

MEXICAN FAMILY LIFE SURVEY 2002

BOOK IIIB

ADULT HOUSEHOLD MEMBER CHARACTERISTICS

(THE RESPONDENT SHOULD BE 15 YEARS OLD OR OLDER, AND SHOULD BE A HOUSEHOLD MEMBER)

HH ID 2002

Book interview result

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

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

CONFIDENTIAL

RESPONDENT						
Name:						
Age:						
Marital Status: 1. Single 2. Separated 3. Married 4. Divorced 5. Widow 6. Free union						
LS (Household-member identification):						



INSTITUTO NACIONAL DE ESTADÍSTICA
GEOGRAFÍA E INFORMÁTICA

TASTES AND HABITS (SECTION GH)

The following questions are related to you health and tastes.

<p>GH01. What do you like to drink when you are in a party, gathering, or fiest of any type? (CIRCLE ALL THAT APPLY)</p> <p>1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, pulque or any fermented juice of the maguey 5. Rum 6. Other alcoholic drinks (specify) 7 Hot drink 8. Other non-alcoholic drinks (specify)</p>	<p>1 2 3 4 5 6 _____ 7 8 _____</p>
<p>GH02. At home, what kind of drink goes along with your food? (CIRCLE ALL THAT APPLY) (EXCLUDE PARTIES)</p> <p>1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, pulque or any fermented juice of the maguey 5. Hot drink 6. Other (specify)</p>	<p>1 2 3 4 5 _____ 6 _____</p>
<p>GH03. Do you make any kind of physical exercise as a routine, from Monday through Friday?</p>	<p>Yes..... 1 No.....3 → GH06</p>
<p>GH04. How many days from Monday through Friday, do you exercise?</p>	<p> _ Days</p>
<p>GH05. How much time per day, on average, do you spend doing physical exercise? 1. Time in hours and minutes 8. DK</p>	<p>1. _ _ _ _ Hrs. Min. 8</p>

TASTES AND HABITS (SECTION GH)

<p>GH06. Do you/did you ever had the habit of smoking cigarettes?</p>	<p>Yes..... 1 No..... 3 → SECTION ES</p>
<p>GH07. How old were you, or what year did you start smoking frequently?</p> <p style="text-align: center;">(IF YOU HAVE MORE THAN ONE INTERRUPTION, WRITE DOWN THE FIRST TIME YOU BEGAN TO SMOKE)</p> <p>1. Age 2. Inicial Year</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> Age 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year</p>
<p>GH08. By the time you were smoking the most, how many cigarettes did you end up smoking on average per week?</p> <p>1. Cigarettes per week 2. Packages of cigarettes per week (of 20 units each)</p>	<p>1. <input type="text"/> <input type="text"/> Cigarettes 2. <input type="text"/> <input type="text"/> Packages of cigarettes</p>
<p>GH09. How old were you, or what year did you quit smoking, on a regular basis?</p> <p style="text-align: center;">(IF THERE IS MORE THAN ONE INTERRUPTION, WRITE DOWN THE LAST TIME YOU QUIT SMOKING)</p> <p>1. Age 2. Year you quit 9. You have not quit smoking in a frequent way</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> Age 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year 9.</p>
<p>GH10. Currently how many cigarettes do you smoke on average per week?</p> <p>1. Cigarettes per week 2. Packages of cigarettes per week (of 20 units each) 9. Totally quit the habit of smoking</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> Cigarettes 2. <input type="text"/> <input type="text"/> Packages of cigarettes 9. → GH12</p>
<p>GH11. At the present time, how much do you spend on cigarrattes per week?</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>GH12. If you could put together all the time you have uninterruptedly smoked, how many years would that be? Please do not consider the time you have not smoked.</p> <p>1. Time in years and months</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Years Months</p>

HEALTH CONDITION (SECTION ES)

<p>ES01. Currently, could you say that your health is (...)?</p> <ol style="list-style-type: none"> 1. Very good 2. Good 3. Regular 4. Bad 5. Very bad 	<p style="text-align: right;">1 2 3 4 5</p>
<p>ES02. In the last 4 weeks, did you stop doing any of your daily activities or work, due to any illness?</p>	<p style="text-align: right;">Yes..... 1 No..... 3 → ES05</p>
<p>ES03. In the last 4 weeks, how many days were you absent from your daily activities because of this?</p> <ol style="list-style-type: none"> 1. Days in which you were absent from your daily activities 8. DK 	<p style="text-align: right;">1. _ _ Days 8.</p>
<p>ES04. How many days did you spend in bed, due to this?</p> <ol style="list-style-type: none"> 1. Days spent in bed 8. DK 	<p style="text-align: right;">1. _ _ Days 8.</p>
<p>ES05. Comparing your health to one year ago would you say your health now is (...)?</p> <ol style="list-style-type: none"> 1. Much better 2. Better 3. The same 4. Worse 5. Much worse 	<p style="text-align: right;">1 2 3 4 5</p>
<p>ES06. Have you ever had a serious accident during your life?</p>	<p style="text-align: right;">Yes..... 1 No..... 3 → ES09</p>
<p>ES07. When did you suffer this accident?</p> <ol style="list-style-type: none"> 1. Age when you suffered the accident 2. Year in which the accident happened 	<p style="text-align: right;">1. _ _ Age 2. _ _ _ _ Year</p>
<p>ES08. Did you have a permanent injury that changed your way of living due to the accident?</p> <p style="padding-left: 20px;">(PHYSICAL OR PSYCHOLOGICAL LESSION)</p> <ol style="list-style-type: none"> 1. Yes (specify) 3. No 	<p style="text-align: right;">1 _____ 3 _____</p>

HEALTH CONDITION (SECTION ES)

ES09. Have you ever had any serious health problem during your life?	Yes.....1 No.....3 → ES15
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	PROBLEM 1	PROBLEM 2	PROBLEM 3
ES10. Which are the three most serious health problems, you have had during your life? (ON EACH COLUMN WRITE DOWN THE PROBLEM REFERENCE, AND CONTINUE BY COLUMN FROM ES10 TO ES14)	_____ →	_____ →	_____ →
ES11. When did it start/was it detected [...]? 1. Year 8. DK	1. [][][][] Year → ES13 8.	1. [][][][] Year → ES13 8.	1. [][][][] Year → ES13 8.
ES12. How old were you when it started/it was detected [...]? 1. Age 8. DK	1. [][] Age 8.	1. [][] Age 8.	1. [][] Age 8.
ES13. How much time did you remain with [...]? 1. Still suffering 2. Time in years, months, and weeks	1. 2. [][] [][] [][] Years Months Weeks	1. 2. [][] [][] [][] Years Months Weeks	1. → ES15 2. [][] [][] [][] → ES15 Years Months Weeks
ES14. INTERVIEWER: IS THERE ANOTHER HEALTH PROBLEM?	Yes..... 1 → ES11, NEXT COL. No..... 3 → ES15	Yes..... 1 → ES11, NEXT COL. No..... 3 → ES15	

ES15. Do you believe that next week your health would be (...)? (READ OPTIONS) 1. Much better 2. Better 3. The same 4. Worse 5. Much worse	1 2 3 4 5
ES16. If you compare yourself with people the same age and gender, could you say your health is (...)? (READ OPTIONS) 1. Much better than the others 2. Better than the others 3. The same as the others 4. Worse than the others 5. Much worse than the others	1 2 3 4 5

HEALTH CONDITION (SECTION ES)

ES17. INTERVIEWER: ARE YOU 50 OR OVER 50 YEARS OLD? (COVER)	Yes..... 1 No..... 3 → ES22
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ES18. If you had to (...)	Easily	Difficultly	Could not do it
A. Carry out a heavy bucket (full of water, for example) for 20 meters, could you do it [...]?	1	3	5
B. Walk 5 kilometers, could you do it [...]?	1	3	5
C. Bend, sit on your knees, or squat, could you do it [...]?	1	3	5
D. Climb up stairs without help, could you do it [...]?	1	3	5
E. Dress up without help, could you do it [...]?	1	3	5
F. Stand up from a chair without help, could you do it [...]?	1	3	5
G. Go to the bathroom without help, could you do it [...]?	1	3	5
H. Raise from the floor and get on your feet without help, could you do it [...]?	1	3	5

ES19. If you have any cut or wound, does it take too long to heal? 1. Yes 3. No	1 3
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ES20. Do you feel pain in your chest when climbing stairs/hills, or when you are pretty active, or walking fast? 1. Yes 3. No	1 3
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ES21. In the mornings, do you frequently wake up with headache? 1. Yes 3. No	1 3
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HEALTH CONDITION (SECTION ES)

ES22. In the last 4 weeks, have you suffered of (...)?	Yes	No
A. Flu	1	3
B. Cough	1	3 → SENTENCE C
a. Dry cough	a. 1	3
b. Cough with phlem	b. 1	3
c. Cough with blood	c. 1	3
C. Breathe difficultness	1	3 → SENTENCE D
a. Asthma	a. 1	3
b. Short or fast breathe	b. 1	3
D. Strong stomach pain	1	3
E. Nausea / Vomit	1	3
F. Diarrrea, at least three times a day	1	3 → SENTENCE G
a. Mixed with blood	a. 1	3
b. Mixed with mucus	b. 1	3
c. Pale liquid	c. 1	3
G. Swollen joints/painful	1	3
H. Welts, irritation, or itching in the skin	1	3
I. Irritated/red eyes	1	3
J. Molar/teeth pain	1	3
K. Headache	1	3
L. Temperature/ fever	1	3
M. Body ache	1	3
N. Pain in the left side of your chest (pneumonia)	1	3
O. Throat	1	3
P. Respiratory, digestive or urinary problems	1	3
Q. Allergy	1	3
R. Blood Pressure	1	3
S. Stress	1	3
O. Other (specify)	1 _____	3 _____
ES23. In the last 4 weeks, have you frequently woken up to urinate at night?		
1. Yes	1	
3. No	3	

EMOTIONAL WELLBEING(SECTION SM)

The following questions are related to how you have emotionally felt during the last 4 weeks

SM01. In the last 4 weeks, have you felt sad or anguished? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM02. In the last 4 weeks, have you cried or felt like crying? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM03. In the last 4 weeks, have you badly slept at night? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM04. In the last 4 weeks, have you woken up spiritless (due to lack of energy or fear)? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM05. In the last 4 weeks, have you had difficulties to focus on your daily activities? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM06. In the last 4 weeks, has your appetite diminished? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4

SM07. In the last 4 weeks, have you felt obsessive, or constantly repetitive (for example: with straight ideas you cannot remove from your mind, or with actions that you constantly repeat)? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM08. In the last 4 weeks, has your sexual interest decreased? 1. Yes, a little 2. Yes, some 3. Yes, a lot 4. No 5. Didn't want to answer	1 2 3 4 5
SM09. In the last 4 weeks, do you consider you had less performance in your job/or daily activities? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM10. In the last 4 weeks, have you felt pressure in the chest? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM11. In the last 4 weeks, have you felt nervous, sorrowful, anxious, or eager more than normal? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4
SM12. In the last 4 weeks, have you felt more tired, or discouraged out more than normal? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No	1 2 3 4

EMOTIONAL WELLBEING(SECTION SM)

<p>SM13. In the last 4 weeks, have you felt pessimist, or have you thought things will go wrong? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>
<p>SM14. In the last 4 weeks, have you frequently had a headache, or felt pain in the nape? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>
<p>SM15. In the 4 weeks, have you felt more irritated, or more angry than normal? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>
<p>SM16. In the last 4 weeks, have you felt insecure, or lacking confidence in yourself? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>
<p>SM17. In the last 4 weeks, have you felt useless to your family? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>
<p>SM18. In the last 4 weeks, have you felt fear of some things, as if you were waiting for something serious to happen? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>

<p>SM19. In the last 4 weeks, have you wished to die? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>
<p>SM20. In the last 4 weeks, have you lost interest on things? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>
<p>SM21. In the last 4 weeks, have you felt lonely? 1. Yes, sometimes 2. Yes, a lot of times 3. Yes, all the time 4. No</p>	<p>1 2 3 4</p>

ACUTE MORBIDITY(SECTION EC)

The following questions are related with possible chronic illnesses you may have

(ECType)	EC01	EC02	EC03
CHRONICAL ILLNESS	Have you ever been diagnosed with (...)?	Currently, do you regularly take medicine for such suffering?	Approximately, how much have you spent on this medicine for the last 3 months ?
A. Diabetes	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
B. Hypertension	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
C. Heart disease	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
D. Cancer	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
E. Arthritis/Rheumatism	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
F. Gastric Ulcer	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
G. Migraine	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
H. Other (specify) _____ _____	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _
I. Other (specify) _____ _____	1. Yes → 3. No ↓	Yes..... 1 → No..... 3 ↓	\$ _ _ _ , _ _ _

SELF- TREATMENT (SECTION ATS)

(ATSType)	ATS01	ATS02
MEDICINE	In the last 4 weeks , have you taken medicine without medical prescription (...)?	How much did these medicine/weed/home remedies that you had, cost?
A. Drugstore medicine like: A1. Analgesic for the pain A2. Antihistamine against allergies A3. Antibiotic for infections or parasites	A1. Yes.....1 → No.....3 ↓ A2. Yes.....1 → No.....3 ↓ A3. Yes.....1 → No.....3 ↓	1. \$ _ _ _ _ , _ _ _ _ 8. DK
B. Eye drops, unguent or medical pomades, medical gypsum, ferule, or bandage.	Yes.....1 → No.....3 ↓	1. \$ _ _ _ _ , _ _ _ _ 8. DK
C. Medical weed, or traditional medicine.	Yes.....1 → No.....3 ↓	1. \$ _ _ _ _ , _ _ _ _ 8. DK

OUTPATIENT UTILIZATION (SECTION CE)

CE01. In the last 4 weeks, did you visit any hospital, clinic, health employee, doctor or medicaster, without being hospitalized?	1. Yes 3. No
CE02. In the last 4 weeks, have you been visited by any doctor, medicaster, or health employee?	1. Yes 3. No

CE03. INTERVIEWER:	1. IF CE01 = 3 AND CE02 = 3 →	SECTION HS
	2. IF CE01 = 1 OR CE02 = 1 →	CE04

(CEType)	CE04	CE05
MEDICAL SERVICES	In the last 4 weeks, have you attended a (...) / have you been visited by (...)?	How many times did you visit (...) / were you visited by (...) in the last 4 weeks?
A. SSA (Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
B. IMSS (Hospital or clinic) (INCLUDE IMSS SOLIDARITY)	Yes..... 1 → No..... 3 ↓	_ _ Times
C. ISSSTE (Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
E. Private hospital or clinic	Yes..... 1 → No..... 3 ↓	_ _ Times
F. Private physician or dentist	Yes..... 1 → No..... 3 ↓	_ _ Times
G. DIF (Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
H. Nurse, paramedic, health promoter	Yes..... 1 → No..... 3 ↓	_ _ Times
I. Mobile Ambulance	Yes..... 1 → No..... 3 ↓	_ _ Times
J. Red Cross	Yes..... 1 → No..... 3 ↓	_ _ Times
K. Medical dispensary	Yes..... 1 → No..... 3 ↓	_ _ Times
L. Drugstore (FOR MEDICAL VISIT)	Yes..... 1 → No..... 3 ↓	_ _ Times
M. Medical Intern (midwife, medicaster, weed doctor, bone doctor, acupuncture doctor, etc.)	Yes..... 1 → No..... 3 ↓	_ _ Times
N. Other (specify)	Yes..... 1 → No..... 3 ↓	_ _ Times

OUTPATIENT UTILIZATION (SECTION CE)

CE06. INTERVIEWER: ADD THE TOTAL NUMBER OF TIMES IN CE05. 1. NUMBER OF TIMES	1.
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CE07. INTERVIEWER: IN CE08 FILL OUT AS MANY COLUMNS, AS NUMBER OF TIMES IN CE06

OUTPATIENT UTILIZATION (SECTION CE)

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
	_____ →	_____ →	_____ →	_____ →
	_____ →	_____ →	_____ →	_____ →
CE10. Which was the main reason why you went/ why you were visited by [...]? 01. Immunization/vaccination 02. Medical visit/check-up 03. Preventorium medical exam 04. Receive medication/prescription 05. Laboratory analysis/x-rays 06. Pregnancy control 07. Treatment/therapy 08. Accident 09. Dental visit 10. Family planning 11. Pick up/ask for disability or medical justifier 12. Surgery 13. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____
CE11. What is the address of [...] where you went when [...]? 1. Specify 3. Same Locality/Com./Municipality/District/Sate/Country 8. DK (IF THE RESPONDENT WAS VISITED AT HOME, WRITE DOWN THE MEDICAL SERVICE ADDRESS, AND THE PLACE WHERE THE VISIT HAPPENED)	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Commun 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Commun 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Commun 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Commun 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____

OUTPATIENT UTILIZATION (SECTION CE)

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
	→	→	→	→
	→	→	→	→
CE12. Had you gone/had you being visited by [...], in the last 12 months, for the same reason? 1. Yes 3. No	1 3	1 3	1 3	1 3
CE13. Which services did you receive during the visit of [...], when (...)? (READ OPTIONS AND CIRCLE ALL THAT APPLY) 01. Immunization/vaccination 02. Medical visit/check-up 03. Preventorium medical exam 04. Receive medication/prescription 05. Laboratory analysis/x-rays 06. Pregnancy control 07. Treatment/therapy 08. Dental visit 09. Family planning 10. Disability or medical justifier 11. Didn't receive medical assistance 12. Surgery 13. Cure/removal of stitches 14. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14	01 02 03 04 05 06 07 08 09 10 11 12 13 14
CE14. Did he/she [...] visit you at home?	Yes..... 1 → CE19 No..... 3			
CE15. How much time did you take to reach the [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.
CE16. Which is the distance between your home and [...]? 1. Distance in kilometers and meters 8. DK	1. Kms. Mts. 8.	1. Kms. Mts. 8.	1. Kms. Mts. 8.	1. Kms. Mts. 8.

OUTPATIENT UTILIZATION (SECTION CE)

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
	————— —————→	————— —————→	————— —————→	————— —————→
	————— —————→	————— —————→	————— —————→	————— —————→
<p>CE17. Which was the transportation cost (only one way) to reach the [...]?</p> <p>(INCLUDE THE TRANSPORTATION COST OF THE COMPANION)</p> <p>1. Total transportation cost 8. DK</p>	<p>1. \$ __ _ , __ _ _ 8. DK</p>	<p>1. \$ __ _ , __ _ _ 8. DK</p>	<p>1. \$ __ _ , __ _ _ 8. DK</p>	<p>1. \$ __ _ , __ _ _ 8. DK</p>
<p>CE18. When you arrived, how much time did you wait before you were taken care in [...]?</p> <p>1. Time in hours and minutes (WERE ATTENDED) 2. Time in hours and minutes (WEREN'T ATTENDED)</p> <p>8. DK</p>	<p>1. __ _ __ _ Hrs. Min. 2. __ _ __ _ → CE24 Hrs. Min. 8.</p>	<p>1. __ _ __ _ Hrs. Min. → CE24 2. __ _ __ _ → CE24 Hrs. Min. 8.</p>	<p>1. __ _ __ _ Hrs. Min. → CE24 2. __ _ __ _ → CE24 Hrs. Min. 8.</p>	<p>1. __ _ __ _ Hrs. Min. → CE24 2. __ _ __ _ → CE24 Hrs. Min. 8.</p>
<p>CE19. At [...], which was the cost of (...)?</p> <p>(ASK FOR THE DETAILED COST, IF THE RESPONDENT IGNORES IT, ASK FOR THE TOTAL AMOUNT)</p> <p>1. Detailed Cost (DG)</p> <p>a. The medical visit/check-up/procedure b. The prescribed medicine c. The laboratory analysis/x-rays d. The vaccination/immunization e. Other (specify)</p> <p>3. Total amount (CT)</p> <p>a. Total cost of the doctor's visit</p>	<p>1. DG</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS b. 1. \$ __ _ , __ _ _ 8. NS c. 1. \$ __ _ , __ _ _ 8. NS d. 1. \$ __ _ , __ _ _ 8. NS e. 1. \$ __ _ , __ _ _ 8. NS</p> <p>3. CT</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS</p>	<p>1. DG</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS b. 1. \$ __ _ , __ _ _ 8. NS c. 1. \$ __ _ , __ _ _ 8. NS d. 1. \$ __ _ , __ _ _ 8. NS e. 1. \$ __ _ , __ _ _ 8. NS</p> <p>3. CT</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS</p>	<p>1. DG</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS b. 1. \$ __ _ , __ _ _ 8. NS c. 1. \$ __ _ , __ _ _ 8. NS d. 1. \$ __ _ , __ _ _ 8. NS e. 1. \$ __ _ , __ _ _ 8. NS</p> <p>3. CT</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS</p>	<p>1. DG</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS b. 1. \$ __ _ , __ _ _ 8. NS c. 1. \$ __ _ , __ _ _ 8. NS d. 1. \$ __ _ , __ _ _ 8. NS e. 1. \$ __ _ , __ _ _ 8. NS</p> <p>3. CT</p> <p>a. 1. \$ __ _ , __ _ _ 8. NS</p>

OUTPATIENT UTILIZATION (SECTION CE)

The following questions are related with medical services you visited or who visited you in the last 4 weeks. We will begin with the last visit, that is the most recent one.

	LAST VISIT	PENULTIMATE VISIT	ANTEPENULTIMATE VISIT	FIRST PRECEDING
CE08. What is the name of the place or person you visited, so that you could be taken care of at your [...]?	_____ →	_____ →	_____ →	_____ →
CE09. Which was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →
CE20. Do you have any private medical insurance that had partially or totally paid the costs of the visit to/of [...]? (DO NOT INCLUDE VOLUNTARY IMSS FEE)	Yes.....1 No.....3 → CE22	Yes.....1 No.....3 → CE22	Yes.....1 No.....3 → CE22	Yes.....1 No.....3 → CE22
CE21. As a result of the expenses paid by the private insurance in [...], how much did you pay for the deductible? 1. Value 8. DK	1. \$ _ _ , _ _ _ 8. DK	1. \$ _ _ , _ _ _ 8. DK	1. \$ _ _ , _ _ _ 8. DK	1. \$ _ _ , _ _ _ 8. DK
CE22. The total or part of the cost of what you received in [...], did you pay it with any product, good, or work? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods, and work 4. No	1 2 3 4 → CE24	1 2 3 4 → CE24	1 2 3 4 → CE24	1 2 3 4 → CE24
CE23. Which is the price of the products or goods you paid with, or how much time did you assign to the work that was required as payment? a. Price of the products or goods b. Time assigned to the work required	a. 1. \$ _ _ , _ _ _ 8. DK b. 1. _ _ _ _ 8. DK Hrs. Min.	a. 1. \$ _ _ , _ _ _ 8. DK b. 1. _ _ _ _ 8. DK Hrs. Min.	a. 1. \$ _ _ , _ _ _ 8. DK b. 1. _ _ _ _ 8. DK Hrs. Min.	a. 1. \$ _ _ , _ _ _ 8. DK b. 1. _ _ _ _ 8. DK Hrs. Min.
CE24. INTERVIEWER: IS THERE ANOTHER VISIT?	Yes....1 → CE10, NEXT COL. No....3 → CE25	Yes....1 → CE10, NEXT COL. No....3 → CE25	Yes....1 → CE10, NEXT COL. No....3 → CE25	Yes....1 → SUPPLEMENT No....3 → CE25
CE25. INTERVIEWER: IS THERE SUPPLEMENT?	1. YES 3. NO			

INPATIENT UTILIZATION (SECTION HS)

HS01. During the last 12 months, have you received patient care at a hospital, clinic, health center, or in a house or office of any doctor, midwife, medicaster?	Yes..... 1 No..... 3 → SECTION CA
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------

(HSType)	HS02	HS03
HOSPITALIZATION	During the last 12 months, have you been placed in (...)?	How many times have you received patient care in (...) during the last 12 months?
A. SSA (Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
B. IMSS (Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
C. ISSSTE (Hospital or clinic)	Yes..... 1 → No..... 3 ↓	_ _ Times
D. PEMEX, SEDENA, MARINE Hospital	Yes..... 1 → No..... 3 ↓	_ _ Times
E. Private hospital or clinic	Yes..... 1 → No..... 3 ↓	_ _ Times
F. Office or house of a private doctor	Yes..... 1 → No..... 3 ↓	_ _ Times
G. Rural health center	Yes..... 1 → No..... 3 ↓	_ _ Times
H. Red Cross	Yes..... 1 → No..... 3 ↓	_ _ Times
I. Medical intern (midwife, medicaster, weed doctor, bone doctor, acupunture doctor, etc.)	Yes..... 1 → No..... 3 ↓	_ _ Times
J. Other (specify) _____	Yes..... 1 → No..... 3 ↓	_ _ Times

INPATIENT UTILIZATION (SECTION HS)

HS04. INTERVIEWER: ADD THE TOTAL NUMBER OF TIMES IN HS03. 1. NUMBER OF TIMES	1.
---------------------------------------------------------------------------------	----

HS05. INTERVIEWER: IN HS06 FILL OUT AS MANY COLUMNS AS NUMBER OF TIMES IN HS04.

INPATIENT UTILIZATION (SECTION HS)

	LAST HOSPITALIZATION	PENULTIMATE HOSPITALIZATION	ANTEPENULTIMATE	FIRST PRECEDING
	_____→	_____→	_____→	_____→
	_____→	_____→	_____→	_____→
HS08. Which was the reason why you were hospitalized in [...]? (CIRCLE ALL THAT APPLY) 1. Illness 2. Accident 3. Labor/ caesarean 4. Physical aggression (violence) 5. Surgery 6. Medical analysis or studies 7. Abortion 8. Other (specify)	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____
HS09. Which is the address of [...] where you attended when [...]? 1. Specify 3. Same Locality/Com/Municipality/District/State/Country 8. DK	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc./Community 3. Same 8. DK _____ 1. Mpio./District 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc/com 3. Same 8. DK _____ 1. Municipality 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc/com 3. Same 8. DK _____ 1. Municipality 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ _____ 1. Loc/com 3. Same 8. DK _____ 1. Municipality 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
HS10. How many nights were you hospitalized in [...]? in [...]?	_ _ _ Nights	_ _ _ Nights	_ _ _ Nights	_ _ _ Nights

INPATIENT UTILIZATION (SECTION HS)

	LAST HOSPITALIZATION	PENULTIMATE HOSPITALIZATION	ANTEPENULTIMATE	FIRST PRECEDING																																																																																																																
	→	→	→	→																																																																																																																
	→	→	→	→																																																																																																																
HS11. How much time did you take to reach the [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.																																																																																																																
HS12. Which is the distance between your house and [...]? 1. Distance in kilometers and meters 8. DK	1. Kms. Mts. 8.	1. Kms. Mts. 8.	1. Kms. Mts. 8.	1. Kms. Mts. 8.																																																																																																																
HS13. Which was the transportation cost (only one way) to reach the [...]? (INCLUDE THE TRANSPORTATION COST OF THE COMPANION) 1. Total transportation cost 8. DK	1. \$ 8. DK	1. \$ 8. DK	1. \$ 8. DK	1. \$ 8. DK																																																																																																																
HS14. When you arrived, how much time did you wait before being placed in [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.																																																																																																																
HS15. During the time you were hospitalized in [...], did you receive (...)? (CIRCLE ALL THAT APPLY) A. Laboratory exams B. Surgery C. X-Rays D. Ultrasound exam E. Medicines, serum, prothesis F. Other (specify)	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td colspan="3">_____</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	_____			<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td colspan="3">_____</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	_____			<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td colspan="3">_____</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	_____			<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td colspan="3">_____</td> </tr> </table>		Yes	No	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	_____		
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INPATIENT UTILIZATION (SECTION HS)

The following questions are related with the hospitalizations you have had in the last 12 months. We will begin with the most recent hospitalization.

	LAST HOSPITALIZATION	PENULTIMATE HOSPITALIZATION	ANTEPENULTIMATE	FIRST PRECEDING
HS06. What is the name of the place where you were placed in, or where you spent the night during your [...]?	_____ →	_____ →	_____ →	_____ →
HS07. Which was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →
HS16. When you were in [...], which was the cost of(...)? (ASK FOR THE DETAILED COST, IF THE RESPONDENT IGNORES IT, ASK FOR THE TOTAL AMOUNT) 1. Detailed Cost (DG) a. The medical visit/check-up/procedure b. The prescribed medicines c. The laboratory analysis/x-rays d. The vaccination/immunization e. Other (specify) 3. Total amount (CT) a. Total cost of the medical visit	1. DG a. 1. \$ __ _ , __ _ 8. DK b. 1. \$ __ _ , __ _ 8. DK c. 1. \$ __ _ , __ _ 8. DK d. 1. \$ __ _ , __ _ 8. DK e. 1. \$ __ _ , __ _ 8. DK 3. CT a. 1. \$ __ _ , __ _ 8. DK	1. DG a. 1. \$ __ _ , __ _ 8. DK b. 1. \$ __ _ , __ _ 8. DK c. 1. \$ __ _ , __ _ 8. DK d. 1. \$ __ _ , __ _ 8. DK e. 1. \$ __ _ , __ _ 8. DK 3. CT a. 1. \$ __ _ , __ _ 8. DK	1. DG a. 1. \$ __ _ , __ _ 8. DK b. 1. \$ __ _ , __ _ 8. DK c. 1. \$ __ _ , __ _ 8. DK d. 1. \$ __ _ , __ _ 8. DK e. 1. \$ __ _ , __ _ 8. DK 3. CT a. 1. \$ __ _ , __ _ 8. DK	1. DG a. 1. \$ __ _ , __ _ 8. DK b. 1. \$ __ _ , __ _ 8. DK c. 1. \$ __ _ , __ _ 8. DK d. 1. \$ __ _ , __ _ 8. DK e. 1. \$ __ _ , __ _ 8. DK 3. CT a. 1. \$ __ _ , __ _ 8. DK
HS17. Do you have any private medical insurance, that had partially or totally paid the costs of [...]? (DO NOT INCLUDE VOLUNTARY IMSS FEE)	Yes.....1 No.....3 → HS19	Yes.....1 No.....3 → HS19	Yes.....1 No.....3 → HS19	Yes.....1 No.....3 → HS19
HS18. As a result of the expenses paid by the private insurance in [...], how much did you pay for the deductible? 1. Value 8. NS	1. \$ __ _ , __ _ 8. DK	1. \$ __ _ , __ _ 8. DK	1. \$ __ _ , __ _ 8. DK	1. \$ __ _ , __ _ 8. DK
HS19. For the total or part of the cost of what you received in [...], did you pay with any product, good, or work? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods, and work 4. No	1 2 3 4 → HS21	1 2 3 4 → HS21	1 2 3 4 → HS21	1 2 3 4 → HS21
HS20. Which is the price of the products or goods you paid with, or how much time did you assign to the work that was required as payment in [...]? a. Price of the products or goods b. Time assigned to the work required as payment	a. 1. \$ __ _ , __ _ 8. DK b. 1. __ _ __ _ 8. DK Hrs. Min.	a. 1. \$ __ _ , __ _ 8. DK b. 1. __ _ __ _ 8. DK Hrs. Min.	a. 1. \$ __ _ , __ _ 8. DK b. 1. __ _ __ _ 8. DK Hrs. Min.	a. 1. \$ __ _ , __ _ 8. DK b. 1. __ _ __ _ 8. DK Hrs. Min.
HS21. INTERVIEWER: IS THERE ANOTHER HOSPITALIZATION?	Yes.....1 → HS08, NEXT COL. No.....3 → HS22	Yes..1 → HS08, NEXT COL. No.....3 → HS22	Yes.....1 → HS08, NEXT COL. No.....3 → HS22	Yes.....1 → SUPPLEMENT No.....3 → HS22
HS22. INTERVIEWER: IS THERE SUPPLEMENT?	1. YES 3. NO			

INSURANCE CONDITION (SECTION CA)

The following questions are related with your medical insurance.

CA01. Do you have social security as IMSS, ISSSTE, or from any other institution, or do you have a private health insurance or from any company? (DO NOT INCLUDE LIFE INSURANCES)	Yes 1 No 3 → SECTION RE
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

(CAType)	CA02	CA03	CA04
Insurances	Do you have a health insurance (...)?	Do you have a right to this insurance (...)? (CIRCLE ALL THAT APPLY)	From which of your family members do you have the insurance? (CIRCLE ALL THAT APPLY)
A. From IMSS	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. For your job ↓ 2. For a relative → 3. For the school/university 4. For the parcel/community 5. Because you acquired/bought it 6. From a program 7. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Couple 5. Other _____
B. From ISSSTE	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. For your job ↓ 2. For a relative → 3. For the school/university 4. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Couple 5. Other _____
C. From PEMEX/SEDENA/MARINE	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. For your job ↓ 2. For a relative → 3. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Couple 5. Other _____
D. From state government	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. For your job ↓ 2. For a relative → 3. For the school/university 4. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Couple 5. Other _____
E. Private (not given by the company)	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. For your job ↓ 2. For a relative → 3. For the school/university 4. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Couple 5. Other _____
F. Private given by the company (Different to IMSS, ISSSTE, PEMEX, SEDENA AND MARINE)	Yes..... 1 → No..... 3 ↓ DK..... 8 ↓	1. For your job ↓ 2. For a relative → 3. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Couple 5. Other _____
G. Other health insurance (specify) _____ _____ _____	Yes..... 1 → No..... 3 → SECTION RE DK..... 8 → SECTION RE	1. For your job → SECTION RE 2. For a relative → 3. Other _____ → SECTION RE _____	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Couple 5. Other _____

RECONTACT INFORMATION OF RELATIVES IN THE US (SECTION RE)

The following questions are related with the possible relatives that live outside the household.

RE01. Do you have any relative living in the US?	Yes..... 1 No..... 3 → SECTION CR
---------------------------------------------------------	---------------------------------------------

	FIRST RELATIVE	SECOND RELATIVE	THIRD RELATIVE	FOURTH RELATIVE
RE02. Could you give me the names of each of your relatives living in the US?	_____	_____	_____	_____
RE03. Which relationship do you have with [...]?				
1. Spouse/couple	1	1	1	1
2. Your father	2	2	2	2
3. Your mother	3	3	3	3
4. Your brother/sister	4	4	4	4
5. Your son/daughter	5	5	5	5
6. Your father/mother in law	6	6	6	6
7. Your grandparents	7	7	7	7
8. Brother/sister in law	8	8	8	8
9. Grand son/grand daughter	9	9	9	9
10. Cousin	10	10	10	10
11. Uncle/Aunt	11	11	11	11
12. Niece/nephew	12	12	12	12
13. Other relative (specify)	13 _____	13 _____	13 _____	13 _____
RE04. Could you provide the address, and the phone number of [...]?				
1. Address 3. No 8. DK	1. Address 3. No 8. DK	1. Address 3. No 8. DK	1. Address 3. No 8. DK	1. Address 3. No 8. DK
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
1. Reference	1. Reference	1. Reference	1. Reference	1. Reference
_____	_____	_____	_____	_____
1. State 3. No 8. DK	1. State 3. No 8. DK	1. State 3. No 8. DK	1. State 3. No 8. DK	1. State 3. No 8. DK
1. Specify	1. Specify	1. Specify	1. Specify	1. Specify
3. Does not wish to provide the information	3. Does not wish to provide the information	3. Does not wish to provide the information	3. Does not wish to provide the information	3. Does not wish to provide the information
8. DK	8. DK	8. DK	8. DK	8. DK
1. City 3. No 8. DK	1. City 3. No 8. DK	1. City 3. No 8. DK	1. City 3. No 8. DK	1. City 3. No 8. DK
_____	_____	_____	_____	_____
1. Phone number 3. No 8. DK	1. Phone number 3. No 8. DK	1. Phone number 3. No 8. DK	1. Phone number 3. No 8. DK	1. Phone number 3. No 8. DK
_____	_____	_____	_____	_____
RE05. INTERVIEWER: IS THERE ANOTHER RELATIVE?	Yes..... 1 → RE03, NEXT COL. No..... 3 → SECTION CR	Yes..... 1 → RE03, NEXT COL. No..... 3 → SECTION CR	Yes..... 1 → RE03, NEXT COL. No..... 3 → SECTION CR	Yes..... 1 → RE03, NEXT COL. No..... 3 → SECTION CR

CREDIT (SECTION CR)

The following questions are related with the credits/loans that you have acquired.

<p>CR01. In the last 12 months, have you purchased with credit card and have not completely paid up at the due date? (DO NOT INCLUDE DEBIT CARDS)</p> <p>1. Yes, you purchased, and not paid up at the due date 2. Yes, you purchased, but did pay up at the due date 3. No, you did not purchase with credit card, but have one 4. Do not have a credit card</p>	<p>1 2 3 4 → CR04</p>
<p>CR02. In the last 12 months, have you made cash withdrawals from your credit card that you did not completely pay up in the due payment date? (DO NOT INCLUDE DEBIT CARDS)</p>	<p>Yes..... 1 No..... 3</p>
<p>CR03. Currently, which is the total balance you owe in your credit cards?</p> <p>1. Value 8. DK</p>	<p>1. \$ __ , __ __ , __ __ 8.</p>
<p>CR04. In the last 12 months, have you participated in any tanda?</p>	<p>Yes..... 1 No..... 3 → CR06</p>
<p>CR05. How much money have you given to the tanda, and how much have you received/will you receive from it?</p> <p>a. Amount given to the tanda b. Amount received from the tanda c. Amount to receive from the tanda</p>	<p>a. 1. \$ __ , __ __ , __ __ Amount given 8. DK b. 1. \$ __ , __ __ , __ __ Amount received 8. DK c. 1. \$ __ , __ __ , __ __ Amount to receive 8. DK</p>
<p>CR06. In the last 12 months, have you acquired any merchandise or service that wasn't completely paid at the moment? (DO NOT INCLUDE CREDIT CARD ACQUISITIONS)</p>	<p>Yes..... 1 No..... 3 → CR08</p>
<p>CR07. How much is the (...)?</p> <p>a. Value of the acquired merchandise, goods, products, or services b. Amount paid up until today (INCLUDE AMOUNT PLUS INTEREST)</p>	<p>a. 1. \$ __ , __ __ , __ __ Total value 8. DK b. 1. \$ __ , __ __ , __ __ Paid up amount 8. DK</p>

CREDIT (SECTION CR)

<p>CR08. Do you know any person or place where you can borrow or ask for a credit?</p>	<p>Yes..... 1 No..... 3 → CR26</p>
<p>CR09. What kind of people or places are they? (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>01. Bank 02. Cooperative/savings fund 03. Borrower 04. Relative 05. Friends/known people 06. Work 07. Monte de Piedad/loans house 08. Word credit program 09. Other governmental loan program (specify) 10. IMSS/ISSSTE 11. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 _____ 11 _____ 10 _____</p>
<p>CR10. In the last 12 months, have you borrowed from any of them?</p>	<p>Yes..... 1 No..... 3 → CR26</p>
<p>CR11. How many times in the last 12 months, have you borrowed ? 1. Number of times</p>	<p>1. __ __ Requests of loans</p>

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

CREDIT (SECTION CR)

	LAST REQUEST	PENULTIMATE REQUEST	ANTEPENULTIMATE REQUEST	FIRST PRECEDING REQUEST	SECOND PRECEDING REQUEST
	→	→	→	→	→
CR14. Where did you borrow [...]? <p style="text-align: center;">(READ OPTIONS)</p> 01. Bank 02. Savings fund 03. Borrower 04. Relative 05. Friends/known people 06. Work 07. Monte de Piedad/loans house 08. Word credit program 09. Other governmental loan program (specify) 10. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____
CR15. Were you asked for any guarantee when you borrowed [...]? 1. Yes(specify) 3. No	1 _____ 3 _____				
CR16. Were you given the loan for [...]? 1. Yes 3. No	1 → CR18 3 _____				
CR17. Why weren't you given the loan for [...]? 1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 → CR24				
CR18. How much money did you ask for [...]? \$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _
CR19. How much money were you lent for [...]? \$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _	\$ _ _ , _ _ _ , _ _ _

CREDIT (SECTION CR)

Now I would like to ask you about the requests of money on credit or borrowed, you have made. We will begin with the most recent one.

	LAST REQUEST	PENULTIMATE REQUEST	ANTEPENULTIMATE REQUEST	FIRST PRECEDING REQUEST	SECOND PRECEDING REQUEST
CR13. What was the reason you borrowed?	_____ →	_____ →	_____ →	_____ →	_____ →
CR20. Of the amount you borrowed, how much have you paid back? (INCLUDE INTERESTS)	1. \$ _____ 3. Everything				
CR21. How much time were you given to pay what you were borrowed for [...]? 1. Time in years, months, and days 3. No specific period	1. ____ ____ ____ Years Months Days 3.				
CR22. How much money did you pay/will you have to pay when the loan expired/ as soon as it expires for [...]? (INCLUDE INTERESTS)	1. \$ _____ 8. DK				
CR23. Which is the average interest rate you were charged/will be charged for what you borrowed [...]?	1. ____ ____ % annual 2. ____ ____ % monthly 3. ____ ____ % daily 4. 8. DK	1. ____ ____ % annual 2. ____ ____ % monthly 3. ____ ____ % daily 4. 8. DK	1. ____ ____ % annual 2. ____ ____ % monthly 3. ____ ____ % daily 4. 8. DK	1. ____ ____ % annual 2. ____ ____ % monthly 3. ____ ____ % daily 4. 8. DK	1. ____ ____ % annual 2. ____ ____ % monthly 3. ____ ____ % daily 4. 8. DK
CR24. INTERVIEWER: IS THERE ANOTHER LOAN?	Yes...1 → CR14, NEXT COL. No...3 → CR25	Yes...1 → SUPPLEMENT No...3 → CR25			
CR25. INTERVIEWER: IS THERE SUPPLEMENT?	1. YES 3. NO				
CR26. What is the total amount of all your debts? 1. Value 8. DK				1. \$ _____ 8.	

CREDIT (SECTION CR)

<p>CR27. Do you have savings?</p>	<p>Yes.....1 No.....3 → CR30 NR.....7 → CR30</p>
<p>CR28. How much money do you have saved?</p> <p>1. Saved amount</p>	<p>1. \$ _ _ _ , _ _ _ , _ _ _ </p>
<p>CR29. In what kind of institution do you have your savings?</p> <p>(CIRCLE ALL THAT APPLY)</p> <p>01. Do/does not have savings 02. Bank 03. Cooperative 04. Savings fund 05. Friend/relative out of home 06. Voluntary accounts in the Afores 07. Solidarity/jointly cash 08. In your house 09. In your job 10. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 _____</p>
<p>CR30. Do you have AFORE?</p>	<p>Yes.....1 No.....3 → SECTION TP NR.....7 → SECTION TP</p>
<p>CR31. How much money do you have in the AFORE?</p> <p>1. Amount in the AFORE</p>	<p>1. \$ _ _ _ , _ _ _ , _ _ _ </p>
<p>CR32. Have you made voluntary contributions?</p> <p>1. Yes 3. No</p>	<p>1 3</p>

NON - CORESIDENT PARENTS TRANSFERS (SECTION TP)

The following questions are related to your parents.

	Father ↓ FOLLOW DOWNWARDS	Mother ↓ FOLLOW DOWNWARDS
TP01. Does your [...] still live?	Yes..... 1 No..... 3 → TP03 DK..... 8 → TP10	Yes..... 1 No..... 3 → TP03 DK..... 8 → TP10
TP02. Do you and your [...] 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 that your [...] passed away?	Yes..... 1 No..... 3	Yes..... 1 No..... 3
TP04. Did you and your [...] live in the same household when she/he died?	Yes..... 1 → TP07 No..... 3 DK..... 8 → TP07	Yes..... 1 → TP07 No..... 3 DK..... 8 → TP07
TP05. How frequently did you get together with your [...]? 1. Have never seen/saw 2. Have not seen 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. 1 to 3 monthly periods per year 8. 4 to 6 monthly periods per year 9. 7 to 12 monthly periods per year	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
TP06. INTERVIEWER: CHECK ON TP01 IF THE FATHER/MOTHER LIVES.	Yes..... 1 → TP10 No..... 3	Yes..... 1 → TP10 No..... 3
TP07. In which year did your [...] die? 1. Month and year of death 8. DK	1. __ Month __ __ __ Year 8.	1. __ Month __ __ __ Year 8.

NON - CORESIDENT PARENTS TRANSFERS (SECTION TP)

	Father ↓ FOLLOW DOWNWARDS	Mother ↓ FOLLOW DOWNWARDS
TP08. How old was your [...] when died? 1. Age 8. DK	1. _ _ _ 8.	1. _ _ _ 8.
TP09. How old were you when your [...] died? 1. Age 8. DK	1. _ _ 8.	1. _ _ 8.
TP10. Do you know where your [...] was borned? 1. Specify 3. Same Loc/Com./Mun./Dist./State/Country of the responder 8. DK	1. Locality/community 3. Same 8. DK _____ 1. Municipality/District 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Locality/community 3. Same 8. DK _____ 1. Municipality/District 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
TP11. Which was the highest level of education [...] achieved? 01. Without instruction 02. Preschool or Kinder 03. Elementary 04. Secondary 05. High school 06. Normal basic/high school 07. College 08. Graduate 98. DK	01 → TP13 02 → TP13 03 04 05 06 → TP13 07 → TP13 08 → TP13 98 → TP13	01 → TP13 02 → TP13 03 04 05 06 → TP13 07 → TP13 08 → TP13 98 → TP13
TP12. Which was the last grade finished in school? 00. Didn't complete first grade 01. First grade 02. Second grade 03. Third grade 04. Fourth grade 05. Fifth grade 06. Sixth grade 07. Seventh grade 08. Other (specify) 98. DK	00 01 02 03 04 05 06 07 08 98	00 01 02 03 04 05 06 07 08 98

NON - CORESIDENT PARENTS TRANSFERS (SECTION TP)

	Father ↓ FOLLOW DOWNWARDS	Mother ↓ FOLLOW DOWNWARDS
TP13. Which was the first job of your [...]? 1. Peasant, day laborer, or agricultural worker 2. Non-agricultural worker 3. On his own worker, landlord, business owner/employer 4. Other (specify) _____ 5. Have/did never work 8. DK	1 2 3 4 _____ 5 8	1 2 3 4 _____ 5 8
TP14. What does/did your [...] mainly do/did for a living before [...] died? <p style="text-align: center;">(READ OPTIONS)</p> 1. Works/Worked 2. Looking for a job 3. Attending school 4. House master/house wife 5. Retired 6. Sick/handicapped in the past 2 years (without working) 7. Other (specify) _____ 8. DK	1 2 → TP16 3 → TP16 4 → TP16 5 → TP16 6 → TP16 7 _____ → TP16 8	1 2 → TP16 3 → TP16 4 → TP16 5 → TP16 6 → TP16 7 _____ → TP16 8
TP15. What was your [...] in his/her current job?(...) 1. Peasant, day laborer, or agricultural worker 2. Non-agricultural worker 3. On his own worker, landlord, business owner/employer 4. Other (specify) _____ 8. DK	1 2 3 4 _____ 8	1 2 3 4 _____ 8
TP16. Do you know if your [...] suffers/suffered any chronic or physical illness (deafness, paralysis, blindness, etc.) 1. Yes (specify) _____ 3. No 8. DK	1 _____ 3 8	1 _____ 3 8

NON - CORESIDENT PARENTS TRANSFERS (SECTION TP)

	Father ↓ FOLLOW DOWNWARDS	Mother ↓ FOLLOW DOWNWARDS
TP17. Now/one year before his death, your [...] needs/needed help to fulfill his personal necessities, as basic dressing, eating, or showering? 1. Yes 3. No 8. DK	1 3 8	1 3 8
TP18. Where does your [...] / did your [...] live before dying? 1. Specify 3. Same State/Country of the respondent 8. DK	1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____ → TP01, MOTHER'S COLUMN	1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____

NON - CORESIDENT PARENTS TRANSFERS (SECTION TP)

<p>TP19. INTERVIEWER: IN TP20 FIRST FILL OUT THE FATHER'S COLUMN AND THEN DO THE MOTHERS'.</p>		
	Father	Mother
<p>TP20. INTERVIEWER:</p> <p>1. IF TP01 = 8 (RESPONDENT DOES NOT KNOW IF THIS FATHER/MOTHER STILL LIVE), 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 DIED), CIRCLE 1, or IFTP04 = 8 (RESPONDENT DOESN'T KNOW IF HIS 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 T020 RESULTS.</p>	<p>FATHER = 1 AND MOTHER= 1..... 1 → SECTION TH</p> <p>FATHER = 1 AND MOTHER= 2..... 2 → COLUMN 3, NEXT PAGE</p> <p>FATHER = 2 AND MOTHER= 1..... 3 → COLUMN 2, NEXT PAGE</p> <p>FATHER = 2 AND MOTHER = 2..... 4 → TP22</p>	
<p>TP22. Do/did your parents live together before dying, or did your parents live together before your [...]died (one of both)?</p>	<p>Yes.....1 → COLUMN 1, NEXT PAGE</p> <p>No.....3 → FIRST COLUMN 2, NEXT PAGE THEN COLUMN 3, NEXT PAGE</p>	

NON - CORESIDENT PARENTS TRANSFERS (SECTION TP)

	COLUMN 1 Father and Mother (live together) ↓ FOLLOW DOWNWARDS	COLUMN 2 Father ↓ FOLLOW DOWNWARDS	COLUMN 3 Mother ↓ FOLLOW DOWNWARDS
	TP23. During the last 12 months, did you give your [...] any help like money, cloths, or food, or did you offer your time to help them in something?	Yes..... 1 No..... 3 → TP25	Yes..... 1 No..... 3 → TP25
TP24. During the last 12 months, what kind of help did you offer to your [...]? (READ OPTIONS AND CIRCLE ALL THAT APPLY) A. Money to pay expenses related with your father's/mother's health B. Any other money C. Food, clothes, or any other products D. Time and care during any illness E. Do the housework, take care of kids, with lodging or with any work F. Other (specify)	A. \$ _ , _ , _ , _ , _ , _ B. \$ _ , _ , _ , _ , _ , _ C. \$ _ _ _ , _ _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ _ , _ _ _ _____	A. \$ _ , _ , _ , _ , _ , _ B. \$ _ , _ , _ , _ , _ , _ C. \$ _ _ _ , _ _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ _ , _ _ _ _____	A. \$ _ , _ , _ , _ , _ , _ B. \$ _ , _ , _ , _ , _ , _ C. \$ _ _ _ , _ _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ _ , _ _ _ _____
TP25. During the last 12 months, did you receive from your [...] any help like money, clothes, or food, or were you offered their time to help in something?	Yes..... 1 No..... 3 → TP27	Yes..... 1 No..... 3 → TP27	Yes..... 1 No..... 3 → TP27
TP26. During the last 12 months, did you receive support of your [...] like (...)? (READ OPTIONS AND CIRCLE ALL THAT APPLY) A. Money to pay expenses related with your father's/mother's health B. Any other money C. Food, clothes, or any other products D. Time and care during any illness E. Do the housework, take care of kids, with lodging or with any work F. Other (specify)	A. \$ _ , _ , _ , _ , _ , _ B. \$ _ , _ , _ , _ , _ , _ C. \$ _ _ _ , _ _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ _ , _ _ _ _____	A. \$ _ , _ , _ , _ , _ , _ B. \$ _ , _ , _ , _ , _ , _ C. \$ _ _ _ , _ _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ _ , _ _ _ _____	A. \$ _ , _ , _ , _ , _ , _ B. \$ _ , _ , _ , _ , _ , _ C. \$ _ _ _ , _ _ _ D. _ _ a. Days b. Months E. _ _ a. Days b. Months F. \$ _ _ _ , _ _ _ _____

NON - CORESIDENT PARENTS TRANSFERS (SECTION TP)

	COLUMN 1	COLUMN 2	COLUMN 3
	Father and Mother (live together)	Father	Mother
TP27. Who do/did your [...] live with? (CIRCLE ALL THAT APPLY) (THE RELATIONSHIP IS IN REGARD TO THE FATHER/MOTHER) 01. Alone 02. With his spouse/couple 03. With his daughter 04. With his son 05. With his brother/sister in law 06. With his sister 07. With his brother 08. With his grandson/grand daughter 09. With his father/mother 10. Other (specify) 98. NS	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 [...] LIVE/LIVED WITH ANY SON OR DAUGHTER.	Yes.....1 → WRITE DOWN THE NAME No.....3 → SECTION TH _____ _____ _____	Yes.....1 → WRITE DOWN THE NAME No.....3 → TP22 _____ _____ _____	Yes.....1 → WRITE DOWN THE NAME No.....3 → SECTION TH _____ _____ _____

NON CORESIDENT SIBLINGS TRANSFERS (SECTION TH)

Now we would like to ask you about your brothers.

TH01. How many brothers did you have, that you know have died? 1. Number of dead brothers 2. None	1. _ _ Brothers 2. → TH12
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TH02. INTERVIEWER: FIRST FILL OUT TH04, BEGINNING WITH THE FIRST WHO DIED.

TH03	TH04	TH05	TH06	TH07	TH08	TH09	TH10
Dead Brother	Name	Gender	In which year was (...) born? or How old would (...) be, if had not died?	Age of death	Which is the highest level of education (...) reached?	Which is the highest grade (...) passed?	INTERVIEWER: IS THERE ANOTHER BROTHER/ SISTER DEAD?
1	_____	1 3	1. _ _ _ _ Year 2. _ _ Age	1. _ _ Years 8. DK If less than 7 years → TH10	01 → TH10 06 → TH10 02 → TH10 07 → TH10 03 08 → TH10 04 98 → TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 → NEXT BROTHER No....3 → TH11
2	_____	1 3	1. _ _ _ _ Year 2. _ _ Age	1. _ _ Years 8. DK If less than 7 years → TH10	01 → TH10 06 → TH10 02 → TH10 07 → TH10 03 08 → TH10 04 98 → TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 → NEXT BROTHER No....3 → TH11
3	_____	1 3	1. _ _ _ _ Year 2. _ _ Age	1. _ _ Years 8. DK If less than 7 years → TH10	01 → TH10 06 → TH10 02 → TH10 07 → TH10 03 08 → TH10 04 98 → TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 → NEXT BROTHER No....3 → TH11
4	_____	1 3	1. _ _ _ _ Year 2. _ _ Age	1. _ _ Years 8. DK If less than 7 years → TH10	01 → TH10 06 → TH10 02 → TH10 07 → TH10 03 08 → TH10 04 98 → TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 → NEXT BROTHER No....3 → TH11
5	_____	1 3	1. _ _ _ _ Year 2. _ _ Age	1. _ _ Years 8. DK If less than 7 years → TH10	01 → TH10 06 → TH10 02 → TH10 07 → TH10 03 08 → TH10 04 98 → TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 → SUPPLEMENT No....3 → TH11

TH11. INTERVIEWER: IS THERE SUPPLEMENT?	1. YES 3. NO
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Code for TH05:

- 1. Male
- 3. Female

Code for TH08:

- 01. Without instruction
- 02. Preschool or Kinder
- 03. Elementary
- 04. Secondary
- 05. High school
- 06. Normal basic/high shoo
- 07. College
- 08. Graduate
- 98. DK

Code for TH09:

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

NON CORESIDENT SIBLINGS TRANSFERS (SECTION TH)

TH12. Do you have brothers who live in another household?	Yes1 No3 → SECTION TH
TH13. How many brothers do you have, who live in another household?	_ _ Brothers

NON CORESIDENT SIBLINGS TRANSFERS (SECTION TH)

TH14. INTERVIEWER: FIRST FILL OUT TH16, BEGINNING WITH THE OLDEST ONE.

TH15	TH16	TH17	TH18	TH19	TH20	TH21
Alived Brother	Name	Gender	Age	Which is the highest level of education (...) achieved?	Which is the highest grade (...) passed?	INTERVIEWER: IS THERE ANOTHER BROTHER?
1	_____	1 3	1. _ _ Years 8. DK If less than 7 years → TH21	01 → TH21 06 → TH21 02 → TH21 07 → TH21 03 08 → TH21 04 98 → TH21 05	00 01 02 03 04 05 06 07 08 _____ 98	Yes..... 1 → NEXT BROTHER No..... 3 → TH22
2	_____	1 3	1. _ _ Years 8. DK If less than 7 years → TH21	01 → TH21 06 → TH21 02 → TH21 07 → TH21 03 08 → TH21 04 98 → TH21 05	00 01 02 03 04 05 06 07 08 _____ 98	Yes..... 1 → NEXT BROTHER No..... 3 → TH22
3	_____	1 3	1. _ _ Years 8. DK If less than 7 years → TH21	01 → TH21 06 → TH21 02 → TH21 07 → TH21 03 08 → TH21 04 98 → TH21 05	00 01 02 03 04 05 06 07 08 _____ 98	Yes..... 1 → NEXT BROTHER No..... 3 → TH22
4	_____	1 3	1. _ _ Years 8. DK If less than 7 years → TH21	01 → TH21 06 → TH21 02 → TH21 07 → TH21 03 08 → TH21 04 98 → TH21 05	00 01 02 03 04 05 06 07 08 _____ 98	Yes..... 1 → NEXT BROTHER No..... 3 → TH22
5	_____	1 3	1. _ _ Years 8. DK If less than 7 years → TH21	01 → TH21 06 → TH21 02 → TH21 07 → TH21 03 08 → TH21 04 98 → TH21 05	00 01 02 03 04 05 06 07 08 _____ 98	Yes..... 1 → SUPPLEMENT No..... 3 → TH22

TH22. INTERVIEWER: S THERE SUPPLEMENT

1. YES
3. NO

Code for TH17:

- 1. Male
- 3. Female

Code for TH19:

- 01. Without instruction
- 02. Preschool or kinder
- 03. Elementary
- 04. Secondary
- 05. High School
- 06. Normal basic/high school
- 07. College
- 08. Graduate
- 98. DK

Code for TH20:

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

NON CORESIDENT SIBLINGS TRANSFERS (SECTION TH)

<p>TH23. During the last 12 months, did you give any of your brothers who live outside this household, any help like money, clothes, or food, or did you offer your time to help them in something?</p>	<p>Yes..... 1 No..... 3 → TH25</p>
<p>TH24. During the last 12 months, what kind of help did you offer?</p> <p style="text-align: center;">(ADD THE TOTAL OF WHAT YOU GAVE TO ALL YOUR BROTHERS IN EACH OPTION) (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 money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, with lodging or with any other work 7. Other (specify) 	<ol style="list-style-type: none"> 1. \$ _ , _ , _ , _ , _ , _ 2. \$ _ , _ , _ , _ , _ , _ 3. \$ _ , _ , _ , _ , _ , _ 4. \$ _ , _ , _ , _ , _ , _ 5. _ a. Days b. Months 6. _ a. Days b. Months 7. \$ _ , _ , _ , _ , _ , _ <hr/>
<p>TH25. During the last 12 months, did you receive from any of your brothers who live outside this household, any help like money, clothes, or food, or did he offer his time to help you in something?</p>	<p>Yes..... 1 No..... 3 → SECTION TH I</p>
<p>TH26. During the last 12 months, what kind of help did you receive from them?</p> <p style="text-align: center;">(ADD THE TOTAL OF WHAT YOU RECEIVED FROM ALL YOUR BROTHERS IN EACH OPTION) (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 money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, with lodging or with any other work 7. Other (specify) 	<ol style="list-style-type: none"> 1. \$ _ , _ , _ , _ , _ , _ 2. \$ _ , _ , _ , _ , _ , _ 3. \$ _ , _ , _ , _ , _ , _ 4. \$ _ , _ , _ , _ , _ , _ 5. _ a. Days b. Months 6. _ a. Days b. Months 7. \$ _ , _ , _ , _ , _ , _ <hr/>

NON CORESIDENT CHILD TRANSFERS(SECTION THI)

Now I would like to ask you about your children, who do not live at home.

<p>THI 01. INTERVIEWER: THE RESONDENT IS (...)?</p> <p>1. A WOMAN 2. A MAN, AND HIS SPOUSE/COUPLE DOES NOT LIVE AT HOME, OR DOES NOT HAVE A COUPLE 3. A MAN, AND HIS SPOUSE/COUPLE LIVES AT HOME</p>	<p>1 → THI 04 2 → THI 04 3</p>
<p>THI 02. Did/do you have children with another couple, different than the current one, and who do not live with you in the same household?</p>	<p>Yes.....1 No.....3 → SECTION TO</p>
<p>THI 03. How many children do you have, who have died and that you have procreated with a different couple than the current one? 1. Number of dead children 3. Cero children</p>	<p>1. _ _ → THI 06 3. → THI 15</p>
<p>THI 04. Did/do you have children who do not live with you in the same home?</p>	<p>Yes.....1 No.....3 → SECTION TO</p>
<p>THI 05. How many children did you have, who have died? 1. Number of dead children 3. Cero children</p>	<p>1. _ _ → THI 15 3. → THI 15</p>

NON CORESIDENT CHILD TRANSFERS(SECTION THI)

THI 06. INTERVIEWER: FIRST FILL OUT THI08, BEGINNING WITH THE FIRST DEAD.

THI 07	THI 08	THI 09	THI 10	THI 11	THI 12	THI 13
Dead Child	Name	Gender	Age of death	Which is the highest level of education (...) achieved?	Which is the highest grade (...) passed?	INTERVIEWER: IS THERE ANOTHER DEAD CHILD?
1	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 13	01 → THI 13 02 → THI 13 03 04 05 06 → THI 13 07 → THI 13 08 → THI 13 98 → THI 13	00 01 02 03 04 05 06 07 98 08 _____	Yes..... 1 → NEXT CHILD No..... 3 → THI 14
2	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 13	01 → THI 13 02 → THI 13 03 04 05 06 → THI 13 07 → THI 13 08 → THI 13 98 → THI 13	00 01 02 03 04 05 06 07 98 08 _____	Yes..... 1 → NEXT CHILD No..... 3 → THI 14
3	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 13	01 → THI 13 02 → THI 13 03 04 05 06 → THI 13 07 → THI 13 08 → THI 13 98 → THI 13	00 01 02 03 04 05 06 07 98 08 _____	Yes..... 1 → NEXT CHILD No..... 3 → THI 14
4	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 13	01 → THI 13 02 → THI 13 03 04 05 06 → THI 13 07 → THI 13 08 → THI 13 98 → THI 13	00 01 02 03 04 05 06 07 98 08 _____	Yes..... 1 → NEXT CHILD No..... 3 → THI 14
5	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 13	01 → THI 13 02 → THI 13 03 04 05 06 → THI 13 07 → THI 13 08 → THI 13 98 → THI 13	00 01 02 03 04 05 06 07 98 08 _____	Yes..... 1 → SUPPLEMENT No..... 3 → THI 14

**THI 14. INTERVIEWER:
IS THERE SUPPLEMENT?**

**1. YES
3. NO**

Code for TH09:

- 1. Male
- 3. Female

Code for THI 11:

- 01. Without instruction
- 02. Preschool or Kinder
- 03. Elementary
- 04. Secondary
- 05. High school
- 06. Normal basic/high school
- 07. College
- 08. Graduate
- 98. DK

Code for THI 12:

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

NON CORESIDENT CHILD TRANSFERS(SECTION THI)

<p>THI 15. INTERVIEWER: IS THE RESPONDENT (...)?</p> <p>1. A WOMAN 2. A MAN, AND HIS SPOUSE/COUPLE DOES NOT LIVE AT HOME, OR DOES NOT HAVE A COUPLE 3. A MAN, AND HIS SPOUSE/COUPLE LIVES AT HOME</p>	<p>1 → THI 17 2 → THI 17 3</p>
<p>THI 16. In total, how many children do you have with other couples, who are alive, but who do not live with you in the same home?</p> <p>1. Number of children 3. Cero children</p>	<p>1. _ _ Alived children → THI 18 3. → SECTION TO</p>
<p>THI 17. In total, how many children do you have who are alive, but who do not live with you in the same home?</p> <p>1. Number of children 3. Cero children</p>	<p>1. _ _ Alived children 3. → SECTION TO</p>

NON CORESIDENT CHILD TRANSFERS(SECTION THI)

THI 18. INTERVIEWER: FIRST FILL OUT THI20, BEGINNING WITH THE OLDEST ONE.

THI 19	THI 20	THI 21	THI 22	THI 23	THI 24	THI 25
Alived Child	Name	Gender	Age	Which is the highest level of education (...) achieved?	Which is the highest grade (...) passed?	INTERVIEWER: IS THERE ANOTHER SON/DAUGHTER?
1	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 25	01 → THI 25 06 → THI 25 02 → THI 25 07 → THI 25 03 08 → THI 25 04 98 → THI 25 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 →NEXT CHILD No.....3 → THI 26
2	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 25	01 → THI 25 06 → THI 25 02 → THI 25 07 → THI 25 03 08 → THI 25 04 98 → THI 25 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 →NEXT CHILD No.....3 → THI 26
3	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 25	01 → THI 25 06 → THI 25 02 → THI 25 07 → THI 25 03 08 → THI 25 04 98 → THI 25 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 →NEXT CHILD No.....3 → THI 26
4	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 25	01 → THI 25 06 → THI 25 02 → THI 25 07 → THI 25 03 08 → THI 25 04 98 → THI 25 05	00 01 02 03 04 05 06 07 98 08 _____	Yes...1 →NEXT CHILD No.....3 → THI 26
5	_____	1 3	1. _ _ Years 8. DK If less than 7 years → THI 25	01 → THI 25 06 → THI 25 02 → THI 25 07 → THI 25 03 08 → THI 25 04 98 → THI 25 05	00 01 02 03 04 05 06 07 98 08 _____	Yes.....1 → SUPPLEMENT No.....3 →THI 26

**THI 26. INTERVIEWER:
IS THERE SUPPLEMENT?**

**1. YES
3. NO**

Code for THI 21:
1. Male
3. Female

Code for THI 23:
01. Without instruction
02. Preschool or kinder
03. Elementary
04. Secondary
05. Highschool
06. Normal basic/high school
07. College
08. Graduate
98. DK

Code for THI 24:
00.Didn't complete first grade
01.First grade
02.Second grade
03.Third grade
04.Fourth grade
05.Fifth grade

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

NON CORESIDENT CHILD TRANSFERS(SECTION THI)

<p>THI 27. During the last 12 months, did you give any of your children who live out of this household, any help like money, clothes, or food, or did you offer your time to help them in something?</p>	<p>Yes..... 1 No..... 3 → THI 29</p>
<p>THI 28. During the last 12 months, what kind of help did you offer? (ADD THE TOTAL OF WHAT YOU GAVE TO ALL YOUR CHILDREN IN EACH OPTION) (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>1. Money to pay expenses related to their health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, with lodging or with any other work 7. Other (specify)</p>	<p>1. \$ _ , _ , _ , _ , _ , _ 2. \$ _ , _ , _ , _ , _ , _ 3. \$ _ , _ , _ , _ , _ , _ 4. \$ _ , _ , _ , _ , _ , _ 5. _ _ a. Days b. Months 6. _ _ a. Days b. Months 7. \$ _ , _ , _ , _ , _ , _ _____</p>
<p>THI 29. During the last 12 months, did you receive from any of your children who live outside this household, any help like money, clothes, or food, or did he offer his time to help you in something?</p>	<p>Yes..... 1 No..... 3 → SECTION TO</p>
<p>THI 30. During the last 12 months, what kind of help did you receive from them? (ADD THE TOTAL OF WHAT YOU RECEIVED FROM ALL YOUR CHILDREN IN EACH OPTION) (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <p>1. Money to pay expenses related to their health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, with lodging or with any other work 7. Other (specify)</p>	<p>1. \$ _ , _ , _ , _ , _ , _ 2. \$ _ , _ , _ , _ , _ , _ 3. \$ _ , _ , _ , _ , _ , _ 4. \$ _ , _ , _ , _ , _ , _ 5. _ _ a. Days b. Months 6. _ _ a. Days b. Months 7. \$ _ , _ , _ , _ , _ , _ _____</p>

TRANSFERS OF OTHER NON-RESIDENT PERSONS (SECTION TO)

<p>TO 01. During the last 12 months, did you give any person, any kind of help like money, clothes, or food or offered your time to help them in something, who is not your father/mother, brother/sister, or son/daughter and who live outside this household?</p>	<p>Yes..... 1 No..... 3 → TO 03</p>
<p>TO 02. During the last 12 months, which kind of help did you offer to these people, and how much was that? (ADD THE TOTAL OF WHAT YOU GAVE TO ALL THESE PEOPLE IN EACH OPTION) (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 money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, with lodging or with any other work 7. Other (specify) 	<ol style="list-style-type: none"> 1. \$ _ , _ , _ , _ , _ , _ , _ , _ 2. \$ _ , _ , _ , _ , _ , _ , _ , _ 3. \$ _ , _ , _ , _ , _ , _ , _ , _ 4. \$ _ , _ , _ , _ , _ , _ , _ , _ 5. _ _ a. Days b. Months 6. _ _ a. Days b. Months 7. \$ _ , _ , _ , _ , _ , _ , _ , _ <hr/>
<p>TO 03. During the last 12 months, did you receive from any person who is not your father/mother, brother/sister, or son/daughter and who live outside this home, any kind of help like money, clothes, food, or did they offer you time to help you in something?</p>	<p>Yes..... 1 No..... 3 → SECTION NE</p>
<p>TO 04. During the last 12 months, what kind of help did you totally receive from these people and how much was that? (ADD THE TOTAL OF WHAT YOU RECEIVED TO ALL THESE PEOPLE IN EACH OPTION) (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 money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, with lodging or with any other work 7. Other (specify) 	<ol style="list-style-type: none"> 1. \$ _ , _ , _ , _ , _ , _ , _ , _ 2. \$ _ , _ , _ , _ , _ , _ , _ , _ 3. \$ _ , _ , _ , _ , _ , _ , _ , _ 4. \$ _ , _ , _ , _ , _ , _ , _ , _ 5. _ _ a. Days b. Months 6. _ _ a. Days b. Months 7. \$ _ , _ , _ , _ , _ , _ , _ , _ <hr/>

INTERVIEW SESSION NOTES (SECTION NE)

FILL OUT THIS SECTION AFTER COMPLETING THE BOOK.

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

VISITS CONTROL

NUMBER OF VISITS	VISIT DATE		TIME OF THE INTERVIEW				VISIT RESULT (See codes)	ANSWERED SECTIONS (circle)								DATE FOR THE NEXT VISIT				
	DAY	MONTH	START		END											HRS.	MIN.	DAY	MONTH	
			HRS.	MIN.	HRS.	MIN.														
1								GH RE	ES TP	SM TH	EC THI	ATS TO	CE NE	HS	CA	CR				
2								GH RE	ES TP	SM TH	EC THI	ATS TO	CE NE	HS	CA	CR				
3								GH RE	ES TP	SM TH	EC THI	ATS TO	CE NE	HS	CA	CR				
4								GH RE	ES TP	SM TH	EC THI	ATS TO	CE NE	HS	CA	CR				
5								GH RE	ES TP	SM TH	EC THI	ATS TO	CE NE	HS	CA	CR				
TOTAL TIME OF THE INTERVIEW																				

VISITS CONTROL

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