

MEXICAN FAMILY LIFE SURVEY

THE RESPONDENT SHOULD INCLUDE ALL HOUSEHOLD MEMBERS

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

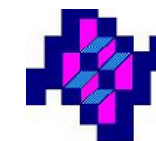
BOOK INTERVIEW RESULT |_|_|

SUPPLEMENTS |_|_|

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

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

CONFIDENTIAL



Instituto Nacional
de Salud Pública



HEALTH MEASURES (SECTION SA)

LS00 Household member No. (2005)	LS01 HOUSEHOLD MEMBER'S FULL NAME	LS00* Household member No.(2002)	SA01 Sex 2005	SA02 When were you / was (...) born? Day / month / year	SA02a METHOD USED TO OBTAIN BIRTHDATE	SA03 How old are you / is (...)?	SA04 How tall are you? ASK ONLY IF 15 YEARS OLD OR OLDER	SA05 How much do you weight? ASK ONLY IF 15 YEARS OLD OR OLDER	SA06 In your opinion, are you (...) ASK ONLY IF 15 YEARS OLD OR OLDER
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8
			1 3	1. ____/____/_____ 3. DK	1 3	_____ IF UNDER 15 → SA07	1. ____ ____ Mts. Cms. 8. DK	1. ____ ____ Kgs. Grs. 8. DK	1 2 3 4 5 8

SA01
1. Male 3. Female

SA02a
1. Respondent's recollection
3. Official document

SA06
1. Very well nourished
2. Well nourished
3. Average nourished

4. Bad nourished
5. Very bad nourished
8. DK

HEALTH MEASURES (SECTION SA)

LS00 Household member No. (2005)	LS01 HOUSEHOLD MEMBER'S FULL NAME	LS00* Household member No. (2002)	SA07 SIZE / HEIGHT (Cm) IF 2 YEARS OLD OR YOUNGER, MEASURE LYING DOWN	SA07a METHOD OF MEASUREMENT	SA08 WEIGHT (Kg)	SA09 PHYSIOLOGICAL STATE IF FEMALE AND AGE IS 12 OR OLDER	SA10 Day/Month birth is expected	SA11 WAIST MEASUREMENT (Cm) IF 12 YRS OLD OR OLDER	SA12 BLOOD PRESSURE IF 15 YRS OLD OR OLDER SYSTOLIC/DIASTOLIC
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>
			1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1 3	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. Pregnant 2. Breastfeeding →SA11 9. NA →SA11	1. <input type="text"/> / <input type="text"/> 8. DK →SA12	1. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 3. <input type="text"/>	1. <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/>

SA07, SA08, AND SA11
1. Measure
3. Reason why not measured

SA07a
1. Standing
3. Lying

SA09
1. Man / non-pregnant woman

SA12
1. Measured
3. Reason why blood pressure was not measured

HEALTH MEASURES (SECTION SA)

LS00 Household member No.(2005)	LS01 HOUSEHOLD MEMBER'S FULL NAME	LS00* Household member No.(2002)	SA13 TIME OF BLOOD PRESSURE MEASUREMENT HH : MM	SA14 BLOOD PRESSURE IF AGE 15 OR OLDER SYSTOLIC/DIASTOLIC	SA15 TIME OF BLOOD PRESSURE MEASUREMENT HH : MM	SA16x WAS A BLOOD SAMPLE COLLECTED?	SA16y TIME OF LAST MEAL HH : MM	SA16z TIME OF BLOOD SAMPLE COLLECTION HH : MM	SA16 HEMOGLOBIN (g/dL)
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____
			1. ____:____	1. ____/____ 3. _____	1. ____:____	1. _____ 3. _____	1. ____:____	1. ____:____	1. ____ . ____ 3. _____

SA13, SA15, SA16Y, and SA16z
24-hr clock

SA14
1. Measured
3. Reason why blood pressure was not measured.

SA16x
1. Measured
3. Reason why sample was not collected

SA16y
99. Does not know hour
99. Does not know minutes / 24-hour clock

SA16
1. Measured
3. Reason why not measured

HEALTH MEASURES (SECTION SA)

LS00 Household member No.(2005)	LS01 HOUSEHOLD MEMBER'S FULL NAME	LS00* Household member No. (2002)	SA16a GLUCOSE (mg/dL) IF AGE 15 OR OLDER	SA16b CHOLESTEROL (mg/dL) IF AGE 15 OR OLDER	SA17x WAS A BLOOD SAMPLE COLLECTED? (FILTER PAPER)	SA17a REACTIVE PROTEIN (mcg/L) IF AGE IS 15 OR OLDER ATTACH STICKER	SA18 COMMENTS. WRITE DOWN NOTES IF RESPONDENT SHOWS ANY VISIBLE DISEASE, SKIN INFECTION, COUGH, WOUNDS, ETC.	SA19 WRITE DOWN NOTE IF RESPONDENT HAS ANY DISABILITY (PARALYSIS, DEAF, BLIND, MENTAL DISABILITY, ETC.)
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____
			1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. _____	1. _____ 3. _____		1. _____ 3. _____	1. _____ 3. _____

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

SA16a, SA16b
1.measured
3.reason why not measured

SA17x
1. Measured
3. Reason why sample was not collected

SA18
1. Specify disease
3. Has no disease

SA19
1. Specify disease
3. Has no disease

NE01. IN THIS SPACE, WRITE DOWN ANY PROBLEMS YOU MAY HAVE FACED WHEN TAKING ANY MEASURES OR COLLECTING BLOOD SAMPLES FROM ANY HOUSEHOLD MEMBERS. REMEMBER TO SPECIFY THE HOUSEHOLD LS MEMBER NUMBER YOU ARE REFERING TO.

VISITS CONTROL

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

INTERVIEW RESULT

STAFF RECORD

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

INTERVIEW RESULT

- 20. Complete and correct
- 21. Incomplete due to new appointment
- 22. Respondent refused to continue
- 23. Respondent not found in successive visits
- 24. Other (specify) _____
- 25. Respondent refused to provide information
- 26. Respondent not found
- 27. Respondent could not provide information
- 28. Other (specify) _____