

# 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

<b>Registration number of the interviewee</b> <input type="text"/>		
<b>Name:</b>		
<b>Date of Birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> Day Month YEAR	
<b>Sex:</b> <input type="text"/>	<b>Age:</b> <input type="text"/> Years	<b>civil status:</b> <input type="text"/> (transcribe code)
Male ..... 1		
Female ..... 2		

VISITS OF THE INTERVIEWER	1	2	3	4
DATE	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR
NAME OF THE INTERVIEWER				
NUMBER OF THE INTERVIEWER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIME STARTED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIME ENDED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DURATION	<input type="text"/> min	<input type="text"/> min	<input type="text"/> min	<input type="text"/> min
NUMBER OF THE PERSON ANSWERING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESULTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Results codes

- |   |   |
|---|---|
| <p>↓</p> <p>01 Interview complete<br/>02 Interview incomplete</p> | <p>05 They refused (why?)<br/>09 Other (Note on observations)</p> |
|---|---|

NOTE REASONS IN TEXT

OBSERVATIONS

SUPERVISED BY	CRITICADO BY	CODED BY	TAPED BY
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NAME

NUMBER

DATE	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR	<input type="text"/> <input type="text"/> <input type="text"/> DAY MONTH YEAR
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Good morning (afternoon), my name is \_\_\_\_\_ and I work for the National Institute of Public Health. We are visiting households to speak about health, education, nutrition and some other things related to these issues. Your responses will be a great help for this study. The information that you give us is confidential and will only be used for statistical research and none of the results presented will make reference to any people in particular. You do not have to respond if you don't wish to and this won't affect you in any way. Also, at any moment you can decide that you do not want to continue anymore or you can also tell us if you don't want to respond to certain questions. The information that you give us will help improve social programs related to health and we are going to give you information about your health status.. Do you agree to answer the questionnaire?

Interviewer signature that the interviewee agreed to answer the questionnaire.

## I. EDUCATION

		<b>SKIP TO</b>
1. What is the maximum level of school that you have finished?  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">CIRCLE THE LAST YEAR COMPLETED</div>	Never gone to school .....	66 → 25
	None .....	00
	Pre-school or kindergarten .....	01
	Elementary .....	02
	Secondary .....	03
	Preparatory .....	04
	Normal Basic .....	05
	Technical or commercial degree .....	06
	Bachelor's Degree .....	07
	Postgraduate .....	08 → 25
DON'T KNOW .....	98 → 25	
NO RESPONSE .....	99	
2. What is the last grade in school you passed?  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">NOTE THE NUMBER OF THE LAST GRADE (YEAR) PASSED</div>	Grade  __ __	
	DON'T KNOW .....	98
	NO RESPONSE .....	99
	<b>ASK THE NEXT QUESTION ONLY IF CODE06 OF QUESTION 1 WAS MARKED, IF NOT, SKIP TO QUESTION 4</b>	
3. How many prerequisites were required to get into this degree program?  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">ONLY FOR THOSE THAT ANSWERED TECHNICAL OR COMMERCIAL DEGREE IN QUESTION 1</div>	None .....	1
	Primary Completed .....	2
	Secondary Completed .....	3
	Preparatory Completed .....	4
	DON'T KNOW .....	8
	NO RESPONSE .....	9
4. Are you currently attending school?	Yes .....	1 → 6
	No .....	2
	DON'T KNOW .....	8
	NO RESPONSE .....	9
		] → 25

<p>5. At what age did you leave school?</p>	<p style="text-align: right;">Age  __ __ </p> <p>DON'T KNOW .....98</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 KNOW .....8</p> <p>NO RESPONSE .....9</p>	
<p>8. In what turn do you attend school?</p> <p>9. Do you use transportation to get to school?</p>	<p>Morning .....1</p> <p>Afternoon.....2</p> <p>Night .....3</p> <p>DON'T KNOW .....8</p> <p>NO RESPONSE .....9</p> <p>Yes ..... 1</p> <p>No .....2</p> <p>DON'T KNOW .....8</p> <p>NO RESPONSE .....9</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 .....8 .....98</p> <p>NO RESPONSE .....9 .....99</p>	
<p>11. On an average day, how many hours per day do you spend at school?</p> <p>12. In the past four weeks, how many days have you missed school?</p>	<p style="text-align: right;">Hours per day  __ __ . __ </p> <p>DON'T KNOW .....98.8</p> <p>NO RESPONSE ..... 99.9</p> <p style="text-align: right;">Days  __ __ </p> <p>Did not miss.....00</p> <p>DON'T KNOW .....98</p> <p>NO RESPONSE ..... 99</p>	
<p><b>INTERVIEWER: THE RESPONSE CANNOT BE MORE THAN 24 DAYS</b>  <b>NO PUEDE SER MAYOR A 24 DÍAS</b></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 KNOW .....98</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 KNOW .....98  NO RESPONSE ..... 99</p>	
<p><b>IF THE PERSON IS SI LA PERSONA IS IN PREPARATORY OR BACHELORS ASK ABOUT CÁLCULUS OR ÁLGEBRA, WHICH ARE EQUIVALENT TO MATH</b></p>		
<p>15. ¿And what about your grade in Spanish?</p>	<p style="text-align: right;">Spanish  __ __ </p> <p>Not applicable.....00  DON'T KNOW .....98  NO RESPONSE ..... 99</p>	
<p><b>IF THE PERSON IS SI LA PERSONA IS IN PREPARATORY OR BACHELORS ASK ABOUT LITERATURE, WHICH IS EQUIVALENT TO SPANISH</b></p>		<p><b>SI LA PERSONA ESTA CURSANDO PREPARATORIA O BACHILLERATO PREGUNTAR SILLEVA LA MATERIA DE CÁLCULO O ÁLGEBRA LAS CUALES SON EQUIVALENTES A MATEMÁTICAS</b></p>
<p>16. How many students are there in your classroom?</p>	<p style="text-align: right;">Students  __ __ </p> <p>DON'T KNOW .....98  NO RESPONSE ..... 99</p>	
<p>17. How many teachers do you have?</p>	<p style="text-align: right;">Maestros  __ __ </p> <p>DON'T KNOW .....98  NO RESPONSE ..... 99</p>	
<p>18. Do you have the necessary textbooks for this academic year?</p>	<p>Yes, all.....1  Yes, some .....2  No .....3  DON'T KNOW .....8  NO RESPONSE .....9</p>	
<p>19. Do your parents help you with your homework?</p>	<p>Yes .....1  No .....2  DON'T KNOW .....8  NO RESPONSE .....9</p>	
<p>20. Have you ever stayed back in school?</p>	<p>Yes .....1  No.....2  DON'T KNOW .....8  NO RESPONSE .....9</p>	<p style="text-align: right;">→ 22</p>

<p>21. Which years did you repeat?</p>	<p style="text-align: right;">Times</p> <p><b>Primary</b></p> <p>First ..... 01..... <input type="checkbox"/></p> <p>Second ..... 02..... <input type="checkbox"/></p> <p>Third ..... 03 ..... <input type="checkbox"/></p> <p>Fourth ..... 04 ..... <input type="checkbox"/></p> <p>Fifth ..... 05 ..... <input type="checkbox"/></p> <p>Sixth ..... 06 ..... <input type="checkbox"/></p>	
<p style="border: 1px solid black; padding: 2px;">CIRCLE THE CODE(S) AND NOTE THE NUMBER OF TIMES</p>		
	<p><b>Secondary</b></p> <p>First ..... 07 ..... <input type="checkbox"/></p> <p>Second ..... 08..... <input type="checkbox"/></p> <p>Third ..... 09..... <input type="checkbox"/></p>	
	<p><b>Preparatory or bachillerate</b></p> <p>First ..... 10..... <input type="checkbox"/></p> <p>Second ..... 11..... <input type="checkbox"/></p> <p>Third ..... 12..... <input type="checkbox"/></p>	
	<p>DON'T KNOW ..... 98..... <input type="checkbox"/></p> <p>NO RESPONSE ..... 99..... <input type="checkbox"/></p>	
<p>22. During the <b>last year</b> 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 <b>last week</b>, 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 <b>last week</b>, 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 KNOW .....98  NO RESPONSE ..... 99</p>	
<p>27. During the <b>last week</b>, 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>Yes .....1  No.....2  DON'T KNOW .....8  NO RESPONSE .....9</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>Yes .....1  No.....2  DON'T KNOW .....8  NO RESPONSE .....9</p>	→ 32
<p>29. <b>Last week</b>, did you work without pay on family/friend's land for a family (or other) business?</p>	<p>Yes .....1  No.....2  DON'T KNOW .....8  NO RESPONSE .....9</p>	
<p>30. The person that you helped is...</p>	<p>A family member? .....1  not a family member? .....2  DON'T KNOW .....8  NO RESPONSE .....9</p>	→ 31
<p>31. Can you tell me how you sustain yourself economically?</p>	<p>Receive pension for WORK .....1  Receive money from renting a property or from business income .....2  Has savings .....3  Receive pension for widows, divorce, orphan .....4  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; width: fit-content; margin-bottom: 10px;"> <p><b>CIRCLE ALL THAT APPLY</b></p> </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-bottom: 10px;"> <p><b>FOR ALL CASES SKIP TO 41</b></p> </div> <p>NO RESPONSE .....9</p>	

		PRIMARY	SECONDARY	TERTIARY
32. In your <b>WORK*</b> (...) 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><b>READ ALL OPTIONS AND NOTE THE RESPONSE IN THE CORRESPONDING COLUMN</b></p> <p><b>* READ: PRINCIPAL WORK, SECONDARY WORK, TERTIARY WORK</b></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 <b>WORK</b>... from the last week, how much do they pay you and how often do you get paid?</p> <p><b>AMOUNT</b></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><b>PERIOD</b></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><b>AMOUNT</b></p> <p>   </p> <p><b>CÓDE</b></p> <p>↓</p> <p><b>OTHER PERIOD</b></p>	<p>\$              </p> <p><b>AMOUNT</b></p> <p>   </p> <p><b>CÓDE</b></p> <p>↓</p> <p><b>OTHER PERIOD</b></p>	<p>\$              </p> <p><b>AMOUNT</b></p> <p>   </p> <p><b>CÓDE</b></p> <p>↓</p> <p><b>OTHER PERIOD</b></p>
<p>37. Normally how much do you earn per month for your <b>WORK</b> ...?</p> <p><b>AMOUNT</b></p> <p>\$98000 o más..... 98000  DON'T KNOW..... 98888  NO RESPONSE..... 99999</p>	<p>\$              </p> <p>↓</p> <p><b>AMOUNT</b></p>	<p>\$              </p> <p>↓</p> <p><b>AMOUNT</b></p>	<p>\$              </p> <p>↓</p> <p><b>AMOUNT</b></p>

The next question applies only to those who answered "they get paid by service, work, piece or completed WORK" in question 36. For the rest, SKIP TO 39.

38. Normally how many **UNITS** (piece, service, work, etc.) Per week are made and sold and how much do you earn ?

**Specify WHAT UNITS ARE PRODUCED OR SOLD**

**UNITS**

9800 or more UNITS ..... 9800  
 DON'T KNOW..... 9888  
 NO RESPONSE ..... 9999

**AMOUNT**

\$98000 or more ..... 98000  
 DON'T KNOW..... 98888  
 NO RESPONSE ..... 99999

UNITS	UNITS	UNITS
_____ <b>AMOUNT</b>	_____ <b>AMOUNT</b>	_____ <b>AMOUNT</b>
\$ _____ <b>AMOUNT</b>	\$ _____ <b>AMOUNT</b>	\$ _____ <b>AMOUNT</b>

		PRINCIPAL	SECONDAR Y	TERTIARY
<p>39. In your <b>WORK (...)</b> from <b>last week</b>, how many of the following do you have a right to?</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;"> <p><b>READ ALL OPTIONS AND CIRCLE THE ANSWERS OF THE INFORMANT</b></p> </div>	<p>Aguinaldo ..... 01  Paid vacations ..... 02  Utilities ..... 03  IMSS ..... 04  ISSSTE ..... 05  SAR (Retirement savings system) ..... 06  Living Credit ..... 07  Private Health Insurance ..... 08  Other _____ 09  (specify en la columna correspondiente)</p> <p>DON'T KNOW ..... 98  NO RESPONSE ..... 99</p> <p>Ninguno ..... 00</p>	<p>01 02 03 04 05 06 07 08 09</p> <p style="text-align: center;">↓</p> <p>00</p>	<p>01 02 03 04 05 06 07 08 09</p> <p style="text-align: center;">↓</p> <p>00</p>	<p>01 02 03 04 05 06 07 08 09</p> <p style="text-align: center;">00</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto; margin-right: auto;"> <p><b>SKIP TO 41 41</b></p> </div>
<p>40. Besides the <b>WORK (...)</b> that we have already talked about Did you have any other work during the last <b>week?</b></p>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;"> <p><b>NOTE THE CODE IN THE BOX</b></p> </div> <p>Yes ..... 1  No ..... 2  DON'T KNOW ..... 8  NO RESPONSE ..... 9</p>	<p style="text-align: center;">    CODE</p> <p><b>→Return to 32</b></p>	<p style="text-align: center;">    CODE</p> <p><b>→Return to 32</b></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> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px 0;">ASK FOR EACH SERVICE OR SKIP TO 51</div> <p style="text-align: center; margin: 10px 0;">→</p> <p style="text-align: center; margin: 0;">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; margin: 10px 0;">→</p> <p style="text-align: center; margin: 0;">CODE</p>	<p>43. In the last four weeks, how many times did you go to (TYPE OF SERVICE)?</p> <p>DOESN'T KNOW ....98                  NO RESPONSE .....99</p> <p style="text-align: center; margin: 10px 0;">→</p> <p style="text-align: center; margin: 0;">TIMES</p>	<p>44. How much was paid for the service recieved at (TYPE OF SERVICE)?</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px 0;">INSIST TO OBTAIN AN ANSWER IN PESOS</div> <p>Nothing ....0000</p> <p>They billed in piece .....0001</p> <p>\$ 9800 or more98</p> <p>DON'T KNOW98</p> <p>NO RESPONSE9999</p> <p style="text-align: center; margin: 10px 0;">→</p> <p style="text-align: center; margin: 0;">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; margin: 10px 0;">NO</p> <p style="text-align: center; margin: 0;">→</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px 0;">SKIP TO 48 RESPONSE.. 9</div>
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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                      Nothing .....000                      \$ 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
<b>READ ALOUD ALL OPTIONS</b>	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
<b>READ ALOUD ALL OPTIONS</b>	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
<b>READ ALOUD ALL OPTIONS</b>	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
60. Have you had any problems related to robbery, intimidation, aggression, or violence in the past 12?	Yes ..... 1 No ..... 2 NO RESPONSE ..... 9	]  <b>→65</b>
<div style="border: 1px solid black; padding: 2px;"> <b>IF THE ANSWER IS NO OR NO RESPONSE: FOR WOMEN 12 AND OLDER SKIP TO 65. FOR ALL OTHERS SKIP TO 87</b> </div>		
61. What happened?	Robbery, assault ..... 1 Aggression without any apparent motive ..... 2 Kidnapping ..... 3 Detention ..... 4 Discussion/altercation ..... 5 Sexual aggression ..... 6 Other ..... 7 _____ (specify) DON'T KNOW ..... 8 NO RESPONSE ..... 9	
<div style="border: 1px solid black; padding: 2px;"> <b>IF THERE IS MORE THAN ONE, REFER TO THE LAST ONE MENTIONED FOR THE FOLLOWING QUESTIONS</b>   <b>T LAST ONE FOR T</b> </div>		
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 ..... 8 _____ (specify) NO RESPONSE ..... 9	
63. Did you know the person/ people who hurt you?	Yes ..... 1 No ..... 2 I don't know ..... 3 NO RESPONSE ..... 9	
64. <b>INTERVIEWER: Were there other people present during the interview of this section?</b>	Yes ..... 1 Code       Code       Code       Code       No ..... 2 Another person that is not a part of this household ..... 6	
<div style="border: 1px solid black; padding: 2px;"> <b>CIRCLE THE ANSWER AND IF THE ANSWER IS YES, WRITE THEIR NUMBER IN THE SPACE</b> </div>		
<b>THE FOLLOWING QUESTIONS ARE ONLY FOR WOMEN 12 YEARS AND OLDER. FOR ALL OTHER, PLEASE SKIP TO 87</b>		
VII. REPRODUCTIVE HEALTH		SKIP TO

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;">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;">CIRCLE ALL THAT APPLY</div>		

<p>71. Where did you get your first check up for this pregnancy?</p>	<p><b>IMSS</b></p> <ul style="list-style-type: none"> <li>- Clinic or Hospital ..... 01</li> <li>- Clinic Solidaridad ..... 02</li> </ul> <p><b>SSA</b></p> <ul style="list-style-type: none"> <li>- Health Center or Hospital ..... 03</li> <li>- Auxiliar de Salud ..... 04</li> </ul> <p><b>ISSSTE</b> ..... 05</p> <p><b>DIF</b> ..... 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><b>READ EACH OPTION AND CIRCLE</b></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><b>FOR MULTIPLE BIRTHS CODE 1 IF ONE OR MORE CHILDREN LIVED, CODE 2 ONLY IF ALL CHILDREN DIED</b></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><b>NOTE THEIR CODE AND THEIR NAME. IF THE BABY DIED, CODE THEM AS 00</b></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><b>IMSS</b></p> <ul style="list-style-type: none"> <li>- Clinica or Hospital ..... 01</li> <li>- Clinic Solidaridad ..... 02</li> </ul> <p><b>SSA</b></p> <ul style="list-style-type: none"> <li>- Health Center or Hospital ..... 03</li> <li>- Health Auxiliary ..... 04</li> </ul> <p><b>ISSSTE</b> ..... 05</p> <p><b>DIF</b> ..... 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;"><b>MAKE SURE TO KEEP THE SAME ORDER AS IN 78</b></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;"><b>MAKE SURE TO KEEP THE SAME ORDER AS IN 78</b></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;"><b>MAKE SURE TO KEEP THE SAME ORDER AS IN 78</b></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;"><b>CIRCLE ALL MENTIONED</b></p>	<table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Months  __ __ </td> </tr> <tr> <td></td> <td>Months  __ __ </td> </tr> <tr> <td></td> <td>Months  __ __ </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 style="text-align: right;">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 style="text-align: right;">NUMBER  __ __ </p> <p>NO RESPONSE ..... 99</p>	
<p>92. During the <b>last week</b> , how much money did you spend on cigarettes?</p> <p style="text-align: right;">AMOUNT \$  __ __ __ </p> <p>More than \$980 ..... 980  NO RESPONSE ..... 999</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;"><b>BEERS</b>  __ __ </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;"><b>CUPS</b>  __ __ </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 <b>last week</b> , how much money did you spend on alcoholic drinks?	<p style="text-align: right;"><b>AMOUNT \$</b>  __ __ </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	]  → 101	
100. How frequently would you say this happens?	Rarely ..... 1 Some time ..... 2 Frequently ..... 3 Almost always ..... 4 NO RESPONSE ..... 9		
<b>IF AT LEAST ONE RESPONSE IS YES, CONTINUE. IF NOT THANK THEM AND END</b>		<b>Yes      No      NR</b>	
101. Could you tell me if you have taken, used or tried.....	<b>INHALANTS</b> (thinner, glue, paint)? 1      2      9 <b>MARIJUANA?</b> 1      2      9 <b>HALUCINOGENS</b> (mushrooms, peyote, mescaline, LSD)? 1      2      9 <b>COCAINE</b> 1      2      9 <b>AMPHETAMINES</b> (Stimulants for weight loss or to give energy)? 1      2      9 <b>SEDATIVES</b> (tranquilizers)? 1      2      9 <b>OPIATES</b> (heroin and morphine)? 1      2      9 <b>OTHER DRUGS</b> 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	<b>→ END</b>
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	

<b>OBSERVATIONS</b>



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? <b>DO NOT PROMT; CHECK THE FIRST 3 MENTIONED</b>  Pills .....01 IUD.....02 Injections.....03 Norplant .....04 Ovules, diafagram.....05 Condom .....06 Femele surgery 07 Male surgery .....08 Billings, abstinence, temperature .09 Coitus interrumpus.....10 Other.....11 DON'T KNOW .....98 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	Have you had sexual intercourses in the last 4 weeks?  Yes.....1 No .....2 DON'T ANSWER 99
	→	→	→ EDAD	→	→
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 F R E S I D E N T S	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