

MEXICAN FAMILY LIFE SURVEY

THE RESPONDENT SHOULD BE A HOUSEHOLD MEMBER 18 YEARS OLD OR OLDER, WHO KNOWS ABOUT THE CHARACTERISTICS OF ALL HOUSEHOLD MEMBERS

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

	ADDRESS
Community	
Street	
Outside Number	Inside/Apt. Number
Plot, Section	
Between what streets	ZIP Code
Telephone Number	

RESPONDENT		
Name		
LS (Household Member Identification)		
Age		

HOUSEHOLD ID		
	SUPPLEMENTS	_ _
BOOK INT	ERVIEW RESULT	_ _
HOUSEHOLD INT	ERVIEW RESULT	1 1 1

"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





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HOUSEHOLD

A person or group of people, related or unrelated by biological bonds, who usually live together in a part of, or in an entire building/ dwelling and usually consume meals provided by a common budget on the same stove/oven and may even use the same utensils for preparing meals

HOUSEHOLD MEMBER HHM

A household member is:

- Any person who usually lives in the household, regardless of presence or temporary absence. For example, someone on vacation or who has left the household temporarily (for less than a year) for employment reasons is still considered a household member.
- A person who has lived in the household for one year or longer or who has lived in the household for less than one year but is planning to stay in the household for a year or more is considered a household member.
- The members who fulfill the criteria mentioned above and who sleep in the household, who share meals prepared within the household and who are free to use the kitchen.
- Domestic servants or any other household workers who fulfill the criteria mentioned above are also considered household members.

Not a household member:

 A person who has not lived in the household for one year or longer, or who has lived in the household for a year or less, but is planning to stay away for a year or longer (beginning with the day of departure) is NOT considered a household member HOUSEHOLD ID

DF ()1	Households in the	e house		(cross an	option)
1.	All the people that live in the food bought by the same		3	YES NO	SECTION LS	
3.	So then, how many house prepare their food separate INTERVIEWER VERIFY Were these households					
	interviewed in 2002?	3. No	Section LS			_ _ _

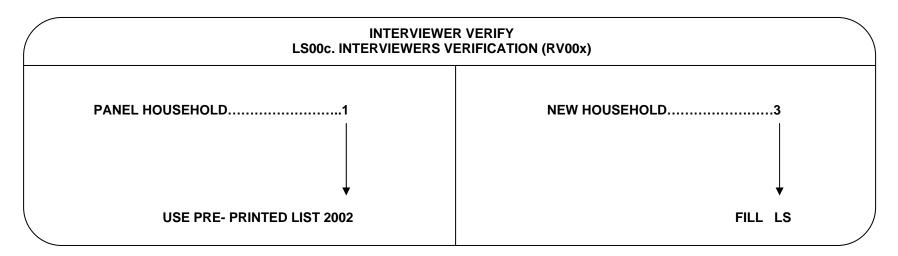
NOTE: FOR EACH HOUSEHOLD INTERVIEWED IN 2002 (PANEL HOUSEHOLD) A PRE - PRINTED LIST OF THE HOUSEHOLD MEMBERS WAS INCLUDED WITH INFORMATION ABOUT THE AGE (2002), GENDER, DATE OF BIRTH, AND RELATIONSHIP WITH THE HEAD OF HOUSEHOLD.										
DF02. INTERVIE	WER SEI	LECT AN OPTION:								
RV00x		New Household	3			LS00b (use a new list)				
LS00a		Panel Household	1			(use pre-printed list)				
Could you tell me about the people that live in this household? In 2002 an interviewer from INEGI came to your house and created a list that included the names of all household members. Now I would like to verify that all of these people still live here.										
INTERVIEWER:	READ TH	E NAMES FROM THE I	PRE-PRI	NTED LI	ST AND ASP	〈 FOR LS01a				
LS00b I would like to kn	ow the na	mes of all the people wh	no live in	this hous	ehold. Could	d you give me the full name of all				

the people who live and eat here?

IF THIS IS A PANEL HOUSEHOLD, INSERT PRE-PRINTED LIST.

IF IT IS A NEW HOUSEHOLD FILL IN THE BLANKS WITH THE HOUSEHOLD MEMBERS' INFORMATION

HOUSEHOLD ROSTER



NO TH INCLUDED	SE QUESTIONS ARE ASKED WHILE THE INTERVIEWER IS FILLING-OUT T	HE PRE-PRINTED LIST IN ORDER TO ENSURE ALL HOUSEHOLD MEMBERS ARE
LSO	11. Is there a child living in this household that hasn't been included in the list?	1. Yes add to LS list 3. No
LSO	12. Is there another person like a house worker, a friend or a house guest that hasn't been included in the list?	1. Yes add to LS list 3. No
LSO	13. Is there another person that usually lives here, but who is temporarily away (less than a year)?	1. Yes add to LS list 3. No
LSO	14. Is there any other person who has been living in the household for one year or more or someone who plans on staying for a year or longerr?	1. Yes add to LS list 3. No

HOUSEHOLD ID

Please give me the full names of all the people who live in this household, beginning with the head of household (man or woman), including adults, children, and the elderly.

LS00	LS001	LS01a	LS01c	LS00i	LS04	LS03	LS06	LS07	LS08			7,	Book	s	<u> </u>		-	LS01b
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM (LS) 2002	Gender	What is the birthdate of ()?	line number (SEE	Mother's line number (SEE CODE)	person who	LS08 a	LS08b 3B	LS08c	LS08d EA/EN	LS08e Diet	LS08f Hg.	LS08g Gluc	LS08h Cholest	Tracking Status If LS01a = 3 Track If LS01a = 0,1,4 Do not track
1		0 LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. Month Year 8. DK	Ι			P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
2		0 LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. _ Month _ _ Year 8. DK		_ _	_ _	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
3		0> LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. Month Year 8. DK	_			P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
4		0 LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. Month Year 8. DK	_	_		P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
5		0 LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. Month Year 8. DK				P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
6		0 LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. _ Month _ _ Year 8. DK		_ _		P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
7		0 LS19 1 3 4	1. Yes 3. No ►LS04		1. Male 3. Female	1. _ Month _ _ Year 8. DK				P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
8		0 LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. Month Year 8. DK				P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
9		0 LS19 1 3 4			1. Male 3. Female	1. Month Year 8. DK	.			P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
10		0 LS19 1 3 4	1. Yes 3. No ► LS04		1. Male 3. Female	1. Month Year 8. DK			_ _	P N	P N	P N	1 3	1 3	1 3	1 3	1 3	1 3
CODE LS06/ LS07: CODE LS08a/ LS08b/ LS08c: CODE LS										CODE LS01b:								

LS09a. INTERVIEWER: IS THERE A SUPPLEMENT? 1. Yes 3. No

TOTAL LINES USED |__|_|

CODE LS01a:

- 0. Deceased
- 1. Still living in this household
- 3. Lived here in 2002 but not 2005
- 4. New Member

- 51. Does not live at home/ Deceased CODE LS08:
- 51. Does not live at home/ Deceased
- 52. Provides for her/himself
- 99. Does not apply

CODE LS08d/ LS08e/ LS08f/ LS08g/ LS08h:

P. Panel

N. New

Apply
 Does not apply

1. Yes

3. No

LS00	LS001	LS01a	LS01c	LS00i	LS02	LS05	LS10	LS11	LS12	LS13	
Line number of HHM	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM	How old is ()?	What is ()'s relationship with the head of	Currently, does () live in []? (SEE CODE)			In the last 12 months, approximately how much did () earn or receive for his/her work for household expenses?	
(LS)		nousenoid?	member:	(LS) 2002		household? (SEE CODE)	INTERVIEWER ASK LS10 AND OLDER THAN 12 Y			WARDS <u>DO NOT</u> ASK 4 YEAR OLD OR DUNGER	
1					1. _ 8. DK	16	1, 5 2, 3, 4, 6 → LS12	III	Yes1 No3 -> LS14	1. \$ _ , , ,	
2					1. _ 8. DK	16	1, 5 2, 3, 4, 6 — ▶ LS12	_	Yes1 No3 -> LS14	1. \$ _ , _ ,	
3					1. 8. DK	16	1, 5 2, 3, 4, 6 → LS12	<u> _ _ </u>	Yes1 No3 -> LS14	1. \$ _ , , ,	
4					1. _ 8. DK	16	1, 5 2, 3, 4, 6 → LS12	_ _	Yes1 No3 -> LS14	1. \$ _ , , ,	
5					1. _ 8. DK	16	1, 5 2, 3, 4, 6 → LS12	<u> _ _ </u>	Yes1 No3 -> LS14	1. \$ _ , , ,	
6					1. _ 8. DK	16	1, 5 2, 3, 4, 6 → LS12	_	Yes1 No3 -> LS14	1. \$, _ , _ 8. DK	
7					1. _ 8. DK	16	1, 5 2, 3, 4, 6		Yes1 No3> LS14	1. \$ _ , , ,	
8					1. _ 8. DK	16	1, 5 2, 3, 4, 6 → LS12	_ _	Yes1 No3 -> LS14	1. \$ _ , , ,	
9					1. _ 8. DK	16	1, 5 2, 3, 4, 6 → LS12	<u>_</u> _	Yes1 No3 -> LS14	1. \$ _ , _ , _ 8. DK	
10					1. 8. DK	16	1, 5 2, 3, 4, 6 →► LS12	<u> _</u>	Yes1 No3 -> LS14	1. \$ _ , , ,	

CODE LS05

- 01. Head of household
- 02. Spouse/ Partner 03. Son/ Daughter

- 04. Step son/ Daughter 05. Son/ Daughter in law
- 06. Father/ Mother
- 07. Father/ Mother in law
- 08. Brother/ Sister
- 09. Brother/ Sister in law
- 10. Grandson/ Granddaughter
- 11. Grandfather/Grandmother
- 12. Uncle/ Aunt
- 13. Nephew/ Niece
- 14. Cousin
- 15. Worker

16. Ex-spouse/Ex-partner

- 17. No relationship
- 18. Other (specify)

CODE LS10

- 1. Domestic Partner 4. Widow 5. Married
- 2. Separated
- 3. Divorced

6. Single

CODE LS11

51. Does not live at home

LS00	LS001	LS01a	LS01c	LS00i	LS14	LS15	LS16	LS17	LS18	LS19
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM (LS) 2002	What was the highest level of education () attends/ attended? (SEE CODE) INTERVIEWER: IF THE ANSWER CODE IS "01", "02", "09", "10", OR "98" LS16	What is the highest grade level () finished? (SEE CODE)	Does () currently attend school?	What is the name of the school that () currently attends?	Does () attend school in the morning or in the afternoons?	INTERVIEWER: VERIFY: LS01a
1					_ Level	_ Grade 08	1. Yes 3. No → LS19		1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
2					_ Level	Grade 08	1. Yes 3. No → LS19		1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
3					_ Level	_ Grade 08	1. Yes 3. No → LS19		1. M (morning) 2. E (afternoons)	1 NEXT HHM 0 3 4
4					_ Level	Grade 08	1. Yes 3. No → LS19		1. M (morning) 2. E (afternoons)	1 NEXT HHM 0 3 4
5					_ Level	Grade 08	1. Yes 3. No → LS19		1. M (morning) 2. E (afternoons)	1 NEXT HHM 0 3 4
6					_ Level	Grade 08	1. Yes 3. No → LS19		1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
7					_ Level	Grade 08	1. Yes 3. No → LS19		1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
8					_ Level	Grade 08	1. Yes 3. No> LS19		1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4
9					_ Level	Grade 08	1. Yes 3. No> LS19		1. M (morning) 2. E (afternoons)	1 NEXT HHM 0 3 4
10					_ Level	_ Grade 08	1. Yes 3. No> LS19		1. M (morning) 2. E (afternoons)	1 → NEXT HHM 0 3 4

CODE for LS14:

01. No formal schooling02. Preschool or kinder

03. Elementary 04. Jr. High 05. "Open" Jr. High

06. High School 07. "Open" High School 08. Trade School

09. College 10. Graduate

98. DK

CODE for LS15:

00. Didn't complete first grade 01. First grade 02. Second grade 03. Third grade

04. Fourth grade05. Fifth grade06. Sixth grade

07. Seventh grade 08. Other (specify)

LS00	LS001	LS01a	LS01c	LS00i	LS19a	LS19b	LS19c	LS19d	LS19e	LS19f
Line number of HHM (LS)	HOUSEHOLD MEMBER'S FULL NAME	Still living in this household?	2002 household member?	Line number of HHM (LS) 2002	When did () move out/ pass away from this household?	Why did he/she move out /to this household?	INTERVIEWER: VERIFY LS01a =3	Is () living?	Where does () live now?	INTERVIEWER: VERIFY LS19e= 01, 02, 03, 04, 05
1					1. Year _ 8. DK Month 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes LS19e 3. No NEXT HHM	01 02 03 08 04 05	1. Yes — S2 Form 3. No Go to directory
2					1. Year _ 8. DK Month 8. DK	10	3 →LS19d 0 ó 4 →NEXT HHM	1. Yes	01 02 03 08 04 05	1. Yes —>S2 Form 3. No —>Go to directory
3					1. Year _ 8. DK Month 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes → LS19e 3. No → NEXT HHM	01 02 03 08 04 05	1. Yes —>S2 Form 3. No —>Go to directory
4					1. Year _ 8. DK Month _ 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes	01 02 03 08 04 05	1. Yes —>S2 Form 3. No —>Go to directory
5					1. Year _ 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes	01 02 03 08 04 05	1. Yes —>S2 Form 3. No —>Go to directory
6					1. Year _ 8. DK Month 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes	01 02 03 08 04 05	1. Yes —>S2 Form 3. No —>Go to directory
7					1. Year _ 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes	01 02 03 08 04 05	1. Yes S2 Form 3. No Go to directory
8					1. Year _ 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes	01 02 03 08 04 05	1. Yes —>S2 Form 3. No —>Go to directory
9					1. Year _ 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes	01 02 03 08 04 05	1. Yes →S2 Form 3. No →Go to directory
10					1. Year _ 8. DK Month 8. DK	10	3 —►LS19d 0 ó 4 —►NEXT HHM	1. Yes — LS19e 3. No — NEXT HHM	01 02 03 08 04 05	1. Yes → S2 Form 3. No → Go to directory

CODE LS19b:

- 01. Due to/Look for Employment02. Due to studies

- 03. To meet up with family04. Due to marriage
- 05. Due to divorce

06. Deceased

- 07. By birth 08. Because of illness
- 09. DK
- 10. Moved to another house
- 11. Other (specify)

CODE LS19e:

- 01. Same Locality
- 02. Same Municipality
- 03. Same State 04. Other State _
- 05. Other Country

08. DK

STAPLE PRE – PRINTED LIST WITH HOUSEHOLD MEMBERS INFORMATION

INTERVIEWER: TRANSFER THE INFORMATION FOR LS20 AND LS21 FROM THE S2 FORM WHEN YOU FINISH DOING THE INTERVIEW

For LS19f=3: A household member MXFLS 2002 who has moved away (LS01a=3) and whose household members have and know current adress

	LS01	LS00	LS20		LS21	
	HOUSEHOLD MEMBER'S FULL NAME	Line number of HHM (LS) 2002	INTERVIEWER: ASK IF A HOUSEHOLD MEMBER KNOWS THE ADRESS	Where does this ho	usehold member live now?	
1		<u> </u>	1. Yes 3. No NEXT HHM	1. Loc/ Com 3. Same 1. Mun/ Dis 3. Same 1. State 3. Same 1. Country 3. Same	1. WORK 8.DK 1. Address 3. Same 8.DK 1. Loc/ Com 3. Same 8.DK 1. Mun/ Dis 3. Same 8.DK 1. State 3. Same 8.DK 1. Country 3. Same 8.DK 1. Telephone number 3. Same	8.DK 8.DK 8.DK 8.DK 8.DK 8.DK
2		<u> </u>	1. Yes 3. No NEXT HHM	1. Loc/ Com 3. Same 1. Mun/ Dis 3. Same 1. State 3. Same 1. Country 3. Same	1. WORK 3. SCHOOL 8.DK 1. Address 3. Same 8.DK 1. Loc/ Com 3. Same 8.DK 1. Mun/Dis 3. Same 8.DK 1. State 3. Same 8.DK 1. Country 3. Same 8.DK 1. Telephone number 3. Same	8.DK 8.DK 8.DK 8.DK 8.DK 8.DK
3		<u> </u>	1. Yes 3. No → NEXT HHM	1. Loc/ Com 3. Same 1. Mun/ Dis 3. Same	1. WORK 3. SCHOOL 8.DK 1. Address 3. Same 8.DK 1. Loc/ Com 3. Same 8.DK 1. Mun/ Dis 3. Same 8.DK 1. State 3. Same 8.DK 1. Country 3. Same 8.DK 1. Telephone number 3. Same	8.DK 8.DK 8.DK 8.DK 8.DK 8.DK
4			1. Yes 3. No ► NEXT HHM	1. Loc/ Com 3. Same 1. Mun/ Dis 3. Same 1. State 3. Same 1. Country 3. Same	1. WORK 3. SCHOOL 8.DK 1. Address 3. Same 8.DK 1. Loc/ Com 3. Same 8.DK 1. Mun/ Dis 3. Same 8.DK 1. State 3. Same 8.DK 1. Country 3. Same 8.DK 1. Telephone number 3. Same	8.DK 8.DK 8.DK 8.DK 8.DK 8.DK
5			1. Yes 3. No	1. Loc/ Com 3. Same 1. Mun/ Dis 3. Same 1. State 3. Same 4. Country 3. Same	1. WORK 3. SCHOOL 8.DK 1. Address 3. Same 8.DK 1. Loc/ Com 3. Same 8.DK 1. Mun/ Dis 3. Same 8.DK 1. State 3. Same 8.DK 1. Country 3. Same 8.DK 1. Telephone number 3. Same	8.DK 8.DK 8.DK 8.DK 8.DK 8.DK

DWELLING CHARACTERISTICS (SECTION CV)

CV01. Does this household have its own telephone? 1. Yes 3. No	1. _ number 3.
CV02. What is the property status regarding this home? (READ OPTIONS) 1. Mortgage, currently paying it 2. You are owner and property is paid in full 3. Of your own ejido or community land 4. Borrowed or given without having to make payments 5. Renting 7. Taken (by force)/ Invasion 6. Other (specify)	1
CV03. What is the monthly rent for this home? 1. Value 8. DK	1. \$, , CV05 8.
CV04. How much do you pay per month? 1. Value 8. DK	1. \$ _, , _ 8.
CV04a. How much would you receive if you rented this home? 1. Value 8. DK	1. \$ _, _, 8.
CV04b. How much would you be willing to pay if someone rented this home to you? 1. Value 8. DK	1. \$ _, , _ 8.
CV05. Does this house have an independent room for cooking? 1. Yes 3. No	1. Yes 3. No
CV06. Do you sleep in the same room where you cook? 1. Yes 3. No	1. Yes 3. No

CV07.	How many rooms are used for sleeping? 1. Rooms	1. _ Rooms
CV08.	What is the main source of drinking water in this house?	
	(READ OPTIONS)	
	 Decanter Tap water from inside the dwelling Tap water from outside the dwelling Water from a truck Gathered Other (specify) 	1
CV09.	Does the water truck reach your house? 1. Yes 3. No	1. Yes 1 → CV11 3. No 3
CV10.	What is the distance (from this household) to the main water source? 1. Distance in kilometres 3. Distance in meters	1. _ . Kms. 3. _ Mts.
CV11.	Do you use any of the following ways to disinfect your drinking water ()? (CIRCLE ALL THAT APPLY)	
	 Boiling water Filters for waters lodine/ drops of chlorine Other (specify) Does not disinfect water Buys purified water 	1 2 3 45 6
CV12.	Is the water used for bathing and laundry purposes drawn from the same source as the drinking water? 1. Yes 3. No	1. Yes 1 → CV16 3. No 3

DWELLING CHARACTERISTICS (SECTION CV)

CV13	Where does the house mainly obtain the water used for bathing and laundry? (READ OPTIONS) 1. Tap water inside the dwelling 2. Tap water outside the dwelling 3. Water from a truck 4. Gathering 5. Other (specify)	1
CV14.	Does the water truck reach your house? 1. Yes 3. No	Yes1 → CV16 No3
CV15.	What is the distance (from this household) to the water source? 1. Distance in kilometres 3. Distance in meters	1. . Kms. 3. _ Mts.
CV16.	Does this house have a ()? 1. Toilet 2. Latrine 3. Black hole or Outhouse 4. Does not have a sanitary service	1 2 3 4
CV17.	How is excrement from this household disposed of? (READ OPTIONS AND CRICLE ALL THAT APPLY) 1. Public piped drainage 2. Septic tank 3. Uncovered drainage to the street 4. Ground or garden 5. River / canal 6. Other (specify) 7. Hole	1 2 3 4 5 6 7

CV18.	Where does this household drain its sewage?	
	(READ OPTIONS AND CRICLE ALL THAT APPLY)	
	 Public piped drainage Septic tank Uncovered drainage to the street Ground or garden River / canal Other (specify) 	1 2 3 4 5 6
CV19.	How does this household dispose of its garbage?	
	(READ OPTIONS AND CRICLE ALL THAT APPLY)	
	 Using a public garbage collector service Dumping it in a public garbage dump Throwing it in the rive, unused land, etc. Burning it inside the dwelling/ land (garden, courtyard, stable) Burning it outside the dwelling/ land (uncultivated land, etc) By buring it inside the dwelling's land (garden, courtyard) By Buring it outside the dwellings land Other (specify) 	1 2 3 4 5 6 7 8
CV20.	At home, what kind of fuel is used for cooking and warming food?	
	(READ OPTIONS AND CIRCLE ALL THAT APPLY)	
	 Firewood Coal Oil Gas No fuel is used Other (specify) Electrical 	1 2 3 4 5 6

CONTACT INFORMATION (SECTION RC)

RC01. 1. 3. 8.	If you or any member of your family moves away, who would be able to give us information regarding your whereabouts? (a relative or very closed friend) Specify Same Locality/ community/ municipality/ district/ state/ country of the respondent DK	REFERENCE 1 (someon 1. First name and last nam 1. Relationship 1. Street 1. Locality/Community 1. Municipality/ District 1. Reference	e who is not a household member) ne:	3. Same3. Same3. Same	8.DK 8.DK 8.DK
		 State Country Telephone 	number ext.	3. Same 3. Same 2.Owned	8.DK 8.DK 3. Communal
RC02.	Could you give me the name of any other relative or friend who would know about you in case you moved?	REFERENCE 2 (someor 1. First name and last name	ne who is not a household member)		
1. 3. 8.	Specify Same Locality/ community/ municipality/ district/ state/ country of the respondent DK	 Relationship Street Locality/Community Municipality/ District Reference 		3. Same3. Same3. Same	8.DK 8.DK 8.DK
		 State Country Telephone 		3. Same 3. Same 2.Owned	8.DK 8.DK 3. Communal



INSERT THE PRE – PRINTED LIST OF HEALTH SEVICES AND VERIFY LIST

NAME OF THE HOSPITAL OR CLINIC						
What is the address of your hospital/clinic[]?	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK
Specify Same Locality/ community/ municipality/	1. Reference		1. Reference		1. Reference	
district/ state/ country of the respondent	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK
8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, ASK	1. State	3. Same 8. DK	1. State	3. Same 8. DK	1. State	3. Same 8. DK
FOR A MEDICAL PRESCRIPTION OR A RECEIPT)	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk
NAME OF THE HOSPITAL OR CLINIC			· -			
What is the address of the hospital/clinic[]?	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK
o						
Specify Same Locality/ community/ municipality/	1. Reference		1. Reference		1. Reference	
	1. Reference 1. Loc/Com	3. Same 8. DK	1. Reference 1. Loc/Com	3. Same 8. DK	1. Reference 1. Loc/Com	3. Same 8. DK
Same Locality/ community/ municipality/ district/ state/ country of		3. Same 8. DK 3. Same 8. DK		3. Same 8. DK 3. Same 8. DK		3. Same 8. DK 3. Same 8. DK
 Same Locality/ community/ municipality/ district/ state/ country of the respondent 	1. Loc/Com		1. Loc/Com		1. Loc/Com	



NAME OF PRIVATE HEALTH PROVIDER						
What is the address of your health provider []?	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK
Specify Same Locality/ community/ municipality/	1. Reference		1. Reference		1. Reference	
district/ state/ country of respondent	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK
8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, ASK	1. State	3. Same 8. DK	1. State	3. Same 8. DK	1. State	3. Same 8. DK
FOR A MEDICAL PRESCRIPTION OR A RECEIPT)	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk
NAME OF THE PRIVATE HEALTH PROVIDER						
What is the address of your health provider []?	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK
Specify Same Locality/ community/ municipality/	1. Reference		1. Reference	3. Same 8. DK	1. Reference	
district/ state/ country of the respondent	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK
8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, ASK	1. State	3. Same 8. DK	1. State	3. Same 8. DK	1. State	3. Same 8. DK
FOR A MEDICAL PRESCRIPTION OR A RECEIPT)	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk

FAMILY PLANNING AND HEALTH (SECTION SP)

SP01
Can you give me the names of all the hospitals or clinics (public or private) that you or any other household member know of or have visited? HOSPITAL/ CLINIC
1
2
3
4
5
6

Now I would like to ask you about hospitals, clinics, or health and family planning centers, or any person offering health services, that you or any household member know or have visited

SP02

Can you give me the same of all the private physicians, ophthalmologists, dentists, faith healers, midwives, that you or any household member know of or have visited?

PRIVATE HEALTH PROVIDER

1	
2	
3	
4	
5	
6	

INSERT THE PRE – PRINTED LIST OF EDUCATION AND VERIFY LIST

EH01. INTERVIEWER: 1. IF ANY HOUSEHOLD MEMBER ATTEND ELEMENTARY, JR. HIGH, OR HIGH SCHOOL (LS16). NOT INCLUDING AN "OPEN" JR. HIGH OR "OPEN" HIGH SCHOOL.

3. NONE OF THE HOUSEHOLD MEMBERS ATTEND ELEMENTARY, JR. HIGH OR HIGH SCHOOL

SECTION CVO

Now I am going to ask about the schools attended by household members.

EH02.	NAME OF THE SCHOOL (LS17)							
EH03.	Is this a public, government funded or private the school []?		Public (government funded) Private (non- governmental)		Public (government funded) Private (non- governmental)		Public (governmental) Private (non- governmental)	
EH04.	What is the address of the school []?	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	
1. 3. 8.	Specify Same Locality/ community/ municipality/ district/ state/ country of the respondent DK	1. Reference		1. Reference		1. Reference		
(IF THE RESPONDENT DOES NOT KNOW THE ADDRESS, OR THE NAME OF THE SCHOOL, ASK FOR A REGISTRATION RECEIPT,		1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK	
REPORT CARD, OR SOMETHING SIMILAR AND FOR A REFERENCE)	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK		
		1. State	3. Same 8. DK	1. State	3. Same 8. DK	1. State	3. Same 8. DK	
		1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk	

EH02.	NAME OF THE SCHOOL (LS17)							
EH03.	Is this a public, government funded or private school []?	Public (government funded) Private (non- governmental)			Public (government funded) Private (non- governmental)		Public (governmental) Private (non- governmental)	
EH04.	What is the address of the school []?	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	1. Address	3. Same 8. DK	
1. 3. 8.	Specify Same Locality/ community/ municipality/ district/ state/ country of the respondent DK	1. Reference		1. Reference		1. Reference		
	E RESPONDENT DOES NOT KNOW THE ADDRESS, OR THE E OF THE SCHOOL, ASK FOR A REGISTRATION RECEIPT,	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK	1. Loc/Com	3. Same 8. DK	
REPOR	REPORT CARD, OR SOMETHING SIMILAR AND FOR A REFERENCE)	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK	1. Mun/Dist	3. Same 8. DK	
			3. Same 8. DK	1. State	3. Same 8. DK	1. State	3. Same 8. DK	
		1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk	1. Country	3. Same 8. Dk	

CVO01. INTERVIEWER: THIS SECTION WILL HAVE TO BE OBTAINED BY DIRECT OBSERVATION

CV02.	TYPE OF DWELLING 1. MOBILE DWELLING 2. WAREHOUSE USED AS A DWELLING 3. ROOF LOFT 4. A ROOM OR HOUSE WITHIN A NEIGHBORHOOD 5. APARTMENT BUILDING OR CONDOMINIUM. 6. SOLE HOUSEHOLD THAT SHARES WALLS 7. SOLE HOUSEHOLD THAT DOES NOT SHARE WALLS 8. OTHER (SPECIFY)	1 2 3 4 5 6 7 8
CV03.	GENERAL SANITARY CONDITIONS (CIRCLE ALL THAT APPLY) 1. DWELLING SURROUNDED BY HUMAN AND ANIMAL RESIDUES 2. DWELLING SURROUNDED BY GARBAGE PILES 3. DWELLING SURROUNDED BY STAGNANT WATER 4. THE DWELLING HAS ENOUGH VENTILATION 5. THE COURTYARD IS CLEAN 6. NONE OF THE ABOVE	1 2 3 4 5 6
CV04.	DOES IT HAVE ELECTRICITY? 1. YES 3. NO	1 3
CV05.	WHAT DOES THE FLOOR MAINLY CONSIST OF INSIDE THE HOUSEHOLD? (IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT) 1. WOOD, SLAB STONE, PLASTIC SLAB, CARPET OR ANY OTHER COVERS 2. FIRM CEMENT 3. SOIL 4. OTHER (SPECIFY)	1 2 3 4

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	CV06.	MAIN MATERIAL USED ON THE EXTERNAL WALLS OF THE DWELLING (IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT) 1. CONCRETE, PARTITION, BRICK, BLOCK 2. ADOBE 3. WOOD 4. SHEETS MADE OUT OF ASBESTOS, METALIC PLATES, FIBERGLASS, PLASTIC OR MICA 5. EMBARRO OR BAJAREQUE (CLAYS) 6. COMMON REED-GRASS, BAMBOO, PALM TREE OR SHINGLES 7. CARDBOARD SHEETS 8. RESIDUE MATERIAL (CARDBOARD, RUBBER, CLOTH, TIRES, ETC) 9. STONE 10. OTHER (SPECIFY)	1 2 3 4 5 6 7 8 9 10
	CV07.	MAIN MATERIAL USED ON THE ROOF OF THE DWELLING (IF MORE THAN ONE, CIRCLE THE MOST IMPORTANT)	
		1. SMALL BEAM AND POLYUETAN 2. CONCRETE, PARTITION, BRICK, BLOCK, OR SLAB STONE 3. TILE 4. ASBESTOS PLATE 5. COMMON REED-GRASS, BAMBOO OR TERRACE 6. METALIC SHEET, FIBERGLAS, PLASTIC, OR MICA 7. PALM TREE, SHINGLE OR WOOD 8. CARBOARD SHEET 9. RESIDUE MATERIAL (CARDBOARD, RUBBER, CLOTH, TIRES, ETC. 10. OTHER (SPECIFY)	1 2 3 4 5 6 7 8 9

INTERVIEWER: FOR EACH HOUSEHOLD MEMBER IN LS01a=3, MAKE SURE YOU FILL OUT A S2 FORM

INTERVIEWER: FILL OUT THIS SECTION AFTER COMPLETING THE BOOK

NE01. WHO ELSE WAS PRESENT DURING THE INTERVIEW? (CIRCLE ALL THAT APPLY) A. NOBODY B. A 5 YEAR-OLD CHILD C. A 5 YEAR-OLD CHILD OR OLDER D. SPOUSE/ PARTNER E. A HOME MEMBER ADULT F. A NON – HOME- MEMBER ADULT	NE02. WHAT IS YOUR EVALUATION OF THE ACCURACY OF THE RESPONDENT'S ANSWERS? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD	NE03. WHAT IS YOUR EVALUATION REGARDING THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD
NE04. WHAT QUESTIONS DID THE RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING?	NE05. WHAT QUESTIONS DID INTERVIEWER FIND DIFFICULT, EMBARRASING OR CONFUSING?	NE06. WHAT QUESTIONS DID THE RESPONDENT SEEM INTERESTED IN?
NE07. NOTES:		



NUMBER OF VISITS	DATE OF VISIT		IT TIME OF INTERVIEW		VISIT RESULT (SEE CODES)	ANSWERED SECTIONS	DATE OF NEXT VISIT			
	DAY	MONTH	HRS.	MIN.			HRS.	MIN.	DAY	монтн
1	I	1			1	DF LS CV RC SP EH CVO NE	1	I	I	I
2	ı	I			l l	DF LS CV RC SP EH CVO NE	I	I	I	I
3	I	Ţ			I	DF LS CV RC SP EH CVO NE	I	I	I	I
4	ı	I			I	DF LS CV RC SP EH CVO NE	I	I	I	I
5	I	I			1	DF LS CV RC SP EH CVO NE	I	Ι	I	I
6	I	I			I	DF LS CV RC SP EH CVO 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. 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 information26. Respondent not found27. Respondent could not provide information28. Other (specify)