

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Gutierrez, JP; Bertozzi, SM; Conde-Glez, CJ; Sanchez-Aleman, MA (2006) Risk behaviors of 15-21 year olds in Mexico lead to a high prevalence of sexually transmitted infections: results of a survey in disadvantaged urban areas. *BMC public health*, 6. p. 49. ISSN 1471-2458 DOI: <https://doi.org/10.1186/1471-2458-6-49>

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Survey of Urban Households 2001S

Youth questionnaire (10 to 21 years)

Copy the number
of the sticker of the page

Stick the household number here

Registration number of the interviewee <input style="width: 100px;" type="text"/>		
Name:		
Date of Birth <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Day Month YEAR		
Sex: <input style="width: 20px;" type="text"/>	Age: <input style="width: 30px;" type="text"/> Years	civil status: (transcribe code) <input style="width: 30px;" type="text"/>
Male 1		
Female 2		

VISITS OF THE INTERVIEWER	1	2	3	4
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NAME OF THE INTERVIEWER				
NUMBER OF THE INTERVIEWER	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
TIME STARTED	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
TIME ENDED	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
DURATION	<input style="width: 30px;" type="text"/> min	<input style="width: 30px;" type="text"/> min	<input style="width: 30px;" type="text"/> min	<input style="width: 30px;" type="text"/> min
NUMBER OF THE PERSON ANSWERING	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
RESULTS	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

*Results codes

- 01 Interview complete
 02 Interview incomplete
 05 They refused (why?)
 09 Other (Note on observations)

NOTE REASONS IN TEXT

OBSERVATIONS

SUPERVISED BY	CRITICADO BY	CODED BY	TAPED BY
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NAME			
NUMBER <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>			
DATE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>			
DAY MONTH YEAR		DAY MONTH YEAR	
DAY MONTH YEAR		DAY MONTH YEAR	

<p>5. At what age did you leave school?</p>	<p style="text-align: right;">Age __ __ </p> <p>DON'T KNOW98</p> <p>NO RESPONSE 99</p>	<p>→ 25</p>
<p>6. What is the name and location of the school that you attend?</p>	<p>Name</p> <p>Locality/colony</p> <p>Municipality</p> <p>Zip code</p>	
<p>7. The school that you attend is ...</p>	<p>Public ?.....1</p> <p>Private non - religious?.....2</p> <p>Private religious?.....3</p> <p>DON'T KNOW8</p> <p>NO RESPONSE9</p>	
<p>8. In what turn do you attend school?</p>	<p>Morning1</p> <p>Afternoon.....2</p> <p>Night3</p> <p>DON'T KNOW8</p> <p>NO RESPONSE9</p>	
<p>9. Do you use transportation to get to school?</p>	<p>Yes 1</p> <p>No2</p> <p>DON'T KNOW8</p> <p>NO RESPONSE9</p>	
<p>10. How much time do you take to get to school?</p>	<p style="text-align: center;">hours __ minutes __ __ </p> <p>DON'T KNOW 898</p> <p>NO RESPONSE 999</p>	
<p>11. On an average day, how many hours per day do you spend at school?</p>	<p style="text-align: right;">Hours per day __ __ . __ </p> <p>DON'T KNOW98.8</p> <p>NO RESPONSE 99.9</p>	
<p>12. In the past four weeks, how many days have you missed school?</p>	<p style="text-align: right;">Days __ __ </p> <p>Did not miss.....00</p> <p>DON'T KNOW98</p> <p>NO RESPONSE 99</p>	
<p style="text-align: center;">INTERVIEWER: THE RESPONSE CANNOT BE MORE THAN 24 DAYS NO PUEDE SER MAYOR A 24 DÍAS</p>		
<p>13. Outside of school how many hours a week do you spend studying and doing homework?</p>	<p style="text-align: right;">Hours __ __ </p> <p>DON'T KNOW98</p> <p>NO RESPONSE 99</p>	







<p>14. In your last report, what grade did you receive for math ?</p>	<p style="text-align: right;">Math __ __ </p> <p>Not applicable.....00 DON'T KNOW98 NO RESPONSE 99</p>	
<p>IF THE PERSON IS SI LA PERSONA IS IN PREPARATORY OR BACHELORS ASK ABOUT CÁLCULUS OR ÁLGEBRA, WHICH ARE EQUIVALENT TO MATH</p>		
<p>15. ¿And what about your grade in Spanish?</p>	<p style="text-align: right;">Spanish __ __ </p> <p>Not applicable.....00 DON'T KNOW98 NO RESPONSE 99</p>	
<p>IF THE PERSON IS SI LA PERSONA IS IN PREPARATORY OR BACHELORS ASK ABOUT LITERATURE, WHICH IS EQUIVALENT TO SPANISH</p>		<p>SI LA PERSONA ESTA CURSANDO PREPARATORIA O BACHILLERATO PREGUNTAR SILLEVA LA MATERIA DE CÁLCULO O ÁLGEBRA LAS CUALES SON EQUIVALENTES A MATEMÁTICAS</p>
<p>16. How many students are there in your classroom?</p>	<p style="text-align: right;">Students __ __ </p> <p>DON'T KNOW98 NO RESPONSE 99</p>	
<p>17. How many teachers do you have?</p>	<p style="text-align: right;">Maestros __ __ </p> <p>DON'T KNOW98 NO RESPONSE 99</p>	
<p>18. Do you have the necessary textbooks for this academic year?</p>	<p>Yes, all.....1 Yes, some2 No3 DON'T KNOW8 NO RESPONSE9</p>	
<p>19. Do your parents help you with your homework?</p>	<p>Yes1 No2 DON'T KNOW8 NO RESPONSE9</p>	
<p>20. Have you ever stayed back in school?</p>	<p>Yes1 No.....2 DON'T KNOW8 NO RESPONSE9</p>	<p style="text-align: right;">→ 22</p>

<p>21. Which years did you repeat?</p>	<p style="text-align: right;">Times</p> <p>Primary</p> <p>First 01..... <input type="text"/></p> <p>Second 02..... <input type="text"/></p> <p>Third 03 <input type="text"/></p> <p>Fourth 04 <input type="text"/></p> <p>Fifth 05 <input type="text"/></p> <p>Sixth 06 <input type="text"/></p>	
<p style="border: 1px solid black; padding: 2px;">CIRCLE THE CODE(S) AND NOTE THE NUMBER OF TIMES</p>		
	<p>Secondary</p> <p>First 07 <input type="text"/></p> <p>Second 08..... <input type="text"/></p> <p>Third 09..... <input type="text"/></p> <p>Preparatory or bachillerate</p> <p>First 10..... <input type="text"/></p> <p>Second 11..... <input type="text"/></p> <p>Third 12..... <input type="text"/></p> <p>DON'T KNOW 98..... <input type="text"/></p> <p>NO RESPONSE 99..... <input type="text"/></p>	
<p>22. During the last year did you leave school for one month or more while you were inscribed?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DON'T KNOW 8</p> <p>NO RESPONSE 9</p>	
<p>23. Did you ever not attend in school and then return to school during another year?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DON'T KNOW 8</p> <p>NO RESPONSE 9</p>	
<p>24. How many years were you not signed up for school?</p>	<p style="text-align: right;">Years <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p> <p>NO RESPONSE 99</p>	<p style="text-align: right;">→ 25</p>

II. OCCUPATION The next questions refer to your daily activities.

<p>25. During the last week, how many hours approximately did you dedicate to household tasks like taking care of children, elderly, or sick people without any payment?</p>	<p style="text-align: right;">Hours <input type="text"/><input type="text"/><input type="text"/></p> <p>Don't dedicate any time..... 00</p> <p>DON'T KNOW 98</p> <p>NO RESPONSE 99</p>	
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<p>26. During the last week, how many hours approximately did you dedicate of offer free services to your community?</p>	<p style="text-align: right;">Hours <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Don't dedicate any time.....00 DON'T KNOW98 NO RESPONSE 99</p>	
<p>27. During the last week, did you work in exchange for money to support your family or to cover some of your own expenses, at least for one hour?</p>	<p>Yes1 No.....2 DON'T KNOW8 NO RESPONSE9</p>	→ 32
<p>28. Even though you indicated to me that you didn't work in the last week, do you have some other job or employment through yourself? (Are you self-employed?)</p>	<p>Yes1 No.....2 DON'T KNOW8 NO RESPONSE9</p>	→ 32
<p>29. Last week, did you work without pay on family/friend's land for a family (or other) business?</p>	<p>Yes1 No.....2 DON'T KNOW8 NO RESPONSE9</p>	
<p>30. The person that you helped is...</p>	<p>A family member?1 not a family member?2 DON'T KNOW8 NO RESPONSE9</p>	→ 31
<p>31. Can you tell me how you sustain yourself economically?</p>	<p>Receive pension for WORK1 Receive money from renting a property or from business income2 Has savings3 Receive pension for widows, divorce, orphan4 Has scholarship.....5 A family member or someone else sustains me.....6 Other _____ 7 (specify)</p>	→ 32
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>CIRCLE ALL THAT APPLY</p> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>FOR ALL CASES SKIP TO 41</p> </div> <p>NO RESPONSE9</p>	

		PRIMARY	SECONDARY	TERTIARY
32. In your WORK* (...) last week were you ...	Boss?01 self-employed? 02 work for a commission, percentage ? 03 work for a fixed salary? 04 member of a cooperative? 05 work for a family business without pay? 06 work for a business (not family) without pay? 07 Other _____ (specify in the corresponding column)	 CODE	 CODE	 CODE
<div style="border: 1px solid black; padding: 2px;"> <p>READ ALL OPTIONS AND NOTE THE RESPONSE IN THE CORRESPONDING COLUMN</p> <p>* READ: PRINCIPAL WORK, SECONDARY WORK, TERTIARY WORK</p> </div>	DON'T KNOW 88 NO RESPONSE 99			
33. What type of work does the business or the boss who you worked for in the past week do?	Agriculture, livestock, fishing, hunting 01 Informal Business 02 Construction 03 Education, Health or Social Services 04 Restaurant or hotel 05 Formal business (establishment) 06 Manufactures 07 Transport 08 Cultural, sporting , information services 09 Other services except government _____ (specify in the corresponding column)	 CODE 	 CODE 	 CODE 
Government 11 DON'T KNOW 98 NO RESPONSE 99				

34. Last week, how many hours did you work?

CIRCLE THE DAYS AND NOTE THE TOTAL NUMBER OF HOURS PER DAY

	M	T	W	T	F	S	S	TOTAL 1	TOTAL 2	TOTAL 3
	 	 	 	 	 	 	 	T	W	T

35. Normally, what days do you work and how many hours do you dedicate to your WORK?

	WORK		
	PRIMARY	SECONDARY	TERTIARY
<p>36. In your WORK... from the last week, how much do they pay you and how often do you get paid?</p> <p>AMOUNT</p> <p>\$98000 o more..... 98000 They pay by service, by piece. or by finished WORK 99000 Did not work last week 00000 DON'T KNOW 98888 NO RESPONSE 99999</p> <p>PERIOD</p> <p>Every month..... 1 Every 15 days 2 Every week 3 Daily 4 Other period of pay _____ 5 (specify in the corresponding column) DON'T KNOW 8 NO RESPONSE 9</p>	<p>\$ </p> <p>AMOUNT</p> <p> </p> <p>CÓDE</p> <p>↓</p> <p>OTHER PERIOD</p>	<p>\$ </p> <p>AMOUNT</p> <p> </p> <p>CÓDE</p> <p>↓</p> <p>OTHER PERIOD</p>	<p>\$ </p> <p>AMOUNT</p> <p> </p> <p>CÓDE</p> <p>↓</p> <p>OTHER PERIOD</p>
<p>37. Normally how much do you earn per month for your WORK ...?</p> <p>AMOUNT</p> <p>\$98000 o más 98000 DON'T KNOW 98888 NO RESPONSE 99999</p>	<p>\$ </p> <p>↓</p> <p>AMOUNT</p>	<p>\$ </p> <p>↓</p> <p>AMOUNT</p>	<p>\$ </p> <p>↓</p> <p>AMOUNT</p>

III. UTILIZATION OF HEALTH SERVICES

<p>41. In the past four weeks, Did you go to ...</p> <p>Yes 1 No..... 2 DOESN'T KNOW 8 NO RESPONSE 9</p> <p>ASK FOR EACH SERVICE OR SKIP TO 51</p> <p style="text-align: center;">→</p> <p style="text-align: center;">CODE</p>	<p>42. What type of insitution does (TYPE OFSERVICE) belong to?</p> <p>Secretary of Health (SSA) 1 IMSS 2 IMSS Solidaridad 3 ISSSTE 4 Gobierno municipal 5 Dispensario 6 Otros 7 DOESN'T KNOW 8 NO RESPONSE 9</p> <p style="text-align: center;">→</p> <p style="text-align: center;">CODE</p>	<p>43. In the last four weeks, how many times did you go to (TYPE OF SERVICE)?</p> <p>DOESN'T KNOW98 NO RESPONSE99</p> <p style="text-align: center;">→</p> <p style="text-align: center;">TIMES</p>	<p>44. How much was paid for the service recieved at (TYPE OF SERVICE)?</p> <p>INSIST TO OBTAIN AN ANSWER IN PESOS Nothing0000 They billed in piece0001 \$ 9800 or more98 DON'T KNOW98 NO RESPONSE9999</p> <p style="text-align: center;">→</p> <p style="text-align: center;">AMOUNT</p>	<p>45. Did you or anyone in the household work in exchange for service or pay in kind for the attention received at (TYPE OF SERVICE)?</p> <p>Yes..... 1 No 2 DOESN'T KNOW 8</p> <p style="text-align: center;"> NO</p> <p style="text-align: center;">→</p> <p>SKIP TO 48 RESPONSE.. 9</p>
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a hospital for consultation (NOT TO STAY OVERNIGHT)?	1 2 8 9			\$	1 2 8 9
a clinic or health center?	1 2 8 9			\$	1 2 8 9
a private practice or specialist?	1 2 8 9			\$	1 2 8 9
a midwife or health assistant?	1 2 8 9			\$	1 2 8 9
an herbalist, traditional medicine doctor?	1 2 8 9			\$	1 2 8 9
a pharmacy?	1 2 8 9			\$	1 2 8 9

III. UTILIZATION OF HEALTH SERVICES

<p>46. How much time did the work last for payment of (TYPE DE SERVICIO)?</p> <p>Did not work 00 DON'T KNOW 98 NO RESPONSE 99</p> <p>→</p> <p>HOURS</p>	<p>47. How much do you estimate the payment in kind to be for (TYPE OF SERVICE)?</p> <p>Did not pay in kind..... 000 DON'T KNOW 988 NO RESPONSE 999</p> <p>→</p> <p>AMOUNT</p>	<p>48. The payment in cash, in kind, or in work that was made for (TYPE OF SERVICE) , did it include prescribed medicine?</p> <p>No 2 Yes..... 1 Nothing was prescribed DON'T KNOW..... 8 NO RESPONSE ..9</p> <p>→</p> <p>SKIP TO 50</p>	<p>49. How much was paid for the prescribed medicine for (TYPE OF SERVICE)?</p> <p>INSIST TO OBTAIN A RESPONSE IN PESOS Nothing000 \$ 980 or more980 DON'T KNOW988 NO RESPONSE999</p> <p>→</p> <p>AMOUNT</p>	<p>50. How much was spent on the roundtrip trip to (TYPE OF SERVICE)?</p> <p>INSIST TO OBTAIN A RESPONSE IN PESOS Nothing..... . 000 \$ 980 or more.....980 DON'T KNOW....988 NO RESPONSE...999</p> <p>↓</p> <p>SKIP TO THE NEXT SERVICE</p> <p>AMOUNT</p>
<p> _ _ </p>	<p>\$ _ _ _ </p>	<p>1 2 3 8 9</p>	<p>\$ _ _ _ </p>	<p>\$ _ _ _ </p>
<p> _ _ </p>	<p>\$ _ _ _ </p>	<p>1 2 3 8 9</p>	<p>\$ _ _ _ </p>	<p>\$ _ _ _ </p>
<p> _ _ </p>	<p>\$ _ _ _ </p>	<p>1 2 3 8 9</p>	<p>\$ _ _ _ </p>	<p>\$ _ _ _ </p>
<p> _ _ </p>	<p>\$ _ _ _ </p>	<p>1 2 3 8 9</p>	<p>\$ _ _ _ </p>	<p>\$ _ _ _ </p>
<p> _ _ </p>	<p>\$ _ _ _ </p>	<p>1 2 3 8 9</p>	<p>\$ _ _ _ </p>	<p>\$ _ _ _ </p>
<p> _ _ </p>	<p>\$ _ _ _ </p>	<p>1 2 3 8 9</p>	<p>\$ _ _ _ </p>	<p>\$ _ _ _ </p>

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IV. UTILIZATION OF HOSPITALS

SKIP TO

51. In the last year, did you stay at the hospital for one or more days?
- Yes 1
 - No 2
 - DOESN'T KNOW 8
 - NO RESPONSE 9

→55

CIRCLE ALL THAT APPLY

52. The place where you were hospitalized, what type of institution did it belong to?
- Secretary of Health (SSA)..... 01
 - IMSS 02
 - IMSS Solidaridad 03
 - ISSSTE 04
 - Municipal Government 05
 - Private Institution 06
 - Dispensary 07
 - Other type of institution?
_____ 08
(specify)
 - DON'T KNOW 98
 - NO RESPONSE..... 99

53. In total, how many days were you hospitalized during the whole year?
- DAYS** |__|__|__|
- DOESN'T KNOW 988
 - NO RESPONSE 999

54. What was the total expense for the hospitalization?
- AMOUNT \$** |__|__|__|__|
- Did not spend anything 00000
 - \$98000 or more..... 98000
 - DOESN'T KNOW 98888
 - NO RESPONSE..... 99999

**AFT ER THIS SECTION, THE FOLLOWING SECTION ONLY APPLIES TO THE PRIMARY INFORMANT
THANK ALL OTHERS AND FINISH UP WITH THEM**

V. WELLNESS

SKIP TO

Now I am going to ask you some questions about how you feel about various aspects in your life.

55. Compared to the past, how happy do you feel with your present life?	Not very happy 1
	Happy enough..... 2
READ ALOUD ALL OPTIONS	Very happy 3
	NO RESPONSE 9

56. In case of crisis (anything that could alter your life), how capable do you feel of dealing with it?	Not capable at all 1
	Up to a certain point..... 2
	Very capable 3
READ ALOUD ALL OPTIONS	NO RESPONSE..... 9

57. How worried do you get about the relationship you have with your family?	A little 1
	Up to a certain point..... 2
READ ALOUD ALL OPTIONS	A lot 3
	NO RESPONSE..... 9

58. Do you feel capable of responding to your obligations?	Yes, all my obligations 1
	Some of my obligations..... 2
	No, none of my obligations 3
	NO RESPONSE 9

59. Is there someone you can depend on for everything including personal and intimate issues?	Yes 1
	No 2
	DON'T KNOW 8
	NO RESPONSE 9

VI. VIOLENCE AND AGGRESSION	SKIP TO
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60. Have you had any problems related to robbery, intimidation, aggression, or violence in the past 12?	Yes 1 No 2 NO RESPONSE 9] →65
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IF THE ANSWER IS NO OR NO RESPONSE: FOR WOMEN 12 AND OLDER SKIP TO 65. FOR ALL OTHERS SKIP TO 87

61. What happened?	Robbery, assault 1 Aggression without any apparent motive 2 Kidnapping 3 Detention 4 Discussion/altercation 5 Sexual aggression 6 Other _____ (specify) 7 DON'T KNOW 8 NO RESPONSE 9	
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IF THERE IS MORE THAN ONE, REFER TO THE LAST ONE MENTIONED FOR THE FOLLOWING QUESTIONS T LAST ONE FOR T

62. Where were you when it (MENTION THE VIOLENCE) happened?	Home 1 School 2 Work 3 Public area 4 Countryside 5 Sporting facility 6 Commercial establishment 7 Other _____ (specify) 8 NO RESPONSE 9	
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63. Did you know the person/ people who hurt you?	Yes 1 No 2 I don't know 3 NO RESPONSE 9	
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64. INTERVIEWER: Were there other people present during the interview of this section?	Yes 1 <div style="text-align: right;"> Code Code Code Code </div> No 2 Another person that is not a part of this household 6	
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CIRCLE THE ANSWER AND IF THE ANSWER IS YES, WRITE THEIR NUMBER IN THE SPACE

THE FOLLOWING QUESTIONS ARE ONLY FOR WOMEN 12 YEARS AND OLDER. FOR ALL OTHER, PLEASE SKIP TO 87

VII. REPRODUCTIVE HEALTH	SKIP TO
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VII. REPRODUCTIVE HEALTH		SKIP TO
65. Have you ever been pregnant?	Yes 1 No 2 NO RESPONSE 9] → 87
66. How many times have you been pregnant?	Number of times __ __ DOESN'T KNOW 98 NO RESPONSE 99	
67. Have any of your children died?	Yes 1 Number of children that have died __ __ No 2 NO RESPONSE 9	
<div style="border: 1px solid black; padding: 2px; width: fit-content;">CIRCLE THE ANSWER AND IF YES, ASK: HOW MANY OF YOUR CHILDREN HAVE DIED?</div>		
68. Are you currently pregnant?	Yes 1 No 2 DOESN'T KNOW 3 NO RESPONSE 4	→ 87
69. Have you been pregnant in the past 12 months?	Yes 1 No 2 DOESN'T KNOW 8 NO RESPONSE 9	→ 87
70. During this pregnancy, who examined you?	Doctor 1 Nurse 2 Midwife 3 Community worker 4 Health promoter 5 Family or friend 6 No one 7 Other 8 _____ (Specify) NO RESPONSE 9] → 75 → 75
<div style="border: 1px solid black; padding: 2px; width: fit-content;">CIRCLE ALL THAT APPLY</div>		

<p>71. Where did you get your first check up for this pregnancy?</p>	<p>IMSS</p> <ul style="list-style-type: none"> - Clinic or Hospital 01 - Clinic Solidaridad 02 <p>SSA</p> <ul style="list-style-type: none"> - Health Center or Hospital 03 - Auxiliar de Salud 04 <p>ISSSTE 05</p> <p>DIF 06</p> <p>Other government institutions 07</p> <p>Clinic or Private Hospital 08</p> <p>Home of midwife 09</p> <p>Woman's home 10</p> <p>Other</p> <p>_____ 11</p> <p style="text-align: center;">(specify)</p> <p>NO RESPONSE 99</p>																																																													
<p>72. In what month of your pregnancy did you have a checkup for the first time?</p>	<p style="text-align: right;">Month __ __ </p> <p>DOESN'T KNOW 98</p> <p>NO RESPONSE 99</p>																																																													
<p>73. How many times in total did you have check ups during this pregnancy?</p>	<p style="text-align: right;">NUMBER OF TIMES __ __ </p> <p>DOESN'T KNOW 98</p> <p>NO RESPONSE 99</p>																																																													
<p>74. During the revisions...</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px; text-align: center;"> <p>READ EACH OPTION AND CIRCLE</p> </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DN</th> <th style="width: 10%; text-align: center;">NR</th> </tr> </thead> <tbody> <tr> <td>Did they give you a vaccine for tetanus?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Did they prescribe :</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>iron pills ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>vitamins?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Did they take your pressure?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Did they weigh you?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Did they recommend:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>breastfeeding?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Did they speak with you about:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>family planning?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Did they offer any contraceptives for after you give birth?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> </tbody> </table>		Yes	No	DN	NR	Did they give you a vaccine for tetanus?	1	2	8	9	Did they prescribe :					iron pills ?	1	2	8	9	vitamins?	1	2	8	9	Did they take your pressure?	1	2	8	9	Did they weigh you?	1	2	8	9	Did they recommend:					breastfeeding?	1	2	8	9	Did they speak with you about:					family planning?	1	2	8	9	Did they offer any contraceptives for after you give birth?	1	2	8	9	
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<p>75. Was the result of this birth (twins, triples, etc.)?</p> <p>76. What was the result of your last pregnancy?</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>FOR MULTIPLE BIRTHS CODE 1 IF ONE OR MORE CHILDREN LIVED, CODE 2 ONLY IF ALL CHILDREN DIED</p> </div> <p>77. When was the baby born (the babies)?</p>	<p>Yes 1</p> <p style="padding-left: 100px;">How many babies were born? __ </p> <p>No 2</p> <p>NO RESPONSE 9</p> <p>Born alive 1</p> <p>Born dead 2</p> <p>Miscarriage 3</p> <p>Day..... __ </p> <p>Month..... __ </p> <p>Year __ __ __ </p> <p>DON'T KNOW 98</p> <p>NO RESPONSE 99</p>	<p style="text-align: right;">] → 87</p>
<p>78. What is (are) the name of your son(s) and/or daughter(s)?</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>NOTE THEIR CODE AND THEIR NAME. IF THE BABY DIED, CODE THEM AS 00</p> </div>	<p>Name</p> <p>Code __ __ </p> <p>Name</p> <p>Code __ __ </p> <p>Name</p> <p>Code __ __ </p>	
<p>79. Who attended to you during this birth?</p>	<p>Doctor 01</p> <p>Nurse 02</p> <p>Midwife 03</p> <p>Community Auxiliary 04</p> <p>Health Promoter 05</p> <p>No one 06</p> <p>Family 07</p> <p>Other _____ 08</p> <p style="padding-left: 100px;">(specify)</p> <p>DON'T KNOW 98</p> <p>NO RESPONSE..... 99</p>	

<p>80. Where did you give birth?</p>	<p>IMSS</p> <ul style="list-style-type: none"> - Clinica or Hospital 01 - Clinic Solidaridad 02 <p>SSA</p> <ul style="list-style-type: none"> - Health Center or Hospital 03 - Health Auxiliary 04 <p>ISSSTE 05</p> <p>DIF 06</p> <p>Other government institutions 07</p> <p>Clinic or Private Hospital 08</p> <p>Midwife's home 09</p> <p>Woman's home 10</p> <p>Other _____ 11</p> <p style="text-align: center;">(specify)</p> <p>NO RESPONSE 99</p>	
<p>81. How many days after birth was your son(s)/daughter(s) weighed?</p> <p>82. How much did (NAME) weigh at birth?</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MAKE SURE TO KEEP THE SAME ORDER AS IN 78</p>	<p style="text-align: right;">Days __ __ </p> <p>He/she was not weighed 1</p> <p>DON'T KNOW 2</p> <p>NO RESPONSE 9</p> <p style="text-align: right;">Weight in kilograms __ . __ __ __ </p> <p style="text-align: right;">Weight in kilograms __ . __ __ __ </p> <p style="text-align: right;">Weight in kilograms __ . __ __ __ </p> <p>DON'T KNOW 9888</p> <p>NO RESPONSE 9999</p>	<p>→ 83</p>
<p>83. Have you ever breastfed your child even for a short period?</p>	<p>Yes 1</p> <p>No 2</p> <p>DON'T KNOW 8</p> <p>NO RESPONSE 9</p>	<p>]</p> <p>→ 87</p>
<p>84. How many months did you breastfeed for?</p> <p style="border: 1px solid black; padding: 2px; text-align: center;">MAKE SURE TO KEEP THE SAME ORDER AS IN 78</p>	<p style="text-align: right;">Months __ __ </p> <p style="text-align: right;">Months __ __ </p> <p style="text-align: right;">Months __ __ </p> <p>Died while breastfeeding 77</p> <p>Still breastfeeding 78</p> <p>DON'T KNOW 98</p> <p>NO RESPONSE 99</p>	

<p>85. How old was your child when you began to give him/her other types of food (including formula or cow's milk)?</p> <p style="text-align: center;">MAKE SURE TO KEEP THE SAME ORDER AS IN 78</p> <p>86. Before beginning to give him/her other food or milk on a daily basis, did you first give your child other liquids?</p> <p style="text-align: center;">CIRCLE ALL MENTIONED</p>	<table style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%;">Months __ __ </td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>Months __ __ </td> <td></td> </tr> <tr> <td></td> <td>Months __ __ </td> <td></td> </tr> </table> <p>Less than a month 00 Died after alimantation 04 Only breast milk 05 DON'T KNOW 98 NO RESPONSE 99</p> <p>Yes</p> <p>Tea 1 Water 2 Sugar water 3 Otro 4</p> <p>_____ (specify) 4</p> <p>No 5 Don't remember 9</p>		Months __ __			Months __ __			Months __ __	
	Months __ __									
	Months __ __									
	Months __ __									

VIII. ADDICTIONS (FOR ALL TEENAGERS)	SKIP TO
<p>87. Have you ever smoked a cigarette in your life even if it was only one or two or even just a drag of a cigarette?</p> <p>Yes 1 No 2 NO RESPONSE 9</p>	<p>]</p> <p>→ 93</p>
<p>88. Do you currently smoke?</p> <p>Yes 1 No 2 NO RESPONSE 9</p>	<p>]</p> <p>→ 93</p>
<p>89. How old were you when you began to smoke cigarettes regularly (at least one cigarette per month)?</p> <p>NO RESPONSE 99</p> <p style="text-align: right;">YEARS __ __ </p>	
<p>90. During the week did you smoke.....</p> <p>1 or 2 days? 1 3 or 4 days? 2 5 or 6 days ? 3 Daily? 4 Never 0 NO RESPONSE 9</p>	
<p>91. On a normal day, how many cigarettes do you usually smoke?</p> <p>NO RESPONSE 99</p> <p style="text-align: right;">NUMBER __ __ </p>	
<p>92. During the last week , how much money did you spend on cigarettes?</p> <p>More than \$980 980 NO RESPONSE 999</p> <p style="text-align: right;">AMOUNT \$ __ __ __ </p>	
<p>93. Do you drink alcoholic drinks even if it is very occasionally?</p> <p>Yes 1 No 2 NO RESPONSE 9</p>	<p>]</p> <p>→ 101</p>

VIII. ADDICTIONS (FOR ALL TEENAGERS)		SKIP TO	
94. On average, how many beers, wine coolers, etc. do you drink during the week?	<p style="text-align: right;">BEERS __ __ </p> Does not drink..... 00 NO RESPONSE..... 99		
95. On average, how many cups of tequila , rum, aguardiente, etc. do you drink during the week?	<p style="text-align: right;">CUPS __ __ </p> Does not drink..... 00 NO RESPONSE..... 99		
96. In the last month, how often did you get drunk?	Did not drink last month 1 One time 2 2 or 3 times in the past month 3 One or more times per week 4 NO RESPONSE 9		
97. During the last week , how much money did you spend on alcoholic drinks?	<p style="text-align: right;">AMOUNT \$ __ __ </p> More than \$980 980 NO RESPONSE 999		
98. During the past four weeks, was there any occasion that you couldn't take care of your daily activities due to alcohol?	Yes 1 No 2 NO RESPONSE 9		
99. Does alcohol ever make you feel violent?	Yes 1 No 2 NO RESPONSE 9	}	
100. How frequently would you say this happens?	Rarely 1 Some time 2 Frequently 3 Almost always 4 NO RESPONSE 9		→ 101
IF AT LEAST ONE RESPONSE IS YES, CONTINUE. IF NOT THANK THEM AND END		Yes No NR	
101. Could you tell me if you have taken, used or tried.....	INHALANTS (thinner, glue, paint)? 1 2 9 MARIJUANA? 1 2 9 HALUCINOGENS (mushrooms, peyote, mescaline, LSD)? 1 2 9 COCAINE 1 2 9 AMPHETAMINES (Stimulants for weight loss or to give energy)? 1 2 9 SEDATIVES (tranquilizers)? 1 2 9 OPIATES (heroin and morphine)? 1 2 9 OTHER DRUGS 1 2 9		
	(specify)		

102. During the last four weeks, how many days have you consumed any of these substances?	<p style="text-align: right;">Days __ __ </p> NO RESPONSE 99	→ END
103. During the last week, how much money did you spend buying these substances?	<p style="text-align: right;">AMOUNT \$ __ __ __ </p> More than \$980 980 NO RESPONSE 999	

THANK THEM AND END

TO BE FILLED OUT BY THE INTERVIEWER

104. During the interview, how well did the informant understand the questions?	Very well 1 Well 2 OK 3 Very little 4	
105. How reliable do you think the responses were?	Very reliable 1 Reliable 2 More or less reliable 3 Not reliable 4	
106. During the interview, the interviewee:	Showed a lot of interest 1 Showed little interest 2 Showed apathy 3 Was hostile 4	

OBSERVATIONS	

ALL INDIVIDUALS 15 TO 21 YEARS

SEXUAL EXPERIENCE AND KNOWLEDGE OF CONTRACEPTIVE METHODS

N U M E R O D E R E N G L O N	27	28	29	30	31
		Do you know or have heard about any method to avoid pregnancy or not having babies? Yes 1 No 2 NO PASE A 29 DON'T ANSWER 9	Which methods have you heard or do you know? DO NOT PROMT; CHECK THE FIRST 3 MENTIONED Pills01 IUD.....02 Injections.....03 Norplant04 Ovules, diafagram.....05 Condom06 Femele surgery 07 Male surgery08 Billings, abstinence, temperature .09 Coitus interrumpus.....10 Other.....11 DON'T KNOW98 DON'T ANSWER.....99	At what age did you have your firsy sexual intercourse? HAVEN'T HAD SEXUAL INTER-COURSE 000 DON'T KNOW 98 DON'T ANSWER 99 PASE A 35 EDAD	Have you had sexual intercourses in the last 4 weeks? Yes.....1 No2 DON'T ANSWER 99
	→	→	→	→	→
01	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
02	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
03	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
04	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
05	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
06	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
07	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
08	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
09	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □
10	1 2 9	□ □ □ □ □ □ □ □ □ □	□ □ □	1 2 9	□ □ □

ALL INDIVIDUALS 15 TO 21 YEARS

SEXUAL EXPERIENCE AND KNOWLEDGE OF CONTRACEPTIVE METHODS

N U M B E R O D E R E N G L O N	32	33	34	35
		Who decided to use (METHOD) at that time? She.....1 He.....2 Both.....3 DON'T KNOW 8 DON'T ANSWER 9 →	Some adolescents have sexual intercourses to get money, gifts, food or other favors. Do you have had a sexual intercourse for some of these reasons? Yes.....1] No.....2 PASE A 35 → DON'T ANSWER 9	When was the last time you had a sexual intercourse to get money, gift or food? Last week.....1 Withn last 4 weeks.....2 Withn last 6 months.....3 Withn last year.....4 More than a year ago.....5 DON'T ANSWER 9 →
01	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
02	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
03	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
04	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
05	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
06	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
07	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
08	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
09	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9
10	1 2 3 8 9	1 2 9	1 2 3 4 5 9	1 2 3 4 5 6 7 8 9