

# MEXICAN HEALTH AND AGING STUDY Mexican Health & Aging Study 2018

**BASIC QUESTIONNAIRE** 

1. FIRST INTERVIEW IDENTIFICATION NUMBER	1A. SECOND INTERVIEW IDENTIFICATION NUMBER
L     I     I     I     I       CUNICAH     SUBHOGAR     NP	LI L
2. FIRST INTERVIEW - COMPLETE NAME OF THE STUDY SUBJECT	2A. SECOND INTERVIEW - COMPLETE NAME OF THE STUDY SUBJECT
3. FIRST INTERVIEW - TYPE OF RESPONDENT	3A. SECOND INTERVIEW - TYPE OF RESPONDENT
1 FOLLOW-UP 3 NEW PARTNER	1     FOLLOW-UP     3 NEW PARTNER       L     2     NEW PERSON
4. FIRST INTERVIEW - RESULT	4A. SECOND INTERVIEW - RESULT
01 COMPLETE INTERVIEW	
5. FIRST INTERVIEW - LAST SECTION COMPLETE	5A. SECOND INTERVIEW - LAST SECTION COMPLETE
ONLY FOR NEW PERSON	
6. PLACE OF RESIDENCE	
TYPE AND NAME OF ROAD (STREET	T, AVENUE, ALLEY, ROAD, HIGHWAY, BOULEVARD)
EXTERIOR INTERIOR NUMBER NUMBER	NEIGHBORHOOD, UNIT
BETWEEN STREET (NAME)	
AND STREET (NAME)	
BACK STREET	
STATE	
MUNICIPALITY OR DELEGATION	[]
LOCALITY	
AGEB	
7. RESPONSIBLE	8. PACKAGE CONTROL
	PACKAGE IDENTIFICATION NUMBER

CODE

INTERVIEWERS' SUPERVISORS

CONSECUTIVE NUMBER IN THE PACKAGE ......

#### CONTROL FOR INTERVIEW

#### CE.1 INDICATE WHETHER THIS IS A FOLLOW-UP OR NEW PERSON INTERVIEW

FOLLOW-UP...... 1 -> GO TO SECTION TRH FOR FOLLOW-UP

NEW PERSON ...... 2 -> GO TO SECTION TRH FOR NEW SAMPLE

#### HOUSEHOLD ROSTER FOR FOLLOW UP INTERVIEW

START TIME		DATE: DAY	
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<b>1.a</b> INTERVIEWER: RECORD THE YEAR OF THE LAST INTERVIEW	1.b RECORD THE CODE OF THE INFORMANT	2.a	INTERVIEWER: RECORD WHETHER OR NOT THE RESPONDENT AND/OR SPOUSE WERE THE ONLY RESIDENTS IN THE LAST INTERVIEW PRELOADED	2.b	INTERVIEWER: RECORD THE TOTAL NUMBER OF PEOPLE LISTED AS USUAL RESIDENTS
20			RECORD ONE OPTION           Yes1 → SKIP TO 4.b           No		

FOR	OR RESIDENTS AND NEW RESIDENTS OF THE HOUSEHOLD		ONLY FOR NEW RESIDENTS		FOR ALL PERSONS LISTED				RESIDENTS 12 YEARS OR OLDER	
	NAME	<b>RESIDENTIAL SITUATION</b>		REASON	SEX	RELATIO	ONSHIP	AGE	SCHOOLING	MARITAL STATUS
3	4	5	6	7	8	9	10	11	12	13
R E G I S T R A T I O N N U M B E R	<ul> <li>4.a Now I'm going to mention to you the names of all the people that lived in this household the last time that we talked with you (or your spouse). Please indicate if they still live here and if anyone else presently lives here.</li> <li>PRELOADED</li> <li>RECORD ONE OPTION</li> <li>4.b Currently, only you reside here (and/or your spouse)?</li> <li>RECORD ONE OPTION</li> <li>Yes1 → GO TO SECTION B FOLLOW-UP</li> <li>No2 → Tell me the names of all the people that usually live with you (and/or your spouse) in this household.</li> </ul>		LAST MHAS INTERVIEW 2012 OR 2015 RECORD THE CORRESPON- DING NUMBER Not listed 666 RECORD THE REGISTRATION NUMBER OF THE CHILDREN OF THE SELECTED RESPONDENT AND THOSE OF HIS/HER SPOUSE	What is the main reason for which this person moved here? RECORD ONE OPTION Because of the health of SELECTED RESPONDENT or SPOUSE1 Because of the health of (NAME)2 For economic reasons3 For other reasons4 RF	Is this person male or female? PRELOADED RECORD ONE OPTION Male1 Female2	What is (THIS PERSON'S) relationship with (SELECTED RESPONDENT)? RESPONDENT)? RESPONDENT DECEASED RECORD 01 Child	02 03 04 05 06 07 08 09 10 W 11 ther/step sister 12 W/cousin 13 14 	How old is he/ she? LESS THAN 1 YEAR 00 98 OR MORE	What is the last year or grade (THIS PERSON) completed? LEVEL: None	Currently (THIS PERSON'S) marital status is RECORD ONE OPTION Single?1 Married?2 Civil union?3 Divorced?4 Separated?5 Widowed?6 RF9
	NAME	CODE	NUMBER	CODE	CODE	CODE	CODE	YEARS	LEVEL GRADE	CODE
103										
104										
105										
106										
107										
108										
109										
110										

FOR	PEOPLE 12 YEARS OLD OR OLDER	ONLY FOR RESIDENT CHILDREN 12 YEARS AND OLDER					
	ACTIVITY	HEALTH	CHILDREN	MIGRATION			
	15	16	17	19			
R E G I S	Currently (NAME) RECORD ONE OPTION	Currently does (NAME) have any serious health problems or any physical limitations that affect his/her activities?	How many children does (THIS PERSON) have?	Since the last time we spoke to you, has (NAME) lived or worked in the US?			
T R A T I O N	Is working?1 Is looking for work?2 Is a student?3 Is dedicated to household chores?4	RECORD ONE OPTION	RECORD NUMBER OF CHILDREN	RECORD ONE OPTION Yes1			
N U M B	Does not work?5 RF8 DK9	Yes1 No2	NONE00 RF	No2 RF			
E R	IF (NAME) IS A PERMANENTLY ABSENT CHILD, GO TO 20. IF THIS PERSON IS NOT A CHILD, GO TO THE NEXT ROW OR RECORD TIME AND GO TO SECTION B FOLLOW-UP	RF		GO TO NEXT ROW OR RECORD TIME AND GO TO SECTION B FOLLOW-UP			
	CODE	CODE	NUMBER	CODE			
103							
104							
105							
106							
107							
108							
109							
110							

$\square$	FOR PERMANENTLY AWAY CHILDREN 12 YEARS OR OLDER					
	MIGRATION	CONTACT				
	20	2	23			
R E G I S T R	(NAME) <b>lives in</b> RECORD ONE OPTION	How frequently do you or your spouse have contact whether in person, through mail, computer or phone with (NAME)?				
A T O N	same house or building?1 another house of the same locality?2 different locality but the	NEVER PER PERIOD:				
N U M B E	same municipality?	Month Year 2 years				
R	another country?7 RF8 DK9	RF DK GO TO NEXT ROW OR GO TO SECTION B FC	RECORD TIME AND			
	CODE	TIMES	PERIOD			
103						
104						
105						
106						
107						
108						
109						
110						

FINISH TIME

#### GO TO SECTION B FOR FOLLOW UP

#### SECTION B. NON-RESIDENT CHILDREN FOR FOLLOW-UP SAMPLE

B.1a INTERVIEWER: INDICATE THE YEAR OF THE	B.1b ENTER THE CODE OF THE INFORMANT	B.2a INTERVIEWER: RECORD IF THE RESPONDENT STATED THEY HAD NON-RESIDEN
		LAST INTERVIEW PRELOADED Yes 1 -> SKIP TO B.4a
		No 2

	FOR NON-RESIDENT CHILDREN					OR NON-RESID
	NAME	SEX	AGE	RESIDENCE STATUS		SCHO
B.3	B.4	B.5	B.6	B.7	B.8	E
R E G I S T R A T I O N N U M B E R	<ul> <li>B.4a I'm going to mention to you the names of all the children that did not lived in this household the last time that we talked with you (your spouse). Please indicate if they are still living elsewhere and at the end tell me if I falied to mention any children who do not usually lives in this household.</li> <li>PRELOADED</li> <li>B.4b Do you (and/or your spouse) have a child that you may not have mentioned before and that doesn't live in this household?</li> <li>Yes1 → Tell me the name of each child of yours (and/or of your spouse) who doesn't live in this household</li> <li>No</li></ul>	Is this person male or female? PRELOADED RECORD ONE OPTION Male1 Female2	How old is he/ she? RECORD YEARS OLD LESS THAN 100 98 OR MORE98 DK	What is the current living situation of this person? RECORD ONE OPTION Still lives elsewhere	LAST MHAS INTERVIEW 2012 OR 2015 ENTER THE REGISTRATION NUMBER Not listed 666	What was the I of grade that (f completed? RECORD GR LEVEL: None Secondary or m Technical degre middle school cor Preparatory leve teacher training Preparatory or f Technical degre school complete Bachelor's or Engineering De Graduate school RF DK
		<b></b>	>	>	>	
	NAME	CODE	YEARS	CODE	NUMBER	LEVEL
201						
202						
203						
204						
205						
206						
207						
208						

T CHILDREN IN THE

B.2b INTERVIEWER:

ENTER THE TOTAL NUMBER OF PEOPLE LISTED AS NON-RESIDENT CHILDREN

DIDENT CHILDREN 12 YEARS OLD OR OLDER HOOLING CONTACT MARITAL STATUS B.9 B.10 B.11 How often did you (or your What is (NAME)'s last year t (NAME) spouse) have contact with current marital (NAME) either in person, by status? mail, or by telephone? RD LEVEL AND RECORD ONE OPTION GRADE RECORD NUMBER OF TIMES AND PERIOD Single?... .00 .. 1 Married? ... ..2 .. 01 NEVER......00/0 + GO TO NEXT ROW Civil union?.. ..3 r middle school ... 02 Divorced?.. ..4 gree with Separated?.. ...5 l completed ..... 03 Widowed?.. ..6 evel of . 04 ng..... PER PERIOD: RF 8 r high school ..... 05 DK. ..9 ree with high Week Month. . 06 . 2 eted .. Year. .. 3 .07 Degree.. 2 years... .. 4 nool. . 08 . 88/8 RF. . 99/9 .88/8 DK. .99/9 GRADE TIMES PERIOD CODE | | 1 1 1

	FOR NON-RESIDENT CHILDREN 12 YEARS OR OLDER					
	ACTIVITY	HEALTH	CHILDREN	MIGRATION		
	B.13	B.14	B.15	B.17	B.18	
R E G I S T R A T I	¿Currently (NAME)	Currently, does (NAME) have any serious health problems or any physical limitations that affect his/ her activities?	How many children does (NAME) have ?	Where does (NAME) live READ AND RECORD ONE OPTION same house or building?1 another house of the same locality?	Since the last time we talked with (NAME), has this children worked or lived in the U/S.?	
O N U M B E R	READ AND RECORD ONE OPTION Is working?1 Is looking for work?2 Is a student?3 Is dedicated to household chores?4 Does not work?5 RF5 RF	RECORD ONE OPTION Yes2 RF8 DK9	ENTER NUMBER OF CHILDREN NONE00 RF	different locality but the same municipality?	RECORD ONE OPTION           Yes1           No2           RF8           DK9           CODE	
201						
202						
203						
204						
205						
206						
207						
208						

FINISH TIME

GO TO SECTION A

#### SECTION A. DEMOGRAPHIC DATA FOR FOLLOW-UP PERSON

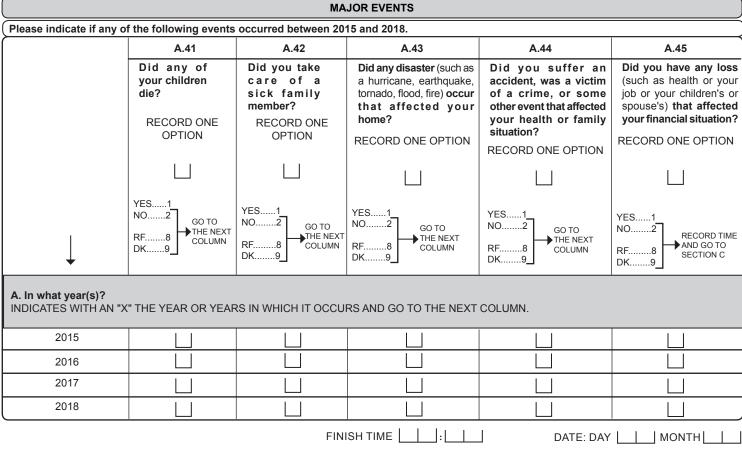
START 1			
TELL TI	/IEWER: HE RESPONDENT WHEN WAS THE LAST TIME THEY /IEWED HIM/HER: ast time we talked with you was in the year"	A.5	Has your last marriage/union ended since the last time we interviewed you?
	PRELOADED		RECORD ONE OPTION
	GENERAL DATA		Yes1 No2
A.1	INTERVIEWER: INDICATE IF THE RESPONDENT IS: Male		RF
A.2a	During the last interview, you said your birth date was, is this correct? Yes1	A.6	Did this marriage/union start since the last time we interviewed you?
(A2a	No2 [PRELOADED] 2_1/A2a2_2/A2a2_3 or AA2_1/AA2_2/AA2_3 in 2012 or 2015) ENTER DAY, MONTH AND YEAR		RECORD ONE OPTION Yes
A.2b	How old are you in full years? ENTER FULL YEARS		NF
	RF		FERTILITY
A.2c	During the last interview you stated that you were born in is this correct?	A.7	In the last interview, you said you had children that were born alive. Is this correct?
	(A2d or AA3 in 2012 or 2015)		PRELOADED
	Yes1 → Skip to A.3 No2		(A7_2 or AA19 in 2012 or 2015)
A.2d	In which state/country you were born? ENTER STATE/COUNTRY		Yes 1
-	NAME OF STATE/COUNTRY RF		No2
$\square$		A.7a	How many children have you had that were born alive?
	)		
A.3	Currently are you RECORD ONE OPTION		ENTER THE NUMBER OF CHILDREN
	single?		NUMBER
	divorced?4 separated?		DK
	widowed?7_	A.8	Of the children that were born alive, how many are currently alive?
A.4	Are you still married (or in a civil union) with the same person from the last time we interviewed you?		ENTER THE NUMBER OF CHILDREN
	RECORD ONE OPTION Yes1 → Skip to A.7		ALL
	No2		DK
	RF		

	MIGRATION TO THE U.S.	) (A.17	For that first time in the U.S., when you left Mexico, did you
A.13a	How many years have you lived in this community?	n l	know anybody that would help you settle down in the U.S. when you moved there?
	ENTER TOTAL YEARS		RECORD ONE OPTION
	YEARS		Yes1
	LESS THAN 6 MONTHS 00		No
	6 - 12 MONTHS 01		RF8
	HAVE ALWAYS LIVED HERE. 97		DK9
_	RF	A.19	Approximately, in what year or at what age did you return from the U.S. the first time?
A.13b	Since the last time we spoke, have you moved to another home?		ENTER YEAR OR AGE
	RECORD ONE OPTION		YEAR
	Yes		OR
			AGE
	RF		RF
A.13c	Since the last time we spoke, has any disaster occured (like a hurricane, earthquake, tornado, flood or fire) that		DK
	affected your life? RECORD ONE OPTION	A.20	Did you mainly live in rural (towns, ranches) or urban (cities) areas while in the U.S.?
	Yes		
	No2		RECORD ONE OPTION
	RF		Mainly urban1
A.14	Since the last time we interviewed you, not including		Mainly rural2
	vacations or short visits, have you worked/lived in the		About the same in both
	U.S.? RECORD ONE OPTION		RF8
	Yes1 No		DK9
	WAS BORN IN U.S	A.21	In total, how many years have you worked/lived
	RF		in the U.S.?
A.15	Was this the first time you went to work/live in the U.S.?		ENTER TOTAL YEARS
	RECORD ONE OPTION		YEARS
	Yes1		
	No		12 MONTHS OR LESS01
	RF8 DK		RF
– – A.16a	In which year did you leave for the U.S. on this very first		
	visit? ENTER THE YEAR		
	YEAR		
	RF		
_	DK		
A.16b	Which would you say was the main reason you left for the U.S.?		
	RECORD ONE OPTION		
	To work?1 Illness?		
	To reunite with family?3		
	It was difficult to remain in Mexico?4 Didn't earn enough money in Mexico?5		
	To help family in the U.S.?6		
	OTHER7		
	RF8 DK		

	THE STAY IN THE U.S.	A.29a	In that last time, after you worked or lived in the U.S., in what year or at what age did you come back?
A.22	During the longest visit to the U.S., what kind of job did you do most of the time?		ENTER YEAR OR AGE
	RECORD ONE OPTION		YEAR OR AGE
	agriculture/animal breeding?01 construction/manufacturing/mining?02 gardening/maintenance/service		RF
	to a private residence?03 childcare or domestic work for a private residence?04	_	DK
	restaurant/hotel/business?05 office/professional?06 OTHER07 Specify	A.29b	In that last time in the U.S., why did you come back to Mexico? RECORD ALL OPTIONS
	Didn't work		THAT HE/SHE INDICATES You were ill?01 You missed your family?02
A.23	DK		It was difficult to remain in the U.S.?03 It was too expensive to remain in the U.S.?04 Didn't earn enough money?05
A.20	family in Mexico?		Problems regarding migration?06 Family problems in Mexico?07 OTHER
	RECORD ONE OPTION		RF
	Yes1 No2 RF	A.30	RECORD IF HE/SHE INDICATED MORE THAN ONE REASON
	DK9		IN A.29b Yes1
A.27	What was the intended use of the money you sent? RECORD ALL OPTIONS		No2 → Skip to A.32
	THAT HE/SHE INDICATES Savings for when return to Mexico?1	A.31	What would you say was the main reason for you to come back from the U.S.?
	To support family?2 To improve property in Mexico?3		RECORD ONE OPTION
	To buy furniture or other durable goods for the house?4 OTHER5		You were ill?01 You missed your family?02 It was difficult to remain in the U.S.?03
	RF8 DK9		It was very expensive to remain in the U.S.? 04 Didn't earn enough money?05 Problems regarding migration?06
A.28	Now think about the last time you worked or lived in the U.S Which would you say was the main reason you left to the U.S.?		Family problems in Mexico?         07           OTHER         08           RF         88
	RECORD ONE OPTION	_	DK99
	To work?1	A.32	The last time you came back from the U.S. to Mexico, would you say your health was
	Illness?		RECORD ONE OPTION
	Didn't earn enough money in Mexico?5 To help family in the U.S.?6		Excellent?1 Very good?2 Good?3
	OTHER		Fair?
	DK9		DK9

A.33b	During the time you were in the U.S., did you ever contribute to the social security system (Social Security) in any of the jobs, with your name or someone else's?	A.37	In the last 2 years, did you participate in any volunteer work for a religious, educational, charity organization or for the community?
A 330	RECORD ONE OPTION         Yes, with my name       1         Yes, with someone else's       2         Yes, with mine and someone else's       3         No       4         RF       8         DK       9		RECORD ONE OPTION         Yes
	RECORD ONE OPTION		DK9
	Is a permanent resident1 Is citizen2 No, neither3 RF8	A.38	In the last 2 years, about how many hours of volunteer work have you done? ENTER HOURS AND PERIOD
	DK9		HOURS
	RELIGION AND VOLUNTEER WORK		
A.35a	Do you attend religious services?		
	RECORD ONE OPTION           Yes         1           No         2           RF         8           DK         9		Day
A.35b	How frequently do you participate in events organized by your church?		IF HOURS ARE ENTERED, GO TO A.40
	RECORD ONE OPTION Never		RF
	Once or more per week	A.39	Would you say it was RECORD ONE OPTION
A.36	How important is religion in your life? Would you say it is		less than 2 hours a week?1
	RECORD ONE OPTION		between 2-4 hours a week?2
	Very important?		more than 4 hours a week?3 RF
$\square$	J		

BODY FIGURE						
Now, I will show you some body figures.						
IF RESPONDENT IS						
Female1 → SHOW RESPONDENT CARD 1 (FIGURES a - i) Male2 → SHOW RESPONDENT CARD 2 (FIGURES j - r)						
Which figure best represents you at this time?						
RECORD THE LETTER OF THE FIGURE						
FIGURE						
DK9 RF						
I F N						



#### HOUSEHOLD ROSTER FOR NEW SAMPLE

NAME

STAI			DATE: DA	Y			
1.	RECORD THE CODE F	OR THE INF	ORMANT	2.a On	ly (NAME) and his/he	r spouse live in this	hous
	1.1			Ye	s1 →	RECORD TIME AND GO NEW PERSON	то е
					o2 →	SKIP TO 4	
			FOR ALL THE	E USUAL RESIDENTS	;		
	NAME		SEX	RELATI	ONSHIP	AGE	
3	4		5	6	7	8	
R E G I S T	Tell me the names o person that usually li this household		Is this person male or female? RECORD ONE OPTION	What is (NAME)'s relationship to (SELECTED RESPONDENT)?	What relationship does (NAME) have with (SPOUSE)?	How old is this person? RECORD YEARS OLD	Wh or g con RE
R A T I O N U M	RECORD THE REGISTRATION NUMBER OF THE (RESPONDENT)'S CHILDREN AND THOSE OF HIS/ HER SPOUSE		Male 1 Female 2	RECORD C Child Stepchild Adopted child Foster child Mother/Father Parent-in-law Grandparent		LESS THAN 1 YEAR 00 98 OR OLDER 98 DK 99	Nor Ele Sec sch Tec Pre tea

Grandchild ...

Uncle/aunt ..

Nephew/niece..

Other relative ..

No relationship ..

\_\_\_\_\_

CODE

Great-grandchild ..

Son/daughter-in-law .....

Brother/sister or step b/s .....

Brother/sister-in-law/cousin .....

-

CODE

... 10

... 11

.... 12

.... 13

..... 14

.. 15

. 16

. 17

.... 18

->

CODE

IF (NAME) IS LESS THAN 12 YEARS OLD GO TO NEXT ROW OR RECORD TIME AND GO TO SECTION B FOR NEW PERSON

------

YEARS

O N

N U M B E R

103

104

105

106

107

108

109

110

#### sehold?

SECTION B FOR

#### 2.b.

## INTERVIEWER: RECORD THE TOTAL NUMBER OF PEOPLE LISTED AS USUAL RESIDENTS

### 

FOR PEOPLE 12 YEARS OR OLDER									
SCHO	OLING	MARITAL STATUS	ACTIVITY						
	9	10	12						
What is the las or grade (NAM completed in s	E)	What is this (NAME) present marital status?	Currently (NAME)						
RECORD LEV	EL AND GRADE	RECORD ONE OPTION	RECORD ONE OPTION						
Elementary Secondary or n school Technical degre middle school of Preparatory lev teacher training Preparatory or l Technical degre high school cor Bachelor's or Engineering De Graduate school		Single?1 Married?2 Civil union?3 Divorced?4 Separated?5 Widowed?6 RF8 DK9	Is working?						
	<b></b>	>	<b>&gt;</b>						
LEVEL	GRADE	CODE	CODE						

$\square$	ONLY FOR RESIDENT CHILDREN 12 YEARS OR OLDER									
	HEALTH	CHILDREN		МІ	GRATION					
	14	15	17	18	21	23				
R E G I S T	Currently, does (NAME) have any serious health problems or any physical limitations	How many children does (NAME) have?	Has your child (NAME) always live here with you?	Did he/she move in with you or did you move in with him/ her?		In total, how many years has this child lived in the U.S.?				
R A	that affect his/her activities?	RECORD NUMBER OF CHILDREN	RECORD ONE OPTION		RECORD ONE OPTION					
T I O N N U M B E R	RECORD ONE OPTION           Yes	None00 RF88 DK99	Yes	RECORD ONE OPTION He/she moved in	Yes1 No2 RF8 DK9 GO TO NEXT ROW OR RECORD TIME AND GO TO SECTION B FOR NEW PERSON	RECORD THE TOTAL YEARS 12 MONTHS OR LESS				
	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>							
	CODE	NÚMERO	CODE	CODE	CODE	YEARS				
103										
104										
105										
106										
107										
108										
109										
110										

FINISH TIME

DATE: DAY MONTH

GO TO SECTION B FOR NEW SAMPLE

SECTION B. NON-RESIDENT CHILDREN FOR NEW SAMPLE
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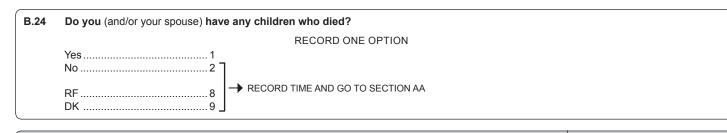
STAF										
B.1	ENTER RESPONDENT'S CODE		B.2 D	Yes	se) have any child that do		household?	B.2a INTERVIEW REGISTER AS NON-RE	THE TOTAL NUMBER	R OF PEOPLE LISTED
				RF	2 	SKIP TO B.24				
	FOR NON	CHILDREN				FOR NON-RESI	DENT CHILDREN 1	2 YEARS AND C	DLDER	
	NAME	SEX	RELA	TIONSHIP	AGE	SCHO	OOLING	CONT	ACT	MARITAL STATUS
B.3	B.4	B.5	B.6	B.7	B.8	E	3.9	B.1	0	B.11
R E G	Tell me the name of each one of your (or your spouse's) children that doesn't live in this household.	Is this perso male or female?	nWhat is (NAME)'s relationship to you?	What is (NAME)'s relationship to (SPOUSE)?	How old is he/ she?	(NAME) complete	/ear or grade that ed in school? /EL AND GRADE	In the last two years, he or your spouse have co by mail, or by telephon	ontact in person,	What is (NAME)'s present marital status
S T R A	Include stepchildren, adopted children and foster children you (or your spouse) have fostered or raised.			WITHOUT SPOUSE, RECORD 6	ENTER YEARS OLD	Elementary	00	ENTER NUMBER ( PERIC		READ AND RECORD ONE OPTION Single?1
T I O N U	REGISTER NAME	RECORD ONE OPTION	Child Stepchild Adopted child.	ONE OPTION	LESS THAN 1 YEAR OLD00	Technical degre middle school c Preparatory leve teacher training Preparatory or h	ompleted 03 el of 04 nigh school 05	NEVER 00	GO TO NEXT ROW OR SKIP TO B.24	Married?         2           Civil union?         3           Divorced?         4           Separated?         5
M B E R		Male1 Female2	Other	5	98 OR MORE	Bachelor's or Engineering De	e with npleted06 gree07 ol08	Week Month Year Less than once a year RF	2 3 4 	Widowed?6 RF
	Ļ							DK	99/9	>
	NAME	CODE	CODE	CODE	YEARS	LEVEL	GRADE	TIMES	PERIOD	CODE
201										
202										
203										
204										
205										
206										
207										
208										

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$\bigcap$	FOR ALL NON-RESIDENT CHILDREN 12 YEARS OR OLDER								
	HEALTH	ACTIVITY	CHILDREN						
	B.13	B.15	B.16						
REGISTRATION NUMBER	Currently, does (NAME) have any serious health problems or any physical limitations that affect your activities? RECORD ONE OPTION Yes1 No2 RF8 DK9	Currently (NAME) READ AND RECORD ONE OPTION Is working?	How many children does (NAME) have? ENTER NUMBER OF CHILDREN NONE						
	<b>&gt;</b>								
	CODE	CODE	NUMBER						
201									
202									
203									
204									
205									
206									
207									
208									

	FOR ALL N	ON-RESIDENT CHILDREN 12 YEARS OR	DLDER
	D 40	MIGRATION	D 00
	B.18	B.21	B.23
R E G	Where does (NAME) live? RECORD ONE OPTION	Not counting vacations or short visits, has (NAME) ever worked or live in the U.S.?	In total, about how many years has (NAME) worked or lived in the U.S.?
S T R	Same house or building?1 Another house of the same locality?2	RECORD ONE OPTION	ENTER TOTAL YEARS
A T	different locality but the same	Yes1	12 MONTHS OR LESS01
I O N U	municipality?	No2 RF	RF88 DK99
M B	U.S.?		
E R	Another country?7		
	RF8 DK9		
	CODE	CODE	YEARS
201			
202			
203			
204			
205			
206			
207			
208			

### SECTION B. NON-RESIDENT CHILDREN FOR NEW SAMPLE (Continued)



		FOR ALL DECEAS YEARS O						
ſ	NAME	SEX	RELATI	ONSHIP	AGE		SCHOOLING	
B.25	B.26	B.27	B.28	B.29	B.30a	B.30b	В.:	31
R E G I S	Tell me the name of each one of them.	Was (NAME) male or female?	What was (NAME)'s relationship to (SAMPLED	What was (NAME)'s relationship to (SPOUSE)?	How old was (NAME) when he/she died?	What year did (NAME) die? ENTER THE YEAR	What is the last ye (NAME) completed RECORD LEVE	l in school?
T R A T I O N	ENTER NAME	RECORD ONE OPTION	PERSON)?	WITHOUT SPOUSE, RECORD 6	ENTER YEARS OLD	IF (NAME) DIED BEFORE AGE 12, GO TO NEXT ROW OR RECORD TIME	LEVEL: None Elementary Secondary or mi Technical degree middle school co Preparatory leve	ddle school 01 with mpleted 03
N U B E R		Male1 Female2	RECORD C Child Stepchild Adopted child Foster child		LESS THAN ONE YEAR 00 RF	RF	reparatory iove teacher training. Preparatory or hi Technical degree high school com Bachelor's or Engineering Deg Graduate school	04 gh school 05 e with pleted
	↓ ↓		Other				RF DK	
	NAME	CODE	CODE	CODE	AGE	YEAR	LEVEL	GRADE
251								
252								
253								
254								
255								
256								
257								
258								

	OLDER
	MIGRATION
	B.34
R E G I S T R	Before he/she died, not counting vacations and short visits, did (NAME) ever worked or lived in the U.S.?
A T I O	RECORD ONE OPTION Yes1
Ν	
N U M B E R	No2 RF8 DK9 GO TO NEXT ROW OR RECORD TIME AND GO TO SECTION AA
	CODE
251	
252	
253	
254	
255	
256	
257	
258	



#### SECTION AA. DEMOGRAPHIC DATA FOR NEW PERSON

START T	IME: DATE: DAY MONTH							
	GENERAL DATA		CHILDHOOD					
AA.1	INTERVIEWER: ENTER IF THE RESPONDENT IS: Male1	Now I we 10 years	ould like to ask you about your chi s old:	ldhoo	d. Befo	ore you	were	
AA.2	Female       2         On what day, month, and year were you born?         ENTER DAY, MONTH AND YEAR         DAY         MONTH         YEAR	AA.6	(Before you were 10 years old): did you o or neighborhood with your grandparen RECORD ONE C Yes	it(s) for	more t	han 6 m	nonths?	
AA.3	DK		(before you were 10 years old): did RECORD ONE O Yes	you ev	or mo	re? ve any	-	
	What is the last year or grade that you completed in school? ENTER LEVEL AND GRADE LEVEL		Typhoid Fever A serious blow to the head that made you faint	YES 1 1	NO 2 2 2	RF 8 8 8	DK 9 9 9	
Sec Tecl Pre Pre Tecl Bac Gra RF	None		Tuberculosis       1       2       8       9         Rheumatic Fever       1       2       8       9         Polio       1       2       8       9         O       (Before you were 10 years old): for the majority of the time, what was your parent's job?       RECORD ONE OPTION         Agriculture/Animal breeding?       01       01         Construction/Manufacturing/Mining?       02       03         Gardening/Maintenance service?       03       03         Childcare or Domestic work for a private residence?       04					
AA.4b AA.5	Do you know how to read and write a message?           RECORD ONE OPTION           Yes         1           No         2           RF         8           DK         9           Can you count from 1 to 10?           RECORD ONE OPTION           Yes           1           No           2		Restaurant/Hotel/Business?         Office/Professional?         Other         Specify         Didn't work         DK         Before you were 10 years old): corr         your age, how was your health         RECORD ONE O         Better       1         About the same       2         Worse       3         RF       8         DK       9	pared	05 06 07 08 09 88 99 to oth	ner chil	dren	

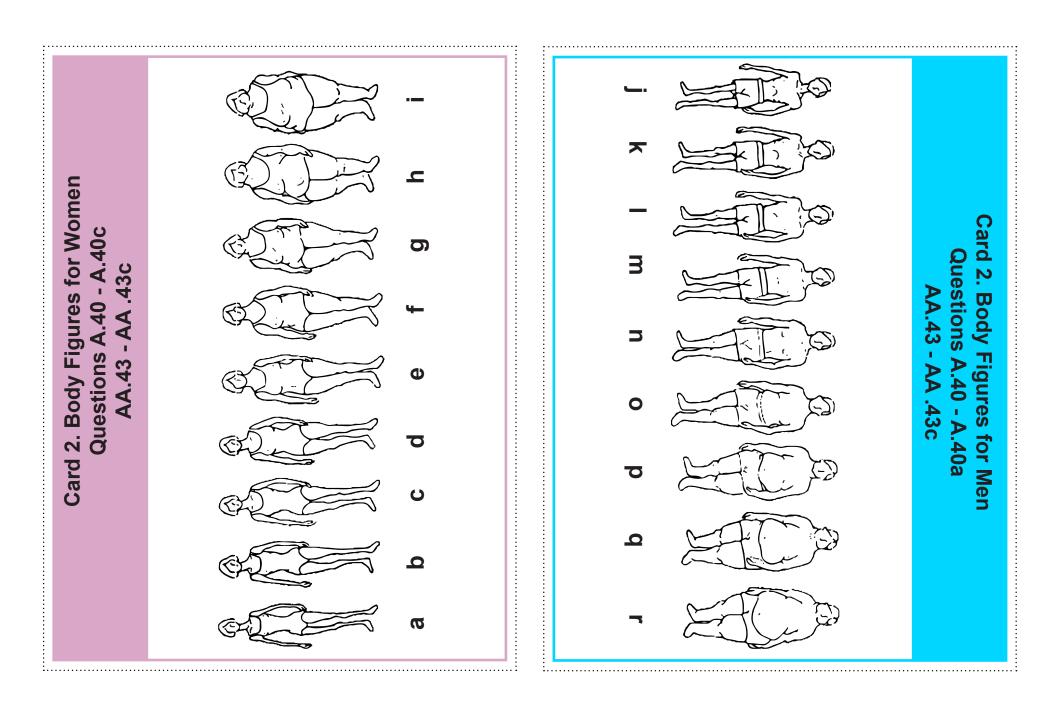
RECORD ONE OPTION IN EACH ROW	YES	NO	RF	Dł
			<u> </u>	<u> </u>
AA.9a Did your residence have a toilet inside the house?	1	2	8	9
AA.9b Did your residence have electricity?	1	2	8	9
AA.9c Did you generally go to sleep hungry?	1	2	8	9
AA.9d Did you regularly use shoes or other footwear?	1	2	8	9
AA.9e Did you or any of your siblings have to quit school to help your parents?	1	2	8	9
AA.9f Did you or any of your family members sleep in the room used for cooking?	1	2	8	9
AA.9g Did you or your family receive help from family due to financial problems?	1	2	8	9
AA.9h Did your parents or guardians smoke?	1	2	8	9
AA.9i Did someone else in your house smoke?	1	2	8	

	MARITAL STATUS	AA.13c	: Did that marriage (union) end in
AA.10	Currently are you		RECORD ONE OPTION
	RECORD ONE OPTION		separation?1 divorced?2
	single?1 $\rightarrow$ AA.19		widowhood?3
	married?		RF8 DK
	in a civil union?		Not including your current union (last union), how many
	divorced? 4	AA. 14	times were you in an union or married?
	separated?5		ENTER TOTAL UNIONS
	widowed?7		
_			
AA.11	In what year or at what age did your last marriage (union) end?		RF 88 DK 99
	ENTER YEAR OR AGE		
	YEAR	AA.15	In what year or at what age did your first union or marriage begin?
			ENTER YEAR OR AGE
	RF		
_			OR
AA.12	In what year or at what age did that marriage (union) begin?		AGE
	ENTER YEAR OR AGE		RF
	YEAR	_	
		AA.16	Was it
	RF		RECORD ONE OPTION
_	DK		a civil union?1 a marriage?2
AA.13a	Before your (current marriage/ last marriage/current union/ last union) were you married or in a union?		RF8
	RECORD ONE OPTION		DK9
		AA.17	Did that marriage (union) end in?
	Yes1 No2		RECORD ONE OPTION
	RF		
	DK9		separation?1 divorced?
AA.13b	What was your marital status before the current union		widowhood?3
	RECORD ONE OPTION		RF8 DK9
	single? $1 \rightarrow AA.19^{\text{Skip to}}$	_	
	married?2	AA.18	In what year or at what age did this marriage (union) end?
	civil union?3		ENTER YEAR OR AGE
	divorced? 4		YEAR
	separated?		
	widowed?6 → Skip to AA.14		
	RF		RF
	DK9		

	FERTILITY	MIGRATION TO THE UNITED STATES			
AA.19	How many children born alive have you had?	AA.27 What would you say was the main reason you went to the U.S			
	ENTER TOTAL CHILDREN	RECORD ONE OPTION			
	NUMBER00 RF00 RF	To work1Illness2To reunite with family3It was difficult to remain in Mexico4Didn't earn enough money in Mexico5To help family in the U.S.6OTHER7			
AA.20	Of those children who were born alive, how many of them are still alive?	RF			
	ENTER TOTAL CHILDREN	DK9			
		AA.28 For that first stay in the U.S., when you left Mexico, did you			
	ALL	know somebody who would help you to settle down in the place where you went?			
	DK	RECORD ONE OPTION			
	MIGRATION HISTORY	Yes1 No2			
AA.21	About how many years have you lived in this community, or have you always lived here?	WENT WITH PARENTS			
	ENTER TOTAL YEARS	RF8 DK9			
	YEARS	AA.30 Approximately, in what year or at what age did you come			
	LESS THAN 6 MONTHS 00	back from the U.S. in that occasion?			
	6 -12 MONTHS 01				
	HAS ALWAYS LIVED HERE97				
	RF	RF			
$\vdash$	MIGRATION TO THE UNITED STATES	DK9999			
AA.25	Not counting vacations and short visits, have you ever worked or lived in the U.S.?	AA.31b In total, about how many years have you worked or lived in the U.S.?			
		ENTER TOTAL YEARS			
	RECORD ONE OPTION	YEARS			
	Yes1 No	12 MONTHS OR LESS01			
	BORN IN THE U.S	RF			
	RF	AA.31c Think about the longest stay in the U.S Most of the time, what type of work did you do			
AA.26	Please think about your first stay in the U.S., approximately in what year or at what age did you go to the U.S.?	RECORD ONE OPTION			
	ENTER YEAR OR AGE YEAR OR AGE NEVER LIVED IN THE U.S	Agriculture?       01         Construction or Manufacturing?       02         Gardening/Maintenance/Service?       03         Childcare or Domestic work for       a private residence?         a private residence?       04         Restaurant/Business/Hotel?       05         Office/Professional?       06         OTHER       07         Didn't work       08         RF.       88         DK       99			

AA.31d During that time in the U.S., generally did you send money to your family in Mexico?	AA.32d INDICATE IF MORE THAN ONE REASON WAS RECORDED IN AA.32c	1
RECORD ONE OPTION	Yes1 No	
Yes1		
No2 → Skip to AA.32a	AA.32e What would you say was the main reason you came back from the U.S	
	RECORD ONE OPTION	
AA.31h What was the intended use of the money you sent	You were ill01 You missed your family02	
RECORD THE OPTIONS THAT APPY	It was difficult to remain in the U.S03	
Savings for when return	It was very expensive to remain in the U.S04	
to Mexico?1	Insufficient earnings05	
To support family?2	Problems regarding migration	
To improve property in Mexico?3	Family problems in Mexico07	
To buy furniture or other durable	OTHER08	
goods for the house?4	RF	
OTHER <b>5</b>	DK	
RF8		
DK9	AA.32f The last time you came back from the U.S. to Mexico, would you say your health was	
AA.32a Now think about the last time you worked or lived in the U.S What would you say is the main reason you went to	RECORD ONE OPTION	
the U.S	Excellent?1	
	Very good?2	
RECORD ONE OPTION	Good?	
To work?1	Fair?	
Illness?2	Poor?	
To reunite with family?		
It was difficult to remain in Mexico?4	RF8	
Didn't earn enough money in Mexico?5 To help family in the U.S.?6	DK9	
OTHER		
RF8	AA.33 During the time that you were in the U.S., did you ever contributed to the Social Security System for a job, with yo or someone else's name?	our
DK9	RECORD ONE OPTION	
	Yes, with my name1	
AA.32b Now think about the last time you returned from the U.S.	Yes, with someone else's name	
after living there, in what year or what age were you when	Yes, with my name and someone else's	
you returned from the U.S.?	No4	
ENTER YEAR OR AGE	RF	
	DK	
YEAR		
	AA.34 Currently, are you a permanent resident or U.S. citizen?	
RF	RECORD ONE OPTION	
	Permanent resident1	
AA.32c Now think about the last time you returned to Mexico from	Citizen2 No, neither3	
the U.S Did you return because…		
RECORD THE OPTIONS THAT APPLY	RF	
You were ill?01 You missed your family?	AA.35 Did you ever have to raise your young children without havir	າຕ
It was difficult to remain in the U.S.?	a spouse or a partner there with you?	9
It was too expensive to remain in the U.S.? 04		
Insufficient earnings?05	RECORD ONE OPTION	
Problems regarding migration?	Yes1	
Family problems in Mexico?	Yes, but others were with me2	
V111LNV0	No3	
RF	RF8 → Skip to AA.37a	
DK	DK9	
	-	
	l	

AA.36 In total, for about how many years did you raise your children alone without your spouse?         ENTER TOTAL YEARS         YEARS         12 MONTHS OR LESS         ALWAYS         RF         BK         DK         ULANGUAGE AND RELIGION	AA.40       In the last 2 years, did you participate in any volunteer work for a religious, educational, charity organization or for the community?         RECORD ONE OPTION         Yes
AA.37a Do you speak English? RECORD ONE OPTION Yes	AA.41 In the last two years, about how many hours did you spend volunteering for these organizations? ENTER TOTAL HOURS AND PERIOD HOURS
AA.37b Do you speak any Indigenous language?	PER PERIOD
Yes	RF
AA.38a Do you attend religious services? RECORD ONE OPTION	RF8888/8 DK9999/9 → Go to AA.42
Yes	AA.42 Would you say that it was? RECORD ONE OPTION less than 2 hours per week? 1
AA.38b How frequently do you participate in activities organized by the church RECORD ONE OPTION Never	between 2 and 4 hours a week? 2 more than 4 hours a week? 3 RF
Once or more per week 3 RF	DK9
AA.39 How important is religion in your life? Would you say RECORD ONE OPTION very important?	



	BODY FIGUR	RE	FILTER: IF THE PERSON IS OLDER THAN 55 YEARS (AA2_2							
AA.43	Now, I will show you some body	y figures.	Year<1963) GO TO AA.43b, IF NOT SKIP TO AA.43c.							
	IF RESPONDENT IS			AA.43b Now please think when you were 50 years old. Which figure best represents you at that age?						
	Female1 → SHOW (FIGUR Male	ES a-i)	RECO	RECORD THE LETTER OF THE FIGURE						
AA.43a Which figure best represents you at this time?				DOESN'T SEE7 The think when you were 20 the represents you at that ag						
RECORD THE LETTER OF THE FIGURE				figure best represents you at that age? RECORD THE LETTER OF THE FIGURE FIGURE						
	DK RF DOESN'T SEE	8		DK9 RF						
		МА	JOR EVENTS							
Please	indicate if any of the following e	vents occurred between 20	08 and 2018.							
		AA.44	AA.45	AA.46	AA.47					
	family member? a to		Did any disaster (such as a hurricane, earthquake, tornado, flood, fire) occur that affected your home?	Did you suffer an accident, was a victim of a crime, or some other event that affected your health or family situation?	Did you have any loss (such as health or your job or your children's or spouse's) that affected your financial situation?					
		YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2 7 RECORD					

A. In what year(s)?

INDICATE WITH AN "X" THE YEAR OR YEARS IN WHICH IT OCCURS AND GO TO THE NEXT COLUMN 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 L 2018 

RF.....8

DK.....9 📕

→ GO TO

THE NEXT

COLUMN

→ GO TO

THE NEXT

COLUMN

RF.....8

DK.....9

DATE: DAY

RECORD TIME AND GO TO

SECTION C

→

RF.....8

DK.....9

GO TO THE NEXT COLUMN

RF.....8

DK.....9

#### **SECTION C. HEALTH**

START			
	GENERAL HEALTH		DIABETES
C.1	Now I have some questions about your health. Would you say your health is RECORD ONE OPTION Excellent?1 Very good?2 Good?	C.6	Has a doctor or medical personnel ever diagnosed you with diabetes? RECORD ONE OPTION Yes
C.2a	Fair?       4         Poor?       5         RF       8         DK       9         Comparison wave backto and with wave backto two wave and set to back the twave and set to back the two wave and set to back the twave and se	C.7	Are you currently taking any oral medication in order to control your diabetes? RECORD ONE OPTION
0.2a	Comparing your health now with your health two years ago, would you say your health now is RECORD ONE OPTION Much better?	C.8	Yes
C.3a	RF8 DK9 Compared with other people your age, would you say that currently your health is		Yes     1       No     2       RF     8       DK     9
	RECORD ONE OPTION           Better?         1           More or less the same?         2           Worse?         3           RF         8           DK         9	C.9	Do you follow a special diet to control your diabetes? RECORD ONE OPTION Yes
_ C.3b	During the past two years, have you been treated by a doctor or medical staff? RECORD ONE OPTION Yes	C.10	In general, is your diabetes under control now? RECORD ONE OPTION Yes
	HYPTERTENSION	) C.11	How frequently do you measure your blood sugar level or urine-sugar level? ENTER NUMBER OF TIMES AND PERIOD
_	Has a doctor or medical personnel ever diagnosed you with hypertension or high blood pressure? RECORD ONE OPTION Yes		NUMBER OF TIMES
C.5	Are you currently taking any medication to lower your blood pressure?		CANCER
	RECORD ONE OPTION           Yes         1           No         2           RF         8           DK         9	C.12	Has a doctor or medical personnel ever diagnosed you with cancer? RECORD ONE OPTION Yes

C.13	In total, how many cancers in different places or organs have you ever had?		RESPIRATORY PROBLEMS
	ENTER TOTAL CANCERS	C.19	Has a doctor or medical personnel ever told/diagnosed you
			with a respiratory illness, such as asthma or emphysema?
	RF		RECORD ONE OPTION
	DK		Yes
C.14	What type of cancer?		RF
	RECORD ALL THAT APPLY		DK9
	Breast01	C.20a	Are you currently taking medication or using another
	Cervical/cerviz02 Endometrial/Uterine03		treatment for your respiratory illness? RECORD ONE OPTION
	Liver		Yes1
	Stomach		No2
	Pancreas06 Prostate07		RF8
	Colorectal08		DK9
	Lung09 OTHER	C.20b	Are you receiving oxygen for your pulmonary disease?
			RECORD ONE OPTION
	RF		Yes1 No
			RF
C.15	In the last two years, have you consulted a doctor or medical personnel about your cancer?		RF8 DK9
	RECORD ONE OPTION	C.21	Does this condition limit your daily activities such as
	Yes1		household chores or your job?
	No2		RECORD ONE OPTION Yes
	RF8		No 2
-	DK9		RF8
C.16	In the last two years, what type of treatments have you received for your cancer?		DK9
		(	
	RECORD ALL THAT APPLY		HEART ATTACKS
	Chemotherapy or Medication1	C.22a	Has a doctor or medical personnel ever told you that you
	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack?
	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION
	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
C.17	Chemotherapy or Medication	C.22a	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
C.17	Chemotherapy or Medication	_	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
C.17	Chemotherapy or Medication	_	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
C.17	Chemotherapy or Medication	_	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR
C.17	Chemotherapy or Medication	_	Has a doctor or medical personnel ever told you that you have had a heart attack? RECORD ONE OPTION Yes
C.17	Chemotherapy or Medication       1         Surgery or Biopsy       2         Radiation or X-Ray       3         Medication or treatment for symptoms       3         (pain, nausea, rash)       4         NONE       5         OTHER       7         SPECIFY       8         DK       9         Are you currently receiving treatment for your cancer?         RECORD ONE OPTION         Yes       1         No       2	_	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR
_	Chemotherapy or Medication       1         Surgery or Biopsy       2         Radiation or X-Ray       3         Medication or treatment for symptoms       3         Medication or treatment for symptoms       4         NONE       5         OTHER       7         SPECIFY       8         DK       9         Are you currently receiving treatment for your cancer?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9	_	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR         OR         AGE         RF
C.17 C.18	Chemotherapy or Medication       1         Surgery or Biopsy       2         Radiation or X-Ray       3         Medication or treatment for symptoms       3         (pain, nausea, rash)       4         NONE       5         OTHER       7         SPECIFY       8         DK       9         Are you currently receiving treatment for your cancer?         RECORD ONE OPTION         Yes       1         No       2         RF       8	_	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR         OR         AGE
_	Chemotherapy or Medication	C.22b	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR       1         OR       1         AGE       1         DK
_	Chemotherapy or Medication	_	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR         OR         AGE         RF
_	Chemotherapy or Medication	C.22b	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR         OR         AGE         RF       8888         DK       9999
_	Chemotherapy or Medication	C.22b	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR         OR         AGE         DK         State         OR         AGE         No         RF         BCR         PEAR         PEAR         RF         RF         RF         RECORD ONE OPTION         RECORD ONE OPTION         Yes         No
_	Chemotherapy or Medication	C.22b	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         → Skip to C.25b         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR         OR         AGE         DK         99999         Are you currently taking medication for your heart condition?         RECORD ONE OPTION
_	Chemotherapy or Medication	C.22b	Has a doctor or medical personnel ever told you that you have had a heart attack?         RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at about what age did you have your (most recent) heart attack?         ENTER THE YEAR         YEAR         OR         AGE         DK         State         OR         AGE         No         RF         BR         No         YEAR         RF         RF         RF         RF         RF         RECORD ONE OPTION         Yes         RECORD ONE OPTION

C.25a	Does this heart problem limit your daily activities such as household chores or your job?				uch as	C.30	In what year or at about what	age di	d you	have yo	<b>ur</b> (most	
		RECORD ONE OPTION					recent) <b>stroke?</b> ENTER TH	IE YEA	١R			
	Yes 1						YEAR					
	No2						OR	I.	1			
	RF8 DK9						AGE		]			
_	DR					41	RF DK					
C.25b	Has a doctor or medical personn have had heart failure/cardiac fai								-			
	failure, arrhythmia, or angina?	iui cr	oong		Juit	C.31	Has this stroke limited your da household chores or your job		tivities	s such a	S	
	RECORD ONE (	OPTI	NC				RECORD ON	IE OP⁻	TION			
	Yes1 No2						Yes1					
							No2					
	RF8 DK9						RF8 DK9					
							ADTUDIT	10				_
	STROKE						ARTHRIT	IS				
C.26	Has a doctor or medical personne a stroke, possible stroke or trans					C.32	Has a doctor or medical perso arthritis or rheumatism?	onnel e	ever di	agnose	d you wit	th
			Sone	ino atta			RECORD ON		TION			
	RECORD ONE	ΟΡΤΙ	ON				Yes 1 No 2					
							RF8		Skip tc	C.36		
	Yes 1 No						RF9		·			
	RF8	Ski	p to C.:	32		C.33	Do you feel pain, stiffness, or	swelli	ng in y	our joir	nts?	
	RF8 DK9						RECORD ON	VE OP.				
							Yes 1		non			
C.27	Because of your stroke do you h						No2					
	RECORD ONE OPTION	IN E	ACH	ROW			RF					
		YES	NO	RF	DK	C.34	Are you taking medication or			iving of	hor	
	weakness in the arms and/or legs, or the capacity to	1	2	8	9	0.54	treatment for your arthritis or	rheum	natism	?		
	move them has diminished?				Ű		RECORD Of Yes1		TION			
	difficulties when speaking or eating?	1	2	8	9		No 2					
	difficulties with sight or	1	2	8	9		RF8					
	vision?					C.35	DK9 Are your daily activities such		Isobo	d choro	s or your	
	difficulties when thinking or saying what you want?	1	2	8	9		job limited because of your ar				s or your	I
					·		RECORD OF					
_						41	Yes 1		non			
C.28	Are you currently taking any med				of your		No2					
	stroke or for complications due t			(e?			RF8 DK9					
	Yes1	JEIN					DK					
	No2						OTHER COND	ITIONS	3			
	RF8 DK9					C.36	In the last 2 years, has a doct	or or n	nedica	l persor	nel told	
_	DR						you that you have					
C.29	Are you doing physical therapy o						RECORD ONE OPTI	YES		ROW	DK	٦
	the stroke or the complications the			from the	e stroke?							$\frac{1}{2}$
	RECORD ONE (	OPTI	ON				Kidney infection?	1	2	8	9	
	No 2						Liver infection?	1	2	8	9	$\frac{1}{2}$
	RF8						Tuberculosis? Pneumonia?	1	2	8 8	9	$\left\{ \right.$
	DK9						Herpes o Herpes Zoster?		2	8	9	{

	FALLS	HEARING							
C.37	Have you fallen down in the last two years? RECORD ONE OPTION Yes	C.44	How is you hearing/auditory range (a auditory device)? RECORD ONE OPT	0	hearir	ng aid c	or		
	RF		Excellent?1 Very good?2 Good?3 Fair?4						
C.38	Approximately how many times has this happened? ENTER TOTAL TIMES NUMBER OF TIMES		Poor?						
_	DK		J						
C.39	Have you hurt yourself in these falls badly enough to need medical treatment? RECORD ONE OPTION		PAIN						
	Yes	C.45	Do you often suffer from pain? RECORD ONE OP Yes1 No2	ΓΙΟΝ					
C.40b	In the last 2 years, have you fractured any bone(s) including your hip? RECORD ONE OPTION		RF8 DK9 → 9	Skip to	C.48				
	No, none	C.46	How is the pain the majority of the ti RECORD ONE OPT Mild?						
Į	RF8 DK9		RF8 DK9						
C.41	SIGHT	C.47	Does this pain limit your usual activ household chores or your job? RECORD ONE OPT		such	as			
0.41	Do you usually wear glasses? RECORD ONE OPTION Yes1 No		Yes						
	RF8		DK9						
-	DK9		PREVENTIVE CARE						
C.42	How is your vision (with glasses)? Is it RECORD ONE OPTION Excellent?1 Very good?2	C.48	In the last two years, have you had an or medical procedures? RECORD ONE OPTION IN	-		_	exams		
	Good?			YES	NO	RF	DK		
	Poor?		C.48a Colonoscopy sigmoidos- copy or other test to detect colon cancer	1	2	8	9		
	DK9 HEARING		C.48b Cholesterold blood test	1	2	8	9		
C.43			C.48c Tuberculosis test	1	2	8	9		
0.43	Do you normally use a hearing aid or auditory device?		C.48d Diabetes test	1	2	8	9		
	RECORD ONE OPTION Yes		C.48e Hypertension or blood pressure test	1	2	8	9		
	RE		C.48f Flu vaccine	1	2	8	9		
	DK9		C.48g Pnemonia vaccine	1	2	8	9		
		<u> </u>							

#### DEPRESSION IF RESPONDENT IS Male..... 1 -> Skip to C.48m C.49 These questions refer to how you have felt during the past Female...... 2 - Go to C.48h week. For each question please tell me if the majority of the time... RECORD ONE OPTION IN EACH ROW In the last two years, ... RECORD ONE OPTION IN EACH ROW YES NO RF DK YES NO NO RF DK LONGER You felt depressed? 2 8 9 1 HAVE You felt that everything you did 1 2 8 9 was an effort? C.48h Do you examine the breasts every 1 2 8 9 3 month to detect You felt your sleep was restless? 2 8 9 1 knots or lumps? 2 8 9 You felt happy? 1 C.48i Have you had a You felt lonely? 1 2 8 9 mammogram or 1 2 8 9 3 breast x-ray to 2 9 You felt that you enjoyed life? 1 8 look for cancer? You felt sad? 1 2 8 9 C.48j Have you had a You felt tired? 1 2 8 9 Pap smear to 1 2 3 8 9 check for uterine You felt you had a lot of energy? 1 2 8 9 cancer? C.50a In the last 2 years, have you ever felt sad, blue, or depressed C.48k How old were you when you stopped menstruating? for more than two weeks in a row? ENTER AGE **RECORD ONE OPTION** Yes.....1 YEARS OF AGE ..... No ......2 IF AGE IS ENTERED, SKIP TO C.48I RF......8 DK .....9 STILL MENSTRUATES ......997 - Skip to C.48I C.50b On average during the last two years, have you exercised or done hard physical work three or more times per weeks in a row? INCLUDES VARIOUS ACTIVITES SUCH AS SPORTS, HEAVY HOUSEHOLD CHORES, OR OTHER PHYSICAL WORK C.48k 1 Were you? **RECORD ONE OPTION** RECORD ONE OPTION Yes.....1 No......2 Less than 45 years old?.....1 RF......8 About 50 years old? ...... 2 DK .....9 More than 55 years old? ..... 3 RF.....8 SMOKING DK.....9 C.51 C.48I Have you ever smoked cigarettes? Have you had a hysterectomy, that is surgery to remove the INCLUDE MORE THAN 100 CIGARETTES OR 5 PACKS IN YOUR LIFETIME. DO NOT INCLUDE PIPES OR CIGARS womb (uterus) and ovaries, or womb (uterus) only? RECORD ONE OPTION RECORD ONE OPTION Yes.....1 Yes.....1 No ......2 No ......2 Skip to C.59a → Skip to C.49 RF......8 RF......8 DK .....9 DK .....9 C.52 About how old were you when you started smoking? ENTER AGE C.48m In the last 2 years, have you had a rectal exam or blood test AGE..... to screen for prostate cancer? OR RECORD ONE OPTION YEAR STARTED SMOKING ..... Yes.....1 No ......2 OR ALREADY HAD OPERATION.... 3 STARTED SMOKING...YEARS AGO ..... RF.....8

DK .....9

C.53	Have you smoked cigarettes in the last two years? RECORD ONE OPTION Yes1	C.59b	In the last three months, about how many days a week have you had an alcoholic beverage? ENTER TOTAL DAYS PER WEEK
	No		NUMBER OF DAYS
C.54	Do you smoke cigarettes now? RECORD ONE OPTION		RF         8           DK         9
	Yes1 No2	C.59C	On the days that you drank alcoholic beverages in the last three months, about how many drinks did you have per day? ENTER TOTAL DRINKS PER DAY
_	RF		NUMBER OF DRINKS
C.55	How often do you smoke?		DK
	RECORD ONE OPTION Every day1 Not every day2	C.59d	In the last three months, on how many days have you had four or more drinks on one occasion?
	RF		
C.56	About how many cigarettes or packs do you usually smoke in a day?		NONE
	ENTER THE AVERAGE		DK99
	CIGARETTES/DAY	C.59e	Skip to C.64 During the last two years, have you had any alcoholic
	87 OR MORE CIGARETTES 87 RF	0.556	drinks such as beer, wine, liqour, or pulque (drink made from fermented cactus sap)? RECORD ONE OPTION
_	Skip to C.59a		
C.57	When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day?		Yes1 No2
	ENTER THE AVERAGE		RF
	CIGARETTES/DAY		HEIGHT AND WEIGHT
	RF	C.64	Compared with two years ago, your wei <del>ght</del> RECORD ONE OPTION
C.58	About how many years ago did you stop smoking? ENTER TOTAL YEARS		has increased 5 kilos or more?1 has decreased 5 kilos or more?2 has remained more or less the same?3
	YEARS AGO		RF
	YEAR STOPPED SMOKING	C.65	In the last two years, have you changed your diet or your exercise habits in order to gain or lose weight?
			RECORD ONE OPTION
	RF		Yes
	ALCOHOLIC BEVERAGES		RF
C.59a	Currently, do you ever drink any alcoholic beverages such as beer,	 C.66	About how much do you weigh now?
	wine, liquor, or pulque (drink made from fermented cactus sap)? RECORD ONE OPTION	5.00	ENTER TOTAL KILOS
	Yes1 No2 → Skip to C.59e		KILOS
	HAS NEVER USED ALCOHOL		
	RF		RF888 DK999

	HEIGHT AND WEIGHT					) ( C.70	In the last two years, have you eaten less because of loss of appetite, digestive problems, and difficulties chewing or
C.67	About how tall are you without shoes?					ון	swallowing?
	ENTER METERS AND CENT	IMET	ERS				RECORD ONE OPTION
	METERS AND CENTIMETERS	J					Most of the time
	SYMPTOMS					) _	JK
C.68	During the last two years have you freq the following problems or inconvenience	ces?	-	d any	of	C.70a	In the last two years, have you had difficulty eating because of problems with your teeth or false teeth?
	RECORD ONE OPTION IN EA		ROW	RF	DK		RECORD ONE OPTION
		YES	NO	RF	DK		Yes1 No2
	C.68a Frequent swelling in the feet or ankles	1	2	8	9		RF8
	C.68b Difficulty breathing, pantings or coughing, or phlegm	1	2	8	9	_	DK9
	C.68c Nausea or fainting	1	2	8	9	C.71a	Have you lost an extremity or part of your leg or arm due to an accident or sickness?
	C.68d Extreme thirst	1	2	8	9		RECORD ONE OPTION Yes
	C.68e Severe fatigue or exhaustion	1	2	8	9		No2
	C.68f Stomach pain, indigestion or diarrhea	1	2	8	9		RF
	C.68g Incontinence when coughing, sneezing, picking something up, or exercising	1	2	8	9	C.71b	Did this loss occur in the last 2 years? RECORD ONE OPTION
	C.68h Incontience when had the urge to urinate, but couldn't reach the bathroom in time	1	2	8	9		Yes
	C.68iBurning sensation when urinating	1	2	8	9		DK9
_						C.72	Have you ever been told by a doctor or medical personnel that you suffer from a health problem caused by your job?
C.69a	How would you evaluate your hand stree hand)? Would you say	engtł	ı (you	r dom	inant		INCLUDE WORK ACCIDENTS RECORD ONE OPTION
	RECORD ONE OPTIO	N					Yes1 No2
	Very strong?1						NEVER WORKED
	Somewhat strong?2 Somewhat weak?3 Very weak?4						RF8 DK9
	RF					C.73	Due to sickness or injury, during the last 12 months, how many days did you stay in bed for at least half the day?
C.69b	How often do you have difficulty with ba say	lanc	e? Wo	ould y	ou		INCLUDE DAYS YOU WERE HOSPITALIZED
	RECORD ONE OPTIO	N					ENTER DAYS
	Often?1						
	Sometimes? 2 Hardly ever? 3						NONE
	Never?4 RF						RF
	DK9						
36							

C.74a	How often do you have trouble falling asleep? Would you say
	RECORD ONE OPTION
	Most of the time?
	RF
C.74b	How often do you have trouble with waking up during the night (after you have fallen asleep)? Would you say
	RECORD ONE OPTION
	Most of the time?         1           Sometimes?         2           Rarely or never?         3
	RF
C.74c	
	RECORD ONE OPTION
	Most of the time?
	Rarely or never?
	RF
C.74d	How often do you feel really rested when you wake up in the morning? Would you say
	RECORD ONE OPTION
	Most of the time?
	RF
C.75	In the last 12 months, do you think you have had
	RECORD ONE OPTION
	A lot of stress?1 Moderate stress?
	Little stress?
	RF8
	DK9
C.76	In the last 12 months, how much effect do you think stress has had on your health? RECORD ONE OPTION
	Very much1
	Something
	Nothing
	RF
	FINISH TIME       DATE: DAY     MONTH

GO TO SECTION D

SECTION D. CONTRO	L AND HEALTH S		ul I I					
	· · · · · ·			F HEALTH SERVICE	S			
	D.1 Do you have the right to medical service in     D.1 d.       RECORD ONE OPTION     Yes		D.1d App when this E	roximately, since n are you entitled to service? INTER YEAR 	D.2 Do you have the right to these medical			
Seguro Social (IMSS)			L					
ISSSTE / ISSSTE Estatal			L					
Seguro Popular								
PEMEX, Defense or Marine			L					
Private Medical Insurance			L					
OTHER			L					
FILTER: AT LEAST ONE YE D.3a Then, you do not ha institution?				-	u receive the service(s)?			
Yes he/she has No he/she doesn't h RF DK D.3b Since the last time v		K D.1, D.1d and D.2 D.3b	PEMEX, Defense or Marine Private clinic or hospital Red Cross , Green Cross OTHER					
years)? YES NO	2 	N		Altogether, abor hospitalizations	99 ut how much did you pay for these ?? ENTER AMOUNT 			
D.3c Specify the year (or RECORD 1 2015 2016 2017	THE YEAR OR YEARS	THAT APPLY		NOTHING				
D.4 Including all the ti nights did you sta		ght?		No DK D.7bmore than Yes No	1 → Skip to D.7c 			

D.7c ...more than \$30,000 pesos?

Yes.....1 No.....2

DK .....9

→ Skip to D.8 

USE OF SERVICES							
	DENTIST	OUTPATIENT PROCEDURES	MEDICAL VISITS				
	have you seen a dentist?	have you had outpatient procedures, not counting stays in the hospital?	have you visited or consulted a doctor or medical personnel?				
D.8 In the last year, how often							
ENTER NUMBER OF TIMES IF NUMBER OF TIMES ENTERED GO TO D.9							
NONE							
RF							
D.9 Including all visits, how much did you pay for these services?							
ENTER AMOUNT IF AMOUNT IS ENTERED, GO TO D.10d							
NOTHING000000 PAID IN-KIND							
RF8888888 DK9999999 ] → Go to D.10							
D.10 Would you say that it was							
D.10amore than \$2,000 pesos? Yes							
D.10bmore than \$400 pesos? Yes1 No2 DK9 → Skip to D.10d							
D.10cmore than \$15,000 pesos? Yes1 No2 DK9 → Go to D.10d							
D.10d Where did you go? REGISTER ALL THAT HE/SHE INDICATES IMSS01	01	01	01				
ISSSTE / ISSSTE Estatal02	02	02	02				
Secretary of Health or state health services	03 04 05 06 07 08 09 10 88 99	03 04 05 06 07 08 09 10 88 99	03 04 05 06 07 08 09 10 88 99				

•	In the last year, have you consulted a pharmacist about your	BELIEFS							
	health?         RECORD ONE OPTION           Yes         1           No         2           RF         8	D.15	health problem but did not go to the doctor? RECORD ONE OPTION						
	Think about the last year, in a typical month how much was	Yes1 No2 RF							
D.12d	paid for the medications you take?		RF	.p to b					
		D.16	Why didn't you go to the doctor? RECORD ONE OPTION IN EA	ACH F	ROW				
	IF AMOUNT ENTERED, SKIP TO D.12C			YES	NO	RF	DK		
	PAID IN-KIND		D.16a Thought that he/she would not help you to get better	1	2	8	9		
	RF888888 DK9999999 ] → Go to D.12b		D.16b Thought that it would take you too long to get there	1	2	8	9		
D.12b	Would you say that it was		D.16c Did not have money	1	2	8	9		
	D.12b.amore than \$400 pesos?		D.16d Did not want to bother anyone to take you	1	2	8	9		
	Yes1 → Skip to D.12b.c No2 → Go to D.12b.b		D.16e Were afraid of what the doctor might find	1	2	8	9		
	DK9 → Skip to D.12c D.12b.bmore than \$200 pesos?		SERVICES SELECTION CRITERA: TYPE	OF F	PROB	LEM			
	Yes1 No2 DK9 → Skip to D.12c	D.17	To whom or where would you go if you problem (such as a cold) RECORD ALL OPTIONS THAT H						
ſ	D.12b.cmore than \$2,000 pesos? Yes1		IMSS						
	No2		Secretary of Health or State Health Services		03				
	DK9		IMSS "Oportunidades"04						
			PEMEX, Defense or Marine05 Private Clinic or Hospital06						
D.12C	In the last year, have you stopped taking medications because of excessive cost?		Red Cross07 Pharmacy						
			Chiropractor						
	RECORD ONE OPTION		Homeopath /Folk healer/ Bonesetter/Herbalist		10				
	Yes1		Donesetter/herbalist		10				
	No2		NO ONE SELF MEDICATION						
	RF8		OTHERS						
	DK9		RF		88				
$\geq$		_	DK		99				
D.13	MEDICAL EXPENSES	D.18	To whom or where would you go if you health problem (such as heart attack)?						
	costs? RECORD ONE OPTION		RECORD ALL OPTIONS THAT HI IMSS? ISSSTE / ISSSTE Estatal?		01	ICATE	S		
			Secretary of health or state health		02				
1	Son/Daughter		services?						
	Son/Daughter-in-law02 Grandchild03		IMSS "Oportunidades"? PEMEX Defense or Marine?						
	Father/Mother		PEMEX, Defense or Marine? Private Clinic or Hospital?						
	Other relative		Red Cross?						
	Other person		Pharmacy?						
		1	Chiropractor?		09				
	Respondent and/or spouse07		-						
			Homeopath /Folk healer/ Bonesetter/Herbalist?						
	Respondent and/or spouse07 Didn't have expenses08 RF		Homeopath /Folk healer/		10				
	Respondent and/or spouse07 Didn't have expenses08		Homeopath /Folk healer/ Bonesetter/Herbalist?		10 11 88				

## FILTER: IF PERSON OF FOLLOW-UP GO TO D.25, IF NEW PERSON GO TO D.19

D.25

Now, I'm going to read six statements on lifestyle. Respond openly and honestly. Please tell me how well they describe you: a lot, some, little, or not at all.

	RECORD ONE OPTION IN EACH ROW								
		A LOT	SOME	LITTLE	NOT AT ALL	RF	DK		
D.19	I am organized. For example, in my house everything has its own place.	1	2	3	4	8	9		
D.20	I am responsible. I usually meet my duties as best as I can.	1	2	3	4	8	9		
D.21	I am dedicated/hardworking. I strive to do more than is expected of me.	1	2	3	4	8	9		
D.22	I'm careless. I often hasten to act without thinking of the consequences.	1	2	3	4	8	9		
D.23	I'm thorough. That is, I tend to do things with attention to detail.	1	2	3	4	8	9		
D.24	I am disciplined. I usually try to do what I think should be done.	1	2	3	4	8	9		

## INTERNAL AND EXTERNAL LOCUS OF CONTROL

I'm going to read statements that people say sometimes. For each statement, please tell me if you: agree, somewhat

RECORD ONE OP	TION IN E	ACH ROW				
	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	RF	
D.25a There's no sense in planning a lot for the future.	1	2	3	4	8	
D.25b The really good things that happen to one are mostly due to good luck.	1	2	3	4	8	
D.25c One is responsible for one's own successes.	1	2	3	4	8	
D.25d One can do almost anything one puts their mind to.	1	2	3	4	8	
D.25e Most of one's problems are due to bad luck.	1	2	3	4	8	
D.25f One has little control over the bad things that happen to him/her.	1	2	3	4	8	
D.25g One's misfortunes are the result of one's own mistakes.	1	2	3	4	8	
D.25h One is responsible for one's own failures.	1	2	3	4	8	

	FAMILY DECISIONS	D.31		naking an important pe			
D.27	ENTER IF THE RESPONDENT IS MARRIED OR IN A UNION	a doctor or having surgery, how much weight do you h the decision? Would you say					i nave in
	Yes1			RECORD O	NE OPTION		
	No2 → Skip to D.31			·			
D.28	When making important family decisions, who has more weight in the decisions, you or your spouse?			ll?			
	RECORD ONE OPTION	_					
	RESPONDENT1      ABOUT THE SAME	D.32		t comes to making a f		out me	dical
	ABOUT THE SAME		treatme	ent, would you prefer	•		
	SPOUSE			RECORD O	NE OPTION		
	RF		Make the decision youself and/or your family?1				
D.30	Would you say that he/she has much more weight in		Make the	e decision between your	doctor,		
	decisions than you or just a little more?		yourself,	and/or your family?	2		
	RECORD ONE OPTION		Let the d	octor make the decision	?3		
	Much more1		RF		8		
	Somewhat more2		DK		9		
	RF8 DK9						
	LIFE SATISFA	ACTION	1				
D.33	Here are five statements with which you may or may not agree. Plea honestly.	ease te	ll me wha	t you think in each ca	se. Respond op	enly an	d
	RECORD ONE OF	PTION	IN EACH	ROW			
			AGREE	NEUTRAL	DISAGREE	RF	DK
	D.33a In most things, my life is close to my ideal.		1	2	3	8	9
I						1	

		-
	D.33d	So far, I have gotten the things that are important to me in life.
	D.33e	If born again, I would change almost nothing about my life.

D.33b The conditions of my life are excellent.

D.33c I am satisfied with my life.

# D. 34. The following questions refer to different activities that one can perform in their daily lives. I am going to ask you to please tell me if you did some of these activities during the past year and how often you performed them. Exclude activities undertaken as part of your job or occupation.

ACTIVITY	Yes1→GO TO NEXT COLUMN No2 RF8 DK9 JCTO NEXT QUESTION	NUMBER OF TIMES	PERIOD WEEK 1 MONTH 2
D.34a Take care of a sick or disabled adult.			
D.34b Take care of children under 12 years old.			
D.34c Work as a volunteer or help a non-profit organization without pay or compensation.			
D.34d Attend a training course, information session or class.			
D.34e Attend a sporting or social club.			
D.34f Read a book, magazine or newspaper.			
D.34g Do crossword puzzles, jigsaw puzzle, or games with numbers (sudoku).			
D.34h Play games like cards, dominoes, or chess.			
D.34i Talk on the phone with relatives or use the computer to send messages or use the Internet.			
D.34j Do activities having to do with home maintenance, repairs, gardening, etc.			
D.34k Watch television.			
D.34I Sew, embroider, knit or other crafts.			
D.34m Make purchases (market, stores, etc.).			
D.34n Visit the doctor / pharmacy.			

RECORD ONE OPTION IN EACH ROW AND THE NUMBER OF TIMES AND IF IT IS DONE WEEKLY OR MONTHLY

D. 35. The following questions refer to how you feel about different aspects of your life. For each, please tell me how often...

RECORD ONE OPTION IN EACH ROW							
	ALMOST NEVER	SOMETI- MES	FREQUENTLY	RF	DK		
D.35a do you feel like you lack companionship?	1	2	3	8	9		
D.35b do you feel left out?	1	2	3	8	9		
D.35c do you feel isolated, distant from others?	1	2	3	8	9		

FINISH TIME

GO TO COGNITIVE EXERCISES

**APPLY COGNITIVE EXERCISES** 

## **COGNITIVE EXERCISES**

## **SECTION E. COGNITIVE EXERCISES**

START		QUESTION IN CAPI
REM	ERVIEWER: IEMBER THAT AT THE END OF THIS SECTION YOU ARE GOING TO TAKE A SAMPLE OF SALIVA FROM PEOPL RESPONDENT NOT TO EAT OR DRINK ANYTHING UNTIL THE SAMPLE IS TAKEN.	E 60 YEARS OR OLDER. ASK
	ORY SELF-EVALUATION How would you evaluate your memory nowadays? Would you say it is:	
	Excellent	
	RF	
E.1b	Compared to the last two years, would you say your memory is?	
	Better?	
	RF	
REAL	D THE INSTRUCTIONS:	
you t the q make	following are a series of exercises which are useful to check how your memory works. I am going to ask you to perfom some tasks. You will find that some of the tasks are easy and others more difficult. Perhaps you d questions. There is no a problem with this. No one can correctly answer the first time these questions are asl e your best effort. If you are not sure about an answer, you can guess, or give me the best answer that you c stions?	on´t know the answer to all ked. But it is important to
USE	OF LENSES	
E.2	Do you need glasses to read or to see objects on a page?	
	Yes1	
	No	
E.3a	INTERVIEWER. FIND OUT IF THE RESPONDENT HAS GLASSES AND ASK HE/SHE TO WEAR THEM. IF THE RESPONDENT DOES NOT HAVE GLASSES OR THEY ARE NOT ARE AVAILABLE, OFFER A PAIR OF GLASSES	
	INDICATE IF THE PERSON CAN READ WITH THE GLASSES	
	Yes 1	
	No	
E.3b	INTERVIEWER: READ THE INSTRUCTIONS	
	Now we will show you some words to exercise your reading. Please read the text loudly.	

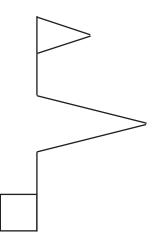
## Take this medicine once a day after lunch.

Read it with prob Could not read an Does not know he Could not see the	b lems nything ow to read e letters	2 3 4 5	2 ; ; ;				
SPONTANEOUS MEM	ORY						
	N CASE OF AN INTER\ ARLIEST MONTH IN TI						IST "A" TO THE ONE
IN CASE OF A SI IS IT IS ANOTHE		HE HC	OUSEHOLD, APPLY L	IST "A" IF TODAY IS N	IOND	AY, WEDNESDAY OR I	FRIDAY. APPLY LIST "B"
INDICATE THE A	PPLIED LIST						
List	A		1				
-	В						
RF			8 →	Skip to E.4			
E.7 VERBAL LEARN	NG						
E.7_1 TEST 1						E.7_3 TEST 3	
I am going to read a list of words. Listen carefully. When I have finished reading, you must repeat all the words you can. The order does not matter. Are you ready?				have stopped, tell me			
INTERVIEWER: CLEARLY READ THE WORDS, ONE EVERY TWO SECONDS, DO NOT REPEAT WORDS AFTER READING THE LIST. INTERVIEWER: READ THE LIST OF TEST 2. FOLLOW THE SAME PROCEDURE AS TEST 1. SAME PROCEDURE AS TEST 1.							
CIRCLE THE WORDS	S RECALLED		CIRCLE THE WORDS	S RECALLED		CIRCLE THE WORD	S RECALLED
LIST A	LIST B		LIST A	LIST B		LIST A	LIST B
Cat	Dog		Pear	Bed		Mouse	Table
Arm	Hand		Skirt	Cow		Lime	Strawberry
Pear	Bed		Chair	Boot		Arm	Hand
Lime	Strawberry		Cat	Dog		House	Lemon
Chair	Boot		Mouse	Table		Cat	Dog
House	Lemon		Arm	Hand		Skirt	Cow
Mouse	Table		House	Lemon		Pear	Bed
Skirt	Cow		Lime	Strawberry		Chair	Boot
	TOTAL		TOTAL			TOTAL	

FINE	EMOTOR
E.4	Do you have difficulties holding a pen or pencil?
	Yes1
	No2→ Skip to E.8
	RF
E.5	What kind of difficulties do you have?
	INTERVIEWER: IF THE PERSON HAS PARALYSIS OR DOES NOT HAVE HANDS OR FINGERS MARK 1, OTHERWISE, READ THE TEXT.
	PARALYSIS OR DOES NOT HAVE FINGERS 1 Apply only E.9, E.11, E.14, E.15, E.16 and E.17
	READ: "Please try to take this pen and make some strokes"
	IF THE RESPONDENT TRIES, BUT CAN'T HOLD THE PENCIL, READ: <b>"Thank you for trying"</b> 2 Apply only E.9, E.11, E.14, E.15, E.16 and E.17
	IF THE RESPONDENT REFUSES TO HOLD THE PENCIL
	IF THE RESPONDENT CAN HOLD THE PENCIL4

наві	ILIDAD VISOMOTRIZ
E.8	FIGURE-1
	► INTERVIEWER: SHOW THIS SHEET VERTICALLY ORIENTED TO THE RESPONDENT, AND INSTRUCT:
	Draw this picture in the space below. Try to draw the picture in order to make it exactly as mine. I will indicate count the time. I will indicate indicate to you when you can start and when you can stop.
	ALLOW ONLY ONE AND A HALF MINUTES (90 SECONDS) TO COPY THE FIGURE.
E.8a	FIGURE. RESULT OF THE EXERCISE.
	Yes, they did it1
	No, they did not do it2

E.8 FIGURE-1



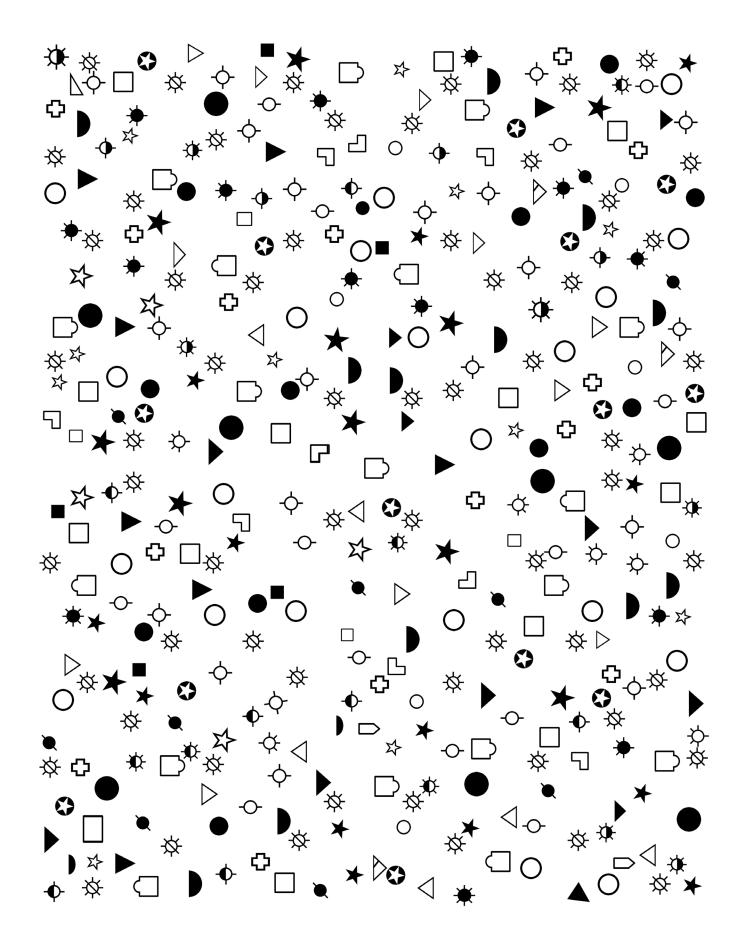
SEN	SEMANTIC VERBAL FLUENCY		
E.9	E.9 I am going to ask you to name all the animals you can, you have one minute to complete the task.		
	INTERVIEWER: WHEN THE INFORMANT SAYS THE FIRST WORD, ANIMALS EVEN IF THE INFORMANT REPEATS THEM.	START THE TIMER AND WRITE DOWN ALL THE NAMES OF	
E.9a	VERBAL SEMANTIC FLUIDITY. RESULT OF THE EXERCISE.		
	Yes, they did it No, they did not do it		
		Z	
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

INTERVIEWER: DO NOT FILL OUT (TO BE FILLED BY QUALIFIER)	TOTAL
E.9b NUMBER OF DIFFERENT ANIMALS	
E.9c NUMBER OF TIMES (RESPONDENT) REPEATED AN ANIMAL	

## VISUAL ROUTE:



INTERVIEWER: DO NOT FILL OUT (TO BE FILLED BY QUALIFIER)	TOTAL
E.10b VISUAL ROUTE	



ORIENTATION IN TIME			
E.11 Can you tell me which day is today?	DAY		YEAR
Answered correct	<b>E.11a</b> <u>Day</u> ?	E.11b Month?	E.11c Year?
	Yes 1	Yes 1	Yes 1
	No / DK 2	No / DK 2	No / DK 2

## FIGURE RECALL

 $\square$ 

E.13 INTERVIEWER: SHOW THE NEXT BLANK PAGE TO THE INFORMANT, VERTICALLY ORIENTED AND INSTRUCT:

Please remember the figure that you drew before. Draw it again on this piece of paper.

SUGGEST THE INFORMANT THAT HE/SHE CAN GUESS OR GIVE A PARTIAL ANSWER IF HE/SHE SEEMS TO BE UNSURE. IF THE INFORMANT DRAWS THE DESIGN FROM THE VISUAL ROUTE, TELL THE INFORMANT:

Please draw the figure that you drew before.

ALLOW ONLY ONE AND A HALF MINUTE (90 SECONDS) TO DRAW THE FIGURE.

E.13a FIGURE RECALL. RESULT OF THE EXERCISE.

Yes, they did it .....1

No, they did not do it .....2

INTERVIEWER: DO NOT FILL OUT (TO BE FILLED BY QUALIFIER)	TOTAL
E.8b COPY OF FIGURE	
E.13b FIGURE RECALL	



## MEMORY RECALL

E.14 Do you remember the long list of words that I read before? Please tell me all the words of the list you can remember, in whatever order.

INTERVIEWER: CIRCLE THE ONES THE INFORMANT SAYS.

LIST A	
Cat	
Arm	
Pear	
Lime	
Chair	
House	
Mouse	
Skirt	
TOTAL	

LIST B
Dog
Hand
Bed
Strawberry
Boot
Lemon
Table
Cow

AFTER THE RESPONDENT HAS STOPPED ANSWERING, GO TO E.15.

## SUCCESIVE SUBTRACTIONS

E.15 INTERVIEWER: ALLOW THE RESPONDENT TO SUBTRACT 7 EACH TIME. STOP THE TASK AFTER 5 SUBTRACTIONS. IF THE
 C RESPONDENT MAKES A MISTAKE IN ANY OF THEM LEAVE HE/SHE TO MAKE THE FOLLOWING SUBTRACTIONS IN SERIES
 FROM THE NEW RESULT. ALLOW THE INFORMANT TO REMEMBER THE RESULT OF THE PREVIOUS SUBTRACTION BY
 HIMSELF, EVEN IF IT IS NOT CORRECT. IF THE RESPONDENT SAYS HE/SHE DOES NOT UNDERSTAND OR DOES NOT
 ANSWER, REPEAT THE SAME INSTRUCTION UP TO THREE TIMES. IF THE RESPONDENT DOES NOT ANSWER OR DOES
 NOT KNOW, CIRCLE 888 OR 999 DEPENDING ON THE CASE.

Now, I'll ask you to try some subtractions. **E.15a FIRST SUBTRACTION** Tell me : How much is 100-7? IF THE RESPONDENT ADDS 7 INSTEAD, REPEAT THE QUESTION. IF YOU RECORD RESULT - Go to E.15b RF......888 -> Skip to E.16 E.15b SECOND SUBTRACTION  $\square$ AS SOON AS THE RESPONDENT ANSWERS, ADD: Now keep subtracting 7. IF YOU RECORD RESULT - Go to E.15c RF.....888 -> Skip to E.16 E.15c THIRD SUBTRACTION  $\square$ IF YOU RECORD RESULT - Go to E.15d RF......888 -> Skip to E.16 E.15d FOURTH SUBSTRACTION  $\square$ IF YOU RECORD RESULT - Go to E.15e RF ......888 **E.15e FIFTH SUBSTRACTION**  $\square$ Skip to E.16 

SAMPLE OF SALIVA	$\overline{}$
E.16 INTERVIEWER: RECORD IF THE PERSON IS 60 YEARS OR OLDER.	
Yes1	
No2 → Skip to E.17	
E.16a We would like to take a saliva sample, equivalent to a small spoon, to analyze genetic aspects of health. Do you agree?	
Yes, signed consent1	
Yes, gave oral consent2	
No, refuses3 →Skip to E.17	
E.16b RESULT OF THE TAKE	
Yes, the sample was taken 1	
Could not take	
HAIR SAMPLE	
E.17 INTERVIEWER: RECORD IF THE PERSON HAS BEEN SELECTED FOR THE HAIR SAMPLE COLLECTION.	
Yes	
Tes	
No	
E.17a We would like to take a small sample of your hair to analyze the content of contaminants. We will take a portion of your hair clo the scalp. Do you agree?	se to
Yes, signed consent	
No, refuses	
E.17b INTERVIEWER: INDICATE IF THE PERSON HAS A BEARD	
Yes1	
No	
NO2 RECORD FINISH TIME AND GO TO SECTION F	
E.17c Can we take a piece of hair from his beard?	
Yes, signed consent	
Yes, gave oral consent	
No, refused	
E.17d Do you have hair (beard) with recent dye?	
Yes	
Yes	
E.17e RESULT OF THE TAKE	
Yes, it was taken from the head1	
Yes, he took his beard2	
No could not take	
E.17f REGISTER THE LABEL IDENTIFIER	

FINISH TIME \_\_\_\_\_: \_\_\_ DATE: DAY \_\_\_\_\_ MONTH \_\_\_\_\_

OBSERVACIONES GENERALES ACERCA DE LA ENTREVISTA

## SECTION F. PARENTS AND HELP TO PARENTS

START TIME \_\_\_\_\_: \_\_\_\_ DATE: DAY \_\_\_\_\_ MONTH \_\_\_\_\_

FILTER:	IF NEW PERSON
	IF FOLLOW-UP INTERVIEW

	MOTUER		
$\subseteq$	MOTHER		DECEASED MOTHER
F.1	What was the final level of school your mother completed?	F.8	How old was your mother when she died?
	RECORD ONE OPTION		ENTER AGE
	NONE1 Some elementary2		AGE
	Completed elementary3		RF888
	Beyond elementary4		DK
	RF8 DK9		
F.2	Has your mother ever worked or lived in the U.S.?	F.9	Did a doctor or medical personnel ever diagnose your mother with diabetes or a high blood sugar level?
	RECORD ONE OPTION		RECORD ONE OPTION
	Yes1		Yes1
	No2		No2
	RF8		RF8
	DK9		DK9
F.3	Is your mother alive now?	FILTE	ER: IF NEW PERSON
	RECORD ONE OPTION		IF FOLLOW-UP INTERVIEW
	Yes1		
	No2 → Skip to F.8		FATHER
	RF8 DK9 → Skip to F.9		
		F.10	What was the final level of school your father completed?
	MOTHER ALIVE		RECORD ONE OPTION
<b>F.4</b>	How old is your mother?		NONE1
	ENTER AGE		Some elementary2 Completed elementary3
			Beyond elementary4
	AGE		RF8
	RF		DK9
	DK	F.11	Has your father ever worked or lived in the U.S.?
F.5	Because of a health problem, does your mother need any		RECORD ONE OPTION
	help with basic personal needs like dressing, eating, or bathing?		RECORD ONE OF HON
	RECORD ONE OPTION		Yes
	Yes1 No2		
			RF
	RF		
F.6	Can your mother be left alone for an hour or more?	F.12	Is your father alive now?
	RECORD ONE OPTION		RECORD ONE OPTION
			Yes 1
	Yes		No 2 -> Skip to F.17
	RF		RF
	DK9		υк9]
	)	L .	

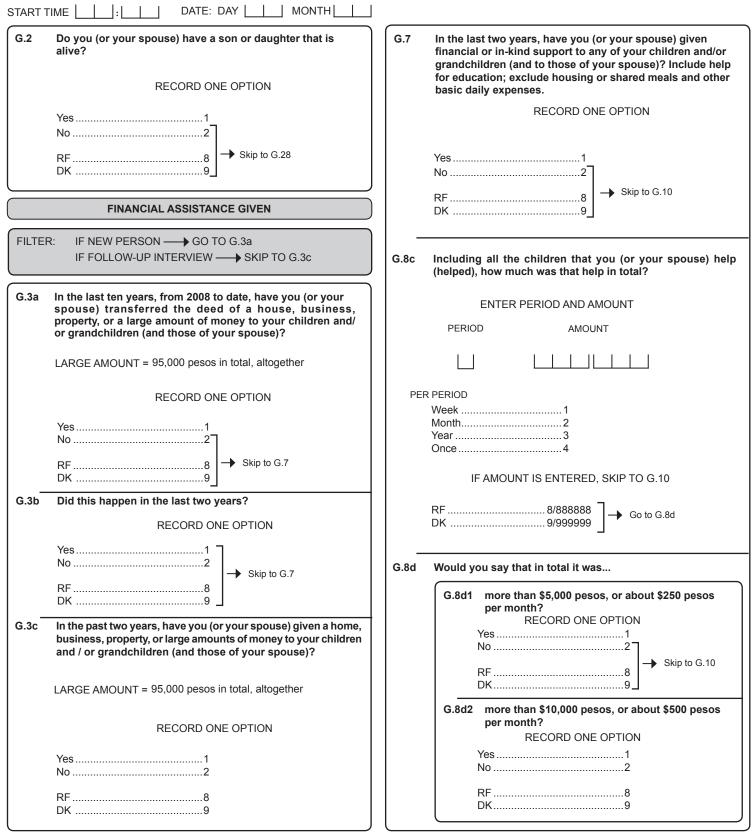
	FATHER ALIVE	SIBLINGS			
F.13	How old is your father?	F.34	How many siblings who were born alive did you have?		
	ENTER AGE		ENTER TOTAL SIBLINGS		
	AGE		NUMBER		
	DK999	F.36	Of your siblings who were born alive, how many are living now?		
F.14	Because of a health problem, does your father need any help with basic personal needs like dressing, eating or bathing? RECORD ONE OPTION		ENTER TOTAL SIBLINGS NUMBER		
	Yes1 No2	F.37	Has a doctor or medical personnel ever diagnosed one of your siblings with diabetes or high blood sugar level?		
_	RF		Yes         1           No         2		
F.15	Can your father be left alone for an hour or more?		RF 8		
	RECORD ONE OPTION	F.38	DK9 Not counting vacations or short trips, in the last two years (or ever) have any of your siblings worked or lived in the U.S.?		
	Yes1 No2 RF8 DK9 J→Skip to F.18		RECORD ONE OPTION           Yes         1           No         2           RF         8           DK         9		
	DECEASED FATHER		HELP TO PARENTS		
F.17	How old was your father when he died? EN TER AGE	F.39	INTERVIEWER: RECORD ONE OPTION AT LEAST ONE PARENT ALIVE1 -> Go to F.40 BOTH PARENTS DECEASED2 -> RECORD TIME AND GO TO SECTION G		
	RF		FINANCIAL HELP FROM RESPONDENT		
F.18		F.40	In the last 2 years, have you (and/or your spouse) given financial assistance to your parent(s)? Include help to pay costs such as rent; exclude shared housing or shared meals.		
	RECORD ONE OPTION		RECORD ONE OPTION		
	Yes1 No2 RF		Yes1 No2 RF		
	RF		DK9		

	NON-FINANCIAL HELP FROM RESPONDENT		NON-FINANCIAL HELP FROM SIBLINGS
F.43	In the last 2 years, did you (or your spouse) help your parents with basic personal activities such as dressing, eating, or bathing because of a health problem? Exclude help with household chores, errands, and transportation.	F.51	In the last 2 years, did any of your siblings (or their spouses) help your parents with basic personal activities such as dressing, eating or bathing because of a health problem? Exclude help with household chores, errands, and transportation.
	RECORD ONE OPTION		
	Yes1 No2		RECORD ONE OPTION
	RF		Yes1 No2
- F.44	Was this help for at least 1 hour a week, or about 100 hours in the last 2 years?		RF8 DK9
	RECORD ONE OPTION		
	Yes1		AGREEMENT WITH SIBLINGS
	No2 RF	F.55	Have you and one or more of your siblings agreed to share the responsibilities of personal care for your parents?
	DK9		
F.45	Who received this help?		
	RECORD ONE OPTION		RECORD ONE OPTION
	Mother		Yes1 No2
	Both		N0 Z
	RF8		RF
	DK9		
	FINANCIAL HELP FROM SIBLINGS	F.57	Have you and one or more of your siblings agreed to share the financial responsibilities for your parents?
FILTE	R: IF RESPONDENT DOES NOT HAVE SIBLINGS GO TO SECTION G		RECORD ONE OPTION
F.47	In the last 2 years, did any of your siblings (or their spouses) give financial assistance to your parents? Include help to pay		Yes
	costs such as rent; exclude shared housing or shared meals		No2
	RECORD ONE OPTION		RF8
	Yes1 No2		DK9
	RF		
	Dr		

FINISH TIME

GO TO SECTION G

## SECTION G. HELP AND CHILDREN



	NON-FINANCIAL ASSISTANCE GIVEN	FINANCIAL ASSISTANCE RECEIVED		
G.10	In the last two years, have you (or your spouse) spent at least 1 hour a week helping your children/their spouses/your grandchildren (or those of your spouse)?	FILTER: IF NEW PERSON → GO TO G.16a IF FOLLOW-UP INTERVIEW → SKIP TO G.16c		
	RECORD ONE OPTION Yes1 No2	G.16a In the last ten years, have you (or your spouse) received house, business, property or a large amount of money?	la	
	RF8 DK9 → Skip to G.14	LARGE AMOUNT = \$95,000 pesos total, counting everyone		
G.12	In total, about how many hours did you (or your spouse) spend helping your children/their spouses/your grandchildren (or those of your spouse)? ENTER TOTAL HOURS AND PERIOD	RECORD ONE OPTION         Yes         No         RF         DK    Skip to G.17		
	PER PERIOD       1         Day       2         Month       3         Year       4	G.16b Did this happen in the last two years? RECORD ONE OPTION Yes1 No2		
	IF HOURS ENTERED, GO TO G.14	RF8 DK9 → Skip to G.17		
	RF888/8 DK999/9 → Go to G.13	G.16c In the last two years, have you (or your spouse) receiv a house, business, property or large amounts of mone		
G.13	Would you say that it was         RECORD ONE OPTION         less than 2 hours a week?       1         from 2 to 4 hours a week?       2         more than 4 hours a week?       3         RF	LARGE AMOUNT = \$95,000 pesos total, counting everyone RECORD ONE OPTION Yes		
	RESIDENCE	G.17 In the last two years, have you (or your spouse) received financial or in-kind support from any of your children and/grandchildren (and those of your spouse)?		
G.14	When you don't live here, do you live with any of your other children? RECORD ONE OPTION	RECORD ONE OPTION		
	Yes, with other	Yes1 No2 RF8 DK9 → Skip to G.24		

	FINANCIAL ASSISTANCE RECEIVED		NON-FINANCIAL ASSISTANCE GIVEN
G. 18	Which children or grandchildren provided this support? ENTER NAME AND REGISTRATION NUMBER IF IT IS A GRANDCHILD, ENTER THE NAME AND REGISTRATION NUMBER OF THE CHILD TO WHOM HE/ SHE IS RELATED	G.24	In the last two years, have your (and your spouse's) children/their spouses/grandchildren spent at least one hour a week helping you with household chores, errands, transportation, etc.? RECORD ONE OPTION
	NAME     REGISTRATION NUMBER		Yes
	NAME REGISTRATION NUMBER	_	DK9
	ALL	G.25a	Which children/daughter in-law/son in-law/grandchildren helped you? ENTER NAME AND REGISTRATION NUMBER
G 18a	RF888 DK999 Including all the children who helped him, how much was		IF IT IS A SON/DAUGHTER-IN-LAW OR GRANDCHILD, ENTER THE NAME AND REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED
0. 10a	that help in total? ENTER PERIOD AND AMOUNT PERIOD AMOUNT		
PEF			NAME REGISTRATION NUMBER
	Week         1           Month         2           Year         3           Once         4		
	IF AMOUNT ENTERED, GO TO G.22a           RF		ALL
G. 18b	ے Would you say that in total it was		DK999
	G.18b1 more than \$5,000 pesos, or about \$250 pesos per month? RECORD ONE OPTION Yes1 No2	G.25b	In total, about how many hours did your children or grandchildren (and those of your spouse) helped you? ENTER TOTAL HOURS AND PERIOD
	RF		
	G.18b2 more than \$10,000 pesos, or about \$500 pesos per month? RECORD ONE OPTION Yes1 No2		PER PERIOD
_	RF8 DK9		Year 4 IF AMOUNT ENTERED, GO TO G.26
G. 22a	Do you consider this help as income you can count on in the future? RECORD ONE OPTION		RF
	Yes1 No2	 G.25c	Would you say that it was
G. 23a	DK9 Do you think that I would have to reciprocate in some way for that help?		RECORD ONE OPTION less than 2 hours per week?
	RECORD ONE OPTION           Yes         1           No         2		more than 4 hours per week?3 RF8
l	DK9	l	DK9

G.26	How would you describe the financial or in-kind support		FUTURE HELP
	that you receive from your children, sons/daughters-in-law, grandchildren (and those of your spouse)?	G.32	Suppose that in the future you need financial help for your expenses. Do you have relatives or friends who could and
	RECORD ONE OPTION		would be willing to help for a long period of time?
	More than enough?1 Enough?2 Not enough?3		RECORD ONE OPTION
	RF8 DK9		Yes1 No2
 G.27	How would you describe the help with household chores,		RF8 DK9
	errands, and transportation you received from your children, sons/daughters-in-law, grandchildren (and those of your spouse)? RECORD ONE OPTION	G.33	Suppose that in the future you need help with personal care such as dressing or eating. Do you have relatives or friends who could and would be willing to help for a long period of time?
	More than enough?1 Enough?2 Not enough?		RECORD ONE OPTION
	RF		Yes1 No2 RF
	NEIGHBORS	)	DK9
G.28	(Besides the people that live with you), do you have relatives		
0.20	that live in this same locality, <i>barrio</i> or neighborhood?	G.34	INTERVIEWER:
	RECORD ONE OPTION		ENTER THE CODE OF THE PERSON WHO PROVIDED THIS INFORMATION
	Yes1 No2		
	RF8 DK9		
G.29	Do you have good friends who live in your <i>barrio</i> or neighborhood?		
	RECORD ONE OPTION		
	Yes1 No2		
	RF8 DK9		
G.30	About how many times a month do you chat or have social visits with your neighbors?		
	ENTER NUMBER OF TIMES		
	EVERY DAY		
 G.31	Do you have neighbors or friends you can count on for daily activities, such as bringing food if you are sick, or bringing you something from the store?		
	RECORD ONE OPTION		FINISH TIME      :
	Yes1 No2		
	RF8 DK9		
			GO TO SECTION H

## SECTION H. FUNCTIONALITY AND HELP

	DIFFICULTY WITH ACTIVITIES						
	tell me if you have any difficulty with each of the daily activities an three months.	that I will mer	ntion. Do no	t include diff	iculties that	you believe	will last
1633 (11)	RECORD ONE OPTION IN EACH ROW	YES	NO	CAN'T DO	DOESN'T DO	RF	DK
H.1	Because of a health problem, do you have difficulty walking several blocks?	1 SKIP TO H.3	2	6 SKIP TO H.3	7 SKIP TO H.3	8 SKIP TO H.3	9 SKIP TO H.3
H.2	Because of a health problem, do you have difficulty running or jogging one kilometer?	1 SKIP TO H.4	2 SKIP TO H.4	6 SKIP TO H.4	7 SKIP TO H.4	8 SKIP TO H.4	9 SKIP TO H.4
H.3	Because of a health problem, do you have difficulty walking one block?	1	2	6	7	8	9
H.4	Because of a health problem, do you have difficulty sitting for about two hours?	1	2	6	7	8	9
H.5	Because of a health problem, do you have difficulty getting up from a chair after sitting for long periods?	1	2	6	7	8	9
H.6	Because of a health problem, do you have difficulty climbing several flights of stairs without resting?	1	2 SKIP TO H.8	6	7	8	9
H.7	Because of a health problem, do you have difficulty climbing one flight of stairs without resting?	1	2	6	7	8	9
H.8	Because of a health problem, do you have difficulty stooping, kneeling, or crouching?	1	2	6	7	8	9
H.9	Because of a health problem, do you have difficulty reaching or extending your arms above shoulder level?	1	2	6	7	8	9
H.10	Because of a health problem, do you have difficulty pulling or pushing large objects like a living-room chair?	1	2	6	7	8	9
H.11	Because of a health problem, do you have difficulty lifting or carrying objects that weigh over 5kg, like a heavy bag of groceries?	1	2	6	7	8	9
H.12	Because of a health problem, do you have difficulty picking up a 1-peso coin from the table?	1	2	6	7	8	9
H.13	Because of a health problem, do you have difficulty dressing including putting on shoes and socks?	1 GO TO H.14	2 GO TO THE FILTER ON THE NEXT PAGE	6 GO TO H.14	7 GO TO H.14	8 SKIP TO H.15	9 SKIP TO H.15

# H.14 Does anyone ever help you get dressed? Yes 1 No 2

 RECORD ONE OPTION

## ACTIVITIES OF DAILY LIVING

INTERVIEWER: TAKE A LOOK TO THE LAST TABLE, EXCLUDING THE DARKENED ROWS OF H.2 AND H.6, IF THE RESPONDENT INDICATED NO (2), SKIP TO H.26

	se tell me if you have any difficulty with each of ctivities that I mention. If you do not do any of	WALKING	BATHING	EATING	GO TO BED	USING TOILET
the f	ollowing activities, simply tell me. Do not include ulties that you believe will last less than three	H.15 walking across a room?	H.16 bathing or showering?	H.17 eating, such as cutting your food?	H.18 getting into or out of bed?	H.19 using the toilet, including getting on and off the toilet
	RECORD ONE OPTION IN EACH ROW					or squatting?
	↓ ▼					
А.	Because of a health problem, do you have any difficulty					
	Yes					
В.	Do you ever use equipment or devices such as					
	a cane, walker or wheelchair Yes1 → Go to C No2 RF8 DK9					
C.	What equipment do you use?					
	ENTER ALL THAT APPLY           Guardrail         01           Walker         02           Staff         03           Crutches         04           Orthopedic shoes         05           Brace         06           Prosthesis         07           Oxygen/respirator         08           Furniture/walls         09           Wheelchair/scooter         10           OTHER         11           RF         88           DK         99					
D.	Does someone help you?					
	Yes					

## H.20 INTERVIEWER:

TAKE ANOTHER LOOK AT ACTIVITIES H.15 TO H.19. INDICATE IF IN THE QUESTIONS D THE RESPONDENT RECEIVES HELP (YES = 1) WITH AT LEAST ONE ACTIVITY.

YES, AT LEAST ONE ..... 1 -> GO TO H.21

NO, NONE ...... 2 -> SKIP TO H.26

## HELP WITH ACTIVITIES OF DAILY LIVING

H.21 Please tell me who	H.21 Please tell me who helps you the most with these activities.							
H.21	H.23	H.22	H.24	H.25				
NAME ENTER NAME(S)	IF THE PERSON IS INCLUDED IN ANY REGISTRATION CARD (ROSTER), ENTER THE REGISTRATION NUMBER. IF IT IS A SON/ DAUGTHER-IN-LAW OR GRANDCHILD, ENTER THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED IF PERSON IS NOT IN ANY ROSTER, ENTER 666	RELATIONSHIP         What relationship does         (NAME) have with you?         RECORD ONE OPTION         Spouse       01         Child       02         Child-in-law       03         Grandchild       04         Father/Mother       05         Other relative       06         Other person       07         Paid person       08         RF       88         DK       99	During the last month, about how many days did (NAME) help you? ENTER TOTAL NUMBER OF DAYS EVERYDAY	On those days that (NAME) helps you, about how many hours per day does he/she help you? ENTER TOTAL HOURS PER DAY LESS THAN 1 HOUR 01 RF				
<b>v</b>			<u>→</u>					
NAME	REGISTRATION NUMBER	CODE	DAYS	HOURS				

	INSTRUMENTAL ACTIVITIES OF DAILY LIVING						
	I am going to mention other activities. Please tell	MEALS	SHOPPING	MEDICINES	MONEY		
I me activ	f you have any difficulty with the activities that ntion to you. If you do not do any of the following <i>v</i> ities, simply tell me. Do not include difficulties you believe will last less than three months.	H.26 preparing a hot meal?	H.27 shopping for groceries?	H.28 taking medications (if you take any or needed to do so)?	H.29 managing your money?		
	RECORD ONE OPTION IN EACH FIELD $\downarrow$		<b>→</b>				
A.	Because of a health problem, do you have any difficulty						
	Yes1						
	No2 → Go to the next column or H.30						
	CAN'T DO						
	RF8 DK9 ]→ Go to the next column or H.30						
В.	Is this because of a health problem?						
	Yes1 No2 RF8 DK9						
c.	Does anyone (else) ever help you?						
0.	Yes						
H.30	INTERVIEWER:						
	TAKE ANOTHER LOOK AT THE ACTIVITIES H.26 (YES = 1) WITH AT LEAST ONE ACTIVITY.	TO H.29, INDICATE IF	IN THE QUESTIONS (	C THE RESPONDENT F	RECEIVES HELP		
	YES, AT LEAST ONE 1						

## HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING

H.31 Please tell me who (	or who are) more often to help	us with these activities.		
H.31	H.33	H.32	H.34	H.35
ENTER NAME	IF THE PERSON IS INCLUDED IN ANY REGISTRATION CARD (ROSTER), ENTER THE REGISTRATION NUMBER. IF IT IS SON/ DAUGHTER-IN-LAW	PARENTESCO What relationship does (NAME) have with you? RECORD ONE OPTION Spouse	During the last month, about how many days did (NAME) help you? ENTER TOTAL NUMBER OF DAYS	On those days that (NAME) helps you, about how many hours does he/ she help you? ENTER TOTAL HOURS
	OR GRANDCHILD, ENTER THE NAME AND REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED	Child-in-law03 Grandchild04 Father/Mother05 Other relative06 Other person07 Paid person08	EVERYDAY	LESS THAN 1 HOUR 01 RF
	IF PERSON IS NOT IN ANY ROSTER, RECORD 666	RF88 DK99		
NAME	REGISTRATION NUMBER	CODE	DAYS	HOURS

## GO TO SECTION I

# SECTION I. EMPLOYMENT

START		
	WORK HISTORY	PRIMARY OCCUPATION
l.1	INDICATE IF THIS IS A FOLLOW-UP OR NEW PERSON INTERVIEW. Follow-up	For the following questions, please think about the activities you performed in your primary job throughout your life, or most of your life. I.6 Can you describe for me the tasks or principal functions that you perform (performed) in your primary job?
I.2 I.3	Have you ever had a job for which you received a payment or profit?         RECORD ONE OPTION         Yes         No         2         RF         BK         9         Have you ever helped in a business, farm, or ranch without receiving payment or profit?	ENTER DESCRIPTION
-	RECORD ONE OPTION         Yes       1         No       2         RF       8         DK       9         In what year or at what age did you start your first job?         ENTER THE YEAR OR AGE         YEAR         OR         AGE         RF       8888         DK       9999	I.7       In this primary job, most of your time you are (were) a(n)?         RECORD ONE OPTION         Boss?       01         Self-employed?       02         Employee in a Co-op?       03         Employee with fixed salary?       04         Employee working on commission?       05         Family worker without pay?       06         Non-Family worker without pay?       07         OTHER      08         SPECIFY       88         DK       99
1.5	About how many years in total have you worked (did you work) in your life for income or profits? ENTER TOTAL YEARS YEARS	I.8       For this primary job, do (did) you work in a specific locale?         RECORD ONE OPTION         Yes

#### I.9a INTERVIEWER:

CLASSIFY THE PREVIOUS ANSWER IN THE FOLLOWING LIST

#### NOT IN A LOCALE

In a cropland, boat, pond, etc	01
Door to door or on the street	
In a vehicle: bicycle, tricycle, car, etc.	
(except transportation service)	03
Small stand on street or market	04
In your own home	05
In your employer's or client's home	06
In a vehicle for transportation of people or	
merchandise, taxi, truck, etc. (only one unit)	07
Semi-permanent stand on street or market	
OTHER	09
SPECIEV	

#### IN A LOCALE

Co Pla Re Loc par Loc per Est	Permanent stand on street       10         Commercial location: liquor store, hardware store, etc       11         Place of production: tortillería, bakery, carpentry, etc.       12         Repair shop: mechanic, electrical, etc.       13         Local services: restaurant, bar, etc. (which are not part of a chain).       14         Local for professional, technical expertise, personal, educational, welfare services, etc.       15         Establishments for medium and large dimension production, construction and extraction: factories, mines, oil wells, etc.       16					
Establishment for medium and large dimension commercial, financial, transportation, health, education and other services: supermarkets, banks, buslines, clinics, schools, hotels, etc 17 Medium and large farms and fisheries						
age	deral, state, and municipal administrative offices of government encies					
	SPECIFY					
I.9b	At what age did you begin working at your primary job?					
	ENTER AGE					
	AGE					
	RF					
I.10	How many years have you worked doing these activities or job?					
	ENTER TOTAL YEARS					
	RF					
I.11	Did you ever perform this primary job in the United States?					
	RECORD ONE OPTION					
	Yes					
	RF					

#### **OTHER BENEFITS**

I.12 In your primary job throughout your life, which of the following benefits do (did) you receive?

#### RECORD ONE OPTION IN EACH ROW

	YES	NO	RF	DK
IMSS	1	2	8	9
ISSSTE	1	2	8	9
SAR (Savings for retirement)	1	2	8	9
Accounts in "Afores"	1	2	8	9
Housing credit	1	2	8	9
Private health insurance or medical expenses services	1	2	8	9
Life Insurance	1	2	8	9
Other	1	2	8	9

FILTER: IF RESPONDENT INDICATED 2, 8, 9 FOR IMSS, GO TO THE FILTER BEFORE I.13a

I.13 Did you receive any benefit from IMSS before August 1997?

RECORD ONE OPTION

Yes No	
RF DK	

FILTER: IF THE RESPONDENT INDICATED 2, 8, 9 FOR ISSSTE, GO TO I.14

I.13a Did you receive any benefit from ISSSTE before 2007?

RECORD ONE OPTION

Yes	1
No	2
RF	8
DK	

I.14 Throughout your life, in any job, was money ever deposited to receive a pension after retirement?

#### RECORD ONE OPTION

Yes	1	
No	2]	
RF DK		3

I.15 For how many years has a contribution been made?

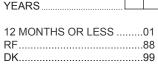
#### ENTER TOTAL YEARS

DK.....99

	CURRENT WORK ACTIVITY	CURRENT OCUPATION			
I.16	Currently you RECORD ONE OPTION	l.19	Regarding the activities that you do at your current job, would you consider them to be similar to or the same as the activities that you performed in your primary job throughout your life or most of your life?		
	Are working?       1         Are looking for work?       2         Don't work?       3         RF       8         DK       9		$\begin{array}{c} \text{RECORD ONE OPTION} \\ \text{Yes1} \rightarrow \text{Skip to FILTER} \\ \text{No2} \\ \text{RF8} \\ \text{DK9} \\ \end{array} \rightarrow \text{Go to 1.20} \\ \end{array}$		
- I.17	Regularly, which days and how many hours do you dedicate to your primary job?	FILIE	R: IF FOLLOW-UP INTERVIEW (I.1 =1) GO TO I.20 IF NEW PERSON INTERVIEW (I.1 =2) .SKIP TO I.25a		
		1.20	Can you describe the tasks or main functions that you perform in your current primary job?		
	ENTER TOTAL HOURS PER DAY		ENTER A DESCRIPTION		
	M T W TH F SAT SUN				
	RF				
	DK99	I.21	In your current primary job you are a(n) RECORD ONE OPTION		
I.18	If you wanted to, could you reduce the number of hours you work, even if your salary were reduced as well?		Boss?01 Self-employed?02 Employee in a Co-op?03 Employee with fixed salary?04		
	RECORD ONE OPTION		Employee working on commission?05 Family worker without pay?06		
	Yes		Non-Family worker without pay?07 OTHER08 SPECIFY		
	RF8 DK9		RF		

1.22	For this primary job, do you work in a specific store?		I.23b	At what age did you start working job?	at you	r curre	ent pri	mary
	RECORD ONE OPTION			ENTER A	ЭE			
	Yes 1			AGE				
	What type of locale is it?							
				RF				
			1.24	For how many years have you per	formed	thes	e activ	vities
	No2			job? ENTER TOTAL		c		
	Where do you work?				I LAN	3		
				YEARS				
				12 MONTHS OR LESS01				
	RF			RF88				
	DK99			DK99				
				OTHER BENEFIT	S			
I.23a	INTERVIEWER: CLASIFICA Y REGISTRA LA RESPUESTA ANTERIOR EN	_						
	SIGUIENTE LISTADO		l.25a	In your current primary job, which do you receive?	of the	follow	/ing be	enefit
				RECORD ONE OPTION	IN EAC	CH RO	W	
NOT	IN A LOCALE							
In a d	cropland, boat, pond, etc	01			YES	NO	RF	DK
	to door or on the street	02	IMSS		1	2	8	9
	/ehicle: bicycle, car, etc. ept transportation service)	03	ISSST	E	1	2	8	9
Smal	I stand on street or market	04	13331	E	<b>_</b> '	2	0	9
-	ur own home ur employer's or client's home		SAR (	Savings for retirement)	1	2	8	9
In a v	vehicle for transportation of people or		Acco	unts in "Afores"	1	2	8	9
	handise, taxi, truck, etc. (only one vehicle)		Acco		+ '			9
	•	09	Housi	ing credit	1	2	8	9
				e health insurance or medical expenses	1	2	8	9
IN A	LOCALE		servic	~				<u> </u>
	nanent stand on street		Life Ir	nsurance	1	2	8	9
Place	mercial location: liquor store, hardware store, etc	12	Other		1	2	8	9
	air shop: mechanic, electrical, etc	13						
	I services: restaurant, bar, etc. (which are not of a chain)	14	l.25b	Now think about all the work you o				
	l for professional, technical expertise,			which days and how many hours d all your jobs?	o you (	dedica	ite, co	unting
	onal, educational, welfare services, etc	15		ENTER TOTAL HOURS	PERI	DAY		
	blishments for medium and large dimension production, truction and extraction: factories, mines, oil wells, etc	16						
	blishments for medium and large dimension comercial, financial				F	SAT	SUN	
trans	portation, health, education and other services: supermarkets,				-	5AI	3014	
	s, buslines, clinics, schools, hotels, etc um and large farms and fisheries			ONLY HAVE ONE JOB RF				
	ral, state, and municipal administrative offices of government	10		DK				
agen	cies	19	I.25c	In your current job (with or withou	t navm	ent) (		ı have
OTH	ER SPECIFY	20	1.250	direct contact with insecticides or			10 you	1111111
				RECORD ONE OPT	ION			
				Yes1				
				No2				
				RF8				
				DK9				
				Skip to I.30				

# ENTER AGE many years have you performed these activities or ENTER TOTAL YEARS

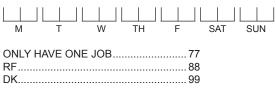


#### **OTHER BENEFITS**

#### RECORD ONE OPTION IN EACH ROW

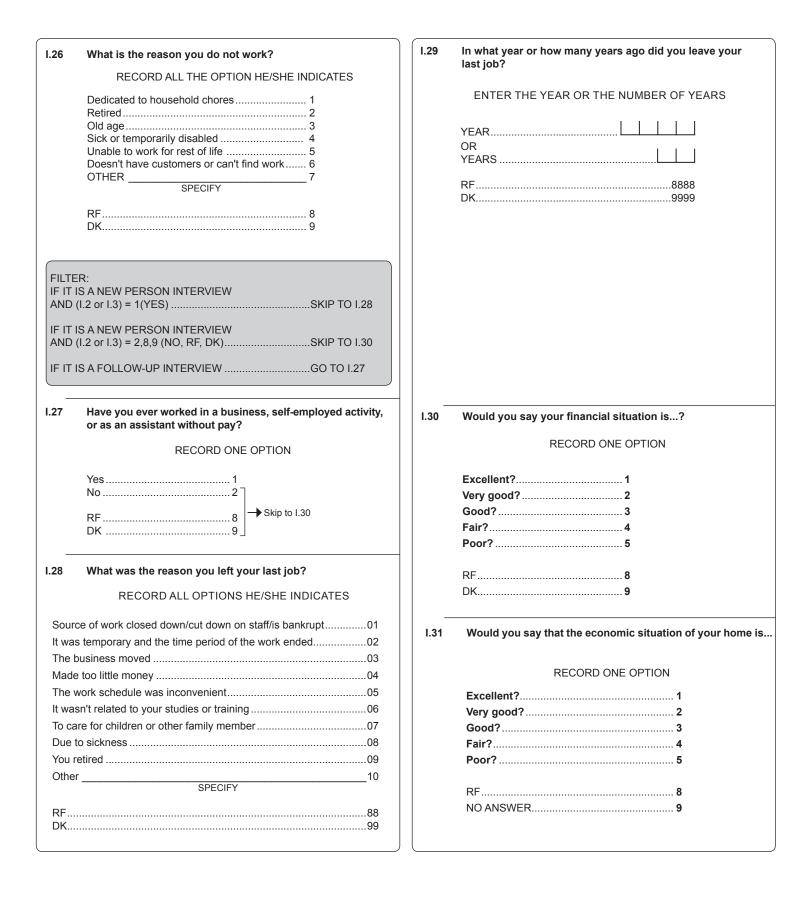
	YES	NO	RF	DK
IMSS	1	2	8	9
ISSSTE	1	2	8	9
SAR (Savings for retirement)	1	2	8	9
Accounts in "Afores"	1	2	8	9
Housing credit	1	2	8	9
Private health insurance or medical expenses service	1	2	8	9
Life Insurance	1	2	8	9
Other	1	2	8	9

#### ENTER TOTAL HOURS PER DAY



#### **RECORD ONE OPTION**

Yes	1
No	2
RF	8
DK	9



FINISH TIME

DATE: DAY MONTH

### GO TO SECTION J

# **SECTION J. HOUSING**

	Y 🛄	N	10NTH	
GENERAL DATA				
INTERVIEWER: SELECT THE ANSWE	R BY (	OBSER	VATIO	N
J.4 This house is a(n) RECORD ONE O Apartment in a building Attic apartment Detached house House in a condominium Apartment in 'vecindad' (dwelling divided into separate units) OTHER			2 3 4 5 7	
DK				
SELECT THE RESPONSE FOR	OBSEF	RVATIO	N	
J.4a Is the house	YES	NO	RF	DK
J.4a_1 on paved street?	1	2	8	9
J.4a_2 on unpaved street?	1	2	8	9
J.4a_3 on a road?	1	2	8	9
J.4a_4 on a path?	1	2	8	9
J.4a_5 on one side of crop fields? J.4a_6 less than 500 meters (about three	1	2	8	9
blocks) from a large avenue, more than two lanes?	1	2	8	9
RECORD ONE OPTIO One story? Two stories? Three or more stories? RF DK		2 3 8		
J.9 Of what material are most of the wa	alls of t	this ho	use?	
RECORD ONE O Partition, brick, stone or concrete . Wood Adobe Asbestos or metal laminate Cardboard laminate OTHER. RF DK			2 3 4 5 6 8	
J.10 Of what material are most of the	roof of	this ho	ouse?	
RECORD ONE OPT Concrete, partition or brick Palm, shingles, or wood Asbestos or metal laminate Cardboard laminate OTHER RF			.2 .3 .4 .5	

J.12 Hoy kitc	RECORD ONE OPTION         Wood, mosaic, or other covering       1         Concrete or slabs       2         Dirt       3         RF       8         DK       9         w many rooms does the house have? (Count the hen, but not the bathroom or halls)         ENTER NUMBER         NUMBER       9         RF       88         DK       99         his house do you have
J.12 Hoy kitc	Concrete or slabs
J.12 Hoy kitc	Dirt
J.12 Hov kitc	RF
J.12 Hov kitc	DK
J.12 Hov kitc	w many rooms does the house have? (Count the hen, but not the bathroom or halls) ENTER NUMBER NUMBER
kitc J.13 In t	hen, but not the bathroom or halls) ENTER NUMBER NUMBER
J.13 In t	NUMBER
J.13 In t	RF
J.13 In t	DK99
J.13 In t	DK99
	his house do you have
	RECORD ONE OPTION
	Piped water inside your house?1
	Piped water outside your house
	but within your lot?
	Other piped water?
	RF
	3
J.14 Do	es the sanitary services used in the house
	RECORD ONE OPTION
h	nave water connection?1
	s filled with a bucket of water? 2
n	io se le echa agua?3
[	DO NOT HAVE 4
F	8F
E	9 0K
.15 ls th	nis service only used by the residents of this hous
	RECORD ONE OPTION
	Yes
	No2

J.16	J.16 The fuel that is used the most to cook is						TENANCY				
	RECORD	ONE OF	PTION				J.19	This house/housing unit is			
	Gas?				1		J.19	-			
	Wood or coal?							RECORD ONE OPTION			
	Other (oil, electricity,	etc)			.3			Rented?1			
	RF				0			Borrowed or transferred without payment?2			
	кг DK							Private property or			
-					-			currently paying it off?3 Other			
J.16a	Besides this, what other fue light?	el do yo	u use 1	0 000	, heat oi			Other7			
								RF8			
	RECORD							DK9_			
	No other						J.20	About how much is the monthly rent?			
	Gas Firewood or Coal						0.20	About now much to the monthly role.			
								ENTER AMOUNT			
	Other (Oil, Electricity, etc.)4							AMOUNT			
	RF					IF AMOUNT ENTERED, SKIP TO J.33					
	DK										
_						_		RF			
J.16b	In the last three months, in							DK			
	consume food or drinks tha	at were	prepar	ed, sto	red or se	ed					
	in earthenware?						J.21	Would you say that it is			
	RECORD ONE OPTION				5.21	Would you say that it is					
	Never1						J.21amore than \$6,000 pesos?				
	Less than once a mo	nth						Yes1 -> Skip to J.21c			
	Once a month3					No2 → Go to J.21b					
	Twice a month4						DK9 → Skip to J.33				
	Once a week							,			
	Two to three times a week6 Daily or almost every day7										
	Daily or almost every	day						J.21bmore than \$2,000 pesos?			
	RF							Yes1			
	DK							No2			
_								DK9			
J.17	Do you regularly use insect			ller/DD	T) <b>to</b>						
	protect your housing unit fr	rom ins	ects?					J.21cmore than \$18,000 pesos?			
								Yes1			
	RECORD	ONE O	PTION					No2 → Skip to J.33			
	Yes		1					DK9			
	No										
	55		•								
	RF DK							OWNERS			
_											
J.18	In this house do you have	•					J.22	Whose name appears on the property title?			
	RECORD ONE OF	PTION I	N EACI	H ROW	/			RECORD ONE OPTION			
			1					nobody, since it has no writings			
		YES	NO	RF	DK			(is in an irregular situation)?1			
	Radio or radio recorder?	1	2	8	9			only you?2			
								only your spouse?			
	Television?         1         2         8         9           Refrigerator?         1         2         8         9					only you and your spouse?4 you and/or spouse, and other(s)					
						family member(s)?					
	Washing machine?	1	2	8	9						
	Telephone?	1	2	8	9			Other relative(s)6			
	Water heater?	1	2	8	9			Other non-relative(s)7			
	Internet?	1	2	8	9			→ Skip to			
								RF8 J.33			
	Computer?	1	2	8	9			DK9			
								—			

J.25	This house is RECORD ONE OPTION	J.29	Would you say that it is			
Bein Bein Or fr "Irre Bein RF	pletely paid off?		$\begin{bmatrix} J.29a & \dots \text{more than $180,000 pesos?} \\ Yes$			
J.26	Including all the mortgages and loans from the bank and/ or family and friends, about how much do you pay for your house per month? ENTER AMOUNT		J.29cmore than \$480,000 pesos? Yes1 No2 DK9 → Skip to J.31			
	AMOUNT IF AMOUNT ENTERED, SKIP TO J.28	J.30	In about how many years will you finish paying these debts off? ENTER TOTAL YEARS YEARS RF 88 DK 99			
	DK99999999 → Go to J.27	CURRENT VALUE				
J.27	Would you say that it is J.27amore than \$7,500 pesos per month? Yes	J.31	About how much do you think your property is worth, including the lot and house? Or if it were sold today, about how much money would you receive for it? ENTER AMOUNT VALUE			
	Yes1 No2 DK9 J → Skip to J.28	J.32	 Would you say that it is			
	J.27cmore than \$20,000 pesos per month? Yes1 No2 DK9		J.32a      more than \$180,000 pesos?         Yes			
J.28	About how much money do you still owe on your house?		Yes1 No2 DK9 → Skip to J.33			
	ENTER AMOUNT		J.32c        more than \$950,000 pesos?           Yes			
	RF					

	SECOND RESIDENCE	J.37	Would you say that it is
J.33	Excluding properties that generate income (rent), do you (or your spouse) own another house or condominium, including time-shared properties? RECORD ONE OPTION Yes		J.37amore than \$6,000 pesos?Yes
	CURRENT VALUE		J.37cmore than \$18,000 pesos?
J.34	If you were to sell this property, and pay off what you owe on this property, about how much money would you have left? ENTER AMOUNT		Yes1 No2 DK9
	VALUEIF AMOUNT ENTERED,SKIP TO J.36a	J.38a	INTERVIEWER: ENTER THE CODE OF THE PERSON THAT PROVIDED THIS INFORMATION
	RF		CODE OF THE RESPONDENT
J.35	Would you say that it is		IF IT IS A SON/DAUGHTER-IN-LAW OR A GRANDCHILD, ENTER THE REGISTRATION NUMBER OF THE CHILD TO WHOM HE/SHE IS RELATED
	J.35a        more than \$180,000 pesos?           Yes1         →         Skip to J.35c           No2         →         Go to J.35b		IF THE PERSON IS NOT INCLUDED IN ONE OF THE LISTS ENTER 666
	DK9 → Skip to J.36a J.35bmore than \$95,000 pesos?	J.38b	NAME OF THE RESPONDENT
	Yes	J.38c	RELATIONSHIP
	J.35cmore than \$950,000 pesos? Yes1 No2		
	DK9		
	RENT GENERATED FROM RESIDENCE		
J.36a	Does the house you live in (or the second residence) generate you income?		
	RECORD ONE OPTION		
	Yes 1 No		
	RF8 DK9 _		
 J.36b	About how much per month? ENTER AMOUNT		
	VALUEIF AMOUNT ENTERED, SKIP TO J.38a		
	RF		

J.40 Think about what is around this house, less than 500 meters or three blocks away there is							
RECORD ONE OPTION IN EACH ROW							
	Yes	No	NR	NS			
J.40a mine, furnace or waste deposit of some metal mine such as gold, silver, copper, iron or lead?	1	2	8	9			
J.40b sanitary landfill or garbage container?	1	2	8	9			
J.40c fuel tanks?	1	2	8	9			
J.40d thermoelectric?	1	2	8	9			
J.40e mechanical workshop?	1	2	8	9			
J.40f incinerator or metal smelting?	1	2	8	9			
J.40g Iron or steel factory, or battery factory?	1	2	8	9			
J.40h workshops for making pottery such as clay pots?	1	2	8	9			
J.40i chemical plants, including chlorine and sodium (or soda) plant?	1	2	8	9			
J.40j paint factories?	1	2	8	9			
J.40k production of fertilizers or pesticides?	1	2	8	9			
J.40I PEMEX refinery?	1	2	8	9			

FINISH TIME

GO TO SECTION K

# SECTION K. PENSION, INCOME AND ASSETS

-		
ATE: DAY	MONTH	

	BUSINESSES								
К.1	.1 Do you (and/or your spouse) own any type of business, farm or land for raising animals or performing any activity on their own? (Include self-employees and employers)								
	Yes								
	INTERVIEWER: ENTER UP TO 2 BUSINESSES	BUSIN	ESSES						
INTEF	VIEWER: IF RESPONDENT IS NOT MARRIED/IN A UNION, SKIP TO K.3								
K.2	Who owns this business? RECORD ONE OPTION Respondent								
K.3	Is this business completely paid off or do you have outstanding debts?								
	RECORD ONE OPTION         Outstanding debts         1_→ Go to K.4         Totally paid         2         RF         B         OK         9								
K.4	About how much money do you still owe? ENTER AMOUNT IF AMOUNT ENTERED, SKIP TO K.8 RF								
K.5	Would you say it is								
	K.5a      more than \$150,000 pesos?         Yes       1       →       Skip to K.5c         No       2       →       Go to K.5b         DK								
	K.5bmore than \$50,000 pesos? Yes1 No2 DK9_ Skip to K.8								
	K.5cmore than \$500,000 pesos? Yes1 No2 DK9								
K.8	If you were to sell your business now, how much would you (or your spouse) receive for it? ENTER AMOUNT IF AMOUNT ENTERED, SKIP TO K.10 RF								

		BUSIN	IESSES
K.9	Would you say it is		
	K.9amore than \$150,000 pesos?		
	Yes		
	DK		
	K.9bmore than \$50,000 pesos?		
	Yes1 No2 → Skip to K.10		
	DK		
	K.9cmore than \$500,000 pesos?		
	Yes		
	DK		
'			
K.10	During the last 12 months, did this business generate income for you (and/or your spouse)?		
	RECORD ONE OPTION		
	Yes1 → Go to K.11		
	No		
	RF		
	DK9_		
K.11	About how much income did this business generate in a typical month? Count income before		
	discounting expenses.		
	ENTER AMOUNT		
	IF AMOUNT ENTERED, GO TO K.13		
	RF		
	DK		
K.12	Would you pay it in		
K.12	Would you say it is		
	K.12amore than \$60,000 pesos?		
	Yes		
	No		
	K.12bmore than \$20,000 pesos?		
	Yes 1		
	No2 → Skip to K.13		
	DK9_		
	K.12cmore than \$180,000 pesos?		
	Yes1		
	No		
	DK		
K.13	About how much did you spend on this business in a typical month?		
	ENTER AMOUNT		
	IF AMOUNT ENTERED, SKIP TO K.15		
	NOTHING		
	DK99999999 → Go to K.14		
-	—		
K.14	Would you say it is		
	K.14amore than \$60,000 pesos?		
	Yes1 → Skip to K.14c		
	No		
	K.14bmore than \$20,000 pesos?		
	Yes		
	No $2 \rightarrow \text{Skip to K.15}$		
	DK9		
	K.14cmore than \$180,000 pesos?		
	Yes 1		
	No2		
	DK		

		BUSINESSES			
K.15	¿Como cuánta ganancia le dejó a usted (y/o su cónyuge) este negocio en un mes normal? ENTER AMOUNT IF AMOUNT ENTERED, SKIP TO NEXT BUSINESS OR TO K.17 NOTHING				
K.16	Would you say it is				
	K.16a      more than \$20,000 pesos?         Yes				
	K.16b      more than \$7,500 pesos?         Yes       1         No				
	K.16c      more than \$60,000 pesos?         Yes				

	REAL ESTATE							
K.17	Excluding your main house or second residence, do you (or your spouse) own any real estate prope or properties for rent?	rty, such as land, vacant lots and/						
	RECORD ONE OPTION           Yes         → Go to K.18           No         2							
	RF							
	INTERVIEWER: IF RESPONDENT IS NOT MARRIED/IN A UNION, SKIP TO K.19 INTERVIEWER: RECORD ONLY ONE PROPERTY (THE MOST IMPORTANT, IF THEY HAVE MORE THAN ONE)							
K.18	Who owns this property, that is, whose name is on the deed?	PROPERTIES						
	RECORD ONE OPTION Respondent1 Spouse2 Both (together)3							
	RF8 DK9							
K.19	Is this property completely paid off or do you have outstanding debts? RECORD ONE OPTION							
	Outstanding debts1 → Go to K.20 Totally paid2							
	RF8 DK9_ → Skip to K.24							
K.20	About how much do you still owe?							
	ENTER AMOUNT IF AMOUNT ENTERED, SKIP TO K.24							
	RF							
K.21	Would you say it is							
	K.21amore than \$180,000 pesos?							
	Yes							
	K.21b más de \$95,000 pesos?							
	Yes1 No							
	DK9_							
	K.21cmore than \$500,000 pesos? Yes 1							
	No							
K.24	If you were to sell your property now, how much would you (or your spouse) receive for it? ENTER AMOUNT IF AMOUNT ENTERED, SKIP TO K.26							
	RF88888888 DK99999999_ → Go to K.25							

[		PROPERTY
K.25	Would you say it is	
C	K.25amore than \$180,000 pesos?	
	Yes1 → Skip to K.25c	
	No $2 \rightarrow \text{Go to K.25b}$	
	DK9 → Skip to K.26	
	K.25bmore than \$95,000 pesos?	
	Yes1 7	
	No	
	DK9 _	
	K.25cmore than \$500,000 pesos?	
	-	
	Yes 1 No	
	DK	
K.26	During last year, did this property generate income for you (and/or your spouse)?	,
	RECORD ONE OPTION	
	Yes1 → Go to K.27	
	No2	
	RF8 → Skip to K.29	
	DK9	
K.27	About how much income did this property generate in a typical month? Consider the income before expenses.	
	ENTER AMOUNT	
	IF AMOUNT ENTERED, SKIP TO K.29	
	RF	
	CKF	
K.28	Would you say it is	
	K.28amore than \$6,000 pesos?	
	Yes 1 → Skip to K.28c	
	No $2 \rightarrow \text{Go to K.28b}$	
	DK9 → Skip to K.29 K.28bmore than \$2,000 pesos?	
	· · · · ·	
	Yes1 No2 → Skip to К.29	
	DK9	
	K.28cmore than \$18,000 pesos?	
	Yes	
	No	
	DK9	
K.29	About how much did you spend on this property in a typical month?	
	IF AMOUNT ENTERED, SKIP TO K.31	
	NADA 0000000 -> Skip to K.31	
	RF	
	DK	
K.30	Would you say it is	
	K.30amore than \$800 pesos?	
	Yes 1 → Skip to K.30c	
	No	
	DK9 → Skip to K.31	
	K.30bmore than \$200 pesos?	
	Yes1	
	No 2	
	DK9	
	K.30cmore than \$2,500 pesos?	
	Yes1	
	No2 → Go to K.31	
	DK9 _	

	ASSETS								
К.31	Do you (and/or your spouse) have?	K.31a Checking saving accounts fixed investmen	s, or	K.31b Loans to parties?	o third	K.31c Stocks, company shares or bonds?			
		RECORD ONE		RECORD ONE		RECORD ON			
	RECORD ONE OPTION IN EACH ROW	Yes 1 No 27	Go to K.32	Yes 1 No 27	K.32	Yes 1 No 2]	Go to K.32		
		RF8	Skip to K.31b	RF8	Skip to K.31c	RF8	Skip to		
		DK9		DK9		DK9			
IF	RESPONDENT IS NOT MARRIED/IN A UNION, GO TO K.33 RECORD ONE OPTION								
K.32	Who owns this/these (ASSET/S)?								
	Respondent								
	Both (together)								
	кго DK9								
K.33	Adding up all these accounts, what is their approximate total value?								
	ENTER AMOUNT								
	IF AMOUNT ENTERED, SKIP TO K.35 RF								
	DK99999999 → Go to K.34								
K.34	Would you say it is								
	K.34amore than \$25,000 pesos?								
	Yes1 → Skip to K.34c No						I		
	DK9 → Skip to K.35								
	K.34bmore than \$12,000 pesos?								
	Yes1 No2 → Skip to K.35						I		
	DK9						]		
	K.34cmore than \$90,000 pesos?								
	Yes1 No2								
	DK9								
K.35	During the previous year, did this/these (ASSET) generate income for you (and/or your spouse)? RECORD ONE OPTION								
	Yes1 → Go to K.36 No2						I		
	RF8 → Skip to next asset or to K.38								
	DK9_								
K.36	About how much per month? ENTER AMOUNT								
IF AMO	DUNT ENTERED, GO TO NEXT ASSET OR TO K.38 RF88888888								
	Co to K.37 → Go to K.37								
K.37	Would you say it is								
	K.37amore than \$400 pesos?								
	Yes								
	No $2 \rightarrow Go$ to K.37b DK						I		
	K.37bmore than \$200 pesos?								
	Yes 1 No								
	DK								
	K.37cmore than \$2,000 pesos?								
	Yes 1 No 2 DK 9 Go to next asset or skip to K.38								
	DK9						1		

	OTHER ASSETS	K.43	Would you say it is
K.38	Do you (and/or your spouse) own any vehicles for private or recreative use?         RECORD ONE OPTION         Yes		K.43a      more than \$180,000 pesos?         Yes       1       Skip to K.43c         No       2       Go to K.43b         DK       9       Skip to K.44         K.43b      more than \$95,000 pesos?         Yes       1         No       2         JK      more than \$95,000 pesos?         Yes       1         No       9         Skip to K.44         K.43c      more than \$500,000 pesos?         Yes       9
K.40	RF		Yes1 No2 DK9
<b>K.4</b> 0	ENTER AMOUNT AMOUNT	K.44	In case of a family emergency in which you had to sell all the assets you have not mentioned, about how much money would you receive for them? ENTER AMOUNT
K.41	Would you say it is         K.41a      more than \$180,000 pesos?         Yes		IF AMOUNT ENTERED, GO TO K.46 NOTHING0000000 → Skip to K.46 RF8888888 DK99999999 → Go to K.45
K.42	K.41b      more than \$95,000 pesos?         Yes       1         No       9         K.41c      more than \$500,000 pesos?         Yes       1         No       2         DK       9         If you were to sell them, about how much money would you receive?         ENTER AMOUNT         AMOUNT         IF AMOUNT ENTERED, SKIP TO K.44         RF	K.45	Would you say it is         K.45amore than \$180,000 pesos?         Yes       1 $\rightarrow$ Skip to K.45c         No       2 $\rightarrow$ Go to K.45b         DK       9 $\rightarrow$ Skip to K.46         K.45bmore than \$95,000 pesos?         Yes       1 $\rightarrow$ No       2 $\rightarrow$ Skip to K.46         K.45cmore than \$95,000 pesos?         Yes       1 $\rightarrow$ No       2 $\rightarrow$ Skip to K.46         DK       9 $\rightarrow$ Skip to K.46         DK       9 $\rightarrow$ Skip to K.46         DK       9 $\rightarrow$ Skip to K.46
	DK 9999999		

RESPONDENT'S INCOME FROM PAID JOB (EXCLUDE SELF-EMPLOYED AND EMPLOYERS)

	PRIMARY JOB		SECONDARY JOB K.49 During the last year, did you have	
K.45d INTERVIEWER:	K.46 During the la have a prima	st year, did you ry paid job?	K.49 During the la a secondary	
REGISTER THE NUMBER (NP) OF THE PERSON TO WHOM THE FOLLOWING QUESTIONS REFER TO (K46 to K51, K70 to K73b and K79 to K81)	RECORD O Yes	NE OPTION 1		NE OPTION 1
	No RF DK	2 8 9 Skip to K.58	No RF DK	2 8 9 → Skip to K.58
	Excluding income alr last year did you rece	ready mentioned, eive income from	Excluding income all last year did he/she i from	ready mentioned, receive income
	RECORD C	ONE OPTION	RECORD	ONE OPTION
	K.47Salary, commission, and overtime from your primary job?	K.48Bonus and/ or profit share from your primary job?	K.50Salary, commission, and overtime from your secondary job?	K.51Bonus and/ or profit share from his/her secondary job?
	Yes1 → Go to A	Yes1 $\rightarrow \frac{Go}{to A}$	Yes1 $\rightarrow \frac{Go}{to A}$	Yes1 $\rightarrow _{to A}^{Go}$
	No2 RF8 DK9	No2 RF8 DK9 → to K.49	No2 RF8 DK9 Skip to K.51	No2 RF8 DK9 → to K.58
A. About how much did you earn?	1			
ADAPT ACCORDING TO PERIOD AND ENTER AMOUNT				
month?1 year?2				
IF AMOUNT ENTERED, SKIP TO NEXT COLUMN OR TO K.58	1	2	1	2
RF88888888 DK99999999 ] → Go to B				
B. Would you say it is				
<b>B.1more than \$7,500 pesos a month</b> (or 90,000 pesos a year)?				
Yes 1 $\rightarrow$ Skip to B.3 No 2 $\rightarrow$ Go to B.2 DK				
column or to K.58				
<b>B.2more than \$2,000 pesos a month</b> (or 24,000 pesos a year) <b>?</b>				
Yes 1 No 2 DK				
<b>B.3more than \$15,000 pesos a month</b> (or 180,000 pesos a year)?				
Yes 1 No 2 DK 9 Skip to next column or to K.58				

RESPONDENTS	INCOME FROM PENS	SION		
K.58 Excluding income already mentioned, during the last year did you receive pension income from	K.58a Retirement?	K.58b Widowhood?	K.58c Disability or work accident?	K.58d Others?
RECORD ONE OPTION IN EACH ROW	RECORD ONE OPTION Yes1→ <sup>Go to</sup> K.59	RECORD ONE OPTION Yes1-	RECORD ONE OPTION Yes1-	RECORD ONE OPTION
	No	No2 RF	No2 RF8 DK9 K.59 K.59 K.59	No2 RF
K.59 This pension comes from         RECORD UP TO TWO         IMSS?       01         ISSSTE?       02         Other public (PEMEX, DEFENSE, NAVY, CFE, BANXICO)?       03         Private?       04         U.S. Social Security?       05         Other institution?       06         A Person?       07         RF       88         DK       99				
K.60 In what year did you start receiving this pension?				
ENTER THE YEAR FOR EACH SELECTED PENSION				
RF				
K.61 About how much was it in a typical month?				
ENTER AMOUNT FOR EACH SELECTED PENSION IF AMOUNT ENTERED, SKIP TO K.63				
RF				
K.62 Would you say it is				
K.62a      more than \$2,000 pesos a month?         Yes       1 → Skip to K.62c         No       2 → Go to K.62b         DK       9 → Skip to K.63				
K.62b      more than \$950 pesos a month?         Yes				
UK				
IF RESPONDENT IS NOT MARRIED/IN A UNION,				
SKIP TO NEXT PENSION OR TO K.70 K.63 If you were to die, could your spouse receive part of your pension?				
RECORD ONE OPTION FOR EACH SELECTED PENSION				
Yes 1 No 2 RF 8 DK 9 Go to next pension or skip to K.70				

	RESPONDENT'S FUTURE PENSION
K.70	Are you expecting to receive a(nother) retirement pension in the future? RECORD ONE OPTION
	Yes
K.71	Which institution would give you these pensions?
	RECORD ALL THE OPTIONS HE/SHE INDICATES
IMSS	S01
	01 TE02
	r Public (PEMEX, DEFENSE, NAVY, CFE, BANXICO)
	Social Security05 r Institution
	rson
	ral or State Programs (Program 65 and more,
Food	pension for older adults, etc)08
K.72	At about what age do you think you could start receiving this (the first) pension?
	ENTER AGE
	AGE
	87 YEARS OR MORE87 RF
K.73a	REGISTER IF IT IS A UNIQUE INTERVIEWER, OR WITH A COUPLE IN THE HOME
	WITH AN INDIVIDUAL 1 - Skip to K.79
	WITH A COUPLE IN THE HOUSEHOLD 2 $\rightarrow$ Go to FILTER
FILTER:	
IF K.70 :	= 1 AND K.73a = 2 → GO TO K.73b
	= 2, 8 or 9 AND K.73a = 2 $\rightarrow$ SKIP TO K.79
K.73b	If you were to die, could your spouse receive part of this pension?
	RECORD ONE OPTION
	Yes 1 No 2
	RF

К.79	Excluding income already mentioned, during the last year did you receive income from RECORD ONE OPTION IN EACH ROW	K.79a any monetary or in-kind transfer from public institutions such as PROAGRO productivo (before PROCAMPO), PROSPERA (before PROGRESA), INAPAM (before INSEN), Seguro Popular? RECORD ONE OPTION Yes	K.79c income from the sale of some good like a property, a gift, or an inheritance? RECORD ONE OPTION Yes
PRC PRC INA	1 This donation came from REGISTER UP TO TWO DAGRO Productivo (before PROCAMPO)? 1 DSPERA (before Opportunities)?		
RF DK .	er institution?		
K.80	About how much was it in a typical month (in a normal / total month)? REGISTER AMOUNT FOR EACH ONE OF THESE TRANSFERS RF		L
K.81	Do you consider this as income you can count on in the future? RECORD ONE OPTION Yes		
\	DK9		GO TO K.52a

SPOUSE'S INCOME FROM PAID JOB (EXCLUDING SELF-EMPLOYED AND EMPLOYERS)					
	PRIMARY JOB SECONDARY JOB				
K.52a INDICATE IF THIS IS AN INDIVIDUAL INTERVIEW OR ONE WITH THE HOUSEHOLD COUPLE	K.52b During the pas			K.55 During the last year, did his/her spouse have a secondary paid job?	
INDIVIDUAL INTERVIEW 1 -> Skip to K.78	RECORD O		RECORD O		
COUPLE IN HOUSEHOLD 2 - Go to K.52a_1		1		1	
RECORD ONE OPTION IN EACH ROW	No	2 8 9 ] → Go to K.64b	No	2 • Go to K.64b	
	DK	9	DK	8 →Go to K.64b	
>	Excluding the incon mentioned, last year spouse receive inco	did your	Excluding the incon mentioned, last yea receive income fron	r did your spouse	
	RECORD C	ONE OPTION	RECORD C	ONE OPTION	
K52a_1 INTERVIEWER: REGISTER THE NUMBER (NP) OF THE PERSON TO WHOM THE FOLLOWING QUESTIONS REFER TO (K.52b to K.57, K.64a to K.69, K.74 to K.77 and	K.53Salary, wages, commission, and overtime from his/her primary job?	K.54Bonus and/ or profit share from his/her primary job?	K.56Salary, wages commission, and overtime from his/her secondary job?	K.57Bonus and/or profit share from his/her secondary job?	
K.82b to K.84)	Yes1 $\rightarrow_{\text{to A}}^{\text{Go}}$	Yes $1 \rightarrow \frac{Go}{to A}$	Yes 1 $\rightarrow \frac{Go}{to A}$	Yes1→ <sup>Go</sup> toA	
	No2 RF8 → to	No2 RF8 DK9 → to K.55	No	No2 RF8 → Skip to	
	DK9 K.54	DK9 K.55	DK9 K.57	DK9] 64b	
A. About how much did he/she earn?					
ADAPT ACCORDING TO PERIOD AND REGISTERS QUANTITY					
Month?1 Year?2					
IF AMOUNT ENTERED, SKIP TO NEXT COLUMN OR TO K.64b	1	2	1	2	
RF88888888 DK99999999 → Go to B					
B. Would you say it is					
B.1more than \$7,500 pesos a month (or \$90,000 pesos a year)? Yes1→ Skip to B.3					
No2→Go to B.2 DK9→ Skip to next column or to K.64b					
B.2more than \$2,000 pesos a month (or \$24,000 pesos a year)?					
Yes1 No2 DK9 $\xrightarrow{\text{Skip to next}}$ column or to K.64b					
B.3more than \$15,000 pesos a month (or 180,000 pesos a year)?					
No2 DK9 DK9					

SPOUSE'S INCOME FROM PENSION					
K.64b	Excluding income already mentioned, during the last year did your spouse receive pension	K.64c Retirement?	K.64d Widowhood?	K.64e Disability or work accident?	K.64f Other pensions?
	INCOME FROM RECORD ONE OPTION IN EACH ROW	RECORD ONE OPTION	RECORD ONE OPTION	RECORD ONE OPTION	RECORD ONE OPTION
		Yes1 $\rightarrow_{K.65}^{\text{Skip to}}$	Yes1 $\rightarrow_{K.65}^{\text{Skip to}}$	Skip Yes1 → to K.65	Go to Yes1→ K.65
		No2 RF8 DK9 Go to K64d	No2 RF8 DK9 →K64e	No2 RF8 DK9	No2 RF8 DK9
K.65	This pension comes from				
IMSS2	RECORD UP TO TWO				
ISSSTE Other Pu Private U.S. So	?         02           ıblic (PEMEX, DEFENSE, NAVY, CFE, BANXICO)?         03           ?         04           cial Security?         05				
A Perso	of State Programs (Program 65 and more,				
K.66	In what year did your spouse start receiving this pension?				
E1	NTER THE YEAR FOR EACH SELECTED PENSION				
	RF				
K.67	About how much was it in a typical month?				
ENT	ER THE AMOUNT FOR EACH SELECTED PENSION IF AMOUNT ENTERED, GO TO K.69				
	RF88888888 DK99999999 → Go to K.68				
K.68	Would you say it is				
	K.68amore than \$2,000 pesos a month?           Yes				
	DK				
	Yes				
	K.68cmore than \$7,500 pesos a month? Yes				
K.69	If your spouse were to die, could you receive part of this pension?				
RECC	ORD ONE OPTION FOR EACH SELECTED PENSION				
	Yes1 No2 RF8 DK9 J→Go to next pension or skip to K.74				

	SPOUSE'S FUTURE PENSION			
K.74	Is your spouse expecting to receive a(nother) retirement pension in the future? RECORD ONE OPTION			
	Yes1 No2 → Skip to K.82b			
	RF			
K.75	Which institution would give your spouse this(these) pension(s)?			
	RECORD ALL THE OPTIONS HE/SHE INDICATES			
	IMSS01 ISSSTE			
	Other public (PEMEX, DEFENSE, NAVY, CFE, BANXICO)03			
	Private			
	Other Institution			
	A Person07 Federal or State Programs (Program 65 and more,			
	Food pension for older adults, etc)08			
	RF			
K.76	At about what age do you think your spouse could start receiving this (the first) pension?			
	ENTER AGE			
	AGE			
	87 YEARS OR MORE87			
	RF88 DK			
K.77	If your spouse were to die, could you receive part of this pension?			
	RECORD ONE OPTION			
	Yes1 No2			
	RF8 DK9			

SPOUSE'S INCOME FROM OTHER TRANSFERS			
K.82b Excluding income already mentioned, during the last year did your spouse receive income from RECORD ONE OPTION IN EACH ROW	K.82cany monetary or inkind transfer from public institutions such as PROAGRO productivo (before PROCAMPO), PROSPERA (before Oportunidades), INAPAM (before INSEN), Seguro Popular? RECORD ONE OPTION Yes	K.82eincome for the sale of some good like a property, a gift, or an inheritance? RECORD ONE OPTION Yes	
K.82c_1 That donation came from			
REGISTER UP TO TWO			
PROAGRO Productivo (before PROCAMPO)?       1         PROSPERA (before Oportunidades)?       2         INAPAM (before INSEN)?       3         other institution?       4         RF       8         DK       9			
K.83 About how much was it in a typical month (in a normal/total month)? ENTER AMOUNT FOR EACH ONE TRANSFERS RF		ENTER TOTAL	
K.84 Does your spouse consider this as income he/she can count on in the future? RECORD ONE OPTION Yes1 No2 RF		GO TO K.78	

	INCOME FROM DONATIONS AND TRANSFERS		HOUSEHOLD CONSUMPTION
K.78	Excluding income already mentioned, during the last year did you (and/ or your spouse) receive any monetary or in-kind help from relatives or friends who do not reside here with you? RECORD ONE OPTION Yes	K.88	In total, about how much do you spend in a month for household expenditures? Exclude the value of what you produce for home consumption. ENTER AMOUNT AMOUNT
К.78а	Excluding income already mentioned, during the past year, did anyone else in the household receive any donation in cash or in kind from PROSPERA (before Oportunidades)? Yes1 No2 RF8 DK9	K.89	Would you say it is         K.89a      more than \$7,500 pesos per month?         Yes
	OTHER DEBTS		Yes
K.85	Do you (or your spouse) have any debts which we have not asked about, such as credit cards, medical debts, loans on life insurance, family loans or others? RECORD ONE OPTION Yes1 No		K.89c        more than \$12,000 pesos per month?           Yes
	RF8 DK9 _ → Skip to K.88	K.90	Do you or anyone else in your household make clothes, raise animals, or cultivate food for home consumption? RECORD ONE OPTION
K.86	Taking all these into account, about how much do you owe? ENTER AMOUNT		Yes1 No2 RF
	AMOUNT	K.91	DK9 In the last two years, have you always had enough money to buy the food that you need?
	RF88888888 DK99999999 ] → Go to K.87		RECORD ONE OPTION Yes
K.87	Would you say it is		RF8
	K.87a      more than \$25,000 pesos?         Yes	K.92	DK
	No		RF
	Yes		

	FUTURE PLANS	
K.93a	Have you made any arrangements to transfer your assets in case of death?	
	RECORD ONE OPTION	
	Yes1_ No2_ DOESN'T OWN ASSETS3	
_	RF8 DK9 Skip to K.96a	
K.93b	Are these arrangements written in a formal will by a notary?	
	RECORD ONE OPTION	
	Yes1 No2	
	RF8 → Skip to K.96a	
K.94	Excluding your spouse, who would be the beneficiary of your assets in case of death?	
	RECORD ONE OPTION Child(ren) and/or Grandchild(ren)1 Other2	
	Child and/or Grandchild,	
	and other3	
	No one else4	
	RF8 DK9	
K.96a	INTERVIEWER: ENTER THE CODE OF THE PERSON THAT PROVIDED THIS I	NFORMATION
	CODE OF THE RESPONDENT	→ SKIP TO K.97
	IF IT IS A SON/DAUGHTER-IN-LAW OR A GRANDCHILD, ENTE IS RELATED	R THE REGISTRATION NUMBER OF THE CHILD TO WHOM
	IF THE PERSON IS NOT INCLUDED IN ANY ROSTER, RECORI	D 666
K.96b	NAME OF RESPONDENT	
K.96c	RELATIONSHIP	

	WIDOWHOOD		
K.97	INTERVIEWER: REGISTRA SI EL ENTREVISTADO ENVIUDÓ DESDE LA ÚLTIMA ENTREVISTA (EN LOS ÚLTIMOS 3 AÑOS SI ES PERSONA NUEVA)		About how much money it was in a typical month before the death of your spouse? ENTER AMOUNT AMOUNT
	YES GO TO K.98		IF AMOUNT ENTERED, SKIP TO K.103 NOTHING0000000 → Skip to K.103
	NO		RF
		K.102	Would you say it is
	INCOME FROM PENSION		K.102a      more than \$2,000 pesos a month?         Yes
K.98	Think back to the time when your spouse died. Did you move, did someone come to live with you, or was there some other change in your living arrangements due to the death of your spouse?		K.102b      more than \$950 pesos a month?         Yes
	RECORD ONE OPTION Yes, changed residence1 Yes, someone else moved in to live with respondent2		K.102cmore than \$7,500 pesos a month? Yes1 No2 DK9 Go to K.103
	No, none3 RF8 DK9	K.103	About how much money it was in a typical month since the death of your spouse? ENTER AMOUNT
K.99	What was the main reason for this change in living arrangements? RECORD ONE OPTION		AMOUNT IF AMOUNT ENTERED, SKIP TO K.105
	The residence could no longer be paid for 1 To be close to family members 2 Other reason	_	NOTHING0000000 → Skip to K.105 RF8888888 DK99999999 → Go to K.104
K.100	Think about the time when your spouse died. Regarding pension money, did you begin to receive, stop receiving, or there was some other change in the income from pension due to the death of your spouse?	K.104	Would you say it is K.104amore than \$2,000 pesos a month? Yes
	RECORD ONE OPTION		No2 → Go to K.104b DK9 → Skip to 105
	Yes, started to receive		K.104b      more than \$950 pesos a month?         Yes1       No
	DK9_		

RECORD ONE OPTION       Yes, started to work	. About
Yes, started to work       1 $\rightarrow$ Skip to K.107         Yes, stopped working       2         Yes, changed the number of hours       3         No, none       4         Never worked or had a job       5         RF       8         DK       9         Skip to K.108       K.111         Regarding the expenses associated with the death or spouse such as funeral costs, legal fees, and others how much was spent altogether for such things? For medical expenses.	. About
Yes, stopped working	. About
Yes, changed the number of hours 3 No, none	. About
No, none       4         Never worked or had a job       5         RF       8         DK       9         → Skip to K.108       K.111         Regarding the expenses associated with the death of spouse such as funeral costs, legal fees, and others how much was spent altogether for such things? If medical expenses.	. About
Never worked or had a job	. About
RF	. About
K.106 About how many hours did you work in a typical week ENTER AMOUNT before the death of your spouse?	
ENTER TOTAL HOURS	
NUMBER IF AMOUNT ENTERED, SKIP TO K.113	
NONE	
RF	
RF	
K.107 About how many hours do you work in a typical week since the death of your spouse?	
ENTER TOTAL HOURS K.112 Would you say it is	
NONE	
RF	
DK	
K.108 Regarding the medical services to which you have rights, did the type, cost, or coverage of your medical services DK	
change as a result of the death of your spouse? K.112bmore than \$4,000 pesos?	
Yes17	
RECORD ONE OPTION	
Yes1 K.112cmore than \$30,000 pesos?	
No1	
Never had coverage	
RF9	
DK9_	
K.113 Were some of these expenditures covered by insura	nce?
K.109 What kind of change was produced?	
RECORD ALL OPTIONS THAT HE/SHE INDICATES RECORD ONE OPTION	
Yes, all 1	
Lost coverage         1         Yes, some         2           Changed system/coverage         2         No         3	
Changed system/coverage	
Have fewer or worse services	
The cost increased	
OTHER	
RF	

K.114	In order to pay for the expenses associated with the (sickness/ accident) death of your spouse, did you have to sell belongings, spend money that you normally would not have touched, seek help from family, or do something else to get money?		
	RECORD ALL THE OPTIONS THAT HE/SHE INDICATES		
	Yes, sell belongings1 Yes, spend savings2 Yes, get help from family and/or friends		
	No, nothing special		
	RF8 DK9		
K.116	Did you receive this help received from a child, other relative, or someone else?		
	RECORD ALL THE OPTIONS THAT HE/SHE INDICATES		
	Children/Children-in-law/Grandchildren 1 Other relatives		
,	RF8 DK9		
	INTERVIEW CONTROL		
INDIC PERS	CATE IF THE INTERVIEW IS TO FOLLOW-UP OR NEW		
	FOLLOW-UP 1 -> GO TO SECTION SA		
	NEW PERSON 2		

# SECTION SA. SURVIVING WIDOW(ER)

START 1			
SA.2 A	Approximately, how old was (NAME) upon passing away?	SA.8a	When did (NAME) pass away?
	ENTER FULL YEARS		ENTER MONTH AND YEAR
Y			YEAR
	RF		RF88/88
			DK99/99
	NTERVIEWER: RECORD (NAME)'S SEX	SA.8b	When your spouse passed away, were you and/or your spouse owners of a house, an apartment, a ranch, or a farm?
N	Male1		RECORD ONE OPTION
F	Female		Yes1_
			No2 RECORD TIME AND GO TO
	Did (NAME) die in a private house or in a hospital or nstitution?		RF
_	RECORD ONE OPTION	SA.8c	What happened to the property?
	Private house1 Hospital or institution2		RECORD ONE OPTION
-	OTHER		Still is totally or partially
-	ХГ0 DK9		your property1 It is property of children/
			grandchildren2
SA.5 li	n what community did (NAME) pass away?		Was inherited by someone else
	RECORD ONE OPTION		Was sold4 Property is not yet available
lr	n this community1		to you5
	Other community in this state2 Other state in Mexico		RF
	United States4 Dther country not the United States		DK9 CONTACT
F	RF8		2
	ОК9	SA.8d	Who had more weight in deciding what to do with the property
SA.6 V	Nhat was the cause (NAME)'s of death?		- you, your spouse, or another person?
	RECORD ONE OPTION		RECORD ONE OPTION
	Sickness1 Accident or violence		Respondent1
	Other cause3		Spouse
F	RF8 Skip to SA.8a		
	ок		RF8 DK9
	What was the primary sickness that caused the death of		
()	NAME)? RECORD ONE OPTION	5A.80	Who currently lives on that property?
C	Cancer1		RECORD ONE OPTION
C	Diabetes2		Respondent lives there1
	Stroke3 Heart4		Children/Grandchildren or
	nfection5		other family members live there2 Other non-relatives live there3
	DTHER6		
	RF		RF8 DK9

PASA A INFORMACIÓN PARA CONTACTO FUTURO

# INFORMATION FOR FUTURE CONTACT

In order to locate (YOU/STUDY SUBJECT) in case of a change of address, please provide the name and full address, as well as the phone number a person who does not live in the same household as (YOU/STUDY SUBJECT).

COMPLETE NAME	
RELATIONSHIP	
STREET, AVENUE, ALLEY, ROAD, HIGHWAY, BOULEVARD,	КМ
EXTERIOR NUMBER, INTERIOR NUMBER, NEIGHBORHOOD,	UNIT
BETWEEN STREET (NAME)	
AND STREET (NAME)	
BACK STREET	ZIP CODE
HOME PHONE	CELLPHONE
STATE	
MUNICIPALITY OR DELEGATION	
LOCALITY	
GENERAL OBSERVATIONS REGARDING THE INTE	ERVIEW

1