

MEXICAN FAMILY LIFE SURVEY

(THE RESPONDENT SHOULD BE A FEMALE HOUSEHOLD MEMBER WHO IS 14 TO 49 YEARS OLD)

REPRODUCTIVE HEALTH

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

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.

RESPONDENT		
Name:		
Marital Status: 1. Single 2. Separated 3. Married 4. Divorced 5. Widow 6. In domestic partnership		
LS (Household member identification):		
Age:		
INTERVIEWER VERIFY PRE-PRINTED HOUSEHOLD MEMBER LIST (BOOK C)		
Panel		1
New		3

CONFIDENTIAL



PREGNANCY SUMMARY (SECTION RES)

I would like to ask you some questions regarding your pregnancies.

RES00x. INTERVIEWER: VERIFY IF THE RESPONDENT IS A PANEL MEMBER (COVER)	Yes 1 No 3 → RES01
RES00a. Have you been pregnant before 2005? 1. Yes 3. No	1 → HE01a 3
RES01a. Have you been pregnant after 2005? 1. Yes 3. No	1 → RES01 3 → SECTION AC
RES01. Have you had a son or daughter born alive?	Yes 1 No 3 → RES12
RES02. Of those children born alive, do you have any living with you now?	Yes 1 No 3 → RES03=0 RES04=0
RES03. Of those children born alive, how many boys/men live with you now?	<input type="checkbox"/> Men
RES04. Of those children born alive, how many girls/women live with you now?	<input type="checkbox"/> Women
RES05. INTERVIEWER: IN THE HOUSEHOLD ROSTER BOOK C, VERIFY THE TOTAL NUMBER OF CHILDREN. IF THE TOTAL RESULTING FROM ADDING RES03 + RES04, AND THE NUMBER OF CHILDREN IN LS01 DO NOT MATCH, CLARIFY THE DIFFERENCES AND RECTIFY THE NUMBER.	
RES06. Do you have biological sons or daughters still alive who are not living with you?	Yes 1 No 3 → RES07=0 RES08=0
RES07. How many biological sons are still alive, but do not live with you?	<input type="checkbox"/> Men
RES08. How many biological daughters are still alive, but do not live with you?	<input type="checkbox"/> Women
RES09. Have you given birth to sons or daughters who were born alive but died afterwards?	Yes 1 No 3 → RES10=0 RES11=0
RES10. How many sons were born alive, but died afterwards?	<input type="checkbox"/> Men
RES11. How many daughters were born alive, but died afterwards?	<input type="checkbox"/> Women

RES12. Have you had any son or daughter who was born dead?	Yes 1 No 3 → RES13=0
RES13. How many sons or daughters born dead have you had?	<input type="checkbox"/> Sons/Daughters
RES14. Have you had any miscarriage, abortion or pregnancy interruption?	Yes 1 No 3 → RES15=0
RES15. How many losses have you had?	<input type="checkbox"/> Losses
RES16. INTERVIEWER: ADD THE NUMBERS (RES03, RES04, RES07, RES08, RES10, AND RES11) AND WRITE THE RESULT HERE: <input type="checkbox"/> Born Alive To confirm your answer, you have had <input type="checkbox"/> child/children born alive, is this correct? Yes 1 No 3 → VERIFY: RES03, RES04, RES07, RES08, RES10, RES11, CORRECT	
RES17. INTERVIEWER: ADD THE NUMBERS (RES13 AND RES15) AND WRITE THE RESULT HERE: <input type="checkbox"/> Stillbirths or losses To confirm your answer, you have had <input type="checkbox"/> stillbirths or losses, is this correct? Yes 1 No 3 → VERIFY: RES13 and RES15, CORRECT	

PREGNANCY HISTORY (SECTION HE)

HE05. Chronological order of pregnancy outcomes	[0][1] First Pregnancy	[0][2] Second Pregnancy	[0][3] Third Pregnancy	[0][4] Fourth Pregnancy
HE06. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE07. How old were you the first time you got pregnant?	___ Years old			
HE07a. How old were you when [...] was born/born dead/ or when you miscarried?	___ Years old	___ Years old	___ Years old	___ Years old
HE08. Did/do you expect to have several children from your [...]?	Yes1 No3→HE10 DK8→HE10	Yes1 No3→HE10 DK8→HE10	Yes1 No3→HE10 DK8→HE10	Yes1 No3→HE10 DK8→HE10
HE09. How many children did/do you expect to have from this pregnancy?	___ Children	___ Children	___ Children	___ Children
HE10. What was the result of your [...]? (READ OPTIONS, AND IN CASE OF MULTIPLE PREGNANCY, CIRCLE ALL THAT APPLY) 1. You are pregnant 2. Born alive 3. Pregnancy loss 4. Stillbirth	1→HE14 2 3→HE12 4→HE12	1→HE14 2 3→HE12 4→HE12	1→HE14 2 3→HE12 4→HE12	1→HE14 2 3→HE12 4→HE12
HE11. Was [...] a boy or a girl? (IN CASE OF MULTIPLE PREGNANCY, ASK ABOUT THE FIRST BORN CHILD)	Male1 Female3	Male1 Female3	Male1 Female3	Male1 Female3
HE12. On what date did the birth/stillbirth/loss of your [...] occur? 1. Date 8. DK	1. ___/___/____→HE14 dd / mm / yyyy 8.	1. ___/___/____→HE14 dd / mm / yyyy 8.	1. ___/___/____→HE14 dd / mm / yyyy 8.	1. ___/___/____→HE14 dd / mm / yyyy 8.
HE13. How old is [...] / How old would be [...] if he/she had not died? 1. Age in years 2. Age in months 8. DK	1. ___ Years old 2. ___ Months old 8.	1. ___ Years old 2. ___ Months old 8.	1. ___ Years old 2. ___ Months old 8.	1. ___ Years old 2. ___ Months old 8.
HE14. How many months are/were you pregnant [...]? 1. Time in months 2. Time in weeks 8. DK	1. ___ Months 2. ___ Weeks 8.	1. ___ Months 2. ___ Weeks 8.	1. ___ Months 2. ___ Weeks 8.	1. ___ Months 2. ___ Weeks 8.
HE14a. INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT)→HE16	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT)→HE16	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT)→HE16	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT)→HE16	INTERVIEWER: IF HE10 =1 (SHE IS PREGNANT)→HE16

PREGNANCY HISTORY (SECTION HE)

HE05. Chronological order of pregnancy outcomes	[0][1] First Pregnancy	[0][2] Second Pregnancy	[0][3] Third Pregnancy	[0][4] Fourth Pregnancy
HE06. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE15. At the moment of the childbirth/loss of [...], where did you go? 01. Social Security (IMSS) 02. IMSS Solidaridad 03. ISSSTE (Hospital or clinic) 04. SSA (Hospital or clinic) 05. DIF (Clinic or Hospital) 06. Other public health institution 07. PEMEX/SEDENA/Marine (Hospital or clinic) 08. Private medical center, hospital or clinic 09. Midwife's house 10. At home with a doctor (gynecologist) 11. At home with a midwife 12. At home without a doctor or midwife 13. Red Cross 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 _____
HE16. INTERVIEWER: VERIFY IN HE06 IF THERE IS ANOTHER PREGNANCY	Yes 1 → HE07a NEXT COLUMN No 3	Yes 1 → HE07a NEXT COLUMN No 3	Yes 1 → HE07a NEXT COLUMN No 3	Yes 1 → SUPPLEMENT No 3
HE16a. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO			

HE17. How many pregnancies have you had in the last five years?	<input type="checkbox"/> Pregnancies	Yes= 0 or 1 → HE19 Yes > 1	
HE18. INTERVIEWER, READ THE FOLLOWING:	"Now, I am going to ask you about these pregnancies, starting with the last one". → HE19a		
HE19. INTERVIEWER, READ THE FOLLOWING:	"Now, I am going to ask you about your last two pregnancies, starting with the last one".		

PREGNANCY HISTORY (SECTION HE)

HE19x. Chronological order of pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to last Pregnancy	[0][3] Third to last Pregnancy	[0][4] Fourth to last Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE20. What was the result of your [...]? (READ OPTIONS, AND IN CASE OF MULTIPLE PREGNANCY, CIRCLE ALL THAT APPLY) 1. You are pregnant 2. Born alive 3. Pregnancy loss 4. Stillbirth	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
HE21. In total, how many check-ups did you have during your [...]? 1. Number of check- ups 2. None	1. <input type="checkbox"/> Check-ups 2. →HE26	1. <input type="checkbox"/> Check-ups 2. →HE26	1. <input type="checkbox"/> Check-ups 2. →HE26	1. <input type="checkbox"/> Check-ups 2. →HE26
HE22. In which month of your [...] did you have your first check-up? 1. Time in months 2. Time in weeks	1. <input type="checkbox"/> Months 2. <input type="checkbox"/> Weeks	1. <input type="checkbox"/> Months 2. <input type="checkbox"/> Weeks	1. <input type="checkbox"/> Months 2. <input type="checkbox"/> Weeks	1. <input type="checkbox"/> Months 2. <input type="checkbox"/> Weeks
HE23. In your [...] the majority of your check-ups where at [...]? 01. Social Security (IMSS) 02. IMSS Solidaridad 03. ISSSTE (Hospital or clinic) 04. SSA (Hospital or clinic) 05. DIF (Hospital or clinic) 06. Other public health institutions 07. PEMEX/SEDENA/Marine (Hospital or clinic) 08. Private medical center, hospital or clinic 09. Midwife's house 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. Red Cross 13. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 _____

PREGNANCY HISTORY (SECTION HE)

HE19x. Chronological order of pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to last Pregnancy	[0][3] Third to last Pregnancy	[0][4] Fourth to last Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE24. Can you give me the name and the address of the place that you visited? 1. Specify 3. Same Municipality/District/ Locality/Community/State/ Residence Country 8. DK	1. Name 8. DK _____ 1. Address 8. DK _____ 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. Name 8. DK _____ 1. Address 8. DK _____ 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. Name 8. DK _____ 1. Address 8. DK _____ 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. Name 8. DK _____ 1. Address 8. DK _____ 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 _____
HE25. During [...], did you, at any time, receive the following services? a. You were weighed b. You were measured c. You were given the Tetanus vaccine d. Your blood pressure was taken e. You had a blood test f. You had an urine test g. They listened to the baby's heart beat h. You had a vaginal test j. Your fundal height was measured with metric tape k. You had an ultrasound l. They talked to you about family planning m. They gave you classes about pregnancy and/or childbirth n. They taught you how to breastfeed INTERVIEWER: IS THE RESPONDENT PREGNANT? o. At the end of the pregnancy, were you offered: o1. Tubal ligation o2. An intrauterine device o3. Contraceptive pills o4. Contraceptive injections o5. Other (specify)	1. Yes 3. No 8. DK a. 1 3 8 b. 1 3 8 c. 1 3 8 d. 1 3 8 e. 1 3 8 f. 1 3 8 g. 1 3 8 h. 1 3 8 j. 1 3 8 k. 1 3 8 l. 1 3 8 m. 1 3 8 n. 1 3 8 Yes → HE26 No → CONTINUE o1. 1 3 8 o2. 1 3 8 o3. 1 3 8 o4. 1 3 8 o5. 1 3 8	1. Yes 3. No 8. DK a. 1 3 8 b. 1 3 8 c. 1 3 8 d. 1 3 8 e. 1 3 8 f. 1 3 8 g. 1 3 8 h. 1 3 8 j. 1 3 8 k. 1 3 8 l. 1 3 8 m. 1 3 8 n. 1 3 8 Yes → HE26 No → CONTINUE o1. 1 3 8 o2. 1 3 8 o3. 1 3 8 o4. 1 3 8 o5. 1 3 8	1. Yes 3. No 8. DK a. 1 3 8 b. 1 3 8 c. 1 3 8 d. 1 3 8 e. 1 3 8 f. 1 3 8 g. 1 3 8 h. 1 3 8 j. 1 3 8 k. 1 3 8 l. 1 3 8 m. 1 3 8 n. 1 3 8 Yes → HE26 No → CONTINUE o1. 1 3 8 o2. 1 3 8 o3. 1 3 8 o4. 1 3 8 o5. 1 3 8	1. Yes 3. No 8. DK a. 1 3 8 b. 1 3 8 c. 1 3 8 d. 1 3 8 e. 1 3 8 f. 1 3 8 g. 1 3 8 h. 1 3 8 j. 1 3 8 k. 1 3 8 l. 1 3 8 m. 1 3 8 n. 1 3 8 Yes → HE26 No → CONTINUE o1. 1 3 8 o2. 1 3 8 o3. 1 3 8 o4. 1 3 8 o5. 1 3 8

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HE26. During your [...] did you take/have you taken [...]? A. Iron B. Calcium C. Vitamins D. Folic acid	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8																																																																																																																																
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HE27. During your [...] did/have you suffered [...]? A. Vaginal bleeding B. Swelling of feet/legs/face/hands C. High blood pressure D. Red eyes E. Frequent headaches F. High blood sugar levels G. Kidney infection H. Fluid with abnormal smell or color I. Threatened preterm labor (last months) J. Threatened miscarriage (first months) K. Acute vaginal itching/vaginal infection L. Premature water breakage	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8	<table border="1"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>F.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>G.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>H.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>I.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>J.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>K.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>L.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	F.	1	3	8	G.	1	3	8	H.	1	3	8	I.	1	3	8	J.	1	3	8	K.	1	3	8	L.	1	3	8
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HE28. INTERVIEWER: 1. HE20 = 1 (SHE IS PREGNANT) or 3 (LOSS) 3. HE20 = 2 (BORN ALIVE) or 4 (STILLBIRTH)	1. →HE20 Next Column (there is another pregnancy) →AC (there is no other pregnancy) 3. →HE29	1. →HE20 Next Column (there is another pregnancy) →AC (there is no other pregnancy) 3. →HE29	1. →HE20 Next Column (there is another pregnancy) →AC (there is no other pregnancy) 3. →HE29	1. →SUPPLEMENT (there is another pregnancy) →AC (there is no other pregnancy) 3. →HE29																																																																																																																																																																																																																
HE28a. INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO																																																																																																																																																																																																																			
HE29. In your [...], at the moment of childbirth, were you in labor for more than one day and one night? 1. Yes 3. No 8. DK	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8																																																																																																																																																																																								
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HE30. Was your child from your [...] premature? 1. Yes 3. No 8. DK	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8	<table border="1"> <tr><td></td><td>1</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>8</td></tr> </table>		1		3		8																																																																																																																																																																																								
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PREGNANCY HISTORY (SECTION HE)

HE19x. Chronological order of pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to last Pregnancy	[0][3] Third to last Pregnancy	[0][4] Fourth to last Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.				
HE31. Where was the childbirth of your [...]? 01. Social Security (IMSS) 02. IMSS Solidaridad 03. ISSSTE (Hospital or clinic) 04. SSA (Hospital or clinic) 05. DIF (Hospital or clinic) 06. Other public health institutions 07. PEMEX/SEDENA/Marine (Hospital or clinic) 08. Private medical center, hospital or clinic 09. Midwife's house 10. At home, with a doctor (gynecologist) 11. At home, with a midwife 12. At home, with neither doctor nor midwife 13. Red Cross 14. You have not given birth yet 15. Other (specify)	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____	01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____ 08 _____ 09 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____
HE32. Can you give me the name and address of the place that you visited? 1. Specify 3. Municipality/District/Locality/ Community/State/Country of the check-ups 8. DK	1. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ 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. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ 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. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ 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. Name 8. DK _____ 1. Address 3. Same 8. DK _____ _____ 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
HE33. Was the delivery of [...] normal or caesarean? 1. Normal 2. Caesarean	1 2	1 2	1 2	1 2
HE34. During the childbirth of [...]? A. Did you have high blood pressure B. Did you have low blood pressure C. The child was born feet first or bottom first D. The child had the umbilical cord tangled E. You had any complication or difficulty	YES NO DK A. 1 3 8 B. 1 3 8 C. 1 3 8 D. 1 3 8 E. 1 3 8	YES NO DK A. 1 3 8 B. 1 3 8 C. 1 3 8 D. 1 3 8 E. 1 3 8	YES NO DK A. 1 3 8 B. 1 3 8 C. 1 3 8 D. 1 3 8 E. 1 3 8	YES NO DK A. 1 3 8 B. 1 3 8 C. 1 3 8 D. 1 3 8 E. 1 3 8

PREGNANCY HISTORY (SECTION HE)

HE19x. Chronological order of pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to last Pregnancy	[0][3] Third to last Pregnancy	[0][4] Fourth to last Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE35. Did you receive any type of anesthesia? 1. Yes 3. No	1 3	1 3	1 3	1 3
HE36. How much did you spend in transportation to reach the place where you delivered [...]? (One way only, including companion) 1. Transportation expenses 8. DK	1.\$ _____, _____ 8.	1.\$ _____, _____ 8.	1.\$ _____, _____ 8.	1.\$ _____, _____ 8.
HE37. How much did the childbirth of your [...] cost you (including medical expenses)? 1. Cost of childbirth 3. Nothing 8. DK	1.\$ _____, _____ 3. →HE39 8. DK	1.\$ _____, _____ 3. →HE39 8. DK	1.\$ _____, _____ 3. →HE39 8. DK	1.\$ _____, _____ 3. →HE39 8. DK
HE38. Did you have any insurance / prepaid service for pregnancy and/or childbirth care?	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No
HE39. Who provided care during [...] birth? (READ OPTIONS AND CIRCLE ALL THAT APPLY) 1. General Doctor 2. Gynecologist 3. Pediatrician 4. Midwife 5. Auxiliary or Health Practitioner 6. Nurse 7. Anesthesiologist 8. Nobody 9. Other (specify)	1 2 3 4 5 6 7 8 →HE41 9 _____	1 2 3 4 5 6 7 8 →HE41 9 _____	1 2 3 4 5 6 7 8 →HE41 9 _____	1 2 3 4 5 6 7 8 →HE41 9 _____
HE40. Why did you choose this person/place/health center? (CIRCLE ALL THAT APPLY) 1. Cheap 2. Proximity 3. Felt safe 4. More comfortable 5. Modern service 6. Due to having the right to the service 7. Relative/friend/doctor recommendation 8. Was referred to by other place 9. Free 10. Tradition 11. Only option 12. Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____	1 2 3 4 5 6 7 8 9 10 11 12 _____

PREGNANCY HISTORY (SECTION HE)

HE19x. Chronological order of pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to last Pregnancy	[0][3] Third to last Pregnancy	[0][4] Fourth to last Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.				
HE41. Did you have any check-up during the first 40 days after the childbirth of [...]? 1. Yes 3. No 8. DK	1 3 8	1 3 8	1 3 8	1 3 8
HE42. How long after the birth of [...] did your period (menstruation) start again? 01. Time in days 02. Time in weeks 03. Time in months 04. Has not come back 05. Has not come back because you got pregnant 98. DK	01. ___ Days 02. ___ Weeks 03. ___ Months 96 97 98.	01. ___ Days 02. ___ Weeks 03. ___ Months 96 97 98.	01. ___ Days 02. ___ Weeks 03. ___ Months 96 97 98.	01. ___ Days 02. ___ Weeks 03. ___ Months 96 97 98.
HE43. How long after the birth of [...] did you have sex again? 01. Time in months 95. After the quarantine 96. Has not had/Did not have 97. Less than a month 98. DK	01. ___ Months 95 96 97 98	01. ___ Months 95 96 97 98	01. ___ Months 95 96 97 98	01. ___ Months 95 96 97 98
HE44 INTERVIEWER: 1. HE20 =2 (LIVE BIRTH) 3. HE20 = 4 (STILLBIRTH)	1 3→HE20 Next Column (there is another pregnancy) →AC (there is no other pregnancy)	1 3→HE20 Next Column (there is another pregnancy) →AC (there is no other pregnancy)	1 3→HE20 Next Column (there is another pregnancy) →AC (there is no other pregnancy)	1 3→HE20 Next Column (there is another pregnancy) →AC (there is no other pregnancy)
HE45 Compared to other children, do you consider that [...] was bigger, smaller, or similar in size? 1. Bigger 2. Similar 3. Smaller 8. DK	1 2 3 8	1 2 3 8	1 2 3 8	1 2 3 8
HE46. How much did [...] weigh at birth? 1. Weight 2. Was not weighed 8. DK	1. ___ . ___ Kg. Grs. 2 8	1. ___ . ___ Kg. Grs. 2 8	1. ___ . ___ Kg. Grs. 2 8	1. ___ . ___ Kg. Grs. 2 8
HE47. Did you ever breastfeed [...], even though it was for a short period?	Yes.....1 No 3→HE51	Yes1 No 3→HE51	Yes1 No 3→HE51	Yes1 No 3→HE51

PREGNANCY HISTORY (SECTION HE)

HE19x. Chronological order of the pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to last Pregnancy	[0][3] Third to last Pregnancy	[0][4] Fourth to last Pregnancy																																																																																																
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____																																																																																																
HE48. For how long did you feed [...] only by breastfeeding and/or by giving him/her water or tea only? 01. Time in days 02. Time in weeks 03. Time in months 04. Still nursing	01. ___ Days 02. ___ Weeks 03. ___ Months 04. _____	01. ___ Days 02. ___ Weeks 03. ___ Months 04. _____	01. ___ Days 02. ___ Weeks 03. ___ Months 04. _____	01. ___ Days 02. ___ Weeks 03. ___ Months 04. _____																																																																																																
HE49. While you were breastfeeding [...] did you take medicines not prescribed by a doctor, such as [...]? A. Contraceptives (Contraceptive pills) B. Analgesics (aspirin, tempra, disprine) C. Antibiotics (amoxicillin, binotal, penicillin) D. Vitamins E. Other (specify)	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8	<table border="0"> <tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr><td>A.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>B.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>C.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>D.</td><td>1</td><td>3</td><td>8</td></tr> <tr><td>E.</td><td>1</td><td>3</td><td>8</td></tr> </table>		YES	NO	DK	A.	1	3	8	B.	1	3	8	C.	1	3	8	D.	1	3	8	E.	1	3	8
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HE50. INTERVIEWER: VERIFY HE48 IF HE48 = 04 (STILL NURSING)→HE53 IF HE48 = 01, 02, 03 (TIME IN DAYS / WEEKS / MONTHS)→HE51																																																																																																				
HE51. Why did you stop breastfeeding / did you not breastfeed [...]? (CIRCLE ALL THAT APPLY) 01. Mother sick or weak 02. Painful nipples 03. Work-related reasons 04. For taking contraceptive pills 05. Wanted to get pregnant 06. Pregnant once again 07. Insufficient breast milk 08. Child's illness 09. The child was in an incubator 10. Child did not develop 11. Child would not take it 12. Doctor's/nurse's recommendation 13. Husband's objection 14. Child's inability to suck 15. Child was big enough 16. For breastfeeding other baby 17. Child's death 18. Personal decision 19. Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12 13 14→HE53 15 16 17→HE56 18 19 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14→HE53 15 16 17→HE56 18 19 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14→HE53 15 16 17→HE56 18 19 _____	01 02 03 04 05 06 07 08 09 10 11 12 13 14→HE53 15 16 17→HE56 18 19 _____																																																																																																

PREGNANCY HISTORY (SECTION HE)

HE19x Chronological order of the pregnancy outcomes	[0][1] Last Pregnancy	[0][2] Second to last Pregnancy	[0][3] Third to last Pregnancy	[0][4] Fourth to last Pregnancy
HE19a. INTERVIEWER: WRITE DOWN THE NAME/REFERENCE TO IDENTIFY THE PREGNANCY.	_____	_____	_____	_____
HE52. Did somebody else continue breastfeeding [...] even for a short period? 1. Yes 3. No	1 3	1 3	1 3	1 3
HE53. How old was/were [...] when you fed him/her/them with other liquids, such as juice or baby formula, besides mother's milk? 01. Days 02. Weeks 03. Months 04. Has not been fed yet/never	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04.	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04.	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04.	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04.
HE54. How old was/were [...] when you first fed him/her/them with solids, such as baby food? 01. Days 02. Weeks 03. Months 04. Years 05. Has not been fed yet/never	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04. ___ Years old 05.	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04. ___ Years old 05.	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04. ___ Years old 05.	01. ___ Days old 02. ___ Weeks old 03. ___ Months old 04. ___ Years old 05.
HE55. Is [...] still alive? 1. Yes 3. No	1 → HE56a 3	1 → HE56a 3	1 → HE56a 3	1 → HE56a 3
HE56. How old was [...] when he/she died? 1. Age in days 2. Age in weeks 3. Age in months 4. Age in years	1. ___ Days old 2. ___ Weeks old 3. ___ Months old 4. ___ Years old	1. ___ Days old 2. ___ Weeks old 3. ___ Months old 4. ___ Years old	1. ___ Days old 2. ___ Weeks old 3. ___ Months old 4. ___ Years old	1. ___ Days old 2. ___ Weeks old 3. ___ Months old 4. ___ Years old
HE56a. INTERVIEWER: IS THERE ANOTHER PREGNANCY? 1. YES, THERE IS ANOTHER PREGNANCY 3. NO THERE IS NOT ANOTHER PREGNANCY	1. THERE IS ANOTHER PREGNANCY → HE20 Next Column 3. → AC	1. THERE IS ANOTHER PREGNANCY → HE20 Next Column 3. → AC	1. THERE IS ANOTHER PREGNANCY → HE20 Next Column 3. → AC	1. THERE IS ANOTHER PREGNANCY → SUPPLEMENT 3. → AC

CONTRACEPTION (SECTION AC)

Now, I would like to ask you about methods for postponing or preventing pregnancy.

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

CODE AC05

5. Other (specify)

CODE AC06

- | | |
|---|------------------------|
| 01. Hospital/Clinic or Public Health Center | 09. Friend/Relative |
| 02. Private Hospital/Clinic | 10. Market/Herb doctor |
| 03. Dispensary | 11. Nowhere |
| 04. Mobile Unit | 12. Other (specify) |
| 05. Health Practitioner | 98. DK |
| 06. Drugstore | |
| 07. Nurse | |
| 08. Midwife | |

CONTRACEPTION (SECTION AC)

(AC TYPE) MEANS / METHODS	AC02. Have you heard of [...] for not having children?	AC03. Have you/has your partner ever used [...]?	AC04. How old were you when you used this method for the first time?	AC05. How much is [...]? (SEE CODES)		AC06. If you would like to use [...] where could you get it? (SEE CODES)
				PRICE	UNIT	
F. Rhythm, Calendar, Billings or Periodical Abstinence Method (A couple stops having sex during certain days of the month, when it is more likely that the woman will get pregnant)	1.Yes→ 3.No↓	1.Yes 3.No→Following line	___ Years old (TRY TO ESTIMATE IF YOU DO NOT KNOW)			
G. Withdrawal or interruption of coitus (A man can withdrawal before ejaculation to prevent pregnancy)	1.Yes→ 3.No↓	1.Yes 3.No→Following line				
H. Emergency Contraception (A woman can take pills up to 72 hours after having sex)	1.Yes→ 3.No↓	1.Yes 3.No→AC06	___ Years old (TRY TO ESTIMATE IF YOU DO NOT KNOW)	1.\$____,____ 3. Free 8. DK } AC06	1. One Month 3. Three Months 5. _____	_____ _____
I. Herbs or teas for not having children	1.Yes→ 3.No↓	1.Yes 3.No→AC06	___ Years old (TRY TO ESTIMATE IF YOU DO NOT KNOW)	1.\$____,____ 3. Free 8. DK } AC06	1. One Month 3. Three Months 5. _____	_____ _____
J. Tying fallopian tubes/Feminine Sterilization (A woman can have surgery to prevent pregnancy)	1.Yes→ 3.No↓	1.Yes 3.No→AC06	___ Years old (TRY TO ESTIMATE IF YOU DO NOT KNOW)	1.\$____,____ 3. Free 8. DK } AC06		_____ _____
K. Vasectomy/Masculine Sterilization (A man can have surgery to prevent having another child)	1.Yes→ 3.No↓	1.Yes 3.No→AC06	___ Years old (TRY TO ESTIMATE IF YOU DO NOT KNOW)	1.\$____,____ 3. Free 8. DK } AC06		_____ _____
L. Others (specify) (Any other way or method to avoid pregnancy)	1.Yes _____ 3.No					
M. Contraceptive Patch (A woman can use contraceptive patches to prevent pregnancy)	1.Yes→ 3.No↓	1.Yes 3.No→AC06	___ Years old (TRY TO ESTIMATE IF YOU DO NOT KNOW)	1.\$____,____ 3. Free 8. DK } AC06	1. One Month 3. Three Months 5. _____	_____ _____

CODE AC05

5. Other (specify)

CODE AC06

- | | |
|---|------------------------|
| 01. Hospital/Clinic or Public Health Center | 09. Friend/Relative |
| 02. Private Hospital/Clinic | 10. Market/Herb doctor |
| 03. Dispensary | 11. Nowhere |
| 04. Mobile Unit | 12. Other (specify) |
| 05. Health Practitioner | 98. DK |
| 06. Drugstore | |
| 07. Nurse | |
| 08. Midwife | |

CONTRACEPTION (SECTION AC)

<p>AC07. Are you physically capable of conceiving a child?</p> <p>1. Yes 3. No 8. DK</p>	<p>1 3 8</p>
<p>AC08. INTERVIEWER: VERIFY IF SHE HAS HAD CHILDREN IN RES16, OR STILLBIRTHS OR LOSSES IN RES17</p>	<p>1.Yes→AC10 3.No→AC09</p>
<p>AC09. Have you ever had sex?</p>	<p>1.Yes→AC11 3.No→AC26</p>
<p>AC10. How many children did you have the first time that you started using a contraceptive method?</p> <p>1. Number of children 3. Has never used a contraceptive method 8. DK</p>	<p>1. <input type="text"/> Children 3. →AC24 8.DK</p>
<p>AC11. Currently, do you or your spouse/partner use a method to postpone or prevent pregnancy?</p>	<p>Yes 1 No..... 3→AC23</p>
<p>AC12. Which method do you (or your spouse/partner) use now? (IN CASE OF DOUBT, EXPLAIN THE METHODS AGAIN)</p> <p>01. Contraceptive pills 02. Emergency contraception 03. Contraceptive injections 04. Condom or preservative 05. Norplant, Tubes or Implants 06. Herbs/Teas 07. Intrauterine Device (IUD)/Copper T 08. Rhythm, Calendar, Billings or Periodical Abstinence 09. Withdrawal or interruption of coitus 10. Woman's surgery 11. Vasectomy 12. Contraceptive Patch 13. Other (specify)</p>	<p>01→AC14 02→AC14 03→AC14 04→AC14 05→AC14 06→AC14 07→AC13 08→AC15 09→AC15 10→AC16 11→AC16 12→AC14 13 _____ →AC14</p>
<p>AC13. Did they put you the intrauterine device with your consent?</p>	<p>Yes 1 No..... 3</p>
<p>AC14. How much do you or your partner spend on (CURRENT METHOD)?</p> <p>1. Monthly expense 2. Annual expense 3. Expense every 3 years 4. Expense every 5 years 5. Free 8. DK</p>	<p>1. \$ <input type="text"/> , <input type="text"/> monthly 2. \$ <input type="text"/> , <input type="text"/> annual 3. \$ <input type="text"/> , <input type="text"/> 3 years 4. \$ <input type="text"/> , <input type="text"/> 5 years 5. Free 8. DK</p>
<p>AC15. Did you use this same method 5 years ago?</p> <p>1. Yes 3. No 5. Did not use any</p>	<p>1 3 5</p>

CONTRACEPTION (SECTION AC)

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

CONTRACEPTION (SECTION AC)

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

CONTRACEPTION (SECTION AC)

<p>AC25. Which method would you prefer?</p> <p>01. Pills 02. Injections 03. Condom or Preservative 04. Intrauterine Device (IUD)/Copper T 05. Masculine Sterilization (vasectomy) 06. Feminine Sterilization (surgery) 07. Norplant, Tubes or Implants 08. Rhythm 09. Withdrawal or interruption of coitus 10. Traditional Herbs 11. Contraceptive Patch 12. Other (specify) 98. DK</p>	<p>01 02 03 04 05 06 07 08 09 10 11 12 _____ 98</p>
<p>AC26. How old were you when you had your first period (menstruation)?</p> <p>1. Years 7. Has not happened 8. DK</p>	<p>1. <input type="text"/> Years old 7. → AC32 8.</p>
<p>AC27. When did you have your last period (menstruation)?</p> <p>1. Currently menstruating 2. Less than a month 3. Time in months 4. A year or more 8. DK</p>	<p>1. → AC29 2. → AC29 3. <input type="text"/> Months → AC29 4. 8. → AC29</p>
<p>AC28. Why did your menstruation stop?</p> <p>1. Do not know 2. Menopause 3. Pregnant 4. Lactating 5. Childbirth's consequence 6. Your womb or ovaries were removed 7. You have tuberculosis or cancer 8. Received radiations in the pelvis 9. Has low weight 10. Other (specify)</p>	<p>1 2 3 4 5 6 7 8 9 10 _____</p>
<p>AC29. How many (more) children would you like to have?</p> <p>01. Number of children 02. God's will/Indifferent</p>	<p>01. <input type="text"/> Children Yes=0→AC31 02..</p>
<p>AC30. Among the children you still wish to have, how many boys and girls would you like to have?</p> <p>01. Number of boys 02. Number of girls 03. God's will/Indifferent</p>	<p>01. <input type="text"/> Boys → AC32 02. <input type="text"/> Girls → AC32 03. → AC32</p>

CONTRACEPTION (SECTION AC)

<p>AC31. If you could start over again, how many children would you like to have had? 1. Number of children</p>	<p>1. <input type="text"/> <input type="text"/> Children</p>
<p>AC32. INTERVIEWER: VERIFY IN AC08 AND AC09 IF SHE HAS HAD SEX YES1→AC33 NO3→AC41</p>	
<p>AC33. How old were you when you had sex for the first time? 1. Age 8. DK 9. Did not answer</p>	<p>1. <input type="text"/> <input type="text"/> Years old 8. 9.</p>
<p>AC34. How many sexual partners have you had in your life? 1. Number of sexual partners 8. DK 9. Did not answer</p>	<p>1. <input type="text"/> <input type="text"/> Couples 8. 9.</p>
<p>AC35. How old were you when you first got married/started living in domestic partnership? 1. Age 3. Has never been married/ lived in domestic partnership</p>	<p>1. <input type="text"/> <input type="text"/> Years old 3.</p>
<p>AC36. Have you had sex in the last month? 1. Yes 3. No 9. Did not answer</p>	<p>1 3 9→AC38</p>
<p>AC37. How often do you have sex? 1. Number of times a week 2. Number of times a month 3. Number of times a year 4. Have not had sex in the past year</p>	<p>1. <input type="text"/> <input type="text"/> Times a week 2. <input type="text"/> <input type="text"/> Times a month 3. <input type="text"/> <input type="text"/> Times a year 4.</p>
<p>AC38. Do you take the Pap Smear test periodically?</p>	<p>Yes 1 No 3→AC40 NS..... 8→AC40a</p>
<p>AC39. How often do you take the Pap Smear test? 1. Time in years 3. Time in months</p>	<p>1. Every <input type="text"/> <input type="text"/> years 3. Every <input type="text"/> <input type="text"/> months</p>
<p>AC40. When was the last time you took the Pap Smear test? 1. Date (year) 3. Has never taken one</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year 3.</p>
<p>AC40a. Do you perform breast self-examinations periodically?</p>	<p>Yes 1 No 3→AC40c DK..... 8→AC41</p>
<p>AC40b. How often do you perform breast self-examinations? 1. Time in years 3. Time in months</p>	<p>1. Every <input type="text"/> <input type="text"/> years→AC41 3. Every <input type="text"/> <input type="text"/> months→AC41</p>
<p>AC40c. When was the last time you performed a breast self-examination? 1. Date (year) 3. Has never performed one</p>	<p>1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year 3.</p>

CONTRACEPTION (SECTION AC)

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<p>AC40d. What is the reason why you do not perform breast self-examinations?</p> <p>1. Did not know she had to do it 2. Does not know how to do it 3. Other (specify)</p>	<p>1 2 3 _____</p>
<p>AC41. Do you have mammograms periodically?</p>	<p>1. Yes 3. No → AC43 8. DK..... → Section NE</p>
<p>AC42. How often do you have mammograms?</p> <p>1. Time in years 3. Time in months</p>	<p>1. Every <input type="text"/> years 3. Every <input type="text"/> months</p>
<p>AC43. When was the last time you had a mammogram?</p> <p>1. Date (month and year) 3. Has never had one</p>	<p>1. <input type="text"/> Month <input type="text"/> Year 3.</p>

INTERVIEWER: 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							RES HE AC NE					
2							RES HE AC NE					
3							RES HE AC NE					
4							RES HE AC NE					
5							RES HE AC NE					
6							RES HE AC NE					

TOTAL LENGTH OF THE VISIT:

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VISIT RESULTS

INTERVIEWER REGISTRATION

POSITION	NAME	CODE	SIGNATURE	DELIVERY DATE
HOUSEHOLD INTERVIEWER				
SUPERVISOR				
EDITOR				

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. Respondent refused to provide information

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