

MEXICAN FAMILY LIFE SURVEY

THE RESPONDENT SHOULD BE THE PERSON IN CHARGE OF PREPARING MEALS FOR THE HOUSEHOLD, OR IN CHARGE OF FEEDING CHILDREN (IT IS BEST IF THE MOTHER OF THE CHILDREN COULD ANSWER) AND A CHILD (A HOUSEHOLD MEMBER) BETWEEN ONE AND 11 YEARS OLD

HOUSEHOLD ID |_|_|_|_|_|_|_|_|_|_|_|_|

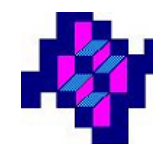
BOOK INTERVIEW RESULT |_|_|

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

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

CONFIDENTIAL

RESPONDENT			
Name			
LS (Household Member Identification)			
Age			

Instituto Nacional
de Salud Pública

1. CONSUMPTION OF FOOD (SECTION CA)

In the past 7 days, how many days did you eat (...)?
0. Did not eat 8. DK 9. Did not answer 10. Does not have children

	RESPONDENT	SELECTED CHILD		RESPONDENT	SELECTED CHILD
	PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	BETWEEN 1 AND 11 YEARS OLD		PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	BETWEEN 1 AND 11 YEARS OLD
NAME	_____	_____	NAME	_____	_____
LS	_ _	_ _	LS	_ _	_ _
AGE OF SELECTED CHILD		_ _	AGE OF SELECTED CHILD		_ _
A. FOOD			A. FOOD		
A1. Potatoes	_ _	_ _	A15. Mayonnaise	_ _	_ _
A2. Carrots	_ _	_ _	A16. Ham, sausage, salami, etc.	_ _	_ _
A3. Lettuce, pumpkin, avocado, cactus, etc	_ _	_ _	A17. Milk	_ _	_ _
A4. Banana	_ _	_ _	A18. Other milk products such as: powdered, milk, butter, cream, etc	_ _	_ _
A5. Apple	_ _	_ _	A19. Coffee	_ _	_ _
A6. Orange and mandarin	_ _	_ _	A20. Juices, flavored powder for water, soft drinks	_ _	_ _
A7. Grapefruit, peach, melon, papaya, guava, etc.	_ _	_ _	A21. Industrialized products like: packed pancakes, candy, potatoe chips, etc.	_ _	_ _
A8. Fruit flavored water	_ _	_ _	A22. Beans	_ _	_ _
A9. Cookies (sweet and crackers) / sweet bread	_ _	_ _	A23. Legumes like: chickpea, lentil, broad bean, etc.	_ _	_ _
A10. Bakery, store bread/ baguette or un-packaged miscellaneous baked goods	_ _	_ _	A24. Pasta soup	_ _	_ _
A11. Packaged bread/ flour/ pancakes	_ _	_ _	A25. Dry Pasta soup	_ _	_ _
A12. Corn Tortillas	_ _	_ _	A26. Beef (steak, ground, and remnant, etc)	_ _	_ _
A13. Corn, paste/ Mexican food (quesadillas, tacos, flautas, gorditas, etc.)	_ _	_ _	A27. Pork	_ _	_ _
A14. Cheese (fresh, Oaxaca, etc.)	_ _	_ _	A28. Chicken	_ _	_ _

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0. Did not eat8. DK9. Did not answer10. Does not have children

	RESPONDENT	SELECTED CHILD		RESPONDENT	SELECTED CHILD
	PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	BETWEEN 1 AND 11 YEARS OLD		PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	BETWEEN 1 AND 11 YEARS OLD
NAME			NAME		
LS			LS		
AGE OF SELECTED CHILD			AGE OF SELECTED CHILD		
A. FOOD			A. FOOD		
A29. Tuna fish or packed sardines			A32. Poached or hard boiled eggs		
A30. Fish and shellfish			A33. Rice		
A31. Scrambled or fried eggs					
B. MISCELLANEOUS			B. MISCELLANEOUS		
B1. Lemon. Example: In lemonade, salads, meat, etc			B5. Tomato. For example: In salsas, tacos, stews, etc (crushed or entire)		
B2. Onions. For example: In salsas, tacos, stews, etc (crushed or whole)			B6. Broth/ stock soups: soups, stews with vegetables, meat or rice		
B3. Chili/ red peppers. For example: In salsa, tacos, stew, etc. (crushed or whole)			B7. White sugar: Example: In fruit water or milk, tea, coffee, cornflower drink, desserts, etc.		
B4. Green tomatoes. For example: In salsas, tacos, stews, etc. (crushed or whole)					

C. CONSUMPTION OF GREASE (SECTION CA)

What kind of grease do you use in order to prepare the following meals?

FOR EACH ONE MARK 1 IF GREASE IS USED OR 0 IF IT IS NOT USED.
IF MORE THAN ONE GREASE PRODUCT IS USED PER MEAL, CHECK ALL THAT APPLY

	1. Vegetable oil	2. Lard	3. Vegetable Butter	4. Margarine	5. Butter	6. Mayonnaise	7. Don't use grease	8. Does not eat this
C1. Fried rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Fried pasta soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Fried beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Fried bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6. Fried or scrambled eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7. Cooked meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. Cooked vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9. Meat, chicken or potato tarts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10. Breaded chicken or beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11. Mexican food (quesadillas, tacos, flautas, gorditas, sopas, tamales)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12. Torta sandwich, sandwich, toast or any other type or bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NE01. IN THE SPACE PROVIDED, WRITE DOWN ANY PROBLEM YOU MAY HAVE FACED RELATING TO THE COMPLETION OF THIS QUESTIONNAIRE

VISIT LOG

NUMBER OF VISITS	DATE OF VISIT		TIME OF INTERVIEW		VISIT RESULTS (see codes)	SECTIONS ANSWERED	DATE OF NEXT VISIT			
	DAY	MTH	HRS	MIN			HRS.	MIN.	DAY	MTH
1						CA NE				
2						CA NE				
3						CA NE				
4						CA NE				
5						CA NE				
TOTAL TIME OF INTERVIEW					_ _ _____					
INTERVIEW RESULT										

STAFF RECORD

POSITIONS	NAME	CODE	SIGNATURE	DELIVERY DATE
POSITIONS				
HEALTH WORKER				
SUPERVISOR				
EDITOR				
COORDINATOR				

- INTERVIEW RESULTS
20. Complete and correct

21. Incomplete due to new appointment

22. Respondent refused to continue

23. Respondent not found in successive visits

24. Other (specify)_____
25. Respondent refused to provide information

26. Respondent not found

27. Respondent could not provide information

28. Other (specify) _____