

MEXICAN FAMILY LIFE SURVEY 2002

BOOK V CHARACTERISTICS OF CHILDREN LESS THAN 15 YEARS OLD

(THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER WHO KNOWS THE CHILD'S CHARACTERISTICS OR THE CHILD'S MOTHER)

HH ID 2002

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Book Interview Results

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GEOGRAPHIC LOCATION				
1) State				
2) Municipality				
3) Locality:				
4) A.G.E.B.				
5) Control Number				
6) Strata				
7) Fieldwork number				

INTERVIEWED				
Name of the respondent:				
LS (Household-member Identification) of the respondent:				
Name of the Child:				
LS (Household member Identification):				
Age of the Child				

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

CONFIDENTIAL



INSTITUTO NACIONAL DE ESTADISTICA
GEOGRAFIA E INFORMATICA

CHILD'S EDUCATION (SECTION EDN)

EDN01a. INTERVIEWER:		1. IF HE IS 5 YEARS OR MORE → CONTINUE	EDN07. In which month and year did he graduate/stop attending school?
Now I would like to ask you some questions regarding the educational background of (NAME OF BOY/GIRL)?		2. IF HE IS LESS THAN 5 YEARS → SECTION EMN	1. Month and year 1. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year
EDN01. Does (NAME OF THE BOY/GIRL) speak any indigenous language? 1. Yes 3. No	1 3		8. DK 8.
EDN02. Does (NAME OF THE BOY/GIRL) speak Spanish? 1. Yes 3. No	1 3		EDN08. Why did (NAME OF THE BOY/GIRL) stop attending school? (CIRCLE ALL THAT APPLY) 01. Helped the parents to earn income 01 02. The child helps in the household 02 03. Helped in the family business/harvest 03 04. Was looking for a job 04 05. There were no schools/far away 05 06. The school didn't have a teacher 06 07. The school remains closed down 07 08. Did not have the required papers/documents 08 09. Couldn't afford to pay the school expenses 09 10. Didn't want to go back to school 10 11. Wasn't accepted at school 11 12. Graduated/finished 12 13. Because he was sick/handicapped 13 14. Because of an accident 14 14. Because of a change of residence 15 16. Other, specify 16 _____
EDN03. Does (NAME OF THE BOY/GIRL) currently attend school? Yes.....1 → EDN09 No.....3			
EDN04. Why doesn't (NAME OF THE BOY/GIRL) currently attend school? (CIRCLE ALL THAT APPLY) 01. Helps the parents to earn income 01 02. Helps parents somplace other than the hhold 02 03. The child helps in the household 03 04. There is no school/far away 04 05. The school does not have a teacher 05 06. The school remains closed down 06 07. Does not have the required papers/documents 07 08. Can't afford to pay the school expenses 08 09. Does not want to attend school 09 10. Wasn't accepted 10 11. Graduated/finished 11 12. He is sick/handicapped 12 13. Because of an accident 13 14. Because of a change of residence 14 15. Boy doesn't have the age 15 16. Other, specify 16 _____			
EDN05. Currently, which activity does (NAME OF THE BOY/GIRL) mainly develop? 1. Works 1 2. Looks for a job 2 3. Helps in the family business/harvesting 3 4. Stays at home 4 5. He is sick 5 6. Other specify 6 _____			EDN09. Which is the last level of education that (NAME OF THE BOY/GIRL) achieved? 01. No instruction 01 → Section EMN 02. Preschool or Kinder 02 → Section EMN 03. Elementary 03 04. Secondary/Technical Secondary 04 05. Distance High School 05 06. High School 06 98. DK 98
EDN06 Has (NAME OF THE BOY/GIRL) ever attended school? Yes.....1 → SECTION EMN No.....3			EDN10. Which is the last grade [...] passed in school? 00. Didn't complete the first grade 00 01. First Grade 01 02. Second Grade 02 03. Third Grade 03 04. Fourth Grade 04 05. Fifth Grade 05 06. Sixth Grade 06 07. Other (specify) _____ 07 _____

CHILD'S EDUCATION (SECTION EDN)

<p>EDN11. Has (NAME OF THE BOY/GIRL) ever repeated any grade?</p>	<p>Yes.....1 No.....3 → EDN13 NS.....8 → EDN13</p>																																					
<p>EDN12. Which grades has (NAME OF THE BOY/GIRL) repeated, and how many times?</p>	<p style="text-align: center;">Elementary</p>		<p style="text-align: center;">Secondary</p>		<p style="text-align: center;">Prep</p>																																	
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<p>EDN13. What is the name and the address of the school (NAME OF THE BOY/GIRL) attends/attended?</p> <p>1. Specify 3. Same Locality/Com./Municipality/District/State/Country of the interviewed 8. DK</p> <p style="text-align: center;">(IF THE RESPONDENT IGNORES THE ADDRESS OR THE NAME OF THE SCHOOL, ASK FOR ANY ENROLLMENT VOUCHER, REPORT CARD OR SIMILAR AND FOR ANY REFERENCE)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1. Name.</td> <td style="width: 10%;"></td> <td style="width: 20%;">8. DK</td> </tr> <tr> <td>1. Address.</td> <td></td> <td>8. DK</td> </tr> <tr> <td>1. Reference.</td> <td></td> <td>8. DK</td> </tr> <tr> <td>1. Locality/Com.</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr> <td>1. Municipality/District.</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr> <td>1. State.</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr> <td>1. Country.</td> <td>3. Same</td> <td>8. DK</td> </tr> </table>						1. Name.		8. DK	1. Address.		8. DK	1. Reference.		8. DK	1. Locality/Com.	3. Same	8. DK	1. Municipality/District.	3. Same	8. DK	1. State.	3. Same	8. DK	1. Country.	3. Same	8. DK											
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<p>EDN14. The school that (NAME OF THE BOY/GIRL) attends/attended is/was? (READ OPTIONS) 1. Public (of the government) 2. Private (not of the government) 8. DK</p>	<p style="text-align: center;">1 2 8</p>																																					
<p>EDN15. Does/Did (NAME OF THE BOY/GIRL) attend school in the mornings or evenings?</p> <p>1. Mornings 2. Evenings 8. DK</p>	<p style="text-align: center;">1 2 8</p>																																					

CHILD'S EDUCATION (SECTION EDN)

<p>EDN16 Will (NAME OF THE BOY/GIRL) attend school the next school year?</p>	<p>Yes.....1 → EDN18 No.....3 DK.....8</p>
<p>EDN17. Why isn't (NAME OF THE BOY/GIRL) going to attend school the next school year? (CIRCLE ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. Will help the parents earn income 2. Will help in the family business/harvest 3. Will look for a job 4. Won't afford to pay the school expenses 5. Will graduate/finish 6. Because of a change of residence 7. Other (specify) 	<p>1 2 3 4 5 6 7 _____</p>
<p>EDN18. In the past 5 school years, once he enrolled and classes began did (NAME OF THE BOY/GIRL) stop attending for an uninterrupted period of 4 weeks or more?</p>	<p>Yes.....1 No.....3 → EDN27 DK.....8 → EDN27</p>
<p>EDN19. In the past 5 years, how many times has (NAME OF BOY/GIRL) stopped attending school, for a period of 4 weeks or more uninterruptedly?</p> <p>1. Number of times 8. DK</p>	<p>1. __ __ times 8.</p>
<p>EDN20. INTERVIEWER:</p>	<p>FILL OUT AS MANY COLUMNS, AS TIMES THAT THE INTERVIEWED STOPPED ATTENDING SCHOOL (EDN19).</p>

CHILD'S EDUCATION (SECTION EDN)

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

	Last Interruption	Penultimate Interruption	Antepenultimate Interruption	First Preceding Interruption	Second Preceding Interruption
EDN21. For what reason did (NAME OF THE BOY/ GIRL) stop attending school?	_____	_____	_____	_____	_____
EDN22. Why did (NAME OF THE BOY/GIRL) stop attending school in [...]? (CIRCLE ALL THAT APPLY)					
1. Helped the parents earn income	1	1	1	1	1
2. The boy helps at home	2	2	2	2	2
3. Helped in the family business/harvest	3	3	3	3	3
4. Was looking for a job	4	4	4	4	4
5. There is/was not a school/far away	5	5	5	5	5
6. The school did not have a teacher	6	6	6	6	6
7. The school remains closed down	7	7	7	7	7
8. Didn't have the required papers/documents	8	8	8	8	8
9. Couldn't afford to pay the school expenses	9	9	9	9	9
10. Didn't want to attend school	10	10	10	10	10
11. Wasn't accepted	11	11	11	11	11
12. Graduated/finished	12	12	12	12	12
13. Was sick/handicapped	13	13	13	13	13
14. For an accident	14	14	14	14	14
15. Because of a change of residence	15	15	15	15	15
16. Other (specify)	16	16	16	16	16
EDN23. In which month and year did (NAME OF THE BOY/ GIRL) stop attending school for [...] in the past 5 years?					
1. Month and Year	1. __ __ __ __ Month Year	1. __ __ __ __ Month Year	1. __ __ __ __ Month Year	1. __ __ __ __ Month Year	1. __ __ __ __ Month Year
8. DK	8.	8.	8.	8.	8.
EDN24. How many weeks did (NAME OF THE BOY/GIRL) stop attending school during [...]?					
1. Number of weeks	1. __ __ Weeks	1. __ __ Weeks	1. __ __ Weeks	1. __ __ Weeks	1. __ __ Weeks
3. All/rest of the school year	3.	3.	3.	3.	3.
8. DK	8.	8.	8.	8.	8.
EDN25. INTERVIEWER : WAS THERE ANY OTHER INTERRUPTION?	Yes....NEXT COL. EDN22 No.....EDN26.	Yes....NEXT COL. EDN22 No.....EDN26.	Yes....NEXT COL. EDN22 No.....EDN26.	Yes....NEXT COL. EDN22 No.....EDN26.	Yes....EDN26 →SUPPLEMENT No.....EDN26.
EDN26. INTERVIEWER: IS THERE AS SUPPLEMENT?	1. Yes 3. No				

EDN27. INTERVIEWER:	1. HE/SHE DID ATTEND SCHOOL THE PAST SCHOOL YEAR (2000-2001) 2. HE/SHE DID ATTEND SCHOOL ONCE, BUT THE PAST SCHOOL YEAR DIDN'T ATTEND	FIRST COLUMN. SECOND COLUMN
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CHILD'S EDUCATION (SECTION EDN)

INTERVIEWER: WRITE THE SCHOOL GRADE DOWN AS A REFERENCE		
<p>EDN30. Which was the last school level that (NAME OF THE BOY/GIRL) attended [...]?</p> <p>01. No instruction 02. Preschool or Kinder 03. Elementary 04. Secondary/Technical Secondary 05. Distance High School 06. High School 98. DK</p>	<p>Continue ↓</p> <p>01 02 03 04 05 06 98 EDN33</p>	<p>Continue ↓</p> <p>01 02 03 04 05 06 98 EDN33</p>
<p>EDN31. Which was the last grade that (NAME OF THE BOY/GIRL) finished in school [...]?</p> <p>01.First 02.Second 03.Third 04.Fourth 05.Fifth 06.Sixth 07.Seventh 08.Other (specify)</p>	<p>01 02 03 04 05 06 07 08 _____</p>	<p>01 02 03 04 05 06 07 08 _____</p>
<p>EDN32. Did (NAME OF THE BOY/GIRL) pass [...]?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 8</p>	<p>1 3 8</p>

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CHILD'S EDUCATION (SECTION EDN)

	School year 2000-2001 (One year ago)	Last year that attended (For those who did not attend the past school year)
EDN28. Did (NAME OF THE BOY/GIRL) attend school during the [...]?	1. Yes → OK 3. No → NEXT COL.	
EDN29. INTERVIEWER: WRITE DOWN AS A REFERENCE, THE SCHOOL GRADE	_____	_____
EDN33. What is the name and the address of the school that (NAME OF THE BOY/GIRL) attended during the [...]? 1. Specify 3. Same Locality/Community/Municipality/District/State/Country of the interviewed 4. Same school that he currently attends 8. DK (IF THE INTERVIEWED IGNORES THE ADDRESS OR NAME OF THE SCHOOL, ASK FOR ANY ENROLLMENT PAPERS, REPORT CARD OR SIMILAR, AND FOR ANY REFERENCE).	Continue ↓ 1. Name. 4. Same school 8.DK _____ 1. Address. 8.DK _____ _____ 1. Reference. 8.DK _____ _____ 1. Locality/Community 3.Same 8.DK _____ 1. Municipality/District 3.Same 8.DK _____ 1. State. 3.Same 8.DK _____ 1. Country. _____	Continue ↓ 1. Name. 4. Same school 8.DK _____ 1. Address. 8.DK _____ _____ 1. Reference. 8.DK _____ _____ 1. Locality/Community 3.Same 8.DK _____ 1. Municipality/District 3.Same 8.DK _____ 1. State. 3.Same 8.DK _____ 1. Country. _____
EDN34. The school (NAME OF THE BOY/GIRL) attended when he was during the [...] was (...)? 1. Public (government run and financed) 2. Private (not governmental) 8. DK	1 2 8	1 2 8
EDN35. When (NAME OF THE BOY/GIRL) was going in [...] did he/she attend in the mornings or in the evenings? 1.Mornings 2. Evenings 8. DK	1 2 8 → EDN36	1 2 8 → EDN36

Now I will ask you about the current school year.

EDN36. INTERVIEWER: FILL OUT BY COLUMNS THOSE SCHOOL YEARS ATTENDED BY THE BOY/GIRL, IN CASE HE IS NOT ATTENDING AND HADN'T ATTENDED SCHOOL THE PAST SCHOOL YEAR, FILL OUT COLUMN 3
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CHILD'S EDUCATION (SECTION EDN)

EDN37. INTERVIEWER: WRITE DOWN AS A REFERENCE THE SCHOOL GRADE	_____	_____	_____
<p>EDN38. How long does/did it take for (NAME OF THE BOY/ GIRL) to reach school during the [...]? (One way only)</p> <p>1. Time that it takes/took to reach school</p> <p>8. DK</p>	<p>Continue ↓</p> <p>1. __ __ __ __ Hrs. Min.</p> <p>8.</p>	<p>Continue ↓</p> <p>1. __ __ __ __ Hrs. Min.</p> <p>8.</p>	<p>Continue ↓</p> <p>1. __ __ __ __ Hrs. Min.</p> <p>8.</p>
<p>EDN39. How many hours a day does/did (NAME OF THE BOY/ GIRL) spend in school during the [...]?</p> <p>1. Hours per day</p> <p>8. DK</p>	<p>1. __ __ Hours/Day</p> <p>8.</p>	<p>1. __ __ Hours/Day</p> <p>8.</p>	<p>1. __ __ Hours/Day</p> <p>8.</p>
<p>EDN40. How many days a week does/did (NAME OF THE BOY/ GIRL) spend in school during [...]?</p> <p>1. Days per week</p> <p>8. DK</p>	<p>1. __ Days per week</p> <p>8.</p>	<p>1. __ Days per week</p> <p>8.</p>	<p>1. __ Days per week</p> <p>8.</p>
<p>EDN41. How many hours a week does/did (NAME OF THE BOY/ GIRL) spend studying and doing homework somewhere other than school during the [...]? (including labor days and weekends)?</p> <p>1. Hours per week</p> <p>8. DK</p>	<p>1. __ __ Hours/Week</p> <p>8.</p>	<p>1. __ __ Hours/Week</p> <p>8.</p>	<p>1. __ __ Hours/Week</p> <p>8.</p>

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CHILD'S EDUCATION (SECTION EDN)

	2001-2002 (Current Year)	2000-2001 (Last Year)	Last year attended (For those who do not attend school, and didn't attend the past school year)
EDN42. INTERVIEWER: ASK EDN42a, EDN42b, AND EDN42c TO THE MOTHER OR TO THE PERSON RESPONSIBLE FOR THE CHILD.			
EDN42a. Approximately, what has been/was the average annual expenditure on (...) for (NAME OF THE BOY/GIRL) was in [...]? A. SCHOOL FEES 1. Enrollment 2. Fellowship 3. Exams 4. Special courses 5. Other fees, (specify) _____ 6. School maintenance B. SCHOOL MATERIAL 1. Books and school material 2. School uniforms and sports C. SCHOOL FESTIVITIES AND CELEBRATIONS	Continue ↓ Annual Expense	Continue ↓ Annual Expense	Continue ↓ Annual Expense
	A. 1.\$ 8.DK 2.\$ 8.DK 3.\$ 8.DK 4.\$ 8.DK 5.\$ 8.DK 6.\$ 8.DK B. 1.\$ 8.DK 2.\$ 8.DK C. 1.\$ 8.DK	A. 1.\$ 8.DK 2.\$ 8.DK 3.\$ 8.DK 4.\$ 8.DK 5.\$ 8.DK 6.\$ 8.DK B. 1.\$ 8.DK 2.\$ 8.DK C. 1.\$ 8.DK	A. 1.\$ 8.DK 2.\$ 8.DK 3.\$ 8.DK 4.\$ 8.DK 5.\$ 8.DK 6.\$ 8.DK B. 1.\$ 8.DK 2.\$ 8.DK C. 1.\$ 8.DK
	EDN42b. Approximately, what has been/was the average weekly expenditure on (...) of (NAME OF THE BOY/GIRL) was in [...]? 1. School Transportation 2. Spending money	Weekly	Weekly
EDN42c. Did you have any other expenditure during [...]? 1. Amount 2. Specify on what it was spent 3. Specify reference period	1.\$ 8.DK 2. _____ 3. _____	1.\$ 8.DK 2. _____ 3. _____	1.\$ 8.DK 2. _____ 3. _____

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CHILD'S EDUCATION (SECTION EDN)

	2001-2002 (Current Year)	2000-2001 (Past Year)	Last year attended (For those who do not attend school, and didn't attend the past school year)
EDN37. INTERVIEWER: VERIFY IN EDN03 AND EDN28, IF THE BOY/GIRL ATTENDS/ATTENDED SCHOOL IN [...]?	1. Yes → CONTINUE 3. No → NEXT COL.	1. Yes → CONTINUE 2. No, but currently goes to school → EMN 3. No, and does not currently go to school → NEXT COL.	
EDN37a INTERVIEWER: WRITE DOWN AS A REFERENCE THE SCHOOL GRADE.	_____ →	_____ →	_____ →
EDN43. How many students are/were there in (NAME OF THE BOY/GIRL)'s classroom when he/she was in [...]? 1. Number of students 8. DK	Continue ↓ 1. __ __ Students 8.	Continue ↓ 1. __ __ Students 8.	Continue ↓ 1. __ __ Students 8.
EDN44. How many teachers give/gave clases to (NAME OF THE BOY/GIRL) when he/she was in [...]? 1. Number of teachers 8. DK	1. __ __ Teachers 8.	1. __ __ Teachers 8.	1. __ __ Teachers 8.
EDN45. Does/did (NAME OF THE BOY/GIRL) receive a scholarship from PROGRESA when he is/was in [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8	1 3 8
EDN46. Does/did (NAME OF THE BOY/GIRL) receive support such as scholarships, books or other by the school, or by other institutions? 1. Yes, for him 2. Yes, to share with brothers 3. No 8. DK	1 2 3 8 → NEXT COL. EDN38	1 2 3 8 → SECTION EMN	1 2 3 8 → SECTION EMN

CHILD EMPLOYMENT (SECTION EMN)

EMN01. INTERVIEWER:	1. IF AGE IS 4 YEARS OR MORE →	CONTINUE
	2. IF AGE IS LESS THAN 4 YEARS →	SECTION ATN

Now I will ask some questions about **(NAME OF THE BOY/GIRL)'s job.**

EMN01a. During the past week, did (NAME OF THE BOY/GIRL) work or help in any activity within or out of the house, that helped household expenditures, for at least one hour ? 1. Yes 3. No	1 → EMN12 3
EMN02. Did (NAME OF THE BOY/GIRL) work or help in any family business (agricultural or non-agricultural) either if he was paid or not, during the past week ? 1. Yes 3. No	1 → EMN12 3
EMN03. Does (NAME OF THE BOY/GIRL) work, but didn't go last week ? 1. Yes 3. No	1 → EMN12 3
EMN04. Has (NAME OF THE BOY/GIRL) ever worked (or has helped in any activity within or out the house that helped household expenditures)? 1. Yes 3. No	1 3 → SECTION ATN
EMN05. In the past 12 months , has (NAME OF THE BOY/GIRL) worked? 1. Yes 3. No	1 → EMN12 3
EMN06. On which year did (NAME OF THE BOY/GIRL) work for the last time , (or helped in any activity within or out of the house to help with household expenditures)? 1. Year 8. DK	1. _ _ _ _ → EMN08 8.
EMN07. At what age did (NAME OF THE BOY/GIRL) work for the last time ?	_ _ Years
EMN08. Which activity did (NAME OF THE BOY/GIRL) do to help household expenditures? 1. Specify	1. _____ _____
EMN09. What was the main reason why (NAME OF THE BOY/GIRL) didn't go back to work? 01. He/she was sick 02. Study 03. Because he didn't want 04. Search for another job 05. Change of residence 06. Other (specify) _____	01 02 03 04 05 06 _____

CHILD EMPLOYMENT (SECTION EMN)

<p>EMN10. In the last job or activity that (NAME OF THE BOY/GIRL) did to help household expenditures, how many hours a week did he work normally? 1. Hours per week 8. DK</p>	<p>1. __ _ Hours/week 8.</p>
<p>EMN11. In his last job, how many weeks a year did (NAME OF THE CHILD) work? 1. Weeks per year 2. All the weeks in the year 8. DK</p>	<p>1. __ _ Weeks/year → SECTION ATN 2 → SECTION ATN 8. → SECTION ATN</p>
<p>EMN12. Which activity does/did (NAME OF THE BOY/GIRL) do to help household expenditures? 1. Specify</p>	<p>1. _____</p>
<p>EMN13. During the past 12 months, from which month to which month did (NAME OF THE BOY/GIRL) work? (READ OPTIONS) 1. All over the year 2. Specify from which month to which month 3. Specify time in weeks 4. Less than a week 8. DK</p>	<p>1. All year round 2. From __ _ to __ _ 3. __ _ weeks → EMN15 4. 8.</p>
<p>EMN14. During the past 12 months, if one could put together all the days or weeks that worked, how many days or weeks in total would that be? 1. Specify time in weeks 2. Specify time in days 3. Less than a week 8. DK</p>	<p>1. __ _ Weeks 2. __ _ Days 3. 8. NS</p>
<p>EMN15. During the past 12 months, on average, how many hours did (NAME OF THE BOY/GIRL) work (NAME OF THE BOY/GIRL) from Monday to Friday? 1. Hours per day from Monday through Friday 2. Hours per week from Monday through Friday 8. DK 9. NA</p>	<p>1. __ _ Hours/day from Monday through Friday 2. __ _ Hours/week from Monday through Friday 8. 9.</p>
<p>EMN16. During the past 12 months, on average, how many hours did (NAME OF THE BOY/GIRL) work on weekends? 1. Hours per day on weekends 2. Hours per week on weekends 8. DK 9. NA</p>	<p>1. __ _ Hours on weekends 2. __ _ Hours/weeks on weekends 8. 9.</p>
<p>EMN17. Approximately, how much did (NAME OF THE BOY /GIRL) make per week/month during the past 12 months? 1. Amount earned per week 2. Amount earned per month 3. Amount earned per year 8. DK</p>	<p>1. \$ __ _ , __ _ 2. \$ __ _ , __ _ 3. \$ __ _ , __ _ 8.</p>

CHILD'S TIME ALLOCATION (SECTION ATN)

ATN00. INTERVIEWER:	1. IF AGE IS 3 YEARS OR MORE	CONTINUE
	2. IF AGE IS LESS THAN 3 YEARS	SECTION CEN

The following questions are related to the time of (NAME OF THE BOY/GIRL)

(ATN Type)	ATN01	ATN02
INTERVIEWER: FIRST FILL OUT ATN01 AND THEN ATN02	During the past week, did (NAME OF THE BOY/GIRL) (...)?	From Monday through Sunday of the last week, how many hours (...)?
A. Participate in a sport, cultural, or entertainment activities out of the household	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
B. Go to any educational center, for example particular lessons, without including formal school.	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
C. Watch TV	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
D. Do domestic housework, for example sweeping, washing dishes, dusting, washing clothes, etc. (Do not include the children/siblings' care).	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
E. Play inside or outside the house	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
F. Take care of elderly or sick people, and/or children/brothers	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
G. Carry firewood	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
H. Carry water	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
I. Do any agricultural activity like weedhook, clean, seeding, extirpate the grain from corn and/or pluck, or take care of animals/family business (DO NOT INCLUDE PETS)	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)

ATA03. How many hours does (NAME OF THE BOY/GIRL) sleep every day?	1. Hrs.
---	---------------

ATN04. INTERVIEWER:	1. IF AGE IS 5 YEARS OR MORE → CONTINUE
	2. IF AGE IS LESS THAN 5 YEARS → SECTION CEN

J. Helped brothers or other household members to study or do homeworks.	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
K. Read	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
L. Use internet	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)
M. Do (NAME OF THE BOY/GIRL) do any other important activity, that I haven't mentioned? Specify _____	1. Yes 3. No ↓	1. Hrs (Monday-Sunday)

CHILD OUTPATIENT UTILIZATION (SECTION CEN)

CEN01. In the past 4 weeks, did (NAME OF THE BOY/GIRL) visit any hospital, clinic, health practitioner or medicaster, without being hospitalized ?	Yes..... 1 No..... 3
CEN02. In the last 4 weeks, did any doctor, medicaster, or health practitioner visit (NAME OF THE CHILD)?	Yes..... 1 No..... 3

CEN03. INTERVIEWER:	1. IF CEN01 = 3 AND CEN02 = 3 → ESN01 2. IF CEN01 = 1 OR CEN02 = 1 → CEN04
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(CENType)	CEN04	CE05
MEDICAL SERVICES.	In the past 4 weeks, did (NAME OF THE BOY/GIRL) go to (...) /was visited by (...)?	How many times did he visit (...) / was he visited by (...) in the past 4 weeks?
A. SSA (Ministry of Health Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
B. IMSS (Social Security Hospital or clinic) (INCLUDE SOLIDARITY IMSS)	Yes..... 1 → No..... 3 ↓	_ _ Times
C. ISSSTE (Govt. Employees Soc. Sec. Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
D. PEMEX, SEDENA, MARINA (Nat. Oil Co. Defense Ministry, Navy Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
E. Private Hospital or clinic	Yes..... 1 → No..... 3 ↓	_ _ Times
F. Private doctor or dentist	Yes..... 1 → No..... 3 ↓	_ _ Times
G. DIF (Public Health Services for Families Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
H. Nurse, paramedic, midwife, health promoter	Yes..... 1 → No..... 3 ↓	_ _ Times
I. Mobile ambulance	Yes..... 1 → No..... 3 ↓	_ _ Times
J. Red Cross	Yes..... 1 → No..... 3 ↓	_ _ Times
K. Doctor's Dispensary	Yes..... 1 → No..... 3 ↓	_ _ Times
L. Drugstore (FOR DOCTORS VISIT)	Yes..... 1 → No..... 3 ↓	_ _ Times
M. Traditional medicine practitioner (witch doctor, herb doctor, bone doctor, acupuncturist, etc.)	Yes..... 1 → No..... 3 ↓	_ _ Times
N. Other (specify) _____	Yes..... 1 → No..... 3 ↓	_ _ Times

CEN06. INTERVIEWER:	ADD THE TIMES OF CEN05
1. NUMBER OF TIMES	1. _ _ _

CEN06a FILL OUT AS MANY COLUMNS IN CEN07 AS NUMBER OF TIMES OF CEN05, BEGINNING WITH THE LAST VISIT (MOST RECENT VISIT)
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CHILD OUTPATIENT UTILIZATION (SECTION CEN)

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
CEN07. What is the name of the place where (NAME OF THE BOY/ GIRL) went for his/her check-up in the [...]?	_____ →	_____ →	_____ →	_____ →
CEN08. INTERVIEWER: WRITE DOWN THE CAUSE, REASON, OR REFERENCE.	_____ →	_____ →	_____ →	_____ →
CEN09. Which was the main reason why (NAME OF THE BOY/ GIRL) went to/was visited by [...] when [...]?				
01. Immunization/ vaccination	01	01	01	01
02. Medical Visit/check-up	02	02	02	02
03. Preventive medical examination	03	03	03	03
04. Receive medicine/medical prescription	04	04	04	04
05. Laboratory analysis/X-rays	05	05	05	05
06. Treatment/therapy	06	06	06	06
07. Accident	07	07	07	07
08. Dental visit	08	08	08	08
09. Pick up/ask for medical incapacity justification	09	09	09	09
10. Other (specify)	10	10	10	10
CEN10. What is the address where (NAME OF THE BOY/GIRL) went when [...]?	1. Address 3. Same 8. DK _____ _____	1. Address 3. Same 8. DK _____ _____	1. Address 3. Same 8. DK _____ _____	1. Address 3. Same 8. DK _____ _____
1. Specify 3. Same Loc/Col/Mun/Dist/State/Country of the interviewed 8. DK	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
(IF THE INTERVIEWED RECEIVED THE VISIT AT HOME, WRITE DOWN THE ADDRESS OF THE MEDICAL SERVICE, AND NOT OF THE PLACE WHERE THE VISIT OCCURRED).	1. Loc/com 3. Same 8. DK _____ _____	1. Loc/com 3. Same 8. DK _____ _____	1. Loc/com 3. Same 8. DK _____ _____	1. Loc/com 3. Same 8. DK _____ _____
	1. Mun/Dist. 3. Same 8. DK _____ _____	1. Mun/Dist. 3. Same 8. DK _____ _____	1. Mun/Dist. 3. Same 8. DK _____ _____	1. Mun/Dist. 3. Same 8. DK _____ _____
	1. State 3. Same 8. DK _____ _____	1. State 3. Same 8. DK _____ _____	1. State 3. Same 8. DK _____ _____	1. State 3. Same 8. DK _____ _____
	1. Country 3. Same 8. DK _____ _____	1. Country 3. Same 8. DK _____ _____	1. Country 3. Same 8. DK _____ _____	1. Country 3. Same 8. DK _____ _____

CHILD OUTPATIENT UTILIZATION (SECTION CEN)

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
	_____ Name of the medical service.	_____ Name of the medical service.	_____ Name of the medical service.	_____ Name of the medical service.
	_____	_____	_____	_____
CEN11. Had (NAME OF THE BOY/GIRL) gone/been back to/by [...] in the last 12 months, for the same reason? 1. Yes 3. No	1 3	1 3	1 3	1 3
CEN12. What kind of service did (NAME OF THE BOY/GIRL) receive in the visit to/of [...] when [...]? (CIRCLE ALL THAT APPLY) 01. Immunization/ vaccination 02. Medical Visit/check-up 03. Preventive medical exam 04. Receive medicine/medical prescription 05. Laboratory analysis/X-rays 06. Treatment/therapy 07. Dental visit 09. Pick up/ask for medical incapacity justification 09. Wasn't taken care of 10. Other (specify)	01 02 03 04 05 06 07 08 09 10	01 02 03 04 05 06 07 08 09 10	01 02 03 04 05 06 07 08 09 10	01 02 03 04 05 06 07 08 09 10
CEN13. INTERVIEWER: WAS (NAME OF THE BOY/GIRL) VISITED AT HOME?	Yes..... 1 → CEN18 No..... 3	Yes..... 1 → CEN18 No..... 3	Yes..... 1 → CEN18 No..... 3	Yes..... 1 → CEN18 No..... 3
CEN14. How long did he/she take to reach [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.
CEN15. What is the distance between his/her household and [...]? 1. Distance in kilometers and meters 8. DK	1. Kms. Mts 8.	1. Kms. Mts 8.	1. Kms. Mts 8.	1. Kms. Mts 8.

CHILD OUTPATIENT UTILIZATION (SECTION CEN)

MXFLS 2002

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
	Name of the medical service.	Name of the medical service.	Name of the medical service.	Name of the medical service.
	_____	_____	_____	_____
CEN16. What was the cost of transportation (one way only) to [...]? (INCLUDE COST OF THE COMPANION) 1. Total cost of transportation 8. DK	1. \$ _____ 8. DK	1. \$ _____ 8. DK	1. \$ _____ 8. DK	1. \$ _____ 8. DK
CEN17. When you arrived, how long did (NAME OF THE BOY/ GIRL) wait before being attended during [...]? 1. Time in hours and minutes (was attended) 2. Time in hours and minutes (wasn't attended) 8. DK	1. _____ Hrs. Min. 2. _____ → CEN23 Hrs. Min. 8.	1. _____ Hrs. Min. 2. _____ → CEN23 Hrs. Min. 8.	1. _____ Hrs. Min. 2. _____ → CEN23 Hrs. Min. 8.	1. _____ Hrs. Min. 2. _____ → CEN23 Hrs. Min. 8.
CEN18. In [...], how much was he charged for (...) ? (ASK FOR THE DETAILED COST, IF RESPONDENT IGNORES IT, ASK FOR THE TOTAL AMOUNT) 1. Detailed (DG) a. Visit/check-up/medical procedure b. Prescribed medicine c. Laboratory analysis/x-rays d. Vaccination/immunization e. Other (specify) 3. Total amount (CT) a. Total cost of the doctor's visit	1. DG a. 1. \$ _____ 8. DK b. 1. \$ _____ 8. DK c. 1. \$ _____ 8. DK d. 1. \$ _____ 8. DK e. 1. \$ _____ 8. DK _____ 3. CT a. 1. \$ _____ 8. DK	1. DG a. 1. \$ _____ 8. DK b. 1. \$ _____ 8. DK c. 1. \$ _____ 8. DK d. 1. \$ _____ 8. DK e. 1. \$ _____ 8. DK _____ 3. CT a. 1. \$ _____ 8. DK	1. DG a. 1. \$ _____ 8. DK b. 1. \$ _____ 8. DK c. 1. \$ _____ 8. DK d. 1. \$ _____ 8. DK e. 1. \$ _____ 8. DK _____ 3. CT a. 1. \$ _____ 8. DK	1. DG a. 1. \$ _____ 8. DK b. 1. \$ _____ 8. DK c. 1. \$ _____ 8. DK d. 1. \$ _____ 8. DK e. 1. \$ _____ 8. DK _____ 3. CT a. 1. \$ _____ 8. DK

CHILD OUTPATIENT UTILIZATION (SECTION CEN)

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

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
CEN07. What is the name of the place where (NAME OF BOY/GIRL) went for medical check-up in the [...]?	_____ →	_____ →	_____ →	_____ →
CEN08. For what reason did (NAME OF THE BOY/GIRL) visit/was visited by [...]?	_____ →	_____ →	_____ →	_____ →
CEN19. Does (NAME OF THE BOY/GIRL) have any private medical insurance policy that had partially or fully paid the cost of the visit to/of [...]? (DO NOT INCLUDE VOLUNTARY IMSS FEE)	Yes.....1 No.....3 → CEN21	Yes.....1 No.....3 → CEN21	Yes.....1 No.....3 → CEN21	Yes.....1 No.....3 → CEN21
CEN20. As a result of the expenses paid by the private insurance in your [...], how much was paid as a deductible? 1. Value 8. DK	1. \$ _ _ , _ _ _ 8. DK	1. \$ _ _ , _ _ _ 8. DK	1. \$ _ _ , _ _ _ 8. DK	1. \$ _ _ , _ _ _ 8. DK
CEN21. Was any part of the payment made in kind? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods and work 4. No	1 2 3 4 → CEN23	1 2 3 4 → CEN23	1 2 3 4 → CEN23	1 2 3 4 → CEN23
CEN22. What is the approximate value of these goods or time or time required as payment? a. Price of the products or goods b. Time assigned to the work required as payment	a. \$ _ _ , _ _ _ 8. DK b. _ _ _ _ 8. DK Hrs. Min.	a. \$ _ _ , _ _ _ 8. DK b. _ _ _ _ 8. DK Hrs. Min.	a. \$ _ _ , _ _ _ 8. DK b. _ _ _ _ 8. DK Hrs. Min.	a. \$ _ _ , _ _ _ 8. DK b. _ _ _ _ 8. DK Hrs. Min.
CEN23. INTERVIEWER: VERIFY IF THERE IS ANOTHER VISIT	Yes...1 → NEXT COL. CEN07 No...3 → CEN24	Yes..1 → NEXT COL. CEN07 No.....3 → CEN24	Yes...1 → NEXT COL. CEN07 No.....3 → CEN24	Yes...1 → CEN24 SUPPLEMENT No.....3 → CEN24
CEN24. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO			

CHILD'S HEALTH CONDITION (SECTION ESN)

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

ESN01. At the present time, the health of (NAME OF THE BOY/GIRL) is (...)? 1. Very good 2. Good 3. Regular 4. Bad 5. Very bad	1 2 3 4 5
ESN01a. INTERVIEWER:	1. IF AGE IS BELOW 2 YEARS → ESN04 SENTENCE E. 2. IF AGE IS OVER 2 YEARS → CONTINUE
ESN02. In the last 4 weeks, how many days of activity did (NAME OF THE BOY/GIRL) lose because of any illness? 1. Lost days of activities 2. None 8. DK	1. __ __ Days 2. → ESN04 8.
ESN03. In the last 4 weeks, how many days did (NAME OF THE BOY/GIRL) spend lying due to illness? 1. Days spent lying 2. None 8. DK	1. __ __ Days 2. 8.
ESN04. Did (NAME OF THE BOY/GIRL) suffer of (...) in the last 4 weeks?	1. Yes 3. No. 8. DK.
A Headache	1 3 8
B Abnormal tiredness	1 3 8
C Stomach pain	1 3 8

D Tooth pain	1 3 8
E. Runny nose	1 3 8
F. Flu	1 3 8
G. Tonsils	1 3 8
H. Cough a. Dry cough b. Cough with phlegm c. Cough with bleeding	1 3 8 → SENTENCE I 1 3 8 1 3 8 1 3 8
I. Breathe difficultness a. Suffocation b. Short or fast breathing	1 3 8 → SENTENCE J 1 3 8 1 3 8 8 → SENTENCE J
J. Fever	1 3 8
K. Nausea/Vomit	1 3 8
L. Diarrhea (more than 3 times a day) a. Mixed with blood b. Mixed with mucus c. Pale liquid	1 3 → SENTENCE N 1 3 8 1 3 8 1 3 8 8 → SENTENCE N
M. How many days did the most recent diarrhea that he suffered last?	1. __ __ Days
N. Welts/ irritation, or itching in the skin	1 3 8
O. Infected/irritated eyes	1 3 8
P. Ear infection/ear pain	1 3 8
Q. Tapeworm/amoeba	1 3 8
R. Convulsions/attacks	1 3 8
S. Other Suffering: _____	1 3 8
ESN05. INTERVIEWER: DID THE (BOY/GIRL) HAVE ANY SUFFERING OR SYMPTOM?	1. Yes → CONTINUE 3. No → ESN07

CHILD'S HEALTH CONDITION (SECTION ESN)

<p>ESN06. While (NAME OF THE BOY/GIRL) was sick, did he/she:</p> <p style="text-align: center;">(CIRCLE ALL THAT APPLY)</p> <p>a. Want to play?</p> <p>b. Have difficultness to sleep?</p> <p>c. Appear more irritated than normal or cried too much?</p> <p>d. Keep only lying?</p>	<p>1. Yes 3. No. 8. DK</p> <p>1 3 8</p> <p>1 3 8</p> <p>1 3 8</p>
<p>ESN07. Has (NAME OF THE BOY/GIRL) been diagnosed with any chronic illness such as (...)?</p> <p>a. Listening problems</p> <p>b. Asthma</p> <p>c. Flat foot sole</p> <p>d. Other (specify) _____</p>	<p>1. Yes 3. No. 8. DK</p> <p>1 3 8</p> <p>1 3 8</p> <p>1 3 8</p> <p>1 3 → ESN11 8 → ESN11</p>
<p>ESN08. At what age of (NAME OF BOY/GIRL) did this problem start?</p>	<p>1. __ __ Years</p> <p>2. Since birth</p> <p>8. DK</p>
<p>ESN09. Does (NAME OF THE BOY/GIRL) take medication for this illness?</p>	<p>1. Yes</p> <p>3. No → ESN11</p>
<p>ESN10. Approximately, how much does (NAME OF THE BOY/GIRL) spend on medications?</p>	<p>a. \$ _ _ _ _ _ _ _ _ _ _ _ _ _ _ 8. DK</p> <p>b. \$ _ _ _ _ _ _ _ _ _ _ _ _ _ _ 8. DK</p> <p>c. \$ _ _ _ _ _ _ _ _ _ _ _ _ _ _ 8. DK</p> <p>d. \$ _ _ _ _ _ _ _ _ _ _ _ _ _ _ 8. DK</p>

<p>ESN11. Does (NAME OF THE BOY/GIRL) wear glasses?</p>	<p>1. Yes 3. No.</p>
<p>ESN12. In the past 4 weeks, did (NAME OF THE BOY/GIRL) have an accident?</p>	<p>1. Yes 3. No. 8. DK</p>

CHILD INPATIENT UTILIZATION (SECTION HSN)

HSN01. During the past 12 months, has (NAME OF BOY/GIRL) been placed in a hospital, health center, or any doctor's or midwife's house, for at least one night?		Yes..... 1 No..... 3 → SECTION AUTN
HSN Type	HSN02	HSN03
HOSPITALIZATION	During the last 12 months, has (NAME OF THE BOY/GIRL) ever received in-patient care at (...)?	How many times has (NAME OF THE BOY/GIRL) received in patient care at (...) during the last 12 months?
A. SSA (Ministry of Health Hospital or clinic).	Yes..... 1 → No..... 3 ↓	_ _ times
B. IMSS (Social Security Hospital or clinic).	Yes..... 1 → No..... 3 ↓	_ _ times
C. ISSSTE (Govt. Empl's. Soc. Sec.Hospital or clinic).	Yes..... 1 → No..... 3 ↓	_ _ times
D. PEMEX, SEDENA, MARINA (Nat. Oil Co., Min. of Defense, Navy Hospital)	Yes..... 1 → No..... 3 ↓	_ _ times
E. Private Hospital or Clinic	Yes..... 1 → No..... 3 ↓	_ _ times
F. Office or house of any physician	Yes..... 1 → No..... 3 ↓	_ _ times
G. Rural Health Center	Yes..... 1 → No..... 3 ↓	_ _ times
H. Red Cross	Yes..... 1 → No..... 3 ↓	_ _ times
I. Traditional medicine practitioner (witch doctor, herb doctor, bone doctor, acupunturist, etc.)	Yes..... 1 → No..... 3 ↓	_ _ times
J. Other. _____	Yes..... 1 → No..... 3 ↓	_ _ times
HSN04. INTERVIEWER: ADD THE HSN03 TIMES 1. NUMBER OF TIMES 1. _ _ _ FILL OUT AS MANY COLUMNS IN HSN05 AS HSN03 NUMBER OF TIMES, BEGINNING WITH THE MOST RECENT HOSPITALIZATION		

CHILD INPATIENT UTILIZATION (SECTION HSN)

	LAST HOSPITALIZATION	PENULTIMATE HOSPITALIZATION	ANTEPENULTIMATE HOSPITALIZATION	PRECEDING HOSPITALIZATION
HSN05. What is the name of the place where (NAME OF THE BOY/ GIRL) was placed, or spent the night in his [...]?	_____	_____	_____	_____
HSN06. For what reason was (NAME OF THE BOY/GIRL) hospitalized in [...]?	_____	_____	_____	_____
HSN07. For what reason was (NAME OF THE BOY/GIRL) hospitalized in [...]? (CIRCLE ALL THAT APPLY) 1. Illness 2. Accident 3. Childbirth/caesarean 4. Physical Aggression (violence) 5. Surgery 6. Analysis or medical studies 7. Other (specify)	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
HSN08. What is the name and address of the fertility [...]? 1. Specify 3. Same Loc/Com/Mun./Dist./State/Country of the respondent 8. DK (IF THE INTERVIEWED IGNORES THE ADDRESS OR NAME, ASK FOR ANY PRESCRIPTION, MEDICAL VOUCHER, OR CERTIFICATE OF DISCHARGE, AND COPY IT)	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc/com 3. Same 8. DK _____ 1. Mun/Dist. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc/com 3. Same 8. DK _____ 1. Mun/Dist. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc/com 3. Same 8. DK _____ 1. Mun/Dist. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc/com 3. Same 8. DK _____ 1. Mun/Dist. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
HSN09. How many nights did/was (NAME OF THE BOY/GIRL) hospitalized in [...]?	_ _ _ Nights	_ _ _ Nights	_ _ _ Nights	_ _ _ Nights

CHILD INPATIENT UTILIZATION (SECTION HSN)

	LAST HOSPITALIZATION	PENULTIMATE HOSPITALIZATION	PREVIOUS HOSPITALIZATION	PRECEDING HOSPITALIZATION																																																																
	_____	_____	_____	_____																																																																
	_____	_____	_____	_____																																																																
HSN10. How long did it take to reach the [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.																																																																
HSN11. What is the distance between your home and [...]? 1. Distance in kilometers and meters 8. DK	1. Kms. Mts 8.	1. Kms. Mts 8.	1. Kms. Mts 8.	1. Kms. Mts 8.																																																																
HSN12. What was the cost of transportation (one way only) to reach the [...]? (INCLUDE COST OF TRANSPORTATION OF THE COMPANION) 1. Total cost of transportation 8. DK	1. \$ 8. DK	1. \$ 8. DK	1. \$ 8. DK	1. \$ 8. DK																																																																
HSN13. When he/she arrived, how much time did (NAME OF THE BOY/GIRL) have to wait in order to be hospitalized in [...]? 1. Time in hours and minutes 2. Wasn't attended 8. DK	1. Hrs. Min. 2. 8.	1. Hrs. Min. 2. 8.	1. Hrs. Min. 2. 8.	1. Hrs. Min. 2. 8.																																																																
HSN14. During the time (NAME OF THE BOY/GIRL) was hospitalized in (...), did he receive (...)? (CIRCLE ALL THAT APPLY) A. Laboratory tests B. Surgery C. X-Rays	<table style="width:100%; border:none;"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table style="width:100%; border:none;"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table style="width:100%; border:none;"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table style="width:100%; border:none;"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8
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B	1	3	8																																																																	
C	1	3	8																																																																	

CHILD INPATIENT UTILIZATION (SECTION HSN)

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

	LAST HOSPITALIZATION	PENULTIMATE HOSPITALIZATION	ANTEPENULTIMATE HOSPITALIZATION	PRECEDING HOSPITALIZATION
HSN05. What is the name of the place where (NAME OF THE BOY/GIRL) hospitalized in, or spent the night in his [...]?	_____ →	_____ →	_____ →	_____ →
HSN06. For what reason was (NAME OF THE BOY/GIRL) hospitalized in [...]?	_____ →	_____ →	_____ →	_____ →
HSN15. When (NAME OF THE BOY/GIRL) was in [...] what was the cost of (...)? (ASK FOR THE DETAILED COST, OR THE TOTAL AMOUNT)				
1. Detailed cost (DG)	1. DG	1. DG	1. DG	1. DG
a. Laboratory analysis/X-rays/medicines	a. 1. \$ _____ 8. DK	a. 1. \$ _____ 8. DK	a. 1. \$ _____ 8. DK	a. 1. \$ _____ 8. DK
b. The surgery	b. 1. \$ _____ 8. DK	b. 1. \$ _____ 8. DK	b. 1. \$ _____ 8. DK	b. 1. \$ _____ 8. DK
c. The room, or bed used during the nights that you stayed	c. 1. \$ _____ 8. DK	c. 1. \$ _____ 8. DK	c. 1. \$ _____ 8. DK	c. 1. \$ _____ 8. DK
d. Other (specify)	d. 1. \$ _____ 8. DK	d. 1. \$ _____ 8. DK	d. 1. \$ _____ 8. DK	d. 1. \$ _____ 8. DK
3. Total Amount (CT)	3. CT	3. CT	3. CT	3. CT
a. Total cost of the hospitalization	a. 1. \$ _____ 8. DK	a. 1. \$ _____ 8. DK	a. 1. \$ _____ 8. DK	a. 1. \$ _____ 8. DK
HSN16. Does (NAME OF THE BOY/GIRL) have any private medical insurance policy which partially or fully paid the costs of [...]? (DO NOT INCLUDE VOLUNTARY IMSS FEE)	Yes.....1 No.....3 → HSN18	Yes.....1 No.....3 → HSN18	Yes.....1 No.....3 → HSN18	Yes.....1 No.....3 → HSN18
HSN17. As a result of the expenses paid by the private insurance in [...], how much was paid as deductible?				
1. Value	1. \$ _____	1. \$ _____	1. \$ _____	1. \$ _____
8. DK	8. DK	8. DK	8. DK	8. DK
HSN18. Was any payment made in kind?				
1. Yes, with products or goods	1	1	1	1
2. Yes, with some work	2	2	2	2
3. Yes, with products, goods and work	3	3	3	3
4. No	4 → HSN20	4 → HSN20	4 → HSN20	4 → HSN19a
HSN19. What is the approximate value of the goods or time?				
a. Price of the products or goods	a.1. \$ _____ 8. DK	a.1. \$ _____ 8. DK	a.1. \$ _____ 8. DK	a.1. \$ _____ 8. DK
b. Time assigned to the work required as payment	b.1. _____ 8. DK Hrs. Min.	b.1. _____ 8. DK Hrs. Min.	b.1. _____ 8. DK Hrs. Min.	b.1. _____ 8. DK Hrs. Min.
HSN20. INTERVIEWER: IS THERE ANOTHER HOSPITALIZATION	Yes.....1 → NEXT COL. HSN05 No.....3 → HSN21	Yes.....1 → NEXT COL. HSN05 No.....3 → HSN21	Yes.....1 → NEXT COL. HSN05 No.....3 → HSN21	Yes.....1 → HS21 SUPPLEMENT No.....3 → HSN21
HSN21. INTERVIEWER: IS THERE SUPPLEMENT?	1. YES 3. NO			

CHILD SELF TREATMENT (SECTION AUTN)

AUTN Type	AUTN01.	AUTN02.
MEDICINE.	During the last 4 weeks, has (NAME OF THE BOY/GIRL) consumed (...) without medical prescription?	Approximately how much did these medicine/herbs/ remedies cost?
A. Drugstore Medicine like: A.1. Analgesics for the pain A.2. Antihistamine against allergies A.3. Antibiotic for infections or parasites	A.1. Yes..... 1 → No..... 3 ↓ A.2. Yes..... 1 → No..... 3 ↓ A.3. Yes..... 1 → No..... 3 ↓	1. \$ _ _ _ _ _ , _ _ _ _ 8. DK
B. Oral Serum	Yes..... 1 → No..... 3 ↓	1. \$ _ _ _ _ _ , _ _ _ _ 8. DK
C. Eye drops, ointment or medical pomades, medical plaster, H24	Yes..... 1 → No..... 3 ↓	1. \$ _ _ _ _ _ , _ _ _ _ 8. DK
D. Traditional herbs or medicine, or any other medicine.	Yes..... 1 → No..... 3 ↓	1. \$ _ _ _ _ _ , _ _ _ _ 8. DK

CHILD VACCINATION (SECTION VAC)

VAC01. INTERVIEWER 1. IF AGE IS 12 YEARS OR LESS		-CONTINUE
2. IF AGE IS OVER 12 YEARS		SECTION NE
VAC02. Does (NAME OF THE BOY/GIRL) have a vaccination card? IF THE ANSWER IS YES: May I see it please?	1. Yes, if you see it → CONTINUE 2. Yes, but you don't see it → VAC04 3. Does not have a report card → VAC04	
VAC03. (1) REGISTER EACH VACCINATION'S DATE IN THE VACCINATION REPORT CARD. VACCINATION (2) WRITE DOWN "44" IN THE "DAY" COLUMN, IF THE CHILD HAS BEEN VACCINATED, BUT UNTIL TODAY THE DATE WASN'T REGISTERED		
a. BCG (Tuberculosis)	a. DAY MONTH YEAR	
b. SABIN (Preliminar Polio at birth)	b. / /	
c. SABIN (First Polio)	c. / /	
d. SABIN (Second Polio)	d. / /	
e. SABIN (Third Polio)	e. / /	
f. SABIN (Polio) Additional	f. / /	
g. SABIN (Polio) Additional	g. / /	
h. SABIN (Polio) Additional	h. / /	
i. Pentavalent (First)	i. / /	
j. Pentavalent (Second)	j. / /	
k. Pentavalent (Third)	k. / /	
l. DPT (First Diphtheria)	l. / /	
m. DPT (Second Diphtheria)	m. / /	
n. DPT (Third Diphtheria)	n. / /	
o. DPT (Reinforcement 1, Diphtheria)	o. / /	
p. DPT (Reinforcement 2, Diphtheria)	p. / /	
q. Measles	q. / /	
r. Triple Virus (First)	r. / /	
s. Triple Virus (second)	s. / /	
t. Hepatitis B	t. / /	
u. Td (Reinforcement: Tetanus, Diphtheria)	u. / /	
v. Other, specify _____	v. / /	
		→ SECTION NE

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

INTERVIEW SESSION NOTES (SECTION NE)

FILL OUT THIS SECTION AFTER COMPLETING THE BOOK.

<p>NE01. WHO ELSE WAS PRESENT DURING THE INTERVIEW? (CIRCLE ALL THAT APPLY)</p> <p>A. NOBODY B. A 5-YEAR-OLD BOY OR LESS C. AN OVER 5-YEAR-OLD BOY D. SPOUSE/COUPLE E. A HOME-MEMBER ADULT F. A NON-HOME-MEMBER ADULT</p>	<p>NE02. WHAT IS YOUR EVALUATION OF THE ACCURACY OF THE RESPONDENT'S ANSWERS</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>	<p>NE03. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT?</p> <p>1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD</p>
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<p>NE04. WHAT QUESTIONS DID RESPONDENT FIND DIFFICULT, EMBARRASSING OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>NE05. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASSING OR CONFUSING?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>NE06. WHAT QUESTIONS DID RESPONDENT SEEM INTERESED IN?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NOTES:

VISITS CONTROL

NUMBER OF VISITS	VISITS DATE		TIME OF THE INTERVIEW				VISITS RESULT (See codes)	ANSWERED SECTIONS (circle)	DATE FOR THE NEXT VISIT			
	DAY	MONTH	START		END				HRS.	MIN.	DAY	MONTH
			HRS.	MIN.	HRS.	MIN.						
1								EDN EMN ATN CEN ESN HSN AUTN VAC NE				
2								EDN EMN ATN CEN ESN HSN AUTN VAC NE				
3								EDN EMN ATN CEN ESN HSN AUTN VAC NE				
4								EDN EMN ATN CEN ESN HSN AUTN VAC NE				
5								EDN EMN ATN CEN ESN HSN AUTN VAC NE				
6								EDN EMN ATN CEN ESN HSN AUTN VAC NE				
TOTAL TIME OF THE INTERVIEW												

Interview's Result

VISITS CONTROL

POSTS	NAME	CODE	SIGNATURE	DELIVERY DATE
HOUSEHOLD INTERVIEWER				
SUPERVISOR				
EDITOR				
STATE COORDINATOR				