

### MEXICAN FAMILY LIFE SURVEY

RESPONDENT MUST BE A FEMALE HOUSEHOLD MEMBER FROM THE AGE OF 14 TO 49 YEARS OLD

INDIVIDUAL ID

HOUSEHOLD ID

BOOK INTERVIEW RESULT

SUPPLEMENTS

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

"THIS SURVEY HAS BEEN AUTHORIZED BY THE LAW OF GEOGRAPHY AND STATISTICS INFORMATION; CHAPTER V. ACCORDING TO ARTICLE 38° OF THIS LAW. THE INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL"

# CONFIDENTIAL

RESPONDENT	
Name	
Marital Status: 1. Single      2. Separated      3. Married 4. Divorced      5. Widow      6. Domestic Partnership	
LS (Household Member Identification)	
Age	
1. Panel (INTERVIEWER VERIFY PRE – PRINTED LIST BOOK C)	1
3. New	3



**PREGNANCY RESULTS (SECTION RES)**

I would like to ask you about the subject of pregnancy.

<b>RES00x.</b>	<b>INTERVIEWER: CHECK IF THE RESPONDENT IS A PANEL (COVER)</b>	Yes.....1 No.....3 → <b>RES01</b>
<b>RES00a.</b>	Have you been pregnant prior to 2001? 1. Yes 3. No	1 → <b>HE01a</b> 3
<b>RES01a.</b>	Have you been pregnant after 2001? 1. Yes 3. No	1 → <b>RES01</b> 3 → <b>SECTION AC</b>
<b>RES01.</b>	Have you had a live-born son or daughter?	Yes ..... 1 No.....3 → <b>RES12</b>
<b>RES02.</b>	Is he or she living with you now?	Yes ..... 1 No.....3 → <b>RES03=0</b> <b>RES04=0</b>
<b>RES03.</b>	Out of these live births, how many male children live with you now?	<input type="text"/> Men
<b>RES04.</b>	Out of these live births, how many female children live with you now?	<input type="text"/> Female
<b>RES05.</b>	<b>INTERVIEWER:</b> <b>IN THE HOUSEHOLD ROSTER BOOK C, VERIFY THE TOTAL NUMBER OF CHILDREN. IF THE TOTAL RESULTS FROM ADDING RES03 + RES04, AND THE CHILDREN'S NUMBER IN LS01 DO NOT MATCH, CLARIFY THE DIFFERENCES AND RECTIFY THE NUMBER SO THAT THEY MATCH.</b>	
<b>RES06.</b>	Do you have living biological sons or daughters who are not currently living with you?	Yes ..... 1 No.....3 → <b>RES07=0</b> <b>RES08=0</b>
<b>RES07.</b>	How many biological sons are living, but do not currently live with you?	<input type="text"/> Men
<b>RES08.</b>	How many biological daughters are living, but do not currently live with you?	<input type="text"/> Female
<b>RES09.</b>	Have you given birth to sons or daughters who were live-births but who died afterwards?	Yes ..... 1 No.....3 → <b>RES10=0</b> <b>RES11=0</b>
<b>RES10.</b>	How many males were born, but died afterwards?	<input type="text"/> Men
<b>RES11.</b>	How many females were born, but died afterwards?	<input type="text"/> Women

<b>RES12.</b>	Have you had any children who were stillbirths?	Yes ..... 1 No.....3 → <b>RES13=0</b>
<b>RES13.</b>	How many stillbirths have you had?	<input type="text"/> Children
<b>RES14.</b>	Have you had any miscarriages, abortions or pregnancy interruptions?	Yes ..... 1 No.....3 → <b>RES15=0</b>
<b>RES15.</b>	How many pregnancies have not been carried-out to term?	<input type="text"/> Losses
<b>RES16.</b>	<b>INTERVIEWER:</b> <b>ADD THE NUMBERS (RES03, RES04, RES07,RES08, RES10, AND RES11) AND WRITE DOWN THE RESULT HERE:</b>  <input type="text"/> Live Births  To confirm your answer, you have had <input type="text"/> live births, is it correct?  Yes ..... 1 No.....3 → <b>CHECK IT OUT:</b> <b>RES03, RES04, RES07,</b> <b>RES08, RES10, RES 11</b> <b>CORRECT</b>	
<b>RES17.</b>	<b>INTERVIEWER:</b> <b>ADD THE NUMBERS (RES13 AND RES15) AND WRITE THE RESULT HERE:</b>  <input type="text"/> Miscarriages or losses  To confirm your answer, you have had <input type="text"/> miscarriages or losses, is this correct?  Yes ..... 1 No.....3 → <b>CHECK IT OUT:</b> <b>RES13 AND RES15</b> <b>CORRECT</b>	

**PREGNANCY HISTORY (SECTION HE)**

<b>HE01. INTERVIEWER: TRANSFER THE INFORMATION FROM SECTION RES:</b>		
<b>a. NUMBER OF BIRTHS (RES16)</b>		
<b>b. MISCARRIAGES AND STILLBIRTHS (RES17)</b>		
a. NUMBER OF LIVE BIRTHS (RES16)		a. <input type="text"/> <input type="text"/> <input type="text"/> Live births
b. NUMBER OF STILLBIRTHS (RES17)		b. <input type="text"/> <input type="text"/> <input type="text"/> Stillbirths/Miscarriages
c. Are you pregnant right now?	Yes.....1 -- (WRITE "1") → HE02 No.....3 -- (WRITE "0") → HE03 NS.....8 -- (WRITE "0") → HE03	c. <input type="checkbox"/> Pregnant
<b>HE02.</b> What month are you due?		<input type="text"/> <input type="text"/> Month
<b>HE03. TOTAL FOR ( a + b + c )</b>		<input type="text"/> <input type="text"/> YES > 0 → HE04 YES = 0 → SECTION AC

Now, I am going to ask about all the pregnancies you have had, beginning with the first and continuing until the last.

<b>HE04. INTERVIEWER: LIST ALL THE PREGNANCIES THAT THE WOMAN HAS HAD, BEGINNING WITH THE FIRST ONE. USE A SUPPLEMENT IN CASE THERE ARE MORE THAN 4. ALL LINES IN EACH COLUMN SHOULD BE FILLED OUT BEFORE CONTINUING ON TO THE NEXT PREGNANCY. → HE06</b>
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**PREGNANCY HISTORY (SECTION HE)**

<b>HE01a.</b> a. Have you had any other pregnancy since 2001?	Yes ..... 1 No .....3	➔ SECTION AC
b. How many times have you been pregnant (including live-births, stillbirths or miscarriages) since 2001?	b. <input type="text"/> <input type="text"/> total number of pregnancies	
c. Are you pregnant right now?	Yes.....1 -- (WRITE "1") ➔ HE02a No.....3 -- (WRITE "0") ➔ HE03a NS.....8 -- (WRITE "0") ➔ HE03a	c. <input type="checkbox"/> Pregnant
<b>HE02a.</b> What month are you due to give birth to your child?	<input type="text"/> <input type="text"/> Month	
<b>HE03a.</b> TOTAL FOR ( b + c )	<input type="text"/> YES > 0 ➔ HE04a YES = 0 ➔ SECTION AC	

**HE04a.** Now, I am going to ask you about these pregnancies (beginning with the last one). ➔ HE19a

**PREGNANCY HISTORY (SECTION HE)**

HE05.	Chronological order of pregnancies and their outcome	[0][1] First Pregnancy	[0][2] Second Pregnancy	[0][3] Third Pregnancy	[0][4] Fourth Pregnancy
HE06.	<b>INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.</b>	_____	_____	_____	_____
HE07.	How old were you the first time you were pregnant?	___ Years			
HE07a.	How old were you when [...] was born / was stillborn?	___ Years	___ Years	___ Years	___ Years
HE08.	Did/do you expect several children to be born from your [...]?	Yes..... 1 No..... 3 → HE10 DK..... 8 → HE10	Yes..... 1 No..... 3 → HE10 DK..... 8 → HE10	Yes..... 1 No..... 3 → HE10 DK..... 8 → HE10	Yes..... 1 No..... 3 → HE10 DK..... 8 → HE10
HE09.	How many children did you expect to have as a result of this pregnancy?	___ Children	___ Children	___ Children	___ Children
HE10.	What was the outcome of [...]? <b>(READ OPTIONS, AND IN CASE OF MULTIPLE PREGNANCIES, CIRCLE ALL THAT APPLY)</b> 1. Currently pregnant 2. Live-birth 3. Pregnancy loss/ Miscarriage 4. Stillbirth	1 → HE14 2 3 → HE12 4 → HE12			
HE11.	Was [...] a boy or a girl? <b>(IF MULTIPLE DELIVERIES, ASK ABOUT THE FIRST ONE BORN)</b>	Male ..... 1 Female ..... 3	Male..... 1 Female..... 3	Male ..... 1 Female ..... 3	Male ..... 1 Female ..... 3
HE12.	What was the date of the live birth/stillbirth/loss of pregnancy? 1. Date 8. DK	1. ___/___/____ → HE14 dd / mm / yyyy 8.	1. ___/___/____ → HE14 dd / mm / yyyy 8.	1. ___/___/____ → HE14 dd / mm / yyyy 8.	1. ___/___/____ → HE14 dd / mm / yyyy 8.
HE13.	How old is [...] / would [...] be if he/she had not died? 1. Age in years 2. Age in months 8. DK	1. ___ Years 2. ___ Months 8.			
HE14.	How many months were you/are you expecting? 1. Time in months 2. Time in weeks 8. DK	1. ___ Months 2. ___ Weeks 8.			
HE14a.	<b>INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) → HE16</b>	<b>INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) → HE16</b>	<b>INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) → HE16</b>	<b>INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) → HE16</b>	<b>INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) → HE16</b>

**PREGNANCY HISTORY (SECTION HE)**

HE05. Chronological order of pregnancies and their outcome	[0][1] First Pregnancy	[0][2] Second Pregnancy	[0][3] Third Pregnancy	[0][4] Fourth Pregnancy
<b>HE06. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.</b>	_____	_____	_____	_____
<b>HE15.</b> When it was time for labor/ or stillbirth for [...], where did you go? 01. IMSS (Social Security) 02. IMSS Solidaridad 03. ISSSTE (Govt. Emp. Soc.Sec. Clinic/ Hospital) 04. SSA (Health Ministry Clinic or Hospital) 05. DIF (Public Health Services for Families) 06. Other governmental health institutions 07. PEMEX/SEDENA/ MARINA (Nat. Oil, Min. Def. Navy) 08. Private clinic or hospital 09. Midwife's House 10. At home with a doctor (gynecologist) 11. At home with a midwife 12. At home without a doctor or midwife 13. Red Cross 14. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____
<b>HE16. INTERVIEWER: CHECK IF THERE IS ANOTHER PREGNANCY</b>	Yes..... 1 → HE07a Next column No..... 3	Yes..... 1 → HE07a Next column No..... 3	Yes..... 1 → HE07a Next column No..... 3	Yes..... 1 → HE16a No..... 3
<b>HE16a. INTERVIEWER: IS THERE A SUPPLEMENT?</b>	<b>1. YES → HE07a SUPPLEMENT</b> <b>3. NO</b>			

<b>HE17.</b> How many pregnancies have you had in the past five years?	<input type="checkbox"/> Pregnancies Yes = 0 or 1 → <b>HE19</b> Yes > 1
<b>HE18. INTERVIEWER, READ THE FOLLOWING:</b>	"Now I am going to ask about these pregnancies, beginning with the last one" → <b>HE19a</b>
<b>HE19. INTERVIEWER, READ THE FOLLOWING:</b>	"Now I am going to ask about your last two pregnancies, beginning with the last one".

**PREGNANCY HISTORY (SECTION HE)**

HE19x0	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second from last Pregnancy	[ 0 ][ 3 ] Third from last Pregnancy	[ 0 ][ 4 ] Fourth from last Pregnancy
<b>HE19a.</b> INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.	_____	_____	_____	_____
<b>HE20.</b> What was the result of your [# pregnancy]? <b>(READ OPTIONS, AND IN CASE OF MULTIPLE PREGNANCIES, CIRCLE ALL THAT APPLY)</b> 1. Currently pregnant 2. Live-birth 3. Pregnancy loss 4. Stillborn	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
<b>HE21.</b> How many check-ups did you have when you were pregnant with [...]? 1. Number of check- ups 2. Zero check- ups	1. <input type="text"/> Check-ups 2. → HE26			
<b>HE22.</b> At what month of your [# of pregnancy] did you have your first check-up? 1. What month 2. Time in weeks	1. <input type="text"/> Months 2. <input type="text"/> Weeks			
<b>HE23.</b> When you were pregnant with [...], were did you go for check ups? 01. Social Security IMSS 02. Solidarity IMSS 03. ISSSTE ( Clinic or Hospital) 04. SSA (Clinic or Hospital) 05. DIF (Public Health Services for Families) 06. Other governmental health institutions 07. PEMEX/SEDENA/Marine 08. Private clinic or hospital 09. Midwife's house 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. Red Cross 13. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____

**PREGNANCY HISTORY (SECTION HE)**

HE19x. Chronological order of pregnancies and their outcome	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second from last Pregnancy	[ 0 ][ 3 ] Third from last Pregnancy	[ 0 ][ 4 ] Fourth from last Pregnancy
<b>HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.</b>				
<p><b>HE24.</b> Can you give me the name and address of the place you visited?</p> <p>1. Specify</p> <p>3. Same Municipality/District/ Locality/Community/State/ Residence Country</p> <p>8. DK</p>	<p>1. Name 8. DK</p> <p>1. Address 8. DK</p> <p>Reference</p> <p>1. Loc./Com. 3. Same 8. DK</p> <p>1. Mun./Distr. 3. Same 8. DK</p> <p>1. State 3. Same 8. DK</p> <p>1. Country 3. Same 8. DK</p>	<p>1. Name 8. DK</p> <p>1. Address 8. DK</p> <p>Reference</p> <p>1. Loc./Com. 3. Same 8. DK</p> <p>1. Mun./Distr. 3. Same 8. DK</p> <p>1. State 3. Same 8. DK</p> <p>1. Country 3. Same 8. DK</p>	<p>1. Name 8. DK</p> <p>1. Address 8. DK</p> <p>Reference</p> <p>1. Loc./Com. 3. Same 8. DK</p> <p>1. Mun./Distr. 3. Same 8. DK</p> <p>1. State 3. Same 8. DK</p> <p>1. Country 3. Same 8. DK</p>	<p>1. Name 8. DK</p> <p>1. Address 8. DK</p> <p>Reference</p> <p>1. Loc./Com. 3. Same 8. DK</p> <p>1. Mun./Distr. 3. Same 8. DK</p> <p>1. State 3. Same 8. DK</p> <p>1. Country 3. Same 8. DK</p>
<p><b>HE25.</b> During [pregnancy #], did you at any time receive the following services (...)?</p> <p>a. Were you weighed</p> <p>b. Were you measured</p> <p>c. Were you given a Tetanus vaccine</p> <p>d. Was your blood pressure taken</p> <p>e. Were any blood tests drawn</p> <p>f. Was a urine test performed</p> <p>g. Did they listen for a fetal cardiac heart beat</p> <p>h. Did you have a vaginal exam performed</p> <p>j. Was the base of your uterine measured using a measuring tape</p> <p>k. Did you receive an ultrasound</p> <p>l. Did they talk to you about family/birth planning</p> <p>m. Were you given any classes about pregnancy/childbirth</p> <p>n. Did they teach you how to breastfeed</p> <p><b>INTERVIEWER: THE RESPONDANT IS PREGNANT</b></p> <p>o. At the end of the pregnancy, were you offered:</p> <p>o1. The tying of fallopian tubes</p> <p>o2. An intrauterine device or coil</p> <p>o3. Contraceptive pills</p> <p>o4. Contraceptive injections</p> <p>o5. Other (specify)</p>	<p>1. Yes 3. No 8. DK</p> <p>a. 1 3 8</p> <p>b. 1 3 8</p> <p>c. 1 3 8</p> <p>d. 1 3 8</p> <p>e. 1 3 8</p> <p>f. 1 3 8</p> <p>g. 1 3 8</p> <p>h. 1 3 8</p> <p>j. 1 3 8</p> <p>k. 1 3 8</p> <p>l. 1 3 8</p> <p>m. 1 3 8</p> <p>n. 1 3 8</p> <p>Yes → <b>HE26</b> No → <b>CONTINUE</b></p> <p>o1. 1 3 8</p> <p>o2. 1 3 8</p> <p>o3. 1 3 8</p> <p>o4. 1 3 8</p> <p>o5. 1 3 8</p>	<p>1. Yes 3. No 8. DK</p> <p>a. 1 3 8</p> <p>b. 1 3 8</p> <p>c. 1 3 8</p> <p>d. 1 3 8</p> <p>e. 1 3 8</p> <p>f. 1 3 8</p> <p>g. 1 3 8</p> <p>h. 1 3 8</p> <p>j. 1 3 8</p> <p>k. 1 3 8</p> <p>l. 1 3 8</p> <p>m. 1 3 8</p> <p>n. 1 3 8</p> <p>o1. 1 3 8</p> <p>o2. 1 3 8</p> <p>o3. 1 3 8</p> <p>o4. 1 3 8</p> <p>o5. 1 3 8</p>	<p>1. Yes 3. No 8. DK</p> <p>a. 1 3 8</p> <p>b. 1 3 8</p> <p>c. 1 3 8</p> <p>d. 1 3 8</p> <p>e. 1 3 8</p> <p>f. 1 3 8</p> <p>g. 1 3 8</p> <p>h. 1 3 8</p> <p>j. 1 3 8</p> <p>k. 1 3 8</p> <p>l. 1 3 8</p> <p>m. 1 3 8</p> <p>n. 1 3 8</p> <p>o1. 1 3 8</p> <p>o2. 1 3 8</p> <p>o3. 1 3 8</p> <p>o4. 1 3 8</p> <p>o5. 1 3 8</p>	<p>1. Yes 3. No 8. DK</p> <p>a. 1 3 8</p> <p>b. 1 3 8</p> <p>c. 1 3 8</p> <p>d. 1 3 8</p> <p>e. 1 3 8</p> <p>f. 1 3 8</p> <p>g. 1 3 8</p> <p>h. 1 3 8</p> <p>i. 1 3 8</p> <p>j. 1 3 8</p> <p>k. 1 3 8</p> <p>l. 1 3 8</p> <p>m. 1 3 8</p> <p>n. 1 3 8</p> <p>o1. 1 3 8</p> <p>o2. 1 3 8</p> <p>o3. 1 3 8</p> <p>o4. 1 3 8</p> <p>o5. 1 3 8</p>

**PREGNANCY HISTORY (SECTION HE)**

HE19x. Chronological order of pregnancies and their outcome	[ 0 ][ 1 ] First Pregnancy	[ 0 ][ 2 ] Second from last Pregnancy	[ 0 ][ 3 ] Third from last Pregnancy	[ 0 ][ 4 ] Fourth from last Pregnancy																																																																																																																																																																																																																
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<b>HE26.</b> During your [...] did you take/have you taken (...)? A. Iron A B. Calcium C. Vitamins	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	<table border="1"> <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>HE27.</b> During your [...] did you/have you suffered (...)? A. Vaginal bleeding B. Swelling of feet/legs/face/hands C. High blood pressure D. Red eyes E. Frequent headaches F. High blood sugar levels G. Kidney infections H. Discharge with an abnormal smell or color I. Threatened early childbirth (last months) J. Threatened miscarriage (first months) K. Sharp vaginal itching/vaginal infection L. Premature water break	<table border="1"> <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> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</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	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8	<table border="1"> <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> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</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	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8	<table border="1"> <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> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</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	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8	<table border="1"> <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> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</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	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8
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<b>HE28. INTERVIEWER:</b> 1. HE20 = 1 (SHE IS PREGNANT) or 3 (LOSS) 3. HE20 = 2 (BORN ALIVE) or 4 (STILLBIRTH)	1. → HE20 (other pregnancy) → AC (no other pregnancy) 3. → HE29	1. → HE20 (other pregnancy) → AC (no other pregnancy) 3. → HE29	1. → HE20 (other pregnancy) → AC (no other pregnancy) 3. → HE29	1. → HE28a → AC (no other pregnancy) 3. → HE29																																																																																																																																																																																																																
<b>HE28a. INTERVIEWER: IS THERE A SUPPLEMENT?</b>	1. YES → HE20 SUPPLEMENT 3. NO																																																																																																																																																																																																																			
<b>HE29.</b> At the moment of [...] childbirth, were you in labor for more than one day and one night? 1. Yes 3. No 8. DK	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8																																																																																																																																																																																								
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<b>HE30.</b> Was your child [...] born before the due date? 1. Yes 3. No 8. DK	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3. No</td><td>3</td></tr> <tr><td>8. DK</td><td>8</td></tr> </table>		1	3. No	3	8. DK	8																																																																																																																																																																																								
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**PREGNANCY HISTORY (SECTION HE)**

HE19x. Chronological order of pregnancies and their outcome	[0][1] Last Pregnancy	[0][2] Second from last Pregnancy	[0][3] Third from last Pregnancy	[0][4] Fourth from last Pregnancy
<b>HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.</b>	_____	_____	_____	_____
<b>HE31.</b> Where did you deliver [...] childbirth? 01. IMSS (Social Security) 02. IMSS Solidaridad 03. ISSSTE (Govt. Emp. Soc. Sec. Clinic/Hospital) 04. SSA (Health Ministry Clinic or Hospital) 05. DIF (Public Health Services for Families) 06. Other governmental health institutions 07. PEMEX/SEDENA/MARINA (Nat. Oil, Min. Def. Navy) 08. Private clinic or hospital 09. Midwife's house 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. At home, with neither a doctor nor a midwife 13. Red Cross 14. You have not given birth yet 15. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____
<b>HE32.</b> Can you give me the name and the address of the location where you were attended to?  1. Specify  3. Municipality/District/Locality/Community/State/Country of the check-ups  8. Do not know	1. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ Reference _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ Reference _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ Reference _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ Reference _____ _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____

**PREGNANCY HISTORY (SECTION HE)**

HE19x. Chronological order of pregnancies and their outcome	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second from last Pregnancy	[ 0 ][ 3 ] Third from last Pregnancy	[ 0 ][ 4 ] Fourth from last Pregnancy																																																																																																
<b>HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.</b>	_____	_____	_____	_____																																																																																																
<b>HE33.</b> Was the delivery of [...] a normal childbirth or caesarean? 1. Normal 2. Caesarean	1 2	1 2	1 2	1 2																																																																																																
<b>HE34.</b> During the labor and delivery of [...]? A. Did you have high blood pressure B. Did you have low blood pressure C. Was it a breech birth (feet or bottom first) D. Did he/she have a wrapped umbilical cord E. Did you have any other complication or difficulty	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8
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<b>HE35.</b> Was any type of anesthetic administered? 1. Yes 3. No	1 3	1 3	1 3	1 3																																																																																																
<b>HE36.</b> How much did you spend on transportation to reach the place where you delivered [...]? (One way only, including companion) 1. Transportation expenses 8. NS	1. \$ _____, _____ 8.	1. \$ _____, _____ 8.	1. \$ _____, _____ 8.	1. \$ _____, _____ 8.																																																																																																
<b>HE37.</b> What was the cost of child birth? (Including medical expenses)? 1. Cost of childbirth 3. Nothing 8. NS	1. \$ _____, _____ 3. → HE39 8. DK	1. \$ _____, _____ 3. → HE39 8. DK	1. \$ _____, _____ 3. → HE39 8. DK	1. \$ _____, _____ 3. → HE39 8. DK																																																																																																
<b>HE38.</b> Did you have any prepaid services for your pregnancy and/or labor?	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No																																																																																																
<b>HE39.</b> Who delivered [...] during his/her birth? (READ OPTIONS, CIRCLE ALL THAT APPLY) 1. General Doctor 2. Gynecologist 3. Pediatrician 4. Midwife 5. Medical Assistant or Health practioner 6. Nurse 7. Anesthesiologist 8. Nobody 9. Other (specify)	1 2 3 4 5 6 7 8 → HE41 9 _____	1 2 3 4 5 6 7 8 → HE41 9 _____	1 2 3 4 5 6 7 8 → HE41 9 _____	1 2 3 4 5 6 7 8 → HE41 9 _____																																																																																																

**PREGNANCY HISTORY (SECTION HE)**

HE19x. Chronological order of pregnancies and their outcome	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second from last Pregnancy	[ 0 ][ 3 ] Third from last Pregnancy	[ 0 ][ 4 ] Fourth from last Pregnancy
<b>HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.</b>				
<b>HE40.</b> Why did you choose this person/place/ health center? <b>(CIRCLE ALL THAT APPLY)</b> 1. Inexpensive/cheap 2. Nearby location 3. Felt safe 4. High comfort 5. Modern Technology 6. Access to service 7. Family/friend/doctor recommendation 8. Was referred to by another place 9. Free 10. Because of Tradition 11. It was my only option 12. Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____
<b>HE41.</b> Were you submitted to any check-up during the first forty days after the birth of [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8	1 3 8	1 3 8
<b>HE42.</b> How long after the birth of [...] did it take for your menstruation cycle to begin again? 01. Time in days 02. Time in weeks 03. Time in months 04. Hasn't come back 05. Hasn't come back because of pregnancy 98. DK	01. ___ Days 02. ___ Weeks 03. ___ Months 04 05 98			
<b>HE43.</b> How long after the birth of [...] did it take for you to have sexual relations again? 01. Time in months 02. After the quarantine period (40 days) 03. Has not had any/does not have any 04. Less than a month 98. DK	01. ___ Months 02 03 04 98	01. ___ Months 02 03 04 98	01. ___ Months 95 96 97 98	01. ___ Months 02 03 04 98
<b>HE44. INTERVIEWER;</b> 1. HE20 = 2 (LIFE BIRTH) 3. HE20 = 4 (STILL BIRTH)	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy
<b>HE45.</b> Compared with other children, do you consider that [...] was bigger, smaller, or similar in size? 1. Bigger 2. Similar 3. Smaller 8. DK	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8

**PREGNANCY HISTORY (SECTION HE)**

HE19x. Chronological order of pregnancies and their outcome	[0][1] Last Pregnancy	[0][2] Second from last Pregnancy	[0][3] Third from last Pregnancy	[0][4] Fourth from last Pregnancy																																																																																																
<b>HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.</b>																																																																																																				
<b>HE46.</b> How much did [...] weigh at the time of birth? 1. Weight 2. Was not weighed 8. DK	1. <input type="text"/> . <input type="text"/> Kg. Grs. 2 8	1. <input type="text"/> . <input type="text"/> Kg. Grs. 2 8	1. <input type="text"/> . <input type="text"/> Kg. Grs. 2 8	1. <input type="text"/> . <input type="text"/> Kg. Grs. 2 8																																																																																																
<b>HE47.</b> Did you ever breastfeed [...], even if it was only for a short period of time?	Yes ..... 1 No ..... 3 → HE51	Yes ..... 1 No ..... 3 → HE51	Yes ..... 1 No ..... 3 → HE51	Yes ..... 1 No ..... 3 → HE51																																																																																																
<b>HE48.</b> How long did you nourish [...] for only by breastfeeding, giving him water or tea? 01. Time in days 02. Time in weeks 03. Time in months 04. Still nursing	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04																																																																																																
<b>HE49.</b> While you were breastfeeding [...] did you take any medicine not prescribed by a doctor such as (...)? A. Contraceptives (Contraceptive pills) B. Pain killers (aspirin, tempra, disprine) C. Antibiotics (amoxicillin, binotal, penicillin) D. Vitamins E. Other (specify)	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</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	D.	1	3	8	E.	1	3	8
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<b>HE50. INTERVIEWER: VERIFY HE48</b> <b>SI HE48 = 04 (STILL NURSING)→HE53</b> <b>SI HE48 = 01, 02, 03 (TIME IN DAYS / WEEKS/ MONTHS)→HE51</b>																																																																																																				
<b>HE51.</b> Why did you stop breastfeeding / why didn't you breastfeed [...]? <b>(CIRCLE ALL THAT APPLY)</b> 01. Sick/weak mother 02. Painful nipples 03. Employment related reasons 04. Taking contraceptive pills 05. Wanted to get pregnant 06. Pregnant once again 07. Insufficient milk 08. Child was ill 09. Child was incubated 10. Child did not fully developed 11. Child would not drink breastmilk 12. Doctor's/nurse's recommendation 13. Husband's objection 14. Child's inability to suck 15. Child was big enough 16. Had to breastfeed another baby 17. Child passed away 18. Personal choice/ didn't want to 19. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 → HE53 15 16 17 → HE56 18 19	01 02 03 04 05 06 07 08 09 10 11 12 13 14 → HE53 15 16 17 → HE56 18 19	01 02 03 04 05 06 07 08 09 10 11 12 13 14 → HE53 15 16 17 → HE56 18 19	01 02 03 04 05 06 07 08 09 10 11 12 13 14 → HE53 15 16 17 → HE56 18 19																																																																																																

**PREGNANCY HISTORY (SECTION HE)**

HE19x. Chronological order of pregnancies and their outcomes	[ 0 ][ 1 ] Last Pregnancy	[ 0 ][ 2 ] Second from last Pregnancy	[ 0 ][ 3 ] Third from last Pregnancy	[ 0 ][ 4 ] Fourth from last Pregnancy
<b>HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY EACH PREGNANCY.</b>				
<b>HE52.</b> Did somebody else continue breastfeeding [...] even if it was only for a short period of time? 1. Yes 3. No	1 3	1 3	1 3	1 3
<b>HE53.</b> How old was/were [...] when you began to feed him/her/them other liquids other than breastmilk, such as juice, or formula? 01. Days 02. Weeks 03. Months 04. Has not been fed anything else yet	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04
<b>HE54.</b> How old was/were [...] when you first fed him/her/them with solid food? 01. Days 02. Weeks 03. Months 04. Years 05. Has not been fed solid food yet	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04. <input type="text"/> Years 05	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04. <input type="text"/> Years 05	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04. <input type="text"/> Years 05	01. <input type="text"/> Days 02. <input type="text"/> Weeks 03. <input type="text"/> Months 04. <input type="text"/> Years 05
<b>HE55.</b> Is [...] still alive? 1. Yes 3. No	1 → HE56a 3	1 → HE56a 3	1 → HE56a 3	1 → HE56a 3
<b>HE56.</b> How old was [...] when he/she died? 1. Age in days 2. Age in weeks 3. Age in months 4. Age in years	1. <input type="text"/> Days 2. <input type="text"/> Weeks 3. <input type="text"/> Months 4. <input type="text"/> Years	1. <input type="text"/> Days 2. <input type="text"/> Weeks 3. <input type="text"/> Months 4. <input type="text"/> Years	1. <input type="text"/> Days 2. <input type="text"/> Weeks 3. <input type="text"/> Months 4. <input type="text"/> Years	1. <input type="text"/> Days 2. <input type="text"/> Weeks 3. <input type="text"/> Months 4. <input type="text"/> Years
<b>HE56a. INTERVIEWER: IS THERE ANOTHER PREGNANCY?</b> 1. YES THERE IS ANOTHER PREGNANCY 3. NO THERE IS NOT OTHER PREGNANCY	1 → HE20 (there is another pregnancy) 3 → AC (there is not other pregnancy)	1 → HE20 (there is another pregnancy) 3 → AC (there is not other pregnancy)	1 → HE20 (there is another pregnancy) 3 → AC (there is no other pregnancy)	1 → HE20 Supplement 3 → AC

**CONTRACEPTION (SECTION AC)**

Now, I would like to ask about your contraceptive methods.

**AC01. SURVEYOR: FIRST ASK THE ENTIRE AC02 COLUMN. IF AN ANSWER IS "YES", ASK ROW BY ROW STARTING FROM AC03**

(AC TYPE) MEANS / METHODS	AC02. Have you heard of (...) to prevent you from having children?	AC03. Have you/has your partner ever used (...)?	AC04. How old were you when you used this method for the first time?	AC05. How much is (...)?		AC06. If you would like to use (...) where could you get it? (SEE CODE)
				PRICE	UNIT	
<b>A.</b> Contraceptive Pills (A woman can take contraceptive pills every day)	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free } 8. DK } <b>AC06</b>	1. One Box 5. _____	_____ _____
<b>B.</b> Intrauterine Device or coil /Copper T (A woman could have an intrauterine device placed in her womb, by a doctor or a midwife)	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free } 8. DK } <b>AC06</b>		_____ _____
<b>C.</b> Contraceptive Injections (A woman can be injected by a doctor or a midwife, in order to prevent pregnancy for several months)	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free } 8. DK } <b>AC06</b>	1. One Month 3. Three Months 5. _____	_____ _____
<b>D.</b> Condoms (A man can use protection during sexual intercourse)	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free } 8. DK } <b>AC06</b>	1. One Condom 3. A box 5. _____	_____ _____
<b>E.</b> Norplant, Tubes or Implants (A woman can ask a doctor to place an implant under her arm skin her to prevent pregnancy))	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free } 8. DK } <b>AC06</b>	1. Three Years 3. Five Years 5. _____	_____ _____

**CODE AC06**

- |   |                      |
|---|----------------------|
| 01. Hospital/Clinic or Public Health Center | 09. Friend/Relative  |
| 02. Private Hospital/Clinic                 | 10. Market/Herbalist |
| 03. Doctor's small community clinic         | 11. Nowhere          |
| 04. Ambulance                               | 12. Other (specify)  |
| 05. Health Practitioner                     | 98. DK               |
| 06. Drugstore                               |                      |
| 07. Nurse                                   |                      |
| 08. Midwife                                 |                      |

**CODE AC05**

5. Other (specify)

**CONTRACEPTION (SECTION AC)**

(AC TYPE) MEANS / METHODS	AC02. Have you heard of (...) to prevent you from having children?	AC03. Have you/has your partner ever used (...)?	AC04. How old were you when you used this method for the first time?	AC05. What is the price of (...)?		AC06. If you would like to use (...) where could you get it? (SEE CODE)
				PRICE	UNIT	
<b>F.</b> Fertility Awareness Method, Standard Days Calendar Method, Billings Ovulation Method or Periodic Abstinence (A couple does not have sexual intercourse during certain days of the month, when it is more likely that a woman will get pregnant)	1.Yes → 3.No ↓	1.Yes 3.No → next line	___ Years <b>(IF YOU DON'T KNOW, GIVE US YOUR BEST ESTIMATE)</b>			
<b>G.</b> Withdrawal or interruption of coitus (A man withdraws before ejaculation, and so a woman does not get pregnant)	1.Yes → 3.No ↓	1.Yes 3.No → AC06				
<b>H.</b> Emergency Contraception (A woman can take a pill up to 72 hours after having had sexual intercourse)	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE US YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free 8. DK } AC06	1. One Month 3. Three Months 5. _____	_____ _____
<b>I.</b> Herbal drinks or teas to prevent a woman from having children.	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE US YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free 8. DK } AC06	1. One Month 3. Three Months 5. _____	_____ _____
<b>J.</b> Tying fallopian tubes/Feminine Sterilization (A woman can have surgery to prevent pregnancy)	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE US YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free 8. DK } AC06		_____ _____
<b>K.</b> Vasectomy/Masculine Sterilization (A man can have surgery to prevent having another child)	1.Yes → 3.No ↓	1.Yes 3.No → AC06	___ Years <b>(IF YOU DON'T KNOW, GIVE US YOUR BEST ESTIMATE)</b>	1.\$ _____, _____ 3. Free 8. DK } AC06		_____ _____
<b>L.</b> Others (specify) (Any other way or method to avoid pregnancy)	1.Yes _____ 3.No					

**CODE AC06**

- |   |                      |
|---|----------------------|
| 01. Hospital/Clinic or Public Health Center | 09. Friend/Relative  |
| 02. Private Hospital/Clinic                 | 10. Market/Herbalist |
| 03. Doctor's small community clinic         | 11. Nowhere          |
| 04. Ambulance                               | 12. Other (specify)  |
| 05. Health Practitioner                     | 98. DK               |
| 06. Drugstore                               |                      |
| 07. Nurse                                   |                      |
| 08. Midwife                                 |                      |

**CODE AC05**

5. Other (specify)

**CONTRACEPTION (SECTION AC)**

<p><b>AC07.</b> Are you physically capable of conceiving a child?          1. Yes          3. No          8. DK</p>	<p>1          3          8</p>
<p><b>AC08.</b> <b>INTERVIEWER: VERIFY IF SHE HAS HAD ANY CHILDREN ON RES16, ANY PREGNANCY LOSSES, OR ABORTIONS ON RES17</b></p>	<p>1.Yes → AC10          3.No → AC09</p>
<p><b>AC09.</b> Have you ever had sexual intercourse?</p>	<p>1.Yes → AC11          3.No → AC26</p>
<p><b>AC10.</b> How many children did you have by the time you first started using any contraceptive method?          1. Number of children          3. Has never used a contraceptive method</p>	<p>1. <input type="text"/> Children          3. → AC24</p>
<p><b>AC11.</b> Currently, do you or does your partner, practice a method to postpone or prevent pregnancy?</p>	<p>Yes... 1          No.... 3 → AC23</p>
<p><b>AC12.</b> What method do you (or your partner) currently practice?  <b>(IF THERE IS DOUBT, EXPLAIN METHODS AGAIN)</b>          01. Contraceptive pills          02. Emergency contraception          03. Contraceptive Injections          04. Condoms          05. Norplant or Implants          06. Herbs/Teas          07. IUD Intrauterine Device or coil/Copper T          08. Fertility Awareness Method, Standard Days Calendar, Billings Ovulation or Periodic Abstinence          09. Withdrawl or Interruption of Coitus          10. Surgery          11. Vasectomy          12. Contraceptive Patch          13. Other (specify)</p>	<p>01 → AC14          02 → AC14          03 → AC14          04 → AC14          05 → AC14          06 → AC14          07 → AC13          08 → AC15          09 → AC15          10 → AC16          11 → AC16          12          13 _____ → AC14</p>
<p><b>AC13.</b> Was a intrauterine device placed with your consent?</p>	<p>Yes..... 1          No..... 3</p>
<p><b>AC14.</b> How much do you or does your partner spend on (CURRENT METHOD)?          1. Monthly expense          2. Annual expense          3. Expense every 3 years          4. Expense every 5 years          5. Free          8. DK</p>	<p>1. \$ <input type="text"/> , <input type="text"/> monthly          2. \$ <input type="text"/> , <input type="text"/> annual          3. \$ <input type="text"/> , <input type="text"/> 3 years          4. \$ <input type="text"/> , <input type="text"/> 5 years          5. Free          8. DK</p>
<p><b>AC15.</b> Did you use this same method 5 years ago?          1. Yes          3. No          5. You didn't use any</p>	<p>1          3          5</p>

**CONTRACEPTION (SECTION AC)**

<p><b>AC16.</b> What is the <b>main</b> reason why you decided to use (CURRENT METHOD) instead of any other family planning method?</p> <p>01. By recommendation of a health service provider          02. Friend or Relative's recommendation          03. Collateral treatment coincides with another illness          04. Availability/Comfort          05. Cost          06. Wanted a permanent method          07. Preferred by spouse          08. Wanted a more effective / safer method          09. It is the only method you are familiar with          10. Religious Practice          11. Suggested by your mother-in-law          12. Wanted an easy-to-use method          13. Doctor's / Nurse's decision          14. Sickness          15. Other (specify)          98. DK</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 _____ 98</p>
<p><b>AC17. INTERVIEWER: IF AC12 = 08 (Fertility Awareness Method, Standard Days Calendar, Billings Ovulation, Periodical Abstinence) or → AC21 = 09 (Withdrawl or Interruption of Coitus)</b></p>	
<p><b>AC18.</b> Have you ever had any medical or health problems cause by the use of (CURRENT METHOD)?</p>	<p>Yes..... 1          No ..... 3 → <b>AC20</b>          NS..... 8 → <b>AC20</b></p>
<p><b>AC19.</b> Have you had to restrict any activity as a result of these health problems?</p> <p>1. Yes          3. No</p>	<p>1 3</p>
<p><b>AC20.</b> Where did you obtain the current method?</p> <p>01. Public Hospital          02. Private Hospital/Clinic          03. Doctor's small community clinic          04. Ambulance          05. Health Practitioner          06. Drugstore          07. Nurse          08. Midwife          09. Friend/Relative          10. Market/Herbalist          11. Nowhere          12. Other (specify)          98. DK</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 _____ 98</p>

**CONTRACEPTION (SECTION AC)**

<p><b>AC21.</b> Did any doctor, nurse, midwife or medical assistant recommend the (CURRENT METHOD) to you?</p>	<p>Yes ..... 1                  No..... 3 → <b>AC26</b></p>
<p><b>AC22.</b> During your visit to the provider who suggested the method you are currently using, did the provider:</p> <p>A. Explain (or has ever explained) to you the possibility of secondary effects due to the use of (CURRENT METHOD)?</p> <p>B. Inform (or has ever informed) you of other methods that could be used?</p>	<p>Yes ..... 1                  No..... 3                  NS ..... 8</p> <p>Yes ..... 1 → <b>AC26</b>                  No..... 3 → <b>AC26</b>                  NS ..... 8 → <b>AC26</b></p>
<p><b>AC23.</b> Why don't you/ or your partner use a method to prevent pregnancy?  <b>(CIRCLE ALL THAT APPLY)</b></p> <p>01. Currently Pregnant                  02. Want to have a child                  03. Lack of knowledge                  04. Disapproval/ Spouse's advice                  05. High cost of contraception                  06. Health related reasons                  07. Secondary effects                  08. Doctor's/Nurse's/Midwife's advice                  09. Difficulty in obtaining methods                  10. Religious Reasons                  11. Rarely have sexual intercourse                  12. Due to difficulties of getting pregnant                  13. Menopause/Hysterectomy                  14. Recently given birth (not menstruating)                  15. Recently given birth (no sex)                  16. Breastfeeding                  17. Sterile                  18. Temporary absence of partner                  19. Does not need contraceptives (single, separated, widow)                  20. Surgery                  21. Does not want to                  22. Other (specify)</p>	<p>01                  02                  03                  04                  05                  06                  07                  08                  09                  10                  11                  12                  13 → <b>AC26</b>                  14                  15                  16                  17 → <b>AC26</b>                  18                  19                  20 → <b>AC26</b>                  21                  22 _____</p>
<p><b>AC24.</b> In the future, do you plan on using a birth control method to postpone/prevent pregnancy?</p>	<p>1. Yes                  3. No → <b>AC26</b>                  8. DK → <b>AC26</b></p>

**CONTRACEPTION (SECTION AC)**

<p><b>AC25.</b> What methods would you prefer?</p> <p>01. Pills                  02. Injections                  03. Condom or Preservative                  04. DIU/Copper T                  05. Masculine Sterilization (vasectomy)                  06. Feminine Sterilization (surgery)                  07. Norplant                  08. Fertility Awareness Method                  09. Withdrawl during coitus before ejaculation                  10. Drinking Herbal teas                  11. Contraceptive Patch                  12. Other (specify)                  98. Don't know</p>	<p>01                  02                  03                  04                  05                  06                  07                  08                  09                  10                  11                  12 _____                  98</p>
<p><b>AC26.</b> How old were you when you had your first menstruation period?</p> <p>1. Years                  7. Has not happened yet                  8. DK</p>	<p>1. ___ _  Years                  7. → <b>AC32</b>                  8.</p>
<p><b>AC27.</b> When did you have your last menstruation period?</p> <p>1. Currently menstruating                  2. Less than a month                  3. Time in months                  4. A year or more                  8. DK</p>	<p>1. → <b>AC29</b>                  2. → <b>AC29</b>                  3. ___ _  Months → <b>AC29</b>                  4.                  8. → <b>AC29</b></p>
<p><b>AC28.</b> Why did your menstruation stop?</p> <p>1. Don't know                  2. Menopause                  3. Pregnant                  4. Lactating                  5. Due to effects of childbirth/ labor                  6. Womb or ovaries were removed                  7. Due to tuberculosis or cancer                  8. Received radiation on pelvis                  9. Underweight                  10. Other (specify)</p>	<p>1                  2                  3                  4                  5                  6                  7                  8                  9                  10 _____</p>
<p><b>AC29.</b> How many (more) children would you like to have?</p> <p>01. Number of children                  02. God's will/ Indifferent</p>	<p>01. ___ _  Children    <b>yes = 0 → AC31</b>                  02.</p>
<p><b>AC30.</b> Among the children you still wish to have, how many of each, boys or girls, would you like to have?</p> <p>01. Number of boys                  02. Number of girls                  03. God's will/Indifferent</p>	<p>01. ___ _  Boys → <b>AC32</b>                  02. ___ _  Girls → <b>AC32</b>                  03. God's will/Indifferent → <b>AC32</b></p>

**CONTRACEPTION (SECTION AC)**

<b>AC31.</b> If you could start over again, how many children would you like to have had? Number of children	___ Children
<b>AC32. INTERVIEWER: VERIFY IN AC08 AND AC09 IF SHE HAS HAD SEXUAL INTERCOURSE</b>	<b>YES</b> ..... 1 → <b>AC33</b> <b>NO</b> ..... 3 → <b>AC41</b>
<b>AC33.</b> How old were you the first time you had sexual intercourse? 1. Age 8. DK 9. Didn't answer	1. ___ Years 8. 9.
<b>AC34.</b> How many sexual partners have you had in your lifetime? 1. Number of sexual partners 8. DK 9. Didn't answer	1. ___ Partners 8. 9.
<b>AC35.</b> How old were you when you first got married/ when you began your domestic partnership? 1. Age 3. Never been married/ in a domestic partnership	1. ___ Years 3.
<b>AC36.</b> Have you had sexual intercourse in the past month? 1. Yes 3. No 9. Didn't answer	1 3 9 → <b>AC38</b>
<b>AC37.</b> How often do you have sexual intercourse? 1. Number of times a week 2. Number of times a month 3. Number of times a year 4. Have not had in the past year	1. ___ Times 2. ___ Times 3. ___ Times 4.
<b>AC38.</b> Are you seen for a Pap-smear exam periodically?	Yes ..... 1 No ..... 3 → <b>AC40</b> DK ..... 8 → <b>AC41</b>
<b>AC39.</b> How often do you have a pap-smear? 1. Time in years 3. Time in months	1. Every ___ years 3. Every ___ months
<b>AC40.</b> When was the last time you had a pap-smear? 1. Date (year) 3. Has never had one	1. _____ 3.
<b>AC41.</b> Do you administer self-breast exams periodically?	Yes ..... 1 No ..... 3 → <b>AC43</b> DK ..... 8 → <b>SECTION NE</b>
<b>AC42.</b> How often do you administer a self-breast exam? 1. Time in years 3. Time in months 4. Every day	1. Every ___ years 3. Every ___ months 4.
<b>AC43.</b> When was the last time you administered a self- breast exam? 1. Date (month and year) 3. Has never administered one	1. ___ Month _____ Years 3.

**INTERVIEW SESSION NOTES (SECTION NE)**

**FILL OUT THIS SECTION AFTER COMPLETING THE BOOK.**

**NE01.** WHO ELSE WAS PRESENT DURING THE INTERVIEW?  
**(CIRCLE ALL THAT APPLY)**

- A. NOBODY
- B. A 5-YEARS OLD CHILD OR UNDER
- C. A 5-YEARS-OLD CHILD OR OLDER
- D. SPOUSE/ PARTNER
- E. A HOME-MEMBER ADULT
- F. A NON-HOME-MEMBER ADULT

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**NE04.** WHAT QUESTIONS DID THE RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?

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**NE02.** WHAT IS YOUR EVALUATION REGARDING THE ACCURACY OF THE RESPONDENT'S ANSWERS?

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

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

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**NE03.** WHAT IS YOUR EVALUATION REGARDING THE RESPONDENT'S SERIOUSNESS AND ATTENTIVENESS ?

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

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**NE06.** WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN?

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**NE07. NOTES**

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**VISIT LOG**

NUMBER OF VISITS	VISIT DATE		TIME OF INTERVIEW		VISIT RESULT (SEE CODES)	ANSWERED SECTIONS	DATE OF NEXT VISIT			
	DAY	MONTH	HRS.	MIN.			HRS.	MIN.	DAY	MONTH
1						RES HE AC NE				
2						RES HE AC NE				
3						RES HE AC NE				
4						RES HE AC NE				
5						RES HE AC NE				
6						RES HE AC NE				
<b>TOTAL TIME OF INTERVIEW</b>										

||| \_\_\_\_\_  
VISIT RESULT'S

**STAFF RECORD**

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

**RESULT OF INTERVIEW:**  
 20 Correct complete interview  
 21 Incomplete interview, schedule for another date  
 22 The respondent refused to give more information  
 23 Unable to find the respondent on next visits  
 24 Other (specify) \_\_\_\_\_

25 The respondent refused to give information  
 26 Unable to find the respondent  
 27 The respondent could not give information  
 28 Other (specify) \_\_\_\_\_