

MARITAL HISTORY (SECTION HM)

Now I am going to ask about (NAME´S) marriage background

<p>HM01a. INTERVIEWER CHECK: IS THE PERSON WE ARE ASKING FOR A PANEL MEMBER? 1. YES 3. NO</p>	<p>1. 3. → HM01</p>
<p>HM01b. Has the marital status of (NAME) changed since 2001? 1. Yes 3. No</p>	<p>1 3 → SECCIÓN MG</p>

<p>HM01. What is (NAME)´s current marital status?</p> <p>1. Has never been married, nor lived in domestic partnership 2. Married 3. Domestic Partnership 4. Divorced 5. Separated (due to previous domestic partnership) 6. Separated (due to previous marriage, but no longer living together) 7. Widow (as a result of a domestic partnership) 8. Widow (as a result of a married partnership) 98. DK</p>	<p>1 → SECTION MG 2 3 4 5 6 7 8 98 → SECTION MG</p>
<p>HM02. How many times has [NAME] been married, or lived in domestic partnership? 1. Number of Times 8. DK</p>	<p>1. _ _ Number of Times 8</p>

MARITAL HISTORY (SECTION HM)

<p>HM03. Can you give me the name of [NAME's] previous/ current spouse/ partner?</p>	<p style="text-align: center;">PREVIOUS / CURRENT</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>
<p>HM04. What month and year did [NAME] get married or start living with [...]?</p> <p>1. Year and Month</p> <p>8. DK</p>	<p>1. _ _ _ _ _ Year → HM06</p> <p style="padding-left: 100px;"> _ _ _ Month</p> <p>8.</p>
<p>HM05. How old was [NAME] when he/she got married/began living in a domestic partnership with [...]?</p> <p>1. Years</p> <p>8. DK</p>	<p>1. _ _ _ _ Years</p> <p>8.</p>
<p>HM06. During [NAME's] marriage/partnership with [...], has [NAME] lived separated from [...] for more than a month due to work, school or for any other reason?</p> <p>1. Yes (specify how many times)</p> <p>3. No</p> <p>8. DK</p>	<p>1. _ _ _ _ Times</p> <p>3. → HM08.</p> <p>8. → HM08.</p>
<p>HM07. If you could add together all the time that [NAME] has lived separated from [...] since his/her marriage/partnership began, how long would that be?</p> <p>1. Months and years</p> <p>8. DK</p>	<p>1. _ _ _ Months _ _ _ Years</p> <p>8.</p>
<p>HM08. INTERVIEWER: IS [...] A HOUSEHOLD MEMBER?</p> <p>1. YES</p> <p>3. NO</p>	<p>1 → SECTION MG</p> <p>3</p>
<p>HM09. When did [NAME]'s marriage/partnership with [...] end?</p> <p>1. Year and month</p> <p>2. Still together</p> <p>8. DK</p>	<p>1. _ _ _ _ _ Year → HM11</p> <p style="padding-left: 100px;"> _ _ _ Month → HM11</p> <p>2. → HM11</p> <p>8.</p>
<p>HM10. How old was (NAME) when his/her marriage/partnership ended with [...]?</p> <p>1. Age</p> <p>8. DK</p>	<p>1. _ _ _ _ Age</p> <p>8. DK</p>

MARITAL HISTORY (SECTION HM)

	PREVIOUS / CURRENT
<p>HM03. Can you give me the name of [NAME]'s previous/ current spouse/ partner?</p>	<hr/> <hr/>
<p>HM11. What is the highest level of schooling that [...] achieved? 1. No formal schooling 2. Elementary 3. Jr. High 4. High school 5. Trade School-High School 6. Graduate 7. Postgraduate 8. DK</p>	<p style="text-align: center;"> 1 → SECTION MG 2 3 4 5 → SECTION MG 6 → SECTION MG 7 → SECTION MG 8 </p>
<p>HM12. What is the last grade that [...] passed in school? 00. Did not complete first grade 01. First grade 02. Second grade 03. Third grade 04. Fourth grade 05. Fifth grade 06. Sixth grade 07. Seventh grade or above 08. Completed school work but did not graduate 09. Graduated 10. Other (specify) 98. DK</p>	<p style="text-align: center;"> 00 01 02 03 04 05 06 07 08 09 10 _____ 98 </p>

EDUCATION (SECTION ED)

The following questions refer to (NAME's) education.

ED01. Does (NAME) speak Spanish in his/her household? 1. Yes 3. No	1 3
ED02. Can (NAME) read and write a message in Spanish? 1. Yes 3. No	1 3
ED03. Does (NAME) speak an indigenous language? 1. Yes 3. No	1 3
ED04. Does (NAME) attend/has ever attended school? 1. Yes 3. No 8. DK	1 3 → SECTION TB 8 → SECTION TB
ED05. What is the highest level of schooling (NAME) attended? 01. No formal schooling 02. Preschool or Kinder 03. Elementary 04. Jr. High 05. "Open" Jr. High system 06. High School 07. "Open" High School 08. Trade school 09. College 10. Postgraduate 98. DK	01 → SECTION TB 02 → SECTION TB 03 04 05 → ED07 06 07 → ED07 08 → ED07 09 → ED07 10 → ED07 98 → ED08
ED06. What is the highest school grade (NAME) completed? 00. Did not completed the first grade 01. First Grade 02. Second Grade 03. Third Grade 04. Fourth Grade 05. Fifth Grade 06. Six Grade 07. Seventh Grade or above 08. Other (Specify) 98. DK	00 → ED08 01 → ED08 02 → ED08 03 → ED08 04 → ED08 05 → ED08 06 → ED08 07 → ED08 08 → ED08 98 → ED08 → ED08

ED07. Did (NAME) obtain a degree that certifies he/she graduated from that level? 1. Yes, graduated/Has a degree 2. Has not graduated yet 3. Not finished/ Has not finished required courses 8. DK	1 2 3 8
ED08. Does/did (NAME), take any additional trade or technical courses? 1. Yes 3. No 8. DK	1 3 → ED10 8 → ED10
ED09. How many years has (NAME) been enrolled for this course of study? 1. Less than a year 2. Years passed 8. DK	1 2 __ Years 8
ED10. Does (NAME) still attend school? 1. Yes 3. No 8. DK	1 → ED12a 3 8 → ED12a
ED11. When did (NAME) quit school, or graduate? 1. Month and year 8. DK	1. __ __ __ __ → ED13 Month Year 8.
ED12. How old was (NAME) when he/she quit school? 1. Age 8. DK	1. __ __ Age 8.
ED12a. INTERVIEWER CHECK: IS THE HOUSEHOLD MEMBER WE ARE ASKING ABOUT A PANEL MEMBER? 1. YES 3. NO	1. YES → ED12b 3. NO → ED13
ED12b. What year did (NAME) finish school? 1. Before 2001 2. After 2001 3. Still attending school.	1 → SECTION TB 2 3

EDUCATION (SECTION ED)

<p>ED13. The [...] school that (NAME) attend/attended is/was (...)?</p> <ol style="list-style-type: none"> 1. Public/ government run 2. Private/ non-governmental 3. "Open" system 8. DK 	<ol style="list-style-type: none"> 1 2 3 8
<p>ED14. Did (NAME) attend school during the last school period (August 2003 to July 2004)?</p> <ol style="list-style-type: none"> 1. Yes 2. Yes, an "open" system (open Jr. High or open High School) 3. Yes, attended a Trade or Technical course only 4. No 8. DK 	<ol style="list-style-type: none"> 1 2 → ED16 3 → SECTION TB 4 → SECTION TB 8 → SECTION TB
<p>ED15. During the last school period, how many months did (NAME) attend school?</p> <ol style="list-style-type: none"> 1. Months 2. Every month of the school year 3. Thesis, or research work, not taking classes 4. Attended classes part-time, and thesis, or research work part-time. 8. DK 	<ol style="list-style-type: none"> 1. _ _ Months 2. 3. 4. 8.
<p>ED16. During the last school period, what was (NAME's) annual expenditure on (...)?</p> <ol style="list-style-type: none"> 1. Enrollment Fee 2. Monthly Fees 3. Exams 4. Special Courses 5. Other fees (specify) 6. Books and school material 7. School uniforms and sports 8. School festivities and celebrations 	<ol style="list-style-type: none"> 1. \$ _ _ _ , _ _ _ 2. \$ _ _ _ , _ _ _ 3. \$ _ _ _ , _ _ _ 4. \$ _ _ _ , _ _ _ 5. \$ _ _ _ , _ _ _ 6. \$ _ _ _ , _ _ _ 7. \$ _ _ _ , _ _ _ 8. \$ _ _ _ , _ _ _ <p style="text-align: right;">} ANNUAL</p>
<p>ED17. During the last school period, what was (NAME's) average weekly expenditure on (...)?</p> <ol style="list-style-type: none"> 1. Transportation to reach school 2. Spending Money 	<ol style="list-style-type: none"> 1. \$ _ _ _ , _ _ _ 2. \$ _ _ _ , _ _ _ <p style="text-align: right;">} WEEKLY</p>
<p>ED18. Did (NAME) have any other expenditure on education?</p> <ol style="list-style-type: none"> 1. Amount Specify how it was spent Specify reference period (A. annual, B. monthly, C. weekly, D. unique) CIRCLE 3. No 8. DK 	<ol style="list-style-type: none"> 1. \$ _ _ _ , _ _ _ <p style="text-align: center;">A B C D</p> <ol style="list-style-type: none"> 3. 8.

EMPLOYMENT (SECTION TB)

The following questions are in regards to (NAME's) job, or any other activity carried out to help with household expenses.

TB01. INTERVIEWER: INCLUDE ALL TYPE OF WORK: AGRICULTURAL, SELF-EMPLOYMENT, CRAFTSMANSHIP, MANUFACTURING SLEEPING MATS, SEWING PRESS, AND SALE OF HOUSEHOLD-MADE ITEMS.		
TB02. What was (NAME'S) main activity last week? 1. Worked or carried out an activity to help with household expenses 2. Looked for a job 3. Attended school 4. Homemaker 5. Ill/ Sick (did not work) 6. Retired 7. Handicap 8. Other (specify) 98. DK	1 → TB23 2 3 4 5 6 7 8 _____ 98 _____	
TB03. During the past week, did (NAME) work (or develop an activity to help with household expenditures), for at least one hour? 1. Yes 3. No 8. DK	1 → TB23 3 8	
TB04. Last week, did (NAME) work, (weather payed or not) in a family owned business (agricultural or non-agricultural)? 1. Yes 3. No 8. DK	1 → TB23 3 8	
TB05. Does (NAME) have a job (or does he/she carry out an activity to help with household expenditures), but did not attend to it during the past week? 1. Yes 3. No 8. DK	1 → TB23 3 8	
TB06. Has (NAME) ever worked (or carried out an activity to help with household expenditures)? 1. Yes 3. No 8. DK	1 3 → SECTION CR 8 → SECTION CR	
TB07. In the last 12 months, has (NAME) worked (or carried out an activity to help with household expenditures)? 1. Yes 3. No 8. DK	1 3 → TB09 8 → TB09	
TB08. What month was it when (NAME) worked for the last time? 1. Month 8. DK	1. __ __ Month 8.	

TB09. What year was it when (NAME) worked (or carried out an activity to help with household expenditures) for the last time? 1. Year 8. DK	1. __ __ __ → TB11 8.
TB10. How old was (NAME) when he/she worked (or carried out an activity to help with household expenditures) for the last time? 1. Age 8. DK	1. __ __ Age 8. DK
TB11. Ever since that date, what was the main reason why (NAME) did not go back to work (or carry out an activity to help out with household expenditures) 01. Retired 02. Prolonged sickness 03. Lifetime Disability 04. Marriage / domestic partnership 05. Had a child 06. Was fired 07. Has not found a job 08. Homemaker 09. Student 10. Change of residence 11. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 _____ 98
TB12. In his/her last job (or activity to help with household expenditures), how many hours per week did (NAME) normally work? 1. Hours a week 8. DK	1. __ __ Hours/week 8.
TB13. In his/her last job (or activity to help with household expenditures), how many weeks did (NAME) work per year ? 1. Weeks per year 2. Year round/ Every week 8. DK	1. __ __ Weeks/year 2. 8.
TB14. What is the name of (NAME'S) activity or occupation during his/her last job? (or activity to help with household expenses)? 1. Occupation or profession 8. DK	1. _____ 8. _____
TB15. What were the main activities or tasks that (NAME) carried out in his/her last job (or activity that helped with household expenditures)? 1. Main activities 8. DK	1. _____ 8. _____

EMPLOYMENT (SECTION TB)

<p>TB16. What did the boss/business/company that (NAME) worked for, deal with? 1. boss/business/company activity 8. DK</p>	<p>1. _____ 8.</p>
<p>TB17. So, in (NAME'S) last job, was he/she a (...)?</p> <ol style="list-style-type: none"> 1. Fieldworker on owned plot 2. Family worker without compensation, in a family owned business 3. Non-agricultural worker or employee 4. Rural laborer or farm hand (agricultural worker) 5. Boss, employer, or business proprietor 6. Self-employed worker (with or without compensation) 7. Business or company employee without compensation and not owned by the household 8. DK 	<p>1 → TB19 2 → TB19 3 4 5 6 7 8</p>
<p>TB18. In (NAME's) last job, did he/she have a (...)? (CIRCLE ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. Written contract for an indefinite amount of time (staff, guaranteed tenure or office, etc.) 2. Written contract for a determined period of time or specific job 3. Verbal contract (does not have a written contract) 4. Social Security (IMSS) 5. ISSSTE, PEMEX, SEDENE OR SECMAR 6. Private medical insurance provided by company/business 7. AFORE or SAR (Retirement Savings System) 8. Christmas bonus 9. None of the above 98. DK 	<p>1 2 3 4 5 6 7 8 9 98</p>
<p>TB19. INTERVIEWER: TB17 = 3 4 or 8 → TB20 TB17 = 1 5 or 6 → TB22 TB17 = 2 or 7 → SECTION CR</p>	

EMPLOYMENT (SECTION TB)

TB20. On average, how much did (NAME) earn **per month** for his/her last job as, (...)?

ASK FOR ITEMIZED AMOUNT, IF NOT KNOWN, ASK FOR THE TOTAL AMOUNT

1. Itemized amount

A. Wages or salary (**AFTER TAXES**)
 B. By piecework
 C. Commissions and tips
 D. Over time
 E. Meals
 F. Housing
 G. Transportation

3. Total amount (TA)
 8. DK

1. DA
MONTHLY AVERAGE

A \$, , 8 DK
 B \$, , 8 DK
 C \$, , 8 DK
 D \$, , 8 DK
 E \$, , 8 DK
 F \$, , 8 DK
 G \$, , 8 DK

3. TA \$, ,
 8.

TB21. In his/her last job, how much did (NAME) earn on **average per year** for (...)?

ASK FOR THE ITEMIZED AMOUNT, IF NOT KNOW, ASK FOR THE TOTAL AMOUNT

1. Detailed amount

H. Christmas bonus
 I. Bonus, additional compensation or extra salary compensation
 J. Vacation premiums
 K. Profit distributions
 L. Medical benefits
 M. Other (specify)

3. Total amount (TA)
 8. DK

1. DA
ANNUAL AVERAGE

H \$, , 8 DK
 I \$, , 8 DK
 J \$, , 8 DK
 K \$, , 8 DK
 L \$, , 8 DK
 M \$, , 8 DK

3. TA \$, ,
 8. → Section CR

TB22. In (NAME'S) previous self-employment, what was his/her income or monthly profits?

1. Income/gross profits
 2. Income/net profits
 8. DK

MONTHLY

1. \$, ,
 2. \$, ,
 8. → Section CR

EMPLOYMENT (SECTION TB)

Now, I am going to ask you about [NAME's] main job, that is to say, that one that generates the most income.

	MAIN JOB REFERENCE	SECONDARY JOB REFERENCE
TB23. What is (NAME)'s occupation, or profession at [...]? 	_____ _____ ↓ CONTINUE DOWNWARDS	_____ _____ ↓ CONTINUE DOWNWARDS
TB24. What are (NAME'S) main activities or tasks, while working as [...]? 1. Main activities 8. DK	1. _____ 8. _____	1. _____ 8. _____
TB25. Where (NAME) works at, what are the activities that his/her boss/business/company deal with? 1. Boss /business/company activity 8. DK	1. _____ 8. _____	1. _____ 8. _____
TB26. Last week, what were the total number of hours that (NAME) worked as [...]? 1. Hours a week 8. DK	1. __ hours/ week 8.	1. __ hours / week 8.
TB27. Normally, how many hours per week does (NAME) work as [...]? 1. Hours per week 8. DK	1. __ hours/ week 8.	1. __ hours / week 8.
TB28. What is the total number of weeks that (NAME) worked as [...] during the last year? 1. Weeks/year 2. Year round/ Every week 8. DK	1 __ weeks per year 2 8	1 __ weeks per year 2 8
TB29. How many people, including (NAME), worked in the same workplace (office, company, shop, business, etc.) during the last month? 1. Number of people 8. DK	1. __ , __ People 8.	1. __ , __ People 8.
TB30. From Monday through Sunday of last week, how much time did (NAME) spend commuting? 1. Hours 8. DK	1. __ Hours 8.	1. __ Hours 8.

EMPLOYMENT (SECTION TB)

Now, I am going to ask you about [NAME's] main job, that is to say, that one that generates the most income.

	<p style="text-align: center;">MAIN JOB REFERENCE</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>	<p style="text-align: center;">SECONDARY JOB REFERENCE</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>																																																
<p>TB23. What is (NAME)'s occupation, or profession at [...]?</p>																																																		
<p>TB31. So then, when (NAME) works as [...], he/she is a (...)?</p> <ol style="list-style-type: none"> 1. Farm worker on his/her own plot 2. Family worker in a household owned business, without monetary compensation 3. Non-agricultural worker or employee 4. Rural laborer or farm hand (agricultural worker) 5. Boss, employer, or business proprietor 6. Self-employed worker (with or without monetary compensation) 7. Worker without compensation from a business or company that is not owned by the household 8. DK 	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="width: 100px;">→</td><td style="width: 20px;">TB33</td></tr> <tr><td>2</td><td>→</td><td>TB33</td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td></tr> </table>	1	→	TB33	2	→	TB33	3			4			5			6			7			8			<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="width: 100px;">→</td><td style="width: 20px;">TB33</td></tr> <tr><td>2</td><td>→</td><td>TB33</td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td></tr> </table>	1	→	TB33	2	→	TB33	3			4			5			6			7			8		
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<p>TB33. INTERVIEWER:</p> <p>TB31 = 3 4 or 8 → TB34 A</p> <p>TB31 = 1, 5 or 6 → TB36</p> <p>TB31 = 2 or 7 → TB38</p>																																																		

EMPLOYMENT (SECTION TB)

Now, I am going to ask you about [NAME's] main job, that is to say, that one that generates the most income.

<p>TB23. What is (NAME)'s occupation, or profession at [...]?</p>	<p>MAIN JOB REFERENCE</p> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>	<p>SECONDARY JOB REFERENCE</p> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>
<p>ASK FOR ITEMIZED AMOUNT, IF NOT KNOWN, ASK FOR THE TOTAL AMOUNT</p> <p>1. Itemized amount</p> <p>A. Wage or salary (AFTER TAXES)</p> <p>B. By Piecework</p> <p>C. Commissions and tips</p> <p>D. Extra hours</p> <p>E. Meals</p> <p>F. Housing</p> <p>G. Transportation</p> <p>H. Medical benefits</p> <p>I. Others (specify) _____</p> <p>3. Total amount (TA)</p> <p>8. DK</p>	<p style="text-align: center;">TB34A</p> <p>How much did (NAME) earn last month, since (SAY LAST MONTH) till now, while working as [...]?</p> <p>1. DA</p> <p>A \$ _ , _ _ , _ _ 8 DK</p> <p>B \$ _ , _ _ , _ _ 8 DK</p> <p>C \$ _ , _ _ , _ _ 8 DK</p> <p>D \$ _ , _ _ , _ _ 8 DK</p> <p>E \$ _ , _ _ , _ _ 8 DK</p> <p>F \$ _ , _ _ , _ _ 8 DK</p> <p>G \$ _ , _ _ , _ _ 8 DK</p> <p>H \$ _ , _ _ , _ _ 8 DK</p> <p>I \$ _ , _ _ , _ _ 8 DK</p> <hr/> <p>3. TA</p> <p>\$ _ , _ _ , _ _ </p> <p>8.</p>	<p style="text-align: center;">TB34B</p> <p>How much did (NAME) earn last month, since (SAY LAST MONTH) till now, while working as [...]?</p> <p style="text-align: center;">ONLY ASK FOR THE TOTAL AMOUNT</p> <p>3. TA</p> <p>\$ _ , _ _ , _ _ </p> <p>8.</p>

EMPLOYMENT (SECTION TB)

Now, I am going to ask you about [NAME's] main job, that is to say, that one that generates the most income.

<p>TB23. What is (NAME)'s occupation, or profession at [...]?</p>	<p>MAIN JOB REFERENCE</p> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>	<p>SECONDARY JOB REFERENCE</p> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>
<p>ASK FOR ITEMIZED AMOUNT, IF NOT KNOWN, ASK FOR THE TOTAL AMOUNT.</p> <p>1. Itemized amount</p> <p>A. Wage or salary (AFTER TAXES)</p> <p>B. By piecework</p> <p>C. Commissions and tips</p> <p>D. Extra hours</p> <p>E. Christmas bonus</p> <p>F. Bonus, additional compensation or extra salary compensation</p> <p>G. Vacation premiums</p> <p>H. Profit distribution</p> <p>I. Meals</p> <p>J. Housing</p> <p>K. Transportation</p> <p>L. Medical Benefits</p> <p>M. Other (specify) _____</p> <p>3. Total Amount (TA)</p> <p>8. DK</p>	<p>TB35A</p> <p>How much did (NAME) earn during the last 12 months, since (LAST YEARS DATE) till now, for working as [...]?</p> <p>1. DA</p> <p>A. \$ _ , _ _ , _ _ 8 DK</p> <p>B. \$ _ , _ _ , _ _ 8 DK</p> <p>C. \$ _ , _ _ , _ _ 8 DK</p> <p>D. \$ _ , _ _ , _ _ 8 DK</p> <p>E. \$ _ , _ _ , _ _ 8 DK</p> <p>F. \$ _ , _ _ , _ _ 8 DK</p> <p>G. \$ _ , _ _ , _ _ 8 DK</p> <p>H. \$ _ , _ _ , _ _ 8 DK</p> <p>I. \$ _ , _ _ , _ _ 8 DK</p> <p>J. \$ _ , _ _ , _ _ 8 DK</p> <p>K. \$ _ , _ _ , _ _ 8 DK</p> <p>L. \$ _ , _ _ , _ _ 8 DK</p> <p>M. \$ _ , _ _ , _ _ 8 DK</p> <p>_____</p> <p>_____</p> <p>3. TA</p> <p>\$ _ , _ _ , _ _ </p> <p>8.</p>	<p>TB35B</p> <p>How much did (NAME) earn during the last 12 months, since (LAST YEARS DATE) till now, for working as a [...]?</p> <p style="text-align: center;">ONLY ASK FOR THE TOTAL AMOUNT</p> <p>3. TA</p> <p>\$ _ , _ _ , _ _ </p> <p>8.</p>
	<p>→ TB38</p>	<p>→ SECTION CR</p>

EMPLOYMENT (SECTION TB)

Now, I am going to ask you about [NAME's] main job, that is to say, that one that generates the most income.

<p>TB23. What is (NAME)'s occupation, or profession at [...]?</p>	<p style="text-align: center;">MAIN JOB REFERENCE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>	<p style="text-align: center;">SECONDARY JOB REFERENCE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">↓ CONTINUE DOWNWARDS</p>
<p>TB36. How much money did (NAME) earn from working as [...] last month, since (SAY LAST MONTH'S DATE) till now?</p> <p>1. Income/gross profits 2. Income/net profits 8. DK</p>	<p>1. \$ [] , [] , [] 2. \$ [] , [] , [] 8.</p>	<p>1. \$ [] , [] , [] 2. \$ [] , [] , [] 8.</p>
<p>TB37. How much money did (NAME) earn from working as [...] during the last 12 months, (SAY LAST MONTHS DATE) till now?</p> <p>1. Income/gross profits 2. Income/net profits 8. DK</p>	<p>1. \$ [] , [] , [] 2. \$ [] , [] , [] 8.</p>	<p>1. \$ [] , [] , [] 2. \$ [] , [] , [] 8.</p>
<p>TB38. Currently, other than working as [...], does (NAME) have any other job (or activity to help with household expenses)?</p> <p style="text-align: center;">(IF THERE IS MORE THAN ONE JOB OR AN ADDITIONAL ACTIVITY ASK FOR THE ONE THAT PRODUCES THE MOST INCOME)</p>	<p>Yes.....1 → TB23 y TB24 Next column No.....3 DK.....8</p>	

CREDIT (SECTION CR)

The following questions are related to (NAME)'s acquired credit/loans.

<p>CR01. In the last 12 months, did (NAME) make any purchases with a credit card that were not completely paid in full by the due date? (DO NOT INCLUDE DEBIT CARDS) 1. Yes, (NAME) made purchases and did not pay in full by the due date 2. Yes, (NAME) made purchases, but did pay in full by the due date 3. No, (NAME) did not make purchases with a credit card, but has one 4. Does not have a credit card 8. DK</p>	<p>1 2 3 4 → CR04 8 → CR04</p>
<p>CR02. In the last 12 months, has (NAME) made any cash withdrawals from his/her credit card that he/she did not completely pay in full by the due date? (DO NOT INCLUDE DEBIT CARDS) 1. Yes 3. No 8. DK</p>	<p>1 3 8</p>
<p>CR03. Currently, what is the total balance (NAME) owes on his/her credit cards? 1. Value 8. DK</p>	<p>1. \$ _ , _ , _ , _ , _ 8.</p>
<p>CR04. In the last 12 months, has (NAME) participated in any rotating credit association [<i>tanda</i>]? 1. Yes 3. No 8. DK</p>	<p>1 3 → CR06 8 → CR06</p>
<p>CR05. How much money has (NAME) given to the rotating credit association, and how much has (NAME) received/will receive from it? a. Amount given to the rotating credit association b. Amount received from the rotating credit association c. Amount to receive from the rotating credit association 8. DK</p>	<p>a. 1. \$ _ , _ , _ , _ , _ Amount given b. 1. \$ _ , _ , _ , _ , _ Amount received c. 1. \$ _ , _ , _ , _ , _ Amount to receive 8</p>
<p>CR06. In the last 12 months, has (NAME) acquired any merchandise or service that was not completely paid in full at the time of purchase? (DO NOT INCLUDE CREDIT CARD ACQUISITIONS) 1. Yes 3. No 8. DK</p>	<p>1 3 → CR08 8 → CR08</p>
<p>CR07. How much is the (...)? a. Value of the acquired merchandise, goods, products, or services b. Amount paid-up till now (INCLUDE AMOUNT PLUS INTEREST) 8. DK</p>	<p>a. 1. \$ _ , _ , _ , _ , _ Total value 8. DK b. 1. \$ _ , _ , _ , _ , _ Paid-up amount 8. DK 8. DK</p>
<p>CR08. Does (NAME) know any person or place where he/she can borrow money or ask for credit? 1. Yes 3. No 8. DK</p>	<p>1 3 → CR26 8 → CR26</p>

CREDIT (SECTION CR)

<p>CR09. What kind of people or places are they? (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>01. Banks 02. Cooperative/savings bank 03. Borrower 04. Relative 05. Friends/acquaintances 06. Work 07. Pawn shops/loans houss 08. Verbal credit programs 09. Other governmental loan programs (specify) 10. Other (specify) 98. DK</p>	<p>01</p> <p>02 03 04 05 06 07 08 09 _____ 10 _____ 98</p>
<p>CR10. In the last 12 months, has (NAME) borrowed from any of them?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 → CR26 8 → CR26</p>
<p>CR11. How many times during the last 12 months, has (NAME) borrowed money?</p> <p>1. Number of times 8. DK</p>	<p>1. __ __ Number of loan requests 8.</p>

CR12. INTERVIEWER: IN CR13, FILL OUT AS MANY COLUMNS AS NUMBER OF TIMES IN CR11

CREDIT (SECTION CR)

CR13. INTERVIEWER: ASK FOR A BRIEF DISCRPTION AS A REFERENCE	LAST REQUEST <hr/> <hr/>	SECOND FROM LAST REQUEST <hr/> <hr/>	THIRD FROM LAST REQUEST <hr/> <hr/>	FIRST PRECEDING <hr/> <hr/>	SECOND PRECEDING <hr/> <hr/>
CR20. Of the amount borrowed, how much has (NAME) paid back for [...]? (INCLUDE INTERESTS)	1. \$ _ , _ , _ , _ , _ , _ 3. All 8. DK	1. \$ _ , _ , _ , _ , _ , _ 3. All 8. DK	1. \$ _ , _ , _ , _ , _ , _ 3. All 8. DK	1. \$ _ , _ , _ , _ , _ , _ 3. All 8. DK	1. \$ _ , _ , _ , _ , _ , _ 3. All 8. DK
CR21. How much time was (NAME) given to pay back what she/he borrowed for [...]? 1. Time in years, months, and days 3. No due date 8. DK	1. _ _ _ Years Months Days 3. 8.				
CR22. How much money did (NAME) pay/will have to pay when the loan that was granted for [...], expires? (INCLUDE INTERESTS) 1. Amount paid/will have to be paid 8. DK	1. \$ _ , _ , _ , _ , _ , _ 8.	1. \$ _ , _ , _ , _ , _ , _ 8.	1. \$ _ , _ , _ , _ , _ , _ 8.	1. \$ _ , _ , _ , _ , _ , _ 8.	1. \$ _ , _ , _ , _ , _ , _ 8.
CR23. What is the average interest rate (NAME) was charged/will be charged for what he/she borrowed for [...]? 1. Annual interest rate 2. Monthly interest rate 3. Daily interest rate 4. No interest rate 8. DK	1. _ _ % annual 2. _ _ % monthly 3. _ _ % daily 4. 8.	1. _ _ % annual 2. _ _ % monthly 3. _ _ % daily 4. 8.	1. _ _ % annual 2. _ _ % monthly 3. _ _ % daily 4. 8.	1. _ _ % annual 2. _ _ % monthly 3. _ _ % daily 4. 8.	1. _ _ % annual 2. _ _ % monthly 3. _ _ % daily 4. 8.
CR24. INTERVIEWER: IS THERE ANOTHER LOAN?	Yes...1 → CR14, FOL. COL. No...3 → CR25	Yes...1 → CR14 SUPPLEMENT No...3 → CR25			
CR25. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO				
CR26. What is the total amount for all of (NAME'S) debts? 1. Value 8. DK	1. \$ _ , _ , _ , _ , _ , _ 8.				

CREDIT (SECTION CR)

<p>CR27. Does (NAME) have any savings? 1. Yes 3. No 7. Did not answer 8. DK</p>	<p>1 3 → CR30 7 → CR30 8 → CR30</p>
<p>CR28. How much money does (NAME) have saved? 1. Amount saved 8. DK</p>	<p>1. \$ _ _ _ , _ _ , _ _ 8. DK</p>
<p>CR29. What type of place does (NAME) keep his/her savings? (CIRCLE ALL THAT APPLY)</p> <p>01. Did not answer 02. Bank 03. Cooperative 04. Savings fund 05. Friend/Relative outside of the home 06. Voluntary account in Administrative Retirement Funds [AFORE] 07. Joint cash funds 08. At home 09. Other (specify) 98. DK</p>	<p>01 02 03 04 05 06 07 08 09 _____ 98</p>
<p>CR30. Does (NAME) have an Administrative Retirement Fund (AFORE)? 1. Yes 3. No 8. DK</p>	<p>1 3 → SECTION GH 8 → SECTION GH</p>
<p>CR31. How much money does (NAME) have in the Administrative Retirement Fund? 1. Amount in the AFORE 8. DK</p>	<p>1. \$ _ _ _ , _ _ , _ _ 8. DK</p>
<p>CR32. Has (NAME) made voluntary contributions? 1. Yes 3. No 8. DK</p>	<p>1 3 → SECTION GH 8 → SECTION GH</p>
<p>CR32a. How much money has (NAME) voluntarily deposited during the last year? 1. Amount 8. DK</p>	<p>1. \$ _ _ _ , _ _ , _ _ 8. DK</p>

TASTES AND HABITS (SECTION GH)

The following questions are related to (NAME's) taste of choice and his/her health.

<p>GH01. What does (NAME) like to drink when he/she is at a party, gathering, or a celebration of any kind? (CIRCLE ALL THAT APPLY)</p> <p>1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, <i>pulque</i>, mescal, liquor, draft beer 5. Other alcoholic drinks (specify) 6. Other non-alcoholic soft drinks (specify) 8. DK</p>	<p>1 2 3 4 5 _____ 6 _____ 8</p>
<p>GH02. At home, what kind of drink accompanies (NAME'S) food? (READ OPTIONS AND CIRCLE ALL THAT APPLY) (DO NOT INCLUDE SPECIAL OCCASIONS)</p> <p>1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, mescal, <i>pulque</i>, liquor, draft beer 5. Other alcoholic drinks (specify) 6. Other non-alcoholic soft drinks (specify) 8. DK</p>	<p>1 2 3 4 5 _____ 6 _____ 8</p>
<p>GH03. Does (NAME) routinely do any kind of physical exercise, Monday through Friday?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 → GH06 8 → GH06</p>
<p>GH04. How many days from Monday through Friday, does (NAME) do exercise?</p> <p>1. Days 8. DK</p>	<p>1. Days 8</p>
<p>GH05. How much time on average, does (NAME) spend doing physical exercise per day?</p> <p>1. Time in hours and minutes 8. DK</p>	<p>1. Hrs. Min. 8</p>
<p>GH06. Does (NAME) have, or has she/he ever had, the habit of frequently smoking cigarettes?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 → SECTION ES 8 → SECTION ES</p>

<p>GH07. How old was (NAME) or what year was it when she/he started to smoke frequently? (IF FREQUENT SMOKING OCCURRED MORE THAN ONCE , WRITE DOWN THE FIRST TIME HE/SHE BEGAN TO SMOKE).</p> <p>1. Age 2. First year 8. DK</p>	<p>1. Age 2. Year 8</p>
<p>GH08. By the time (NAME) was smoking the most, how many cigarettes did he/she smoke on average per week? (ANSWER ANY OF THE FOLLOWING 2 OPTIONS)</p> <p>1. Cigarettes per week 2. Packages of cigarettes a week (of 20 units each) 8. DK</p>	<p>1. Cigarettes 2. Packages 8</p>
<p>GH09. How old was (NAME), or what year did she/he quit smoking, on a regular basis? (IF HE/SHE QUIT SMOKING MORE THAN ONCE, WRITE DOWN THE LAST TIME HE/SHE QUIT SMOKING)</p> <p>1. Age 2. Year he/she quit 3. Has not quit smoking on a regular basis 8. DK</p>	<p>1. Age 2. Year 3. 8</p>
<p>GH10. On average, how many cigarettes does (NAME) currently smoke per week?</p> <p>1. Cigarettes per week 2. Packs of cigarettes per week (of 20 units each) 3. Completely quit the habit of smoking 8. DK</p>	<p>1. Cigarettes 2. Packages 3. → GH12 8. → GH12</p>
<p>GH11. Currently, how much money does (NAME) spend on cigarettes per week?</p> <p>1. Value 8. DK</p>	<p>1. \$, 8.</p>
<p>GH12. If you could add together all the time that (NAME) has smoked frequently, how many years would that be? Please do not consider the times he/she quit.</p> <p>1. Time in years and months 8. DK</p>	<p>1. Years Months 8.</p>

HEALTH CONDITION (SECTION ES)

<p>ES01. Currently, would you consider (NAME'S) health to be (...)?</p> <p>1. Very good 2. Good 3. Regular 4. Bad 5. Very bad 8. DK</p>	<p>1 2 3 4 5 8</p>
<p>ES02. In the last 4 weeks, did (NAME) stop doing any of his/her daily activities or work, due to any illness?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 → ES05 8 → ES05</p>
<p>ES03. In the last 4 weeks, how many days was (NAME) absent from his/her daily activities because of this?</p> <p>1. Days in which he/she was absent from his/her daily activities 8. DK</p>	<p>1. _ _ Days 8</p>
<p>ES04. How many days did you spend in bed, due to this?</p> <p>1. Days in which he/she spent in bed 8. DK</p>	<p>1. _ _ Days 8</p>
<p>ES05. Comparing (NAME'S) health to one year ago, would you say his/her health is now (...)?</p> <p>1. Much better 2. Better 3. The same 4. Worse 5. Much worse 8. DK</p>	<p>1 2 3 4 5 8</p>
<p>ES06. Has (NAME) ever had a serious accident during his/her life?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 → ES08a 8 → ES08a</p>
<p>ES07. When did (NAME) suffer this accident?</p> <p>1. Age when (NAME) suffered the accident 2. Year in which the accident happened 8. DK</p>	<p>1. _ _ Age 2. _ _ _ Year 8</p>
<p>ES08. Did (NAME) have a permanent injury that changed his/her way of living due to the accident? (PHYSICAL OR PSYCHOLOGICAL LESSION)</p> <p>1. Yes (specify) 3. No 8. DK</p>	<p>1 _____ 3 8</p>
<p>ES08a. INTERVIEWER CHECK: IS THE HOUSEHOLD MEMBER WE ARE ASKING ABOUT A PANEL MEMBER?</p> <p>1. YES 3. NO</p>	<p>1 → ES09a 3</p>

HEALTH CONDITION (SECTION ES)

<p>ES09. Has (NAME) ever had any serious health problems during his/her life? 1. Yes 3. No</p>	<p>1 → ES10 3 → ES16</p>
<p>ES09a. Has (NAME) had any serious health problems in the last 4 years? 1. Yes 3. No</p>	<p>1 → ES10 3 → ES16</p>

<p>ES10. What are the three most serious health problems, (NAME) has had during his/her life? (ON EACH COLUMN WRITE DOWN THE DISCRPTION, AND CONTINUE BY COLUMN FROM ES10 TO ES14)</p>	<p>PROBLEM 1</p> <p>_____</p> <p>_____</p>	<p>PROBLEM 2</p> <p>_____</p> <p>_____</p>	<p>PROBLEM 3</p> <p>_____</p> <p>_____</p>
<p>ES11. When did [...] start/ when was [...] detected? 1. Year 8. DK</p>	<p>1. _ _ _ _ Year → ES13 8.</p>	<p>1. _ _ _ _ Year → ES13 8.</p>	<p>1. _ _ _ _ Year → ES13 8.</p>
<p>ES12. How old was (NAME) when [...] started/when [...] was detected? 1. Age 8. DK</p>	<p>1. _ _ Age 8.</p>	<p>1. _ _ Age 8.</p>	<p>1. _ _ Age 8.</p>
<p>ES13. How long did (NAME) suffer from [...]? 1. Still suffering ailment 2. Time in years, months, and weeks 8. DK</p>	<p>1. 2. _ _ _ _ _ _ Years Months Weeks 8.</p>	<p>1. 2. _ _ _ _ _ _ Years Months Weeks 8.</p>	<p>1. → ES16 2. _ _ _ _ _ _ → ES16 Years Months Weeks 8.</p>
<p>ES14. INTERVIEWER: IS THERE ANOTHER HEALTH PROBLEM?</p>	<p>Yes..... 1 → ES11, FOL. COL. No..... 3 → ES16</p>	<p>Yes..... 1 → ES11, FOL. COL. No..... 3 → ES16</p>	

<p>ES16. If you compare (NAME) with people of the same age and gender, could you say his/her health is (...)? (READ OPTIONS) 1. Better than others 2. The same as others 3. Worse than others 8. DK</p>	<p>1 2 3 8</p>
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HEALTH CONDITION (SECTION ES)

ES17. INTERVIEWER: VERIFY IF THE PERSON IS 50 YEARS OLD OR OVER (COVER)	Yes.....1 No.....3 → ES22
ES18. If (NAME) had to (...)	Easily With difficulty Could not DK
A. Carry a heavy bucket (full of water, for example) for 20 meters, could he/she do it [...]?	1 3 5 8
B. Walk 5 kilometers, could she/he do it [...]?	1 3 5 8
C. Bend, squat or kneel. could he/she do it [...]?	1 3 5 8
D. Climb stairs without help, could she/he do it [...]?	1 3 5 8
E. Get dressed without any help, could he/she do it [...]?	1 3 5 8
F. Stand-up from a chair without any help, could she/he do it [...]?	1 3 5 8
G. Go to the bathroom without any help, could he/she do it [...]?	1 3 5 8
H. Get up from the floor and get on his/her feet without any help, could she/he do it [...]?	1 3 5 8
ES19. If (NAME) had a cut or wound, does it take a long time to heal? 1. Yes 3. No 8. DK	1 3 8
ES20. Does (NAME) feel pain in his/her chest when climbing stairs/hills, or when he/she is relatively active, or walking fast? 1. Yes 3. No 8. DK	1 3 8
ES21. In the mornings, does (NAME) frequently wake up with headaches? 1. Yes 3. No 8. DK	1 3 8

ES22. In the last 4 weeks, has (NAME) suffered from (...)?	Yes	No	DK
A. Flu	1	3	8
B. Cough	1	3 → Sentence C	8 → Sentence C
a. Dry cough	1	3	8
b. Cough with phlegm	1	3	8
c. Cough with blood	1	3	8
C. Breathing difficulties	1	3 → Sentence D	8 → Sentence D
a. Asthma	a. 1	3	8
b. Short of breath or rapid breathing	b. 1	3	8
D. Strong stomach pain	1	3	8
E. Nausea / Vomit	1	3	8
F. Diarrhea at least 3 times a day	1	3 → Sentence G	8 → Sentence G
a. Mixed with blood	a. 1	3	8
b. Mixed with mucus	b. 1	3	8
c. Pale liquid	c. 1	3	8
G. Swollen/painful joints	1	3	8
H. Welts, irritation or itching of the skin	1	3	8
I. Irritated/red eyes	1	3	8
J. Molar/tooth pain	1	3	8
K. Headaches	1	3	8
L. Temperature/ fever	1	3	8
M. Body aches	1	3	8
N. Pain on the left side of chest (pneumonia)	1	3	8
O. Other (specify)	1	3	8
ES23. In the last 4 weeks, has (NAME) frequently woken up to urinate at night? 1. Yes 3. No 8. DK	1 3 8		

USE OF OUTPATIENT SERVICES (SECTION CE)

The following questions are related to health services or doctors who treated (NAME) during the last four weeks.

CE01. During the last 4 weeks, did (NAME) visit any hospital, clinic, health employee, doctor or faith healer, without being hospitalized?	Yes..... 1 No..... 3 DK..... 8
CE02. In the last 4 weeks, has (NAME) been visited by any doctor, faith healer, or health employee?	Yes..... 1 No..... 3 DK..... 8
CE03. INTERVIEWER	1. If CE01 = 3 or 8 and CE02 = 3 or 8 → SECTION HS 2. If CE01 = 1 or CE02 = 1 → CE04

(CEType) MEDICAL SERVICES	CE04 In the last 4 weeks, has (NAME) gone to (...) or has (NAME) been visited by (...)?	CE05 How many times did (NAME) visit (...) / was visited by (...) in the last 4 weeks?
A. SSA (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
B. IMSS (Hospital or clinic) (INCLUDE IMSS SOLIDARIDAD)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
C. ISSSTE (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
E. Private hospital or clinic	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
F. Private physician or dentist	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
G. DIF (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
H. Nurse, paramedic, health practitioner	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
I. Ambulance	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
J. Red Cross	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK

USE OF OUTPATIENT SERVICES (SECTION CE)

<p>(CEType) MEDICAL SERVICES</p>	<p>CE04 In the last 4 weeks, has (NAME) gone to (...) or has (NAME) been visited by (...)?</p>	<p>CE05 How many times did (NAME) visit (...) / was visited by (...) in the last 4 weeks?</p>
<p>K. Medical dispensary</p>	<p>Yes..... 1 → No..... 3 ↓ DK..... 8 ↓</p>	<p>1. _ _ Times 8. DK</p>
<p>L. Drugstore (FOR MEDICAL VISIT)</p>	<p>Yes..... 1 → No..... 3 ↓ DK..... 8 ↓</p>	<p>1. _ _ Times 8. DK</p>
<p>M. Medical Intern (midwife, faith healer, herbalist, bone doctor, acupuncturist, etc.)</p>	<p>Yes..... 1 → No..... 3 ↓ DK..... 8 ↓</p>	<p>1. _ _ Times 8. DK</p>
<p>N. Other (specify) _____</p>	<p>Yes..... 1 → No..... 3 ↓ DK..... 8 ↓</p>	<p>1. _ _ Times 8. DK</p>

USE OF INPATIENT SERVICES (SECTION HS)

HS01. During the last 12 months, has (NAME) received inpatient care at a hospital, clinic, health center, or at a doctor's home or office, midwife or faith healer for at least one night?	Yes..... 1 No..... 3 DK..... 8	→ SECTION CA → SECTION CA
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(HS Type) HOSPITALIZATION	HS02 During the last 12 months, has (NAME) been hospitalized in (...)?	HS03 How many times has (NAME) received inpatient care at (...) during the last 12 months?
A. SSA (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
B. IMSS (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
C. ISSSTE (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
E. Private hospital or clinic	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
F. Private physician's home or office	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
G. Rural health-center	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
H. Red Cross	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
I. Traditional doctor (midwife, faith healer, herbalist)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK
J. Other (specify)	Yes..... 1 No..... 3 DK..... 8	1. _ _ Times 8. DK

STATUS OF INSURANCE (SECTION CA)

The following questions are related to (NAME'S) medical insurance.

CA01. Does (NAME) have medical insurance such as IMSS, ISSSTE, or from any other institution, or does he/she have private health coverage provided by a company? (DO NOT INCLUDE LIFE INSURANCES)	Yes 1 No 3 → SECTION TP DK 8 → SECTION TP
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INTERVIEWER: FIRST FILL OUT CA02 FOR ALL THE SENTENCES.

(CAType) Insurances	CA02 Does (NAME) have health insurance (...)?	CA03 Does (NAME) have a right to this insurance (...)? (READ OPTIONS) (CIRCLE ALL THAT APPLY)	CA04 Which of (NAME'S) family members has insurance? (CIRCLE ALL THAT APPLY)
A. Provided by IMSS	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. By own employment ↓ 2. By means of a relative ↓ → 3. Other _____ ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK
B. Provided by ISSSTE	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. By own employment ↓ 2. By means of a relative ↓ → 3. Other _____ ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK
C. Provided by PEMEX/SEDENA/MARINE	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. By own employment ↓ 2. By means of a relative ↓ → 3. Other _____ ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK
D. Provided by the state government	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. By own employment ↓ 2. By means of a relative ↓ → 3. Other _____ ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK
E. Private (not granted by a company)	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. By own employment ↓ 2. By means of a relative ↓ → 3. Other _____ ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK
F. Private granted by a company (Other than IMSS, ISSSTE, PEMEX, SEDENA AND MARINE)	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. By own employment ↓ 2. By means of a relative ↓ → 3. Other _____ ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK
G. Other health insurance (specify) _____	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. By own employment ↓ 2. By means of a relative ↓ → 3. Other _____ ↓ 8. DK ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK
H. Popular Public Insurance	Yes..... 1 → No..... 3 → SECTION TP DK..... 8 → SECTION TP	1. By own employment → SECTION TP 2. By means of a relative → SECTION TP 3. Other _____ → SECTION TP 8. DK → SECTION TP	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____ 8. DK

NON-RESIDENT FAMILY TRANSFERS (SECTION TP)

The following questions are related to (NAME´S) parents.

	Father CONTINUE DOWNWARDS ↓	Mother CONTINUE DOWNWARDS ↓
TP01. Is (NAME´S) [...] still living?	Yes..... 1 No..... 3 → TP03 DK..... 8 → TP10	Yes..... 1 No..... 3 → TP03 DK..... 8 → TP10
TP02. Does (NAME) and his/her [...] live in the same household?	Yes..... 1 → TP01, MOTHER´S COLUMN No..... 3 → TP05	Yes..... 1 → TP19 No..... 3 → TP05
TP03. Has it been more than 12 months since his/her[...] passed away?	Yes..... 1 No..... 3 DK..... 8	Yes..... 1 No..... 3 DK..... 8
TP04. Did (NAME) and his/her [...] live in the same household when she/he passed away?	Yes..... 1 → TP07 No..... 3 DK..... 8 → TP07	Yes..... 1 → TP07 No..... 3 DK..... 8 → TP07
TP05. How frequently did (NAME) get together with his/her [...]? 1. Never saw each other 2. Not seen each other in more than a year (if alive) 3. At least once a year 4. At least once a month 5. At least once a week 6. Everyday 7. For a period of 1 to 3 months per year 8. For a period of 4 to 6 months per year 9. For a period of 7 to 12 months per year 98. DK	1 2 3 4 5 6 7 8 9 98	1 2 3 4 5 6 7 8 9 98
TP05a. How old is (NAME)´s [...]?	_ _ _ Age	_ _ _ Age
TP06. INTERVIEWER: CHECK ON TP01 IF THE FATHER /MOTHER ARE LIVING.	Yes..... 1 → TP10 No..... 3 DK..... 8 → TP10	Yes..... 1 → TP10 No..... 3 DK..... 8 → TP10
TP07. What year was it when (Name´s) [...] passed away? 1. Month and year in which he/she passed away 8. DK	1. _ _ Month _ _ _ _ Year 8	1. _ _ Month _ _ _ _ Year 8

NON-RESIDENT FAMILY TRANSFERS (SECTION TP)

	Father CONTINUE DOWNWARDS ↓	Mother CONTINUE DOWNWARDS ↓																																																						
TP08. How old was (Name's) [...] when he/she passed away? 1. Age 8. DK	1. _ _ _ Age 8.	1. _ _ _ Age 8.																																																						
TP09. How old was (NAME) when he/she [...] passed away? 1. Age 8. DK	1. _ _ Age 8.	1. _ _ Age 8.																																																						
TP10. Do you know where (Name's) [...] was born? 1. Specify 3. Same Loc/Com/Mun./Dist./State/Country of the respondent 8. DK	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1. Locality/community</td> <td style="width: 33%;">3. Same</td> <td style="width: 33%;">8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> <tr> <td>1. Municipality/District</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> <tr> <td>1. State</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> <tr> <td>1. Country</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> </table>	1. Locality/community	3. Same	8. DK	<hr/>			1. Municipality/District	3. Same	8. DK	<hr/>			1. State	3. Same	8. DK	<hr/>			1. Country	3. Same	8. DK	<hr/>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1. Locality/community</td> <td style="width: 33%;">3. Same</td> <td style="width: 33%;">8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> <tr> <td>1. Municipality/District</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> <tr> <td>1. State</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> <tr> <td>1. Country</td> <td>3. Same</td> <td>8. DK</td> </tr> <tr><td colspan="3"><hr/></td></tr> </table>	1. Locality/community	3. Same	8. DK	<hr/>			1. Municipality/District	3. Same	8. DK	<hr/>			1. State	3. Same	8. DK	<hr/>			1. Country	3. Same	8. DK	<hr/>								
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TP11. What was the highest level of education his/her [...] achieved? 01. No formal schooling 02. Preschool or Kinder 03. Elementary 04. Jr. High 05. High school 06. Trade school/ high school 07. College 08. Graduate 98. DK	<table style="width: 100%; border-collapse: collapse;"> <tr><td>01</td><td>→</td><td>TP13</td></tr> <tr><td>02</td><td>→</td><td>TP13</td></tr> <tr><td>03</td><td></td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> <tr><td>05</td><td></td><td></td></tr> <tr><td>06</td><td>→</td><td>TP13</td></tr> <tr><td>07</td><td>→</td><td>TP13</td></tr> <tr><td>08</td><td>→</td><td>TP13</td></tr> <tr><td>98</td><td>→</td><td>TP13</td></tr> </table>	01	→	TP13	02	→	TP13	03			04			05			06	→	TP13	07	→	TP13	08	→	TP13	98	→	TP13	<table style="width: 100%; border-collapse: collapse;"> <tr><td>01</td><td>→</td><td>TP13</td></tr> <tr><td>02</td><td>→</td><td>TP13</td></tr> <tr><td>03</td><td></td><td></td></tr> <tr><td>04</td><td></td><td></td></tr> <tr><td>05</td><td></td><td></td></tr> <tr><td>06</td><td>→</td><td>TP13</td></tr> <tr><td>07</td><td>→</td><td>TP13</td></tr> <tr><td>08</td><td>→</td><td>TP13</td></tr> <tr><td>98</td><td>→</td><td>TP13</td></tr> </table>	01	→	TP13	02	→	TP13	03			04			05			06	→	TP13	07	→	TP13	08	→	TP13	98	→	TP13
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TP12. What was the highest school grade his/her [...] completed at school? 00. Did not complete first grade 01. First grade 02. Second grade 03. Third grade 04. Fourth grade 05. Fifth grade 06. Sixth grade 07. Seventh grade 08. Other (specify) 98. DK	<table style="width: 100%; border-collapse: collapse;"> <tr><td>00</td><td></td></tr> <tr><td>01</td><td></td></tr> <tr><td>02</td><td></td></tr> <tr><td>03</td><td></td></tr> <tr><td>04</td><td></td></tr> <tr><td>05</td><td></td></tr> <tr><td>06</td><td></td></tr> <tr><td>07</td><td></td></tr> <tr><td>08</td><td></td></tr> <tr><td>98</td><td></td></tr> </table>	00		01		02		03		04		05		06		07		08		98		<table style="width: 100%; border-collapse: collapse;"> <tr><td>00</td><td></td></tr> <tr><td>01</td><td></td></tr> <tr><td>02</td><td></td></tr> <tr><td>03</td><td></td></tr> <tr><td>04</td><td></td></tr> <tr><td>05</td><td></td></tr> <tr><td>06</td><td></td></tr> <tr><td>07</td><td></td></tr> <tr><td>08</td><td></td></tr> <tr><td>98</td><td></td></tr> </table>	00		01		02		03		04		05		06		07		08		98															
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NON-RESIDENT FAMILY TRANSFERS (SECTION TP)

	Father CONTINUE DOWNWARDS ↓	Mother CONTINUE DOWNWARDS ↓
TP13. What was[...] first job? 1. Farm hand, day laborer, or agricultural worker 2. Non-agricultural worker 3. Self-employed, landlord, business owner/employer 4. Other (specify) 5. Never worked 8. DK	1 2 3 4 _____ 5 8	1 2 3 4 _____ 5 8
TP14. What does (Name's) [...] do for a living / did for a living before [...] passed away? (READ OPTIONS) 1. Works/worked 2. Looking for a job 3. Student 4. Homemaker 5. Retired 6. Sick/disabled for the past 2 years (not working) 7. Other (specify) 8. DK	1 2 → TP16 3 → TP16 4 → TP16 5 → TP16 6 → TP16 7 _____ → TP16 8 → TP16	1 2 → TP16 3 → TP16 4 → TP16 5 → TP16 6 → TP16 7 _____ → TP16 8 → TP16
TP15. What was (Name's) [...] in his/her current job? 1. Farm Hand, day laborer, or agricultural worker 2. Non-agricultural worker 3. Self-employed, landlord, business owner/employer 4. Other (specify) 8. DK	1 2 3 4 _____ 8	1 2 3 4 _____ 8
TP16. Do you know if (Name's) [...] suffers/suffered from a chronic or physical illness (deafness, paralysis, blindness, etc.)? 1. Yes (specify) 3. No 8. DK	1 _____ 3 8	1 _____ 3 8

NON-RESIDENT FAMILY TRANSFERS (SECTION TP)

TP19. INTERVIEWER: IN TP02 FIRST FILL OUT THE FATHER'S COLUMN, AND THEN FILL OUT THE MOTHER'S COLUMN.

	Father	Mother
<p>TP20. INTERVIEWER:</p> <p>1. IF TP01 = 8 (RESPONDENT DOES NOT KNOW IF FATHER/MOTHER IS STILL LIVING), CIRCLE 1, or IF TP02 = 1 (FATHER/MOTHER LIVES AT HOME), CIRCLE 1, or IF TP03 = 1 (FATHER/MOTHER DIED MORE THAN 12 MONTHS AGO), CIRCLE 1, or IFTP04 = 1 (FATHER/MOTHER LIVED AT HOME WHEN HE/SHE DIED), CIRCLE 1, or IFTP04 = 8 (RESPONDENT DOES NOT KNOW IF FATHER/MOTHER LIVED AT HOME), CIRCLE 1.</p> <p>2. IF TP02 = 3 (FATHER/MOTHER DOES NOT LIVE AT HOME), CIRCLE 2, or IF TP03 = 3 AND TP04 = 3 (FATHER/MOTHER DIED 12 MONTHS AGO OR LESS, AND DID NOT LIVE AT HOME), CIRCLE 2.</p>	1	1
	2	2

<p>TP21. INTERVIEWER:</p> <p>CIRCLE ACCORDING TO THE TP20 RESULTS</p>	<p>FATHER = 1 AND MOTHER = 1.....1 → SECTION TH FATHER = 1 AND MOTHER = 2.....2 → COLUMN 3, NEXT PAGE FATHER = 2 AND MOTHER = 1.....3 → COLUMN 2, NEXT PAGE FATHER = 2 AND MOTHER = 2.....4 → TP22</p>
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<p>TP22. Do (Name's) parents live together or did they live together before passing away, or before (Name's) [...]died (one or the other)?</p>	<p>Yes.....1 → COLUMN 1, NEXT PAGE No.....3 → FIRST COLUMN 2, NEXT PAGE THEN COLUMN 3, NEXT PAGE DK8 → FIRST COLUMN 2, NEXT PAGE THEN COLUMN 3, NEXT PAGE</p>
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NON-RESIDENT FAMILY TRANSFERS (SECTION TP)

	COLUMN 1 Father and Mother (live together) CONTINUE DOWNWARDS ↓	COLUMN 2 Father CONTINUE DOWNWARDS ↓	COLUMN 3 Mother CONTINUE DOWNWARDS ↓
TP23. During the last 12 months, did (NAME) help out his/her [...] with things such as money, cloths, or food, or did (NAME) offer time to help them in something?	Yes..... 1 No..... 3 → TP25 DK 8 → TP25	Yes..... 1 No..... 3 → TP25 DK 8 → TP25	Yes..... 1 No..... 3 → TP25 DK 8 → TP25
TP24. During the last 12 months, what kind of help did (NAME) offer his/her [...]? (READ OPTIONS, AND CIRCLE ALL THAT APPLY) A. Money to pay expenses related with father's/mother's health B. Any other monetary assistance C. Food, clothes, or any other products D. Time and care during any illness E. Do house work, baby-sit, help with lodgings any other chore F. Other (specify) 8. DK	A. \$ _ , _ _ , _ _ B. \$ _ , _ _ , _ _ C. \$ _ _ , _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ , _ _ _____ 8. DK	A. \$ _ , _ _ , _ _ B. \$ _ , _ _ , _ _ C. \$ _ _ , _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ , _ _ _____ 8. DK	A. \$ _ , _ _ , _ _ B. \$ _ , _ _ , _ _ C. \$ _ _ , _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ , _ _ _____ 8. DK
TP25. During the last 12 months, did (NAME) receive from his/her [...] any help with things such as money, clothes, or food, or did he/she offer their time to help in something?	Yes..... 1 No..... 3 → TP27 DK..... 8 → TP27	Yes..... 1 No..... 3 → TP27 DK..... 8 → TP27	Yes..... 1 No..... 3 → TP27 DK..... 8 → TP27
TP26. During the last 12 months, did (NAME) receive support from his/her [...] like (...)? (READ OPTIONS, AND CIRCLE ALL THAT APPLY) A. Money to pay expenses related with father's/mother's health B. Any other monetary assistance C. Food, clothes, or other products D. Time and care during any illness E. Do house work, baby-sit, help with lodging or with any other chore F. Other (specify) 8. DK	A. \$ _ , _ _ , _ _ B. \$ _ , _ _ , _ _ C. \$ _ _ , _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ , _ _ _____ 8. DK	A. \$ _ , _ _ , _ _ B. \$ _ , _ _ , _ _ C. \$ _ _ , _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ , _ _ _____ 8. DK	A. \$ _ , _ _ , _ _ B. \$ _ , _ _ , _ _ C. \$ _ _ , _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ , _ _ _____ 8. DK

NON-RESIDENT FAMILY TRANSFERS (SECTION TP)

	COLUMN 1 Father and Mother (live together) CONTINUE DOWNWARDS ↓	COLUMN 2 Father CONTINUE DOWNWARDS ↓	COLUMN 3 Mother CONTINUE DOWNWARDS ↓
TP27. Who do/ did his/ her [...] live with? (CIRCLE ALL THAT APPLY) (THE RELATIONSHIP IS IN REGARD TO THE FATHER/MOTHER) 01. Alone 02. With his/her spouse / partner 03. With his/her daughter 04. With his/her son 05. With his/her brother / sister in law 06. With his/her sister 07. With his/her brother 08. With his/her grandson / granddaughter 09. With his/her father / mother 10. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 _____ 98	01 02 03 04 05 06 07 08 09 10 _____ 98	01 02 03 04 05 06 07 08 09 10 _____ 98
TP28. INTERVIEWER: VERIFY IF [...] STILL LIVE/LIVED WITH ANY SON OR DAUGHTER.	Yes..... 1 → WRITE DOWN THE NAME No..... 3 → SECTION TH DK..... 8 → SECTION TH 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	Yes..... 1 → WRITE DOWN THE NAME No..... 3 → TP21 DK..... 8 → TP21 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	Yes..... 1 → WRITE DOWN THE NAME No..... 3 → SECTION TH DK..... 8 → SECTION TH 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

TH00x. INTERVIEWER: CHECK IF (NAME) IS A PANEL MEMBER?	1. Panel 3. New → TH01
TH001a. Does (Name) have siblings that passed away in 2001 or after?	1. Yes → TH01a 3. No → TH01a

Now, we would like to ask about your siblings.

TH01. How many siblings did (Name) have, that you know of who have passed away? 1. Number of deceased siblings 2. None 8. DK	1. <input type="text"/> Siblings → TH02 2. → TH12x 8. → TH12x
TH01a. How many siblings did (Name) have, that you know of who have passed away since 2001? 1. Number of deceased siblings 2. None 8. DK	1. <input type="text"/> Siblings → CHECK AND COMPLETE INFORMATION OF PRE - PRINTED LIST TH01a. 2. CHECK PRE- PINTED LIST, WHEN YOU FINISH THEN GO TO TH12x 8. CHECK PRE- PINTED LIST, WHEN YOU FINISH THEN GO TO TH12x

NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

TH12x. Interviewer (Mark only one)

Panel member with pre-printed list of siblings	Panel member without pre-printed list of siblings	New member
1 → Pre-printed list of siblings	2 → TH12	3 → TH12
TH12. Does (NAME) have siblings who live in another household?	Yes 1 No 3 → SECTION TH1	
TH13. How many siblings does (NAME) have, who live in another household?	<input type="text"/> Siblings → (FILL OUT LIST)	

NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST

FILL OUT COLUMN BY COLUMN FROM TH15 UNTIL TH21 WITH INFORMATION REGARDING SIBLINGS WHO ARE LIVING BUT WHO DO NOT LIVE IN THE SAME HOUSEHOLD.

TH14. INTERVIEWER: FIRST FILL OUT TH16, BEGINNING WITH THE ELDEST ONE. WHEN YOU FINISH, FILL OUT COLUMN BY COLUMN FOR THE REST OF THE QUESTIONS.

TH15. Living Sibling	1	2	3	4	5
TH16 Name	_____	_____	_____	_____	_____
	→	→	→	→	→
TH20a. During the last 12 months, did (NAME) give any help to any siblings who live outside this household, by giving them money, clothes, or food, or did (NAME) offer time to help them in something?	Yes..... 1 No 3 →TH20c Did not want to answer 7 →TH20c DK..... 8 →TH20c	Yes..... 1 No 3 →TH20c Did not want to answer 7 →TH20c DK..... 8 →TH20c	Yes..... 1 No 3 →TH20c Did not want to answer 7 →TH20c DK..... 8 →TH20c	Yes..... 1 No 3 →TH20c Did not want to answer 7 →TH20c DK..... 8 →TH20c	Yes..... 1 No 3 →TH20c Did not want to answer 7 →TH20c DK..... 8 →TH20c
TH20b. During the last 12 months, what kind of help did (NAME) offer? (READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
TH20c. During the last 12 months, did (NAME) receive any help from any of his/her siblings who live outside this household, with gifts like money, clothes, or food, or did they offer time to help (NAME) in something?	Yes..... 1 No 3 →TH21 Did not want to answer 7 →TH21 DK..... 8 →TH21	Yes..... 1 No 3 →TH21 Did not want to answer 7 →TH21 DK..... 8 →TH21	Yes..... 1 No 3 →TH21 Did not want to answer 7 →TH21 DK..... 8 →TH21	Yes..... 1 No 3 →TH21 Did not want to answer 7 →TH21 DK..... 8 →TH21	Yes..... 1 No 3 →TH21 Did not want to answer 7 →TH21 DK..... 8 →TH21
TH20d. During the last 12 months, what kind of help did (NAME) receive from them? (READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
TH21. INTERVIEWER: IS THERE ANOTHER BROTHER/SISTER?	Yes.....1 → NEXT SIBLING No.....3 → TH22	Yes.....1 → TH22 No.....3 → TH22			

TH22. INTERVIEWER: IS THERE A SUPPLEMENT?
 1. YES → SUPPLEMENT, WHEN YOU FINISH TH101
 3. NO → TH101

- CODE TH20b and TH20d**
- 1. Money to pay expenses related to their health
 - 2. Pay school tuition
 - 3. Any other monetary support
 - 4. Food, clothes, or other products
 - 5. Time and care during an illness
 - 6. Do housework, take care of children, help with lodging or with any other chore
 - 7. Other (specify)

NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST

FILL OUT BY COLUMNS FROM TH15 UNTIL TH21 WITH INFORMATION FOR SIBLINGS THAT ARE STILL LIVING BUT DO NOT LIVE IN THE SAME HOUSEHOLD.

TH14. INTERVIEWER: FIRST FILL OUT TH16, BEGINNING WITH THE ELDEST ONE. WHEN YOU FINISH FILL OUT THE REST OF THE QUESTIONS COLUMN BY COLUMN.

TH15. Living Sibling	1	2	3	4	5
TH16 Name	_____ →	_____ →	_____ →	_____ →	_____ →
TH17. Gender	1 3	1 3	1 3	1 3	1 3
TH18. Age	____ Years 8. DK If less than 7 years → TH21	____ Years 8. DK If less than 7 years → TH21	____ Years 8. DK If less than 7 years → TH21	____ Years 8. DK If less than 7 years → TH21	____ Years 8. DK If less than 7 years → TH21
TH19. What is the highest level of education (...) achieved?	01 → TH20a 06 → TH20a 02 → TH20a 07 → TH20a 03 08 → TH20a 04 98 → TH20a 05	01 → TH20a 06 → TH20a 02 → TH20a 07 → TH20a 03 08 → TH20a 04 98 → TH20a 05	01 → TH20a 06 → TH20a 02 → TH20a 07 → TH20a 03 08 → TH20a 04 98 → TH20a 05	01 → TH20a 06 → TH20a 02 → TH20a 07 → TH20a 03 08 → TH20a 04 98 → TH20a 05	01 → TH20a 06 → TH20a 02 → TH20a 07 → TH20a 03 08 → TH20a 04 98 → TH20a 05
TH20. What is the highest school grade (...) passed?	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____

CODE TH17:

- 1. Male
- 3. Female

CODE TH19:

- 01. No formal schooling
- 02. Preschool or Kinder
- 03. Elementary
- 04. Jr. High
- 05. High school
- 06. Trade School /high school
- 07. College
- 08. Graduate
- 98. DK

CODE TH20:

- 00. Did not complete first grade
- 01. First grade
- 02. Second grade
- 03. Third grade
- 04. Fourth grade
- 05. Fifth grade
- 06. Sixth grade
- 07. Seventh grade
- 08. Other (specify)
- 98. DK

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

Now, I would like to ask you about (NAME's) children, who do not live at home.

<p>THI01. INTERVIEWER: Is (NAME) a [...]? 1. A WOMAN 2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE AT HOME, OR DOES NOT HAVE A PARTNER 3. A MAN, AND HIS SPOUSE/PARTNER LIVES AT HOME</p>	<p>1 → THI04 2 → THI04 3</p>
<p>THI02. Did/does (NAME) have children with another partner, (other than the current one) who do not live with (NAME) in the same household? 1. Yes 3. No 8. DK</p>	<p>Yes..... 1 No 3 → SECTION TO DK..... 8 → SECTION TO</p>
<p>THI03. How many children does (NAME) have, who have passed away and who he/she has procreated with a different partner other than the current one? 1. Number of deceased children 3. Zero children</p>	<p>1. <input type="text"/> → THI05a 3. → THI15</p>
<p>THI04. Did/does (NAME) have children who do not live with you in the same household? 1. Yes 3. No 8. DK</p>	<p>Yes..... 1 No 3 → SECTION TO DK.....8 → SECTION TO</p>
<p>THI05. How many children did (NAME) have, who have passed away? 1. Number of deceased children 3. Zero children</p>	<p>1. <input type="text"/> 3. → THI15</p>
<p>THI05a. INTERVIEWER CHECK IF (NAME) IS A... 1. PANEL MEMBER 3. NEW MEMBER</p>	<p>1. PANEL → PRE- PRINTED LIST, VERIFY AND UPDATE 3. NEW → THI06</p>

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

List of children for new members and for panel members

THI06. INTERVIEWER: FIRST FILL OUT THI08, BEGINNING WITH THE FIRST ONE WHO PASSED AWAY.

THI07.	THI08.	THI09.	THI10.	THI11.	THI12.	THI13.
Deceased Child	Name	Gender	Age of death	What is the highest level of education (...) achieved?	What is the highest grade (...) passed?	INTERVIEWER: IS THERE ANOTHER DECEASED CHILD?
1	_____	1 3	1. <input type="checkbox"/> Years 8. DK If less than 7 years → THI13	01 → THI13 06 → THI13 02 → THI13 07 → THI13 03 08 → THI13 04 98 → THI13 05	00 01 02 03 04 05 06 07 08 _____ _____	Yes.....1 → NEXT CHILD No.....3 → THI14
2	_____	1 3	1. <input type="checkbox"/> Years 8. DK If less than 7 years → THI13	01 → THI13 06 → THI13 02 → THI13 07 → THI13 03 08 → THI13 04 98 → THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes.....1 → NEXT CHILD No.....3 → THI14
3	_____	1 3	1. <input type="checkbox"/> Years 8. DK If less than 7 years → THI13	01 → THI13 06 → THI13 02 → THI13 07 → THI13 03 08 → THI13 04 98 → THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes.....1 → NEXT CHILD No.....3 → THI14
4	_____	1 3	1. <input type="checkbox"/> Years 8. DK If less than 7 years → THI13	01 → THI13 06 → THI13 02 → THI13 07 → THI13 03 08 → THI13 04 98 → THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes.....1 → NEXT CHILD No.....3 → THI14
5	_____	1 3	1. <input type="checkbox"/> Years 8. DK If less than 7 years → THI13	01 → THI13 06 → THI13 02 → THI13 07 → THI13 03 08 → THI13 04 98 → THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes.....1 → SUPPLEMENT No.....3 → THI14

CODE THI09

- 1. Male
- 3. Female

CODE THI11:

- 01. No formal schooling
- 02. Preschool or Kinder
- 03. Elementary
- 04. Jr. High
- 05. High school
- 06. Trade School/high school
- 07. College
- 08. Graduate
- 98. DK

CODE THI12:

- 00. Did not complete first grade
- 01. First grade
- 02. Second grade
- 03. Third grade
- 04. Fourth grade
- 05. Fifth grade
- 06. Sixth grade
- 07. Seventh grade
- 08. Other (specify)
- 98. DK

THI14. INTERVIEWER: IS THERE A SUPPLEMENT?

1. YES
3. NO

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

<p>THI15. INTERVIEWER: Is (NAME) a [...]?</p> <p>1. A WOMAN 2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE AT HOME, OR DOES NOT HAVE A PARTNER 3. A MAN, AND HIS SPOUSE/PARTNER LIVES AT HOME</p>	<p>1 → THI17 2 → THI17 3</p>
<p>THI16. In total, how many children does (NAME) have with other partners, who are living, but who do not live with (NAME) in the same household?</p> <p>1. Number of children 3. Zero children</p>	<p>1. <input type="text"/> Living children → THI17x 3. → SECTION TO</p>
<p>THI17. In total, how many children does (NAME) have who are living, but who do not live with (NAME) in the same home?</p> <p>1. Number of children 3. Zero children</p>	<p>1. <input type="text"/> Living children 3. → SECTION TO</p>
<p>THI17x INTERVIEWER CHECK IF (NAME) IS A...</p> <p>1. PANEL MEMBER 3. NEW MEMBER</p>	<p>1. PANEL → PRE- PRINTED LIST, VERIFY AND UPDATE 3. NEW → FILL THI20 WITH THE INFORMATION ACCORDING TO THI17</p>

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

THI19. Living SON/ DAUGHTER	1	2	3	4	5
THI20. Name	_____ →	_____ →	_____ →	_____ →	_____ →
THI24a During the last 12 months, did (NAME) help any of his/her children who live outside this household, by giving them things such as money, clothes, or food, or did (NAME) offer time to help them in something?	Yes..... 1 No..... 3 →THI24c Did not want to answer 7 →THI24c DK 8 →THI24c	Yes..... 1 No..... 3 →THI24c Did not want to answer 7 →THI24c DK 8 →THI24c	Yes..... 1 No..... 3 →THI24c Did not want to answer 7 →THI24c DK 8 →THI24c	Yes..... 1 No..... 3 →THI24c Did not want to answer 7 →THI24c DK 8 →THI24c	Yes..... 1 No..... 3 →THI24c Did not want to answer 7 →THI24c DK 8 →THI24c
THI24b During the last 12 months, what kind of help did (NAME) offer? (READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
THI24c During the last 12 months, did (NAME) receive any help from any of his/her children who live outside this household, by receiving money, clothes, or food, or did they offer time to help (NAME) in something?	Yes..... 1 No..... 3 →THI25 Did not want to answer 7 →THI25	Yes..... 1 No..... 3 →THI25 Did not want to answer 7 →THI25	Yes..... 1 No..... 3 →THI25 Did not want to answer 7 →THI25	Yes..... 1 No..... 3 →THI25 Did not want to answer 7 →THI25	Yes..... 1 No..... 3 →THI25 Did not want to answer 7 →THI25
THI24d During the last 12 months, what kind of help did (NAME) receive from them? (READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
THI25. INTERVIEWER: IS THERE ANOTHER SON OR DAUGHTER?	Yes.....1 → NEXT SON/DAUGHTER No.....3 → THI26	Yes.....1 → THI26 No.....3 → THI26			

THI26. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES → SUPPLEMENT, WHEN YOU FINISH TO01 3. NO → TO 01
--	--

- CODE THI24b and THI24d**
1. Money to pay expenses related to health
 2. Pay school tuition
 3. Any other monetary support
 4. Food, clothes, or other products
 5. Time and care during an illness
 6. Do housework, take care of children, help with lodging or any other chore
 7. Other (specify)

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

LIST OF SONS/DAUGHTERS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST

FILL BY COLUMNS FROM THI20 UNTIL THI25 WITH THE INFORMATION OF THE SONS/DAUGHTERS THAT ARE STILL ALIVE BUT DOESN'T LIVE IN THE HOUSEHOLD.

THI18. INTERVIEWER: FIRST FILL OUT THI20, BEGINNING WITH THE OLDEST ONE.

THI19. Living son/ daughter	1	2	3	4	5
THI20. Name	_____ →	_____ →	_____ →	_____ →	_____ →
THI21. Gender	1 3	1 3	1 3	1 3	1 3
THI22. Age	____ Years 8. DK If less than 7 years → THI25	____ Years 8. DK If less than 7 years → THI25	____ Years 8. DK If less than 7 years → THI25	____ Years 8. DK If less than 7 years → THI25	____ Years 8. DK If less than 7 years → THI25
THI23. What is the highest level of education (...) achieved?	01 → THI24a 06 → THI24a 02 → THI24a 07 → THI24a 03 08 → THI24a 04 98 → THI24a 05	01 → THI24a 06 → THI24a 02 → THI24a 07 → THI24a 03 08 → THI24a 04 98 → THI24a 05	01 → THI24a 06 → THI24a 02 → THI24a 07 → THI24a 03 08 → THI24a 04 98 → THI24a 05	01 → THI24a 06 → THI24a 02 → THI24a 07 → THI24a 03 08 → THI24a 04 98 → THI24a 05	01 → THI24a 06 → THI24a 02 → THI24a 07 → THI24a 03 08 → THI24a 04 98 → THI24a 05
THI24. What is the highest grade (...) passed?	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____

CODE THI21:

- 1. Male
- 3. Female

CODE THI 23:

- 01. No formal schooling
- 02. Preschool or Kinder
- 03. Elementary
- 04. Jr. High
- 05. High school
- 06. Trade School/High school
- 07. College
- 08. Graduate
- 98. DK

CODE THI 24:

- 00. Did not complete first grade
- 01. First grade
- 02. Second grade
- 03. Third grade
- 04. Fourth grade
- 05. Fifth grade
- 06. Sixth grade
- 07. Seventh grade
- 08. Other (specify)
- 98. DK

TRANSFER OF OTHER NON-RESIDENT PEOPLE (SECTION TO)

<p>TO01. During the last 12 months, did (NAME) give help to any person by giving any money, clothes, or food or offered (NAME's) time to help in something, someone who is not (NAME'S) father/mother, brother/sister, or son/daughter and who lives outside this household?</p>	<p>Yes.....1 No.....3 → TO03 DK8 → TO03</p>
<p>TO02. During the last 12 months, what kind of help did (NAME) offer to these people, and how much was it? (IN EACH OPTION, ADD THE TOTAL OF WHAT (NAME) GAVE TO THESE PEOPLE) (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. Money to pay expenses related to their health 2. Pay school tuition 3. Any other monetary support 4. Food, clothes, or other products 5. Time and care during an illness 6. Do housework, take care of children, help with lodging or with any other chore 7. Other (specify) 8. DK 	<ol style="list-style-type: none"> 1. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 2. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 3. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 4. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 5. <input type="text"/> a. Days b. Months 8. DK 6. <input type="text"/> a. Days b. Months 8. DK 7. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 8. DK
<p>TO03. During the last 12 months, did (NAME) receive any kind of help from any person who is not (NAME's) father/mother, brother/sister, or son/daughter and who live outside this home, such as money, clothes, food, or did they offer (NAME) any time to help in something?</p>	<p>Yes.....1 No.....3 → SECTION RES DK.....8 → SECTION RES</p>
<p>TO04. During the last 12 months, what kind of help did (NAME) receive from these people and how much was it? (IN EACH OPTION, ADD THE TOTAL AMOUNT OF WHAT (NAME) RECEIVED FROM THESE PEOPLE) (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. Money to pay expenses related to their health 2. Pay school tuition 3. Any other monetary support 4. Food, clothes, or other products 5. Time and care during an illness 6. Do housework, take care of children, help with lodging or with any other chore 7. Other (specify) 8. DK 	<ol style="list-style-type: none"> 1. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 2. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 3. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 4. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 5. <input type="text"/> a. Days b. Months 8. DK 6. <input type="text"/> a. Days b. Months 8. DK 7. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 8. DK 8. DK

PREGNANCY HISTORY (SECTION HE)

<p>HE01. INTERVIEWER: TRANSFER THE INFORMATION FROM SECTION RES: a. NUMBER OF BIRTHS (RES18) b. MISCARRIAGES AND STILLBIRTHS (RES19)</p>	
<p>a. NUMBER OF BIRTHS (RES18)</p> <p>b. NUMBER OF MISCARRIAGES AND STILLBIRTHS (RES19)</p> <p>c. Is (NAME) pregnant right now? Yes..... 1 (WRITE "1") → HE02 No..... 3 (WRITE "0") → HE03 DK..... 8 (WRITE "0") → HE03</p>	<p>a. __ Births</p> <p>b. __ miscarriages / stillbirths</p> <p>c. __ Pregnant</p>
<p>HE02. When is (NAME)'s due date (what month)?</p>	<p>1. __ Month 8. DK</p>
<p>HE03. TOTAL OF (a + b + c)</p>	<p> __ YES > 0 → HE04 YES = 0 → SECTION AC</p>
<p>HE04. How many pregnancies has (NAME) had in the past five years?</p>	<p> __ Pregnancies Yes = 0 or 1 → HE05 If more than 1 → HE06</p>
<p>HE05. INTERVIEWER: READ THE FOLLOWING: "Now I am going to ask you about these pregnancies".</p>	
<p>HE06. INTERVIEWER: READ THE FOLLOWING: "Now I am going to ask you about your last two pregnancies". REMEMBER THAT THE DATE OF WHEN THESE PREGNANCIES OCCURRED DOES NOT MATTER.</p>	
<p>HE07. INTERVIEWER: WRITE DOWN THE LAST TWO PREGNANCIES THAT THE WOMAN HAS HAD, BEGINNING WITH THE LAST ONE, FILL OUT ALL THE LINES FOR EACH COLUMN BEFORE GOING TO THE NEXT PREGNANCY. → CONTINUE TO HE08</p>	

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes.	[0][1] Last pregnancy	[0][2] Second from last pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/ DISCIPTION TO IDENTIFY THE PREGNANCY.	_____	_____
HE09. What was the result of (NAME) [# pregnancy]? (READ OPTIONS AND IN CASE OF MULTIPLE PREGNANCY, CIRCLE ALL THAT APPLY) 1. Currently pregnant 2. Live birth 3. Loss of pregnancy 4. Still birth 8. DK	1 2 3 4 8	1 2 3 4 8
HE09a. What was the date that (NAME) gave birth to/still birth/ miscarried? 1. Date 8. DK	1. dd / mm / yy 8	1. dd / mm / yy 8
HE10. In total, how many check-ups did (NAME) have when (NAME) was pregnant with [...]? 1. Number of check-ups 2. Zero check-ups 8. DK	1. Check-ups 2. → HE15 8	1. Check-ups 2. → HE15 8
HE11. During what month of (NAME)'s [# pregnancy] did she have her first check- up? 1. Time in months 2. Time in weeks 8. DK	1. Months 2. Weeks 8	1. Months 2. Weeks 8
HE12. When (NAME) were pregnant with [...], were did (NAME) go for her check ups? 01. Social Security (IMSS) 02. IMSS Solidarity 03. ISSSTE (Clinic or Hospital) 04. SSA (Clinic or Hospital) 05. DIF 06. Other governmental health institution 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) 98. DK	01 02 03 04 05 06 07 08 09 10 11 12 13 _____ 98	01 02 03 04 05 06 07 08 09 10 11 12 13 _____ 98

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes.	[0][1] Last pregnancy	[0][2] Second from last pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/ DISCIPTION TO IDENTIFY THE PREGNANCY.	_____	_____
HE13. Can you give me the name and address of the place (NAME) went to during her pregnancy? 1. Specify 3. Same Municipality/ State/ Country of residence 8. DK	1. Name 8. DK _____ 1. Address 8. DK _____ _____ Reference _____ 1. Loc/com 3. Same 8. DK _____ 1. Municipality 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Name 8. DK _____ 1. Address 8. DK _____ _____ Reference _____ 1. Loc/com 3. Same 8. DK _____ 1. Municipality 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
HE14. During [pregnancy #], did (NAME) at any time receive the following services (...)? a. Was she weighed b. Was she measured c. Was the Tetanus vaccine administered d. Was her blood pressure taken e. Was a blood test taken f. Was a urine test administered g. Did they listen for a fetal cardiac beat h. Did she receive a vaginal test i. Where her hips measured j. Was the base of her uterus measured with a tape measure k. Was an ultrasound performed l. Was she briefed on family planning m. Was she offered any classes about pregnancy/childbirth n. Did they teach her how to breastfeed INTERVIEWER: IS RESPONDANT PREGNANT?	1. Yes 3. No 8. 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 m. 1 3 8 n. 1 3 8 1. Yes → HE15 3. No → Continue 8. DK → HE15	1. Yes 3. No 8. 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 m. 1 3 8 n. 1 3 8

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes.	[0][1] Last pregnancy	[0][2] Second from last pregnancy																																																																														
HE08. INTERVIEWER: WRITE DOWN THE NAME/ DISCIPTION TO IDENTIFY THE PREGNANCY.	_____	_____																																																																														
o. At the end of the pregnancy, was (NAME) offered (...): o1. Fallopian tubes tie o2. An intrauterine device o3. Contraceptive pills o4. Contraceptive injections o5. Other (specify)	<table border="0"> <tr> <td>1. Yes</td> <td>3. No</td> <td>8. DK</td> </tr> <tr> <td>o1. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o2. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o3. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o4. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o5. 1</td> <td>3</td> <td>8</td> </tr> </table>	1. Yes	3. No	8. DK	o1. 1	3	8	o2. 1	3	8	o3. 1	3	8	o4. 1	3	8	o5. 1	3	8	<table border="0"> <tr> <td>1. Yes</td> <td>3. No</td> <td>8. DK</td> </tr> <tr> <td>o1. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o2. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o3. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o4. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>o5. 1</td> <td>3</td> <td>8</td> </tr> </table>	1. Yes	3. No	8. DK	o1. 1	3	8	o2. 1	3	8	o3. 1	3	8	o4. 1	3	8	o5. 1	3	8																																										
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HE15. During (NAME)'s pregnancy did she take/ or has she taken (...)? A. Iron B. Calcium C. Vitamins	<table border="0"> <tr> <td>1. Yes</td> <td>3. No</td> <td>8. DK</td> </tr> <tr> <td>a. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>b. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>c. 1</td> <td>3</td> <td>8</td> </tr> </table>	1. Yes	3. No	8. DK	a. 1	3	8	b. 1	3	8	c. 1	3	8	<table border="0"> <tr> <td>1. Yes</td> <td>3. No</td> <td>8. DK</td> </tr> <tr> <td>a. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>b. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>c. 1</td> <td>3</td> <td>8</td> </tr> </table>	1. Yes	3. No	8. DK	a. 1	3	8	b. 1	3	8	c. 1	3	8																																																						
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HE16. During (NAME)'s [...] did she have any of the following(...)? 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 infection H. Fluid with abnormal smell or color I. Threat of early childbirth (last months) J. Threat of miscarriage (first months) K. Sharp vaginal itching/vaginal infection L. Premature water breakage	<table border="0"> <tr> <td>1. Yes</td> <td>3. No</td> <td>8. DK</td> </tr> <tr> <td>a. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>b. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>c. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>d. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>e. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>f. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>g. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>h. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>i. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>j. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>k. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>l. 1</td> <td>3</td> <td>8</td> </tr> </table>	1. Yes	3. No	8. 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="0"> <tr> <td>1. Yes</td> <td>3. No</td> <td>8. DK</td> </tr> <tr> <td>a. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>b. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>c. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>d. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>e. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>f. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>g. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>h. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>i. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>j. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>k. 1</td> <td>3</td> <td>8</td> </tr> <tr> <td>l. 1</td> <td>3</td> <td>8</td> </tr> </table>	1. Yes	3. No	8. 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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HE17. INTERVIEWER: 1. HE09 = 1 (SHE IS PREGNANT) OR 3 (LOSS) 3. HE09 = 2 (BORN ALIVE) OR 4 (STILL BORN)	<table border="0"> <tr> <td>1</td> <td>➔</td> <td>HE09 (other pregnancy)</td> </tr> <tr> <td></td> <td>➔</td> <td>AC (no other pregnancy)</td> </tr> <tr> <td>3</td> <td>➔</td> <td>HE18</td> </tr> </table>	1	➔	HE09 (other pregnancy)		➔	AC (no other pregnancy)	3	➔	HE18	<table border="0"> <tr> <td>1</td> <td>➔</td> <td>SECTION AC</td> </tr> <tr> <td>3</td> <td>➔</td> <td>HE18</td> </tr> </table>	1	➔	SECTION AC	3	➔	HE18																																																															
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PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes.	[0][1] Last pregnancy	[0][2] Second from last pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/ DESCRIPTION TO IDENTIFY THE PREGNANCY.	_____	_____
HE18. At the time of [...] childbirth, was (NAME) in labor for more than one day and one night 1. Yes 3. No 8. DK	1 3 8	1 3 8
HE19. Was [...] born prematurely? 1. Yes 3. No 8. DK	1 3 8	1 3 8
HE20. Where was [...] childbirth? 01. Social Security (IMSS) 02. IMSS Solidaridad 03. ISSSTE (Govt. Emp. Soc. Sec. Clinic or Hospital) 04. SSA (Health Ministry 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 home 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. At her home, with no doctor or midwife 13. Red Cross 14. Has not yet given birth yet 15. Other (specify) 98. DK	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 _____ 98	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 _____ 98
HE21. Can you give me the name and the address of the place mentioned above where (NAME) gave birth? 1. Place 3. Same Municipality/District/Locality/Community/State/ Country of the check-ups. 8. DK	1. Name _____ 8. DK 1. Address _____ 8. DK _____ Reference 1. Loc/com _____ 3. Same _____ 8. DK 1. Municipality _____ 3. Same _____ 8. DK 1. State _____ 3. Same _____ 8. DK 1. Country _____ 3. Same _____ 8. DK	1. Name _____ 8. DK 1. Address _____ 8. DK _____ Reference 1. Loc/com _____ 3. Same _____ 8. DK 1. Municipality _____ 3. Same _____ 8. DK 1. State _____ 3. Same _____ 8. DK 1. Country _____ 3. Same _____ 8. DK

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes.	[0][1] Last pregnancy	[0][2] Second from last pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/ DISCIPTION TO IDENTIFY THE PREGNANCY.	_____	_____
HE22. Was the delivery of [...] normal or caesarean? 1. Normal 2. Caesarean 8. DK	1 2 8	1 2 8
HE23. During the childbirth of [...]? A. Did (NAME) have high blood pressure B. Did (NAME) have low pressure C. Was the labor delivary a breech birth D. Did the child have a tangled umbilical cord E. Did (NAME) have any complications or difficulties	1. Yes 3. No 8. DK a. 1 3 8 b. 1 3 8 c. 1 3 8 d. 1 3 8 e. 1 3 8	1. Yes 3. No 8. DK a. 1 3 8 b. 1 3 8 c. 1 3 8 d. 1 3 8 e. 1 3 8
HE24. Did (NAME) receive any anesthetics?	1. Yes 3. No 8. DK	1. Yes 3. No 8. DK
HE25. How much did (NAME) spend on transportation to reach the place Where she delivered [...]? (One way only, include companion) 1. Transportation expense 8. DK	1. \$, 8	1. \$, 8
HE26. How much did the birth cost (including medical expenses)? 1. Childbirth's Cost 3. None 8. DK	1. \$, 3. → HE28 8. DK	1. \$, 3. → HE28 8. DK
HE27. Did (NAME) have any prepaid birth services/ health insurance during the pregnancy and / for childbirth delivary?	1. Yes 3. No 8. DK	1. Yes 3. No 8. DK
HE28. Who provided care during [...]’s birth? (READ OPTIONS AND CIRCLE ALL THAT APPLY) 1. General Doctor 2. Gynecologist 3. Pediatrician 4. Midwife 5. Assistant or Health Promoter 6. Nurse 7. Other (specify) 8. Nobody 98. DK	1 2 3 4 5 6 7 _____ 8 98	1 2 3 4 5 6 7 _____ 8 98

PREGNANCY HISTORY (SECTION HE)

Chronological order of pregnancy outcomes.	[0][1] Last pregnancy	[0][2] Second from last pregnancy
HE08. INTERVIEWER: WRITE DOWN THE NAME/ DISCRIPTIONS TO IDENTIFY THE PREGNANCY.	_____ _____	_____ _____
HE29. Is [...] still alive? 1. Yes 3. No 8. DK	1 → { HE09 (there is another pregnancy) AC (there is no other pregnancy) 3 8 → { HE09 (there is another pregnancy) AC (there is no other pregnancy)	1 → SECTION AC 3 8 → SECTION AC
HE30. How old was [...] when he/she passed away? 1. Age in days 2. Age in weeks 3. Age in months 4. Age in years 8. DK	1. [][] Days 2. [][] Weeks 3. [][] Months 4. [][] Years 8. DK → HE09 (there is another pregnancy) → AC (there is no other pregnancy)	1. [][] Days 2. [][] Weeks 3. [][] Months 4. [][] Years 8. DK

CONTRACEPTION (SECTION AC)

<p>AC02. Is (NAME) physically capable of conceiving a child? 1. Yes 3. No 8. DK</p>	<p>1. 3. 8.</p>
<p>AC01. INTERVIEWER: VERIFY IF SHE HAD CHILDREN IN RES17, OR LOSSES, OR ABORTIONS IN RES18</p>	<p>1. Yes → AC04 3. No → AC05</p>
<p>AC04. How many children did (NAME) have by the time that she first started to use a contraceptive method? 1. Number of children 3. Has never used a contraceptive method 8. DK</p>	<p>1. _ _ Children 3. → SECTION NE 8.</p>
<p>AC05. Currently, does (NAME) or (NAME'S) partner use a method to postpone or prevent pregnancy?</p>	<p>Yes..... 1 No..... 3 → SECTION NE DK..... 8 → SECTION NE</p>
<p>AC06. What method does (NAME)/ (NAME'S PARTNER) currently use?</p> <p style="text-align: center;">IF THERE IS DOUBT, EXPLAIN THE METHODS</p> <p>01. Contraceptive pills 02. Emergency contraception 03. Contraceptive Injections 04. Condoms 05. Norplant, Tubes or Implants 06. Herbs/Teas 07. IUD Intrauterine Device/Copper T 08. Rhythm, Calendar, Billings or Periodic Abstinence 09. Removal or Interruption of Coitus 10. Surgery 11. Vasectomy 12. Other (specify) 98. DK</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 _____ 98</p>

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 CHILD OVER THE AGE OF 5
- D. SPOUSE/ PARTNER
- E. A HOME-MEMBER ADULT
- F. A NON-HOME-MEMBER ADULT

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

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

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

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

NE03. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS REGARDING THE RESPONDENT?

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

NE06. WHAT QUESTIONS DID THE RESPONDENT SEEM INTERESTED IN?

NE07. NOTES

VISIT LOG

NUMBER OF VISITS	DATE OF VISIT		TIME OF INTERVIEW		VISIT RESULT (SEE CODES)	ANSWERED SECTIONS	DATE OF NEXT VISIT			
	DAY	MONTH	HRS.	MIN.			HRS.	MIN.	DAY	MONTH
1						HM MG ED TB CR GH ES CE HS CA TP TH THI TO RES HE AC NE				
2						HM MG ED TB CR GH ES CE HS CA TP TH THI TO RES HE AC NE				
3						HM MG ED TB CR GH ES CE HS CA TP TH THI TO RES HE AC NE				
4						HM MG ED TB CR GH ES CE HS CA TP TH THI TO RES HE AC NE				
5						HM MG ED TB CR GH ES CE HS CA TP TH THI TO RES HE AC NE				
6						HM MG ED TB CR GH ES CE HS CA TP TH THI TO RES HE AC NE				

TOTAL TIME OF THE INTERVIEW

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INTERVIEW'S RESULT
OF BOOK PROXY _____

III-A

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III-B

--	--

INTERVIEW'S RESULT BY BOOK

IV

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STAFF RECORD

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

RESULT OF INTERVIEW

- 20. Complete and correct
- 21. Incomplete due to new appointment
- 22. Respondent refused to continue
- 23. Respondent not found in successive visits
- 24. Other (specify) _____

- 25. Respondent refused to provide information
- 26. Respondent not found
- 27. Respondent could not provide information
- 28. Other (specify) _____