MXF-LS 2005

MEXICAN FAMILY LIFE SURVEY

(THE PERSON INTERVIEWED SHOULD BE A HOUSEHOLD MEMBER AND SHOULD BE 15 YEARS OLD OR OLDER)

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

RESPONDENT		
Name		
LS (Household Member Identification)		
Age		
Marital Status: 1. Single 2. Separated 3. Married 4. Divorced 5. Widow 6. Domestic Partnership		
1. Panel		1
3. New		3

INDIVIDUAL ID |_|_|_|_|_|_|_|_| |_|_|_| |_|_|

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

BOOK INTERVIEW RESULT |_|_|

SUPPLEMENTS |_|_|

"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

CIDE

UNIVERSIDAD IBEROAMERICANA
CIUDAD DE MÉXICO

TASTES AND HABITS (SECTION GH)

The following questions are related to your health and taste of choice.

GH01.	What do you like to drink when you are at a party, social gathering, or any type of celebration? **(CIRCLE ALL THAT APPLY)** 1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, pulque or any fermented maguey juice 5. Rum, brandy or cognac 6. Other alcoholic drinks (specify) 7. Hot drinks 8. Other non-alcoholic drinks (specify)	1 2 3 4 5 6 _____ 7 8 _____
GH02.	At home, what kind of beverage do you drink with food? **(CIRCLE ALL THAT APPLY)** **(EXCLUDE PARTIES)** 1. Water (plain or flavored) 2. Soda 3. Beer 4. Tequila, pulgue or any fermented juice of the maguey 5. Hot drinks 6. Other (specify)	1 2 3 4 5 6 _____
GH03.	Do you routinely do any type of physical exercise Monday through Friday?	Yes .... 1 No .... 3 ➔ **GH06**
GH04.	How many days do you exercise, Monday through Friday?	⌴ Days
GH05.	On average, how much time do you spend doing physical exercise per day? 1. Time in hours and minutes 8. DK	1. ⌴⌴ / ⌴⌴ Hrs. Min. 8.
GH06.	Do you or did you ever have the habit of smoking cigarettes?	Yes .... 1 No .... 3 ➔ **SECTION RG**
GH07.	How old were you, or what year did you start smoking frequently? **(IF YOU HAVE MORE THAN ONE INTERRUPTION, WRITE DOWN THE FIRST TIME YOU BEGAN TO SMOKE)** 1. Age 2. Initial Year	1. ⌴⌴ Age 2. ⌴⌴⌴⌴ Year

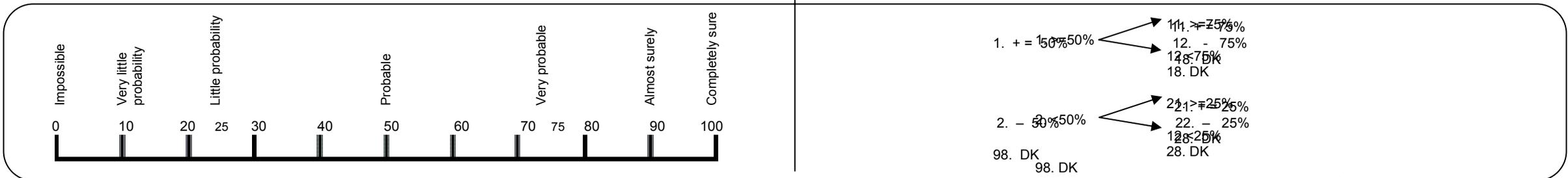|		
GH08.	By the time you were smoking the most, approximately how many packs of cigarettes were you smoking per week? 1. Cigarettes per week 2. Pack of cigarettes per week (20 units each)	1. ⌴⌴⌴ Cigarettes 2. ⌴⌴⌴ Packs of cigarettes
GH09.	How old were you, or what year did you quit smoking, on a regular basis? **(IF THERE IS MORE THAN ONE INTERRUPTION, WRITE DOWN THE LAST TIME YOU QUIT SMOKING)** 1. Age 2. Year you quit 9. You conitinue to smoke on a regular basis	1. ⌴⌴ Age 2. ⌴⌴⌴⌴ Year 9.
GH10.	Currently, approximately how many cigarettes do you smoke per week? 1. Cigarettes per week 2. Pack of cigarettes per week (20 units each) 9. Completely quit the habit of smoking	1. ⌴⌴⌴ Cigarettes 2. ⌴⌴⌴⌴ Packs of cigarettes 9. ➔ **GH12**
GH11.	Currently, how much do you spend on cigarettes per week?	$ ⌴ , ⌴⌴⌴
GH12.	If you could put together all the time you have smoked, without any interruptions in between, how many years would that amount to? Please do not consider the time you have not smoked. 1. Time in years and months	1. ⌴⌴ ⌴⌴. Years Months

RISK (SECCIÓN RG)

Now imagine a game of random chance. In a bag there is a blue chip and a yellow chip and an amount of money is written on each of them. (INTERVIEWER: SHOW THE SLIDES). If you stick your hand inside the bag and take out the yellow chip, we would pay you what is written on the yellow chip, if you take out the blue chip, we will pay what is written on the blue chip. Now you reach inside the bag, but you do not know yet what chip you will get.

RG01.	Before we continue, what color chip do you have the highest probability of getting? **(INTERVIEWER: After writing down the answer, explain the correct answer)** 1. Blue 2. Yellow 3. Same probability 8. DK	1 2 3 8
RG02.	**(INTERVIEWER: show slide RG02, indicate and read the quantities for each game of chance)** Now imagine you can choose between the two bags shown on the slide: 1. In bag 1, if you get the blue chip **or** the yellow chip, you receive $1,000 2. In bag 2, if you get the blue chip you receive $500 or $2,000 if you get the yellow chip Which one of the bags do you choose? 8. DK	1 ➜ **RG05** 2 8 ➜ **RG05**
RG03.	**(INTERVIEWER: show slide RG03, indicate and read the quantities for each game of chance)** Now imagine you can choose between the two bags shown on the slide: 1. In bag 1, if you get the blue chip you receive $500 or $2,000 if you get the yellow chip 2. In bag 2, if you get the blue chip you receive $300 or $3,000 if you get the yellow chip Which one of the bags do you choose? 8. DK	1 ➜ **RG05** 2 8 ➜ **RG05**
RG04.	**(INTERVIEWER: show slide RG04, indicate and read the quantities for each game of chance)** Now imagine you can choose between the two bags shown on the slide: 1. In bag 1, if you get the blue chip you receive $100 or $4,000 if you take out the yellow chip 2. In bag 2, if you get the blue chip you receive $100 or $7,000 if you take out the yellow chip Which one of the bags do you choose? 8. DK	1 ➜ **RG08** 2 ➜ **RG08** 8
RG05.	**(INTERVIEWER: show slide RG05, indicate and read the quantities for each game of chance)** Now imagine you can choose between the two bags shown on the slide: 1. In bag 1, if you get the blue chip you receive $1,000 or $1,000 if you get the yellow chip 2. In bag 2, if you get the blue chip you receive $800 or $2,000 if you get the yellow chip Which one of the bags do you choose? 8. DK	1 2 ➜ **RG08** 8 ➜ **RG08**
RG06.	**(INTERVIEWER: show slide RG06, indicate and read the quantities for each game of chance)** Now imagine you can choose between the two bags shown on the slide: 1. In bag 1, if you get the blue chip you receive $1,000 or $1,000 if you get the yellow chip 2. In bag 2, if you get the blue chip you receive $800 or $4,000 if you get the yellow chip Which one of the bags do you choose? 8. DK	1 2 ➜ **RG08** 8
RG07.	**(INTERVIEWER: show slide RG07 and read the quantities for each game of chance)** Now imagine you can choose between the two bags shown on the slide: 1. In bag 1, if you get the blue chip you receive $1,000 or $1,000 if you get the yellow chip 2. In bag 2, if you get the blue chip you receive $800 or $8,000 if you get the yellow chip Which one do you choose? 8. DK	1 2 8

RISK (SECCIÓN RG)

Now I have some questions about the probability of things happening. To make it easier, we will use a scale from 1 to 100, where 0 is 'impossible' and 100 is 'completely sure' that it can happen. (INTERVIEWER: GIVE THE SCALE TO THE RESPONDENT). For example: no one knows if tomorrow is going to rain or not, but you may think that it is very unlikely that it would rain. Then, you can say that there is a '10' percent chance using this scale, because 10 is closer to 0 than to 100. On the contrary, if you believe it is very likely that it would rain tomorrow, you might say that there is a '75' percent chance using this scale, because 75 is closer to 100 than to 0.

RG08.	How probable is it that you would invest all of your monthly income on an informal savings group (tanda)? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG09.	How probable is it that you would illegally take electricity from the public service sector? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG10.	How probable is it that you will eat greasy food? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG11.	How probable is it that you will move away to a city far from your whole family? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG12.	How probable is it that you would not return a wallet with $500 pesos in it? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG13.	How probable is it that tomorrow will be a sunny day? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG14.	How probable is it that there is enough money this year to cover all of your household needs? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG15.	How probable is it that there will be enough money in 3 years to cover all your household needs? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.

RG16.	**INTERVIEWER: ARE YOU 50 YEARS OLD OR OLDER AND LESS THAN 75 YEARS? (COVER)** **1. YES** **3. NO**	1 3 ➔ **RG18**
RG17.	How probable is it that you will live until 75 years of age? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG18.	How probable is it that you will still be working in 10 years? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG19.	How probable is it that you will still be working in 20 years? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG20.	If you lost your wallet with $200 pesos in it, how probable is it that you will get it back with all of your money and everything else inside it if someone who lives close to you found it? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG21.	And if a **POLICEMAN** found it? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.
RG22.	And if a **STRANGER** found it? 1. Probability 8. DK	1. └─┴─┴─┘ % 8. ➔ 11. 12. 18. 21. 22. 28. 98.

TRUST AND SELF-CONFIDENCE (SECCIÓN CO)

For the following questions, can you tell me if you completely agree, agree, disagree or completely disagree?
(INTERVIEWER: READ OPTIONS)

CO01.	Laws are made to be broken	
	1. Completely agree	1
	2. Agree	2
	3. Disagree	3
	4. Completely disagree	4
	8. DK	8
CO02.	It is alright to do whatever we want as long as we do not hurt anyone	
	1. Completely agree	1
	2. Agree	2
	3. Disagree	3
	4. Completely disagree	4
	8. DK	8.
CO03.	The person who does not cheat, does not get ahead	
	1. Completely agree	1
	2. Agree	2
	3. Disagree	3
	4. Completely disagree	4
	8. DK	8
CO04.	One should not meddle in other peoples problems between family members or between friends.	
	1. Completely agree	1
	2. Agree	2
	3. Disagree	3
	4. Completely disagree	4
	8. DK	8
CO05.	Are you trustworthy?	
	1. Completely agree	1
	2. Agree	2
	3. Disagree	3
	4. Completely disagree	4
	8. DK	8
CO06.	Now imagine that you have a rich relative who gives you $1,000 pesos today. In the next 30 days, would you spend all of it, save all of it, or spend a portion and save the other?	
	1. Spend it all	1. ➔ **SECTION ES**
	3. Save it all	3. ➔ **SECTION ES**
	5. Spend one part and save another	5
	8. DK	8. ➔ **SECTION ES**
CO07.	Approximately, how much would you spend?	
	1. Amount	1. $ ⌊__⌋ , ⌊__⌋__⌋ ➔ **SECTION ES**
	2. Percentage	2. ⌊__⌋__⌋ % ➔ **SECTION ES**
	8. DK	8.

CO08. Is it [...]?	A.	B.
	1. + =500	11. + =$750
		12. - $750
		18. DK
	2. - 500	21. + =$250
		22. - $250
		28. DK
	8. DK	
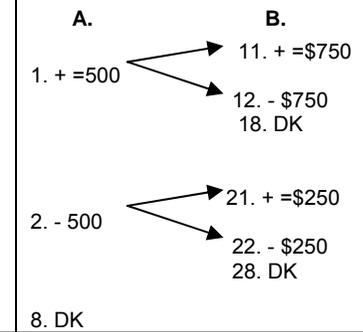
HEALTH CONDITION (SECTION ES)

ES01.	Currently, would you say that your health is (...)?	
	1. Very good	1
	2. Good	2
	3. Regular	3
	4. Bad	4
	5. Very bad	5
ES02.	In the last 4 weeks, did you stop doing any of your daily activities or work, due to any illness?	Yes 1 No 3 ➔ **ES05**
ES03.	In the last 4 weeks, how many days were you absent from your daily activities because of this? 1. Days in which you were absent from your daily activities 8. DK	1. └┴┴┘ Days 8.
ES04.	How many days did you spend in bed due to this? 1. Days spent in bed 8. DK	1. └┴┴┘ Days 8.
ES05.	Comparing your health to a year ago would you say your health now is (...)?	
	1. Much better	1
	2. Better	2
	3. The same	3
	4. Worse	4
	5. Much worse	5
ES06.	Have you ever had a serious accident during your life?	Yes 1 No 3 ➔ **ES08a**
ES07.	When did you suffer this accident? 1. Age when you suffered the accident 2. Year in which the accident happened	1. └┴┘ Age 2. └┴┴┴┘ Year
ES08.	Did you have a permanent injury that changed your way of living due to the accident? **(PHYSICAL OR PSYCHOLOGICAL LESSION)** 1. Yes (specify) 3. No	1. _____ 3.

ES08a:	**INTERVIEWER: IS THE RESPONDENT A PANEL MEMBER?** **1. PANEL** **3. NEW**	**1. PANEL ➔ ES09A** **3. NEW ➔ ES09**

HEALTH CONDITION (SECTION ES)

ES09.	Through out your life, 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 4 years? **(ON EACH COLUMN WRITE DOWN THE PROBLEM AS A POINT OF REFERENCE, AND CONTINUE BY COLUMN FROM ES10 TO ES14)**	_____	_____	_____
ES11.	When did it start/ when was it detected [...]? 1. Year 8. DK	1. └─┴─┴─┴─┘ Year ➜ **ES13** 8.	1. └─┴─┴─┴─┘ Year ➜ **ES13** 8.	1. └─┴─┴─┴─┘ Year ➜ **ES13** 8.
ES12.	How old were you when it started/ when it was detected [...]? 1. Age 8. DK	1. └─┴─┘ Age 8.	1. └─┴─┘ Age 8.	1. └─┴─┘ Age 8.
ES13.	How long have you had [...]? 1. Still suffering 2. Time in years, months, and weeks	1. 2. └─┴─┘ └─┴─┘ └─┴─┘ Years Months Weeks	1. 2. └─┴─┘ └─┴─┘ └─┴─┘ Years Months Weeks	1. ➜ **ES15** 2. └─┴─┘ └─┴─┘ └─┴─┘ ➜ **ES15** Years Months Weeks

ES14.	**INTERVIEWER: IS THERE ANY OTHER HEALTH PROBLEM?**	Yes..........1 ➜ **ES11, NEXT COL.** No ....3 ➜ **ES15**	Yes..........1 ➜ **ES11, NEXT COL.** No ....3 ➜ **ES15**

ES15.	Do you believe that next year your health will be (...)? **(READ OPTIONS)**	
	1. Much better	1
	2. Better	2
	3. The same	3
	4. Worse	4
	5. Much worse	5
ES16.	If you compare yourself with people of the same age and gender, would you say that your health is (...)? **(READ OPTIONS)**	
	1. Much better than others	1
	2. Better than others	2
	3. The same as others	3
	4. Worse than others	4
	5. Much worse than others	5

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HEALTH CONDITION (SECTION ES)

ES17.	INTERVIEWER: ARE YOU 50 YEARS OLD OR OLDER? (COVER)	Yes .... 1 No .... 3 → ES22		
ES18.	If you had to […]	Easily	With difficulty	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. Pick yourself up from the ground and get on your feet without help, could you do it [...]?	1	3	5
ES19.	If you have a cut or wound, does it take a long time to heal? 1. Yes 3. No	1 3		
ES20.	Do you feel pain in your chest when climbing stairs/hills, when you are relatively active, or walking fast? 1. Yes 3. No	1 3		
ES21.	In the mornings, do you frequently wake up with headaches? 1. Yes 3. No	1 3		

ES22.	In the last 4 weeks, have you had (...)?		Yes	No
	A. The Flu		1	3
	B. A Cough		1	3 → **SENTENCE C**
	a. Dry cough	a.	1	3
	b. Cough with phlem	b.	1	3
	c. Cough with blood	c.	1	3
	C. Breathing difficultness		1	3 → **SENTENCE D**
	a. Asthma	a.	1	3
	b. Short or fast breathe	b.	1	3
	D. Strong stomach pain		1	3
	E. Nausea / Vomit		1	3
	F. Diarrea, 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 of the skin		1	3
	I. Irritated/red eyes		1	3
	J. Tooth or Molar pain		1	3
	K. Headaches		1	3
	L. Temperature/ fever		1	3
	M. Body aches		1	3
	N. Pain on the left hand side of your chest (pneumonia)		1	3
	O. A sore throat		1	3
	P. Respiratory, digestive or urinary problems		1	3
	Q. Allergies		1	3
	R. High or Low Blood Pressure		1	3
	S. Stress		1	3
	T. Other (specify)		1	3
	_____			
ES23.	In the last 4 weeks, have you frequently woken up to urinate at night? 1. Yes 3. No		1 3	

EMOTIONAL WELLBEING (SECTION SM)

The following questions are related to how you have emotionally felt during the last 4 weeks.

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

SM07.	In the last 4 weeks, have you felt obsessive or constantly repetitive (for example: with a strain of ideas you cannot stop thinking about or do actions that you constantly repeat)?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4
SM08.	In the last 4 weeks, has your sexual interest decreased?	
	1. Yes, a little	1
	2. Yes, some	2
	3. Yes, a lot	3
	4. No	4
	5. Didn't want to answer	5
SM09.	In the last 4 weeks, do you think you have had a decrease in job performance or in daily activities?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4
SM10.	In the last 4 weeks have you felt pressure on your chest?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4
SM11.	In the last 4 weeks, have you felt nervous, sorrowful, anxious, or eager more so than normal?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4
SM12.	In the last 4 weeks, have you felt tired, or discouraged more so than normal?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4

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EMOTIONAL WELLBEING (SECTION SM)

SM13.	In the last 4 weeks, have you felt tired, or discouraged more so than normal?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4
SM14.	In the last 4 weeks, have you frequently had headaches, or neck pain?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4
SM15.	In the last 4 weeks, have you felt pessimistic, or have you had thoughts of things going wrong?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4
SM16.	In the last 4 weeks, have you felt insecure or have you lacked confidence in yourself?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
		4
SM17.	In the last 4 weeks, have you felt useless to your family?	
		1
	1. Yes, sometimes	2
	2. Yes, lots of times	3
	3. Yes, all the time	4
	4. No	
SM18.	In the last 4 weeks, have you felt constant fear as if you were waiting for something serious to happen?	
	1. Yes, sometimes	1
	2. Yes, lots of times	2
	3. Yes, all the time	3
	4. No	4

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

ACUTE MORBIDITY (SECTION EC)

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

(ECType) CHRONIC ILLNESS	EC01. Have you ever been diagnosed with [...]?	EC02. Currently, do you take medicine for this illness on a regular basis?	EC03. Approximately, how much have you spent on this particular medication during the **last 3 months**?
A. Diabetes	1. Yes ➔ 3. No ⬇	Yes…………........1 ➔ No .... ……………3 ⬇	$ ⎿_⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
B. Hypertension	1. Yes ➔ 3. No ⬇	Yes………………..1 ➔ No…………………. 3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
C. Heart disease	1. Yes ➔ 3. No ⬇	Yes…………………1 ➔ No………………… 3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
D. Cancer	1. Yes ➔ 3. No ⬇	Yes…………………1 ➔ No………………… 3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
E. Arthritis/Rheumatism	1. Yes ➔ 3. No ⬇	Yes…………………1 ➔ No………………… 3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
F. Gastric Ulcer	1. Yes ➔ 3. No ⬇	Yes…………………1 ➔ No………………… 3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
G. Migraine	1. Yes ➔ 3. No ⬇	Yes…………………1 ➔ No…………………3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
H. Other (specify) _____ _____	1. Yes ➔ 3. No ⬇	Yes…………………1 ➔ No………………… 3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌
I. Other (specify) _____ _____	1. Yes ➔ 3. No ⬇	Yes…………….…..1 ➔ No…………………3 ⬇	$ ⎿_⎿_⎿_⏌ , ⎿_⎿_⎿_⏌

SELF-TREATMENT (SECTION ATS)

(ATSType) **MEDICINE**	ATS01. In the **last 4 weeks**, have you taken medicine without a medical prescription […]?	ATS02. How much did the medicine/herbs/home remedies that you have, cost?
A. Drugstore medication such as: A1. Painkillers A2. Antihistamine for allergies A3. Antibiotics for infections or parasites	A1. Yes......................1 ➔ No ....3 ⬇ A2. Yes......................1 ➔ No ....3 ⬇ A3. Yes......................1 ➔ No ....3 ⬇	1. $⎿⎿⎿⎿⏌,⎿⎿⎿⎿⏌ 8. DK
B. Eye drops, prescribed or medical ointments, a medical cast, a splint, or bandages	Yes......................1 ➔ No ....3 ⬇	1. $⎿⎿⎿⎿⏌,⎿⎿⎿⎿⏌ 8. DK
C. Medical herbs, or holistic medicine	Yes......................1 ➔ No ....3 ⬇	1. $⎿⎿⎿⎿⏌,⎿⎿⎿⎿⏌ 8. DK

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OUTPATIENT CARE (SECTION CE)

CE01	In the last 4 weeks, **did you visit** any hospital, clinic, health employee, doctor or faith healer **without hospitalization**?	1. Yes	3. No
CE02.	In the last 4 weeks, **have you been visited** by a doctor, faith healer, or health employee?	1. Yes	3. No

CE03.	INTERVIEWER: 1. IF CE01 = 3 AND CE02 = 3 ➡ SECTION HS
	2. IF CE01 = 1 OR CE02 = 1 ➡ CE04

(CEType) MEDICAL SERVICES	CE04. In the last 4 weeks, have you attended a (...) / 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 SOLIDARITY)**	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 physician 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. Ambulance	Yes .... 1 ➡ No .... 3 ⬇	⌊_⌊_⌋ Times
J. Red Cross	Yes .... 1 ➡ No .... 3 ⬇	⌊_⌊_⌋ Times
K. Rural health clinic	Yes .... 1 ➡ No .... 3 ⬇	⌊_⌊_⌋ Times
L. Drugstore **(FOR MEDICAL VISIT)**	Yes .... 1 ➡ No .... 3 ⬇	⌊_⌊_⌋ Times
M. Holistic practitioner (midwife, faith healer, herbalist, bone doctor, 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.	NUMBER OF TIMES	⌊_⌊_⌋

CE07.	INTERVIEWER: IN CE08 FILL OUT AS MANY COLUMNS AS THE NUMBER OF TIMES FOUND IN CE06

OUTPATIENT CARE (SECTION CE)

The following questions are related with medical services you required or health practitioners who visited you in the last 4 weeks. We will begin with the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CE08.	What is the name of the place or person you visited, so that you could be seen at your [...]?	_____	_____	_____	_____
CE09.	What was the reason you went to [...]?	_____ ➔	_____ ➔	_____ ➔	_____ ➔
CE10.	What was the **main** reason you went or reason why you were visited by [...]?				
	01. Immunization/vaccination	01	01	01	01
	02. Medical visit/check-up	02	02	02	02
	03. Preventive medical exam	03	03	03	03
	04. Receive medication/ prescription	04	04	04	04
	05. Laboratory analysis/x-rays	05	05	05	05
	06. Birth control	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. Ask for/ pick-up Proof of Disability or for a medical justification	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 for [...]? 1. Specify 3. Same Locality/Com./Municipality/ District/Sate/Country 8. DK **(IF THE RESPONDENT WAS VISITED AT HOME, WRITE DOWN THE MEDICAL SERVICE ADDRESS, AND NOT THE LOCATION OF WHERE THE VISIT TOOK PLACE)**	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Commun. 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./Commun. 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./Commun. 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./Commun. 3. Same 8. DK _____ 1. Mun./Distr. 3. Same 8. DK _____ 1. State. 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____

OUTPATIENT CARE (SECTION CE)

The following questions are related to medical services you required or health practioners who visited you in the last 4 weeks. We will begin with the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CE08.	What is the name of the place or person you visited, so that you could be seen at your [...]?	_____	_____	_____	_____
CE09.	What was the reason you went to [...]?	_____ ➔	_____ ➔	_____ ➔	_____ ➔
CE12.	Had you gone or 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 when (...)? **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** 01. Immunization/vaccination 02. Medical visit/check-up 03. Preventive medical exam 04. Receive medication/prescription 05. Laboratory analysis/x-rays 06 Birth control 07. Treatment/therapy 08. Dental visit 09. Family planning 10. Proof of Disability or medical justification 11. Did not receive medical attention 12. Surgery 13. Recovery consultation/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 or 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 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.

CE16.	What is the distance between your home 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.

OUTPATIENT CARE (SECTION CE)

The following questions are related to medical services you required or health providers who visited you in the last 4 weeks. We will begin with the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CE08.	What is the name of the place or person you visited, so that you could be seen at your [...]?	_____	_____	_____	_____
CE09.	What was the reason you went to [...]?	_____ ➔	_____ ➔	_____ ➔	_____ ➔
CE17.	What was the transportation cost (**one way**) to reach the [...]? **(INCLUDE THE TRANSPORTATION COST OF A COMPANION)** 1. Total transportation cost 8. DK	1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK	1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK	1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK	1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK

CE18.	When you arrived, how long did you wait before you were taken care 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 BREAKDOWN COST, IF THE RESPONDENT DOES NOT KNOW IT, ASK FOR THE TOTAL AMOUNT)
	1. **Itemized Cost (DG)**
	  a. The medical visit/check-up/procedure
	  b. The prescribed medication
	  c. The laboratory analysis/ x-rays
	  d. The vaccination/immunization
	  e. Other (specify)
	
	3. **Total amount (CT)**
	  a. Total cost of the doctor's visit
	
	8. DK
		1. DG
		a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
		
		b. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
		c. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
		
		d. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
		
		e. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
		_____
		3. CT
		a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
		
		8. DK
			1. DG
			a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
			
			b. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
			c. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
			
			d. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
			
			e. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
			_____
			3. CT
			a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
			
			8. DK
				1. DG
				a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
				
				b. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
				c. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
				
				d. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
				
				e. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
				_____
				3. CT
				a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
				
				8. DK
					1. DG
					a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
					
					b. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
					c. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
					
					d. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
					
					e. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
					_____
					3. CT
					a. 1. $ ⌐⌐⌐, ⌐⌐⌐⌐ 8. DK
					
					8. DK

OUTPATIENT CARE (SECTION CE)

The following questions are related to medical services you required or health practitioner who visited you in the last 4 weeks. We will begin with the most recent one.

		LAST VISIT	SECOND TO LAST VISIT	THIRD FROM LAST VISIT	FIRST PRECEDING
CE08.	What is the name of the place or person you visited, so that you could be seen at your [...]?	_____	_____	_____	_____
CE09.	What was the reason you went to [...]?	_____ ➔	_____ ➔	_____ ➔	_____ ➔
CE20.	Do you have private medical insurance that would partially or totally pay the cost of the visit to/of [...]? **(DO NOT INCLUDE VOLUNTARY IMSS FEE)**	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 was your deductible payment? 1. Value 8. DK	1. $ ⌞_⌟ , ⌞__⌟ 8. DK	1. $ ⌞_⌟ , ⌞__⌟ 8. DK	1. $ ⌞_⌟ , ⌞__⌟ 8. DK	1. $ ⌞_⌟ , ⌞__⌟ 8. DK
CE22.	For the attention received at [...], did you pay the total amount or a portion of the payment 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 that you paid with, or how long did it take you to complete the work that was required as payment?
	 a. Value of products or goods
	 b. Amount of time assigned to the work required
		a. 1. $ ⌞_⌟ , ⌞__⌟ 8. DK
		
		 b. 1. ⌞_⌟ ⌞_⌟ 8. DK
		  Hrs. Min.
			a. 1. $ ⌞_⌟ , ⌞__⌟ 8. DK
			
			 b. 1. ⌞_⌟ ⌞_⌟ 8. DK
			  Hrs. Min.
				a. 1. $ ⌞_⌟ , ⌞__⌟ 8. DK
				
				 b. 1. ⌞_⌟ ⌞_⌟ 8. DK
				  Hrs. Min.
					a. 1. $ ⌞_⌟ , ⌞__⌟ 8. DK
					
					 b. 1. ⌞_⌟ ⌞_⌟ 8. DK
					  Hrs. Min.

CE24.	**INTERVIEWER: IS THERE ANY OTHER 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 CARE (SECTION HS)

HS01.	During the last 12 months, have you received patient care at a hospital, clinic, health center, or at a doctor´s home or office, by a midwife or a faith healer for **at least one night**?	Yes .... 1 No .... 3 ➔ **SECTION CA**

(HSType) **HOSPITALIZATION**	**HS02.** During the last 12 months, have you been admitted to (...)?	**HS03.** How many times have you received 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. PEMEX, SEDENA, MARINE Hospital	Yes .... 1 ➔ No .... 3 ⬇	└─┴─┘ Times
E. Private hospital or clinic	Yes .... 1 ➔ No .... 3 ⬇	└─┴─┘ Times
F. A private doctor´s home or office	Yes .... 1 ➔ No .... 3 ⬇	└─┴─┘ Times
G. Rural health center	Yes .... 1 ➔ No .... 3 ⬇	└─┴─┘ Times
H. Red Cross	Yes .... 1 ➔ No .... 3 ⬇	└─┴─┘ Times
I. Holistic practitioner (midwife, faith healer, herbalist, bone doctor, 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	└─┴─┘

HS05.	INTERVIEWER: IN HS06 FILL OUT AS MANY COLUMNS AS NUMBER OF TIMES IN HS04

INPATIENT CARE (SECTION HS)

The following questions are related to the amount of times you have been in a hospital during the past 12 months. We will begin with the most recent one.

		LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD FROM LAST HOSPITALIZATION	FIRST PRECEDING
HS06.	What is the name of the place where you were admitted to, or where you spent the night during your [...]?	_____ ➔	_____ ➔	_____ ➔	_____
HS07.	What was the reason why you went to [...]?	_____ ➔	_____ ➔	_____ ➔	_____
HS08.	What were the reasons why you were hospitalized at [...]? **(CIRCLE ALL THAT APPLY)** 1. Illness 2. Accident 3. Childbirth/ cesarean 4. Physical aggression (violence) 5. Surgery 6. Medical analysis or studies 7. Abortion 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 [...] that you attended when [...]? 1. Specify 3. Same Locality/Com/Municipality/District/State/Country 8. DK	1. Address 8. DK _____ _____ _____ 1. Reference _____ 1. Loc./Commun. 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./Commun. 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./Commun. 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./Commun. 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 at [...]?	└──┴──┴──┘ Nights	└──┴──┴──┘ Nights	└──┴──┴──┘ Nights	└──┴──┴──┘ Nights

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INPATIENT CARE (SECTION HS)

The following questions are related to the amount of times you have been in a hospital during the past 12 months. We will begin with the most recent one.

		LAST HOSPITALIZATION	SECOND TO LAST HOSPITALIZATION	THIRD FROM LAST HOSPITALIZATION	FIRST PRECEDING
HS06.	What is the name of the place where you were admitted at, or where you spent the night during your [...]?	_____ ➔	_____ ➔	_____ ➔	_____
HS07.	What was the reason 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 home 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 cost of transportation (**one-way**) to reach the [...]? **(INCLUDE THE TRANSPORTATION COST OF A COMPANION)** 1. Total transportation cost 8. DK	1. $⊔⊔⊔ , ⊔⊔⊔⊔ 8. DK	1. $⊔⊔⊔ , ⊔⊔⊔⊔ 8. DK	1. $⊔⊔⊔ , ⊔⊔⊔⊔ 8. DK	1. $⊔⊔⊔ , ⊔⊔⊔⊔ 8. DK
HS14.	When you arrived, how long did you have to wait before being admitted to [...]? 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 at [...], did you receive (...)? **(CIRCLE ALL THAT APPLY)** A. Laboratory exams B. Surgery C. X-Rays D. Ultrasound exams E. Medicines, saline solution, prosthetics F. Other (specify)	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 _____	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 _____	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 _____	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 _____

INPATIENT CARE (SECTION HS)

The following questions are related to the amount of times you have been hospitalized during the past 12 months. We will begin with the most recent one.

		LAST HOSPITALIZATION	SECOND FROM LAST HOSPITALIZATION	THIRD FROM LAST HOSPITALIZATION	FIRST PRECEDING
HS06.	What is the name of the place where you were admitted to, or where you spent the night during [...]?	_____ ➜	_____ ➜	_____ ➜	_____ ➜
HS07.	What is the reason you went to [...]?	_____ ➜	_____ ➜	_____ ➜	_____ ➜
HS16.	When you were at [...], what was the cost of (...)? **(ASK FOR THE BREAK DOWN AMOUNT, IF THE RESPONDENT DOES NOT KNOW IT, ASK FOR THE TOTAL AMOUNT)** **1. Itemized Amount (DG)** a. The medical visit/check-up/procedure b. The prescribed medicines c. The laboratory analysis/x-rays d. The vaccination/immunization e. Other (specify) **3. Total amount (CT)** a. Total cost of medical visit **8. DK**	**1. DG** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK c. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK d. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK e. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK _____ **3. CT** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ **8. DK**	**1. DG** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK c. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK d. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK e. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK _____ **3. CT** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ **8. DK**	**1. DG** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK c. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK d. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK e. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK _____ **3. CT** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ **8. DK**	**1. DG** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK c. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK d. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK e. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK _____ **3. CT** a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ **8. DK**
HS17.	Do you have private medical insurance that partially or totally paid for the costs of [...]? **(DO NOT INCLUDE VOLUNTARY IMSS FEE)**	Yes .... 1 No .... 3 ➜ **HS19**	Yes .... 1 No .... 3 ➜ **HS19**	Yes .... 1 No .... 3 ➜ **HS19**	Yes .... 1 No .... 3 ➜ **HS19**
HS18.	As a result of the expenses paid by the private insurance [...], how much was your deductible payment?	1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK	1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK	1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK	1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK
HS19.	Did you pay the total amount or a portion of your payment 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 ➜ **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, or how long did it take you to complete the work that was required as payment? a. Price of the products or goods b. Time assigned to the work required as payment	a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. ⌐⌐⌐ ⌐⌐⌐ 8. DK Hrs. Min.	a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. ⌐⌐⌐ ⌐⌐⌐ 8. DK Hrs. Min.	a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. ⌐⌐⌐ ⌐⌐⌐ 8. DK Hrs. Min.	a. 1. $ ⌐⌐⌐ , ⌐⌐⌐⌐ 8. DK b. 1. ⌐⌐⌐ ⌐⌐⌐ 8. DK Hrs. Min.
HS21.	**INTERVIEWER: IS THERE ANY OTHER HOSPITALIZATION?**	Yes .... 1 ➜ HS08, NEXT COL. No ...... 3 ➜ HS22	Yes.... 1 ➜ HS08, NEXT COL. No ..... 3 ➜ HS22	Yes ....1 ➜ HS08, NEXT COL. No ......3 ➜ HS22	Yes.... 1 ➜ SUPPLEMENT No ..... 3 ➜ HS22
HS22.	**INTERVIEWER: IS THERE A SUPPLEMENT?**	1. YES 3. NO			

MXFLS
2005

STATE OF INSURANCE (SECTION CA)

CA01.	Do you have medical insurance, such as IMSS, ISSSTE, or from any other institution, or do you have private health insurance coverage provided by your employer or a company? **(DO NOT INCLUDE LIFE INSURANCES)**	Yes .... 1 No .... 3 ➜ **SECTION RE**

(CAType) **INSURANCES**	CA02. Do you have health insurance provided by (...)?	CA03. You have access to this insurance due to (...)? **(CIRCLE ALL THAT APPLY)**	CA04. Which one of your family members has this medical insurance? **(CIRCLE ALL THAT APPLY)**
A. IMSS	Yes .... 1 ➜ No .... 3 ⬇ DK .... 8 ⬇	1. Your job ⬇ 2. A relative ➜ 3. School/university ⬇ 4. Ejido (communal land)/ community ⬇ 5. Your own accord/ you bought it ⬇ 6. Participated in a program ⬇ 7. Other_____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
B. ISSSTE	Yes .... 1 ➜ No .... 3 ⬇ DK .... 8 ⬇	1. Your job ⬇ 2. A relative ➜ 3. Other_____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
C. PEMEX/SEDENA/MARINE	Yes .... 1 ➜ No .... 3 ⬇ DK .... 8 ⬇	1. Your job ⬇ 2. A relative ➜ 3. Other_____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
D. State government coverage	Yes .... 1 ➜ No .... 3 ⬇ DK .... 8 ⬇	1. Your job ⬇ 2. A relative ➜ 3. School/university ⬇ 4. Other_____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
E. Private Insurance (not covered by your employer)	Yes .... 1 ➜ No .... 3 ⬇ DK .... 8 ⬇	1. You bought it ⬇ 2. A relative ➜ 3. Other_____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
F. Private Insurance provieded by your employer (Not including IMSS, ISSSTE, PEMEX, SEDENA AND MARINE)	Yes .... 1 ➜ No .... 3 ⬇ DK .... 8 ⬇	1. Your job ⬇ 2. 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 ➜ **SECTION RE** DK .... 8 ➜ **SECTION RE**	1. Your job ⬇ 2. A relative ➜ 3. Other_____ ⬇	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other_____
H. General Hospital coverage (open to the public)	Yes .... 1 ➜ No .... 3 ➜ SECTION RE DK .... 8 ➜ SECTION RE	1. Your own accord ➜ **SECTION RE** 2. A relative ➜ 3. Other .... ➜ **SECTION RE**	1. Father 2. Mother 3. Son/Daughter 4. Spouse/Partner 5. Other _____

CONTACT INFORMATION FOR RELATIVES IN THE US (SECTION RE)

The following questions are related to any possible relatives that may live outside this household.

RE01.	Do you have any relative living in the US?	Yes 1
		No .... 3 ➜ **SECTION CR**

		FIRST RELATIVE	SECOND RELATIVE	THRID RELATIVE	FOURTH RELATIVE
RE02.	Could you give me the names of each of your relatives living in the US?	_____ ➜	_____ ➜	_____ ➜	_____
RE03.	What is your relationship to [...]? 1. Spouse/couple 2. Your father 3. Your mother 4. Your brother/sister 5. Your son/daughter 6. Your father/mother in law 7. Your grandfather/grandmother 8. Brother/sister in law 9. Grandson/granddaughter 10. Cousin 11. Uncle/Aunt 12. Niece/Nephew 13. Other relative (specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 _____	1 2 3 4 5 6 7 8 9 10 11 12 13 _____
RE04.	Could you provide the address, and phone number of [...]? 1. Specify 3. Does not wish to provide information 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 _____	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 ANY OTHER 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 credits and or loans that you may have acquired.

CR01.	In the last 12 months, have you made purchases **with a credit card** that you have not completely paid-off by the due date? **(DO NOT INCLUDE DEBIT CARDS)**	
	1. Yes, you made purchases, and did not pay-off by the due date	1
	2. Yes, you made purchases, but did pay-off by the due date	2
	3. No, you did not make purchases with a credit card, but you have one	3
	4. I do not have a credit card	4 ➔ **CR04**
CR02.	In the last 12 months, have you made **cash withdrawals from your credit card** that you did not completely pay-off by the due date? **(DO NOT INCLUDE DEBIT CARDS)**	Yes………………….1 No…………………..3
CR03.	Currently, what is the total balance you owe on your credit cards?	
	1. Value	1. \$ ⎣⎯⎦ , ⎣⎯⎯⎯⎦ , ⎣⎯⎯⎦
	8. DK	8. DK
CR04.	In the last 12 months, have you participated in any informal-rotating cash pool (*tanda*) ?	Yes………………….1 No ..... …………………3 ➔ **CR06**
CR05.	How much money have you given to the "cash-pool", and how much have you received/will you receive from it?	
	a. Amount given to the cash-pool	a. \$ ⎣⎯⎦ , ⎣⎯⎯⎯⎦ , ⎣⎯⎯⎦ Amount given 8. DK
	b. Amount received from the cash-pool	b. \$ ⎣⎯⎦ , ⎣⎯⎯⎯⎦ , ⎣⎯⎯⎦ Amount received 8. DK
	c. Amount to receive from the cash-pool	c. \$ ⎣⎯⎦ , ⎣⎯⎯⎯⎦ , ⎣⎯⎯⎦ Amount to receive 8. DK
CR06.	In the last 12 months, have you acquired any merchandise or services that you didn't completely pay-off at the moment of purchase? **(DO NOT INCLUDE ACQUISITIONS WITH CREDIT CARDS)**	Yes…………………1 No ..... ………………3 ➔ **CR08**
CR07.	How much is the (...)?	
	a. Value of the acquired merchandise, goods, products, or services	a. \$ ⎣⎯⎦ , ⎣⎯⎯⎯⎦ , ⎣⎯⎯⎦ Total value 8. DK
	b. What is the amount paid-off up to date **(INCLUDE AMOUNT PLUS INTEREST)**	b. \$ ⎣⎯⎦ , ⎣⎯⎯⎯⎦ , ⎣⎯⎯⎦ Paid up amount 8. DK

CREDIT (SECTION CR)

CR08.	Do you know of any person or place where you can borrow or ask for credit?	Yes………………1 No .. ……………..3 ➜ **CR26**
CR09.	Who are these people or what kind of places are they? **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** 01. Bank 02. Cooperative/savings fund 03. Moneylender 04. Relative 05. Friends/ An acquaintance 06. Work 07. Pawnshops (*Montes de Piedad*)/ loans house 08. Verbal agreement credit program 09. Other governmental loan program (specify) 10. IMSS/ISSSTE 11. Other (specify)	01 02 03 04 05 06 07 08 09 _____ 10 11 _____
CR10.	In the last 12 months, **have you borrowed** from any of the above?	Yes. ……………1 No .. ……………3 ➜ **CR26**
CR11.	In the last 12 months, how many times have you borrowed money? 1. Number of times	1. └──┴──┘ Number of Times

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 loans you may have requested or money you acquired on credit. We will begin with the most recent one.

		LAST REQUEST	SECOND FROM LAST REQUEST	THIRD FROM LAST REQUEST	FIRST PRECEDING REQUEST	SECOND PRECEDING REQUEST
CR13.	What is the reason why you asked for a loan?	—————— →	—————— →	—————— →	—————— →	—————— →
CR14.	Where did you borrow or request credit from? **(READ OPTIONS)** 01. Bank 02. Savings fund 03. Moneylender 04. Relative 05. Friends/An acquaintance 06. Work 07. Pawnshops (*Monte de Piedad*) /loan houses 08. Verbal agreement credit program 09. Other governmental loan programs (specify) 10. Other (specify)	01 02 03 04 05 06 07 08 09 _____ 10 _____	01 02 03 04 05 06 07 08 09 _____ 10 _____	01 02 03 04 05 06 07 08 09 _____ 10 _____	01 02 03 04 05 06 07 08 09 _____ 10 _____	01 02 03 04 05 06 07 08 09 _____ 10 _____
CR15.	Were you asked for any type of collateral when you borrowed [...]? 1. Yes(specify) 3. No	1 _____ 3	1 _____ 3	1 _____ 3	1 _____ 3	1 _____ 3
CR16.	Were you granted the loan for [...]? 1. Yes 3. No	1 → **CR18** 3	1 → **CR18** 3	1 → **CR18** 3	1 → **CR18** 3	1 → **CR18** 3
CR17.	Why weren't you granted the loan for [...]?	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 [...]?	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧
CR19.	How much money were granted for [...]?	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧	$ ⌧,⌧,⌧

CREDIT (SECTION CR)

Now, I would like to ask you about loans you may have requested or money you acquired on credit. We will begin with the most recent one.

		LAST REQUEST	SECOND FROM LAST REQUEST	THIRD FROM LAST REQUEST	FIRST PRECEDING REQUEST	SECOND PRECEDING REQUEST
CR13.	What is the reason why you asked for a loan?	———————— →	———————— →	———————— →	———————— →	———————— →
CR20.	Of the amount you borrowed, how much have you paid back? **(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 back what you borrowed for […]? 1. Time in years, months, and days 3. No specific time 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-back**/ or will you have to pay-back when the loan expires for […]? **(INCLUDE INTERESTS)** 1. Amount paid-off/ or amount to be paid-off 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 or will be charged for what you borrowed […]? 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.	What is the total amount of your combined debts? 1. Value 8. DK	1. $ ⎣⎯⎯⎦,⎣⎯⎯⎦,⎣⎯⎯⎦ 8.

CR27.	Do you have any savings?	Yes.............................1 No............................. 3 ➔ **CR30** NR.............................7 ➔ **CR30**
CR28.	How much money do you have saved? Amount saved	$ └─┴─┴─┘ , └─┴─┴─┘ , └─┴─┴─┘
CR29.	Where do you keep your savings? **(CIRCLE ALL THAT APPLY)** 01. Does not respond 02. Bank 03. Cooperative 04. Savings fund 05. Friend/relative outside of the home 06. Voluntary contribution in a Retirement Savings Account (*Afores*) 07. Safe deposit box 08. In your home 09. At your job 10. Other (specify)	01 02 03 04 05 06 07 08 09 10 _____
CR30.	Do you have a Retirement Savings Account (*AFORE*)?	Yes..1 No..3 ➔ **SECTION PR** NR ....7 ➔ **SECTION PR**
CR31.	How much money do you have in the Retirement Savings Account? Amount	1. $ └─┴─┴─┘ , └─┴─┴─┘ , └─┴─┴─┘
CR32.	Have you made voluntary contributions? 1. Yes 3. No	1 3 ➔ **SECTION PR**
CR32a.	How much money have you deposited as a voluntary contribution during the last year? 1. Contributions	1. $ └─┴─┴─┘ , └─┴─┴─┘ , └─┴─┴─┘

PREFERENCES (SECTION [PR)

PR01.	Some people have savings because they expect their income will be less in the future. Others do not have savings because they expect their income will increase in the future. Do you think about the future when you make your decisions about spending and saving? 1. Yes 2. No, I do not have enough money 3. No, I do not think about the future	1 2 3 ➔ PR03
PR02.	What time frame is the most important to you when deciding how much money to spend and to save? **(INTERVIEWER: READ OPTIONS)** 01. A few days 02. A few weeks 03. A few months 04. The next year 05. A few years 06. The next five years 07. More than ten years 08. I never think about planning for the future 98. DK	01 02 03 04 05 06 07 08 98
PR03.	Imagine now that you have won the lottery. You can choose to get paid: **A.** 1. $1,000 today or 2. $1,000 in a month Which one do you choose? **B.** 1. $1,000 today or 2. $1,100 in a month Which one do you choose? **C.** 1. $1,000 today or 2. $1,200 in a month Which one do you choose? **D.** 1. $1,000 today or 2. $1,500 in a month Which one do you choose? **E.** 1. $1,000 today or 2. $2,000 in a month Which one do you choose? **F.** Why? **G.** Now imagine you can choose between getting paid: 1. $1,200 today or 2. $1,000 in a month Which one you choose?	**A.** 1 ➔ PR03B 2 ➔ PR03F **B.** 1 ➔ PR03C 2 ➔ PR04 **C.** 1 ➔ PR03D 2 ➔ PR04 **D.** 1 ➔ PR03E 2 ➔ PR04 **E.** 1 ➔ PR04 2 ➔ PR04 **F.** _____ ➔PR03G _____ **G.** 1➔ PR04 2➔ PR04
PR04.	Imagine that you have won the lottery. You can choose to get paid: **A.** 1. $10,000 today or 2. $10,000 in three years Which one do you choose? **B.** 1. $10,000 today or 2. $12,000 in three years Which one do you choose? **C.** 1. $10,000 today or 2. $15,000 in three years Which one do you choose? **D.** 1. $10,000 today or 2. $20,000 in three years Which one do you choose? **E.** 1. $10,000 today or 2. $40,000 in three years Which one do you choose? **F.** Why? **G.** Now imagine you can choose between getting paid: 1. $12,000 today or 2. $10,000 in three years Which one do you choose?	**A.** 1 ➔ PR04B 2 ➔ PR04F **B.** 1 ➔ PR04C 2 ➔ SECTION FH **C.** 1 ➔ PR04D 2 ➔ SECTION FH **D.** 1 ➔ PR04E 2 ➔ SECTION FH **E.** 1 ➔ SECTIÓN FH 2 ➔ SECTION FH **F.** _____ ➔ PR04G _____ **G.** 1 ➔ SECTION FH 2 ➔ SECTION FH

CHILD REARING (SECTION FH)

FH01.	Do you have children who are 15 years old or younger? 1. Yes
	3. No➔ **SECTION TP**

FH02.	Parents do a lot of things for their children. I am going to read a list of three things parents do and I am going to ask you to put them in order from the most important (1) to the least important (3). **(READ ALL THE OPTIONS AND THEN RECORD THE ANSWER)**	
	A. Showing your love and care for the child	A. ⎣⎦
	B. Having financial support for your child	B. ⎣⎦
	C. Giving your child ethical and moral values	C. ⎣⎦

FH03.	Most children get mad at their parents from time to time. If your child got so mad that he/she would yell at you, or throw a temper tantrum, what would you do? **(READ OPTIONS AND CIRCLE ALL THAT APPLY)**			
	A. Spank him/her	A. 1. Yes	3. No	8. DK
	B. Send him/her to his/her room	B. 1. Yes	3. No	8. DK
	C. Hit him/her	C. 1. Yes	3. No	8. DK
	D. Tell him/her that he/she did something wrong	D. 1. Yes	3. No	8. DK
	E. Ignore him/her	E. 1. Yes	3. No	8. DK
	F. Give him/her something to do	F. 1. Yes	3. No	8. DK
	G. Make him/her apologize	G. 1. Yes	3. No	8. DK
	H. Take away a privilege	H. 1. Yes	3. No	8. DK
	I. Reprimand him/her	I. 1. Yes	3. No	8. DK
	J. Yell or threaten him/her	J. 1. Yes	3. No	8. DK
	K. Other (specify)	K. 1. Yes	3. No	

INTERVIEWER: FILL OUT FH04 FIRST.	FH04 In the last month, have you (...)?	FH05 How often (...)?
A. Have you read a book to you child	1. Yes ➔ 3. No ⬇	A. ⎣⎦ 8. DK
B. Have you told your child stories	1. Yes ➔ 3. No ⬇	B. ⎣⎦ 8. DK
C. Have you sung a song to your child	1. Yes ➔ 3. No ⬇	C. ⎣⎦ 8. DK
D. Have you taken your child on errands, like going to the store	1. Yes ➔ 3. No ⬇	D. ⎣⎦ 8. DK
E. Have you taken your child to work	1. Yes ➔ 3. No ⬇	E. ⎣⎦ 8. DK
F. Have you played with your child	1. Yes ➔ 3. No ➔ **SECTION TP**	F. ⎣⎦ 8. DK

CODE FOR FH05
1. Every day
2. 3 to 6 times a week
3. Once or twice a week
4. A few times
5. Has not done it in the last month

NON-RESIDENT PARENT TRANSFERS (SECTION TP)

The following questions are related to your parents.

		Father ⬇ FOLLOW DOWNWARDS	Mother ⬇ FOLLOW DOWNWARDS
TP01.	Is your [...] still living?	Yes................................. 1 No .... 3 ➜ **TP03** DK.................................. 8 ➜ **TP10**	Yes ....1 No...................................3 ➜ **TP03** DK ....8 ➜ **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 she/he died?	Yes................................. 1 ➜ **TP07** No. .... 3 DK.................................. 8 ➜ **TP07**	Yes ....1 ➜ **TP07** No....................................3 DK ....8 ➜ **TP07**
TP05.	How frequently did you/ do you get together with your [...]? 1. I have never seen 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. Everyday 7. I see him/her for a period of 1 to 3 months per year 8. I see him/her for a period of 4 to 6 months per year 9. I see him/her for a period 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 your […]?**	|__|__|__| age	|__|__|__| age
TP06.	**INTERVIEWER: CHECK ON TP01 IF THE FATHER/MOTHER ARE LIVING?**	**Yes .... 1 ➜ TP10 No 3**	**Yes..................................1 ➜ TP10 No...................................3**
TP07.	What year was it when your [...] died? 1. Month and year of death 8. DK	1. ∟_∟ Month ∟_∟_∟ Year 8.	1. ∟_∟ Month ∟_∟_∟ Year 8.

NON-RESIDENT PARENT TRANSFERS (SECTION TP)

	Father ⬇ FOLLOW DOWNWARDS	Mother ⬇ FOLLOW 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. No formal schooling 02. Preschool or Kinder 03. Elementary 04. Jr. High/ Middle School 05. High school 06. Trade School/high school 07. College 08. Graduate 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 highest grade level he/she finished at school? 00. Didn't 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 PARENT TRANSFERS (SECTION TP)

		Father ⬇ FOLLOW DOWNWARDS	Mother ⬇ FOLLOW DOWNWARDS
TP13.	What was your […] first job? 1. Farmhand, day laborer, or agricultural worker 2. Non-agricultural worker 3. Self-employed, landlord, business owner/employer 4. Other (specify) 5. Never worked 8. DK	1 2 3 4 _____ 5 8	1 2 3 4_____ 5 8
TP14.	What does your [...] mainly do or did for a living (before he/she died?) **(READ OPTIONS)** 1. Works/Worked 2. Looking for a job 3. Attending school 4. Homemaker 5. Retired 6. Sick/handicapped for the past 2 years (not working) 7. Other (specify) 8. DK	1 2 ➜ **TP16** 3 ➜ **TP16** 4 ➜ **TP16** 5 ➜ **TP16** 6 ➜ **TP16** 7 _____ ➜**TP16** 8	1 2 ➜ **TP16** 3 ➜ **TP16** 4 ➜ **TP16** 5 ➜ **TP16** 6 ➜ **TP16** 7_____ ➜**TP16** 8
TP15.	What was your [...] in his/her current job? 1. Farmhand, day laborer, or agricultural worker 2. Non-agricultural worker 3. Self-employed, landlord, business owner/employer 4. Other (specify) 8. DK	1 2 3 4 _____ 8	1 2 3 4_____ 8
TP16.	Do you know if your [...] suffers or suffered any chronic or physical illness (deafness, paralysis, blindness, etc.) 1. Yes (specify) 3. No 8. DK	1 _____ 3 8	1_____ 3 8
TP17.	Does your […] now or one year before his/her death, need help with his/her personal needs, such as getting dressed, eating, or showering? 1. Yes 3. No 8. DK	1 3 8	1 3 8
TP18.	Where does your [...]/did your [...] live before dying? 1. Specify 3. Same State/Country of the respondent 8. DK	1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____ ➜**TP01, MOTHER'S COLUMN**	1. State 3. Same 8. DK _____ 1. Country 3. Same 8. DK _____

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NON-RESIDENT PARENT TRANSFERS (SECTION TP)

TP19.	INTERVIEWER: IN TP20 FIRST FILL OUT THE FATHER'S COLUMN AND THEN FILL OUT THE MOTHERS'.		
		Father	Mother
TP20.	INTERVIEWER: **1.** IF TP01 = 8 (RESPONDENT DOES NOT KNOW IF HIS/HER FATHER/MOTHER IS STILL ALIVE), CIRCLE 1, or IF TP02 = 1 (FATHER/MOTHER LIVES AT HOME), CIRCLE 1, or IF TP03 = 1 (FATHER/MOTHER DIED MORE THAN 12 MONTHS AGO), CIRCLE 1, or IFTP04 = 1 (FATHER/MOTHER LIVED AT HOME WHEN HE/SHE DIED), CIRCLE 1, or IFTP04 = 8 (RESPONDENT DOES NOT KNOW IF HIS/HER FATHER/MOTHER LIVED AT HOME), CIRCLE 1. **2.** IF TP02 = 3 (FATHER/MOTHER DOES NOT LIVE AT HOME), CIRCLE 2, or IF TP03 = 3 AND TP04 = 3 (FATHER/MOTHER DIED 12 MONTHS AGO OR LESS, AND DID NOT LIVE AT HOME), CIRCLE 2.	1 2	1 2

TP21.	INTERVIEWER: **CIRCLE ACCORDING TO THE TP20 RESULTS.**	FATHER = 1 AND MOTHER= 1 ....**1** ➔ **SECTION TH** FATHER = 1 AND MOTHER= 2 ....**2** ➔ **COLUMN 3, NEXT PAGE** FATHER = 2 AND MOTHER= 1 ....**3** ➔ **COLUMN 2, NEXT PAGE** FATHER = 2 AND MOTHER = 2 ....**4** ➔ **TP22**
TP22.	Do your parents live together, or did they live together before your [...] died (or before they both died)?	Yes ………………1 ➔ **COLUMN 1, NEXT PAGE** No... ……………….3 ➔ **FIRST COLUMN 2, NEXT PAGE** **THEN COLUMN 3, NEXT PAGE**

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NON-RESIDENT PARENT TRANSFERS (SECTION TP)

		COLUMN 1	COLUMN 2	COLUMN 3
		Father and Mother (live together) **FOLLOW DOWNWARDS** ⬇	**Father** **FOLLOW DOWNWARDS** ⬇	**Mother** **FOLLOW DOWNWARDS** ⬇
TP23.	During the last 12 months, did **you help** your [...] **by giving** him/her any money, cloths, or food, or did you offer your time to help them in 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 your [...]? **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** A. Money to pay expenses related with your father's/mother's health B. Any other money C. Food, clothes, or any other products D. Time and care during any illness E. Do the housework, take care of kids, with lodging or 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 any help** from your [...] such as with money, clothes, food, or did they offer their time to help you in something?	Yes .... 1 No..................... 3 ➜ **TP27**	Yes.....................1 No ....3 ➜ **TP27**	Yes……………..1 No .... ……3 ➜ **TP27**
TP26.	During the last 12 months, you received support from your [...] like (...)? **(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 any illness E. Do the housework, take care of kids, with lodging or 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. $ ⌴⌴,⌴⌴⌴ ————

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NON-RESIDENT PARENT TRANSFERS (SECTION TP)

		COLUMN 1	COLUMN 2	COLUMN 3
		Father and Mother (live together) ⬇	**Father** ⬇	**Mother** ⬇
TP27.	Who did (or does) your [...] live with? **(CIRCLE ALL THAT APPLY)** **(THE RELATIONSHIP IS IN REGARD TO THE FATHER/MOTHER)**			
	01. Alone	01	01	01
	02. With his spouse/couple	02	02	02
	03. With his daughter	03	03	03
	04. With his son	04	04	04
	05. With his brother/sister in law	05	05	05
	06. With his sister	06	06	06
	07. With his brother	07	07	07
	08. With his grandson/grand daughter	08	08	08
	09. With his father/mother	09	09	09
	10. Other (specify)	10_____	10_____	10 _____
	98. NS	98	98	98
TP28.	**INTERVIEWER: VERIFY IF [...] LIVES/LIVED WITH ANY SON OR DAUGHTER.**	Yes .... 1 ➜ **WRITE DOWN THE NAME** No .... 3 ➜ **SECTION TH** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	Yes ....1 ➜ **WRITE DOWN THE NAME** No ....3 ➜ **TP21** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	Yes.......... 1 ➜ **WRITE DOWN THE NAME** No .... 3 ➜ **SECTION TH** 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

TH00x.	INTERVIEWER CHECK IF THE RESPONDENT IS A PANEL MEMBER	1. Panel 3. New ➔ **TH01**
TH001a.	Do you have any siblings that have passed away since 2001?	1. Yes ➔ **TH01a** 3. No ➔ **TH01a**

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

TH01.	How many of your siblings have passed away? 1. Number of deceased siblings 2. None	1. ⌐⌐⌐ Siblings ➔ **TH02** 2. ➔ **TH12x**
TH01a.	How many of your siblings have passed away since 2001? 1. Number of deceased siblings 2. None	1. |__|__| Siblings ➔ **CHECK AND COMPLETE INFORMATION OF PRE - PRINTED LIST TH01a.** 2. **CHECK PRE- PINTED LIST, WHEN YOU FINISH GO TO TH12x**

NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

TH02.	INTERVIEWER: FIRST FILL OUT TH04, BEGINNING WITH THE FIRST ONE WHO WHO PASSED AWAY.

TH02a.	Can you give me the names of your siblings who are deceased, beginning with the first who passed away.

TH03. De-ceased Sibling	TH04. Name	TH05. Gender	TH06. What year was (…) born? or How old would (…) be, if had not died?	TH07. Age of death	TH08. What is the highest level of education (…) reached?	TH09. What is the highest grade (…) passed?	TH10. INTERVIEWER: IS THERE ANOTHER SIBLING WHO IS DECEASED?
1	_____	1 3	1. �框⌋ Year 2. ⌊⌋ Age	1. ⌊⌋ Years 8. DK **If less than 7 years → 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 _____	Yes....... 1 → **NEXT SIBLING** No.........3 → **TH11**
2	_____	1 3	1. ⌊⌋⌋⌋ Year 2. ⌊⌋ Age	1. ⌊⌋ Years 8. DK **If less than 7 years → 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 _____	Yes.......1 → **NEXT SIBLING** No.........3 → **TH11**
3	_____	1 3	1. ⌊⌋⌋⌋ Year 2. ⌊⌋ Age	1. ⌊⌋ Years 8. DK **If less than 7 years → 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 _____	Yes.......1 → **NEXT SIBLING** No.........3 → **TH11**
4	_____	1 3	1. ⌊⌋⌋⌋ Year 2. ⌊⌋ Age	1. ⌊⌋ Years 8. DK **If less than 7 years → 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 _____	Yes.......1 → **NEXT SIBLING** No.........3 → **TH11**
5	_____	1 3	1. ⌊⌋⌋⌋ Year 2. ⌊⌋ Age	1. ⌊⌋ Years 8. DK **If less than 7 years → 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 _____	Yes.......1 → **SUPPLEMENT** No.........3 → **TH11**

TH11.	INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES 3. NO

CODE TH05:
1. Male
3. Female

CODE TH08:
01. Without instruction
02. Preschool or Kinder
03. Elementary
04. Jr. High
05. High school
06. Trade School/high school
07. College
08. Graduate
98. DK

CODE TH09:
00. Didn't 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

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NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

TH12x. INTERVIEWER (MARK ONLY 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 any siblings **who live** in another household?	Yes .... 1 No .... 3 ➜ **SECTION THI**
TH13.	How many siblings do you have, **who live** in another household?	└─┴─┘ Siblings ➜ **(FILL OUT LIST)**

LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST

FILL IN BY COLUMNS FROM TH15 UNTIL TH21 WITH INFORMATION OF SIBLINGS WHO ARE STILL ALIVE BUT DO NOT LIVE IN THE SAME HOUSEHOLD.

TH14. INTERVIEWER: FIRST FILL OUT TH16, BEGINNING WITH THE ELDEST: WHEN YOU FINISH FILL IN EACH COLUMN FOR THE REST OF THE QUESTIONS.

		1	2	3	4	5
TH15.	Living Sibling	1	2	3	4	5
TH16	Name	⟶	⟶	⟶	⟶	⟶
TH20a.	During the last 12 months, **did you help** any of your siblings who live outside this household, **by giving** them things such as money, clothes, food, or did you offer your time to help them in 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? **(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 any help** from any of your siblings who live outside this household with money, clothes, food, or did he/she offer his time to help you in something?	Yes .... 1 No .... 3 ➔TH21 Did not want to answer 7 ➔TH21	Yes........................ 1 No .... 3 ➔TH21 Did not want to answer 7 ➔TH21	Yes........................ 1 No .... 3 ➔TH21 Did not want to answer 7 ➔TH21	Yes........................ 1 No.......................... 3 ➔TH21 Did not want to answer 7 ➔TH21	Yes .... 1 No.......................... 3 ➔TH21 Did not want to answer 7 ➔TH21
TH20d.	During the last 12 months, what kind of help **did you receive** from them? **(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 No..........3 ➔ TH22	Yes.........1 ➔ NEXT SIBLING No..........3 ➔ TH22	Yes.........1 ➔ NEXT SIBLING No..........3 ➔ TH22	Yes.........1 ➔ NEXT SIBLING No..........3 ➔ TH22	Yes.........1 ➔ TH22 No..........3 ➔ TH22

TH12.	INTERVIEWER: IS THERE A SUPPLEMENT?	1. YES SUPPLEMENT, WHEN YOU FINISH THI01 3. NO THI01

CODE TH20b and TH20d
1. Money to help pay for medical expenses
2. Pay school tuition
3. Any other money support
4. Food, clothes, or other products
5. Time and care during an illness
6. Do the housework, take care of children, help with lodging or with any other service
7. Other (specify)

NON-RESIDENT SIBLING TRANSFERS (SECTION TH)

LIST OF SIBLINGS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST

FILL IN BY COLUMNS FROM TH15 UNTIL TH21 INFORMATION PERTAINING TO SIBLINGS WHO ARE LIVING BUT WHO DO NOT LIVE IN THE SAME HOUSEHOLD.

TH14. INTERVIEWER: FIRST FILL OUT TH16, BEGINNING WITH THE ELDEST ONE. WHEN YOU FINISH, FILL IN COLUMN BY COLUMN FOR THE REST OF THE QUESTIONS.

		1	2	3	4	5
TH15.	Living Sibling	1	2	3	4	5
TH16	Name	➔	➔	➔	➔	➔
TH17.	Gender	1 3	1 3	1 3	1 3	1 3
TH18.	Age	└┴┘ Years 8. DK **If 7 years old or under ➔ TH21**	└┴┘ Years 8. DK **If 7 years old or under ➔ TH21**	└┴┘ Years 8. DK **If 7 years old or under ➔ TH21**	└┴┘ Years 8. DK **If 7 years old or under ➔ TH21**	└┴┘ Years 8. DK **If 7 years old or under ➔ TH21**
TH19.	What is the highest level of education (…) achieved?	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 academic grade (…) passed?	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 TH17:
1. Male
3. Female

CODE TH19:
01. No formal schooling
02. Preschool or Kinder
03. Elementary
04. Jr High
05. High school
06. Trade School/high school
07. College
08. Graduate
98. DK

CODE TH20:
00. Didn't 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 about your children who do not live at home.

THI01.	**INTERVIEWER: THE RESONDENT IS (…)?**	
	1. A WOMAN	**1 ➔ THI04**
	2. A MAN, AND HIS SPOUSE/PARTNER DOES NOT LIVE AT HOME, OR DOES NOT HAVE A PARTNER	**2 ➔ THI04**
	3. A MAN, AND HIS SPOUSE/PARTNER LIVES AT HOME	**3**
THI02.	**Do** you have children with a previous partner, other than the current one, who do not live with you in the same household?	1. Yes 3. No ➔ **SECTION TO**
THI03.	How many children do you have from previous partners, who are deceased? 1. Number of deceased children 3. Zero children	1. ⌊_⌊_⌋ ➔ **THI05a** 3. ➔ **THI15**
THI04.	**Do** you (or did you) have any children who do not live with you in the same household?	1. Yes 3. No ➔ **SECTION TO**
THI05.	How many children **did** you have, who are now deceased and did not live with you in the same household? 1. Number of deceased children 3. Zero children	1. ⌊_⌊_⌋ 3. ➔ **THI15**
THI05a.	**INTERVIEWER CHECK IF THE RESPONDENT IS A PANEL MEMBER** **1. PANEL** **3. NEW**	**1. PANEL ➔ PRE- PRINTED LIST, VERIFY AND UPDATE** **3. NEW ➔ THI06**

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

Could you give me the names of your children that are deceased beginning with the first one who passed away?

THI06.	INTERVIEWER: FIRST FILL OUT THI08. BEGINNING WITH THE FIRST ONE WHO PASSED.

THI07. Deceased Child	THI08. Name	THI09. Gender	THI10. Age of death	THI11. What is the highest level of education (…) achieved?	THI12. What is the highest academic grade (…) passed?	THI13. INTERVIEWER: IS THERE ANOTHER DECEASED CHILD?
1	_____	1 3	1. ⌊⎵⌋ Years 8. DK **If 7 years old or younger** **➔ 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_____	Ye........................1 ➔ NEXT CHILD No........................3 ➔ THI14
2	_____	1 3	1. ⌊⎵⌋ Years 8. DK **If 7 years old or younger** **➔ 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 8. DK **If 7 years old or younger** **➔ 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 8. DK **If 7 years old or younger** **➔ 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 8. DK **If 7 years old or younger** **➔ 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 THI09:
1. Male
3. Female

CODE THI11:
01. No formal schooling
02. Preschool or Kinder
03. Elementary
04. Jr. High
05. High school
06. Trade School/high school
07. College
08. Graduate
98. DK

CODE THI12:
00. Didn't 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

MXFLS
2005

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

THI15.	**INTERVIEWER: THE RESONDENT IS (…)?**	
	1. A WOMAN	**1 ➜ THI17**
	2. A MAN, AND HIS SPOUSE/ PARTNERDOES NOT LIVE AT HOME, OR DOES NOT HAVE A PARTNER	**2 ➜ THI17**
	3. A MAN, AND HIS SPOUSE/PARTNER LIVES AT HOME	**3**
THI16.	Altogether, how many children do you have with previous partners, who are living, but who do not live with you in the same home?	1. L__I__I Living children ➜ **THI17x**
	1. Number of deceased children	3. ➜ **SECTION TO**
	3. Zero children	
THI17.	Altogether, how many children do you have who are living, but who do not live with you in the same home?	
	1. Number of dead children	1. L__I__I Living children
	3. Zero children	3. ➜ **SECTION TO**
THI17x	**INTERVIEWER CHECK IF THE RESPONDENT IS A PANEL MEMBER**	
	1. PANEL	**1. PANEL ➜ PRE- PRINTED LIST, VERIFY AND UPDATE**
	3. NEW	**3. NEW ➜ FILL THI20 WITH THE INFORMATION ACCORDING TO THI17**

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

FILL IN BY COLUMNS FROM THI20 UNTIL THI25 WITH INFORMATION OF SONS/DAUGHTERS THAT ARE STILL LIVING BUT WHO DO NOT LIVE IN THE SAME HOUSEHOLD.

TH18. INTERVIEWER: FIRST FILL OUT THI20, BEGINNING WITH THE ELDEST ONE.

		1	2	3	4	5
THI19.	Living Son/ Daughter	1	2	3	4	5
THI20.	Name	➔	➔	➔	➔	➔
THI24a	During the last 12 months, did you give your children, who live outside this household, any help with items such as money, clothes, food, or did you offer your time to help them in something?	Yes .... 1 No .... 3 ➔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	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	During the last 12 months, what kind of help did you offer? **(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. $└┘,└──┘,└─┘ 5. └─┘ a. Days b. Months 6. └─┘ a. Days b. Months 7.$└┘,└──┘,└─┘
THI24c	During the last 12 months, did you receive from any of your children who live outside this household, any help with money, clothes, food, or did he/she offer his/her time to help you in something?	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	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	During the last 12 months, what kind of help did you receive from them? **(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. $└┘,└──┘,└─┘ 5. └─┘ a. Days b. Months 6. └─┘ a. Days b. Months 7.$└┘,└──┘,└─┘
THI25.	**INTERVIEWER: IS THERE ANOTHER BROTHER/SISTER?**	Yes.........1 ➔ **NEXT CHILD** No..........3 ➔ **THI26**	Yes.........1 ➔ **NEXT CHILD** No..........3 ➔ **THI26**	Yes.........1 ➔ **NEXT CHILD** No..........3 ➔ **THI26**	Yes.........1 ➔ **NEXT CHILD** No..........3 ➔ **THI26**	Yes.........1 ➔ **TH22** No..........3 ➔ **THI26**

THI26.	**INTERVIEWER:** **IS THERE SUPPLEMENT?**	**1. YES➔ supplement, when you finish TO 01** **3. NO ➔ TO 01**

CODE THI24b and THI24d
1. Money to help pay health or medical expenses
2. Pay school tuition
3. Any other monetary support
4. Food, clothes, or other products
5. Time and care during any illness
6. Do housework, take care of children or assist with lodging or with any other service
7. Other (specify)

NON-RESIDENT CHILD TRANSFERS (SECTION THI)

LIST OF SONS/DAUTHTERS FOR NEW MEMBERS AND FOR PANEL MEMBERS WITHOUT A PRE-PRINTED LIST

FILLIN BY COLUMNS FROM THI20 UNTIL THI25 WITH INFORMATION OF SONS/DAUGHTERS THAT ARE STILL LIVING BUT WHO DO NOT LIVE IN THE SAME HOUSEHOLD.

TH18. INTERVIEWER: FIRST FILL OUT THI20, BEGINNING WITH THE ELDEST ONE.

		1	2	3	4	5
THI19.	Living son/ daughter	1	2	3	4	5
THI20.	Name	➜	➜	➜	➜	➜
THI21.	Gender	1 3	1 3	1 3	1 3	1 3
THI22.	Age	⌴⌴ Years 8. DK **If 7 years old or under ➜ THI25**	⌴⌴ Years 8. DK **If 7 years old or under ➜ THI25**	⌴⌴ Years 8. DK **If 7 years old or under ➜ THI25**	⌴⌴ Years 8. DK **If 7 years old or under ➜ THI25**	⌴⌴ Years 8. DK **If 7 years old or under ➜ THI25**
THI23.	What is the highest level of education (…) achieved?	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 academic grade (…) passed?	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 THI21:
1. Male
3. Female

CODE THI 23:
01. No formal schooling
02. Preschool or Kinder
03. Elementary
04. Jr. High
05. High school
06. Trade School/high school
07. College
08. Graduate
98. DK

CODE THI 24:
00. Didn't 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

TRANSFER OF OTHER NON-RESIDENT PEOPLE (SECTION TO)

TO01.	During the last 12 months, **did you help** any person who is not your father/mother, brother/sister, or son/daughter by giving them items such as money, clothes, food or offered your time to help them in something, and who live outside this household?	Yes..............................1 No ....3 ➜ **TO03**
TO02.	During the last 12 months, which kind of help did you offer to these people, and how much was that? **(ADD THE TOTAL OF WHAT YOU GAVE TO ALL THESE PEOPLE IN EACH OPTION)** **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** 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 housework, take care of children, assist with lodging or with any other service 7. Other (specify)	1. $ ⌗ , ⌗ , ⌗ 2. $ ⌗ , ⌗ , ⌗ 3. $ ⌗ , ⌗ , ⌗ 4. $ ⌗ , ⌗ , ⌗ 5. ⌗ a. Days b. Months 6. ⌗ a. Days b. Months 7. $ ⌗ , ⌗ , ⌗ _____
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 live outside this household, any kind of help such as money, clothes, food, or did they offer you time to help you in something?	Yes..............................1 No ....3 ➜ **SECTION NE**
TO04.	During the last 12 months, what kind of help did you receive altogether from these people, and how much was that? **(ADD THE TOTAL OF WHAT YOU RECEIVED FROM ALL THESE PEOPLE IN EACH OPTION)** **(READ OPTIONS AND CIRCLE ALL THAT APPLY)** 1. Money to pay help pay health or medical expenses 2. Pay school tuition 3. Any other monetary support 4. Food, clothes, or other products 5. Time and care during an illness 6. Do housework, take care of children, assist with lodging or with any other service 7. Other (specify)	1. $ ⌗ , ⌗ , ⌗ 2. $ ⌗ , ⌗ , ⌗ 3. $ ⌗ , ⌗ , ⌗ 4. $ ⌗ , ⌗ , ⌗ 5. ⌗ a. Days b. Months 6. ⌗ a. Days b. Months 7. $ ⌗ , ⌗ , ⌗ _____

INTERVIEW SESSION NOTES (SECTION NE)

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

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

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

_____
_____
_____

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

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

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

_____
_____
_____

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

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

NE06. WHAT QUESTIONS DID THE RESPONDENT SEEM INTERESTED IN?

_____
_____
_____

NE07. NOTES

_____

_____

_____

_____

_____

_____

_____

VISIT LOG

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

TOTAL TIME OF INTERVIEW   I   I

|__|__| _____
VISIT RESULTS

STAFF RECORD

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

RESULT OF INTERVIEW:
20 Correct complete interview
21 Incomplete interview, schedule for another date
22 The respondent refused to give more information
23 Unable to find the respondent on the next visits
24 Other (specify) _____

25 The respondent refused to give information
26 Unable to find the respondent
27 The respondent could not give information
28 Other (specify)_____