

MEXICAN FAMILY LIFE SURVEY

THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER 18 YEARS OLD OR OLDER, WHO KNOWS ABOUT THE CHARACTERISTICS OF ALL HOUSEHOLD MEMBERS

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

ADDRESS	
Community	
Street	
Outside Number	Inside/Apt. Number
Plot, Section	
Between what streets	ZIP Code
Telephone Number	

RESPONDENT			
Name			
LS (Household Member Identification)			
Age			

HOUSEHOLD ID

SUPPLEMENTS

BOOK INTERVIEW RESULT

HOUSEHOLD INTERVIEW RESULT

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

CONFIDENTIAL



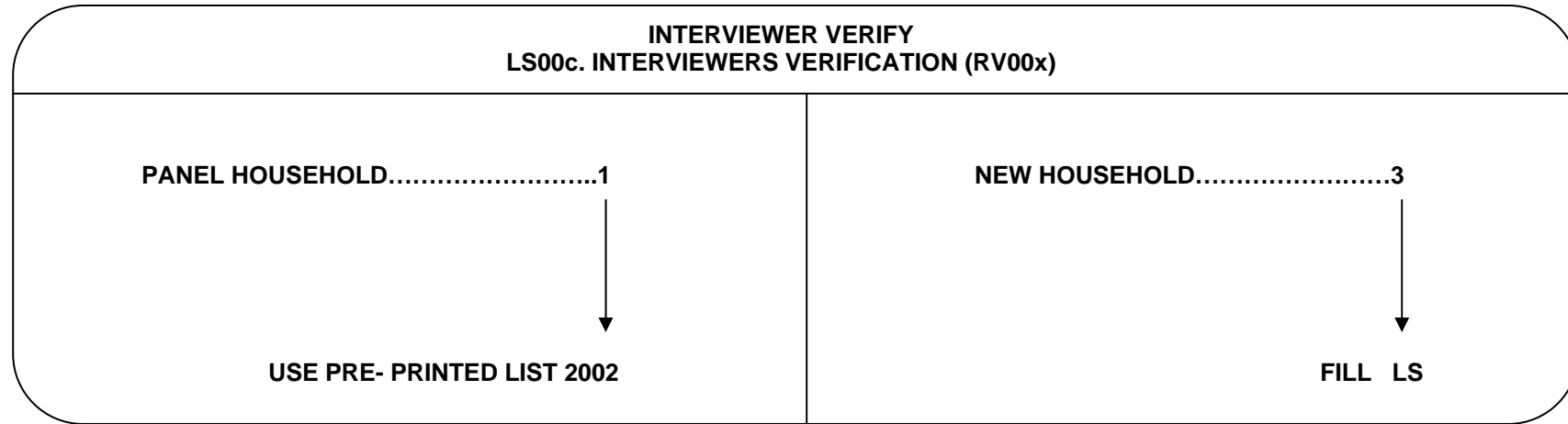
2005

INTERVIEWER:

**IF THIS IS A PANEL HOUSEHOLD, INSERT
PRE-PRINTED LIST.**

**IF IT IS A NEW HOUSEHOLD FILL IN THE
BLANKS WITH THE HOUSEHOLD MEMBERS'
INFORMATION**

HOUSEHOLD ROSTER



NOTE:
THESE QUESTIONS ARE ASKED WHILE THE INTERVIEWER IS FILLING-OUT THE PRE-PRINTED LIST IN ORDER TO ENSURE ALL HOUSEHOLD MEMBERS ARE INCLUDED.

<p>LS001. Is there a child living in this household that hasn't been included in the list?</p>	<p>1. Yes → add to LS list 3. No</p>
<p>LS002. Is there another person like a house worker, a friend or a house guest that hasn't been included in the list?</p>	<p>1. Yes → add to LS list 3. No</p>
<p>LS003. Is there another person that usually lives here, but who is temporarily away (less than a year)?</p>	<p>1. Yes → add to LS list 3. No</p>
<p>LS004. Is there any other person who has been living in the household for one year or more or someone who plans on staying for a year or longerr?</p>	<p>1. Yes → add to LS list 3. No</p>

ONLY FOR NEW HOUSEHOLDS

HOUSEHOLD MEMBER'S ROSTER (SECTION LS)

HOUSEHOLD ID

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

LS00	LS001	LS01a	LS01c	LS00i	LS04	LS03	LS06	LS07	LS08	Books								LS01b	
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM (LS) 2002	Gender	What is the birthdate of (...)?	Father's line number (SEE CODE)	Mother's line number (SEE CODE)	Line No. person who takes care <15 age	LS08a	LS08b	LS08c	LS08d	LS08e	LS08f	LS08g	LS08h	Tracking Status If LS01a = 3 Track If LS01a = 0,1,4 Do not track	
		0 → LS19 1 3 4	1. Yes 3. No → LS04		1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK				3A	3B	IV	EA/EN	Diet	Hg.	Gluc	Cholest		
1		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
2		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
3		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
4		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
5		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
6		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
7		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
8		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
9		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3
10		0 → LS19 1 3 4	1. Yes 3. No → LS04	<input type="text"/>	1. Male 3. Female	1. <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> Year 8. DK	<input type="text"/>	<input type="text"/>	<input type="text"/>	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3	1 3

LS09a. INTERVIEWER: IS THERE A SUPPLEMENT? 1. Yes
3. No

CODE LS01a:
0. Deceased
1. Still living in this household
3. Lived here in 2002 but not 2005
4. New Member

CODE LS06/ LS07:
51. Does not live at home/ Deceased
CODE LS08:
51. Does not live at home/ Deceased
52. Provides for her/himself
99. Does not apply

CODE LS08a/ LS08b/ LS08c:
P. Panel
N. New
CODE LS08d/ LS08e/ LS08f/ LS08g/ LS08h:
1. Apply
3. Does not apply

CODE LS01b:
1. Yes
3. No

TOTAL LINES USED

HOUSEHOLD MEMBER'S ROSTER (SECTION LS)

LS00	LS001	LS01a	LS01c	LS00i	LS02	LS05	LS10	LS11	LS12	LS13
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM (LS) 2002	How old is (...)?	What is (...)’s relationship with the head of household? (SEE CODE)	Currently, does (...) live in [...]? (SEE CODE)	Spouse’s/ Partner’s line number (SEE CODE)	During the last 12 months, did (...) work or develop any activity to help w/ household expenses?	In the last 12 months, approximately how much did (...) earn or receive for his/her work for household expenses?
							INTERVIEWER ASK LS10 AND LS11 ONLY TO HHM OLDER THAN 12 YEARS OLD	INTERVIEWER: FROM LS12 ONWARDS DO NOT ASK 4 YEAR OLD OR YOUNGER		
1					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
2					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
3					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
4					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
5					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
6					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
7					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
8					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
9					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK
10					1. 8. DK	16.	1, 5 2, 3, 4, 6 → LS12		Yes.....1 No.....3 → LS14	1. \$, , 8. DK

CODE LS05

- 01. Head of household
- 02. Spouse/ Partner
- 03. Son/ Daughter
- 04. Step son/ Daughter
- 05. Son/ Daughter in law
- 06. Father/ Mother
- 07. Father/ Mother in law
- 08. Brother/ Sister
- 09. Brother/ Sister in law
- 10. Grandson/ Granddaughter
- 11. Grandfather/Grandmother

CODE LS10

- 12. Uncle/ Aunt
- 13. Nephew/ Niece
- 14. Cousin
- 15. Worker
- 16. Ex-spouse/Ex-partner
- 17. No relationship
- 18. Other (specify)

CODE LS11

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

CODE LS13

- 51. Does not live at home

HOUSEHOLD MEMBER'S ROSTER (SECTION LS)

LS00	LS001	LS01a	LS01c	LS00i	LS14	LS15	LS16	LS17	LS18	LS19
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM (LS) 2002	What was the highest level of education (...) attends/ attended? (SEE CODE) INTERVIEWER: IF THE ANSWER CODE IS "01", "02", "09", "10", OR "98" → LS16	What is the highest grade level (...) finished? (SEE CODE)	Does (...) currently attend school?	What is the name of the school that (...) currently attends?	Does (...) attend school in the morning or in the afternoons?	INTERVIEWER: VERIFY: LS01a
1					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
2					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
3					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
4					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
5					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
6					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
7					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
8					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
9					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
10					___ ___ Level	___ ___ Grade 08. _____	1. Yes 3. No → LS19	_____	1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4

CODE for LS14:

- 01. No formal schooling
- 02. Preschool or kinder
- 03. Elementary
- 04. Jr. High
- 05. "Open" Jr. High

CODE for LS15:

- 06. High School
- 07. "Open" High School
- 08. Trade School
- 09. College
- 10. Graduate
- 98. DK

CODE for LS16:

- 00. Didn't complete first grade
- 01. First grade
- 02. Second grade
- 03. Third grade

CODE for LS17:

- 04. Fourth grade
- 05. Fifth grade
- 06. Sixth grade
- 07. Seventh grade
- 08. Other (specify)

HOUSEHOLD MEMBER'S ROSTER (SECTION LS)

LS00	LS001	LS01a	LS01c	LS00i	LS19a	LS19b	LS19c	LS19d	LS19e	LS19f
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM (LS) 2002	When did (...) move out/ pass away from this household?	Why did he/she move out /to this household?	INTERVIEWER: VERIFY LS01a =3	Is (...) living?	Where does (...) live now?	INTERVIEWER: VERIFY LS19e= 01, 02, 03, 04, 05
1					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
2					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
3					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
4					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
5					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
6					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
7					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
8					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
9					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory
10					1. Year [_____] 8. DK Month [__] 8. DK	10. [____]	3 → LS19d 0 ó 4 → NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 _____ 05 _____	1. Yes → S2 Form 3. No → Go to directory

CODE LS19b:

- 01. Due to/Look for Employment
- 02. Due to studies
- 03. To meet up with family
- 04. Due to marriage
- 05. Due to divorce

06. Deceased

- 07. By birth
- 08. Because of illness
- 09. DK
- 10. Moved to another house
- 11. Other (specify)

CODE LS19e:

- 01. Same Locality
- 02. Same Municipality
- 03. Same State
- 04. Other State _____
- 05. Other Country

08. DK

INTERVIEWER:

**STAPLE PRE – PRINTED LIST WITH
HOUSEHOLD MEMBERS INFORMATION**

ADDRESS ROSTER

INTERVIEWER: TRANSFER THE INFORMATION FOR LS20 AND LS21 FROM THE S2 FORM WHEN YOU FINISH DOING THE INTERVIEW

For LS19f=3: A household member MXFLS 2002 who has moved away (LS01a=3) and whose household members have and know current address

	LS01	LS00	LS20	LS21		
	HOUSEHOLD MEMBER'S FULL NAME	Line number of HHM (LS) 2002	INTERVIEWER: ASK IF A HOUSEHOLD MEMBER KNOWS THE ADDRESS	Where does this household member live now?		
1			1. Yes 3. No → NEXT HHM	DWELLING 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	1. WORK 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	3. SCHOOL 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK
2			1. Yes 3. No → NEXT HHM	DWELLING 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	1. WORK 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	3. SCHOOL 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK
3			1. Yes 3. No → NEXT HHM	DWELLING 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	1. WORK 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	3. SCHOOL 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK
4			1. Yes 3. No → NEXT HHM	DWELLING 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	1. WORK 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	3. SCHOOL 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK
5			1. Yes 3. No → NEXT HHM	DWELLING 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	1. WORK 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK	3. SCHOOL 1. Address _____ 3. Same 8.DK 1. Loc/ Com _____ 3. Same 8.DK 1. Mun/ Dis _____ 3. Same 8.DK 1. State _____ 3. Same 8.DK 1. Country _____ 3. Same 8.DK 1. Telephone number _____ 3. Same 8.DK

CONTACT INFORMATION (SECTION RC)

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

INTERVIEWER:

**INSERT THE PRE – PRINTED LIST OF HEALTH
SEVICES AND VERIFY LIST**

NAME OF THE HOSPITAL OR CLINIC			
<p>What is the address of your hospital/clinic[...]?</p> <p>1. Specify 3. Same Locality/ community/ municipality/ district/ state/ country of the respondent 8. DK</p> <p>(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, ASK FOR A MEDICAL PRESCRIPTION OR A RECEIPT)</p>	<p>1. Address 3. Same 8. DK</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Reference</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Loc/Com 3. Same 8. DK</p> <p>_____</p> <p>1. Mun/Dist 3. Same 8. DK</p> <p>_____</p> <p>1. State 3. Same 8. DK</p> <p>_____</p> <p>1. Country 3. Same 8. DK</p> <p>_____</p>	<p>1. Address 3. Same 8. DK</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Reference</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Loc/Com 3. Same 8. DK</p> <p>_____</p> <p>1. Mun/Dist 3. Same 8. DK</p> <p>_____</p> <p>1. State 3. Same 8. DK</p> <p>_____</p> <p>1. Country 3. Same 8. DK</p> <p>_____</p>	<p>1. Address 3. Same 8. DK</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Reference</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Loc/Com 3. Same 8. DK</p> <p>_____</p> <p>1. Mun/Dist 3. Same 8. DK</p> <p>_____</p> <p>1. State 3. Same 8. DK</p> <p>_____</p> <p>1. Country 3. Same 8. DK</p> <p>_____</p>

NAME OF THE HOSPITAL OR CLINIC			
<p>What is the address of the hospital/clinic[...]?</p> <p>1. Specify 3. Same Locality/ community/ municipality/ district/ state/ country of the respondent 8. DK</p> <p>(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, ASK FOR A MEDICAL PRESCRIPTION OR A RECEIPT)</p>	<p>1. Address 3. Same 8. DK</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Reference</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Loc/Com 3. Same 8. DK</p> <p>_____</p> <p>1. Mun/Dist 3. Same 8. DK</p> <p>_____</p> <p>1. State 3. Same 8. DK</p> <p>_____</p> <p>1. Country 3. Same 8. DK</p> <p>_____</p>	<p>1. Address 3. Same 8. DK</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Reference</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Loc/Com 3. Same 8. DK</p> <p>_____</p> <p>1. Mun/Dist 3. Same 8. DK</p> <p>_____</p> <p>1. State 3. Same 8. DK</p> <p>_____</p> <p>1. Country 3. Same 8. DK</p> <p>_____</p>	<p>1. Address 3. Same 8. DK</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Reference</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1. Loc/Com 3. Same 8. DK</p> <p>_____</p> <p>1. Mun/Dist 3. Same 8. DK</p> <p>_____</p> <p>1. State 3. Same 8. DK</p> <p>_____</p> <p>1. Country 3. Same 8. DK</p> <p>_____</p>

NAME OF PRIVATE HEALTH PROVIDER			
What is the address of your health provider [...]?	1. Address _____ _____ _____	3. Same 8. DK	1. Address _____ _____ _____
1. Specify 3. Same Locality/ community/ municipality/ district/ state/ country of respondent 8. DK	1. Reference _____ _____ _____		1. Reference _____ _____ _____
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, ASK FOR A MEDICAL PRESCRIPTION OR A RECEIPT)	1. Loc/Com _____	3. Same 8. DK	1. Loc/Com _____
	1. Mun/Dist _____	3. Same 8. DK	1. Mun/Dist _____
	1. State _____	3. Same 8. DK	1. State _____
	1. Country _____	3. Same 8. Dk	1. Country _____

NAME OF THE PRIVATE HEALTH PROVIDER			
What is the address of your health provider [...]?	1. Address _____ _____ _____	3. Same 8. DK	1. Address _____ _____ _____
1. Specify 3. Same Locality/ community/ municipality/ district/ state/ country of the respondent 8. DK	1. Reference _____ _____ _____		1. Reference _____ _____ _____
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, ASK FOR A MEDICAL PRESCRIPTION OR A RECEIPT)	1. Loc/Com _____	3. Same 8. DK	1. Loc/Com _____
	1. Mun/Dist _____	3. Same 8. DK	1. Mun/Dist _____
	1. State _____	3. Same 8. DK	1. State _____
	1. Country _____	3. Same 8. Dk	1. Country _____

FAMILY PLANNING AND HEALTH (SECTION SP)

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

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

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

INTERVIEWER:

**INSERT THE PRE – PRINTED LIST OF
EDUCATION AND VERIFY LIST**

EDUCATION OF HOUSEHOLD MEMBERS (SECTION EH)

EH01. INTERVIEWER: 1. IF ANY HOUSEHOLD MEMBER ATTEND ELEMENTARY, JR. HIGH, OR HIGH SCHOOL (LS16). NOT INCLUDING AN "OPEN" JR. HIGH OR "OPEN" HIGH SCHOOL.

CONTINUE

3. NONE OF THE HOUSEHOLD MEMBERS ATTEND ELEMENTARY, JR. HIGH OR HIGH SCHOOL

SECTION CVO

Now I am going to ask about the schools attended by household members.

EH02. NAME OF THE SCHOOL (LS17)	_____	_____	_____
EH03. Is this a public, government funded or private the school [...]?	1. Public (government funded) 2. Private (non- governmental)	1. Public (government funded) 2. Private (non- governmental)	1. Public (governmental) 2. Private (non- governmental)
EH04. What is the address of the school [...]?	1. Address _____ 3. Same 8. DK _____ _____ _____	1. Address _____ 3. Same 8. DK _____ _____ _____	1. Address _____ 3. Same 8. DK _____ _____ _____
1. Specify 3. Same Locality/ community/ municipality/ district/ state/ country of the respondent 8. DK	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, OR THE NAME OF THE SCHOOL, ASK FOR A REGISTRATION RECEIPT, REPORT CARD, OR SOMETHING SIMILAR AND FOR A 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. 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. 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 _____

EH02. NAME OF THE SCHOOL (LS17)	_____	_____	_____
EH03. Is this a public, government funded or private school [...]?	1. Public (government funded) 2. Private (non- governmental)	1. Public (government funded) 2. Private (non- governmental)	1. Public (governmental) 2. Private (non- governmental)
EH04. What is the address of the school [...]?	1. Address _____ 3. Same 8. DK _____ _____ _____	1. Address _____ 3. Same 8. DK _____ _____ _____	1. Address _____ 3. Same 8. DK _____ _____ _____
1. Specify 3. Same Locality/ community/ municipality/ district/ state/ country of the respondent 8. DK	1. Reference _____ _____	1. Reference _____ _____	1. Reference _____ _____
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, OR THE NAME OF THE SCHOOL, ASK FOR A REGISTRATION RECEIPT, REPORT CARD, OR SOMETHING SIMILAR AND FOR A 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. 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. 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 _____

DIRECT OBSERVATION OF DWELLING CHARACTERISTICS (SECTION CVO)

CVO01. INTERVIEWER: THIS SECTION WILL HAVE TO BE OBTAINED BY DIRECT OBSERVATION

<p>CV02. TYPE OF DWELLING</p> <p>1. MOBILE DWELLING 2. WAREHOUSE USED AS A DWELLING 3. ROOF LOFT 4. A ROOM OR HOUSE WITHIN A NEIGHBORHOOD 5. APARTMENT BUILDING OR CONDOMINIUM. 6. SOLE HOUSEHOLD THAT SHARES WALLS 7. SOLE HOUSEHOLD THAT DOES NOT SHARE WALLS 8. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 _____</p>
<p>CV03. GENERAL SANITARY CONDITIONS (CIRCLE ALL THAT APPLY)</p> <p>1. DWELLING SURROUNDED BY HUMAN AND ANIMAL RESIDUES 2. DWELLING SURROUNDED BY GARBAGE PILES 3. DWELLING SURROUNDED BY STAGNANT WATER 4. THE DWELLING HAS ENOUGH VENTILATION 5. THE COURTYARD IS CLEAN 6. NONE OF THE ABOVE</p>	<p>1 2 3 4 5 6</p>
<p>CV04. DOES IT HAVE ELECTRICITY?</p> <p>1. YES 3. NO</p>	<p>1 3</p>
<p>CV05. WHAT DOES THE FLOOR MAINLY CONSIST OF INSIDE THE HOUSEHOLD? (IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT)</p> <p>1. WOOD, SLAB STONE, PLASTIC SLAB, CARPET OR ANY OTHER COVERS 2. FIRM CEMENT 3. SOIL 4. OTHER (SPECIFY)</p>	<p>1 2 3 4</p>

<p>CV06. MAIN MATERIAL USED ON THE EXTERNAL WALLS OF THE DWELLING (IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT)</p> <p>1. CONCRETE, PARTITION, BRICK, BLOCK 2. ADOBE 3. WOOD 4. SHEETS MADE OUT OF ASBESTOS, METALIC PLATES, FIBERGLASS, PLASTIC OR MICA 5. EMBARRO OR BAJAREQUE (CLAYS) 6. COMMON REED-GRASS, BAMBOO, PALM TREE OR SHINGLES 7. CARDBOARD SHEETS 8. RESIDUE MATERIAL (CARDBOARD, RUBBER, CLOTH, TIRES, ETC) 9. STONE 10. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 9 10 _____</p>
<p>CV07. MAIN MATERIAL USED ON THE ROOF OF THE DWELLING (IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT)</p> <p>1. SMALL BEAM AND POLYUETAN 2. CONCRETE, PARTITION, BRICK, BLOCK, OR SLAB STONE 3. TILE 4. ASBESTOS PLATE 5. COMMON REED-GRASS, BAMBOO OR TERRACE 6. METALIC SHEET, FIBERGLAS, PLASTIC, OR MICA 7. PALM TREE, SHINGLE OR WOOD 8. CARBOARD SHEET 9. RESIDUE MATERIAL (CARDBOARD, RUBBER, CLOTH, TIRES, ETC. 10. OTHER (SPECIFY)</p>	<p>1 2 3 4 5 6 7 8 9 10 _____</p>

INTERVIEWER: FOR EACH HOUSEHOLD MEMBER IN LS01a=3, MAKE SURE YOU FILL OUT A S2 FORM

INTERVIEW SESSION NOTES (SECTION NE)

INTERVIEWER: FILL OUT THIS SECTION AFTER COMPLETING THE BOOK

NE01. WHO ELSE WAS PRESENT DURING THE INTERVIEW?

(CIRCLE ALL THAT APPLY)

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

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

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

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

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

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

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

NE06. WHAT QUESTIONS DID THE RESPONDENT SEEM INTERESTED IN?

NE07. NOTES:

VISIT LOG

NUMBER OF VISITS	DATE OF VISIT		TIME OF INTERVIEW		VISIT RESULT (SEE CODES)	ANSWERED SECTIONS	DATE OF NEXT VISIT			
	DAY	MONTH	HRS.	MIN.			HRS.	MIN.	DAY	MONTH
1						DF LS CV RC SP EH CVO NE				
2						DF LS CV RC SP EH CVO NE				
3						DF LS CV RC SP EH CVO NE				
4						DF LS CV RC SP EH CVO NE				
5						DF LS CV RC SP EH CVO NE				
6						DF LS CV RC SP EH CVO NE				

TOTAL TIME OF INTERVIEW

--	--

||| _____
VISIT RESULTS

STAFF RECORD

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

RESULT OF INTERVIEW

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

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