. Broken down a. 2. \$ <input type="text"/>, <input type="text"/> 8. b. 2. \$ <input type="text"/>, <input type="text"/> 8. c. 2. \$ <input type="text"/>, <input type="text"/> 8. d. 2. \$ <input type="text"/>, <input type="text"/> 8. _____ 8.</p>
<p>AG46. In addition to your work, as director in this unit, do you have another job?</p>	<p>Yes.....1 No.....3 → AG53 DK.....8 → AG53</p>
<p>AG47. What category best describes your other job? (READ OPTIONS) 1. Family employee without pay, in a family owned business 2. Worker or employee outside agriculture 3. Rural day laborer or ranch hand (agricultural laborer) 4. Boss, employer or owner of a business 5. Independent worker (with or without paid work) 6. Worker without pay in a business that is not the property of the household 7. Other (specify) 8. DK</p>	<p>1 2 3 → AG49 4 5 6 7 _____ 8</p>
<p>AG48. Is this job related to health? 1. Yes 3. No 8. DK</p>	<p>1 3 8</p>

GENERAL ASPECTS OF THE UNIT (SECTION AG)

<p>AG49. How many hours did you work, in your secondary job, last week? 1. Hours / week 8. DK</p>	<p>1. __ __ Hours / week 8.</p>
<p>AG50. How many hours do you usually work per week in your secondary job? 1. Hours/week 8. DK</p>	<p>1. __ __ Hours / week 8.</p>
<p>AG51. How many weeks did you work in your secondary job during the last 12 months? 1. Weeks / year 2. Months / year 8. DK</p>	<p>1. __ __ Weeks 2. __ __ Months 8.</p>
<p>AG52. What was your montly wage, income or earnings in your secondary job during the last 12 months? 1. Monthly wage / income / earnings 2. Annual wage / income / earnings 8. DK</p>	<p>1. \$ __ __ __ , __ __ __ per month 2. \$ __ , __ __ __ , __ __ __ per year 8.</p>

GENERAL ASPECTS OF THE UNIT (SECTION AG)

Now I am going to ask you about some aspects of the health unit.

AG53. This health unit has: (READ OPTIONS AND CIRCLE ALL THOSE THAT APPLY) 01. Waiting room / area 02. Medical exploration room / area 03. Special room / area for family planning services 04. Special room / area for mother-child services 05. Recovery room / area 06. Labor room / area 07. Pathology laboratory 08. Special room / area for X-rays 09. Emergency room / area 10. Stomatology (dental care services) room / area 11. Operating room 12. Mobile unit 13. Blood bank 14. Day care center	01 02 03 04 05 06 07 08 09 10 11 12 13 14
AG54. INTERVIEWER: CHECK IN QUESTION RS02 IF THE UNIT HAS A LABORATORY FOR CLINICAL TESTS	YES..... 1 AG20 NO..... 3
AG55. Where are the patients referred to when they need some laboratory test? 1. Specify 3. Same town / municipality / state 8. DK 9. NA	1. Name 8. NS _____ 1. Town/suburb. 3. Same 8. NS _____ 1. Municipality/quarter. 3. Same 8. NS _____ 1. State 3. Same 8. NS _____ 9. NA
AG56. Does the unit have ambulances for its own use?	Yes..... 1 No..... 3 → AG58
AG57. How many ambulances in service does the unit have, for its own use? 1. Ambulances in service 8. DK	1. _ _ Ambulances in service 8.
AG58. Does the unit have hospitalization service?	Yes..... 1 No..... 3 → AG60
AG59. How many beds subject to census and not subject to census does the unit have? 1. Beds subject to census 2. Beds not subject to census 8. DK	1. _ _ _ _ Beds subject to census 2. _ _ _ _ Beds not subject to census 8.

AG60. Are specialized services offered in this unit?	Yes.....1 No.....3 → AG62
AG61. Does the unit offer specialized services of (...)? (CIRCLE ALL THOSE THAT APPLY) 01. Family Medicine 02. Pediatrics 03. Gynecobstetrycs 04. Surgery 05. Internal Medicine 06. Dermatology 07. Ortophedics 08. Odontology 09. Ophthalmology 10. Nutrition 11. Cardiology 12. Endocrinoly 13. Urology 14. Other (specify) 15. Other (specify) 16. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____ 15 _____ 16 _____
AG62. In your opinion, what are the three main problems that are facing this health unit at the moment?	1. _____ _____ 2. _____ _____ 3. _____ _____ _____
AG63. In your opinion, what are the 3 main problems that this unit has been facing or still is facing the last 5 years?	1. _____ _____ 2. _____ _____ 3. _____ _____ _____
	4. Same has now 8. DK 9. This unit didn't exist

GENERAL ASPECTS OF THE UNIT (SECTION AG)

The following questions are about the people that receive some services from this unit.

AG64.	How many were seen during the last month ?			
	1. People affiliated	1. _ _ _ , _ _ _ People affiliated	8. DK	9. NA
	2. People not affiliated	2. _ _ _ , _ _ _ People not affiliated	8. DK	9. NA

AG65.	INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS ACCORDING TO THE CODES: 99,999 «DOES NOT APPLY» 99,998 «DO NOT KNOW» 99,997 «DIDN'T ANSWER»
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Now I would like to ask you about the number of cases seen last month and in the last 6 months, for different services.

(AG66 Type)	AG66	AG67
CASES	What is the number of (...) during last month ? (WRITE DOWN THE REFERENCE MONTH) MONTH _ _ FOLLOW DOWNWARDS ↓	What number of (...) were there in the last 6 months ? (WRITE DOWN THE PERIOD OF REFERENCE) From month _ _ to month _ _
A. Total external consultations	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate
B. Case of acute diarrheic illness in children under 5 years ago (EDAS)	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate
C. Infectious illnesses from parasites in the digestive system	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate
D. Cases of severe malnutrition	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate
E. Cases of severe malnutrition in children	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate
F. Cases of obesity and overweight	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate
G. Cases of infections in the respiratory system	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate
H. Cases of acute respiratory infectious in children under 5 years of age (IRAS)	1. _ _ , _ _ _ Document 2. _ _ , _ _ _ Estimate	1. _ _ _ , _ _ _ Document 2. _ _ _ , _ _ _ Estimate

GENERAL ASPECTS OF THE UNIT (SECTION AG)

(AG66 Type)	AG66	AG67
CASES	What is the number of (...) during last month ? (WRITE DOWN THE REFERENCE MONTH) Month __ _ FOLLOW DOWN WARDS ↓	What number of (...) were there in the last 6 months ? (WRITE DOWN THE PERIOD OF REFERENCE) From month __ _ to month __ _
I. Cases of cervical cancer	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
J. Cases of other cancers	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
K. Cases of pulmonary tuberculosis	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
L. Cases of diseases transmitted by vector por vector (Classis hemorrhagic dengue/ malaria)	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
M. Cases of Zoonosis (Brucellosis, Parasitosis, Cysticercosis, Trichinosis, Taeniasis and Rabies)	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
N. Cases of Diabetes Mellitus	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
O. Cases of high blood pressure	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
P. Cases of vascular-brain diseases	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
Q. Cases of HIV, AIDS	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
R. Other sexuallity transmitted diseases	1. __ _ , __ _ _ Document 2. __ _ , __ _ _ Estimate	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate
S. Hospitalized	1. __ _ , __ _ _ Document → AG67A 2. __ _ , __ _ _ Estimate → AG67A	1. __ _ _ , __ _ _ Document 2. __ _ _ , __ _ _ Estimate

GENERAL ASPECTS OF THE UNIT (SECTION AG)

AG68. INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS ACCORDING TO THE CODES:
99,999 «DOES NOT APPLY»
99,998 «DO NOT KNOW»
99,997 «DIDN'T ANSWER»

The following are questions about the major social problems faced by the town.

(AG69 Type)	AG69	AG70	AG71	AG72
SOCIAL PROBLEMS	How many cases of (...) were there last month? (WRITE DOWN THE MONTH IN REFERENCE) Month __ __ FOLLOW DOWNWARDS ↓	How important do, you consider, the problem of (...) to be in this town?	Compared to 5 years ago , the problem of (...), has increased, decreased or remained the same?	What measures has this unit taken to solve this change?
A. Alcoholism	1. __ __ , __ __ __ Document 2. __ __ , __ __ __ Estimate	1. Very important 2. Important 3. Little importance 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	1. _____ 2. _____ 3. _____ 4. None
B. Drug addiction or addiction to medicines	1. __ __ , __ __ __ Document 2. __ __ , __ __ __ Estimate	1. Very important 2. Important 3. Little importance 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	1. _____ 2. _____ 3. _____ 4. None
C. Tabaccoism	1. __ __ , __ __ __ Document 2. __ __ , __ __ __ Estimate	1. Very important 2. Important 3. Little importance 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	1. _____ 2. _____ 3. _____ 4. None
D. Violence inside the family or at home	1. __ __ , __ __ __ Document 2. __ __ , __ __ __ Estimate	1. Very important 2. Important 3. Little importance 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	1. _____ 2. _____ 3. _____ 4. None
E. Self made injuries	1. __ __ , __ __ __ Document 2. __ __ , __ __ __ Estimate	1. Very important 2. Important 3. Little importance 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	1. _____ 2. _____ 3. _____ 4. None
F. Delinquency (robberies, street fights, thefts)	1. __ __ , __ __ __ Document 2. __ __ , __ __ __ Estimate	1. Very important 2. Important 3. Little importance 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	1. _____ 2. _____ 3. _____ 4. None
G. Other type of injuries from unidentified accidents	1. __ __ , __ __ __ Document 2. __ __ , __ __ __ Estimate	1. Very important 2. Important 3. Little importance 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	1. _____ 2. _____ 3. _____ 4. None

GENERAL ASPECTS OF THE UNIT (SECTION AG)

The following questions are about the programs in which this health unit participates.

<p>AG73. Does the unit participate in the PROGRESA program?</p>	<p>Yes.....1 No3 → AG79</p>	<p>AG79. Do midwives work in this town?</p>	<p>Yes.....1 No.....3 → AG83 DK.....8 → AG83</p>
<p>AG74. Since what month and year have it participated? 1. Month / Year 8. DK</p>	<p>1. Month Year 8.</p>	<p>AG80. How many (...) midwives work in this town? 1. Breakdown A. Active B. Trained C. Informing in training 2. Total A. Number of midwives 8. DK</p>	<p>1. Breakdown A. Active 8. B. Training 8. C. Informing 8. 2. Total A. 8.</p>
<p>AG75. How often do the PROGRESA health talks take place? 1. Times per week 2. Times per month 3. Times per year 8. DK 9. NA</p>	<p>1. Times per week 2. Times per month 3. Times per year 8. 9.</p>	<p>AG81. Does the unit give some kind of support to the midwives in this town?</p>	<p>Yes.....1 No3 → AG83</p>
<p>AG76. In the las 12 months, how many nutritional supplements were distributed among the people in PROGRESA? 1. Number of food supplemets 8. DK 9. NA</p>	<p>1. , Supplements 8. 9.</p>	<p>AG82. What support does the unit give to the midwives of the town? (READ OPTIONS AND CIRCLE ALL THOSE THAT APPLY) 01. Training 02. Set of instruments 03. Dressing material 04. Hydrating envelopes 05. Contraceptives 06. Vitamin A 07. Folic acid 08. Iron tablets 09. Anti-parasites 10. Other medicines (specify) 11. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 _____ 11 _____</p>
<p>AG77. In the last 12 months, how often did the food supplements arrive to this unit? 1. Times per week 2. Times per month 3. Times per year 8. DK 9. NA</p>	<p>1. Times per week 2. Times per month 3. Times per year 8. 9.</p>		
<p>AG78. In the last 12 months, has this unit had enough supplements for all those benefited by PROGRESA? 1. Yes, always 2. Most of the times 3. Never</p>	<p>1 2 3</p>		

GENERAL ASPECTS OF THE UNIT (SECTION AG)

<p>AG83. Does the people of this town speak in a dialect / indigenous language?</p>	<p>Yes.....1 No.....3 → AG86 NS.....8 → AG86</p>
<p>AG84. Does the personnel of this unit speak the dialect / indigenous language?</p>	<p>Yes.....1 No.....3 → AG86 NS.....8 → AG86</p>
<p>AG85. What type of job do the people that speak the indigenous language have? (CIRCLE ALL THOSE THAT APPLY) 1. Health personnel 2. Administrative personnel 3. Personnel in intendance and maintenance 4. Other (specify)</p>	<p>1 2 3 4 _____</p>
<p>AG86. Has there been natural disaster in this town in the last 12 months?</p>	<p>Yes.....1 No.....3 → AG88</p>
<p>AG87. What kind of disaster occurred? (CIRCLE ALL THOSE THAT APPLY) 01. Drought 02. Flood 03. Earthquakes 04. Frost 05. Fire 06. Hurricane 07. Landslides 08. Plague 09. Hailstorms 10. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 _____</p>
<p>AG88. Has there been a epidemic outburst in this town in the last 12 months?</p>	<p>Yes.....1 No.....3 → SECTION NE1</p>
<p>AG89. What epidemic outburst showed up in the last 12 months? (CIRCLE ALL THOSE THAT APPLY) 1. Malaria 2. Dengue 3. Cholera 4. Thypoid fever 5. Tuberculosis 6. Influenza / Flu 7. Hepatitis A 8. HIV /AIDS 9. Chicken pox 10. Other (specify)</p>	<p>1 2 3 4 5 6 7 8 9 10 _____</p>

INTERVIEW SESSION NOTES (SECTION NE1)

FILL OUT THIS SECTION AFTER COMPLETING THE «AG» SECTION.

NE101. WHO ELSE (BESIDES THE RESPONDENT) WAS PRESENT DURING THE INTERVIEW? (CIRCLE ALL THOSE THAT APPLY)

- A. HEALTH PERSONNEL
- B. ADMINISTRATIVE PERSONNEL
- C. PATIENT (S)
- D. OTHER (SPECIFY) _____

NE104. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE102. WHAT IS THE EVALUATION OF THE PRECISENESS OF THE RESPONDENT'S ANSWERS?

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

NE105. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE103. WHAT IS YOUR EVALUATION OF THE SERIOUSNESS AND ATTENTION OF THE RESPONDENT'S ANSWERS?

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

NE106. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NE107. NOTES:

PERSONNEL AND SERVICES THAT THE UNIT HAS (SECTION PS)

PS01. INTERVIEWER: VERIFY RS03 AND WRITE DOWN THE NAME OF THE PERSON THAT WILL ANSWER THIS SECTION. IF NOT AVAILABLE HE / SHE COULD BE REPLACED.

1. Name: _____	2. Position: _____	3. Same polled
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PS02. INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS BY ROW.

I am going to ask you some questions about the personnel that work in this health unit.

(PS Type)	PS03	PS04
EMPLOYEE	How many (...) work full time? FOLLOW TO THE RIGTH →	How many (...) work part time?
A. General physicians	_ _ _ Employees	_ _ _ Employees
B. Students assistant to a physician	_ _ _ Employees	_ _ _ Employees
C. Specialist physician	_ _ _ Employees	_ _ _ Employees
D. Resident physician	_ _ _ Employees	_ _ _ Employees
E. Odontology physician	_ _ _ Employees	_ _ _ Employees
F. Students assistant to a odontology physician	_ _ _ Employees	_ _ _ Employees
G. General and specialized nurses	_ _ _ Employees	_ _ _ Employees
H. Student assistant to a nurse	_ _ _ Employees	_ _ _ Employees
I. Auxiliary nurses	_ _ _ Employees	_ _ _ Employees
J. TAPS (Technician in primary health care) / SAPS	_ _ _ Employees	_ _ _ Employees
K. Social workers	_ _ _ Employees	_ _ _ Employees

(PS Type)	PS03	PS04
EMPLOYEE	How many (...) work full time? FOLLOW TO THE RIGHT →	How many (...) work part time?
L. Health promoters	_ _ _ Employees	_ _ _ Employees
M. X-rays technician	_ _ _ Employees	_ _ _ Employees
N. Laboratory technician	_ _ _ Employees	_ _ _ Employees
O. Cyto-technologist	_ _ _ Employees	_ _ _ Employees
P. Chemist	_ _ _ Employees	_ _ _ Employees
Q. Psychologist	_ _ _ Employees	_ _ _ Employees
R. Administrative personnel	_ _ _ Employees	_ _ _ Employees
S. Intendance personnel and maintenance	_ _ _ Employees	_ _ _ Employees
T. Other personnel	_ _ _ Employees	_ _ _ Employees

PERSONNEL AND SERVICES THAT THE UNIT HAS (SECTION PS)

The following questions are about the facilities in this unit.

PS05.	INTERVIEWER: DOES THE UNIT HAVE ELECTRICITY?	Yes.....1 No3	PS09
PS06.	Does the unit have generator or its own power plant?	Yes.....1 No3	→ PS09
PS07.	Are there frequent black-outs in this unit?	Yes.....1 No3	→ PS09
PS08.	In the last 12 months , how frequent has electricity been cut off? 1. Times per week 2. Times per month 3. Times per year 8. DK	1. Times per week 2. Times per month 3. Times per year 8.	
PS09.	Mention the main water source that this health unit use: (READ OPTIONS) 1. Pipewater directly to provider 2. Pipe water 3. Drayage 4. Other (specify)	1 → PS11 2 → PS11 3 4 _____	
PS10.	How far is the water source from the health unit? 1. Distance in Kilometers / Meters 8. DK	1. Kms Mts 8.	
PS11.	In the last month, how many days were you without water service? 1. Days 3. Never	1. Days 3.	
PS12.	What are the toilet facilities that this health unit have? 1. Toilet with septic tank 2. Latrine / toilet without septic tank 3. Black hole or blind well 4. Does not have toilet service	1 2 → PS14 3 → PS14 4 → PS14	

PS13.	How many (...) does the unit have? (READ OPTIONS) 1. Men's toilets 2. Women's toilets 3. Mingles toilets	1. Mens's toilets 2. Women's toilets 3. Shared toilets
PS14.	Where does this health unit drain its sewage? (READ OPTIONS) 1. Piped public sewerage 2. Septic tank 3. Open sewerage in the streets 4. Disposed in garden/land 5. Disposed into river 6. Other (specify)	1 2 3 4 5 6 _____
PS15.	Do you separate or eliminate infectious biological waste from the rest of the garbage?	Yes.....1 No.....3 → PS17
PS16.	How does this health unit dispose of its infectious biological waste? (CIRCLE ALL THOSE THAT APPLY) 01. Specialized infectious biological collection service 02. Public collection service 03. Private collection service 04. Disposed in to public waste site 05. Disposed in to river, empty lot or ravine, etc. 06. Burned inside the health unit 07. Burned outside the health unit 08. Buried inside the unit 09. Buried outside the unit 10. Dumps in the sewage 11. Transport to other unit 12. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 _____

PERSONNEL AND SERVICES THAT THE UNIT HAS (SECTION PS)

<p>PS17. How does this health unit eliminate non infectious biological garbage? (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. Public collection service 02. Disposed in to public waste site 03. Disposed in to river, empty lot or ravine, etc. 04. Burned inside the health unit 05. Burned outside the health unit 06. Buried inside the unit 07. Buried outside the unit 08. Dumps in the sewage 09. Private collection service 10. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 _____</p>
<p>PS18. Does the unit have a fumigation program against harmful fauna? 1. Yes 3. No 8. DK</p>	<p>1 3 → SECTION NE2 8 → SECTION NE2</p>
<p>PS19. How often is the harmful fauna fumigated in this unit? 1. Times per week 2. Times per month 3. Times per year 8. DK</p>	<p>1. [] [] Times per week 2. [] [] Times per month 3. [] [] Times per year 8.</p>

INTERVIEW SESSION NOTES (SECTION NE2)

FILL OUT THIS SECTION AFTER COMPLETING THE «PS» SECTION.

NE201. WHO ELSE (BESIDES THE RESPONDENT) WAS PRESENT DURING THE INTERVIEW? (CIRCLE ALL THOSE THAT APPLY)

A. HEALTH PERSONNEL
B. ADMINISTRATIVE PERSONNEL
C. PATIENT (S)
D. OTHER (SPECIFY) _____

NE204. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE202. WHAT IS THE EVALUATION OF THE PRECISENESS OF THE RESPONDENT'S ANSWERS?

1. EXCELLENT
2. BUENA
3. NOT VERY GOOD
4. BAD
5. VERY BAD

NE205. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE203. WHAT IS YOUR EVALUATION OF THE SERIOUSNESS AND ATTENTION OF THE RESPONDENT'S ANSWERS?

1. EXCELLENT
2. GOOD
3. NOT VERY GOOD
4. BAD
5. VERY BAD

NE206. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NE207. NOTES:

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

SER01. INTERVIEWER: VERIFY RS03 AND WRITE DOWN THE NAME OF THE PERSON THAT WILL ANSWER THIS SECTION. IF HE/SHE IS NOT AVAILABLE, HE / SHE MAY BE REPLACED.

1. Name: _____	2. Position: _____	3. Same polled
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SER02. What are the working hours in this unit?

A.	Monday	1. From	[]:[]	hrs. to	[]:[]	hrs. and	from	[]:[]	hrs. to	[]:[]	3. 24 hrs.	4. Is closed
B.	Tuesday	1. From	[]:[]	hrs. to	[]:[]	hrs. and	from	[]:[]	hrs. to	[]:[]	3. 24 hrs.	4. Is closed 9. Same
C.	Wednesday	1. From	[]:[]	hrs. to	[]:[]	hrs. and	from	[]:[]	hrs. to	[]:[]	3. 24 hrs.	4. Is closed 9. Same
D.	Thursday	1. From	[]:[]	hrs. to	[]:[]	hrs. and	from	[]:[]	hrs. to	[]:[]	3. 24 hrs.	4. Is closed 9. Same
E.	Friday	1. From	[]:[]	hrs. to	[]:[]	hrs. and	from	[]:[]	hrs. to	[]:[]	3. 24 hrs.	4. Is closed 9. Same
F.	Saturday	1. From	[]:[]	hrs. to	[]:[]	hrs. and	from	[]:[]	hrs. to	[]:[]	3. 24 hrs.	4. Is closed 9. Same
G.	Sunday	1. From	[]:[]	hrs. to	[]:[]	hrs. and	from	[]:[]	hrs. to	[]:[]	3. 24 hrs.	4. Is closed 9. Same

The following questions are about the services offered in this health unit.

(SER04 Type)	SER04	SER05
SERVICES	Is the service of (...) offered? FOLLOW DOWNWARDS ↓	What is the maximum and minimum price charged for (...)? (IN OPTION 1, FILL OUT THE MAXIMUM PRICE AS WELL AS MINIMUM PRICE)
A. General external consultations	1. Yes ↘ 3. No ↗	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
B. House visit	1. Yes ↘ 3. No ↗	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
C. Consultations to stitch wounds and handle injuries	1. Yes ↘ 3. No ↗	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
D. Consultations for Zoonosis (Brucellosis, Parasitosis, Cysticercosis, Trichinosis, Taeniasis and rabies)	1. Yes ↘ 3. No ↗	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

(SER04 Type)	SER04	SER05
SERVICES	Is the service of (...) offered? FOLLOW DOWNWARDS ↓	What is the maximun and minimun price charged for (...)? (IN OPTION 1, FILL OUT THE MAXIMUN PRICE AS WELL AS MINIMUN PRICE)
E. Consult to check on nutrition and child growth	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK
F. Consult to handle cases of diarrhea	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK
G. Consult to handle acute respiratory infections	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK
H. Consult for lung tuberculosis	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK
I. Consult for high blood pressure	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK
J. Consult for Diabetes Mellitus	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK
K. Pregnancy test	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK
L. Consult for prenatal care	1. Yes ↘ 3. No ↘	1. \$ [] , [] [] [] maximun price \$ [] , [] [] [] minimun price 2. \$ [] , [] [] [] only price 3. Free 8. DK

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

(SER04 Type)	SER04	SER05
SERVICES	Is the service of (...) offered? FOLLOW DOWN WARDS ↓	What is the maximum as minimum price charged for (...)? (IN OPTION 1, FILL OUT THE MAXIMUM PRICE AS WELL AS THE MINIMUM PRICE)
M. Labor care	1. Yes ↓ 3. No → LINE N	
a. Normal delivery	1. Yes ↘ 3. No ↙	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
b. Cesarean	1. Yes ↘ 3. No ↙	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
N. Rachis anesthesia	1. Yes ↘ 3. No ↙	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
O. Ultrasound	1. Yes ↘ 3. No ↙	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
P. Dental exam	1. Yes ↘ 3. No ↙	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK
Q. X-rays	1. Yes → SER05A 3. No → SER05A	1. \$ [] , [] [] [] maximum price \$ [] , [] [] [] minimum price 2. \$ [] , [] [] [] only price 3. Free 8. DK

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

The following questions are about the preventive health services.

SER06.	Are pap test done in this unit?	Yes.....1 No.....3 → SER08
SER07.	Do this unit have a set of instruments, material and necessary equipment to do Pap tests in the past 6 years?	Yes.....1 No.....3
SER08.	Are immunizations / vaccines applied in this unit?	Yes.....1 No.....3 → SER24
SER09.	Where are the vaccines kept? 1.Refrigerator / freezer / special vaccine box 2.Regular refrigerator 3.Refrigerator without electricity 4.No place to kept vaccine 5.Other (specify)	1 2 3 4 → SER12 5 _____
SER10.	Is there a thermometer to keep proper control of the temperature of the vaccines?	Yes.....1 No.....3 → SER12
SER11.	What was the last temperature recorded, at which the vaccines are being keep? 1. Special thermometer a) Degrees centigrade 2. Normal thermometer b) Degrees centigrade 8. DK	1. Special thermometer a) __ . __ ° C 2. Normal thermometer b) __ . __ ° C 8.
SER12.	In the last 6 months , how many weeks did you not have needles for the vaccines? 1. Weeks 2. There has always been 8. DK	1. __ Weeks 2. 8.
SER13.	Currently , does this unit have material, equipment and required instruments to perform the vaccination service? 1. Yes 3. No	1 3
SER14.	In the last 6 months , has the unit had material, instruments and necessary equipment to perform the vaccination? (READ OPCIONES) 1. Yes always 2. Most of the times 3. Almost never 4. Never	1 2 3 4

(SER15 Type)	SER15	SER16
VACCINE	Is the (...) regularly administered? FOLLOW DOWNWARDS ↓	How much is charged for administering the vaccine (...)?
A. BCG / Tuberculosis	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free
B. SABIN / Poliomyelitis	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free
C. Pentaequivalent/Quintuple (Diphtheria, Whooping cough, Tetanus, Hepatitis B, <i>Haemophilus Influenzae</i>)	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free
D. Hepatitis B	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free
E. DPT (Diphtheria, Whooping cough, Tetanus)	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free
F. Triple viral (German measles, Measles and Parotiditis)	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free
G. Doble viral (Measles, German Measles)	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free
H. Td (Tetanus y Diphtheria)	1. Yes 3. No 8. DK ↓	1. \$ __ __ __ Each one 2. Free

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

(SER15 Tipo)	SER15	SER16
VACCINE	Is the (...) regularly administered? FOLLOW DOWNWARDS ↓	How much is charged for administering the vaccine (...)?
I. Antiserum	1. Yes → 3. No ↓ 8. DK ↓	1. \$ _ _ _ _ Each one 2. Free
J. Human antirabies	1. Yes → 3. No ↓ 8. DK ↓	1. \$ _ _ _ _ Each one 2. Free

SER17. Are there other vaccines offered?	
1. Yes 3. No	1 3
SER18. In the last 6 months , has any of the vaccines that I mentioned been missing for over a week?	Yes.....1 No.....3 → AG20
SER19. Which vaccines have been missing for over a week in the last 6 months ? (CIRCLE ALL THOSE THAT APPLY)	
01. BCG / Tuberculosis 02. SABIN / Poliomielitis 03. Pentaequivalent / Quintuple 04. Hepatitis B 05. DPT 06. Triple viral 07. Double viral 08. Td (tetanur and diphteria) 09. Antiserum 10. Human antirabies 11. Antineumococcica 12. Other (specify) 13. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 _____ 13 _____

SER20. Does this health unit buy these vaccines or receive them from some institution? (READ OPTIONES)	
1. Buys them 2. Buys them and receives them in kind 3. Receives them in kind	1 → SER24 2 3
SER21. Who finances or donates the vaccines? (CIRCLE ALL THOSE THAT APPLY)	
01. SSA (Health Ministry) 02. IMSS (Mexican Institute for Social Welfare) 03. ISSSTE (Institute of Socail Welfare for Government employees) 04. DIF (Integral Family Development Institute) 05. State, municipal or university services 06. Red Cross 07. SEDENA/SEMAR (Defense Department / Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the unit 10. Donations 11. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 _____
SER22. INTERVIEWER: ¿IS THERE MORE THAN ONE ANSWER IN SER21?	
YES.....1 → SER23 NO.....3 → SER24	
SER23. Mention in order of importance who finances or donates the vaccines that are used in this unit (CIRCLE ALL THOSE THAT APPLY)	(MENTION THE MOST REPRESENTATIVE IN ORDER OF IMPORTANCE)
01. SSA (Health Ministry) 02. IMSS (Mexican Institute for Social Welfare) 03. ISSSTE (Institute of Socail Welfare for Government employees) 04. DIF (Integral Family Development Institute) 05. State, municipal or university services 06. Red Cross 07. SEDENA/SEMAR (Defense Department / Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the unit 10. Donations 11. Other (specify)	01. <input type="checkbox"/> SSA 02. <input type="checkbox"/> IMSS 03. <input type="checkbox"/> ISSSTE 04. <input type="checkbox"/> DIF 05. <input type="checkbox"/> Statal, municipal or university services 06. <input type="checkbox"/> Red CRoss 07. <input type="checkbox"/> SEDENA/SEMAR (DEFENSE DEPARTMENT/ NAVY DEPARTMENT) 08. <input type="checkbox"/> PEMEX (MEXICAN OIL COMPANY) 09. <input type="checkbox"/> Direct purchase by the unit 10. <input type="checkbox"/> Donations 11. <input type="checkbox"/> Other (specify) _____

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

SER24. Are family orientation or family planning offered in this health unit?	Yes.....1 No.....3 → SER35
SER25. What family planning services are offered? (READ OPTIONS) 1. Only talks on family planning 2. Talks as well as services on planning 3. Only family planning services	1 2 3
SER26. How many people in this unit offer family planning services?	_ _ _ _ People
SER27. How many are (...)? 1. Physicians (include general, specialists, students assistants and residents) 2. Nurses (include general, specialized and assistants) 3. Health promoters 4. Other (specify)	1. _ _ _ Physicians 2. _ _ _ Nurses 3. _ _ _ Promoters 4. _ _ _ _____
SER28. INTERVIEWER: IS «1» THE ANSWER IN SER25? YES.....1 SER33 NO.....3 SER29	

(SER29 Type)	SER29	SER30	
CONTRACEPTIVE METHODS	Are (...) offered in this unit? FOLLOW DOWNWARDS ↓	What is the price charged for (...)? (WHAT IS THE MOST COMMONLY SOLD OR GIVEN AWAY PRESENTATION) (SPECIFY THE PRESENTATION)	
		PRICE	PRESENTATION
A. Oral contraceptives	1. Yes ↘ 3. No ↘	1. \$ _ _ _ . _ _ 2. Free 8. DK	a. Box with 21 tablets b. Box with 28m tablets c. Other (specify) _____
B. Contraceptive injections	1. Yes ↘ 3. No ↘	1. \$ _ _ _ . _ _ 2. Free 8. DK	a. Monthly b. Quarter c. Other (specify) _____
C. Condoms	1. Yes ↘ 3. No ↘	1. \$ _ _ _ . _ _ 2. Free 8. DK	a. Box with 3 b. Box with 9 c. Other (specify) _____
D. Subcutaneous implant (Norplant or Implanon)	1. Yes ↘ 3. No ↘	1. \$ _ , _ _ _ 2. Free 8. DK	a. 5 years b. 3 years c. Other (specify) _____

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

(SER29 Type)	SER29	SER30
CONTRACEPTIVE METHODS	Are (...) offered in this unit? FOLLOW DOWNWARDS ↓	What price is charged for (...)? (MOST COMMONLY SOLD OR GIVEN AWAY PRESENTATION) (SPECIFY THE PRESENTATION)
E. IUD plastic / coil or copper T	1. Yes 3. No ↻	PRICE 1. \$, 2. Free 8. NS PRESENTATION a. Every time
F. Fallopin tube ligature/ female sterilization	1. Yes 3. No ↻	1. \$, Average 2. Free 8. DK a. Every time
G. Vasectomy / male sterilization	1. Yes 3. No ↻	1. \$, Average 2. Free 8. DK a. Every time

SER31. Have contraceptives in this unit been missing for over a week in the last 6 months?	Yes1 No.....3 → SER33
SER32. What contraceptives have been missing for over a week in the last 6 months? (CIRCLE ALL THOSE THAT APPLY) 1. Oral contraceptives 2. IUD plastic / coil or copper T 3. Contraceptive injectious 4. Subcutaneous implant (Norplant/Implanon) 5. Condoms 6. Other (specify)	1 2 3 4 5 6 _____
SER33. Si un paciente necesita algún anticonceptivo que no sea ofrecido en esta unidad, ¿es canalizado o referido a otro lugar?	Yes.....1 No.....3 → SER35
SER34. If a patient requires some contraceptive not being offered in this unit, is he/she sent or referred to other place? (CIRCLE ALL THOSE THAT APPLY) 1. Hormone contraceptives (oral / inyectable / under the skin) 2. IUD plastic/ coil or copper T 3. Condoms 4. Female sterilization 5. Male sterilization (vasectomy) 6. Other (specify)	1 2 3 4 5 6 _____

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

SER35. Does this unit make community activities?	Yes1 No.....3 → SER42
SER36. Where are they done? (READ OPTIONS) 1. Mobile units 2. In the town 3. In other towns 4. In schools 5. In enterprises 6. In the same health unit 7. Other (specify)	1 2 3 4 5 6 7 _____
SER37. INTERVIEWER: IF SER36 = ONLY 6 IN ANY OTHER CASE	→ SER40 → SER38
SER38. How many days did the personnel of the unit went out to make community activities in the last 6 months 1. Days 8. DK	1. _ _ Days 8.
SER39. On average, how many workers of this unit go out to do community activities? 1. People 8. DK	1. _ _ _ People 8.
SER40. What kind of community activities are done? (READ OPTIONS AND CIRCLE ALL THOSE THAT APPLY) 1. Vaccination 2. Family planning 3. Disease detection 4. Educational health talks 5. Dental care campaigns 6. General consultations 7. Others (specify) 8. DK	1 → SER42 2 → SER42 3 → SER42 4 5 → SER42 6 → SER42 7 → SER42 8 → SER42

SER41. The educational health talks are about (...): (READ OPTIONS AND CIRCLE ALL THOSE THAT APPLY) 01. Vaccination 02. Acute respiratory infections (IRAS) 03. Acute diarrhea illness (ERAS) 04. Child nutrition 05. Perinatal health 06. Family planning 07. Cervical cancer / breast 08. High blood pressure 09. Diabetes mellitus 10. Sexually transmitted diseases/AIDS 11. Adictions (Alcoholism, drug addiction, Tobaccoism) 12. Accident prevention 13. Environment improvement 14. Emergencies and disasters 15. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 _____ 98
SER42. Does the unit offer the service of chlorinating or checking the chlorination of water in town?	Yes.....1 No.....3 → SER44
SER43. How often is the chlorination service offered or verification of chlorination of water in the town? 1. Times per week 2. Times per month 3. Times per year 8. DK	1. _ _ Times per week 2. _ _ Times per month 3. _ _ Times per year 8.

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

Now I would like to ask you about sending patients to other places.

<p>SER44. What are the most frequent reasons for you referring or sending patients to other units? (CIRCLE ALLTHOSE THAT APPLY)</p> <ol style="list-style-type: none"> 1. Seriousness of patients 2. Lack of material resources 3. Lack of personnel 4. Refer to a specialist 5. Other (specify) 6. Patients are not refered 	<p>1 2 3 4 5 6 → SER49</p>	
<p>SER45. INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS BY COLUM.</p>		
<p>SER46. If a patient must be referred to another facility what are the two main places you send the patients?</p> <ol style="list-style-type: none"> 1. Specify 3. Same town/suburb/municipality. 8. DK 9. NA 	<p>FIRST PLACE REFERRED</p> <p>↓ FOLLOW DOWNWARDS</p>	<p>SECOND PLACE REFERRED</p> <p>↓ FOLLOW DOWNWARDS</p>
	<p>1. Name _____ 8. DK</p> <p>1. Town/suburb. _____ 3. Same 8. DK</p> <p>1. Municipality / quarter. _____ 3. Same 8. DK</p> <p>1. State _____ 3. Same 8. DK</p>	<p>1. Name _____ 8. DK</p> <p>1. Town/suburb. _____ 3. Same 8. DK</p> <p>1. Municipality/quarter. _____ 3. Same 8. DK</p> <p>1. State _____ 3. Same 8. DK</p> <p>9. NA → SER49</p>
<p>SER47. What is the distance that must be traveled from your place to the reference facility?</p> <ol style="list-style-type: none"> 1. Distance in kilometers / meters 8. DK 	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Kms Mts</p> <p>8.</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Kms Mts.</p> <p>8.</p>
<p>SER48. How long does it take to get from here to the referred place?</p> <ol style="list-style-type: none"> 1. Time in hours / minutes 8. DK 	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Hrs Min</p> <p>8.</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">Hrs Min</p> <p>8.</p>

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

The following questions are about the material, medical set of instruments and equipment that this unit usually have.

(SER49 Type)		SER49
MATERIAL, EQUIPMENT AND SET OF INSTRUMENTS		Does the unit have (...)?
MATERIAL		
A.	Antiseptics 1. Yes 3. No	1 3
B.	Bandages 1. Yes 3. No	1 3
C.	Disposable gloves 1. Yes 3. No	1 3
D.	Gauzes 1. Yes 3. No	1 3
E.	Suture thread 1. Yes 3. No	1 3
MEDICAL EQUIPMENT		
F.	Biauricular stethoscope 1. Yes 3. No	1 3
G.	Pinard's stiff stethoscope / phonocardiogram 1. Yes 3. No	1 3
H.	Incubator 1. Yes 3. No	1 3
I.	Baby scale 1. Yes 3. No	1 3
J.	Scale with stadiometer 1. Yes 3. No	1 3

(SER49 Type)		SER49
MATERIAL, EQUIPMENT AND SET OF INSTRUMENTS		Does the unit have (...)?
K.	Sterilizer 1. Yes 3. No	1 3
L.	Baumeter 1. Yes 3. No	1 3
M.	Microscope 1. Yes 3. No	1 3
N.	Electrocardiograph 1. Yes 3. No	1 3
O.	Centrifugal 1. Yes 3. No	1 3
SET OF INSTRUMENTS		
P.	Dagnosis ase 1. Yes 3. No	1 3
Q.	Dissection equipment 1. Yes 3. No	1 3
R.	Vaginal speculum 1. Yes 3. No	1 3
S.	Catheters 1. Yes 3. No	1 3

ACTIVITIES AND SERVICES PROVIDED BY THE UNIT (SECTION SER)

<p>SER50. In the last 6 months, has some of the materials, set of instruments or equipment mentioned been missing for over a week?</p>	<p>Yes.....1 No.....3 → SER52</p>
<p>SER51. What is the material, set of instruments or medical equipment that has been missing? (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. Antiseptics 02. Bandages 03. Disposable gloves 04. Gauzes 05. Suture thread 06. Biauricular stethoscope 07. Pinard's stiff stethoscope 08. Incubator 09. Baby scale 10. Scale with stadiometer 11. Sterilizer 12. Baumeter 13. Microscope 14. Electrocardiograph 15. Centrifugal machine 16. Diagnosis case 17. Dissection equipment 18. Vaginal speculum 19. Catheters 20. Other (specify) 21. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 _____ 21 _____</p>
<p>SER52. Does this unit buy the material, set of instruments or receive them from some institution? (READ OPTIONS)</p> <p>1. Buys them 2. Buys them and receives them in kind 3. Receives them in kind</p>	<p>1 → SER56 2 3</p>

<p>SER53. Who finances or donates the material, set of instruments or equipment used in this unit? (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. SSA (Health Ministry) 02. IMSS (Mexican Institute for Social Welfare) 03. ISSSTE (Institute of Socail Welfare for Government employees) 04. DIF (Integral Family Development Institute) 05. State, municipal or university services 06. Red Cross 07. SEDENA/SEMAR (Defense Department / Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the unit 10. Property health unit 11. Donations 12. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 _____</p>
<p>SER54. INTERVIEWER: IS THERE MORE THAN ONE ANSWER IN SER53?</p> <p>YES..... 1 → SER55 NO..... 3 → SER56</p>	
<p>SER55. Please mention in order of importance, who finances or donates sets of instruments, material or equipment being used in this unit. (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. SSA 02. IMSS 03. ISSSTE 04. DIF 05. Statal, municipal or universitary services 06. Red Cross 07. SEDENA/SEMAR 08. PEMEX 09. Direct purchase by the unit 10. Property health unit 11. Donations 12. Other (specify)</p>	<p>(INDICATE HOW REPRESENTATIVE EACH IS AFTER HOW IMPORTANT THEY ARE)</p> <p>01. <input type="checkbox"/> SSA 02. <input type="checkbox"/> IMSS 03. <input type="checkbox"/> ISSSTE 04. <input type="checkbox"/> DIF 05. <input type="checkbox"/> State, municipal or university services 06. <input type="checkbox"/> Red Cross 07. <input type="checkbox"/> SEDENA/SEMAR 08. <input type="checkbox"/> PEMEX 09. <input type="checkbox"/> Direct purchase by the unit 10. <input type="checkbox"/> Property of the personnel of the unit</p>

<p>SER56. INTERVIEWER: WAS QUESTION SER10 ANSWERED WITH OPTION «3. NO» OR THE SER11 WITH OPTION «8. NS»:</p> <p>1. YES → SER57 3. NO → SECTION NE3 9. NA → SECTION NE3</p>	
<p>SER57. What was the last registered temperature of the refrigerator?</p> <p>1. Special thermometer a) Degrees centigrates 2. Normal thermometer b) Degrees centigrates 8. DK</p>	<p>1. Special thermometer a) <input type="text"/> . <input type="text"/> ° C 2. Normal thermometer b) <input type="text"/> . <input type="text"/> ° C 8.</p>

INTERVIEW SESSION NOTES (SECTIONN NE3)

FILL OUT THIS SECTION AFTER COMPLETING THE «SER» SECTION.

NE301. WHO ELSE (BESIDES THE RESPONDENT) WAS PRESENT DURING THE INTERVIEW? (CIRCLE ALL THOSE THAT APPLY)

A. HEALTH PERSONNEL
B. ADMINISTRATIVE PERSONNEL
C. PATIENT (S)
D. OTHER (SPECIFY) _____

NE302. WHAT IS THE EVALUATION OF THE PRECISENESS OF THE RESPONDENT'S ANSWERS?

1. EXCELLENT
2. BUENA
3. NOT VERY GOOD
4. BAD
5. VERY BAD

NE303. WHAT IS YOUR EVALUATION OF THE SERIOUSNESS AND ATTENTION OF THE RESPONDENT'S ANSWERS?

1. EXCELLENT
2. GOOD
3. NOT VERY GOOD
4. BAD
5. VERY BAD

NE304. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE305. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE306. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NE307. NOTES:

LABORATORY FOR CLINICAL TESTS (SECTION LAB)

LAB01. INTERVIEWER: VERIFY IF IN RS02 EXIST A LABORATORY FOR CLINICAL TEST.
 1. YES → LAB02
 3. NO → SECTION FM

LAB02. INTERVIEWER: VERIFY RS03 AND WRITE DOWN THE NAME OF THE PERSON THAT WILL ANSWER THIS SECTION. IF HE/SHE IS NOT AVAILABLE, HE/SHE CAN BE REPLACED.

1. Name: _____	2. Position: _____	3. Same polled
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LAB03. INTERVIEWER: FIRST ASK COLUMN LAB04.

The following questions are about the test done in the laboratory for clinical test.

(LAB Type)	LAB04	LAB05	
TEST	Can be done in this health unit? ↓ FOLLOW DOWNWARDS	How much is the charge to the patient for the test of (...)?	
A. Glucose analysis	1. Yes 3. No ↘	1. \$, 2. Free	
B. Blood biometrics	1. Yes 3. No ↘	1. \$, → LINE F 2. Free	
C. Hemoglobin	1. Yes 3. No ↘	1. \$, 2. Free	
D. Leukocyte calculation	1. Yes 3. No ↘	1. \$, 2. Free	
E. Erythrocyte calculation	1. Yes 3. No ↘	1. \$, 2. Free	
F. Blood type calculation	1. Yes 3. No ↘	1. \$, 2. Free	
G. Urinalysis	1. Yes 3. No ↘	1. \$, 2. Free	
H. Feces examination	1. Yes 3. No ↘	1. \$, 2. Free	
I. Blood chemistry	1. Yes 3. No ↘	1. \$, 2. Free	
J. Microbiology laboratory	1. Yes 3. No ↘	1. \$, 2. Free	
K. Pap test	1. Yes 3. No ↘	1. \$, 2. Free	

(LAB Type)	LAB04	LAB05	
TEST	Can (...) be done in the health unit? ↓ FOLLOW DOWNWARDS	How much is the charge to the patient for the test of (...)?	
L. Test to detect sexually transmitted diseases.			
a. Bacteria and viruses culture for vaginal injuries	1. Yes ↘ 3. No	1. \$, 2. Free	
b. Bacteria and viruses cultures for penis injuries	1. Yes ↘ 3. No	1. \$, 2. Free	
c. Test VDRL for syphilis	1. Yes ↘ 3. No	1. \$, 2. Free	
d. Elisa test to detect HIV	1. Yes ↘ 3. No	1. \$, 2. Free	

LAB06. For lab work not done here, is the patient referred outside?

1. Specify
 3. Same Town/Municipality/State/Country
 8. DK
 9. NA

1. Name _____	8. DK
1. Town/Sub. _____	3. Same 8. DK
1. Municipality/Sector. _____	3. Same 8. DK
1. State _____	3. Same 8. DK
9. NA _____	

LABORATORY FOR CLINICAL TESTS (SECTION LAB)

<p>LAB07. Currently, does the unit have enough sets of instruments, material or equipment to do the laboratory test? 1. Yes 3. No</p>	<p>1 3</p>
<p>LAB08. In the last 6 months, has the unit had sets of instruments, material or equipment to do the laboratory tests? 1. Yes, always 2. Most of the times 3. Almost never 4. Never</p>	<p>1 → SECTION LB 2 → SECTION LB 3 4</p>
<p>LAB09. For which of the mentioned tests has there been a lack of sets of instruments, material or equipment to make them? 01. Glucose analysis 02. Blood biometrics 03. Hemoglobin (Hb) 04. Leucocyte calculation 05. Erythrocyte calculation 06. Blood type calculation 07. Urinalysis 08. Feces examination 09. Blood chemistry 10. Microbiology laboratory 11. Pap test 12. Bacteria and virus culture for vaginal injuries 13. Bacteria and viruses cultures for penis injuries 14. VDRL test for syphilis 15. ELISA test to detect HIV</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15</p>

DIRECT OBSERVATION OF LABORATORY (SECTION LB)

**LB01 INTERVIEWER:
THIS SECTION MUST BE FILLED OUT BY THE INTERVIEWER THROUGH DIRECT OBSERVATION.**

<p>LB02. HOW CLEAN IS THE FLOOR IN THIS ROOM?</p> <p>DIRTY= DUST, FOOD REMMANTS, SCATTERED GARBAGE IS FOUND</p> <p>1. VERY CLEAN / VERY GOOD CONDITION 2. CLEAN / GOOD CONDITION 3. REGULAR 4. DIRTY / POOR CONDITION 5. VERY DIRTY / VERY POOR CONDITION 6. COULD NOT BE OBSERVED (SPECIFY)</p>	<p>1 2 3 4 5 6 _____</p>
<p>LB03. HOW CLEAN ARE THE WALLS IN THIS ROOM?</p> <p>DIRTY= IF LOTS OF SPIDER WEBS, SCRIBBLINGS, MOISTURE PAINT PEELING OFF</p> <p>1. VERY CLEAN / VERY GOOD CONDITION 2. CLEAN / GOOD CONDITION 3. REGULAR 4. DIRTY / POOR CONDITION 5. VERY DIRTY / VERY POOR CONDITION 6. COULD NOT BE OBSERVED (SPECIFY)</p>	<p>1 2 3 4 5 6 _____</p>
<p>LB04. IS THERE A PLACE IN THE LABORATORY WHERE THE EMPLOYEES CAN WASH THEIR HANDS?</p> <p>1. YES 3. NO</p>	<p>1 3</p>

INTERVIEW SESSION NOTES (SECTION NE4)

FILL OUT THIS SECTION AFTER COMPLETING THE «SER» SECTION.

NE401. WHO ELSE (BESIDES THE RESPONDENT) WAS PRESENT DURING THE INTERVIEW? **(CIRCLE ALL THOSE THAT APPLY)**

A. HEALTH PERSONNEL
B. ADMINISTRATIVE PERSONNEL
C. PATIENT (S)
D. OTHER (SPECIFY) _____

NE404. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE402. WHAT IS THE EVALUATION OF THE PRECISENESS OF THE RESPONDENT'S ANSWERS?

1. EXCELLENT
2. BUENA
3. NOT VERY GOOD
4. BAD
5. VERY BAD

NE405. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE403. WHAT IS YOUR EVALUATION OF THE SERIOUSNESS AND ATTENTION OF THE RESPONDENT'S ANSWERS?

1. EXCELLENT
2. GOOD
3. NOT VERY GOOD
4. BAD
5. VERY BAD

NE406. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NE407. NOTES:

DRUGSTORE/MEDICINES (SECTION FM)

FM01. INTERVIEWER: VERIFY IN RS02 IF THERE IS A DRUGSTORE: 1. YES FM02 3. NO SECTION RM	
FM02. INTERVIEWER: VERIFY IN RS03 AND WRITE DOWN THE NAME OF THE PERSON THAT WILL ANSWER THIS SECTION. IF HE/SHE IS NOT AVAILABLE, HE/SHE MAY BE REPLACED.	
1. Name: _____	2. Position: _____
3. Same polled	

The following questions are about the medicines that are offered to the population.

(FM Type)	FM03	FM04	FM05	FM06	FM07
MEDICINES	PRESENTATION	Do you give out (...)? FOLLOW TO THE RIGHT →	How many mg / g are there in the presentation or formula of (...) that is sold or given away? (ASK FOR THE MOST SOLD OR GIVEN AWAY PRESENTATION)	What is the most sold or given away presentation of this medicine? (quantity in tablets, milliliters, grams, etc)	How much is charged for this presentation?
1. Ampiciline tablets	500 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
2. Erytromycin tablets	500 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
3. Co-Trimoxazole/Sulfamethoxazole tablets	80 mg / 400 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. mg / mg b. . g / . g	_____ _____ _____	1.\$. 2. Free
4. Cloraphenicole capsules	500 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
5. Procainic Penicilin G injectable solution	800 000 UI	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. , , UI	_____ _____ _____	1.\$. 2. Free
6. Captopril tablets	25 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
7. Nifedipine tablets	10 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
8. Furosemide tablets	20 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free

DRUGSTORE/MEDICINES (SECTION FM)

(FM Type)	FM03	FM04	FM05	FM06	FM07
MEDICINES	PRESENTATION	Do you give out (...)? FOLLOW TO THE RIGHT →	How many mg / g are there in the presentation or formula of (...) that is sold or given away? (ASK FOR THE MOST SOLD OR GIVEN AWAY PRESENTATION)	What is the most sold or given away presentation of this medicin? (quantity in tablets, milliliters, grams, etc)	How much is charged for this presentation?
9. Metronidazole tablets	500 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
10. Albendazole tablets	200 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
11. Tolbutamide tablets	500 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
12. Glybenclamide (Glyburide) tablets	5 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
13. Chlorpropamide tablets	250 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
14. Acetylsalicylic acid capsules	500 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
15. Paracetamol / Acetaminophen tablets	500 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
16. Naproxen tablets	250 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
17. Diclophenac tablets	26.5 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free
18. Ethambutol tablets	400 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation 3. It isn't sold / given away	a. _____ mg b. _____ g	_____ _____ _____	1.\$ _____ 2. Free

DRUGSTORE/MEDICINES (SECTION FM)

(FM Type)	FM03	FM04	FM05	FM06	FM07
MEDICINES	PRESENTATION	Do you give out (...)? FOLLOW TO THE RIGHT →	How many mg / g are there in the presentation or formula of (...) that is sold or given away? (ASK FOR THE MOST SOLD OR GIVEN AWAY PRESENTATION)	What is the most sold or given away presentation of this medicin? (quantity in tablets, milliliters, grams, etc)	How much is charged for this presentation?
19. Isoniazide / Rifampicin capsules	200 mg / 250 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. mg / mg b. . g / . g	_____ _____ _____	1.\$. 2. Free
20. Chloroquine tablets	150 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
21. Primaquine tablets	5 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
22. Iron tablets	100 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
23. Folic acid tablets	5 mg	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
24. Oral electrolyte envelopes (Vida Suero Oral)	27.9 g	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
25. Sodium chloride isotonic solution	0.9 g / 100 ml	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free
26. Glucose solution	5 g / 100 ml	1. Yes → FM06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. . mg b. . g	_____ _____ _____	1.\$. 2. Free

DRUGSTORE/MEDICINES (SECTION FM)

<p>FM08. Does this unit give out, in addition, the following groups of medicines?</p> <p>A. To reduce cholesterol</p> <p>1. Yes</p> <p>3. No</p> <p>B. Ophthalmic</p> <p>1. Yes</p> <p>3. No</p> <p>C. Antidepressant</p> <p>1. Yes</p> <p>3. No</p>	<p>1</p> <p>3</p> <p>1</p> <p>3</p> <p>1</p> <p>3</p>	
<p>FM09. In the last 6 months were the previously mentioned medicines out of stock?</p>	<p>Yes.....1</p> <p>No.....3 → FM11</p>	

<p>FM10. Of the mentioned medicines, which were the ones that were most out of stock during the last 6 months?</p> <p>(CIRCLE ALL THOSE THAT APPLY)</p>	
<p>01. Ampiciline</p> <p>02. Erythromycin</p> <p>03. Co-trimoxazole / Sulfamethoxazole</p> <p>04. Cloraphenicole</p> <p>05. Penicilin GP</p> <p>06. Captopril</p> <p>07. Nifedipine</p> <p>08. Furosemide</p> <p>09. Metronidazole</p> <p>10. Albendazole</p> <p>11. Tolbutamide</p> <p>12. Glybencloamide (Glyburide)</p> <p>13. Chlorpropamide</p> <p>14. Acetylsalicylic Acid</p> <p>15. Paracetamol / Acetaminophen</p> <p>16. Naproxen</p> <p>17. Diclophenac</p> <p>18. Ethambutol</p> <p>19. Isoniazidde / Rifampicin</p> <p>20. Chloroquine</p> <p>21. Primaquine</p> <p>22. Iron</p> <p>23. Folic acid tablets</p> <p>24. Oral electrolyte envelopes</p> <p>25. Sodium chloride isotonic solution</p> <p>26. Sodium chloride isotonic solution</p> <p>27. Other (specify)</p> <p>28. Other (specify)</p> <p>29. Other (specify)</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> <p>09</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27 _____</p> <p>28 _____</p> <p>29 _____</p>

DRUGSTORE/MEDICINES (SECTION FM)

<p>FM11. Does this unit buy the medicines or receive them from some institution? (CIRCLE ALL THOSE THAT APPLY)</p> <p>1. Buys them 2. Buys and receives them in kind 3. Receives them in kind</p>	<p>1 → SECTION NE5 2 3</p>
<p>FM12. Who finances or donates the medicines that are sold or provided to the patientes? (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. SSA (Health Ministry) 02. IMSS (Mexican Institute for Social Welfare) 03. ISSSTE (Institute of Social Welfare for Government Employees) 04. DIF (Integral Family Development Institute) 05. State, municipal or university services 06. Red Cross 07. SEDENA/SEMAR (Defense / Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the unit 10. Donations 11. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 11 _____</p>
<p>FM13. INTERVIEWER: ¿IS THERE MORE THAN ONE ANSWER IN FM12? YES..... NO.....</p>	<p>1 → FM14 3 → SECTION NE5</p>
<p>FM14. Please mention, in order of importance, who finances or donates the medicines that are given away or sold in this unit? (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. SSA (Health Ministry) 02. IMSS (Mexican Institute for Social Welfare) 03. ISSSTE (Institute of Social Welfare for Government Employees) 04. DIF (Integral Family Development Institute) 05. State, municipal or university services 06. Red Cross 07. SEDENA/SEMAR (Defense / Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the unit 10. Donations 11. Other (specify)</p>	<p>(LIST IN ORDER OF IMPORTANCE)</p> <p>01. <input type="checkbox"/> SSA 02. <input type="checkbox"/> IMSS 03. <input type="checkbox"/> ISSSTE 04. <input type="checkbox"/> DIF 05. <input type="checkbox"/> State, municipal or university services 06. <input type="checkbox"/> Red Cross 07. <input type="checkbox"/> SEDENA/SEMAR 08. <input type="checkbox"/> PEMEX 09. <input type="checkbox"/> Direct purchase by the unit 10. <input type="checkbox"/> Donations 11. <input type="checkbox"/> Other (specify) _____</p>

INTERVIEW SESSION NOTES (SECTION NE5)

FILL IN THIS SECTION AFTER COMPLETING THE «SER» SECTION.

NE501. WHO ELSE (BESIDES THE RESPONDENT) WAS PRESENT DURING THE INTERVIEW?
(CIRCLE ALL THOSE THAT APPLY)

- A. HEALTH PERSONNEL
- B. ADMINISTRATIVE PERSONNEL
- C. PATIENT (S)
- D. OTHER (SPECIFY) _____

NE502. WHAT IS THE EVALUATION OF THE PRECISENESS OF THE RESPONDENT'S ANSWERS?

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

NE503. WHAT IS YOUR EVALUATION OF THE SERIOUSNESS AND ATTENTION OF THE RESPONDENT'S ANSWERS?

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

NE504. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE505. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASING, OR CONFUSING?

NE506. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NE507. NOTES:

DIRECT OBSERVATION OF THE EXAMINATION ROOM (SECTION RM)

RM01. INTERVIEWER: THIS SECTION MUST BE ANSWERED ONCE YOU HAVE OBSERVED THE MEDICAL EXAMINATION ROOM

THE FOLLOWING QUESTIONS ARE ABOUT THE MEDICAL EXAMINATION ROOM.

(RM Tipo)	RM02	RM03
	THIS ROOM HAS (...):	HOW DO YOU CONSIDER THE CONDITION OF THE (...)?
1. NATURAL AIR VENTILATION	1. YES ↘ 3. NO ↘	1. ENOUGH FOR THE SIZE OF THE ROOM 2. NOT ENOUGH FOR THE SIZE OF THE ROOM
2. AIR CONDITIONING	1. YES ↘ 3. NO ↘	1. ENOUGH 2. NOT ENOUGH
3. NATURAL LIGHT	1. YES ↘ 3. NO ↘	1. ENOUGH 2. NOT ENOUGH
4. ARTIFICIAL LIGTH	1. YES ↘ 3. NO ↘	1. ENOUGH 2. NOT ENOUGH
5. SINK OR PLACE TO WASH THE HANDS	1. YES ↘ 3. NO ↘	
6. TRASH CAN	1. YES ↘ 3. NO ↘	1. ENOUGH FOR THE SIZE OF THE ROOM 2. NOT ENOUGH FOR THE SIZE OF THE ROOM
7. BED FOR MEDICAL EXAMINATION	1. YES ↘ 3. NO ↘	1. IN GOOD CONDITION 2. IN REGULAR CONDITION 3. IN BAD CONDITION

DIRECT OBSERVATION OF THE EXAMINATION ROOM (SECTION RM)

<p>RM04. HOW CLEAN IS THE FLOOR IN THIS ROOM?</p> <p>1. VERY CLEAN / VERY GOOD CONDITION 2. CLEAN / GOOD CONDITION 3. REGULAR 4. DIRTY / POOR CONDITION 5. VERY DIRTY / VERY POOR CONDITION</p>	<p>1 2 3 4 5</p>
<p>RM05. WHAT IS THE CONDITION / CLEANLINESS OF THE CEILING IN THIS ROOM?</p> <p>1. DO NOT REQUIRE REPAIR OR CLEANING 2. NEED CLEANING 3. NEED REPAIR 4. NEED URGENT REPAIR AND CLEANING</p>	<p>1 2 3 4</p>
<p>RM06. WHAT IS THE CONDITION / CLEANLINESS OF THE WALLS IN THIS ROOM?</p> <p>1. DO NOT REQUIRE REPAIR OR CLEANING 2. NEED CLEANING 3. NEED REPAIR 4. NEED URGENT REPAIR AND CLEANING</p>	<p>1 2 3 4</p>
<p>RM07. WHAT IS THE CONDITION OF CURTAINS?</p> <p>1. CLEAN CURTAINS IN GOOD CONDITION 2. CLEAN BLINDS AND IN GOOD CONDITION 3. DIRTY CURTAINS AND IN POOR CONDITION 4. DIRTY BLINDS AND ND POOR CONDITION 5. DOES NOT HAVE CURTAINS OR BLINDS</p>	<p>1 2 3 4 5</p>

RM08. FROM WHAT YOU OBSERVED, WRITE DOWN WHAT CAUGHT YOUR ATTENTION.

DIRECT OBSERVATION OF THE WAITING ROOM (SECTION SE)

**SE01. INTERVIEWER:
THIS SECTION MUST BE FILLED OUT BY THE INTERVIEWER THROUGH DIRECT OBSERVATION OF THE WAITING ROOM.**

THE FOLLOWING QUESTIONS ARE ABOUT THE WAITING ROOM.

SE02. IS THERE A WAITING ROOM WERE PEOPLE WAIT UNTIL THEY ARE CALLED TO BE SEEN? YES.....1
NO.....3 → **SE15**

(SE Type)	SE03	SE04
	THIS ROOM HAS (...):	HOW DO YOU CONSIDER THE (...) TO BE?
A. NATURAL AIR VENTILATION	1. YES ↗ 3. NO ↘	1. ENOUGH FOR THE SIZE OF THE ROOM 2. NOT ENOUGH FOR THE SIZE OF THE ROOM
B. AIR CONDITIONING	1. YES ↗ 3. NO ↘	1. ENOUGH 2. NOT ENOUGH
C. NATURAL LIGHT	1. YES ↗ 3. NO ↘	1. ENOUGH 2. NOT ENOUGH
D. ARTIFICIAL LIGHT	1. YES ↗ 3. NO ↘	1. ENOUGH 2. NOT ENOUGH
E. TOILET	1. YES ↗ 3. NO ↘	1. CLEAN / IN GOOD CONDITION 2. REGULAR 3. NEEDS CLEANING / IN POOR CONDITION
F. TRASH CAN	1. YES ↗ 3. NO ↘	1. ENOUGH FOR THE SIZE OF THE ROOM 2. NOT ENOUGH FOR THE SIZE OF THE ROOM

DIRECT OBSERVATION OF THE WAITING ROOM (SECTION SE)

<p>SE05. HOW DO PEOPLE WAIT UNTIL THEY ARE CALLED?</p> <p>(CIRCLE ALL THOSE THAT APPLY)</p> <p>1. IN CHAIRS AND BENCHES 2. IN ARMCHAIRS 3. STANDING UP 4. ON THE FLOOR 5. IN THE CORRIDORS</p>	<p>1 2 3 4 5</p>
<p>SE06. IS THE WAITING ROOM CROWDED?</p> <p>1. YES 3. NO</p>	<p>1 3</p>
<p>SE07. WHAT IS THE CONDITION OF THE CHAIRS/BENCHES, AND ARMCHAIRS IN THE WAITING ROOM?</p> <p>1. VERY CLEAN / VERY GOOD CONDITION 2. CLEAN / GOOD CONDITION 3. REGULAR 4. DIRTY / POOR CONDITION 5. VERY DIRTY / VERY POOR CONDITION</p>	<p>1 2 3 4 5</p>
<p>SE08. WHAT IS THE MAIN MATERIAL OF THE WALLS OF THE WAITING ROOM?</p> <p>(IF MORE THAN ONE MATERIAL, CIRCLE THE ONE USED THE LEAST ACCORDING TO THE LIST)</p> <p>1. CONCRETE, BRICK, BLOCK OR STONWARE. 2. ADOBE 3. WOOD 4. METAL SHEET, ASBESTO SHEET, FIBER GLASS, PLASTIC 5. MUD PLASTERING CANE PLASTERED WITH MUD AND CHOPPER STRAW 6. CREED BAMBOO OR TERRACE 7. CARDBOARD SHEET 8. WASTE MATERIAL (CARDBOARD, RUBBER, FABRIC, TIRES, ETC.) 9. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 9</p>

<p>SE09. WHAT IS THE CONDITION OF THE WALLS IN THE WAITING ROOM?</p> <p>1. DO NOT REQUIRE REPAIR OR CLEANING 2. NEED CLEANING 3. NEED REPAIR 4. NEED URGENT REPAIR AND CLEANING</p>	<p>1 2 3 4</p>
<p>SE10. ARE THESE POSTERS INFORMING ABOUT THE HEALTH CARE, FAMILY PLANNING, REPRODUCTIVE HEALTH. MOUTH CARE ON THE WALLS OF THIS WAITING ROOM?</p> <p>1. YES 3. NO</p>	<p>1 3</p>
<p>SE11. WHAT IS THE MAIN MATERIAL OF THE FLOOR? (IN MORE THAN ONE MATERIAL, CIRCLE THE ONE) USED THE LEAST ACCORDING TO THE LIST)</p> <p>1. WOOD, MOSAIC, CONCRETE, PLASTIC, CARPET, OTHERS. 2. CEMENT 3. DIRT 4. OTHER (SPECIFY)</p>	<p>1 2 3 4 _____</p>
<p>SE12. WHAT IS THE CONDITION OF THE FLOOR?</p> <p>1. VERY CLEAN / VERY GOOD CONDITION 2. CLEAN / GOOD CONDITION 3. REGULAR 4. DIRTY / POOR CONDITION 5. VERY DIRTY / VERY POOR CONDITION</p>	<p>1 2 3 4 5</p>

DIRECT OBSERVATION OF THE WAITING ROOM (SECTION SE)

<p>SE13. WHAT IS THE MAIN MATERIAL OF THE CEILING IN THIS ROOM?</p> <p>(IF MORE THAN ONE MATERIAL, CIRCLE THE ONE USED THE LEAST ACCORDING TO THE LIST)</p> <p>1. JOIST AND POLYURETHANE, JOIST AND CURVED PART OF THE STERN 2. CONCRETE, BRICK, BLOCK OR STONEWARE OF CONCRETE 3. ROOFING TILE 4. ASBESTO SHEET 5. REED, BAMBOO, TERRACE 6. METAL SHEET, FIBER GLASS, PLASTIC 7. PALM, SHAKE, WOOD 8. CARBOARD SHEET 9. WASTE MATERIAL (CARBOARD, RUBBER, FABRIC, TIRES ETC.) 10. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 9 10 _____</p>
<p>SE14. WHAT IS THE CONDITION / CLEANLINESS OF THE CEILING IN THIS ROOM?</p> <p>1. DO NOT REQUIRE REPAIR OR CLEANING 2. NEED CLEANING 3. NEED REPAIR 4. NEED URGENT REPAIR AND CLEANING</p>	<p>1 2 3 4</p>

SE15. FROM WHAT YOU OBSERVED, WRITE DOWN WHAT CALLED YOUR ATTENTION

VISITS CONTROL

VISITS	DATE OF THE INTERVIEW		TIME OF THE INTERVIEW		RESULTS OF THE VISITS	S E C T I O N S												DATE OF NEXT VISIT			
	DAY	MONTH	HRS	MIN		SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	HRS.	MIN.	DAY	MONTH
1						RS		AG		PS		SER		LAB		LB					
						FM		RM		SE											
2						RS		AG		PS		SER		LAB		LB					
						FM		RM		SE											
3						RS		AG		PS		SER		LAB		LB					
						FM		RM		SE											
4						RS		AG		PS		SER		LAB		LB					
						FM		RM		SE											
5						RS		AG		PS		SER		LAB		LB					
						FM		RM		SE											
6						RS		AG		PS		SER		LAB		LB					
						FM		RM		SE											

TOTAL TIME OF INTERVIEW

FINAL RESULT OF THE INTERVIEW

INCOMPLETE SECTIONS	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.

VISITS CONTROL

POSITIONS	NAME	CODE	FIRM	SUBMISSION DATE
COMUNITY INTERVIEWER				
STATE CHIEF				