

MEXICAN FAMILY LIFE SURVEY
(THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER 15 YEARS OLD OR OLDER)

BOOK IIIB

HOUSEHOLD MEMBERS' CHARACTERISTICS

FOLIO | | | | | | | | | | | |

PID_LINK | | | | | | | | | | | |

BOOK INTERVIEW RESULT | | |

NUMBER OF SUPPLEMENTS | | |

GEOGRAPHIC LOCATION					
1. State:					
2. Municipality:					
3. Locality:					
4. A.G.E.B:					
5. Strata:					
6. Fieldwork period:				1	2

RESPONDENT	
Name:	
LS (Household member identification):	
Age:	
Gender: 1) Male 3) Female	
Marital Status: 1. Single 2. Separated 3. Married 4. Divorced 5. Widow 6. In domestic partnership	
1. Panel	1
3. New	3

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

CONFIDENTIAL



TASTES AND HABITS (SECTION GH)

The following questions are related to your tastes and health.

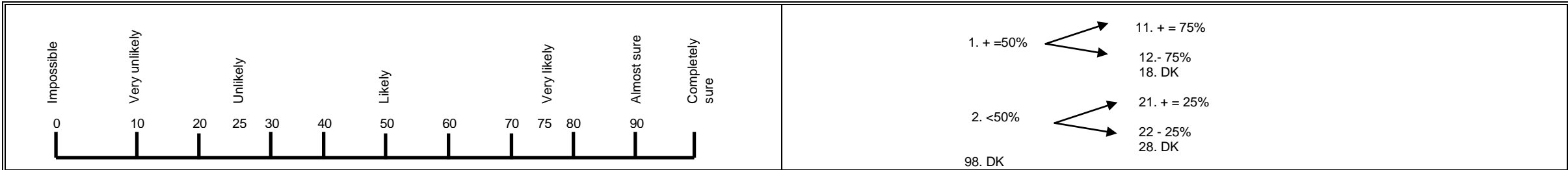
<p>GH01. What do you like to drink when you are at parties, gatherings, or any other type of festivity? (CIRCLE ALL THAT APPLY)</p> <p>1. Water (plain or flavored) 1 2. Soda 2 3. Beer 3 4. Tequila, mezcal, pulque, aguardiente or any fermented maguey juice 4 5. Rum, Brandy or Cognac 5 6. Other alcoholic beverages (specify) 6 _____ 7. Hot beverages 7 8. Other non-alcoholic beverages (specify) 8 _____</p>	
<p>GH02. At home, what do you like to drink with your food? (CIRCLE ALL THAT APPLY) (EXCLUDE PARTIES)</p> <p>1. Water (plain or flavored) 1 2. Soda 2 3. Beer 3 4. Tequila, mezcal or pulque 4 5. Hot drinks 5 6. Other (specify) 6 _____</p>	
<p>GH03. Do you make any type of physical exercise as a routine, from Monday through Friday?</p> <p>Yes..... 1 No..... 3 → GH06</p>	
<p>GH04. How many days from Monday through Friday, do you exercise?</p> <p><input type="checkbox"/> Days</p>	
<p>GH05. How much time per day, on average, do you spend doing physical exercise?</p> <p>1. Time in hours and minutes 1. <input type="text"/> / <input type="text"/> Hrs. Min. 8. DK 8.</p>	
<p>GH06. Do you have/Did you ever have the habit of smoking cigarettes?</p> <p>Yes..... 1 No..... 3 → SECTION RG</p>	
<p>GH07. How old were you, or in what year did you start smoking frequently? (IF YOU HAVE MORE THAN ONE INTERRUPTION, WRITE DOWN THE FIRST TIME YOU BEGAN SMOKING)</p> <p>1. Age 1. <input type="text"/> Age 2. Year you started smoking 2. <input type="text"/> Year</p>	

<p>GH08. By the time you were smoking the most, how many cigarettes did you smoke on average per week?</p> <p>1. Cigarettes per week 2. Packs of cigarettes per week (of 20 units each)</p>	<p>1. <input type="text"/> Cigarettes 2. <input type="text"/> Packs of cigarettes</p>
<p>GH09. How old were you, or in what year did you quit smoking on a regular basis? (IF THERE IS MORE THAN ONE INTERRUPTION, WRITE DOWN THE LAST TIME YOU QUIT SMOKING)</p> <p>1. Age 2. Year you quit 9. You have not quit smoking on a regular basis</p>	<p>1. <input type="text"/> Age 2. <input type="text"/> Year 9.</p>
<p>GH10. Currently, how many cigarettes do you smoke on average per week?</p> <p>1. Cigarettes per week 2. Packs of cigarettes per week (of 20 units each) 9. You completely quit smoking</p>	<p>1. <input type="text"/> Cigarettes 2. <input type="text"/> Packs of cigarettes 9. → GH12</p>
<p>GH11. Currently, how much do you spend on cigarettes per week?</p>	<p>\$ <input type="text"/> , <input type="text"/></p>
<p>GH12. If you could put together all the time you have smoked, how many years would that be? Please do not consider the time you quit smoking.</p> <p>1. Time in years and months</p>	<p>1. <input type="text"/> <input type="text"/> Years Months</p>

<p>RG01. (INTERVIEWER: SHOW HIM/HER SLIDE RG01) Imagine you can choose between two bags. Once you have chosen one of the bags, you will put your hand inside the bag and without looking you will pick a ball which will show the amount of money you have won. Bag No. 1 has a ball that is worth \$2,500. Bag No. 2 has two balls: one is worth \$2,500 (same as Bag No. 1) and the other ball is worth \$5,000. Which one of the two bags do you choose? (INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)</p>	<p>1. \$2,500 or \$2,500 2. \$2,500 or \$5,000 → RG03 8. DK</p>
<p>RG02. (INTERVIEWER: SHOW HIM/HER SLIDE RG02) Are you sure? You are going to pick only one ball from the bag you choose. Things would not change if we put another ball that is worth \$2,500 into Bag No. 1. Now Bag No. 1 has two balls worth \$2,500 each, as shown in the image. If you choose Bag No. 1 you will win \$2,500. If you choose Bag No. 2, you will win at least \$2,500 and probably, you will win \$5,000, depending on your luck. Which one of the two bags do you choose? (INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL).</p>	<p>1. He/She still chooses Bag No. 1 → RG07 2. He/She changes to Bag No. 2 8. DK</p>
<p>RG03. (INTERVIEWER: SHOW HIM/HER SLIDE RG03) Now, imagine you can choose between the following two bags: Bag No. 1 guarantees that you will win \$2,500. Bag No. 2 has a ball that is worth \$2,000 and another ball that is worth \$5,000. Which one of the two bags do you choose? (INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)</p>	<p>1. \$2,500 → RG08 2. \$5,000 or \$2,000 8. DK</p>
<p>RG04. (INTERVIEWER: SHOW HIM/HER SLIDE RG04) And if now you could choose between: Bag No. 1, which again guarantees that you will win \$2,500; or Bag No. 2 which has a ball that is worth \$1,500 and another ball that is worth \$5,000. Which one of the two bags do you choose? (INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)</p>	<p>1. \$2,500 → RG08 2. \$5,000 or \$1,500 8. DK</p>
<p>RG05. (INTERVIEWER: SHOW HIM/HER SLIDE RG05) Now, suppose you can choose between: Bag No. 1, which guarantees \$2,500; or Bag No. 2, which now has a ball that is worth \$1,000 and another ball that is worth \$5,000. Which one of the two bags do you choose? (INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)</p>	<p>1. \$2,500 → RG08 2. \$5,000 or \$1,000 8. DK</p>
<p>RG06. (INTERVIEWER: SHOW HIM/HER SLIDE RG06) Now, suppose you can choose between: Bag No. 1, which guarantees \$2,500; or Bag No. 2, which has a ball that is worth \$500 and another ball that is worth \$5,000. Which one of the two bags do you choose? (INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)</p>	<p>1. \$2,500 → RG08 2. \$5,000 or \$500 → RG08 8. DK → RG08</p>
<p>RG07. (INTERVIEWER: SHOW HIM/HER SLIDE RG07) Finally, suppose you can choose between: Bag No. 1, which guarantees \$2,000; or Bag No. 2, which has a ball that is worth \$5,000 and another ball that is worth \$2,500. Which one of the two bags do you choose? (INTERVIEWER: SHOW AND READ THE AMOUNT WRITTEN ON EACH BALL)</p>	<p>1. \$2,000 2. \$5,000 or \$2,500 8. DK</p>

RISK (SECTION RG)

Now, I have some questions about how likely it is that some things happen. To make it easier, we will use a scale from 1 to 100, where 0 is 'impossible' and 100 is 'completely sure' that it will happen. (INTERVIEWER: GIVE THE SCALE TO THE RESPONDENT). For example: no one knows if it is going to rain tomorrow, but you may think that it is very unlikely that it will rain. Then, you can say that it is '10' percent likely using this scale, because 10 is closer to 0 than to 100. On the contrary, if you believe it is very likely that it will rain tomorrow, you might say '75' percent likely using this scale, because 75 is closer to 100 than to 0.



RG08. How likely is it that you invest all your monthly income in an informal savings group (e.g., ROSCA [tanda])? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG09. How likely is it that you steal electricity from the public lines (illegally)? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG10. How likely is it that you eat greasy food? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG11. How likely is it that you move to a city away from your whole family? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG12. How likely is it that you return a wallet with \$500 pesos in it? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG13. How likely is it that tomorrow will be a sunny day? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG14. How likely is it that you will have enough money this year to cover all your household needs? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG15. How likely is it that you will have enough money in 3 years to cover all your household needs? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.

RG16. INTERVIEWER: IS THE RESPONDENT 50 YEARS OLD OR OLDER AND YOUNGER THAN 75? (COVER) 1. YES 3. NO	1 3 → RG18
RG17. How likely is it that you will live until 75 years of age? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG18. How likely is it that you will be working in 3 years? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG19. How likely is it that you will be working in 10 years? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG20. If you lose your wallet with \$200 pesos in it, how likely is it that you will get it back with the money inside if someone that lives close to you finds it? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG21. And if a POLICEMAN finds it? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.
RG22. And if a STRANGER finds it? 1. Probability 8. DK	1. <input type="text"/> % 8. → 11. 12. 18. 21. 22. 28. 98.

HEALTH STATUS (SECTION ES)

<p>ES01. Currently, would you say that your health is [...]?</p> <p>1. Very good 2. Good 3. Regular 4. Bad 5. Very bad</p>	<p>1 2 3 4 5 _____</p>
<p>ES02. In the last 4 weeks, did you stop doing any of your daily activities or work due to any illness?</p>	<p>Yes..... 1 No..... 3 → ES05</p>
<p>ES03. In the last 4 weeks, how many days were you absent from your daily activities due to this illness?</p> <p>1. Days in which you were absent from your daily activities 8. DK</p>	<p>1. <input type="text"/> Days 8.</p>
<p>ES04. How many days did you spend in bed due to this illness?</p> <p>1. Days spent in bed 8. DK</p>	<p>1. <input type="text"/> Days 8.</p>
<p>ES05. Comparing your current health status to your health status one year ago would you say your health is now [...]?</p> <p>1. Much better 2. Better 3. The same 4. Worse 5. Much worse</p>	<p>1 2 3 4 5</p>
<p>ES06. Have you ever had a serious accident?</p>	<p>Yes..... 1 No..... 3 → ES08a</p>
<p>ES07. When did you suffer this accident?</p> <p>1. Age when you suffered the accident 2. Year in which the accident happened</p>	<p>1. <input type="text"/> Age 2. <input type="text"/> Year</p>
<p>ES08. Due to the accident, do you have a permanent injury that has changed your way of living? (PHYSICAL OR PSYCHOLOGICAL INJURY)</p> <p>1. Yes (specify) 3. No</p>	<p>1. _____ 3.</p>
<p>ES08a: INTERVIEWER: IS THE RESPONDENT A PANEL MEMBER?</p> <p>1. PANEL 3. NEW</p>	<p>1. Panel → ES09a 3. New → ES09</p>

ES09. Have you ever had any serious health problems?	Yes..... 1 → ES10 No..... 3 → ES15
ES09a. Have you had any serious health problem in that last 4 years?	Yes..... 1 No..... 3 → ES15

	PROBLEM 1	PROBLEM 2	PROBLEM 3
ES10. What are the three most serious health problems you have had during your life/in the last four years? (ON EACH COLUMN WRITE DOWN THE REFERENCE FOR THE HEALTH PROBLEM AND CONTINUE BY COLUMN FROM ES10 TO ES14)	_____ →	_____ →	_____
ES11. When did [...] start/was detected? 1. Year 8. DK	1. [] [] [] [] Year → ES13 8.	1. [] [] [] [] Year → ES13 8.	1. [] [] [] [] Year → ES13 8.
ES12. How old were you when [...] started was detected? 1. Age 8. DK	1. [] [] Age 8.	1. [] [] Age 8.	1. [] [] Age 8.
ES13. For how long did you have [...]? 1. Still suffering from it 2. Time in years, months, and weeks 3. It was an emergency, it lasted for less than a week	1. 2. [] [] [] [] Years Months Weeks 3. Emergency	1. 2. [] [] [] [] Years Months Weeks 3. Emergency	1. → ES15 2. [] [] [] [] → ES15 Years Months Weeks 3. Emergency → ES15
ES14. INTERVIEWER: IS THERE ANOTHER HEALTH PROBLEM?	Yes 1 → ES11, NEXT COL. No 3 → ES15	Yes 1 → ES11, NEXT COL. No 3 → ES15	

ES15. Do you think next year your health will be [...]? (READ OPTIONS) 1. Much better 2. Better 3. The same 4. Worse 5. Much worse	1 2 3 4 5
ES16. Comparing yourself with people the same age and gender, could you say your health is [...]? (READ OPTIONS) 1. Much better than others 2. Better than others 3. The same as others 4. Worse than others 5. Much worse than others	1 2 3 4 5

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

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

ES22. In the last 4 weeks, have you suffered from [...]?	Yes	No
A. Flu	1	3
B. Cough	1	3 → SENTENCE C
a. Dry cough	a. 1	3
b. Cough with phlegm	b. 1	3
c. Cough with blood	c. 1	3
C. Breathing difficulties	1	3 → SENTENCE D
a. Asthma	a. 1	3
b. Short or fast breathing	b. 1	3
D. Strong stomach pain	1	3
E. Nausea / Vomit	1	3
F. Diarrhea, at least three times a day	1	3 → SENTENCE G
a. Mixed with blood	a. 1	3
b. Mixed with mucus	b. 1	3
c. Pale liquid	c. 1	3
G. Swollen/painful joints	1	3
H. Welts, irritation, or itching in the skin	1	3
I. Irritated/red eyes	1	3
J. Molar/tooth pain	1	3
K. Headache	1	3
L. Temperature/ fever	1	3
M. Body aches	1	3
N. Pain in the left side of your chest	1	3
O. Throat	1	3
P. Respiratory, digestive or urinary problems	1	3
Q. Allergies	1	3
R. Blood Pressure	1	3
S. Stress	1	3
T. Other (specify)	1	3

ES23. In the last 4 weeks, have you frequently woken up at night to urinate? 1. Yes 3. No	1 3	

EMOTIONAL WELLBEING (SM)

MxFLS 2009

The following questions are related to how you have felt emotionally during the last 4 weeks. Please tell me if sometimes, many times, all the time or never.

SM01.	In the last 4 weeks, have you felt sad or sorrowful? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM02.	In the last 4 weeks, have you cried or felt like crying? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM03.	In the last 4 weeks, have you slept poorly at night? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM04.	In the last 4 weeks, have you waked up depressed (due to lack of energy or fear)? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM05.	In the last 4 weeks, have you had difficulty focusing on your daily activities? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM06.	In the last 4 weeks, has your appetite diminished? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4

SM07.	In the last 4 weeks, have you felt obsessive or repetitive (for example: with recurring ideas you cannot take out of your mind or with actions that you constantly repeat)? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM08.	In the last 4 weeks, has your sexual desire decreased? 1. Yes, a little 2. Yes, somewhat 3. Yes, a lot 4. No 5. Do not want to answer	1 2 3 4 5
SM09.	In the last 4 weeks, do you consider that your performance in your job/daily activities has diminished? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM10.	In the last 4 weeks, have you felt pressure in your chest? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM11.	In the last 4 weeks, have you felt nervous, anguished, anxious or eager more than normal? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM12.	In the last 4 weeks, have you felt more tired or more discouraged than normal? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4

EMOTIONAL WELLBEING (SM)

SM13.	In the last 4 weeks, have you felt pessimistic or have you thought things will go wrong? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM14.	In the last 4 weeks, have you had frequent headaches or felt pain in the nape? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM15.	In the last 4 weeks, have you felt more irritated or more angry than normal? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM16.	In the last 4 weeks, have you felt insecure or with lack of confidence in yourself? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM17.	In the last 4 weeks, have you felt useless to your family? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM18.	In the last 4 weeks, have you felt fear of some things, as if you were waiting for something serious to happen to you? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4

SM19.	In the last 4 weeks, have you wished to die? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM20.	In the last 4 weeks, have you lost interest in things? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4
SM21.	In the last 4 weeks, have you felt lonely? 1. Yes, sometimes 2. Yes, many times 3. Yes, all the time 4. No	1 2 3 4

INTERVIEWER: FIRST FILL OUT COLUMN EC01 AND THEN CONTINUE BY ROW.

The following questions are related to possible chronic illnesses that you may have.

(EC Type)	EC01.	EC01a.	EC01b.	EC02.	EC02a.	EC03.	EC04.	EC04a.
CHRONICAL ILLNESS	Have you ever been diagnosed with [...]?	How did they confirm that you had [...]?	In which year were you diagnosed with [...]?	Do you currently take medicines regularly/ follow a treatment for [...]?	What type of treatment do you follow?	Approximately, how much have you spent on this medicine in the last 3 months? (SEE CODES)	What is the reason why you do not take medicines/follow a treatment for [...]? (SEE CODES)	In a scale from 1 to 10, where 10 is very well and 1 is really bad, how well do you follow the treatment?
A. Diabetes	Yes 1→ No..... 3↓	1. With a blood test 2. With a urine test 3. Without any test 4. Other (specify) _____ 8. DK	1. _____ Year	1. Yes → 3. No → EC04	1. Tablets/Pills 2. Injections 3. Both 4. Other (specify) _____	1. \$ _____, _____ → EC04a 2. → EC04a 8. → EC04a	1. ↓ 2. ↓ 3. ↓ 4. ↓ 5. ↓ 8. ↓	1 2 3 4 5 6 7 8 9 10
B. Hypertension	Yes 1→ No..... 3↓	1. Blood pressure 2. Other (specify) _____ 8. DK	1. _____ Year	1. Yes → 3. No → EC04	1. Tablets/Pills 2. Other (specify) _____	1. \$ _____, _____ → EC04a 2. → EC04a 8. → EC04a	1. ↓ 2. ↓ 3. ↓ 4. ↓ 5. ↓ 8. ↓	1 2 3 4 5 6 7 8 9 10
C. Heart diseases	Yes 1→ No..... 3↓			1. Yes → 3. No ↓		1. \$ _____, _____ 2. 8.		
D. Cancer	Yes 1→ No..... 3↓			1. Yes → 3. No ↓		1. \$ _____, _____ 2. 8.		
E. Arthritis/ Rheumatism	Yes 1→ No..... 3↓			1. Yes → 3. No ↓		1. \$ _____, _____ 2. 8.		

Code EC03

- 1. Amount
- 3. The clinic provides the medicines/free
- 8. DK

Code EC04

- 1. The doctor never provided/suggested treatment
- 2. Treatments have been recommended but he/she does not follow them
- 3. No money to follow a treatment

- 4. Lack of self-discipline
- 5. Other (specify)
- 8. DK

(EC Type)	EC01.	EC01a.	EC01b.	EC02.	EC02a.	EC03.	EC04.	EC04a.
CHRONICAL ILLNESS	Have you ever been diagnosed with [...]?	How did they confirm that you had [...]?	In which year were you diagnosed with [...]?	Do you currently take medicines regularly/ follow a treatment for [...]?	What type of treatment do you follow?	Approximately, how much have you spent on this medicine in the last 3 months? (SEE CODES)	What is the reason why you do not take medicines/follow a treatment for [...]? (SEE CODES)	In a scale from 1 to 10, where 10 is very well and 1 is really bad, how well do you follow the treatment?
F. Gastric Ulcer	Yes 1→ No..... 3↓			1.Yes → 3.No ↓		1.\$ _____, _____ 2. 8.		
G. Migraine	Yes 1→ No..... 3↓			1.Yes → 3.No ↓		1.\$ _____, _____ 2. 8.		
H. Other (specify) _____ _____	Yes 1→ No..... 3↓			1.Yes → 3.No ↓		1.\$ _____, _____ 2. 8.		
I. Other (specify) _____ _____	Yes 1→ No..... 3↓			1.Yes → 3.No ↓		1.\$ _____, _____ 2. 8.		

Code EC03

- 1. Amount
- 3. The clinic provides the medicines/free
- 8. DK

(ATS Type)	ATS01.	ATS02.
MEDICINES	In the last 4 weeks, have you taken [...] without a medical prescription?	How much did these medicines/herbs cost you?
A. Drugstore medicines like: A1. Analgesic for the pain A2. Antihistamine for allergies A3. Antibiotic for infections or parasites	A1. Yes..... 1→ No 3↓ A2. Yes..... 1→ No 3↓ A3. Yes..... 1→ No 3↓	A1. 1. \$ _____, _____ 8. DK A2. 1. \$ _____, _____ 8. DK A3. 1. \$ _____, _____ 8. DK
B. Eye drops, ointments or medicinal pomades, medical plaster casts, splints, or bandages	Yes..... 1→ No 3↓	1. \$ _____, _____ 8. DK
C. Medicinal herbs or traditional medicine	Yes..... 1→ No 3↓	1. \$ _____, _____ 8. DK

OUTPATIENT UTILIZATION (SECTION CE)

CE01 In the last 4 weeks, did you visit any hospital, clinic, health care employee, doctor or healer, without being hospitalized?	1. Yes 3. No
CE02. In the last 4 weeks, have you been visited by any doctor, healer, or health care employee?	1. Yes 3. No
CE03. INTERVIEWER: 1. IF CE01 = 3 AND CE02 = 3 → SECTION HS 2. IF CE01 = 1 OR CE02 = 1 → CE04	

(CE Type) MEDICAL SERVICES	CE04. In the last 4 weeks, have you visit [...] / have you been visited by [...]?	CE05. How many times did you visit [...] / were you visited by [...] in the last 4 weeks?
A. SSA (Hospital or clinic)	Yes..... 1→ No..... 3↓	___ Times
B. IMSS (Hospital or clinic) (INCLUDE IMSS SOLIDARIDAD)	Yes..... 1→ No..... 3↓	___ Times
C. ISSSTE (Hospital or clinic)	Yes..... 1→ No..... 3↓	___ Times
D. PEMEX, SEDENA, MARINE (Hospital or clinic)	Yes..... 1→ No..... 3↓	___ Times
E. Private hospital or clinic	Yes..... 1→ No..... 3↓	___ Times
F. Private doctor or dentist	Yes..... 1→ No..... 3↓	___ Times
G. DIF (Hospital or clinic)	Yes..... 1→ No..... 3↓	___ Times
H. Nurse, paramedic, health practitioner	Yes..... 1→ No..... 3↓	___ Times
I. Mobile Unit	Yes..... 1→ No..... 3↓	___ Times
J. Red Cross	Yes..... 1→ No..... 3↓	___ Times
K. Dispensary	Yes..... 1→ No..... 3↓	___ Times
L. Drugstore (FOR MEDICAL APPOINTMENT)	Yes..... 1→ No..... 3↓	___ Times
M. Traditional health practitioner (midwife, healer, herb doctor, bone-setter, acupuncturist, etc.)	Yes..... 1→ No..... 3↓	___ Times
N. Other (specify) _____	Yes..... 1→ No..... 3↓	___ Times

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

OUTPATIENT UTILIZATION (SECTION CE)

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

	LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08 What is the name of the place or person that you visited to get health care in your [...]?	_____	_____	_____	_____
	➔	➔	➔	➔
CE09 What was the reason why you went to [...]?	_____	_____	_____	_____
	➔	➔	➔	➔
CE10. What was the main reason why you went/you were visited by [...]?				
01. Immunization/vaccination	01	01	01	01
02. Medical appointment/check-up	02	02	02	02
03. Preventive medical exam	03	03	03	03
04. Receive medicines/ medical prescription	04	04	04	04
05. Laboratory analysis/X-rays	05	05	05	05
06. Pregnancy check up	06	06	06	06
07. Treatment/therapy	07	07	07	07
08. Accident	08	08	08	08
09. Dental visit	09	09	09	09
10. Family planning	10	10	10	10
11. Pick up/ask for disability or doctor's note	11	11	11	11
12. Surgery	12	12	12	12
13. Other (specify)	13 _____	13 _____	13 _____	13 _____
CE11. What is the address of [...] where you went when [...]?				
1. Address	1. Address 8. DK	1. Address 8. DK	1. Address 8. DK	1. Address 8. DK
1. Specify	_____	_____	_____	_____
3. Same Locality/Com./Municipality/ District/Sate/Country	_____	_____	_____	_____
8. DK	1. Reference	1. Reference	1. Reference	1. Reference
	_____	_____	_____	_____
	1. Loc./Com. 3. Same 8. DK	1. Loc./Com.. 3. Same 8. DK	1. Loc./Com. 3. Same 8. DK	1. Loc./Com. 3. Same 8. DK
	_____	_____	_____	_____
(IF THE RESPONDENT WAS VISITED AT HOME, WRITE DOWN THE MEDICAL SERVICE ADDRESS AND NOT THE LOCATION WHERE THE VISIT TOOK PLACE)	1. Mun./Distr. 3. Same 8. DK	1. Mun./Distr. 3. Same 8. DK	1. Mun./Distr. 3. Same 8. DK	1. Mun./Distr. 3. Same 8. DK
	_____	_____	_____	_____
	1. State. 3. Same 8. DK	1. State. 3. Same 8. DK	1. State. 3. Same 8. DK	1. State. 3. Same 8. DK
	_____	_____	_____	_____
	1. Country 3. Same 8. DK	1. Country 3. Same 8. DK	1. Country 3. Same 8. DK	1. Country 3. Same 8. DK
	_____	_____	_____	_____

OUTPATIENT UTILIZATION (SECTION CE)

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

	LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08 What is the name of the place or person that you visited to get health care in your [...]?	_____ →	_____ →	_____ →	_____ →
CE09 What was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →
CE12. Had you gone/had you been visited by [...], in the last 12 months, for the same reason? 1. Yes 3. No	1 3	1 3	1 3	1 3
CE13. What services did you receive during the visit to/of [...], when [...]? (READ OPTIONS AND CIRCLE ALL THAT APPLY) 01. Immunization/vaccination 02. Medical appointment/check-up 03. Preventive health test 04. Receive medication/medical prescription 05. Laboratory analysis/X-rays 06. Pregnancy check up 07. Treatment/therapy 08. Dental visit 09. Family planning 10. Disability or doctor's note 11. Did not receive health assistance 12. Surgery 13. Cure/removal of stitches 14. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14 _____
CE14. Did he/she [...] visit you at home?	Yes..... 1 → CE19 No 3	Yes 1 → CE19 No 3	Yes..... 1 → CE19 No 3	Yes 1 → CE19 No 3
CE15 How long did it take you to reach the [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.
CE16. What is the distance between your home and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. Kms. 2. Mts. 8.	3. Kms. 4. Mts. 8.	5. Kms. 6. Mts. 8.	7. Kms. 8. Mts. 8.

OUTPATIENT UTILIZATION (SECTION CE)

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

	LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08 What is the name of the place or person that you visited to get health care in your [...]?	_____ →	_____ →	_____ →	_____ →
CE09 What was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →
CE17. What was the transportation cost (one way only) to reach the [...]? (INCLUDE THE TRANSPORTATION COST OF THE COMPANION) 1. Total transportation cost 8. DK	1. \$____, ____ 8. DK	1. \$____, ____ 8. DK	1. \$____, ____ 8. DK	1. \$____, ____ 8. DK
CE18. When you arrived, how much time did you wait before you were attended at [...]? 1. Time in hours and minutes (WAS ATTENDED) 2. Time in hours and minutes (WAS NOT ATTENDED) 8. DK	1. ____ ____ Hrs. Min. 2. ____ ____ → CE24 Hrs. Min. 8.	1. ____ ____ Hrs. Min. 2. ____ ____ → CE24 Hrs. Min. 8.	1. ____ ____ Hrs. Min. 2. ____ ____ → CE24 Hrs. Min. 8.	1. ____ ____ Hrs. Min. 2. ____ ____ → CE24 Hrs. Min. 8.
CE19. At [...], what was the cost of [...]? (ASK FOR THE DETAILED AMOUNT, IF THE RESPONDENT DOES NOT KNOW IT, ASK FOR THE TOTAL AMOUNT) 1. Detailed Amount (DA) a. The medical appointment/check-up/procedure b. The prescribed medicines c. The laboratory analysis/X-rays d. The immunization /vaccination e. Other (specify) 3. Total amount (TA) a. Total cost of the medical appointment 8. DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK _____ 3. TA a. 1. \$____, ____ 8. DK 8. DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK _____ 3. TA a. 1. \$____, ____ 8. DK 8. DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK _____ 3. TA a. 1. \$____, ____ 8. DK 8. DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK _____ 3. TA a. 1. \$____, ____ 8. DK 8. DK

OUTPATIENT UTILIZATION (SECTION CE)

The following questions are related to the health services that you visited or those that you have been visited by in the last four weeks. We will start with your last visit, that is, the most recent one.

	LAST VISIT	SECOND TO LAST VISIT	THIRD TO LAST VISIT	FOURTH TO LAST VISIT
CE08. What is the name of the place or person that you visited to get health care in your [...]?	_____ →	_____ →	_____ →	_____ →
CE09. What was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →
CE20. Do you have a private medical insurance that partially or totally paid the costs of the visit to/of [...]? (DO NOT INCLUDE THE VOLUNTARY IMSS CONTRIBUTION)	Yes..... 1 No 3 → CE22	Yes 1 No 3 → CE22	Yes 1 No 3 → CE22	Yes 1 No 3 → CE22
CE21. As a result of the expenses paid by the private insurance in [...], how much did you pay for the deductible? 1. Amount 8. DK	1. \$ _____ 8.	1. \$ _____ 8.	1. \$ _____ 8.	1. \$ _____ 8.
CE22. The total or part of the cost of what you received in [...], did you pay it with any products, goods, or work? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods, and work 4. No	1 2 3 4 → CE24	1 2 3 4 → CE24	1 2 3 4 → CE24	1 2 3 4 → CE24
CE23. What is the value of the products or goods with which you paid, or how much time did you assign to the work that was required as payment? a. Value of the products or goods b. Time assigned to the work required as payment	a. 1. \$ _____ 8. DK b. 1. _____ 8. DK Days Hrs. Min.	a. 1. \$ _____ 8. DK b. 1. _____ 8. DK Days Hrs. Min.	a. 1. \$ _____ 8. DK b. 1. _____ 8. DK Days Hrs. Min.	a. 1. \$ _____ 8. DK b. 1. _____ 8. DK Days Hrs. Min.
CE24. INTERVIEWER: IS THERE ANOTHER VISIT?	Yes 1 → CE10, NEXT COL. No 3 → CE25	Yes 1 → CE10, NEXT COL. No 3 → CE25	Yes 1 → CE10, NEXT COL. No 3 → CE25	Yes 1 → SUPPLEMENT No 3 → CE25
CE25. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO			

INPATIENT UTILIZATION (SECTION HS)

HS01. During the last 12 months, have you been an in-patient in a hospital, clinic, health center, or in the house or office of any doctor, midwife or healer for at least one night?	Yes 1 No 3 → SECTION CA
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(HS Type) HOSPITALIZATION	HS02.	HS03.
	During the last 12 months, have you received in-patient care at [...]?	How many times have you received in-patient care at [...] during the last 12 months?
A. SSA (Hospital or clinic)	Yes 1 → No 3 ↓	_ _ _ Times
B. IMSS (Hospital or clinic)	Yes 1 → No 3 ↓	_ _ _ Times
C. ISSSTE (Hospital or clinic)	Yes 1 → No 3 ↓	_ _ _ Times
D. PEMEXI, SEDENA, MARINE (Hospital or clinic)	Yes 1 → No 3 ↓	_ _ _ Times
E. Private hospital or clinic	Yes 1 → No 3 ↓	_ _ _ Times
F. Office or house of a private doctor	Yes 1 → No 3 ↓	_ _ _ Times
G. Rural health center	Yes 1 → No 3 ↓	_ _ _ Times
H. Red Cross	Yes 1 → No 3 ↓	_ _ _ Times
I. Traditional health practitioner (midwife, healer, herb doctor, bone-setter, acupuncturist, etc.)	Yes 1 → No 3 ↓	_ _ _ Times
J. Other (specify) _____	Yes 1 → No 3 ↓	_ _ _ Times

HS04. INTERVIEWER: ADD THE TOTAL NUMBER OF TIMES IN HS03. 1. NUMBER OF TIMES	1. _ _ _
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HS05. INTERVIEWER: IN HS06 FILL OUT AS MANY COLUMNS AS NUMBER OF TIMES IN HS04

INPATIENT UTILIZATION (SECTION HS)

The following questions are related to the hospitalizations that you have had in the last 12 months. We will start with the most recent one.

	LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION
HS06. What is the name of the place where you were hospitalized or spent the night during your [...]?	_____ →	_____ →	_____ →	_____ →
HS07. What was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →
HS08. What was the reason why you were hospitalized in [...]? (CIRCLE ALL THAT APPLY) 1. Illness 2. Accident 3. Labor/ caesarean 4. Physical aggression (violence) 5. Surgery 6. Medical analysis or studies 7. Abortion or curettage 8. Other (specify)	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____
HS09. What is the address of [...] where you were attended when [...]? 1. Specify 3. Same Locality/Com/ Municipality/District/State/ Country 8. DK (IF THE RESPONDENT DOES NOT KNOW THE ADDRESS OR THE NAME, ASK FOR ANY PRESCRIPTION, MEDICAL VOUCHER, OR CERTIFICATE OF DISCHARGE, AND COPY THE INFORMATION FROM THERE)	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State. 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State. 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State. 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Com. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State. 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____
HS10. How many nights were you hospitalized in [...]?	_____ Nights	_____ Nights	_____ Nights	_____ Nights

INPATIENT UTILIZATION (SECTION HS)

The following questions are related to the hospitalizations that you have had in the last 12 months. We will start with the most recent one.

	LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION																																																																																																																
HS06. What is the name of the place where you were hospitalized or spent the night during your [...]?	_____ →	_____ →	_____ →	_____ →																																																																																																																
HS07. What was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →																																																																																																																
HS11. How much time did it take you to reach the [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.																																																																																																																
HS12. What is the distance between your house and [...]? 1. Distance in kilometers 2. Distance in meters 8. DK	1. Kms. 2. Mts. 8.	1. Kms. 2. Mts. 8.	1. Kms. 2. Mts. 8.	1. Kms. 2. Mts. 8.																																																																																																																
HS13. What was the transportation cost (one way only) to reach the [...]? (INCLUDE THE TRANSPORTATION COST OF THE COMPANION) 1. Total transportation cost 8. DK	1. \$ 8. DK	1. \$ 8. DK	1. \$ 8. DK	1. \$ 8. DK																																																																																																																
HS14. When you arrived, how much time did you wait before being hospitalized in [...]? 1. Time in hours and minutes 8. DK	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.	1. Hrs. Min. 8.																																																																																																																
HS15. During the time you were hospitalized in [...], did you receive [...]? (CIRCLE ALL THAT APPLY) A. Laboratory exams B. Surgery C. X-Rays D. Ultrasound exam (no X-Rays) E. Medicines, serum, prosthesis F. Other (specify)	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td>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	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td>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	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td>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	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>A</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>D</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>E</td> <td>1</td> <td>3</td> <td>8</td> </tr> <tr> <td>F</td> <td>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
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INPATIENT UTILIZATION (SECTION HS)

The following questions are related to the hospitalizations that you have had in the last 12 months. We will start with the most recent one.

	LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD TO LAST HOSPITALIZATION	FOURTH TO LAST HOSPITALIZATION
HS06. What is the name of the place where you were hospitalized or spent the night during your [...]?	_____ →	_____ →	_____ →	_____ →
HS07. What was the reason why you went to [...]?	_____ →	_____ →	_____ →	_____ →
HS16. When you were in [...], what was the cost of [...]? (ASK FOR THE DETAILED AMOUNT, IF THE RESPONDENT DOES NOT KNOW IT, ASK FOR THE TOTAL AMOUNT) 1. Detailed Amount (DA) a. The medical visit/check-up/procedure b. The prescribed medicines c. The laboratory analysis/x-rays d. The immunization/ vaccination e. Other (specify) 3. Total amount (TA) a. Total cost of the medical visit 8.DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK 3. TA a. 1. \$____, ____ 8. DK 8.DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK 3. TA a. 1. \$____, ____ 8. DK 8.DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK 3. TA a. 1. \$____, ____ 8. DK 8.DK	1. DA a. 1. \$____, ____ 8. DK b. 1. \$____, ____ 8. DK c. 1. \$____, ____ 8. DK d. 1. \$____, ____ 8. DK e. 1. \$____, ____ 8. DK 3. TA a. 1. \$____, ____ 8. DK 8.DK
HS17. Do you have a private medical insurance that partially or totally paid the costs of [...]? (DO NOT INCLUDE THE VOLUNTARY IMSS CONTRIBUTION)	Yes..... 1 No 3→HS19	Yes1 No3→HS19	Yes 1 No3→HS19	Yes1 No3→HS19
HS18. As a result of the expenses paid by the private insurance in [...], how much did you pay for the deductible?	1. \$____, ____ 8.	1. \$____, ____ 8.	1. \$____, ____ 8.	1. \$____, ____ 8.
HS19. The total or part of the cost of what you received in [...], did you pay with any product, good, or work? 1. Yes, with products or goods 2. Yes, with work 3. Yes, with products, goods, and work 4. No	1 2 3 4→HS21	1 2 3 4→HS21	1 2 3 4→HS21	1 2 3 4→HS21
HS20. What is the value of the products or goods you paid with, or how much time did you assign to the work that was required as payment in [...]? a. Value of the products or goods b. Time assigned to the work required as payment	a. 1. \$____, ____ 8. DK b. 1. ____ , ____ , ____ 8. DK Days Hrs. Min.	a. 1. \$____, ____ 8. DK b. 1. ____ , ____ , ____ 8. DK Days Hrs. Min.	a. 1. \$____, ____ 8. DK b. 1. ____ , ____ , ____ 8. DK Days Hrs. Min.	a. 1. \$____, ____ 8. DK b. 1. ____ , ____ , ____ 8. DK Days Hrs. Min.
HS21. INTERVIEWER: IS THERE ANOTHER HOSPITALIZATION?	Yes1→HS08, NEXT COL. No3→HS22	Yes1→HS08, NEXT COL. No3→HS22	Yes 1→HS08, NEXT COL. No 3→HS22	Yes1→SUPPLEMENT No3→HS22
HS22. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO			

INSURANCE CONDITION (SECTION CA)

CA01. Do you have public health insurance such as IMSS, ISSSTE or from any other institution? Or do you have a private health insurance or any company insurance? (DO NOT INCLUDE LIFE INSURANCES)	Yes1 No.....3 → SECTION RE
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(CA Type) INSURANCES	CA02.	CA03.	CA04.
	Do you have health insurance [...]?	Do you have the right to this insurance [...]? (CIRCLE ALL THAT APPLY)	From which of your family members do you have the insurance? (CIRCLE ALL THAT APPLY)
A. From IMSS	Yes 1 → No.....3 ↓ DK8 ↓	1. Through your job ↓ 2. Through a relative → 3. Through school/college ↓ 4. Through the parcel/community ↓ 5. You acquired/bought it ↓ 6. From a program 7. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____
B. From ISSSTE	Yes 1 → No.....3 ↓ DK8 ↓	1. Through your job ↓ 2. Through a relative → 3. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____
C. From PEMEX/SEDENA/MARINE	Yes 1 → No.....3 ↓ DK8 ↓	1. Through your job ↓ 2. Through a relative → 3. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____
D. From the state government Specify	Yes 1 → No.....3 ↓ DK8 ↓	1. Through your job ↓ 2. Through a relative → 3. Through school/college 4. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____
E. Private (not given by the company)	Yes 1 → No.....3 ↓ DK8 ↓	1. Through your job ↓ 2. Through a relative → 3. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____
F. Private given by the company (Other than IMSS, ISSSTE, PEMEX, SEDENA and MARINE)	Yes 1 → No.....3 ↓ DK8 ↓	1. Through your job ↓ 2. Through a relative → 3. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____
G. Other health insurance (specify) _____ _____ _____	Yes 1 → No.....3 ↓ DK8 ↓	1. Through your job ↓ 2. Through a relative → 3. Other _____ ↓	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____
H. Seguro Popular (Popular Health Insurance)	Yes 1 → No.....3 → SECTION RE DK8 → SECTION RE	1. You acquired/bought it → SECTION RE 2. Through a relative → 3. Other _____ → SECTION RE	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____

RECONTACT INFORMATION (SECTION RE)

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

RE01. Do you have any relative living in the United States?	Yes 1 No 3 → SECTION CR
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	FIRST RELATIVE	SECOND RELATIVE	THIRD RELATIVE	FOURTH RELATIVE
RE02. Could you give me the names of your relatives living in the United States?	→	→	→	
RE03. What relationship do you have with [...]?				
1. Spouse/partner	1	1	1	1
2. Your father	2	2	2	2
3. Your mother	3	3	3	3
4. Your brother/sister	4	4	4	4
5. Your son/daughter	5	5	5	5
6. Your father in law/mother in law	6	6	6	6
7. Your grandparents	7	7	7	7
8. Brother in law/sister in law	8	8	8	8
9. Grandson/granddaughter	9	9	9	9
10. Cousin	10	10	10	10
11. Uncle/Aunt	11	11	11	11
12. Niece/nephew	12	12	12	12
13. Other relative (specify)	13 _____	13 _____	13 _____	13 _____
RE04. Could you provide the address and phone number of [...]?	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____	1. Address 3. No 8. DK _____ _____ _____ 1. Reference _____ 1. State 3. No 8. DK _____ 1. City 3. No 8. DK _____ 1. Phone number 3. No 8. DK _____
RE05. INTERVIEWER: IS THERE ANOTHER RELATIVE?	Yes 1 → RE03, NEXT COL. No 3 → SECTION CR	Yes 1 → RE03, NEXT COL. No 3 → SECTION CR	Yes 1 → RE03, NEXT COL. No 3 → SECTION CR	

CREDIT (SECTION CR)

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

<p>CR01. In the last 12 months, did you make any purchases with credit cards that you did not pay in full at the due date? (DO NOT INCLUDE DEBIT CARDS)</p> <ol style="list-style-type: none"> 1. Yes, you made purchases, and did not pay them in full at the due date 2. Yes, you made purchases, but paid them in full at the due date 3. No, you did not make purchases with credit card, but you have one 4. Do not have a credit card 	<p>1 2 3 → CR03b 4 → CR03d</p>
<p>CR01a. In the last month, what is the approximate amount of your expenditures in all your credit cards?</p> <ol style="list-style-type: none"> 1. Less than \$500 2. Between \$500 and \$2,000 3. Between \$2,000 and \$5,000 4. Between \$5,000 and \$10,000 5. More than \$10,000 	<p>1 2 3 4 5</p>
<p>CR01b. How many credit cards do you have?</p> <ol style="list-style-type: none"> 1. Number of credit cards 	<p>1. <input type="text"/></p>
<p>CR01c. From which bank are they? (WRITE DOWN THE THREE CREDIT CARDS MOST USED BY THE RESPONDENT)</p> <ol style="list-style-type: none"> 1. Banamex 2. Bancomer 3. HSBC 4. Banorte 5. Santander 6. Scotiabank 7. American Express 8. Other (specify) 	<p>1 2 3 4 5 6 7 8 _____</p>
<p>CR01d. Since when do you have these credit cards? (THE THREE MOST USED BY THE RESPONDENT)</p>	<p>1. <input type="text"/> / <input type="text"/> Year / <input type="text"/> Years 2. <input type="text"/> / <input type="text"/> Year / <input type="text"/> Years 3. <input type="text"/> / <input type="text"/> Year / <input type="text"/> Years</p>
<p>CR02. In the last 12 months, did you withdraw cash from your credit card and did not pay it in full at the due date? (DO NOT INCLUDE DEBIT CARDS)</p>	<p>Yes..... 1 No 3</p>
<p>CR03. Currently, what is the total balance you owe in your credit cards?</p> <ol style="list-style-type: none"> 1. Amount 8. DK 	<p>1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 8.</p>

<p>CR03h. Currently, do you have a DEBIT CARD?</p> <p>1. Yes 3. No</p>	<p>1 3 → CR03k</p>
<p>CR03i. How many times did you withdraw money from your DEBIT CARD in the last 15 days?</p> <p>1. Less than 2 times 2. Between 3 and 5 times 3. More than 5 times 4. None 8. DK</p>	<p>1 2 3 4 8</p>
<p>CR03j. In the last 15 days, did you use your DEBIT CARD to pay in stores, supermarkets, restaurants, etc?</p> <p>1. Yes 3. No</p>	<p>1 3</p>
<p>CR03k. Do you currently have a checking account?</p> <p>1. Yes 3. No</p>	<p>1 3 → CR04</p>
<p>CR03l. How many checks, approximately did you use last month?</p> <p>1. None 2. Less than 2 3. Between 3 and 5 4. More than 5 8. DK</p>	<p>1 2 3 4 8</p>
<p>CR04. In the last 12 months, have you participated in a Rotating Savings and Credit Association (ROSCA/ TANDA)? (INTERVIEWER: IF PARTICIPATED IN MORE THAN ONE, REGISTER THE MOST RECENT)</p> <p>1. Yes 3. No</p>	<p>Yes 1 No 3 → CR09</p>
<p>CR05. How much money will you receive/ have you received from the Rotating Savings and Credit Association?</p> <p>1. Amount</p>	<p>1. \$ <input type="text"/>, <input type="text"/>, <input type="text"/></p>
<p>CR05a. How long did/will the rotating savings and credit association last?</p> <p>1. Days 2. Weeks 3. Months 8. DK</p>	<p>1. <input type="text"/> Days 2. <input type="text"/> Weeks 3. <input type="text"/> Months 8. DK</p>

<p>CR09. If you had an emergency and had to borrow money, where would you go or whom would you ask for money? (READ OPTIONS AND CIRCLE ALL THAT APPLY) 01. Bank 02. Cooperative/savings fund 03. Moneylender 04. Relative 05. Friends/People you know 06. Work 07. Monte de Piedad (non-profit institution that provides interest-free or low-interest loans to poor families) /loan office 09. Other government loan program (specify) 10. IMSS/ISSSTE 11. Other (specify)</p>	<p>01 02 03 04 05 06 07 09 _____ 10 _____ 11 _____</p>
<p>CR10. In the last 12 months, have you borrowed money or received credits from any of them?</p>	<p>Yes 1 No..... 3 → CR26</p>
<p>CR11. How many times in the last 12 months, have you borrowed money or received credits? 1. Number of times</p>	<p>1. <input type="text"/> Requests for money loans or credits</p>

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

CREDIT (SECTION CR)

Now, I would like to ask you about your requests for money loans or credits. We will begin with the most recent one.

	LAST REQUEST	SECOND TO LAST REQUEST	THIRD TO LAST REQUEST	FOURTH TO LAST REQUEST	FIFTH TO LAST REQUEST
CR13. What was the reason why you borrowed [...]?	_____ →	_____ →	_____ →	_____ →	_____ →
CR14. Where or to whom did you request money loans or credits for [...]? (READ OPTIONS) 01. Bank 02. Cooperative/savings fund 03. Moneylender 04. Relative 05. Friends/People you know 06. Work 07. Monte de Piedad (non-profit institution that provides interest-free or low-interest loans to poor families) /loans office 09. Other government loan program (specify) 10. IMSS/ISSSTE 11. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 09 _____ 10 _____ 11 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 09 _____ 10 _____ 11 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 09 _____ 10 _____ 11 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 09 _____ 10 _____ 11 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 09 _____ 10 _____ 11 _____
CR15. Were you asked for any guarantee when you borrowed for [...]? 1. Yes (specify) 3. No	1 _____ 3 _____	1 _____ 3 _____	1 _____ 3 _____	1 _____ 3 _____	1 _____ 3 _____
CR16. Was the loan for [...] given to you? 1. Yes 3. No	1 → CR18 3 _____	1 → CR18 3 _____	1 → CR18 3 _____	1 → CR18 3 _____	1 → CR18 3 _____
CR17. Why was the loan for [...] not given to you?	1 _____ 2 _____ 3 _____ → CR24	1 _____ 2 _____ 3 _____ → CR24	1 _____ 2 _____ 3 _____ → CR24	1 _____ 2 _____ 3 _____ → CR24	1 _____ 2 _____ 3 _____ → CR24
CR18. How much money did you ask for [...]?	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK
CR19. How much money was lent to you for [...]?	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK	\$ _____, _____, _____ 8.DK

Now, I would like to ask you about your requests for money loans or credits. We will begin with the most recent one.

	LAST REQUEST	SECOND TO LAST REQUEST	THIRD TO LAST REQUEST	FOURTH TO LAST REQUEST	FIFTH TO LAST REQUEST
CR13. What was the reason why you borrowed [...]?	_____ →	_____ →	_____ →	_____ →	_____ →
CR20. To date, how much have you paid back of the amount that you borrowed for [...]? (INCLUDE INTERESTS)	1.\$____,____,____ 3. Everything	1.\$____,____,____ 3. Everything	1.\$____,____,____ 3. Everything	1.\$____,____,____ 3. Everything	1.\$____,____,____ 3. Everything
CR21. How much time were you given to pay what you borrowed for [...]? 1. Time in years, months, and days 3. No specific period	1. ____ ____ ____ Years Months Days 3.	1. ____ ____ ____ Years Months Days 3.	1. ____ ____ ____ Years Months Days 3.	1. ____ ____ ____ Years Months Days 3.	1. ____ ____ ____ Years Months Days 3.
CR22. How much money did you pay /will you have to pay when the loan for [...] expired/expires [...]? (INCLUDE INTERESTS) 1. Amount paid/will have to pay 8. DK	1.\$____,____,____ 8. DK	1.\$____,____,____ 8. DK	1.\$____,____,____ 8. DK	1.\$____,____,____ 8. DK	1.\$____,____,____ 8. DK
CR23. What is the average interest rate you were charged/will be charged for what you borrowed for [...]? 1. Annual interest rate 2. Monthly interest rate 3. Daily interest rate 4. Without interest 8. DK	1. ____ % annual 2. ____ % monthly 3. ____ % daily 4. 8. DK	1. ____ % annual 2. ____ % monthly 3. ____ % daily 4. 8. DK	1. ____ % annual 2. ____ % monthly 3. ____ % daily 4. 8. DK	1. ____ % annual 2. ____ % monthly 3. ____ % daily 4. 8. DK	1. ____ % annual 2. ____ % monthly 3. ____ % daily 4. 8. DK
CR24. INTERVIEWER: IS THERE ANOTHER LOAN?	Yes.....1→CR14, NEXT COL. No.....3→CR25	Yes.....1→CR14, NEXT COL. No.....3→CR25	Yes.....1→CR14, NEXT COL. No.....3→CR25	Yes.....1→CR14, NEXT COL. No.....3→CR25	Yes.....1→SUPPLEMENT No.....3→CR25
CR25. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO				

CR26. Currently, what is the total amount of all your debts? (INTERVIEWER: IN CASE OF HAVING CREDIT CARDS, INCLUDE THEM) 1. Amount 2. Does not have any debts 8. DK	1. \$____,____,____ 2 8.
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<p>CR27. Do you have savings? 1. Yes 3. No 7. Did not answer</p>	<p>Yes..... 1 No 3 → CR30 NR..... 7 → CR30</p>
<p>CR28. How much money do you have saved? 1. Amount saved</p>	<p>1. \$ _____, _____, _____</p>
<p>CR29. In what type of institution do you have your savings? (CIRCLE ALL THAT APPLY) 01. Did not answer 02. Bank 03. Cooperative 04. Savings fund 05. Friend/relative outside the household 06. Voluntary accounts in the AFORE 07. Solidarity/jointly cash 08. In your house 09. In your job 10. Other (specify)</p>	<p>01 02 03 04 05 06 07 08 09 10 _____</p>
<p>CR30. Do you have AFORE?</p>	<p>Yes..... 1 No 3 → SECTION PR Did not answer 7 → SECTION PR</p>
<p>CR31. How much money do you have in the AFORE? 1. Amount in the AFORE</p>	<p>1. \$ _____, _____, _____</p>
<p>CR32. Have you made voluntary contributions? 1. Yes 3. No</p>	<p>1 3 → SECTION PR</p>
<p>CR32a. What is the total amount of all the voluntary contributions you made last year? Contributions</p>	<p>1. \$ _____, _____, _____</p>

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

The following questions are related to your parents.

	Father ↓CONTINUE DOWNWARDS	Mother ↓CONTINUE DOWNWARDS
TP01. Is your [...] still alive?	Yes 1 No 3 → TP03 DK 7 → TP10	Yes 1 No 3 → TP03 DK 7 → TP10
TP02. Do you and your [...] live in the same household?	Yes 1 → TP01, MOTHER'S COLUMN No 3 → TP05	Yes 1 → TP19 No 3 → TP05
TP03. Has it been more than 12 months since your [...] passed away?	Yes 1 No 3	Yes 1 No 3
TP04. Did you and your [...] live in the same household when he/she died?	Yes 1 → TP07 No 3 DK 8 → TP07	Yes 1 → TP07 No 3 DK 8 → TP07
TP05. How frequently do/did you get together with your [...]? 1. Have never seen/Never saw him/her 2. Have not seen him/her in more than a year (if alive) 3. At least once a year 4. At least once a month 5. At least once a week 6. Every day 7. For periods of 1 to 3 months per year 8. For periods of 4 to 6 months per year 9. For periods of 7 to 12 months per year	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
TP05a. How old is/was your [...]?	□□ Age	□□ Age
TP06. INTERVIEWER: CHECK IN TP01 IF THE FATHER/MOTHER LIVES.	Yes 1 → TP10 No 3	Yes 1 → TP10 No 3
TP07. In which month and year did your [...] die? 1. Month and year of death 8. DK	1. □□ Month □□□□ Year 8.	1. □□ Month □□□□ Year 8.

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

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

NON-RESIDENT PARENTS TRANSFERS (SECTION TP)

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

	COLUMN 1	COLUMN 2	COLUMN 3
	Father and Mother (live together)	Father	Mother
<p>TP27. With whom does/did your [...] live? (CIRCLE ALL THAT APPLY) (THE RELATIONSHIP IS IN REGARD TO THE FATHER/MOTHER)</p> <p>01. Alone 02. With his/her spouse/partner 03. With his/her daughter 04. With his/her son 05. With his/her brother in law/sister in law 06. With his/her sister 07. With his/her brother 08. With his/her grandson/granddaughter 09. With his/her father/mother 10. Other (specify) 98. DK</p>	<p>01 02 03 04 05 06 07 08 09 10 _____ 98</p>	<p>01 02 03 04 05 06 07 08 09 10 _____ 98</p>	<p>01 02 03 04 05 06 07 08 09 10 _____ 98</p>
<p>TP28. INTERVIEWER: VERIFY IF [...] LIVE(S)/LIVED WITH ANY SON OR DAUGHTER.</p>	<p>Yes1 →WRITE DOWN THE NAME No.....3 →SECTION TH</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____</p>	<p>Yes1 →WRITE DOWN THE NAME No.....3 → SECTION TH</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____</p>	<p>Yes1 →WRITE DOWN THE NAME No.....3 → SECTION TH</p> <p>1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____</p>

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

<p>TH00x. INTERVIEWER: VERIFY IF THE RESPONDENT IS A PANEL MEMBER</p>	<p>1. Panel 3. New → TH01</p>
<p>TH001a. Do you have siblings that died since 2005 to date?</p>	<p>1. Yes → TH01a 3. No → REVIEW PRE-PRINTED LIST. WHEN FINISHED CONTINUE TO →TH12x</p>

Now, we would like to ask you about your siblings.

<p>TH01. How many siblings did you have that you know have died? 1. Number of dead siblings 2. None</p>	<p>1. <input type="text"/> Siblings → TH02 2. → TH12x</p>
<p>TH01a. How many siblings did you have that you know have died since 2005? 1. Number of dead siblings</p>	<p>1. <input type="text"/> Siblings REVIEW PRE-PRINTED LIST AND UPDATE IT WITH THE INFORMATION IN TH01a</p>

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

TH02. INTERVIEWER: FIRST FILL OUT TH04, STARTING WITH THE FIRST WHO DIED.

TH02a. Can you give me the names of your siblings who have died, starting with the first who passed away.

TH03.	TH04.	TH05.	TH06.	TH07.	TH08.	TH09.	TH10.
Dead Sibling	Name	Gender (SEE CODES)	In what year was [...] born? or How old would [...] be, if he/she had not died?	Age at death	What is the highest level of education [...] reached? (SEE CODES)	What is the highest grade [...] passed? (SEE CODES)	INTERVIEWER: IS THERE ANOTHER BROTHER/SISTER DEAD?
1	_____	1 3	1. _____ Year 2. _____ Age	1. _____ Years old 8. DK If younger than 7 years old →TH10	01→TH10 06→TH10 02→TH10 07→TH10 03 08→TH10 04 98→TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes1→NEXT SIBLING No.....3→TH11
2	_____	1 3	1. _____ Year 2. _____ Age	1. _____ Years old 8. DK If younger than 7 years old →TH10	01→TH10 06→TH10 02→TH10 07→TH10 03 08→TH10 04 98→TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes1→NEXT SIBLING No.....3→TH11
3	_____	1 3	1. _____ Year 2. _____ Age	1. _____ Years old 8. DK If younger than 7 years old →TH10	01→TH10 06→TH10 02→TH10 07→TH10 03 08→TH10 04 98→TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes1→NEXT SIBLING No.....3→TH11
4	_____	1 3	1. _____ Year 2. _____ Age	1. _____ Years old 8. DK If younger than 7 years old →TH10	01→TH10 06→TH10 02→TH10 07→TH10 03 08→TH10 04 98→TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes1→NEXT SIBLING No.....3→TH11
5	_____	1 3	1. _____ Year 2. _____ Age	1. _____ Years old 8. DK If younger than 7 years old →TH10	01→TH10 06→TH10 02→TH10 07→TH10 03 08→TH10 04 98→TH10 05	00 01 02 03 04 05 06 07 98 08 _____	Yes1→SUPPLEMENT No.....3→TH11

<p>TH11. INTERVIEWER: IS THERE A SUPPLEMENT?</p> <p>Code for TH05: 1. Male 3. Female</p>	<p>Code for TH08: 01. Without instruction 02. Preschool or Kinder 03. Elementary School 04. Secondary School 05. High school 06. Basic/Superior Normal 07. College 08. Graduate School 98. DK</p>	<p>Code for TH09: 00. Did not complete first grade 01. First grade 02. Second grade 03. Third grade 04. Fourth grade 05. Fifth grade 06. Sixth grade 07. Seventh grade 08. Other (specify) 98. DK</p>
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NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

MxFLS 2009

TH12x. INTERVIEWER: REVIEW (MARK JUST ONE)		
PANEL MEMBER WITH PRE-PRINTED LIST OF SIBLINGS	PANEL MEMBER WITHOUT PRE-PRINTED LIST OF SIBLINGS	NEW MEMBER
1 → PRE-PRINTED LIST OF SIBLINGS	2 → TH12	3 → TH12
TH12. Do you have siblings who live in another household?	Yes..... 1 No 3 → SECTION THI	
TH13. How many siblings do you have who live in another household?	<input type="text"/> siblings → (FILL OUT THE LIST)	

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST.
FILL OUT THE COLUMNS FROM TH15 TO TH21 WITH THE INFORMATION OF THE SIBLINGS WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.
TH14. INTERVIEWER: FIRST FILL OUT TH16, STARTING WITH THE OLDEST ONE. WHEN FINISHED, FILL OUT BY COLUMNS.

TH15. Sibling Alive	1	2	3	4	5
TH16. Name	→	→	→	→	→
TH20a. During the last 12 months, did you give [...] any help such as money, clothes, or food, or did you offer your time to help him/her with something?	Yes 1 No 3→TH20c Did not want to answer 8→TH20c	Yes 1 No 3→TH20c Did not want to answer 8→TH20c	Yes 1 No 3→TH20c Did not want to answer 8→TH20c	Yes 1 No 3→TH20c Did not want to answer 8→TH20c	Yes 1 No 3→TH20c Did not want to answer 8→TH20c
TH20b. During the last 12 months, what kind of help did you offer [...]? (SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□
TH20c. During the last 12 months, did you receive from [...] any help such as money, clothes, or food, or did he/she offer you his/her time to help you with something?	Yes 1 No 3→TH21 Did not want to answer 8→TH21	Yes 1 No 3→TH21 Did not want to answer 8→TH21	Yes 1 No 3→TH21 Did not want to answer 8→TH21	Yes 1 No 3→TH21 Did not want to answer 8→TH21	Yes 1 No 3→TH21 Did not want to answer 8→TH21
TH20d. During the last 12 months, what kind of help did you receive from [...]? (SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□	1. \$□, □□□, □□□ 2. \$□, □□□, □□□ 3. \$□, □□□, □□□ 4. \$□, □□□, □□□ 5. □□ a. Days b. Months 6. □□ a. Days b. Months 7. \$□, □□□, □□□
TH21. INTERVIEWER: IS THERE ANOTHER BROTHER/SISTER?	Yes 1→NEXT SIBLING TH17 No 3→TH22	Yes 1→NEXT SIBLING TH17 No 3→TH22	Yes 1→NEXT SIBLING TH17 No 3→TH22	Yes 1→NEXT SIBLING TH17 No 3→TH22	Yes 1→SUPPLEMENT No 3→TH22
TH22. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO	Code for TH20b and TH20d 1. Money to pay expenses related to your/his/her health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do housework, take care of kids, provide accommodation or help with any other work 7. Other (specify)			

NON-RESIDENT SIBLINGS TRANSFERS (SECTION TH)

LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST					
FILL OUT THE COLUMNS FROM TH15 TO TH21 WITH THE INFORMATION OF THE SIBLINGS WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.					
TH14. INTERVIEWER: FIRST FILL OUT TH16, STARTING WITH THE OLDEST ONE. WHEN FINISHED, FILL OUT BY COLUMNS					
TH15. Sibling Alive	1	2	3	4	5
TH16. Name	→	→	→	→	→
TH17. Gender (SEE CODES)	1 3	1 3	1 3	1 3	1 3
TH18. Age	1. ___ Years 8. DK If younger than 7 years old →TH21	1. ___ Years 8. DK If younger than 7 years old →TH21	1. ___ Years 8. DK If younger than 7 years old →TH21	1. ___ Years 8. DK If younger than 7 years old →TH21	1. ___ Years 8. DK If younger than 7 years old →TH21
TH19. What is the highest level of education that [...] achieved? (SEE CODES)	01→TH20a 06→TH20a 02→TH20a 07→TH20a 03 08→TH20a 04 98→TH20a 05	01→TH20a 06→TH20a 02→TH20a 07→TH20a 03 08→TH20a 04 98→TH20a 05	01→TH20a 06→TH20a 02→TH20a 07→TH20a 03 08→TH20a 04 98→TH20a 05	01→TH20a 06→TH20a 02→TH20a 07→TH20a 03 08→TH20a 04 98→TH20a 05	01→TH20a 06→TH20a 02→TH20a 07→TH20a 03 08→TH20a 04 98→TH20a 05
TH20. What is the highest grade that [...] passed? (SEE CODES)	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____

Code for TH17:

- 1. Male
- 3. Female

Code for TH19:

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

Code for TH20:

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

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

Now, I would like to ask you about your children who do not live in this household

<p>THI01. INTERVIEWER: IS THE RESPONDENT [...]?</p> <p>1. A WOMAN 2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE IN THIS HOUSEHOLD, OR DOES NOT HAVE A SPOUSE/PARTNER 3. A MAN, AND HIS SPOUSE/PARTNER LIVES IN THIS HOUSEHOLD</p>	<p>1 → THI04 2 → THI04 3</p>
<p>THI02. Did/Do you have children with another partner (other than the current one) who do not live with you in the same household?</p>	<p>Yes..... 1 No 3 → SECTION TO</p>
<p>THI03. How many children did you have who died and who were from another partner (other than the current one)?</p> <p>1. Number of dead children 3. None</p>	<p>1. [] → THI05a 3..... → THI15</p>
<p>THI04. Did/do you have children who do not live with you in the same household?</p>	<p>Yes..... 1 No 3 → SECTION TO</p>
<p>THI05. How many children did you have who died and did not live in the same household?</p> <p>1. Number of dead children 3. None</p>	<p>1. [] 3. → THI15</p>
<p>THI05a. INTERVIEWER: VERIFY IF THE RESPONDENT IS A PANEL MEMBER</p> <p>1. PANEL 3. NEW MEMBER</p>	<p>1. PANEL → REVIEW AND UPDATE PRE-PRINTED LIST 3. NEW → THI06</p>

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

Could you please give me the name of your dead children, starting with the one who died first?

THI06. INTERVIEWER: FIRST FILL OUT THI08, STARTING WITH THE FIRST DEAD CHILD.

THI07.	THI08.	THI09.	THI10.	THI11.	THI12.	THI13.
Dead Child	Name	Gender (SEE CODES)	Age at death	What is the highest level of education [...] achieved? (SEE CODES)	What is the highest grade [...] passed? (SEE CODES)	INTERVIEWER: IS THERE ANOTHER DEAD CHILD?
1	_____	1 3	1. ___ Years old 8. DK If younger than 7 years old →THI13	01→THI13 06→THI13 02→THI13 07→THI13 03 08→THI13 04 98→THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes... 1→NEXT CHILD No..... 3→THI14
2	_____	1 3	1. ___ Years old 8. DK If younger than 7 years old →THI13	01→THI13 06→THI13 02→THI13 07→THI13 03 08→THI13 04 98→THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes... 1→NEXT CHILD No..... 3→THI14
3	_____	1 3	1. ___ Years old 8. DK If younger than 7 years old →THI13	01→THI13 06→THI13 02→THI13 07→THI13 03 08→THI13 04 98→THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes... 1→NEXT CHILD No..... 3→THI14
4	_____	1 3	1. ___ Years old 8. DK If younger than 7 years old →THI13	01→THI13 06→THI13 02→THI13 07→THI13 03 08→THI13 04 98→THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes... 1→NEXT CHILD No..... 3→THI14
5	_____	1 3	1. ___ Years old 8. DK If younger than 7 years old →THI13	01→THI13 06→THI13 02→THI13 07→THI13 03 08→THI13 04 98→THI13 05	00 01 02 03 04 05 06 07 98 08 _____ _____	Yes... 1→SUPPLEMENT No..... 3→THI14

THI14. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO	Code for THI11: 01. Without instruction 06. Basic/Superior Normal 02. Preschool or Kinder 07. College 03. Elementary School 08. Graduate School 04. Secondary School 98. DK 05. High school
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Code for THI09:

- 1. Male
- 3. Female

Code for THI12:

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

<p>THI15. INTERVIEWER: IS THE RESPONDENT [...]?</p> <p>1. A WOMAN 2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE IN THIS HOUSEHOLD, OR DOES NOT HAVE A SPOUSE/PARTNER 3. A MAN, AND HIS SPOUSE/PARTNER LIVES IN THIS HOUSEHOLD</p>	<p>1 → THI17 2 → THI17 3</p>
<p>THI16. In total, how many children do you have with other partners, who are alive, but who do not live with you in the same household?</p> <p>1. Number of children 3. None</p>	<p>1. <input type="checkbox"/> Children alive → THI 17x 3. → SECTION TO</p>
<p>THI17. In total, how many children do you have who are alive, but who do not live with you in the same household?</p> <p>1. Number of children 3. None</p>	<p>1. <input type="checkbox"/> Children alive 3. → SECTION TO</p>
<p>THI17x. INTERVIEWER: VERIFY IF THE RESPONDENT IS A PANEL MEMBER</p> <p>1. PANEL 3. NEW MEMBER</p>	<p>1. PANEL → REVIEW AND UPDATE PRE-PRINTED LIST 3. NEW → FILL OUT THI20 ACCORDING TO THE INFORMATION IN THI17</p>

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

LIST OF CHILDREN FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST
FILL OUT THE COLUMNS FROM THI20 TO THI25 WITH THE INFORMATION OF THE CHILDREN WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.
THI18. INTERVIEWER: FIRST FILL OUT THI20, STARTING WITH THE OLDEST CHILD.

Could you please give me the name of your children who do not live in this household but are alive?

THI19. Child Alive	1	2	3	4	5
THI20. Name	→	→	→	→	→
THI24a. In the last 12 months, did you give [...] any help such as money, clothes, or food, or did you offer your time to help him/her with something?	Yes..... 1 No 3 →THI24c Did not want to answer...7 →THI24c	Yes.....1 No3 →THI24c Did not want to answer...7 →THI24c	Yes1 No3 →THI24c Did not want to answer...7 →THI24c	Yes 1 No 3 →THI24c Did not want to answer...7 →THI24c	Yes 1 No 3 →THI24c Did not want to answer...7 →THI24c
THI24b. In the last 12 months, what kind of help did you offer [...]? (ADD THE TOTAL GIVEN TO EACH CHILD IN EACH OPTION) (SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
THI24c. In the last 12 months, did you receive from [...] any help like money, clothes, or food, or did he/she offer you his/her time to help you with something?	Yes.....1 No3 →THI25 Did not want to answer...7 →THI25	Yes.....1 No3 →THI25 Did not want to answer...7 →THI25	Yes 1 No 3 →THI25 Did not want to answer...7 →THI25	Yes 1 No 3 →THI25 Did not want to answer...7 →THI25	Yes 1 No 3 →THI25 Did not want to answer...7 →THI25
THI24d. In the last 12 months, what kind of help did you receive from [...]? (ADD THE TOTAL RECEIVED FROM EACH CHILD IN EACH OPTION) (SEE CODES, READ OPTIONS AND CIRCLE ALL THAT APPLY)	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	1. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 2. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 3. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 4. \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
THI25. VERIFY: IS THERE ANOTHER CHILD?	Yes...1 →NEXT CHILD No3 →THI26	Yes...1 →NEXT CHILD No3 →THI26	Yes...1 →NEXT CHILD No3 →THI26	Yes...1 →NEXT CHILD No3 →THI26	Yes...1 →SUPPLEMENT No3 →THI26
THI26. INTERVIEWER: IT THERE A SUPPLEMENT?	Yes...1 → Supplement. Then TO01 No3 →TO01	Code for THI24b and THI24d 1. Money to pay expenses related to your/his/her health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do housework, take care of kids, provide accommodation or help with any other work 7. Other (specify)			

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

LIST OF CHILDREN FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST
FILL OUT THE COLUMNS FROM THI 20 TO THI 25 WITH THE INFORMATION OF THE CHILDREN WHO DO NOT LIVE IN THE HOUSEHOLD BUT ARE STILL ALIVE.
THI18. INTERVIEWER: FIRST FILL OUT THI20, STARTING WITH THE OLDEST CHILD.

Could you please give me the name of your children who do not live in this household but are alive?

THI19. Child Alive	1	2	3	4	5
THI20. Name	_____	_____	_____	_____	_____
	→	→	→	→	→
THI21. Gender	1 3	1 3	1 3	1 3	1 3
THI22. Age	1. ___ Years old 8. DK If younger than 7 years old →THI25	1. ___ Years old 8. DK If younger than 7 years old →THI25	1. ___ Years old 8. DK If younger than 7 years old →THI25	1. ___ Years old 8. DK If younger than 7 years old →THI25	1. ___ Years old 8. DK If younger than 7 years old →THI25
THI23. What is the highest level of education [...] achieved? (SEE CODES)	01→THI24a 06→THI24a 02→THI24a 07→THI24a 03 08→THI24a 04 98→THI24a 05	01→THI24a 06→THI24a 02→THI24a 07→THI24a 03 08→THI24a 04 98→THI24a 05	01→THI24a 06→THI24a 02→THI24a 07→THI24a 03 08→THI24a 04 98→THI24a 05	01→THI24a 06→THI24a 02→THI24a 07→THI24a 03 08→THI24a 04 98→THI24a 05	01→THI24a 06→THI24a 02→THI24a 07→THI24a 03 08→THI24a 04 98→THI24a 05
THI24. What is the highest grade [...] passed? (SEE CODES)	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____	00 01 02 03 04 05 06 07 98 08 _____

Code for THI21:

- 1. Male
- 3. Female

Code for THI23:

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

Code for THI24:

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

TRANSFERS OF OTHER NON-RESIDENT PERSONS (SECTION TO)

<p>TO01. During the last 12 months, did you give any person, who is not your father/mother, brother/sister, or son/daughter and who lives outside this household, any kind of help such as money, clothes, or food, or offered your time to help him/her with something?</p>	<p>Yes..... 1 No..... 3 → TO03</p>
<p>TO02. During the last 12 months, what kind of help did you offer to these people and how much was that in total? (ADD THE TOTAL OF WHAT YOU GAVE TO ALL THESE PEOPLE IN EACH OPTION) (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. Money to pay expenses related to their health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, provide accommodation or help with any other work 7. Other (specify) 	<ol style="list-style-type: none"> 1. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 2. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 3. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 4. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 7. \$ <input type="text"/>, <input type="text"/>, <input type="text"/>
<p>TO03. During the last 12 months, did you receive from any person who is not your father/mother, brother/sister, or son/daughter and who lives outside this household, any kind of help such as money, clothes, food, or did they offer you their time to help you with something?</p>	<p>Yes..... 1 No..... 3 → SECTION NE</p>
<p>TO04. During the last 12 months, what kind of help did you receive from these people and how much was in total? (ADD THE TOTAL OF WHAT YOU RECEIVED FROM ALL THESE PEOPLE IN EACH OPTION) (READ OPTIONS AND CIRCLE ALL THAT APPLY)</p> <ol style="list-style-type: none"> 1. Money to pay expenses related to your health 2. Pay school tuition 3. Any other money support 4. Food, clothes, or other products 5. Time and care during any illness 6. Do the housework, take care of kids, provide accommodation or help with any other work 7. Other (specify) 	<ol style="list-style-type: none"> 1. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 2. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 3. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 4. \$ <input type="text"/>, <input type="text"/>, <input type="text"/> 5. <input type="text"/> a. Days b. Months 6. <input type="text"/> a. Days b. Months 6.1 <input type="text"/> Days/Week 6.2 <input type="text"/> Weeks/Month 7. \$ <input type="text"/>, <input type="text"/>, <input type="text"/>

FILL OUT THIS SECTION AFTER COMPLETING THE BOOK

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

- A. NOBODY
- B. A CHILD WHO IS 5 YEARS OLD OR YOUNGER
- C. A CHILD WHO IS OLDER THAN 5 YEARS OLD
- D. SPOUSE/PARTNER
- E. AN ADULT HOUSEHOLD MEMBER
- F. AN ADULT NON-HOUSEHOLD MEMBER

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. BAD
- 5. VERY BAD

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

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

- 1. EXCELLENT
- 2. GOOD
- 3. FAIR
- 4. BAD
- 5. VERY BAD

NE06. WHAT QUESTIONS DID THE RESPONDENT SEEM INTERESTED IN?

NE07. NOTES

VISITS CONTROL

NUMBER OF VISITS	DATE OF THE VISIT			LENGTH OF THE VISIT		VISIT RESULTS (SEE CODES)	ANSWERED SECTIONS (CIRCLE)	DATE FOR THE NEXT VISIT				
	DAY	MONTH	YEAR	HRS.	MIN.			HRS.	MIN.	DAY	MONTH	YEAR
1							GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE					
2							GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE					
3							GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE					
4							GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE					
5							GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE					
6							GH RG CO ES SM EC ATS CE HS CA RE CR PR TP TH THI TO NE					

TOTAL LENGTH OF THE VISIT:

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VISIT RESULTS

INTERVIEWER REGISTRATION

POSITION	NAME	CODE	SIGNATURE	DELIVERY DATE
HOUSEHOLD INTERVIEWER				
SUPERVISOR				
EDITOR				

RESULT OF THE VISIT

- 20. Complete and correct
- 21. Incomplete due to new appointment
- 22. Respondent refused to continue
- 23. Respondent not found in successive visits
- 24. Respondent refused to provide information

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