

(THIS BOOK APPLIES TO ALL HOUSEHOLD MEMBERS)

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

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.

CONFIDENTIAL

INTERVIEWER: VERIFY IN THE PRE-PRINTED LIST IF THE HOUSEHOLD WAS SELECTED AND REGISTER THE OPTION THAT APPLIES.	
SAX	1. SELECTED HOUSEHOLD
	3. NO

2009



Instituto Nacional de Salud Pública



HEALTH MEASURES (SECTION SA)

LS00	LS01	SA00x	SA00		SA01	SA01a	SA02	SA02a	SA03
Line number of HHM (LS) (2009)	HOUSEHOLD MEMBER'S FULL NAME	INTERVIEWER'S ID	DATE	STARTING TIME	RESPONDENT'S GENDER	TIME OF HIS/HER LAST MEAL HH : MM (In the last 24 hours)	¿What is your date of birth [...]? Day / month / year	METHOD FOR OBTAINING THE DATE OF BIRTH	¿How old are you [...]?
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07
		_____	A. _____ DAY MONTH YEAR	B. ____:____ Hrs. Min.	1. Male 3. Female	1. ____:____	1. ____/____/_____ 8. DK	1. 2.	_____ IF YOUNGER THAN 12 YEARS OLD→SA07

CODE SA02a
1. Respondent's memory
2. Official document

HEALTH MEASURES (SECTION SA)

LS00	LS01	SA03b	SA03c	SA03d	SA03e	SA04	SA05	SA07	SA07a	SA08
Line number of HHM (LS) (2009)	HOUSEHOLD MEMBER'S FULL NAME	In your opinion, with which of the following images do you identify?	INTERVIEWER: VERIFY IF THE RESPONDENT IS A MEN OR A WOMAN	PHYSIOLOGICAL STATUS	Day/Month in which you expect the birth (dd/mm)	What is your height? (AGE ≥12)	What is your weight? (AGE ≥12)	SIZE / LENGTH (cm.) (IF YOUNGER THAN 2 YEARS OLD LAY HIM/HER DOWN AND TAKE HIS/HER LENGTH)	MEASUREMENT MÉTHOD	WEIGHT (Kg.)
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____
		1 2 3 4 5 6 7 8 9	1. Man →SA04 3. Woman	1. Pregnant 2. Breastfeeding→SA04 3. None of the above→SA04	1. ___/___ 8. DK	1. ___ ___ Mts. Cms. 8. DK	1. _____. Kgs. Grs. 8. DK	1. _____. 3. _____	1 3	1. _____. 3. _____

CODE SA07, SA08
1. Measurement
3. Reason why he/she was not measured

CODE SA07a
1. Standing
3. Laid down

HEALTH MEASURES (SECTION SA)

LS00	LS01	SA11X	SA11	SA11a	SA11b	SA12	SA12a
Line number of HHM (LS) (2009)	HOUSEHOLD MEMBER'S FULL NAME	INTERVIEWER: VERIFY HIS/HER AGE	WAIST CIRCUMFERENCE (cm) (AGE ≥15)	HIP CIRCUMFERENCE (cm) (AGE≥15)	SIZE SITTING DOWN (cm) (AGE ≥15)	1 st BLOOD PREASSURE MEASUREMENT SYSTOLE/ DIASTOLE (AGE ≥15)	1 st PULSE MEASUREMENT (AGE ≥15)
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____
		1. ≥15 YEARS OLD 3. < 15 YEARS OLD →SA16	1. _____ 3. _____	1. _____ 3. _____	1. _____ 3. _____	1. _____/_____ 3. _____	1. _____

CODE SA11, SA11a, SA11b,SA12
 1. Measurement
 3. Reason why he/she was not measured

HEALTH MEASURES (SECTION SA)

LS00	LS01	SA14	SA14a	SA16X1	SA16X2	SA16b	SA16c	SA16d	SA16
Line number of HHM (LS) (2009)	HOUSEHOLD MEMBER'S FULL NAME	2 nd BLOOD PREASSURE MEASUREMENT (AGE ≥15)	2 nd PULSE MEASUREMENT (AGE ≥15)	INTERVIEWER: VERIFY HIS/HER AGE	INTERVIEWER: CHECK THE COVER (SAX) 1. YES 3. NO →SA16	TOTAL CHOLESTEROL (mg/dL) (IF THERE IS AN ERROR MESSAGE, WRITE DOWN IN 3 THE MESAGGE DISPLAYED ON THE SCREEN)	CHOLESTEROL HDL (mg/dL)	GLYCOSYLATED HEMOGLOBIN (%)	HEMOGLOBIN (g/dL)
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____
		1. [][][][] / [][][][] 3. _____	1. [][][][]	1. ≥45 AGE → SA16b 3. 15-44 YEARS	1 3 →SA16	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____	1. [][][][] 3. _____

CÓDIGO SA14, SA16b/c/d, SA16
1. Measurement
3. Reason why it was not taken

HEALTH MEASURES (SECTION SA)

LS00	LS01	SA17x	SA17a	SA18	SA19	SA20	SA21	SA21a
Line number of HHM (LS) (2009)	HOUSEHOLD MEMBER'S FULL NAME	TOOK BLOOD TEST? (FILTER PAPER)	PASTE LABEL	WRITE DOWN IF THE RESPONDENT HAS A VISIBLE ILLNESS, SKIN INFECTION, COUGH, WOUNDS, ETC.	WRITE DOWN IF THE RESPONDENT IS HANDICAPPED (PARÁLISIS, DEAFNESS, BLINDNESS, MENTAL DISABILITY)	¿WHAT TYPE OF CLOTHES WAS HE/SHE WEARING DURING THE MEASUREMENTS?	MEASUREMENT RESULT	REASON
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____
		1. _____ 3. _____		1. _____ 3. No	1. _____ 3. No	1. Light clothes 2. Thick clothes 3. Other _____	1. Complete →SA22 2. Incomplete	1 2 3 4 5. _____

CODE SA17X
1. Measurement
3. Reason why it was not taken

CODE SA18/19
1. Specify illness/disability
3. Does not have any illness/disability

CODE SA21a
1. Physical problem
2. Did not cooperate

3. Did not want to
4. Was not there at the moment of the visit
5. Other (specify)

HEALTH MEASURES (SECTION SA)

LS00	LS01	SA22	SA24	SA25	SA26
Line number of HHM (LS) (2009)	HOUSEHOLD MEMBER'S FULL NAME	INTERVIEWER: IN YOUR OPINION, HOW IS THE RESPONDENT'S HEALTH COMPARED WITH PEOPLE THE SAME AGE AND GENDER?	INTERVIEWER: WAS THERE AN INTERRUPTION LONGER THAN 30 MINUTES DURING THE MEASUREMENTS? WAS THERE ANY OTHER PROBLEM WITH THE MEASUREMENTS?	EXPLAIN THE REASON/PROBLEM	END TIME
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Yes 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Yes 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Yes 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Yes 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Yes 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Si 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Si 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Si 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Si 3. No → SA26		1. ____:____ Hrs. Min.
		Much Worse 1 2 3 4 5 6 7 8 9 Same Much Better	1. Si 3. No → SA26		1. ____:____ Hrs. Min. → SA30
SA30. INTERVIEWER: IS THERE A SUPPLEMENT? 1. YES 3. NO → NEXT SECTION					

INTERVIEW SESSION NOTES (SECTION NE)

INTERVIEWER: COMPLETE A ROW AT THE END OF EACH MEASUREMENT SESSION IN THIS HOUSEHOLD.

NE00X	NE01	NE02	NE03	NE04	NE05	NE06	NE07	NE08	NE09	NE10	NE11
NUMBER OF THE MEASUREMENT SESSION	INTERVIEWER'S ID	DATE	STARTING TIME	END TIME	TEMPERATURE (C)	HUMIDITY (%)	ID CARDIO-CHECK	ID HEMO-CUE	ID OMRON	ID IN2IT	OBSERVATIONS
1	□□□□	□□ □□ □□ DAY MONTH YEAR	□□ : □□ Hrs. Min.	□□ : □□ Hrs. Min.	□□□	□□□□	□□□	□□□	□□□	□□□	_____ _____ _____
2	□□□□	□□ □□ □□ DAY MONTH YEAR	□□ : □□ Hrs. Min.	□□ : □□ Hrs. Min.	□□□	□□□□	□□□	□□□	□□□	□□□	_____ _____ _____
3	□□□□	□□ □□ □□ DAY MONTH YEAR	□□ : □□ Hrs. Min.	□□ : □□ Hrs. Min.	□□□	□□□□	□□□	□□□	□□□	□□□	_____ _____ _____
4	□□□□	□□ □□ □□ DAY MONTH YEAR	□□ : □□ Hrs. Min.	□□ : □□ Hrs. Min.	□□□	□□□□	□□□	□□□	□□□	□□□	_____ _____ _____
5	□□□□	□□ □□ □□ DAY MONTH YEAR	□□ : □□ Hrs. Min.	□□ : □□ Hrs. Min.	□□□	□□□□	□□□	□□□	□□□	□□□	_____ _____ _____
6	□□□□	□□ □□ □□ DAY MONTH YEAR	□□ : □□ Hrs. Min.	□□ : □□ Hrs. Min.	□□□	□□□□	□□□	□□□	□□□	□□□	_____ _____ _____

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							SA NE					
2							SA NE					
3							SA NE					
4							SA NE					
5							SA NE					
6							SA 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) _____