

MEXICAN FAMILY LIFE SURVEY 2002

BOOK IV REPRODUCTIVE HEALTH

(RESPONDENT MUST BE A WOMAN HOUSEHOLD MEMBER FROM 14 TO 49 YEARS OLD)

HHID 2002

<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Book Interview Results

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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

CONFIDENTIAL

GEOGRAPHIC LOCATION

1) State	<input type="text"/>					
2) Municipality	<input type="text"/>					
3) District:	<input type="text"/>					
4) A.G.E.B.	<input type="text"/>					
5) Control Number	<input type="text"/>					
6) Strata	<input type="text"/>					
7) Fieldwork Number	<input type="text"/>					

REPLIER

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status:	<input type="checkbox"/> 1. Single	<input type="checkbox"/> 2. Separated	<input type="checkbox"/> 3. Married
	<input type="checkbox"/> 4. Divorced	<input type="checkbox"/> 5. Widow	<input type="checkbox"/> 6. Free Union
LS (Household- Member Identification):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>



INSTITUTO NACIONAL DE ESTADISTICA
GEOGRAFÍA E INFORMATICA

PREGNANCY SUMMARY (SECTION RES)

MxFLS 2002

I would like to ask you about the pregnancy subject.

RES01. Have you had any son or daughter that has been born alive?	Yes.....1 No.....3 → RES12
RES02. living with you now?	Yes.....1 No.....3 → RES03 = 0 RES04 = 0
RES03. Out of these born-alive, how many male children live with you now?	_ _ Men
RES04. Out of these born-alive, how many women children live with you now?	_ _ Women
RES05. INTERVIEWER: IN THE HOUSEHOLD ROSTER BOOK C, VERIFY THE TOTAL NUMBER OF CHILDREN. IF THE TOTAL RESULTING FROM ADDING RES03 + RES04, AND THE CHILDREN'S NUMBER IN LS01 DO NOT MATCH, CLARIFY THE DIFFERENCES AND RECTIFY THE NUMBER.	
RES06. Do you have biological sons or daughters still alive who are not living with you?	Yes.....1 No.....3 → RES07 = 0 RES08 = 0
RES07. How many biological sons are still alive, but do not live with you?	_ _ Men
RES08. How many biological daughters are still alive, but do not live with you?	_ _ Women
RES09. Have you given live birth to sons or daughters who were born alive but died afterwards?	Yes.....1 No.....3 → RES10 = 0 RES11 = 0
RES10. How many boys were born alive, but died afterwards?	_ _ Men
RES11. How many girls were born alive, but died afterwards?	_ _ Women

RES12. Have you had any son who was born dead?	Yes.....1 No.....3 → RES13 = 0
RES13. How many stillbirths have you had?	_ _ Children
RES14. Have you had any miscarriage, abortion or pregnancy interruption?	Yes.....1 No.....3 → RES15 = 0
RES15. How many losses have you had?	_ _ Losses
RES16. INTERVIEWER: ADD THE NUMBERS (RES03, RES04, RES07, RES08, RES10, AND RES11) AND WRITE DOWN THE RESULT HERE: _ _ Live Births To confirm your answer, you have had _ _ live births, is it correct? Yes.....1 No.....3 → CHECK IT OUT: RES03, RES04, RES07, RES08, RES10, RES11 CORRECT	
RES17. INTERVIEWER: ADD THE NUMBERS (RES13, RES15) AND WRITE HERE THE RESULT: _ _ Miscarriages or losses To confirm your answer, you have had _ _ miscarriages or losses, is that correct? Yes.....1 No.....3 → RE CHECK IT OUT: RES13 AND RES15 CORRECT	

PREGNANCY HISTORY (SECTION HE)

HE01. INTERVIEWER: TRANSFER THE INFORMATION FROM SECTION RES: a. NUMBER OF BIRTHS (RES16) b. LOSSES AND STILLBIRTHS (RES17)	
a. NUMBER OF LIVE BIRTHS (RES16) b. NUMBER OF LOSSES AND OF STILLBIRTHS (RES17) c. Are you pregnant right now? Yes.....1 -- (WRITE "1") HE02 → No.....3 -- (WRITE "0") HE03 → NS.....8 -- (WRITE "0") HE03 →	a. _ _ Born Alived b. _ _ Dead Born/Losses c. _ Pregnant
HE02. On what month are you expecting to give birth to your child?	_ _ Month
HE03. TOTAL FOR (a + b + c)	_ _ YES > 0 → HE04 YES = 0 → SECTION AC

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

HE04. INTERVIEWER: LIST ALL THE PREGNANCIES THAT THE WOMAN HAS HAD, BEGINNING WITH THE FIRST ONE USE A SUPPLEMENT IN CASE THERE ARE MORE THAN 4. ALL THE LINES OF EACH COLUMN SHOULD BE FILLED OUT BEFORE CARRYING ON TO THE NEXT PREGNANCY.

PREGNANCY HISTORY (SECTION HE)

HE05. Chronological order of the pregnancies' outcomes	[0][1] First Pregnancy	[0][2] Second Pregnancy	[0][3] Third Pregnancy	[0][4] Fourth Pregnancy
HE06. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE07. How old were you the first time you were pregnant?	_____ _____ _____ Años			
HE08. Did/do you expect several children to be born from your [...] ?	Yes.....1 No.....3 → HE10 NS.....8 → HE10			
HE09. How many children did/do you expect from this pregnancy?	_____ _____ Children	_____ _____ Children	_____ _____ Children	_____ _____ Children
HE10. What was the result of your [...] ? (READ OPTIONS, AND IN CASE OF MULTIPLE PREGNANCY, CIRCLE ALL THAT APPLY)				
1. You are pregnant	1 → HE14	1 → HE14	1 → HE14	1 → HE14
2. Born alive	2	2	2	2
3. Pregnancy loss	3 → HE12	3 → HE12	3 → HE12	3 → HE12
4. Still birth	4 → HE12	4 → HE12	4 → HE12	4 → HE12
HE11. Was [...] a boy or a girl? (IN CASE OF MULTIPLE PREGNANCY, ASK ABOUT THE FIRST ONE BORN)	Male1 Female.....3	Male1 Female.....3	Male1 Female.....3	Male1 Female.....3
HE12. On what date did the live birth/still birth/loss from your [...] occur ?	1. _____ → HE14 dd / mm / yy 8.	1. _____ → HE14 dd / mm / yy 8.	1. _____ → HE14 dd / mm / yy 8.	1. _____ → HE14 dd / mm / yy 8.
HE13. How old is [...] / would be if he had not died?	1. _____ Years 2. _____ Months 8.			
HE14. How many months did you/have you expect/ been expecting [...]?	1. _____ Months 2. _____ Weeks			
HE14a. INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) HE16▶	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) HE16▶	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) HE16▶	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) HE16▶	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT) HE16▶

PREGNANCY HISTORY (SECTION HE)

MxFLS 2002

HE05. Chronological order of the pregnancies' outcomes	[0][1] First Pregnancy	[0][2] Second Pregnancy	[0][3] Third Pregnancy	[0][4] Fourth Pregnancy
HE06. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE15. At the moment of childbirth/loss of [...], where did you go? 01. IMSS (Social Security) 01 02. IMSS Solidaridad 02 03. ISSSTE (Govt. Emp. Soc. Sec. Clinic or Hospital) 03 04. SSA (Health Ministry Clinic or Hospital) 04 05. DIF (Public Health Services for Families) 05 06. Other governmental health institutions 06 07. PEMEX/SEDENA/MARINA (Nat. Oil, Min. Def. Navy) 07 08. Private clinic or hospital 08 09. Midwife's House 09 10. At home with a doctor (gynecologist) 10 11. At home with a midwife 11 12. At home without a doctor or midwife 12 13. Red Cross 13 14. Other (specify) 14 _____				
HE16. INTERVIEWER: VERIFY IF THERE IS ANOTHER PREGNANCY IN HE06	Yes.....1→ HE08 No.....3	Yes.....1→ HE08 No.....3	Yes.....1→ HE08 No.....3	Yes.....1→ HE16a No.....3
HE16a. INTERVIEWER: IS THERE A SUPPLEMENT? 1. YES → HE08 SUPPLEMENT 3. NO				
HE17. How many pregnancies have you had in the past five years?	__ Pregnancies Yes= 0 or 1 → HE19 Yes > 1			
HE18. INTERVIEWER, READ THE FOLLOWING:	"Now I am going to ask you about these pregnancies, beginning with the last".			
HE19. INTERVIEWER, READ THE FOLLOWING:	"Now I am going to ask you about your last pregnancies, beginning with the very last".			

PREGNANCY HISTORY (SECTION HE)

Chronological order of the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE20. What was the result of your [# pregnancy]? (READ OPTIONS, AND IN CASE OF MULTIPLE PREGNANCY, CIRCLE ALL THAT APPLY) 1. You are pregnant 2. Born alive 3. Pregnancy loss 4. Born dead	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
HE21. How many check-ups did you have when you were pregnant of [...]? 1. Number of check- ups 2. Zero check- ups	1. __ Check- ups 2. → HE26			
HE22. In which month of your [# pregnancy] did you have your first check- up? 1. Time in months 2. Time in weeks	1. __ Months 2. __ Weeks			
HE23. When you were pregnant of [...], where did you go for check ups? 01. Social Security IMSS 02. Solidarity IMSS 03. ISSSTE (Clinic or Hospital) 04. SSA (Clinic or Hospital) 05. DIF (Public Health Services for Families) 06. Other governmental health institutions 07. PEMEX/SEDENA/Marine 08. Private clinic or hospital 09. Midwife's house 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. Red Cross 13. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____

PREGNANCY HISTORY (SECTION HE)

Chronological order of the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE24. Can you give me the name and the address of the place that you visited? 1. Specify 3. Same Municipality/District/Locality/Community/State/Residence Country 8. Don't know	1. Name 8. DK _____ 1. Address 8. DK _____ Reference _____ 1. Loc/Com 3. Same 8. DK _____ 1. Mun/Dist 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK	1. Name 8. DK _____ 1. Address 8. DK _____ Reference _____ 1. Loc/Com 3. Same 8. DK _____ 1. Mun/Dist 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK	1. Name 8. DK _____ 1. Address 8. DK _____ Reference _____ 1. Loc/Com 3. Same 8. DK _____ 1. Mun/Dist 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK	1. Name 8. DK _____ 1. Address 8. DK _____ Reference _____ 1. Loc/Com 3. Same 8. DK _____ 1. Mun/Dist 3. Same 8. DK _____ 1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK
HE25. During [pregnancy #], did you at any time receive the following services (...)? a. Were you weighed b. Were you measured c. Were you placed the Tetanus vaccine d. Were you taken blood pressure e. Were you done a blood test f. Were you made an urine test g. Did they listen the fetal cardiac beat h. Did they make a vagine test i. Did they measure the hip j. Did they measure the uterine botton with measuring tape k. Did they do an ultrasound l. Did they talk about family/birth planning m. Were you given classes about pregnancy/childbirth n. Did they teach you how to breastfeed INTERVIEWER: THE RESPONDANT IS PREGNANT o. At the end of the pregnancy, were you offered: o1. Tying of fallopian tubes o2. The intrauterine device o3. Contraceptive pills o4. Contraceptive injections o5. Other (specify)	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 Yes → HE26 No → CONTINUE	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 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 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 the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy																																																																																																																																																																																																																
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____																																																																																																																																																																																																																
HE26. During your [...] did you take/have you taken (...) ? A. Iron B. Calcium C. Vitamins	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8																																																																																																																																																
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
HE27. During your [...] did/have you suffered(...) ? A. Vaginal bleeding B. Swelling of feet/legs/face/hands C. High blood pressure D. Red eyes E. Frequent headaches F. High sugar levels in your blood G. Kidney infection H. Fluid with abnormal smell or color I. Childbirth's threats (last months) J. Miscarriage threats (first months) K. Sharp vaginal itching/vaginal infection L. Premature water breakage	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	1	3	8	G	1	3	8	H	1	3	8	I	1	3	8	J	1	3	8	K	1	3	8	L	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	1	3	8	G	1	3	8	H	1	3	8	I	1	3	8	J	1	3	8	K	1	3	8	L	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	1	3	8	G	1	3	8	H	1	3	8	I	1	3	8	J	1	3	8	K	1	3	8	L	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A	1	3	8	B	1	3	8	C	1	3	8	D	1	3	8	E	1	3	8	F	1	3	8	G	1	3	8	H	1	3	8	I	1	3	8	J	1	3	8	K	1	3	8	L	1	3	8
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
D	1	3	8																																																																																																																																																																																																																	
E	1	3	8																																																																																																																																																																																																																	
F	1	3	8																																																																																																																																																																																																																	
G	1	3	8																																																																																																																																																																																																																	
H	1	3	8																																																																																																																																																																																																																	
I	1	3	8																																																																																																																																																																																																																	
J	1	3	8																																																																																																																																																																																																																	
K	1	3	8																																																																																																																																																																																																																	
L	1	3	8																																																																																																																																																																																																																	
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
D	1	3	8																																																																																																																																																																																																																	
E	1	3	8																																																																																																																																																																																																																	
F	1	3	8																																																																																																																																																																																																																	
G	1	3	8																																																																																																																																																																																																																	
H	1	3	8																																																																																																																																																																																																																	
I	1	3	8																																																																																																																																																																																																																	
J	1	3	8																																																																																																																																																																																																																	
K	1	3	8																																																																																																																																																																																																																	
L	1	3	8																																																																																																																																																																																																																	
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
D	1	3	8																																																																																																																																																																																																																	
E	1	3	8																																																																																																																																																																																																																	
F	1	3	8																																																																																																																																																																																																																	
G	1	3	8																																																																																																																																																																																																																	
H	1	3	8																																																																																																																																																																																																																	
I	1	3	8																																																																																																																																																																																																																	
J	1	3	8																																																																																																																																																																																																																	
K	1	3	8																																																																																																																																																																																																																	
L	1	3	8																																																																																																																																																																																																																	
	YES	NO	DK																																																																																																																																																																																																																	
A	1	3	8																																																																																																																																																																																																																	
B	1	3	8																																																																																																																																																																																																																	
C	1	3	8																																																																																																																																																																																																																	
D	1	3	8																																																																																																																																																																																																																	
E	1	3	8																																																																																																																																																																																																																	
F	1	3	8																																																																																																																																																																																																																	
G	1	3	8																																																																																																																																																																																																																	
H	1	3	8																																																																																																																																																																																																																	
I	1	3	8																																																																																																																																																																																																																	
J	1	3	8																																																																																																																																																																																																																	
K	1	3	8																																																																																																																																																																																																																	
L	1	3	8																																																																																																																																																																																																																	
HE28. INTERVIEWER: 1. HE20 = 1 (SHE IS PREGNANT) or 3 (LOSS) 3. HE20 = 2 (BORN ALIVE) or 4 (BORN DEAD)	1 → HE20 (other pregnancy) AC (no other pregnancy) 3	1 → HE20 (other pregnancy) AC (no other pregnancy) 3	1 → HE20 (other pregnancy) AC (no other pregnancy) 3	1 → HE28a SUPPLEMENT AC (no other pregnancy) 3																																																																																																																																																																																																																
HE28a. SURVEYOY: IS THERE A SUPPLEMENT?	1. YES → HE20 SUPPLEMENT 3. NO																																																																																																																																																																																																																			
HE29. At the moment of the childbirth of [...], were you in labor for more than one day and one night? 1. Yes 3. No 8. DK	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8																																																																																																																																																																																								
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			
HE30. Was your child from your [...] born before time? 1. Yes 3. No 8. DK	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>8</td><td>8</td></tr> </table>		1	3	3	8	8																																																																																																																																																																																								
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			
	1																																																																																																																																																																																																																			
3	3																																																																																																																																																																																																																			
8	8																																																																																																																																																																																																																			

PREGNANCY HISTORY (SECTION HE)

Chronological order of the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE31. Where was the childbirth of [...] attended? 01. IMSS (Social Security) 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/MARINA (Nat. Oil, Min. Def. Navy) 08. Private clinic or hospital 09. Midwife's house 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. At home, with neither doctor nor midwife 13. Red Cross 14. You have not yet given birth yet 15. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15
HE32. Can you give me the name and the address of the place that you visited? 1. Specify 3. Same Municipality/District/Locality/Community/State/Country of the check-ups. 8. Do not know	1. Name _____ 8. DK _____ 1. Address _____ 3. Same _____ 8. DK _____ Reference _____ 1. Loc/Com _____ 3. Same _____ 8. DK _____ 1. Mun/Dist _____ 3. Same _____ 8. DK _____ 1. State _____ 3. Same _____ 8. DK _____ 1. Country _____ 3. Same _____ 8. DK _____	1. Name _____ 8. DK _____ 1. Address _____ 3. Same _____ 8. DK _____ Reference _____ 1. Loc/Com _____ 3. Same _____ 8. DK _____ 1. Mun/Dist _____ 3. Same _____ 8. DK _____ 1. State _____ 3. Same _____ 8. DK _____ 1. Country _____ 3. Same _____ 8. DK _____	1. Name _____ 8. DK _____ 1. Address _____ 3. Same _____ 8. DK _____ Reference _____ 1. Loc/Com _____ 3. Same _____ 8. DK _____ 1. Mun/Dist _____ 3. Same _____ 8. DK _____ 1. State _____ 3. Same _____ 8. DK _____ 1. Country _____ 3. Same _____ 8. DK _____	1. Name _____ 8. DK _____ 1. Address _____ 3. Same _____ 8. DK _____ Reference _____ 1. Loc/Com _____ 3. Same _____ 8. DK _____ 1. Mun/Dist _____ 3. Same _____ 8. DK _____ 1. State _____ 3. Same _____ 8. DK _____ 1. Country _____ 3. Same _____ 8. DK _____
HE33. Was the delivery of [...] normal or caesarean? 1. Normal 2. Caesarean	1 2	1 2	1 2	1 2
HE34. During the childbirth of [...]? A. Did you have high pressure B. Did you have low pressure C. The child was born feet first or bottom first D. The child had the umbilical cord tangled E. You had any complication or difficulty	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8	Yes No DK A 1 3 8 B 1 3 8 C 1 3 8 D 1 3 8 E 1 3 8

PREGNANCY HISTORY (SECTION HE)

Chronological order of the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE35. Were you administered any kind of anesthetics? 1. Yes 3. No	1 3	1 3	1 3	1 3
HE36. How much did you spend in transportation to reach the place you delivered [...]? (One way only, including companion) 1. Transportation expenses 8. NS	1. \$ _____ 8	1. \$ _____ 8	1. \$ _____ 8	1. \$ _____ 8
HE37. How much did the birth of cost (including medical expenses)? 1. Childbirth's Cost 3. Nothing 8. NS	1. \$ _____ 3 → HE39 8. DK			
HE38. Did you have any prepaid birth service?	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No
HE39. Who provided care during [...]’s birth? (READ OPTIONS, AND CIRCLE ALL THAT APPLY) 1. General Doctor, 2. Gynecologist 3. Pediatrician 4. Midwife 5. Auxiliar or Health Promoter 6. Nurse 7. Anesthesiologist 8. Nobody 9. Other (specify)	1 2 3 4 5 6 7 8 → HE41 9	1 2 3 4 5 6 7 8 → HE41 9	1 2 3 4 5 6 7 8 → HE41 9	1 2 3 4 5 6 7 8 → HE41 9
HE40. Why did you choose this person/place/health center? (CIRCLE ALL THAT APPLY) 1. Cheap 2. Close 3. Felt safe 4. More comfortable 5. Modern Service 6. For having right to the service 7. Family/friend/doctor recommendation 8. Was referred to by other place 9. Free 10. Tradition 11. Only option 12. Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____

PREGNANCY HISTORY (SECTION HE)

Chronological order of the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE41. Were you submitted to any check- up during the first forty days after the childbirth of [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8	1 3 8	1 3 8
HE42. How long after the birth [...] did your menstruation begin again? 01. Time in days 02. Time in weeks 03. Time in months 96. Hasn't come back 97. Hasn't come back because you got pregnant 98. DK	01. Days 02. Weeks 03. Months 96 97 98			
HE43. How long after the birth [...] did you have sexual relations again? 01. Time in months 95. After the quarantine 96. Has not have/had 97. Less than a month 98. DK	01. Months 95 96 97 98	01. Months 95 96 97 98	01. Months 95 96 97 98	01. Months 95 96 97 98
HE44. INTERVIEWER; 1. HE20 =2 (LIFE BIRTH) 3. HE20 = 4 (STILL BIRTH)	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy	1 3 → HE20 (there is another pregnancy AC (there is no other pregnancy
HE45. Compared with other children, do you consider that [...] was bigger, smaller, or of similar in size? 1. Bigger 2. Similar 3. Smaller 8. DK	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
HE46. How much did [...] weigh at birth? 1. Weight 2. Was not weigh 8. DK	1. . Kg. Grs. 2. 8.			
HE47. Did you breastfeed [...] sometime, even though it was for a short period?	Yes.....1 No.....3 → HE51	Yes.....1 No.....3 → HE51	Yes.....1 No.....3 → HE51	Yes.....1 No.....3 → HE51

PREGNANCY HISTORY (SECTION HE)

Chronological order of the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy																																																																																																
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____																																																																																																
HE48. For how long did you breastfeed [...] give water of tea? 01. Time in days 02. Time in weeks 03. Time in months 96. Still nursing	01. [][] Days 02. [][] Weeks 03. [][] Months 96	01. [][] Days 02. [][] Weeks 03. [][] Months 96	01. [][] Days 02. [][] Weeks 03. [][] Months 96	01. [][] Days 02. [][] Weeks 03. [][] Months 96																																																																																																
HE49. While you were breastfeeding [...] did you take medicine not prescribed by a doctor like (...)? A. Contraceptives (Contraceptive pills) B. Analgesics (aspirine, tempral, disprine) C. Antibiotics (amoxil, binotal, penicillin) D. Vitamins E. Other (specify)	<table border="0"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		Yes	No	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8
	Yes	No	DK																																																																																																	
A.	1	3	8																																																																																																	
B.	1	3	8																																																																																																	
C.	1	3	8																																																																																																	
D.	1	3	8																																																																																																	
E.	1	3	8																																																																																																	
	Yes	No	DK																																																																																																	
A.	1	3	8																																																																																																	
B.	1	3	8																																																																																																	
C.	1	3	8																																																																																																	
D.	1	3	8																																																																																																	
E.	1	3	8																																																																																																	
	Yes	No	DK																																																																																																	
A.	1	3	8																																																																																																	
B.	1	3	8																																																																																																	
C.	1	3	8																																																																																																	
D.	1	3	8																																																																																																	
E.	1	3	8																																																																																																	
	Yes	No	DK																																																																																																	
A.	1	3	8																																																																																																	
B.	1	3	8																																																																																																	
C.	1	3	8																																																																																																	
D.	1	3	8																																																																																																	
E.	1	3	8																																																																																																	
HE50. INTERVIEWER: VERIFY HE48 SI HE48 = 96 (STILL NURSING) → HE53 SI HE48 = 01, 02, 03 (TIME IN DAYS / WEEKS/ MONTHS) → HE51																																																																																																				
HE51. Why did you stop breastfeeding / didn't you breastfeed [...]? (CIRCLE ALL THAT APPLY)																																																																																																				
01. Sick/weak mother	01	01	01	01																																																																																																
02. Painful nipples	02	02	02	02																																																																																																
03. Labor reasons	03	03	03	03																																																																																																
04. Taking contraceptive pills	04	04	04	04																																																																																																
05. Wanted to get pregnant	05	05	05	05																																																																																																
06. Pregnant once again	06	06	06	06																																																																																																
07. Insufficient milk	07	07	07	07																																																																																																
08. Child's illness	08	08	08	08																																																																																																
09. Incubating child	09	09	09	09																																																																																																
10. Child did not develop	10	10	10	10																																																																																																
11. Child wouldn't take it	11	11	11	11																																																																																																
12. Doctor's/nurse's recommendation	12	12	12	12																																																																																																
13. Husband's objection	13	13	13	13																																																																																																
14. Child's inability to suck	14 → HE53	14 → HE53	14 → HE53	14 → HE53																																																																																																
15. Child big enough	15	15	15	15																																																																																																
16. For breastfeeding other baby	16	16	16	16																																																																																																
17. Child's death	17 → HE56	17 → HE56	17 → HE56	17 → HE56																																																																																																
18. Personal decision/didn't want	18	18	18	18																																																																																																
19. Other (specify)	19	19	19	19																																																																																																

PREGNANCY HISTORY (SECTION HE)

MxFLS 2002

Chronological order of the pregnancies' outcomes.	[0][1] Last Pregnancy	[0][2] Penultimate Pregnancy	[0][3] First Previous Pregnancy	[0][4] Second Previous Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE52. Did somebody else continue breastfeeding [...] even though it was only for a short period? 1. Yes 3. No	1 3	1 3	1 3	1 3
HE53. How old was/were [...] when you fed him/her/them with other liquids, like juice, or formula, besides mother's milk? 01. Days 02. Weeks 03. Months 96. Hasn't been fed yet/never	01. Days 02. Weeks 03. Months 96.			
HE54. How old was/were [...] when you first fed him/her/them with solids, like soft food? 01. Days 02. Weeks 03. Months 04. Years 96. Hasn't been feed yet/never	01. Days 02. Weeks 03. Months 04. Years 96.			
HE55. Is [...] still alive? 1. Yes 3. No	1 → HE20 (there is another pregnancy) AC (there is no other pregnancy) 3	1 → HE20 (there is another pregnancy) AC (there is no other pregnancy) 3	1 → HE20 (there is another pregnancy) AC (there is no other pregnancy) 3	1 → HE20 (there is another pregnancy) SUPPLEMENT AC (there is no other pregnancy) 3
HE56. How old was [...] when he/she died? 1. Age in days 2. Age in weeks 3. Age in months 4. Age in years	1. Days 2. Weeks 3. Months 4. Years → HE20 (there is another pregnancy) AC (there is no other pregnancy)	1. Days 2. Weeks 3. Months 4. Years → HE20 (there is another pregnancy) AC (there is no other pregnancy)	1. Days 2. Weeks 3. Months 4. Years → HE20 (there is another pregnancy) AC (there is no other pregnancy)	1. Days 2. Weeks 3. Month 4. Years → HE20 (there is another pregnancy) SUPPLEMENT AC (there is no other pregnancy)

CONTRACEPTION (SECTION AC)

MxFLS 2002

Now I would like to ask you about contraceptive methods.

AC01. SURVEYOR: FIRST ASK THE ENTIRE AC02 COLUMN. IF ANY ANSWER IS "YES", ASK BY ROW STARTING FROM AC03						
(AC TYPE)	AC02	AC03	AC04	AC05		AC06
MEANS / METHODS	Have you heard of (...) for not having children?	Have you/ has your couple ever used (...)?	How old were you when you used this method for the first time?	How much is (...)?		If you would like to use (...) where could you get it? (SEE CODE)
				PRICE	UNIT	
A. Contraceptive Pills (A woman can take contraceptive pills every day)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	____ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$ _____, _____ 3. Free } → AC06 8. Don't know	1. One Box 5. _____	_____ _____
B. Intrauterine Device/Copper T (A woman could have an intrauterine device placed in her womb, by a doctor or a midwife)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	____ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$ _____, _____ 3. Free } → AC06 8. Don't know		_____ _____
C. Contraceptive Injections (A woman can be injected by a doctor or a midwife, in order to prevent pregnancy for several months)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	____ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$ _____, _____ 3. Free } → AC06 8. Don't know	1. One Month 3. Three Months 5. _____	_____ _____
D. Condom or Preservative (A man can use protection during the sexual relationship)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	____ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$ _____, _____ 3. Free } → AC06 8. Don't know	1. One Condom 3. A box 5. _____	_____ _____
E. Norplant, Tubes or Implants (A woman can ask a doctor to place some tubes under her skin in her arm to prevent pregnancy)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	____ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$ _____, _____ 3. Free } → AC06 8. Don't know	1. Three Years 3. Five Years 5. _____	_____ _____

CODE AC06

- 01. Hospital/Clinic or Public Health Center
- 02. Private Hospital/Clinic
- 03. Doctor's Dispensary
- 04. Mobile Ambulance
- 05. Health Promoter
- 06. Drugstore
- 07. Nurse
- 08. Midwife

- 09. Friend/Relative
- 10. Market/Herb doctor
- 11. Nowhere
- 12. Other (specify)
- 98. DK

CODE AC05

- 5. Other (specify)

CONTRACEPTION (SECTION AC)

MxFLS2002

(AC TYPE) BIRTH CONTROL RESOURCE/METHOD	AC02 Have you heard of (...) for not having children?	AC03 Have you/has your ever used (...)?	AC04 How old were you when you used this method for the first time?	AC05 How much is (...)?		AC06 If you would like to use (...) where could you get it? (SEE CODE)
				PRICE	UNIT	
F. Rhythm, Calendar, Billings or Periodical Abstinence Method (A couple stops having sexual relations during certain days of the month, when it is more likely that the woman will get pregnant)	1. Yes → 3. No ↓	1. Yes 3. No → Following line	___ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)			
G. Withdrawal or interruption of coitus (A man can withdraw remove before eyaculation, so that the woman does not get pregnant)	1. Yes → 3. No ↓	1. Yes 3. No				
H. Emergency Contraception (A woman can take pills up to 72 hours after having had sexual intercourse)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	___ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$, 3. Free } → AC06 8. Don't know	1. One Month 3. Three Months 5. _____	___
I. Herbs or teas for not having children.	1. Yes → 3. No ↓	1. Yes 3. No → AC06	___ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$, 3. Free } → AC06 8. Don't know	1. One Month 3. Three Months 5. _____	___
J. Tying fallopian tubes/Feminine Sterilization (A woman can have surgery to prevent pregnancy)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	___ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$, 3. Free } → AC06 8. Don't know		___
K. Vasectomy/Masculine Sterilization (A man can have surgery to prevent having another child)	1. Yes → 3. No ↓	1. Yes 3. No → AC06	___ Years (TRY TO ESTIMATE IF YOU DON'T KNOW)	1.\$, 3. Free } → AC06 8. Don't know		___
L. Others (specify) (Any other way or method to avoid pregnancy)	1. Yes _____ 3. No					

CODE AC06

- 01. Hospital/Clinic or Public Health Center
- 02. Private Hospital/Clinic
- 03. Doctor's Dispensary
- 04. Mobile Ambulance
- 05. Health Promoter

- 09. Friend/Relative
- 10. Market/Herb doctor
- 11. Nowhere
- 12. Other (specify)
- 98. DK

CODE AC05

- 5. Other (specify)

CONTRACEPTION (SECTION AC)

MxFLS2002

AC07. Are you physically capable of conceiving a child? 1. Yes 3. No 8. DK	1 3 8
AC08. INTERVIEWER: VERIFY IF SHE HAS HAD CHILDREN IN RES16, OR LOSSES, OR ABORTIONS IN RES17	
AC09. Have you ever had sexual intercourse?	1. Yes → AC11 3. No → AC26
AC10. How many children did you have by the first time that you started using a contraceptive method? 1. Number of children 3. Has never used a contraceptive method	1. [] Children 3. → AC24
AC11. Do you or your couple use a method to postpone or prevent pregnancy currently?	Yes.....1 No.....3 → AC23
AC12. Which method do you (or your couple) use now? (IN CASE OF DOUBT, EXPLAIN AGAIN THE METHODS) 01. Contraceptive pills 02. Emergency contraception 03. Contraceptive Injections 04. Condom or preservative 05. Norplant, Tubes or Implants 06. Herbs/Teas 07. IUD Intrauterine Device/Copper T 08. Rhythm, Calendar, Billings or Periodical Abstinence 09. Removal or Interruption of Coitus 10. Surgery 11. Vasectomy 12. Other (specify)	01 → AC14 02 → AC14 03 → AC14 04 → AC14 05 → AC14 06 → AC14 07 → AC13 08 → AC15 09 → AC15 10 → AC16 11 → AC16 12 → AC14
AC13. With your consent, were you placed the intrauterine device?	Yes..... 1 → AC15 No..... 3 → AC15
AC14. How much do you or your couple spend (CURRENT METHOD) ? 1. Monthly expense 2. Annual expense 3. Expense every 3 years 4. Expense every 5 years 5. Free 8. DK	1. \$ [] , [] monthly 2. \$ [] , [] annual 3. \$ [] , [] 3 years 4. \$ [] , [] 5 years 5. Free 8. DK
AC15. Did you use this same method 5 years ago? 1. Yes 3. No 5. You didn't use any	1 3 5

CONTRACEPTION (SECTION AC)

MxFLS 2002

<p>AC16. Which is the main reason why you decided to use the (CURRENT METHOD) instead of any other family planning method?</p> <p>01. By recommendation of a health service agent 02. Friend's or Relative's recommendation 03. Collateral effects with other method 04. Availability/Comfort 05. Cost 06. Wanted a permanent method 07. Preferred by spouse 08. Wanted a more effective / safer method 09. It is the only method that you know 10. Religious Principles 11. Suggestion of your mother in law 12. Wanted an easy to use method 13. Doctor's / Nurse's decision 14. Sickness 15. Other (specify) 98. DK</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 _____ 98</p>
<p>AC17. INTERVIEWER: IF AC12 = 08 (Rhythm, Calendar, Billings, Periodical Abstinence) or 09 (Removal or Interruption of Coitus) AC21 →</p>	
<p>AC18. Have you had any health inconveniences or health troubles cause by the use of (CURRENT METHOD)?</p>	<p>Yes 1 No..... 3 → AC20 NS..... 8 → AC20</p>
<p>AC19. Have you limited your activities as a result of these health inconveniences?</p> <p>1. Yes 3. No</p>	<p>1 3</p>
<p>AC20. Where did you obtain the current method?</p> <p>01. Public Hospital 02. Private Hospital/Clinic 03. Doctor's Dispensary 04. Mobile Ambulance 05. Health Promoter 06. Drugstore 07. Nurse 08. Midwife 09. Friend/Relative 10. Market/Herb doctor 11. Nowhere 12. Other (specify) 98. DK</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 _____ 98</p>

CONTRACEPTION (SECTION AC)

MxFLS 2002

<p>AC21. Did any doctor, nurse, midwife, agent recommend the (CURRENT METHOD) to you?</p>	<p>Yes.....1 No.....3 AC26 →</p>
<p>AC22. During your visit to the provider who suggested the method you are currently using, de the provider: A. Explain (or has ever explained) to you the possibility of secondary effects, due to the use of (CURRENT METHOD)? B. Inform (or has ever informed) of other methods that could be used?</p>	<p>Yes.....1 No.....3 NS.....8 Yes.....1 → AC26 No.....3 → AC26 DK.....8 → AC26</p>
<p>AC23. Why don't you/your couple use any method to prevent pregnancy? (CIRCLE ALL THAT APPLY)</p> <p>02. Want to have a child 03. Lack of knowledge 04. Disapproval/Advice of the spouse 05. High cost 06. Health reasons 07. Secondary effects 08. Doctor's/Nurse's/Midwife's advice 09. Difficulty to obtain methods 10. Religion 11. Rarely sexual intercourse 12. Difficulties to get pregnant 13. Menopause/Hysterectomy 14. Given birth recently (hasn't had menstruation) 15. Given birth recently (no sex) 16. Breastfeeding 17. Sterility 18. Temporary absence of the couple 19. Does not need (single, separated, widow) 20. Surgery 21. Does not want to 22. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 13 → AC26 14 15 16 17 → AC26 18 19 20 → AC26 21 22</p>
<p>AC24. In the future, are you planning on using a birth control method, to postpone/ prevent pregnancy?</p>	<p>1. Yes 3. No → AC26 8. DK → AC26</p>

CONTRACEPTION (SECTION AC)

MxFLS 2002

<p>AC25. Which method would you prefer? 01. Pills 02. Injections 03. Condom or Preservative 04. DIU/Copper T 05. Masculine Sterilization (vasectomy) 06. Feminine Sterilization (surgery) 07. Norplant 08. Rhythm 09. Interruption of Coitus 10. Traditional Herbs 11. Other (specify) 98. Don't know</p>	<p>01 02 03 04 05 06 07 08 09 10 11 _____ 98</p>
<p>AC26. How old were you when you had your first menstruation period? 1. Years 7. Hasn't happened 8. DK</p>	<p>1. _ _ Years 7. → AC32 8.</p>
<p>AC27. When did you have your last menstruation period? 1. Currently menstruating 2. Less than a month 3. Time in months 4. A year or more 8. DK</p>	<p>1. → AC29 2. → AC29 3. _ _ Months → AC29 4. 8. → AC29</p>
<p>AC28. Why did your menstruation stop? 1. Don't know 2. Menopause 3. Pregnant 4. Lactating 5. Childbirth's consequence 6. Your womb or ovaries were removed 7. You have tuberculosis or cancer 8. Received radiations in the pelvis 9. Has low weight 10. Other (specify)</p>	<p>1 2 3 4 5 6 7 8 9 10 _____</p>
<p>AC29. How many (more) children would you like to have? 01. Number of children 95. God's will/ Indifferent</p>	<p>01. _ _ Children yes= 0 → AC31 95.</p>
<p>AC30. Among the children you still wish to have, how many boys and girls would you like to have? 01. Number of boys 02. Number of girls 95. God's will/ Indifferent</p>	<p>01. _ _ Boys → AC32 02. _ _ Girls → AC32 95. The ones God sends/Indifferent → AC32</p>

CONTRACEPTION (SECTION AC)

MxFLS 2002

AC31. If you could start over again, how many children would you like to have had? Number of children	_ _ Children
AC32. INTERVIEWER: VERIFY IN AC08 AND AC09 IF SHE HAS HAD SEXUAL RELATIONS	YES.....1 → AC33 NO.....3 → AC41
AC33. How old were you when you had your first sexual intercourse? 1. Age 8. DK 9. Didn't answer	1. _ _ Years 8. 9.
AC34. How many sexual couples have you had in your life? 1. Number of sexual couples 8. DK 9. Didn't answer	1. _ _ Couples 8. 9.
AC35. How old were you when you first got married/started your concubinage? 1. Age 3. Have never married/ lived in free union	1. _ _ Years 3.
AC36. Have you had sexual intercourse in the past month? 1. Yes 3. No 9. Didn't answer	1 3 9 → AC38
AC37. How often do you have sexual intercourse? 1. Number of times a week 2. Number of times a month 3. Number of times a year 4. Have not had in the past year	1. _ _ Times 2. _ _ Times 3. _ _ Times 4.
AC38. Do you submit yourself to the cervical Smear (Papanicolao) test periodically?	Yes..... 1 No..... 3 → AC40 NS..... 8 → AC41
AC39. How often do you submit yourself to the cervical smear (Papanicolao) test? 1. Time in years 3. Time in months	1. Every _ _ years 3. Every _ _ months
AC40. When was the last time you submitted yrself to the cervical smear (Pap.) test? 1. Date (year) 3. Never has	1. _ _ _ _ 3.
AC41. Do you submit yourself to breast exam periodically?	Yes..... 1 No..... 3 → AC43 NS..... 8 → SECTION NE
AC42. How often do you submit yourself to a breast exam? 1. Time in years 3. Time in months 4. Every day	1. Every _ _ years 3. Every _ _ months 4.
AC43. When was the last time you submitted yourself to a breast exam? 1. Date (month and year) 3. Never has	1. _ _ Month _ _ _ _ Year 3.

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>
---	--	--

<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>
---	--	---

NOTES:

VISITS CONTROL

NUMBER OF VISITS	VISITS DATE		TIME OF THE INTERVIEW		VISITS RESULT (See codes)	ANSWERED SECTIONS (circle)	DATE FOR THE NEXT VISIT			
	DAY	MONTH	HRS.	MINS.			HRS.	MIN.	DAY	MONTH
1						RES HE AC NE				
2						RES HE AC NE				
3						RES HE AC NE				
4						RES HE AC NE				
5						RES HE AC NE				
6						RES HE AC NE				
TOTAL TIME OF THE INTERVIEW										

--	--

Interview's Result

VISITS CONTROL

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