

**MEXICAN FAMILY LIFE SURVEY 2002
BOOK C
CONTROL BOOK**

(THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER 18 YEARS OLD OR OLDER, WHO IS KNOWLEDGEABLE ABOUT THE CHARACTERISTICS OF ALL HOUSEHOLD MEMBERS)

HH ID 2002

Book interview result

Home interview result

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

THE SURVEY HAS BEEN 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

ADDRESS	
Community:	
Street:	
Outside number:	Inside number:
Plot/Section:	
Between the streets:	ZIP Code

RESPONDENT			
Name:			
LS (Household member identification):			
Age:			

CONFIDENTIAL



DEFINITIONS (SECTION DF)

MxFLS 2002

<p>HOUSEHOLD</p>	<p>A person or group of people, related or unrelated by biological bonds, who usually live together in a part of or in an entire building/dwelling and usually consume meals prepared with a common budget on the same stove/oven and even use the same tools for preparing the meals.</p>
<p>HOUSEHOLD MEMBER (MGH)</p>	<p>A household member is:</p> <ul style="list-style-type: none"> - Any person who usually lives in the household, regardless his presence or temporary absence. For example someone on vacation or who has left the household temporarily (for less than one year) for labor reasons is considered a household member. - A person who has lived in the household for one year or more or who has lived in the household for less than one year but is planning to stay in the household for a year or more is considered a household member. - The guests who fulfill the criteria mentioned above and who sleep in the household, share the meals prepared in the household and are free to use the kitchen. - Domestic servants or any other household workers who fulfill the criteria mentioned above are considered household members. <p>NOT a household member:</p> <ul style="list-style-type: none"> - A person who has not lived in the household for one year or more, or who has lived in the household for less than a year but is planning to stay away for a year or more (since the day of departure) is NOT considered a household member.

HOUSEHOLD ROSTER (SECTION LS)

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Please tell me the full name of all the people who live in this household, beginning with the household head (man or woman), including adults, children and elderly people.

LS00	LS01	LS02	LS03	LS04	LS05	LS06	LS07	LS08	LS09
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	How old is (...)?	What is the birthdate of (...)?	Gender	What is (...)'s relationship with the household head? (SEE CODE)	Father's line number (SEE CODE)	Mother's line number (SEE CODE)	NOTE: ASK ONLY TO HH MEMBERS UNDER 15YR OLD Line number of the person who takes care of the under 15years old HH members.	Does (...) currently live in hhold?
01		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
02		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
03		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
04		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
05		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
06		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
07		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
08		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
09		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
10		____ > LS04 1.Yrs 2.Months3.Days 8.DK	1. ____ Month / ____ 8. DK	1. Male 3. Female	____ 16. _____	____	____	____	1. Yes 3. No
LS09a.	INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO							

Code for LS05

- 01. Household head
- 02. Spouse/couple
- 03. Son/Daughter
- 04. Step sun/daughter
- 05. Son/daughter in law
- 06. Father/mother
- 07. Father/mother in law
- 08. Brother/sister
- 09. Brother/sister in law
- 10. Grndson/grndghter
- 11. Grandfather/Grandmother
- 12. Uncle/Aunt
- 13. Nephew/niece
- 14. Cousin
- 15. Worker
- 16. Other (specify)

Code for LS06 / LS07

51. Does not live at home/Dead

Código para LS08

- 51. Does not live at home/Dead
- 52. Takes care alone
- 99. NA

HOUSEHOLD ROSTER (SECTION LS)

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LS00	LS01	LS02	LS10	LS11	LS12	LS13
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	How old is (...)?	Currently, does (...) live in [...]? (SEE CODE)	Spouse's/ Couple's line number (SEE CODE)	During the last 12 months, did (...) work or develop any activity to help household expenditure?	In the last 12 months, approximately how much did (...) earn or receive from his job, or activity, to help household expenditure?
			INTERVIEWER: ASK LS10 AND LS11 ONLY TO HHM OLDER THAN 12 YEARS OLD		INTERVIEWER: FROM LS12 ONWARDS DO NOT ASK 4-YEAR OLDS OR YOUNGER	
01		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
02		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
03		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
04		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
05		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
06		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
07		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
08		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
09		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK
10		____▶ LS04 1.Yrs 2.Months3.Days 8.DK	1, 5 2, 3, 4, 6, →LS12	____	Yes..... 1 No.....→ LS14	1. \$____,____,____ 8. DK

1. YES
3. NO

Code for LS10

- 1. Concubinage
- 2. Separated
- 3. Divorced
- 4. Widow
- 5. Married
- 6. Single

Code for LS11

- 51. Does not live at home

HOUSEHOLD ROSTER (SECTION LS)

LS00	LS01	LS02	LS14	LS15	LS16	LS17
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	How old is (...)?	What was the last level of education (...) attends/attended? (SEE CODE) INTERVIEWER: IF THE ANSWER CODE IS "01", "02", "09", "10" OR "98" → LS16	What is the last grade (...) finished? (SEE CODE)	Does (...) currently attend school?	What is the name of the school that (...) currently attends?
01		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
02		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
03		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
04		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
05		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
06		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
07		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
08		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
09		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	
10		____ → LS04 1.Yrs 2.Months3.Days 8.DK	____ Level	____ Grade 08. _____	1. Yes 3. No → SECTION CV	

1. YES
3. NO

Code for LS14:
01. Without instruction
02. Preschool or Kinder
03. Elementary
04. Secondary
05. Open Secondary
06. High school

Code for LS15:
07. Open High school
08. Normal Basic
09. College
10. Graduate
98. DK

Code for LS16:
00. Didn't complete the first grade
01. First grade
02. Second grade
03. Third grade
04. Fourth grade

06. Sixth grade
07. Seventh grade
08. Other (specify)

DWELLING CHARACTERISTICS (SECTION CV)

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Now I am going to ask you some questions regarding your house.

<p>CV01 Does the household have its own telephone? 1. Yes 3. No</p>	<p>1. - number 3.</p>	<p>CV09. Does the water truck reach your house? Yes..... 1 → CV11 No..... 3</p>	
<p>CV02 Which is the property status of this house? (READ OPTIONS) 1. You are currently paying it 2. Of your own and fully paid 3. Of your own ejido or community land 4. Borrowed or given without payment 5. Rented 6. Other (specify)</p>	<p>1 → CV04 2 → CV05 3 → CV05 4 → CV05 5 6 → CV05</p>	<p>CV10. What is the distance (from this house), to the main water source? is obtained? 1. Distance in kilometers and/or meters</p>	<p>1. . Kms. Mts.</p>
<p>CV03 What is the monthly rent of this house? 1. Value 8. DK</p>	<p>1.\$, , → CV05 8. → CV05</p>	<p>CV11. Do you use any of the following ways to disinfect your drinking water (...)? (CIRCLE ALL THAT APPLY) 1. Boils water 2. Filters waters 3. Uses iodine/chlorine drops 4. Buys purified water 5. Does not disinfect water</p>	<p>1 2 3 4 5</p>
<p>CV04 How much do you pay per month? 1. Value 8. DK</p>	<p>1. \$, , 8.</p>	<p>CV12. Is the water used for bathing and laundry purposes drawn from the same source as drinking water? Yes..... 1 → CV16 No..... 3</p>	
<p>CV05 Does this house have an independent room for cooking? Yes.....1 No.....3 → CV07</p>		<p>CV13. Where does the house mainly obtain the water used for bathing and laundry? (READ OPTIONS) 1. Tap water inside the dwelling 2. Tap water outside the dwelling 3. Water from a truck 4. Gathering 5. Other (specify)</p>	<p>1 → CV16 2 → CV15 3 4 → CV15 5 → CV16</p>
<p>CV06 Do you sleep in the same room where you cook? 1. Yes 3. No</p>		<p>CV14. Does the water truck reach your house? Yes..... 1 → CV16 No..... 3</p>	
<p>CV07 How many rooms are used for sleeping? 1. Rooms</p>			
<p>CV08 What is the main water source for drinking for this household? (READ OPTIONS) 1. Decanter 2. Tap water inside the dwelling 3. Tap water outside the dwelling 4. Water from a truck 5. Gathered 6. Other (specify)</p>	<p>1 → CV11 2 → CV11 3 → CV10 4 5 → CV10 6 → CV11</p>		

DWELLING CHARACTERISTICS (SECTION CV)

MxFLS 2002

<p>CV15. What is the distance from this house and the water source?</p> <p>1. Distance in kilometers and/or meters</p>	<p>1. _ _ _ _ . _ _ _ _ Kms. Mts.</p>
<p>CV16. Does this house have a (...)?</p> <p>1. Toilet 2. Latrine 3. Black hole or blind well 4. Does not have sanitary service</p>	<p>1 2 3 4</p>
<p>CV17. How is the excrement of this house disposed off?</p> <p>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>1. Public piped drainage 2. Septic tank 3. Uncovered drainage to the street 4. Ground or garden 5. River/Canal 6. Hole 7. Other (specify)</p>	<p>1 2 3 4 5 6 7 _____</p>
<p>CV18. Where does this household drain its sewage?</p> <p>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>1. Public piped drainage 2. Septic tank 3. Uncovered drainage to the street 4. Ground or garden 5. River/Canal 6. Other (specify)</p>	<p>1 2 3 4 5 6 _____</p>

<p>CV19. How does this household dispose of its garbage?</p> <p>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>1. Use a public garbage collector service 2. Dump it in a public garbage dump 3. Throw it in the river, unused land, etc. 4. Burn it inside the dwelling/land (garden, courtyard, stable) 5. Burn it outside the dwelling/land (uncultivated land, etc.) 6. Bury it inside the dwelling's land (garden, courtyard) 7. Bury it outside the dwellings land 8. Other (specify)</p>	<p>1 2 3 4 5 6 7 8 _____</p>
<p>CV20. At home, what kind of fuel is used for cooking and warming food?</p> <p>(READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>1. Firewood 2. Coal 3. Oil 4. Gas 5. No fuel is used 6. Light 7. Other (specify)</p>	<p>1 2 3 4 5 6 7 _____</p>

INFORMATION FOR RECONTACT (SECTION RC)

MxFLS 2002

<p>RC01. If you or any member of your family moves, who would be able to give us information regarding your whereabouts? (any friend or very closed relative)</p> <p>1. Specify 3. Same Locality/Community/Municipality/District/State/Country of the respondent 8. DK</p>	<p>REFERENCE 1 (Somebody not a household member)</p> <p>1. First name and last name: _____</p> <p>1. Relationship: _____</p> <p>1. Street: _____ 3.Same 8. DK</p> <p>1. Locality/Community: _____ 3.Same 8. DK</p> <p>1. Municipality/District: _____ 3.Same 8. DK</p> <p>1. Reference: _____</p> <p>1. State: _____ 3.Same 8. DK</p> <p>1. Country:; _____ 3.Same 8. DK</p> <p>1. Telephone: [] [] [] [] - [] [] [] [] [] [] [] [] number 2. Owned 3. Communal</p>
<p>RC02. Could you give me the name of any other relative or friend who would know about you in case you moved?</p> <p>1. Specify 3. Same Locality/Community/Municipality/District/State/Country of the respondent 8. DK</p>	<p>REFERENCE 2 (Somebody not a household member)</p> <p>1. First name and last name: _____</p> <p>1. Relationship: _____</p> <p>1. Street: _____ 3.Same 8. DK</p> <p>1. Locality/Community: _____ 3.Same 8. DK</p> <p>1. Municipality/District: _____ 3.Same 8. DK</p> <p>1. Reference: _____</p> <p>1. State: _____ 3.Same 8. DK</p> <p>1. Country:; _____ 3.Same 8. DK</p> <p>1. Telephone: [] [] [] [] - [] [] [] [] [] [] [] [] number 2. Owned 3. Communal</p>

FAMILY PLANNING AND HEALTH (SECTION SP)

NAME OF THE HOSPITAL OR CLINIC	_____	_____	_____
What is the address of the hospital/clinic [...]?	1. Address 3. Same 8. NS _____ _____	1. Address 3. Same 8. NS _____ _____	1. Address 3. Same 8. NS _____ _____
1. Specify 3. Same Loc/Com/Mun/Dist/St/Cou of the respondent 8. DK	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
(IF THE RESPONDENT IGNORES THE ADDRESS, ASK FOR ANY MEDICAL PRESCRIPTION OR RECEIPT)	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. 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 _____

NAME OF THE HOSPITAL OR CLINIC	_____	_____	_____
What is the address of the hospital/clinic [...]?	1. Address 3. Same 8. DK _____ _____	1. Address 3. Same 8. DK _____ _____	1. Address 3. Same 8. DK _____ _____
1. Specify 3. Same Loc/Com/Mun/Dist/St/Cou of the respondent 8. DK	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
(IF THE RESPONDENT IGNORES THE ADDRESS, ASK FOR ANY MEDICAL PRESCRIPTION OR RECEIPT)	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. 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 _____

FAMILY PLANNING AND HEALTH (SECTION SP)

NAME OF THE PRIVATE HEALTH PROVIDER	_____	_____	_____
Which is the address of the health provider [...]?	1. Address 3. Same 8. NS _____ _____	1. Address 3. Same 8. NS _____ _____	1. Address 3. Same 8. NS _____ _____
1. Specify	_____	_____	_____
3. Same Loc/Com/Mun/Dist/St/Cour of the respondent	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
8. DK	_____	_____	_____
(IF THE RESPONDENT IGNORES THE ADDRESS, ASK FOR ANY MEDICAL PRESCRIPTION OR RECEIPT)	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. 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 _____

NAME OF THE PRIVATE HEALTH PROVIDER	_____	_____	_____
Which is the address of the health provider [...]?	1. Address 3. Same 8. DK _____ _____	1. Address 3. Same 8. DK _____ _____	1. Address 3. Same 8. DK _____ _____
1. Specify	_____	_____	_____
3. Same Loc/Com/Mun/Dist/St/Cour of the respondent	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
8. DK	_____	_____	_____
(IF THE RESPONDENT IGNORES THE ADDRESS, ASK FOR ANY MEDICAL PRESCRIPTION OR RECEIPT)	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. 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 _____

FAMILY PLANNING AND HEALTH (SECTION SP)

MxFLS 2002

Now I would like to ask you about hospitals, clinics, or health and family planning centers, or any person offering health services, that you or any household member know or have visited.

SP01	
Can you give me the name of all the hospitals, clinics (public or private) that you or any household member know or have visited?	
HOSPITAL/CLINIC	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

SP02	
Can you give me the name of all the private physicians, oculists, ophthalmologists, dentists, witch doctors, midwives, that you or any household member know or have visited?	
PRIVATE HEALTH PROVIDER	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

SECTION SP

SCHOOLING OF HOUSEHOLD MEMBERS (SECTION EH)

MxFLS 2002

**EH01. INTERVIEWER: 1. IF ANY HHOLD MEMBER ATTENDS ELEMENTARY, SECONDARY, OR HIGH SCHOOL (LS16)
WITHOUT INCLUDING OPEN SECONDARY OR OPEN HIGH SCHOOL
3. NONE OF THE HHOLD MEMBERS ATTEND ELEMENTARY, SECONDARY, HIGH SCHOOL**

→ CONTINUE
→ SECTION CVO

Now I am going to ask about the schools that household members attend.

EH02. NAME OF THE SCHOOL (LS17)			
EH03. Is public/governmental or private the school [...]?	1. Public (governmental) 2. Private (non-governmental)	1. Public (governmental) 2. Private (non-governmental)	1. Public (governmental) 2. Private (non-governmental)
EH04. What is the address of the school [...]?	1. Address 8.DK _____ _____	1. Address 8.DK _____ _____	1. Address 8.DK _____ _____
1. Specify 3. Same Loc/Com/Mun./Dist/State/Country of the respondent 8. DK	1. Reference 8.DK _____ _____	1. Reference 8.DK _____ _____	1. Reference 8.DK _____ _____
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR THE NAME OF THE SCHOOL, ASK FOR AN ENROLLMENT RECEIPT, REPORT CARD, OR SIMILAR, AND FOR ANY REFERENCE)	1. Locality/Community 3.Same 8.DK _____	1. Locality/Community 3.Same 8.DK _____	1. Locality/Community 3.Same 8.DK _____
	1. Municipality/District 3.Same 8.DK _____	1. Municipality/District 3.Same 8.DK _____	1. Municipality/District 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 _____

EH02. NAME OF THE SCHOOL (LS17)			
EH03. The school [...] is public/governmental or private?	1. Public (governmental) 2. Private (non-governmental)	1. Public (governmental) 2. Private (non-governmental)	1. Public (governmental) 2. Private (non-governmental)
EH04. What is the address of the school [...]?	1. Address 8.DK _____ _____	1. Address 8.DK _____ _____	1. Address 8.DK _____ _____
1. Specify 3. Same Loc/Com/Mun./Dist/State/Country of the respondent 8. DK	1. Reference 8.DK _____ _____	1. Reference 8.DK _____ _____	1. Reference 8.DK _____ _____
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR THE NAME OF THE SCHOOL, ASK FOR AN ENROLLMENT RECEIPT, REPORT CARD, OR SIMILAR, AND FOR ANY REFERENCE)	1. Locality/Community 3.Same 8.DK _____	1. Locality/Community 3.Same 8.DK _____	1. Locality/Community 3.Same 8.DK _____
	1. Municipality/District 3.Same 8. DK _____	1. Municipality/District 3.Same 8.DK _____	1. Municipality/District 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 _____

DIRECT OBSERVATION OF THE DWELLING CHARACTERISTICS (SECTION CVO)

MxFLS 2002

CVO01. INTERVIEWER: THIS SECTION SHOULD BE DONE THROUGH DIRECT OBSERVATION

<p>CVO02. TYPE OF DWELLING</p> <p>1. MOBILE DWELLING 2. WAREHOUSE USED AS A DWELLING 3. ROOF LOFT 4. ROOM OR HOUSE IN A VICINITY 5. BUILDING APARTMENT OR VERTICAL DEPARTMENT 6. SOLE HOUSE SHARING WALLS 7. SOLE HOUSE THAT DOES NOT SHARE WALLS 8. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 _____</p>
<p>CVO03. GENERAL SANITARY CONDITIONS (CIRCLE ALL THAT APPLY)</p> <p>1. DWELLING SURROUNDED BY HUMAN AND ANIMAL RESIDUES 2. DWELLING SURROUNDED BY GARBAGE PILES 3. DWELLING SURROUNDED BY STAGNANT WATER 4. THE DWELLING HAS ENOUGH VENTILATION 5. THE COURTYARD IS CLEAN 6. NONE OF THE ABOVE</p>	<p>1 2 3 4 5 6</p>
<p>CVO04. DOES IT HAVE ELECTRICITY?</p> <p>1. YES 3. NO</p>	<p>1 3</p>
<p>CVO05. MAIN FLOORING TYPE USED IN THIS HOUSE?</p> <p>(IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT)</p> <p>1. WOOD, SLAB STONE, PLASTIC SLAB, CARPET OR ANY OTHER COVERS 2. FIRM CEMENT 3. Soil 4. OTHER (SPECIFY)</p>	<p>1 2 3 4 _____</p>

<p>CVO06. MAIN MATERIAL USED ON THE EXTERNAL WALLS OF THE DWELLING</p> <p>(IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT)</p> <p>1. CONCRETE, PARTITION, BRICK, BLOCK. 2. ADOBE 3. WOOD 4. ASBESTOS PLATE, METALIC PLATE, FIBERGLAS, PLASTIC OR MICA 5. EMBARRO OR BAJAREQUE (CLAYS) 6. COMMON REED-GRASS, BAMBOO OR SHINGLE 7. CARDBOARD SHEETS 8. RESIDUE MATERIAL (CARDBOARD, RUBBER, CLOTH, TYRES, ETC.) 9. STONE 10. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 9 10</p>
<p>CVO07. MAIN MATERIAL USED ON THE ROOF OF THE DWELLING</p> <p>(IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT)</p> <p>1. SMALL BEAM AND POLYURETAN, SMALL BEAM AND OR SLAB STONE 2. CONCRETE, PARTITION, BRICK, BLOCK. 3. SLATE 4. ASBESTOS PLATE 5. COMMON REED-GRASS, BAMBOO OR TERRACE 6. METALIC LAMINA, FIBERGLAS, PLASTIC, OR MICA 7. PALM TREE, SHINGLE OR WOOD 8. CARDBOARD SHEET 9. RESIDUE MATERIAL (CARDBOARD, RUBBER, CLOTH, WHEELS, ETC.) 10. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 9 10 _____</p>

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	VISIT DATE		TIME OF THE INTERVIEW		VISIT RESULTS (See codes)	ANSWERED SECTIONS (Circle)	DATE FOR THE NEXT VISIT			
	DAY	MONTH	HRS.	MIN.			HRS.	MIN.	DAY	MONTH
1						LS CV RC SP EH CVO NE				
2						LS CV RC SP EH CVO NE				
3						LS CV RC SP EH CVO NE				
4						LS CV RC SP EH CVO NE				
5						LS CV RC SP EH CVO NE				
6						LS CV RC SP EH CVO NE				
TOTAL TIME OF THE INTERVIEW										

Visit's result

VISITS CONTROL

POSTS	NAME	CODES	SIGNATURE	DELIVERY DATE
HOUSEHOLD INTERVIEWER				
HOUSEHOLD TEAM				
SUPERVISOR				
EDITOR				
STATE COORDINATOR				