



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:	

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

Latitude:	_ _ ° _ _ ' _ _ '"
Longitude:	_ _ ° _ _ ' _ _ '"

SMALL HEALTH PROVIDERS

- Health Provider:
1. Physician's office
 2. Drugstore
 3. Medical Clinic
 4. Midwife
 6. Other traditional practitioner

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

2002



CIDE

CENTRO DE INVESTIGACIÓN
Y DOCENCIA ECONÓMICAS



INSTITUTO NACIONAL DE ESTADÍSTICA,
GEOGRAFÍA E INFORMÁTICA



UNIVERSIDAD
IBEROAMERICANA
CIUDAD DE MÉXICO

GENERAL INFORMATION ABOUT THE PROVIDER (SECTION GP)

GP01. INTERVIEWER: THIS SECTION MUST BE ANSWERED BY THE PERSON IN CHARGE OF PROVIDING THE HEALTH SERVICE. MUST BE APPLIED TO ALL HEALTH SERVICE PROVIDERS, INCLUDE MIDWIVES, FOLK HEALERS, HERBALISTS, BONE SETTERS, ETC.

1. NAME OF RESPONDENT: _____

The following questions are about your job.

GP02. What are the working hours with this health provider?						
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	5. Same	
C.	Wednesday	1. From []:[] hrs. to []:[] hrs. and from []:[] hrs. to []:[]	3. 24 hrs.	4. Is closed	5. Same	
D.	Thursday	1. From []:[] hrs. to []:[] hrs. and from []:[] hrs. to []:[]	3. 24 hrs.	4. Is closed	5. Same	
E.	Friday	1. From []:[] hrs. to []:[] hrs. and from []:[] hrs. to []:[]	3. 24 hrs.	4. Is closed	5. Same	
F.	Saturday	1. From []:[] hrs. to []:[] hrs. and from []:[] hrs. to []:[]	3. 24 hrs.	4. Is closed	5. Same	
G.	Sunday	1. From []:[] hrs. to []:[] hrs. and from []:[] hrs. to []:[]	3. 24 hrs.	4. Is closed	5. Same	
GP03. Does the health provider have a telephone?			1	[]-[]-[]-[]-[]-[]		
1. Yes (specify)			3			
3. No						
GP04. Do you have telephone, mobile phone, beeper or radio pager?			1	[]-[]-[]-[]-[]-[]		
1. Yes (specify)			2			
2. Yes but it was not given			3			
3. No						
GP05. To what institution does the health provider belong to?			01			
01. SSA (Health Ministry)			02			
02. IMSS (Mexican Institute of Social Welfare)			03			
03. ISSSTE (Institute of Social Welfare for Government Employees)			04			
04. DIF (Integral Family Development Institute)			05			
05. State, municipality or university services			06	Specify _____		
06. Red Cross			07			
07. SEDENA (Defense Department)			08			
08. SEMAR (Navy Department)			09			
09. PEMEX (Mexican Oil Company)			10			
10. INI (National Indigenous Institute)			11			
11. Private religious service			12			
12. Private non religious service			13			
13. Other (especificar)						

GENERAL INFORMATION ABOUT THE PROVIDER (SECTION GP)

GP06. What is your date of birth? 1. Date 8. DK	1. __ Month __ __ Year → GP08 8.
GP07. How old are you?	1. __ Years
GP08. INTERVIEWER: GENDER OF RESPONDENT	1. MAN 3. WOMAN
GP09. 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 → GP11 4 → GP11 5 → GP11 6 → GP11 7 → GP11 8 → GP11 9 → GP11
GP10. 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 } GP12
GP11. Did you obtain the title that certifies you finished the level? 1. Yes graduated/finished 2. No, intern 3. Didn't finish all the courses	1 2 3
GP12. You also study or studied another technical or comercial degree?	Yes..... 1 No..... 3 → GP15
GP13. How many years did you spend or have you spent in this degree? 1. Less than a year 2. Years since you graduated or finished	1. 2. __ Years

GP14. 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)	1 2 3 4 5 _____
GP15. 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. Other (specify)	1 2 3 4 5 6 7 _____
GP16. How long have you been working here? 1. Time in years/months/weeks	1. __ Years __ Months __ Weeks
GP17. Before working here, did you work in other jobs related with health?	Si.....1 No.....3 → GP19
GP18. For how long have you worked in jobs related with health, not including the time you have been working here? 1. Time in years/months/weeks	1. __ Years __ Months __ Weeks
GP19. How many hours did you work last week in this health provider? 1. Hours/week	1. __ Hours/Week
GP20. How many hours do you regularly work in this health provider?	1. __ Hours/Week

GENERAL INFORMATION ABOUT THE PROVIDER (SECTION GP)

<p>GP21. In the last 12 months, how many weeks did you work for this health provider? 1. Weeks/year 2. Months/year</p>	<p>1. __ Weeks/year 2. __ Months/year</p>
<p>GP22. In the last month, what was your salary, incomes or fees working for this health provider?</p>	<p>1. \$ __ , __ </p>
<p>GP22a. In the last 12 months, what was your salary, incomes or fees in total working for this health provider?</p>	<p>1. \$ __ , __ </p>
<p>GP23. Besides working for this health provider, do you have another job?</p>	<p>Yes..... 1 No.....3 → GP30</p>
<p>GP24. What is the status of your other job? (READ OPTIONS) 1. Unpaid laborer working for the family 2. Worker or employee not in farming 3. Rural day laborer or ranch hand (agricultural laborer) 4. Boss, employer or owner of a business 5. Independent worker (with or without a paid worker) 6. Unpaid laborer in a bussines not yet property of the household 7. Other (specify)</p>	<p>1 2 3 → GP28 4 5 6 7 _____</p>
<p>GP25. Is this job related to health? 1. Yes 3. No</p>	<p>1 3</p>
<p>GP26. How many hours did you work last week in your other job? 1. Hours/week</p>	<p>1. __ Hours/Week</p>
<p>GP27. How many hours do you usually work in your other job? 1. Hours/week</p>	<p>1. __ Hours/week</p>
<p>GP28. How many weeks did you work in your other job in the last 12 months? 1. Weeks/year 2. Months/year</p>	<p>1. __ Weeks 2. __ Months</p>
<p>GP29. In the last 12 months, what was your salary, income or monthly earnings in your other job? 1. Salary/income/monthly earnings 2. Salary/income/annual earnings</p>	<p>1. \$ __ , __ Month 2. \$ __, __ , __ Annual</p>

GENERAL INFORMATION ABOUT THE PROVIDER (SECTION GP)

I am going to ask you some questions regarding the people that you work with.

<p>GP30. How many employees work here, without counting you? 1. Number of employees 2. None</p>	<p>1. _ _ Number of employees 2. → GP32</p>
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(GP Type)	GP31
EMPLOYEE	How many (...) work with you?
A. General physicians	_ _ Employees
B. Student assistant of a physicians	_ _ Employees
C. Specialist physicians	_ _ Employees
D. Resident physician	_ _ Employees
E. General nurses and specialized nurses	_ _ Employees
F. Student assistant of a nurse	_ _ Employees
G. Nurse assistants	_ _ Employees
H. Health promoters	_ _ Employees
I. Social workers	_ _ Employees
J. TAPS/SAPS (Technician in Primary Attention to Health/ Supervisor in Primary Attention to Health)	_ _ Employees
K. Other career related to health services (specify)	_ _ Employees _____
L. Administrative personnel	_ _ Employees
M. Intendance personnel	_ _ Employees
N. Other (specify)	_ _ Employees _____

PROBLEMS WHEN OFFERING SERVICES (SECTION POS)

POS01. INTERVIEWER: THIS QUESTIONS MUST BE MADE TO ALL HEALTH PROVIDERS, INCLUDING MIDWIVES, FOLK HEALER, HERBALIST, BONE SETTER, ETC.

The following questions are about the mail problems you have faced and that could affect the services you provide.

(POS Type)	POS02	POS03	POS04
PROBLEMS	In the last 12 months has there been any change in (...)? FOLLOW TO THE RIGHT	¿Increased or decreased(...)?	How has the change affected you?
A. Price of medicines/herbs/solutions	1. Yes → 3. No ↓ 8. DK ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
B. Price of cleansing, dressing material	1. Yes → 3. No ↓ 8. DK ↓ 9. NA ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
C. Availability of medicines/herbs/solutions	1. Yes → 3. No ↓ 8. DK ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
D. Availability of cleansing/dressing material and instruments used to provide the services	1. Yes → 3. No ↓ 8. DK ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
E. Number of patients	1. Yes → 3. No ↓ 8. DK ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
F. Number of staff	1. Yes → 3. No ↓ 8. DK ↓ 9. NA ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
G. The lease cost of premises	1. Yes → 3. No ↓ 8. DK ↓ 9. NA ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
H. Price of water	1. Yes → 3. No ↓ 8. DK ↓ 9. NA ↓	1. Increased → 2. Decreased ↘	1. Specify: _____
POS5.INTERVIEWER: VERIFY THAT IN GP32 THE HEALTH PROVIDER HAS ELECTRICITY.			YES..... 1 →OPTION I NO..... 3 → SECTION
I. Price of electricity	1. Yes → 3. No ↓ 8. DK ↓ 9. NA ↓	1. Increased → 2. Decreased ↘	1. Specify: _____

GENERAL ASPECTS OF THE TOWN (SECTION AGC)

AGC01. INTERVIEWER: THIS QUESTIONS MUST BE MADE TO ALL HEALTH PROVIDERS, INCLUDING MIDWIVES, FOLK HEALER, HERBALIST, BONE SETTER, ETC.

The following questions are about the main problems you have faced and that could affect the services you provide.

(AGC TYPES)	AGC02	AGC03	
SOCIAL PROBLEM	How important do you consider the problem of (...) is in this town? FOLLOW THE ARROW →	Compared to 5 years ago, has the problem increased or decreased?	
A.Alcoholism	1. Very important 2. Important 3. Little important 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	
B.Tabaccoism	1. Very important 2. Important 3. Little important 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	
C.Drug adiction/to medicines	1. Very important 2. Important 3. Little important 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	
D.Child abuse	1. Very important 2. Important 3. Little important 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	
E.Intra-family violence or domestic violence	1. Very important 2. Important 3. Little important 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	
F.Delinquency (holdups, robberies, street fights)	1. Very important 2. Important 3. Little important 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	
G.Other type of injuries	1. Very important 2. Important 3. Little important 4. Not important 8. DK	1. Has increased 2. Hasn't changed 3. Has decreased 8. DK	

AGC04. Does the people in this town speak some indigenous language/dialect?	Yes.....1 No.....3 →AGC07 DK.....8 →AGC07
AGC05. Does the personnel of this health facility speak the indigenous language/dialect?	Yes.....1 No.....3 →AGC07 DK.....8 →AGC07
AGC06. What type of job does the personnel that speak the indigenous language have? (CIRCLE ALL THOSE THAT APPLY) 1. Personnel related to health services 2. Administrative personnel 3. Intendency personnel 4. Other (specify)	1 2 3 4 _____
AGC07. Has there been natural disasters in this town in the last 12 months ?	Yes.....1 No.....3 → AGC09
AGC08. What kind of disaster occurred? (CIRCLE ALL THOSE THAT APPLY) 01. Droughts 02. Floods 03. Earthquakes 04. Frosts 05. Fires 06. Hurricanes 07. Landslides 08. Plagues 09. Hailstorms 10. Other (specify)	01 02 03 04 05 06 07 08 09 10 _____
AGC09. Has there been any epidemic outbreak in this town in the last 12 months ?	Yes.....1 No.....3 → SECTION SV
AGC10. What was the illness present in the epidemic ? (CIRCLE ALL THOSE THAT APPLY) 1. Malaria 2. Dengue fever 3. Cholera 4. Typhoid fever 5. Tuberculosis 6. Influenza / flu 7. Hepatitis A 8. HIV / AIDS 9. Chicken pox 10. Rotavirus 11. Other (specify)	1 2 3 4 5 6 7 8 9 10 11 _____

SERVICES OFFERED (SECTION SV)















SV01. INTERVIEWER: 1. IF THE SERVICE PROVIDER IS MIDWIFE, POLK HEALER, HERBALIST, BONE SETTER (TRADICIONAL PRACTITIONER) → SV07
2. IF THE SERVICE PROVIDER IS PHYSICIAN, DRUGSTORE OR CLINIC → SV02

SV02. INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS ACCORDING TO THE CODES:
9,998 «DON'T KNOW» 9,997 «DIDN'T ANSWER»

The following questions are about the activities and services that you offer. Some of the services may not belong to your area of specialization, I would appreciate it if you would only answer «NO» in these cases.

(SV03 Type)	SV03	SV04	SV05	SV06
SERVICES	¿Is the service of (...) offered? FOLLOW DOWNWORDS ↓	¿How much is charged for (...)? (IN OPTION 1, FILL OUT MAXIMUM AS WELL AS MINIMUM PRICE)	¿What is the number of (...) that you gave last month? (WRITE DOWN THE MONTH IN REFERENCE) Month __ __	¿How many (...) you gave during the last 6 months? (WRITE DOWN THE REFERENCE PERIOD) From month __ __ month __ __
A.Consultation	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ __ maximum price \$ __ , __ __ __ minimum price 2. \$ __ , __ __ __ only price 3. Free	__ , __ __ __ Consultations	__ , __ __ __ Consultations
B.House visits	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ __ maximum price \$ __ , __ __ __ minimum price 2. \$ __ , __ __ __ only price 3. Free	__ , __ __ __ Consultations	__ , __ __ __ Consultations
C.Consultation for infectious disease and parasites in the digestive system	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ __ maximum price \$ __ , __ __ __ minimum price 2. \$ __ , __ __ __ only price 3. Free	__ , __ __ __ Consultations	__ , __ __ __ Consultations
D.Consultation of serious malnutrition	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ __ maximum price \$ __ , __ __ __ minimum price 2. \$ __ , __ __ __ only price 3. Free	__ , __ __ __ Consultations	__ , __ __ __ Consultations
E.Consultation for serious child malnutrition	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ __ maximum price \$ __ , __ __ __ minimum price 2. \$ __ , __ __ __ only price 3. Free	__ , __ __ __ Consultations	__ , __ __ __ Consultations
F.Consultation for obesity and overweight	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ __ maximum price \$ __ , __ __ __ minimum price 2. \$ __ , __ __ __ only price 3. Free	__ , __ __ __ Consultations	__ , __ __ __ Consultations

SERVICES OFFERED (SECTION SV)

SV02. INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS ACCORDING TO THE CODES: 9,998 «DON'T KNOW» 9,997 «DIDN'T ANSWER»				
(SV03 Type)	SV03	SV04	SV05	SV06
SERVICES	¿Is the service of (...) offered? FOLLOW DOWNWORDS ↓	¿How much is charged for (...)? (IN OPTION 1, FILL OUT MAXIMUM AS WELL AS MINIMUM PRICE)	¿What is the number of (...) that you gave last month? (WRITE DOWN THE MONTH IN REFERENCE) Month __ _	¿How many (...) you gave during the last 6 months? (WRITE DOWN THE REFERENCE PERIOD) From month __ _ month __ _
G. Consultation to check out nutrition child growth	1. Yes <input type="checkbox"/>  3. No <input type="checkbox"/> 	1. \$ __ , __ _ maximum price \$ __ , __ _ minimum price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
H. Consultation for infection of the respiratory system	1. Yes <input type="checkbox"/>  3. No <input type="checkbox"/> 	1. \$ __ , __ _ maximum price \$ __ , __ _ minimum price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
I. Consultation for severe respiratory illness in children under 5 years of age	1. Yes <input type="checkbox"/>  3. No <input type="checkbox"/> 	1. \$ __ , __ _ maximum price \$ __ , __ _ minimum price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
J. Consultation to suture and handling of injuries	1. Yes <input type="checkbox"/>  3. No <input type="checkbox"/> 	1. \$ __ , __ _ maximum price \$ __ , __ _ minimum price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
K. Consultation for Lung Tuberculosis	1. Yes <input type="checkbox"/>  3. No <input type="checkbox"/> 	1. \$ __ , __ _ maximum price \$ __ , __ _ minimum price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
L. Consultation for high blood pressure	1. Yes <input type="checkbox"/>  3. No <input type="checkbox"/> 	1. \$ __ , __ _ maximum price \$ __ , __ _ minimum price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
M. Consultation for Mellitus Diabetes	1. Yes <input type="checkbox"/>  3. No <input type="checkbox"/> 	1. \$ __ , __ _ maximum price \$ __ , __ _ minimum price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations

SERVICES OFFERED (SECTION SV)

SV02. INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS ACCORDING TO THE CODES: 9,998 «DON'T KNOW» 9,997 «DIDN'T ANSWER»				
(SV03 Type)	SV03	SV04	SV05	SV06
SERVICES	¿Is the service of (...) offered? FOLLOW DOWNWORDS ↓	¿How much is charged for (...)? (IN OPTION 1, FILL OUT MAXIMUM AS WELL AS MINIMUM PRICE)	¿What is the number of (...) that you gave last month? (WRITE DOWN THE MONTH IN REFERENCE) Month __	¿How many (...) you gave during the last 6 months? (WRITE DOWN THE REFERENCE PERIOD) From month __ month __
N.Consultation for cervical cancer	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ maximum price \$ __ , __ __ minimum price 2. \$ __ , __ __ only price 3. Free	__ , __ __ Consultations	__ , __ __ Consultations
O.Consultation for other type of cancer	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ maximum price \$ __ , __ __ minimum price 2. \$ __ , __ __ only price 3. Free	__ , __ __ Consultations	__ , __ __ Consultations
P.Pap test	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ maximum price \$ __ , __ __ minimum price 2. \$ __ , __ __ only price 3. Free	__ , __ __ Consultations	__ , __ __ Consultations
Q. Prenatal care	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ maximum price \$ __ , __ __ minimum price 2. \$ __ , __ __ only price 3. Free	__ , __ __ Consultations	__ , __ __ Consultations
R.Labor treatment	1. Yes ↓ 3. No → LINE S			
a) Normal delivery	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ maximum price \$ __ , __ __ minimum price 2. \$ __ , __ __ only price 3. Free	__ , __ __ Consultations	__ , __ __ Consultations
b) Cesarea	1. Yes ↘ 3. No ↘	1. \$ __ , __ __ maximum price \$ __ , __ __ minimum price 2. \$ __ , __ __ only price 3. Free	__ , __ __ Consultations	__ , __ __ Consultations

SERVICES OFFERED (SECTION SV)

(SV03 Type)	SV03	SV04	SV05	SV06
SERVICES	¿Is the service of (...) offered? FOLLOW DOWNWORDS ↓	¿How much is charged for (...)? (IN OPTION 1, FILL OUT MAXIMUM AS WELL AS MINIMUM PRICE)	¿What is the number of (...) that you gave last month? (WRITE DOWN THE MONTH IN REFERENCE) Month __ _	¿How many (...) you gave during the last 6 months? (WRITE DOWN THE REFERENCE PERIOD) From month __ _ month __ _
S.Rachis anesthesia	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
T.Ultrasound	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
U. Dental check-up/examination	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
V. X-rays	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
W. Consultation due to some type of home violence	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
X.Consultation due to social violence such as fights, robberies, etc.	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
Y. To see patiens with HIV or AIDS.	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations
Z. To see and take care of patients that require to stay overnigth in the health facility.	1. Yes <input type="checkbox"/> ↘ 3. No <input type="checkbox"/> ↘	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consultations	__ , __ _ Consultations

SERVICES OFFERED (SECTION SV)

The next questions are about the services of preventive medicines that you offer.

SV07. Is vaccination service offered in this health facility?	Si.....1 No.....3 → SV24	(SV14 Type)	SV14	SV15
SV08. Where are the vaccines kept? (READ OPTIONS) 1. Refrigerator/freezer/special vaccine box 2. Regular refrigerator 3. Refrigerator without electricity 4. No place to keep vaccines 5. Other (specify) _____	1 2 3 4 5 _____	VACCINE	Is the vaccine (...) usually administered? FOLLOW	How much is charged for administering the (...) vaccine?
SV09. Is there a thermometer to keep proper control of the temperature of the vaccines?	Si.....1 No.....3 → SV11	A. BCG / Tuberculosis	1. Yes → 3. No ↓ 8. NS ↓	1. \$ Each time 2. Free
SV10. What was the last temperature recorded, at which the vaccines are being kept? 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.	B. SABIN / Poliomyelitis	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
SV11. In the last 6 months , for how many weeks were there no needles for the vaccines? 1. Weeks 2. There has always been 8. DK	1. Weeks 2. 8.	C. Pentaequivalent/Quintuple (Diphtheria, Whooping cough, Tetanus, Hepatitis B, Haemophile, Influenza)	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
SV12. Currently , do you have material, equipment and required instruments to perform the vaccination service? 1. Yes 3. No	1 3	D. Hepatitis B	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
SV13. In the last 6 months , have you had material, equipment and required instruments to perform the vaccination service? (READ OPTIONS) 1. Yes, always 2. Most of the times 3. Almost never 4. Never	1 2 3 4	E.DPT (Diphtheria, Whooping cough, Tetanus)	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
1 3	1 3	F. Triple viral (German measles, Measles and Parotiditis)	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
1 2 3 4	1 2 3 4	G. Double viral	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
1 2 3 4	1 2 3 4	H. Td (Tetanus and Diphtheria)	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
1 3 8. NS	1 3 8.	I. Antiserum	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free
1 3 8. NS	1 3 8.	J. Human antirabies	1. Yes → 3. No ↓ 8. NS ↓	1. \$, Each time 2. Free

SERVICES OFFERED (SECTION SV)

SV16. Are there other vaccines offered?	Yes..... 1 No..... 3 → SV18
SV17. Specify other vaccines offered (LIST THE MOST IMPORTANT)	1. _____ 2. _____ 3. _____
SV18. In the last 6 months , has any of the vaccines that I mentioned been missing for over a week ?	Si.....1 No.....3 → SV20
SV19. Which vaccines have been missing for over a week in the last 6 months ? (READ OPTIONS AND CIRCLE ALL THOSE THAT APPLY)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____

SV20. Does this provider buy the vaccines or receive them from some institution? (READ OPTIONS)	1. Buy them 2. Buy them and receive them in kind 3. Receive them in kind	1 → SV24 2 3
SV21. Who finances or donates the vaccines? (CIRCLE ALL THOSE THAT APPLY)	01. SSA (Health Ministry) 02. IMSS (Mexican Institute of 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 Department/ Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the health provider 10. Donations 11. Other (specify) _____	01 02 03 04 05 06 07 08 09 10 11
SV22. INTERVIEWER: IS THERE MORE THAN ONE ANSWER IN SV21?	YES..... NO.....	1 → SV23 3 → SV24
SV23. Mention in order of importance who finances or donates the vaccines that are used in this health provider. (CIRCLE ALL THOSE THAT APPLY)	01. SSA (Health Ministry) 02. IMSS (Mexican Institute of 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 Department/ Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the health provider 10. Donations 11. Other (specify) _____	(MENTION THE MOST REPRESENTATIVE IN ORDER OF IMPORTANCE) 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 health provider 10. <input type="checkbox"/> Donations 11. <input type="checkbox"/> Other _____

SERVICES OFFERED (SECTION SV)

SV24. INTERVIEWER: THESE QUESTIONS MUST BE MADE TO ALL HEALTH PROVIDERS, INCLUDING MIDWIVES, FOLK HEALERS, HERBALIST, BONE SETTERS, ETC.	
SV25. Do you offer health orientation or family planning in this health facility?	Yes..... 1 No..... 3 → SV31
SV26. Do you offer services on family planning orientation? (READ OPTIONS) 1. Only talks on family planning 2. Talks as well as services on planning 3. Only family planning services	1 → SV29 2 3

The following questions are about the family planning methods that you offer.

(SV27 Type)	SV27 Are (...) sold or given away in this health provider? FOLLOW DOWNWARDS ↓	SV28 Which price is charged for (...)? (MOST COMMONLY SOLD OR GIVEN AWAY PRESENTATION) (SPECIFY PRESENTATION) PRICE PRESENTATION
A. Oral contraceptives	1. Yes ↻ 3. No ↻	1. \$. 2. Free 8. DK 1. Box with 21 tablets 2. Box with 28 tablets 3. Other (specify) _____
B. Contraceptive injections	1. Yes ↻ 3. No ↻	1. \$. 2. Free 8. DK 1. Monthly 2. Quarterly 3. Other (specify) _____
C. Condoms	1. Yes ↻ 3. No ↻	1. \$. 2. Free 8. DK 1. Box with 3 2. Box with 9 3. Other (specify) _____
D. Subcutaneous implant (Norplant or Implanon)	1. Yes ↻ 3. No ↻	1. \$, 2. Free 8. DK 1. 5 years 2. 3 years 3. Other (specify) _____
E. IUD plastic/coil or copper T	1. Yes ↻ 3. No ↻	1. \$, 2. Free 8. DK 1. Every time
F. Fallopian tube ligature/ female sterilization	1. Yes ↻ 3. No ↻	1. \$, Average 2. Free 8. DK 1. Every time
G. Vasectomy/male sterilization	1. Yes ↻ 3. No ↻	1. \$, Average 2. Free 8. DK 1. Every time

SERVICES OFFERED (SECTION SV)

<p>SV29. If a patient requires some contraceptive method, not offered by this health provider, do you refer the patient to some other place?</p>	<p>Yes..... 1 No..... 3 → SV31</p>
<p>SV30. What are the contraceptive methods for which patients are referred to another health facility? (READ OPTIONS AND CIRCLE ALL THOSE THAT APPLY)</p> <p>1. Hormonal contraceptives (oral/injectable/subcutaneous implant) 2. IUD plastic/ coil or copper T 3. Condoms 4. Female sterilization 5. Male sterilization (vasectomy) 6. Other (specify)</p>	<p>1 2 3 4 5 6 _____</p>

SERVICES OFFERED (SECTION SV)

SV31.	INTERVIEWER:	1. IF THE SERVICE PROVIDER IS A MIDWIFE, FOLK HEALER, BONE SETTER (TRADITIONAL PRACTITIONER) → SV33 2. IF THE SERVICE PROVIDER IS A PHYSICIAN, DRUGSTORE OR CLINIC → SV32	
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SV32. In addition to the services that I have mentioned, do you offer other important services?	Yes.....1 No.....3 → SV37
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SV33	SV34	SV35	SV36
Can you tell me the 5 services that you most often offer. (DIFFERENT TO THOSE ALREADY MENTIONED) FOLLOW DOWNWARDS ↓	How much do you charge for (...)? (IN OPTION 1, FILL OUT MAXIMUM AS WELL AS MINIMUM PRICE)	How many (...) did you give last month ? (WRITE DOWN THE REFERENCE MONTH) Month __ _	How many (...) did you give in the last 6 months ? (WRITE DOWN THE REFERENCE MONTH) From month __ _ to month __ _
A. _____	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consults	__ , __ _ Consults
B. _____ 9. NA → SV37	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consults	__ , __ _ Consults
C. _____ 9. NA → SV37	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consults	__ , __ _ Consults
D. _____ 9. NA → SV37	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consults	__ , __ _ Consults
E. _____ 9. NA → SV37 →	1. \$ __ , __ _ maximun price \$ __ , __ _ minimun price 2. \$ __ , __ _ only price 3. Free	__ , __ _ Consults	__ , __ _ Consults

SERVICES OFFERED (SECTION SV)

SV37. INTERVIEWER: THESE QUESTIONS MUST BE ASKED TO ALL HEALTH PROVIDERS. INCLUDING MIDWIVES, FOLK HEALERS, BONE SETTERS, ETC.

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

<p>SV38. What are the most frequent reasons for which you refer or send patients to other places?</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. Lack of economic resources of patient 6. Patients are not referred 7. Other (specify) 	<ol style="list-style-type: none"> 1 2 3 4 5 6 → SECTION MS 7 _____
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SV39. INTERVIEWER: FILL OUT THE FOLLOWING QUESTIONS BY COLUMNS.

	FIRST PLACE REFERRED FOLLOW DOWNWARDS ↓	SECOND PLACE REFERRED																		
<p>SV40. 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 / municipality / state 8. DK 9. NA 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Name _____</td> <td style="width: 50%;">8. DK</td> </tr> <tr> <td>1. Town/Suburb. _____</td> <td>3. Same 8. DK</td> </tr> <tr> <td>1. Municipality/quarter. _____</td> <td>3. Same 8. DK</td> </tr> <tr> <td>1. State _____</td> <td>3. Same 8. DK</td> </tr> </table>	1. Name _____	8. DK	1. Town/Suburb. _____	3. Same 8. DK	1. Municipality/quarter. _____	3. Same 8. DK	1. State _____	3. Same 8. DK	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Name _____</td> <td style="width: 50%;">8. DK</td> </tr> <tr> <td>1. Town/suburb. _____</td> <td>3. Same 8. DK</td> </tr> <tr> <td>1. Municipality/quarter. _____</td> <td>3. Same 8. DK</td> </tr> <tr> <td>1. State _____</td> <td>3. Same 8. DK</td> </tr> <tr> <td colspan="2">9. NA → SECTION MS</td> </tr> </table>	1. Name _____	8. DK	1. Town/suburb. _____	3. Same 8. DK	1. Municipality/quarter. _____	3. Same 8. DK	1. State _____	3. Same 8. DK	9. NA → SECTION MS	
1. Name _____	8. DK																			
1. Town/Suburb. _____	3. Same 8. DK																			
1. Municipality/quarter. _____	3. Same 8. DK																			
1. State _____	3. Same 8. DK																			
1. Name _____	8. DK																			
1. Town/suburb. _____	3. Same 8. DK																			
1. Municipality/quarter. _____	3. Same 8. DK																			
1. State _____	3. Same 8. DK																			
9. NA → SECTION MS																				
<p>SV41. What is the distance that must be traveled from your facility from the referenced 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="margin-left: 40px;">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="margin-left: 40px;">Kms Mts.</p> <p>8. _____</p>																		
<p>SV42. 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="margin-left: 40px;">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="margin-left: 40px;">Hrs Min</p> <p>8. _____</p>																		

HEALTH MATERIAL, EQUIPMENT AND SET OF INSTRUMENTS (SECTION MS)

MS01.INTERVIEWER:THESE QUESTIONS MUST BE ASKED TO ALL HEALTH PROVIDERS, INCLUDING MIDWIVES, FOLK HEALERS, BONE SETTERS, ETC.

Next, I am going to ask that you give me information regarding the materials, equipment and set of instruments that you have available.

(MS Type)	MS02
MATERIAL, SET OF INSTRUMENTS AND EQUIPMENT	Do you 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. Sature thread 1. Yes 3. No	1 3
F. Syringes 1. Yes 3. No	1 3
MS03. INTERVIEWER: IS THE PROVIDER MIDWIVE, FOLK HEALER, BONE SETTER, ETC.?	
YES.....1 → MS04	
NO.....3	
EQUIPO MÉDICO	
G. Biauricular stethoscope 1. Yes 3. No	1 3
H. Pinards stiff stethoscope 1. Yes 3. No	1 3
I. Incubator 1. Yes 3. No	1 3
J. Baby scale 1. Yes 3. No	1 3

(MS Type)	MS02
MATERIAL, SET OF INSTRUMENTS AND EQUIPMENT	Do you have (...)?
MATERIAL	
K. Scale with stadimeter 1. Yes 3. No	1 3
L. Sterilizer 1. Yes 3. No	1 3
M. Baumeter 1. Yes 3. No	1 3
N. Microscope 1. Yes 3. No	1 3
O. Electrocardiograph 1. Yes 3. No	1 3
INSTRUMENTAL	
P. Diagnosis case 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

HEALTH MATERIAL, EQUIPMENT AND SET OF INSTRUMENTS (SECTION MS)

MS04. Do you use another set of instruments, material or equipment in addition to those mentioned?	Yes.....1 No.....3 → MS06	MS08. Does this provider buy the material, set of instruments or receive it from some institution ? (READ OPTIONES) 1. Buys it 2. Buys it and receives it in kind 3. Receives it in kind	1 → SECTION MED 2 3
MS05. Sets of instruments, material or equipment that you generally use (Mention the 5 most important ones) 1. Material, set of instrument or equipment 2. Material, set of instrument or equipment 3. Material, set of instrument or equipment 4. Material, set of instrument or equipment 5. Material, set of instrument or equipment	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	MS09. Who finances or donates the material, set of instruments or equipment used in this unit? (CIRCLE ALL THAT APPLY) 01. SSA (Health of Ministry) 02. IMSS (Mexican Institute for Social Welfare) 03. ISSSTE (Institute of Social Welfare for Government Employees) 04. DIF (Integral Family Development) 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 health provider 10. Property of the personnel of the health provider 11. Donations 12. Other (specify) _____	01 02 03 04 05 06 07 08 09 10 11 12 _____
MS06. In the last 6 months, has some of the materials, set of instruments or equipment mentioned, been missing for over a week?	Yes.....1 No.....3 → MS08	MS10. INTERVIEWER: IS THERE MORE THAN ONE ANSWER IN MS09? YES.....1 → MS11 NO.....3 → SECTION MED	
MS07. What is the material, set of instruments or medical equipment that has been missing? (READ OPTIONS, CIRCLE ALL THAT APPLY) 01. Antiseptics 01 02. Bandages 02 03. Disposable gloves 03 04. Gauzes 04 05. Suture thread 05 06. Biauricular stethoscope 06 07. Pinard's stiff Pinard 07 08. Incubator 08 09. Baby scale 09 10. Scale with stadiometer 10 11. Sterilizer 11 12. Baumeter 12 13. Microscope 13 14. Electrocardiograph 14 15. Centrifugal machine 15 16. Diagnosis case 16 17. Dissection equipment 17 18. Vaginal speculum 18 19. Catheters 19 20. Other (specify) 20 _____ 21. Other (specify) 21 _____ 22. Other (specify) 22 _____ 23. Other (specify) 23 _____ 24. Other (specify) 24 _____		MS11. Mention in order of importance who finances or donates sets of instruments, material or equipment. (CIRCLE ALL THAT APPLY) 01. SSA (Health Ministry) 02. IMSS (Mexican Institute of 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 Department/Navy) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the health provider 10. Property of the personnel of the health provider 11. Donations 12. Other (specify) _____	(LIST THE MOST REPRESENTATIVE IN ORDER OF IMPORTANCE) 1. <input type="checkbox"/> SSA 2. <input type="checkbox"/> IMSS 3. <input type="checkbox"/> ISSSTE 4. <input type="checkbox"/> DIF 5. <input type="checkbox"/> State, municipal or university services 6. <input type="checkbox"/> Red Cross 7. <input type="checkbox"/> SEDENA/SEMAR 8. <input type="checkbox"/> PEMEX 9. <input type="checkbox"/> Direct purchase by the health provider 10. <input type="checkbox"/> Property of the personnel of the health 11. <input type="checkbox"/> Donations 12. <input type="checkbox"/> Otro _____

MEDICINES (SECTION MED)

MED01. INTERVIEWER:	
1. IF THE SERVICE PROVIDER IS A MIDWIFE, FOLK HEALER, HERBALIST, BONE SETTER (TRADITIONAL PRACTITIONER)	→ MED16
2. IF THE SERVICE PROVIDER IS A PHYSICIAN, DRUGSTORE OR CLINIC	→ MED02

MED02. Are medicines regularly sold or given away by this health provider to the people of this town? (FREE MEDICINES OR MEDICAL SAMPLES ARE INCLUDED ONLY IF THEY ARE SUPPLIED ON A REGULAR BASIS)	Yes.....1 No.....3	→SECTION SM
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The following questions are about the medicines that are offered to the population.

(MED Type)	MED03	MED04	MED05	MED06	MED07
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 the charge for this presentation?
1. Ampiciline tablets	500 mg	1. Yes → MED06 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. Erytromicyn tablets	500 mg	1. Yes → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. [] [] [] [] . [] mg b. [] [] [] [] . [] g	_____	1.\$ [] [] [] [] . [] [] 2. Free

MEDICINES (SECTION MED)

(MED Type)	MED03	MED04	MED05	MED06	MED07
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 the charge for this presentation?
9. Metronidazole tablets	500 mg	1. Yes → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. [] [] [] [] . [] mg b. [] [] [] [] . [] g	_____ _____ _____	1.\$ [] [] [] [] . [] [] 2. Free

MEDICINES (SECTION MED)

(MED Type)	MED03	MED04	MED05	MED06	MED07
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 the charge for this presentation?
19. Isoniazide / Rifampicin capsules	200 mg / 250 mg	1. Yes → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 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 → MED06 2. It isn't sold / given away in this presentation → 3. It isn't sold / given away ↓	a. _____ . _____ mg b. _____ . _____ g	_____ _____ _____	1.\$ _____ . _____ 2. Free

MEDICINES (SECTION MED)

<p>MED08. In the last 6 months, has any of the medicines mentioned been missing for over a week?</p>	<p>Yes.....1 No.....3 → MED10</p>	<p>MED12. Does this health provider purchase or receive the medicines from some institution? (CIRCLE ALL THOSE THAT APPLY)</p> <p>1. Buys it 2. Buys it and receives it in kind 3. Receives it in kind</p>	<p>1 → MED16 2 3</p>
<p>MED09. What medicines have mainly been missing? (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. Ampiciline 01 02. Erythromycin 02 03. Co-trimoxazole / Sulfamethoxazole 03 04. Cloranphenicol 04 05. Penicilin GP 05 06. Captopril 06 07. Nifedipine 07 08. Furosemide 08 09. Metronidazole 09 10. Albendazole 10 11. Tolbutamide 11 12. Glybenclamide 12 13. Chlorpropamide 13 14. Acetylsalicylic acid 14 15. Paracetamol / Acetaminophen 15 16. Naproxen 16 17. Diclofenaco 17 18. Ethambutol 18 19. Isoniazide, Rifampicin 19 20. Chloroquine 20 21. Primaquine 21 22. Iron 22 23. Folic acid tablets 23 24. Oral electrolyte envelopes 24 25. Isotonic solution of sodium chloride 25 26. Glucose solution 26 27. Other (specify) 27 _____ 28. Other (specify) 28 _____ 29. Other (specify) 29 _____</p>		<p>MED13. Who finance or donate the medicines that are given away or sold to patients? (CIRCLE ALL THOSE THAT APPLY)</p> <p>01. SSA (Health Ministry) 01 02. IMSS (Mexican Institute for Social Welfare) 02 03. ISSSTE (Institute of Social Welfare for Government Employees) 03 04. DIF (Integral Family Development Institute) 04 05. State, municipal or university services 05 06. Red Cross 06 07. SEDENA/SEMAR (Defense Department/ Navy Department) 07 08. PEMEX (Mexican Oil Company) 08 09. Direct purchase by the health provider 09 10. Donations 10 11. Other (specify) 11 _____</p>	
<p>MED10. In aditton to the medicine groups mentioned do you give away or sell other medicines?</p> <p>Yes1 No.....3 → MED12</p>		<p>MED14. INTERVIEWER: IS THERE MORE THAN ONE ANSWER TO MED13? YES..... 1 → MED15 NO..... 3 → MED16</p>	
<p>MED11. Which are these medicines? (MENTION THE MOST IMPORTANT ONES)</p> <p>1. Medicine (specify) _____ 2. Medicine (specify) _____ 3. Medicine (specify) _____</p>	<p>1. _____ 2. _____ 3. _____</p>	<p>MED15. Mention in order of importance who finances or donates themedicines that are sold or given away by this health (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 Department/ Navy Department) 08. PEMEX (Mexican Oil Company) 09. Direct purchase by the health provider 10. Donations 11. Other (specify)</p>	<p>(MENTION THE MOST REPRESENTATIVE 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 10. <input type="checkbox"/> Donations 11. <input type="checkbox"/> Other (specify) _____</p>

MEDICINES (SECTION MED)

MED16. INTERVIEWER: 1. IF THE SERVICE PROVIDER IS A MIDWIFE, FOLK HEALER, HERBALIST BONE SETTER (TRADITIONAL PRACTITIONER) → MED17 2. IF THE SERVICE PROVIDER IS A PHYSICIAN, DRUGSTORE OR CLINIC → SECTION SRM
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MED17. Do you sell or give away remedies such as herbs, solutions, teas or medicines to the people that you see?	Yes.....1 No.....3 → SECTION PT
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MED18	MED19	MED20	MED21
Mention the main 5 herbs, solutions or medicines that you sell or give away when you provide your services. FOLLOW DOWNWARDS ↓	What is the average price of (...)?	Have you had any problems to get (...) in the last 12 months?	Where do you get (...)?
A. _____ 9. NA → PT01	1. \$. 8. DK	1. Yes (specify) _____ 3. No	1. _____ _____
B. _____ 9. NA → PT01	1. \$. 8. DK	1. Yes (specify) _____ 3. No	1. _____ 2. Same
C. _____ 9. NA → PT01	1. \$. 8. DK	1. Yes (specify) _____ 3. No	1. _____ 2. Same
D. _____ 9. NA → PT01	1. \$. 8. DK	1. Yes (specify) _____ 3. No	1. _____ 2. Same
E. _____ 9. NA → PT01	1. \$. 8. DK	1. Yes (specify) _____ 3. No	1. _____ 2. Same

TRADITIONAL MIDWIFE (SECTION PT)

PT01. INTERVIEWER: 1. IF THE HEALTH PROVIDER IS A TRADITIONAL MIDWIFE 2. IF THE HEALTH PROVIDER IS A FOLK HEALER, HERBALIST, BONE SETTER, PHYSICIAN, DRUGSTORE OR CLINIC	→ PT02 → SECTION SRM
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MED17. Did you sold or give away, medicines, tees or herbs to the people who came here?	Yes.....1 No.....3 → SECCIÓN PT
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PT02. Have you received some type of training from an institution?	Yes.....1 No.....3 → PT04
PT03. Where did you get trained? (READ OPTIONS AND CIRCLE ALL THOSE THAT APPLY) 1. SSA (Health Ministry) 2. IMSS (Mexican Institute for Social Welfare) 3. ISSSTE (Institute of Social Welfare for Government Employees) 4. DIF (Integral Family Development Institute) 5. State, municipal or university services 6. Red Cross 7. SEDENA/MARINA (Defense Department/ Navy Department) 8. PEMEX (Mexican Oil Company) 9. Other (specify)	1 2 3 4 5 6 7 8 9 _____
PT04. ¿Recibe de alguna institución algún tipo de apoyo como (...)? (LEER OPCIONES Y CIRCULE TODAS LAS QUE APLIQUEN) 1. Vitamina A 2. Ácido Fólico 3. Tabletas de hierro 4. Sobres hidratantes 5. Pastillas de calcio 6. Anticonceptivos 7. Sábanas 8. Guantes 9. Vendas 10. Otro (especificar) 11. Otro (especificar) 99. NA	1 2 3 4 5 6 7 8 9 10 _____ 11 _____ 99 _____

PT05. When do you mainly sterilize the material that you use during deliveries? 1. Sterilizer 2. Boil them 3. Soak them in alcohol 4. Don't sterilize 5. Other (specify)	1 2 3 4 5 _____
PT06. Currently, do you take care of deliveries in the house of the patients?	Yes.....1 No.....3 → PT08
PT07. How much do you charge for a delivery in the house of the patients? (Average price)	1. \$ _ _ _ _
PT08. Currently, how much do you charge for a delivery in your house or work site? 1. Price 9. NA	1. \$ _ _ _ _ 9.
PT09. How many deliveries did you take care last week ?	1. _ _ _ Partos 8. DK
PT10. How many deliveries did you take care of in the last 6 months ? 1. Number of deliveries 8. NS	1. _ _ _ Partos 8. DK
PT11. During the last 6 months how many of the deliveries that you took care of, ended up with babies born alive? 1. Number of deliveries	1. _ _ _ Partos 8. DK

MEDICAL EXPLORATION ROOM (SECTION SRM)

SRM01. INTERVIEWER: THESE QUESTIONS MUST BE MADE TO ALL HEALTH PROVIDERS. INCLUDE MIDWIVES, FOLK HEALERS, HERBALISTS, BONE SETTERS, ETC.

SRM02. INTERVIEWER: THIS SECTION SHOULD BE ANSWERED ONCE YOU HAVE LOOKED AT THE MEDICAL EXAMINATION ROOM.

THE FOLLOWING QUESTIONS ARE ABOUT THE MEDICAL EXPLORATION ROOM.

(SRM Tipo)	SRM03	SRM04
	THIS ROOM HAS (...):	HOW DO YOU CONSIDER TO BE THE CONDITION OF (...)?
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 LIGHT	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 EXPLORATION	1. YES ↻ 3. NO ↻	1. IN GOOD CONDITION 2. IN REGULAR CONDITION 3. IN POOR CONDITION

MEDICAL EXPLORATION ROOM (SECTION SRM)

<p>SRM05. WHAT IS THE MAIN MATERIAL OF THE WALLS IN THE MEDICAL EXPLORATION ROOM? (IF MORE THAN ONE MATERIAL, CIRCLE THE ONE USED THE LEAST ACCORDING TO THE LEAST)</p> <p>1. CONCRETE, BRICK, BLOCK OR STONEWARE 2. ADOBE 3. WOOD 4. METAL SHEET, ASBESTO SHEET, FIBER GLASS, PLASTIC 5. MUD PLASTERING OR CANE PLASTERED WITH MUD AND CHOPPED 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>SRM06. WHAT IS THE CONDITION OF THE WALLS IN THE MEDICAL EXAMINATION 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>SRM07. WHAT IS THE MAIN MATERIAL OF THE FLOOR? (IF 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>SRM08. 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>

<p>SRM09. WHAT IS THE MAIN MATERIAL OF THE CEILING IN THIS ROOM? (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, BAMOO, 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>SRM10. WHAT IS THE OCNDITION OF THE CEILING?</p> <p>1. DO NOT REQUIRE REPAIR OR CLEANING 2. NEED CLEANING 3. NEED REPAIR 4. NEED URGEN REPAIR AND CLEANING</p>	<p>1 2 3 4</p>
<p>SRM11. WHAT IS THE CONDITION OF THE 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 IN POOR CONDITION 5. DOES NOT HAVE CURTAINS OR BLINDS</p>	<p>1 2 3 4 5</p>

SRM12. FROM WHAT YOU OBSERVED WRITE DOWN WHAT CAUGHT YOUR ATENTION.

WAITING ROOM (SECTION SA)

SA01.	INTERVIEWER: THESE QUESTIONS MUST BE MADE TO ALL HEALTH PROVIDERS . INCLUDING MIDWIVES, FOLK HEALERS, HERBALIST BONE SETTER, ETC.
SA02.	INTERVIEWER: THIS SECTION MUST BE FILLED OUT BY THE INTERVIEWER THROUGH DIRECT OBSERVATION ON THE WAITING ROOM.

SA03.	IS THERE A WAITING ROOM, WHERE PEOPLE WAIT UNTIL THEY ARE CALLED TO BE SEEN?	YES.....1 NO.....3 → SA16
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THE FOLLOWING QUESTIONS ARE ABOUT THE WAITING ROOM.

(SA Type)	SA04	SA05
	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. 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

MEDICINES (SECTION MED)

<p>SA06. HOW DO THE PEOPLE WAIT UNTIL THEY ARE CALLED? (CIRCLE ALL 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>SA07. IS THE WAITING ROOM CROWDED?</p> <p>1. YES 3. NO</p>	<p>1 3</p>
<p>SA08. WHAT IS THE CONDITION OF THE CHAIRS, BENCHES OR ARMCHAIRS?</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>SA09. WHAT IS THE MAIN MATERIAL OF THE WALLS OF THE WAITING ROOM? (IF MORE THAN ONE MATERIAL, CIRCLE THE ONE USED THE LEAST ACCORDING TO THE LIST)</p> <p>1. CONCRETE, BRICK, BLOCK OR STONEWARE. 2. ADOBE 3. WOOD 4. METAL SHEET, ASBESTO SHEET, FIBER GLASS PLASTIC 5. MUD PLASTERING OR CANE PLASTERED WITH MUD AND CHOPPED 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>SA10. 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>SA11. ARE THER POSTERS INFORMING ABOUT THE HEALTH CARE, FAMILY PLANNING, REPRODUCTIVE HEALTH, MOUTH CARE, ETC, IN THE WALLS OF THIS WAITING ROOM?</p> <p>1. YES 3. NO</p>	<p>1 3</p>
<p>SA12. WHAT IS THE MAIN MATERIAL OF THE FLOOR?</p> <p>(IF MORE THAN ONE MATERIAL, CIRCLE THE ONE USED THE LEAST ACCORDING TO THE LIST)</p> <p>1. WOOD, MOSAIC, CONCRETE, PLASTIC, CARPET, OTHERS DE PLÁSTICO, ALFOMBRA U OTROS RECUBRIMIENTOS 2. CEMENT 3. DIRT 4. OTHER (SPECIFY)</p>	<p>1 2 3 4 _____</p>
<p>SA13. 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>

MEDICINES (SECTION MED)

<p>SA14. 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 STONWARE 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>SA15. WHAT IS THE CONDOTION OF THE CELING?</p> <p>1. DO NOT REQUIRE REPAIR OR CLEANING 2. NEED CLEANING 3. NEED REPAIR 4. NEED URGENT REPAIR OR CLEANING</p>	<p>1 2 3 4</p>

SA16. FROM WHAT YOU OBSERVED, WRITE DOWN WHAT CAUSED YOUR ATTENTION.

INTERVIEW SESSION NOTES (SECTION NE)

FILL OUT THIS SECTION AFTER COMPLETING THE BOOK.

NE01. 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) _____

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

NE02. 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

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

NE03. 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

NE06. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

NE07. NOTES:

VISITS	DATE OF INTERVIEW		TIME OF THE INTERVIEW		RESULT OF THE VISIT	SECTIONS												FECHA PROXIMA VISITA			
	DAY	MONTH	HRS.	MIN.		SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	HR.	MIN.	DIA.	MES.		
1						GP		POS		AGC		SV		MS		MED					
						PT		SRM		SA											
2						GP		POS		AGC		SV		MS		MED					
						PT		SRM		SA											
3						GP		POS		AGC		SV		MS		MED					
						PT		SRM		SA											
4						GP		POS		AGC		SV		MS		MED					
						PT		SRM		SA											
5						GP		POS		AGC		SV		MS		MED					
						PT		SRM		SA											
6						GP		POS		AGC		SV		MS		MED					
						PT		SRM		SA											
TOTAL TIME OF INTERVIEW						GP		POS		AGC		SV		MS		MED					
						PT		SRM		SA											
Final result of interview						INCOMPLETE SECTIONS					SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	SEC.	R.E.	
VISITS CONTROL																					
POSITIONS			NAME			CODE			SIGNATURE						DATE OF SUBMISSION						
COMMUNITY INTERVIEWER																					
STATE CHIEF																					