## GOVERNMENT OF NICARAGUA NATIONAL INSTITUTE OF STATISTICS AND CENSUS

### LIVING STANDARDS MEASUREMENT STUDY SURVEY

E.M.N.V. '98

**FISE** 

WB

**UNFPA** 

UNDP

**ASDI** 

NORAD

NADIDA

IDB

## LIVING STANDARDS MEASUREMENT STUDY SURVEY

1998

Questionnaire No. // of					FISE () 1 Beneficiary: School Health Post Water Sewage	Urban ( ) 1	Not FISE () 2 No () 2 Rural ( ) 2 ( ) 4 ( ) 6 ( ) 8
I. GEOGRAPHIC IDENTIFICATION					Latrines	( ) 9	( ) 10
LOCALIZATIO	N	CODE	LOCATION	CODE	IDENTIFICATION	ON	NUMBER
1. Department			6. Dwelling Number		11. Number of people in the	ne household	
2. Municipio			7. Number of households		12. Name of household h	a a d	
3. Supervision Area			Number of nouseholds     Household number		12. Name of nousehold n	eau	
	Compact Segment			S OF FIFLD W	/ORK PERSONNEL		CODE
5. Area	Urban1		9. Interviewer	O OI TILLD VI	TOTAL PROOFFIE		JOODE
	Rural2		10. Supervisor				
II. ADDRESS OF THE DWELLING WH		USEHOLD IS					
Community/Region/Neighborhood:		Street/Way/l	Road:	House No./Lo	t No./Building Name:	Other signs:	
III. KEY ENTRY						•	
		FIRST ROU	ND		SECOND ROUND		
Name of Key Entry Operator:	Code	Date of key	entry		Date of key entry		
		Date of corre	ection		Date of correction		

		INTER	VIEW CONTR	OL					INTE	RVIEW CONT	ROL	
		FI	RST ROUND				1		SE	COND ROUN	ID T	
\	 /ER CONTROL						 NTED\/IEM	/ER CONTROL				
A. IINTERVIEW		 me	Result of	Sections	Date of	A. I	NIEKVIEW	Tin	ne	Result of	Sections	Date of
/isit Date	Start time	End time	Interveiw	Completed	Next Visit	Visit	Date		End time	Interveiw	Completed	Next Visit
1	Julius IIII			- Completed	Tronc tronc	1	24.0				- Compressor	Trom them
2						2						
3						3						
4						4						
BSERVATION	NS .					OBS	SERVATION	NS .				
isit econd Round	Date: Hour:		People to rein	nterview (identification	on codes)							
. SUPERVISO	OR CONTROL  Result of the		Supervision	Results of the	Date returned	B. \$	SUPERVISO Date of	OR CONTROL Result of the	7	Supervision	Results of the	Date returned
isit Receipt	Review		Date	Supervision	to Interviewer	Visit	Receipt	Review		Date	Supervision	to Interviewer
1						1						
2						2						
3						3						
4						4						
BSERVATION	NS					OBS	SERVATION	NS				
OATE GIVEN T ECHNICIAN:	0						E GIVEN T HNICIAN:	0				
	Questionnaire				CODES FOR R EC: Complete I	nterview	MA: Res	ident Absent			Results of the Super EB: Well done interv	view
	t Questionnaire				EI: Incomplete I	nterview					EO: Interview with C	
O: Questionn	aire with Omissi	ons					D. Uninh	abited	]		ER: Regular intervie	W

# I ROUND

SECTION 1. CHARACTERISTICS OF THE DWE			
PART A. CHARACTERISTICS OF THE DWELLI			
How many persons usually live in this dwelling?	4. What is the most prevalent material used for the exterior wall of the housing?	6. What is the most prevalent material used for the roof?	OBSERVATIONS
Number of persons://	-Bricks or earthenware bricks1	-Zinc1	
NOTE	-Concrete blocks2	-Earthward tile2	
NOTE: A PERSON IS CONSIDERED AS AN	-Sun-dried brick3	- Nicalit or plycem lamina3	
HABITUAL RESIDENT IN A SELECTED HOUSEHOLD IF IT SERVES HIM/HER AS A	-Stone quarry4	-Straw or similar4	
PERMANENT RESIDENCE (EAT AND SLEEP) OR IF HE/SHE LIVES THERE AT LEAST 3	-Bamboo, cane or palm5	-Broken stone or residues5	
MONTHS DURING THE LAST 12 MONTHS.	-Wood6	-Other, which one?6	
	-Wood and concrete (miniskirt)7	7. What is the principal means of access to this	
2. How many households or groups of people	-Nicalit or plycem lamina8	dwelling at all time?	
are there in this house that cook separately?	-Broken stone or residues9	-Paved street1	
Groups:/	-Other, what?10	-Unpaved street2	
NOTE:		-Trail3	
HOUSEHOLD IS THE PERSON OR GROUP OF PEOPLE, COULD BE RELATIVES OR		-Sea or river4	
NOT, WHO USUALLY LIVE IN THE SAME HOUSE, FILL IT PARTIALLY OR TOTALLY,	5. What is the most prevalent material used for the flooring?	-Other5	
AND SHARE THEIR FOOD.	-Wood1	8. From 1993, the means of access to this dwelling:	
	-Tile2	-Have improved1	
Kind of housing (by observation)	-Bricks or earthenware bricks 3	-Have deteriorated2	
-House[]1	-Concrete bricks, mosaic4	-Still the same3	
-Manor[]2	-Soil5	-You didn't live there4	
-Apartment or room[] 3	-Other,6		
-Room in boarding house[] 4		How many rooms does this dwelling have?     (Not including kitchen, bathrooms, halls, and	
-Farm or hut[] 5		garage)	
-Improvised housing[] 6		Number of rooms://	
-Business or storage used as a house .[] 7			
		1	1

SECTION 1: CHARACTERISTICS OF THE DWE	ELLING AND HOUSEHOLD D EXPENDITURES - FOR EVERY HOUSEHOLD		
10. How many rooms does this household have? (Not include: kitchen, bathrooms, halls, garages, and rooms dedicated to work or business)	17. If you had to rent this dwelling , how much would you have to pay monthly?  CORDOBAS: / / / / /	24. Since 1993, have you gotten the water from the same source?  Yes[] 1 > 28	30. Where is the sanitary service?  -Inside the housing
TOTAL/  11. Among those rooms mentioned before, how	18. What is the main source of the household's water?	No[] 2 You didn't live here[] 3 > 28	-outside the nousing[]2
many rooms does the household always use to sleep even if it has other uses during the day?  TOTAL/  12. How many rooms do you use exclusively for	-Pipes inside the dwelling[] 1 -Pipes outside of the dwelling, but within the property	25. In 1993, where did this household get the water?  -Pipes inside the dwelling[] 1 -Pipes outside of the dwelling, but	31. In 1993, did this household have sanitary service?  Yes
working or business?  TOTAL/ (None: 00)	-River, running water or stream .[] 5 -Tanker, cart or barrel	within the property	32. What kind of sanitary services did this household have in 1993?
13. Is the dwelling where this household lives:  -Own with property title	19. Is the water supply for the exclusive use of the household?  Yes[]1— No	-From other dwelling[] 7 -Other	Latrine[] 1 - Toilet: -Connected to sewage pipe
-Received for services	20. What is the distance between the water source and your home, and how long does it take to bring to your home?	26. Was the water supply for the exclusive use of the household?  Yes	-Connected to septic well[] 3 -To flow into a river[] 4
14. How much did the household pay last month or last time for rent?	DISTANCE / _/ / Kms. / _/ _/ Mts. — TIME / _/ / Hr. / _/ / min.	27. In 1993, what was the distance between the	33. Was the sanitary service for the exclusive use of this household in 1993?
CORDOBAS //_/_/ ▶18  15. Who is/are the owner(s) of this dwelling?	21. Does this household pay for water consumption?	water source and your home, and how long did it take to bring to your home?	Yes[]1 No[]2
NAME . CODE	-Yes, with meter1 -Yes, without meter2 -Yes, included in the rent3	DISTANCE / _/ _/ Kms. / _/ _/ _/ Mts. TIME / _/ _/ Hr. / _/ _/ min	34. Where was the sanitary service in 1993?
	- It is a new service	28. What kind of sanitary services does this household have?	-Inside the housing[]1 -Outside the housing
AFTER FILLING IN SECTION 2 TRANSCRIBE THE CODE CORRESPONDING TO THE PERSON. IF HE/SHE DOES NOT BELONG TO HOUSEHOLD, WRITE CODE 50	22. How much did you pay last month or the last time for water consumption?	Latrine[] 1 Toilet: -Connected to sewage pipe	35. How does this household throw out the
16. If you have to sell the housing that this household occupies, how much would you sell it?	CORDOBA: /////  23. What is the main processing you do to water in order to drink it?	-Connected to septic well	most of the garbage?  -Garbage truck[] 1  -It is burned[] 2  -It is buried
CORDOBAS: ////	-Nothing	of this household?  Yes[]1  No[]2	-It is made fertilizer

SECTION 1: CHARACTERISTICS OF THE DWE	ELLING AND HOUSEHOLD		
continued			
36. Does this household pay for throwing out the garbage?	42. Where is the place in this dwelling that the household cooks the food?	46. Who is the owner of the land where you get the firewood to cook?	52. What is the distance between the nearest health center/ first-aid station and your home, and how long does it take to get there?
Yes[]1 No[]2 > 38	-In a room dedicated just for cooking[] 1 -In a room used to sleep too[] 2 -In the living-dinner room[] 3	-Self	DISTANCE /_/_/ Kms. /_/_/ Mts.
37. How much did you pay last month/ last time for throwing out the garbage?	-In the yard, dinner room or other place[] 4 -Not cook[] 5>49	-Other, which one?	TIME /_/_/ Hr. /_/_/ min.
CORDOBAS: / / / / /  38. What is the main kind of lighting that this	43. What kind of fuel do you usually use for cooking?	47. What is the distance between the place where you get the firewood and your home, and how long does it take to bring to your home?	53. What is the distance between the nearest
household has?	-Firewood	DISTANCE / / / Kms. / / / Mts. TIME / / / Hr. / / / min.	elementary school and your home, and how long does it take to get there?
-Electric power	-Coal[] 4 — -Electricity[] 5	48. How much did you pay during the last	DISTANCE /_/_ Kms. /_/_/ Mts.
-Other[] 4— -None[] 5 > 42	-Other[] 6 - > 49  44. How do you get firewood?	month for getting fuel to cook?  CORDOBAS: /////	TIME /_/_/ Hr. /_/_/ min
39. Does this household pay for electric power consumption?	-Purchased[]1 -Received as gift[]2	(Nothing = 00)  49. Does this household pay for telephone	54. In this household does anyone participate in
-Yes, with meter1 -Yes, without meterr2	-You look for it/ pick it up at the country[] 3 > 46	service?	an organization or community group? Yes No
-Yes, included in the rent3 - It is a new service4 -Not pay5	45. In what unit of measure do you acquire the firewood used for cooking?	-Yes,	-Neighborhood committee
40. How much do you pay for electric power consumption?	-Bundle	50. How much did you pay the last month/ last time for telephone service?	Educational Council
CORDOBAS: //_/_/_/	-Load[] 4 -Freight[] 5	CORDOBAS: ////	-Professional Association
41. How much did you pay last month or the last time for fuel, gas, kerosene, etc. to light the housing?	-Other, what?[] 6 Go to question 47	(Nothing = 00)  51. During the last 12 months, did you make	Other, what?[]1 []2
CORDOBAS: //_/_/_/_/ (None = 00)		improvements to the dwelling?  Yes[]1	
		No[] 2	

SECTION 1: CHARACTERISTICS OF	THE DWELLING AND HOUSEH	OLD.		
Continuation	THE BWELLING AND HOUSEN	OLD		
55. Since 1993, is this household beneficiary from some program like?  Yes1	56. What organization is the main donor?  FISE1	57. The contribution of this household was/were: (MULTIPLE ANSWERS)	58. In your opinion, has the project/ program improved this household's standard of living?	OBSERVATIONS
Go to the next section	Government/not FISE2 NGO/International donors3 Private enterprises4 Religious congregations5 Church6 Community7 Other, what?8 You don't know9	Proposal/design of the project         1           Materials         2           Labor force         3           Financing         4           Land         5           Other, what?         6           Nothing         7	Much	
Code	ORGANIZATION			
Construction and/or				
improvement of school.				
Construction and/or				
improvement of health				
centers				
Installation of drinking water				
Construction of latrines				
Installation of electricity				
6. Construction of sewers				
7. Construction of				
roads/streets				
Direct donation of food				
9. Health campaign				
10. Literacy campaign	_			
11. Productive activities				
12. Sports activities				
13. Legal assistance				
14. Employment program				

SECTION 2. HOUSEHOLD'S CHARACTERISTICS AND COMPOSITION

SECTION 2. PART A. BEGINNING THE SECTION

#### INFORMANT:

THE PREFERRED INFORMANT SHOULD BE THE HOUSEHOLD HEAD. IF HE/SHE ISN'T THERE, ASK FOR "MAIN INFORMANT" TO ANSWER INSTEAD OF THE HOUSEHOLD HEAD. THIS PERSON HAS TO BE A HOUSEHOLD MEMBER ABLE TO GIVE US INFORMATION ABOUT EVERY OTHER MEMBER OF THE HOUSEHOLD.

SURVEYOR:	
INTERVIEWED:	
IDENTIFICATION CODE:	

1-3. I would like to make a complete list of everybody who usually lives here and shares the food in this household.

I need the names of the every member of your immediate family. In other words, the names of household head, his wife (her husband), their single children that usually live and share the meals in this household. I need to sort them in chronological order. After that, I need the name of their married children, followed by their respective spouses and children.

ALWAYS WRITE DOWN THE HOUSEHOLD HEAD FIRST, FOLLOWED BY HIS WIFE OR DOMESTIC PARTNER. AFTER THAT WRITE DOWN THEIR SINGLE CHILDREN IN CHRONOLOGICAL ORDER, AND FINALLY THEIR MARRIED CHILDREN WITH THEIR RESPECTIVE SPOUSES AND CHILDREN.

WRITE DOWN THE NAME, THE RELATIONSHIP WITH THE HOUSEHOLD HEAD, AND THE GENDER OF EACH PERSON.

Now tell me the names of other relatives of the household's head or his/her spouse. In other words, habitual members of the family who live and share the meals in this household.

WRITE DOWN THE NAME, THE RELATIONSHIP WITH THE HOUSEHOLD HEAD, AND THE GENDER OF EACH PERSON.

Is there any other person who isn't here now, but usually lives and shares meals in the household? For example, somebody who is studying in another place, on vacation, or visiting other place.

WRITE DOWN THE NAME, THE RELATIONSHIP WITH THE HOUSEHOLD HEAD, AND THE GENDER OF EACH PERSON

Is there any person who slept here last night even if he/she doesn't used to live here?

WRITE DOWN THE NAME, THE RELATIONSHIP TO THE HOUSEHOLD HEAD, AND THE GENDER OF EACH PERSON.

FOR EACH PERSON WRITTEN DOWN IN COLUMN 1, ASK QUESTIONS 4 TO 13, AND CLASSIFY HIM/HER IN COLUMN A. COMPLETE EACH LINE BEFORE GOING TO NEXT PERSON.

4 - 13. Now, I am going to ask you some information about each person you have mentioned.

#### COLUMN A Left cell of the question 1 (flag)

CLASSIFY EACH PERSON ACCORDING TO THE FOLLOWING CRITERIA

SEE THE ANSWER TO QUESTION 13

MEMBERS OF HOUSEHOLD ARE PEOPLE WHO HAVE AN ANSWER OF 0 TO 9 MONTHS OF ABSENCE. EXCEPT:

- -DOMESTIC WORKERS AND THEIR CHILDREN OR RELATIVES (SEE QUESTION 2)
  -THE LODGERS AND THEIR CHILDREN OR RELATIVES. (SEE QUESTION 2)
  -DEAD PEOPLE
- NOT MEMBERS OF THE HOUSEHOLD ARE PEOPLE WHO ANSWERED MORE THAN 9 MONTHS OF ABSENCE, EXCEPT:
- -THE HOUSEHOLD HEAD -CHILDREN UNDER 3 MONTHS OLD

**COLUMN A**: IN THIS COLUMN WRITE DOWN THE CODE THAT INDICATES IF THE PERSON IS A MEMBER OF THE HOUSEHOLD OR NOT, ACCORDING TO CRITERIA MENTIONED BEFORE.

**COLUMN B**: ON THE LEFT SIDE IN QUESTION 1, COLUMN B WRITE DOWN THE AGE IN YEARS, (SEE QUESTION 4). AMONG THE PEOPLE CLASSIFIED AS MEMBER OF THE HOUSEHOLD (CODE 1 IN COLUMN A), IF HE/SHE IS NOT A MEMBER LEAVE BLANK THE CELL.

SEC	TION 2. CHARACTERISTICS A	ND COMPOSI	TION OF THE	HOUSI	EHOLD	) – FC	R ALL PEOPLE IN	THE HO	DUSEHOLD										
	RELATIONSHIP	GENDER	AGE		TH DA		CIVIL STATUS						ICLEAR FAMILY						
-DENT-F-CAT-ON CODE	What is the relationship between and household head?  Household head	What is the gender of?  Male1 Female2	How old is?  IF HE/SHE IS YOUNGER THAN 5 YEARS OLD, WRITE YEARS AND MONTHS		t is the of birth		The current civil status of is:  Partners		1 2	live i househ Yes No If 1: Wi identific	old?12 rite cation and go to	None Pre-schoo Adult educ Elementar Middle and Technical Tech inter Technical University	as the highest udies reached for ?	of live housel Yes No	2 rite cation and go to	What is/was level of studi for's moth None	es reached er?	What is your native language?  Spanish1 Miskito2 Sumo or Sumu3 English4 Other5	During the last 12 months, how many months has been absent from the household? (without sleep and eat)  IF HE/SHE HASN'T BEEN ABSENT, WRITE 00
			Yrs Mths	D	М	Υ		Code	Partner's code	Code	Father's code	Level	Yr/Grade	Code	Mother's code	Level	Yr/Grade		MONTHS
CP	2	3	4		5	ı	6		7		8		9		10	1	1	12	13
01																			
02																			
03																			
04																			
05																			
06																			
07																			
08																			
09																			
10																			
11																			
12																			

SECTION 3. HEALTH. PART A:	BREASTFEEDING - FOR CH	HILDREN UNDER 3 YEARS O	LD		OBSERVATIONS
How long did you breast-feed or are you breast-feeding to, without any other kind of food (even water)?  TIME UNIT Days	BREASTFEEDING - FOR CH  How old was when you stopped breast-feeding him/her?  TIME UNIT Days	Why did you stop breast-feeding?  Little milk	Why did you never breast-feed?  Didn't have milk1 Child didn't want it2 Sick child	How old was when you began to feed him/her with other food in addition to liquids? (puree, pap, little pieces of meat, etc.)  TIME UNIT Days	OBSERVATIONS
go to question 6	Ougantity II/T			Quantity U/T	
Quantity U/T CP 1	Quantity U/T	3	4	Quantity U/T 5	
01	<u> </u>	<u> </u>	7		
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					

SECTI	ON 3. HEALTH. P.	ART B. VA	CCINATION	AND PRESEN	ICE OF DI	ARAHHEA	A – FOR CH	ILDREN L	ESS THAN 6	YEARS OLD							
vaccina Tubero	e/she been ated against culosis BCG? (It a scar)	against	she been va Diphtheria, F (DPT)? (Tri	Pertusis and		Polio (ATF	vaccinated P)?	against I	she been vac Measles? MBER: THIS \		WRITE THE SOURCE OF INFORMATION OF THE QUESTIONS 6, 7, 8 AND 9	Did he/she have last month?  Yes1	e diarrhea		u consult a doctor diarrhea of last ?	Did you take medical adviction:?  Doctor	
leaves	a scai)	Yes	1		No					6 MONTHS	AND 9	No2		Yes	1	Nurse	
Yes	1	No	1 2		110	2		TOKTL	OI LL OVLIV	OWONTIS	Card1	1402		No	2	Nurse assistant	3
No		140	2		If 1:			Yes	1		Mother or relative2	If 1:		140	2	Pharmacist	4
		If 1:				ny doses?	•	No			Both3	What kind of me	edicine did	If 2:		Midwife	
		How ma	any doses?			,		If 1:				you give him/he	r?	go to q	uestion 14	Traditional healer Community health	6
								How ma	ny doses?			Home remedy .	1	If 1:		worker	
												Oral rehydration	salts2	How m	any times?	Other , what?	8
												Medicine	3				
												Other, what?					
												Nothing				Go to question 15	
		Code	Doses	Booster	Code	Doses	Booster	Code	Doses	Booster		Code	Medicine	Code	Number of Times		
CP	6		7			8			9		10	11			12	13	CP
01																	01
02																	02
03																	03
04																	04
05																	05
06		1	1														06
07			-							-			-				07
08			1														08
09		+	1				1									<u> </u>	09
10			1										1				10
11			1										1				11
12				1						1			1				12

SECT	TION 3. HEALTH . PART B: VAC	CCINATION AND PRESENCE OF D			YEARS OLD		
			S AND HEALTH EXPENSES	3			
Why	did you not consult a doctor or	Where did you go last time that	What is the first-aid	What is the	first-aid station o	r health cen	ter's
self n	nedicate last month?	you required medical care?	station or health center's	address wh	nere you went?		
			name where you went?				
Slight	t disease1 did not have time2	Health Post1		MUNICIPA	LITY, REGION C	R NEIGHBO	DRHOOD
		Health Center2					
Healt	h Care Center is too far away3	Hospital (MINSA)3					
	care4	Polyclinic INSS4					
	nsive care5	Private Hospital5					
Long	wait6	Work place6					
	age of adequate personnel7	Pharmacy7					
	e is no medicine8	Private Clinic8					
	essible schedule9	Community health worker9					
	equate infrastructure/	Traditional healer's house10					
	ıments10	Other, what?11					
	et problems11	Patient's house12					
Other	reason, what?12						
		If 1 or 2:					
	Go to question 21	go to question 16					
		If 3 to 11:					
		go to question 18			T	•	
		16.40		Municipio	Region/	Address	Code
		If 12:			Neighborhood		
00		go to question 21	10		4-		1 00
CP	14	15	16		17		CP
01							01
02							02
03							03
04							04
05							05
06							06
07							07
08							08
09							09
10							10
11							11
12							12
14							

6			
HOOD			
ode			
СР			
01 02			
03 04			
05 06 07			
08 09			
10			
12			

Page 10

SEC.	TION 3. H	IEALTH	. PART B:	: VACCIN	ATION A	AND EDA PRESEN	NCE - FC	OR CHILDREN UN	DER 6 YEARS OLD	OBSERVATIONS
				ACCESS	TO SEF	RVICES AND HEAL	TH EXP	ENSES		
	long did it		How long			ou pay the last		pay for	During the last	
	from your		wait while			Itation by		ent, Physiological	month did you have	
	e to the me		for medica			ntment for		ution, other	another illness or	
	er where he		attention t		diarrh	ea of?		nal medicine for	accident different to	
	attended la	ast	her last tir	me?			diarrhe	a of last time?	diarrhea?	
time	?		T15.4F			1	.,		Yes1	
	TIN 45 1 1811	_	TIME		No	2		1	No2	
	TIME UNI		Minutes		14.4.		NO	2	If 0.	
	utes ırs		Hours		If 1:	nuch did you	If 1:		If 2:	
			Days		pay?	nuch did you		uch did you pay?	go to question 41	
	/s Quantity	3 U/T	Quantit	U/T	Cod	CORDOBAS	Cod	CORDOBAS	-	
	Quantity	0/1	v	0/1	Cou	CONDOBAS	Cou	CONDOBAS		
СР	18		19	9		20		21	22	
01						-				
02										
03										
04										
05										
06										
07										
80										
09										
10										
11										
12										

TIONS	}		

SECTION 3. PART C DIS	EASES AFFECTION AND	CONTROL -FOR EVERYBODY-			
			TION AND ACCESS TO SERVIC	ES	
Did you have any disease like: cough, cold, or any respiratory problem .1 Measles or another eruptive disease2 Accident	Did you take medical advice for that disease last month?  Yes1 No2	Did you take medical advice from:?  Doctor	Why did you not consult a doctor last month?  Slight disease1 You did have not time2 Health Care Center is too far	Where did you go last time that you required medical care?  First-aid station1  Health Center2  Hospital (MINSA)3  Polyclinic INSS4	What is the first-aid station or health center's name where you went?
Diarrhea for people over 6 years old4 Another disease or several of that mentioned before5 Were you healthy6 last month?  If 6: go to question 41  EXCLUDE PREGNANCY	If 2: go to question 26 If 1: How many times?	Midwife5 Quack doctor6 Health communitary job (health campaign)7 Other8 Go to question 27	Bad care of	Private Hospital5 Work place6 Pharmacy7 Private Clinic8 Health communitary worker (campaign)9 Quack doctor's house10 Other, which one?11 Patient's house12  If 1 or 2: go to question 28  If 3 to 11: go to question 30	
				If 12: go to question 32	
	Cod Times				
CP 23 01 02	24	25	26	27	28 CP 01 02
03 04 05					03 04 05
06 07					06
08 09					08 09
10 11 12					10 11 12

Page 12

SEC	TION 3. PART C D	ISEASES AF	FECTION	N AND C	CONTROL -FOR	<b>EVERYBO</b>	DY-						
					ACCESS TO SE	RVICES, M	EDICAMENT	S AND	EXPENSES				
	is the first-aid station is the first-aid stat	on or health co	enter's ad	ldress	How much did you pay for round trip transportation last time?	How long wait while medical a last time?	waiting for attention	last co	ou pay the consultation by ntment last	Did they give you any prescriptio n to treat	Did you use any medicine last time?	Where did you g medicaments las time?	st
					If you didn't pay: write 00	Minutes Hours	E UNIT 1 2 3	No	1 2 much did you stally?	the disease or accident last time?  Yes1 No2	Yes1 No2 If 2: go to 37	were assisted In the pharmacy In street /market In any medical a institution From relatives Already had ther Others, which or	2 id 4 5
	Municipality	Region/ Bo	Addr ess	Cod e	CORDOBAS	Quantit y	Time Unit	Cod	CORDOBA S				
CP		29	•		30	;	31		32	33	34	35	CP
01													01
02													02
03													03
04													04
05													05
06													06
07													07
08													80
09				ļ									09
10			-	ļ									10
11			-	ļ									11
12								1	1				12

Page 13

SEC	TION 3.	PART C DISE	ASES A	AFFECTION AN	ID CONTROL -F	OR EVI	ERYBODY-						
					ACCESS TO S	ERVICE	S, MEDICAME	ENTS AND EXPE	ENSES				
that y disea time? Yes No	you used ase or ad?  much di	or medicines I to treat the ecident last1	mone addition like X- exams Yes No If 1:	onal services -ray, lab s, last time?12 much did	Were you hospitalized for this disease or accident last time?  Yes1 No2 If 2: go to question 40	Did your mone hospit include exper time?  Yes No	ou pay some y for talization ling all lises last1	How much did you expend for health care of last month?  INCLUDE EXPENSES MENTIONE D BEFORE  If you didn't pay any money: write 00	During month received vitaming supplemental	ement?	Do you have any health insurance?  Yes1 No2  If 2: go to next section	What institution cover your hear insurance?  Social Security (INSS) 1 Private insuran Private and purinsurance	nce2 blic3 e4
	Cod	CORDOBAS	Cod	CORDOBA S		Cod	CORDOBA S	CORDOBAS	Cod	Institution			
CP		36		37	38		39	40		41	42	43	CP
01													01
02													02
03													03
04													04
05													05
06													06
07													07
80													08
09													09
10													10
11													11
12													12

Page 14

SECTION 4. EDUCATION	PART A: PRESCHOOL ATTEND	ANCE AND CDI -FOR CHIL	DREN UNDER 6 YEARS	OLD	
ATT	ENDANCE	KIND OF CENTER	MONTHLY	AN	INUAL EXPENSES
5:1	T 140 P 1	1 1 001	EXPENSES		Tir i er e e
Did you attend or are you	Why did you not attend or no were enroll in Preschool or	Is the preschool, or CDI,	How much did you	How much did you pay in	How much did you pay in the current year
attendingthis school year to:	CDI?	where you attend or attended:	pay for grants, snacks and/or meals in the	the current school year for registration in the CDI or for	for: uniforms, books, educate articles, contribution of family association of in
year to.	CDI:	atterided.	CDI or preschool last	pre enroll and enrollment of	the CDI or preschool?
Preschool1	There is not1	Public1	month?	?	and GB1 of proconcer.
CDI2	It is far from the house2	Private2			If he/ she did not pay: write (00)
	You do not need it3	Day Care at Work3	If he/ she did not pay:	If he/ she did not pay: write	
School3	Not old enough4 Lack money5	Communitary (rural)4	write (00)	(00)	
Decen't ettend/enrell 4	Lack money5	Other, which one?5			
Doesn't attend/enroll4	Other, which one?				
If 1 or 2 go to ques. 3	Other, which one:				
If 3:	Next person				
go to question 6	•				
			CORDOBAS	CORDOBAS	CORDOBAS
CP 1	2	3	4	5	5 A C
01					0.
02					02
03 04					00
05					0.5
06					0.0
07					07
08					08
09					09
10					10
11					11
12					12

SECTIO			RESCHOOL ATTEN	NDANCE AND CD	I -FOR CHILDREN UNDER 6 \	YEARS OLD				
	LITERA	ACY		EDUCATIONA	L LEVEL		CURRENT ENROLLMENT			
Do you k	know: Wh	nere did you learn	What is the level	of studies and	What is the highest	Did you enroll in the	Why do you not attend to	What is th	e educational	level
		read?	the last degree th	at you	certificate (diploma) that	current school year in:	school in the current school		ou enrolled cu	ırrent
Read an			approved?		you have gotten?	preschool, adult	year?	school yea	ar?	
write		hool				education, elementary,				
Only rea		1	None		None0	high school, university,	Age1		1	
Neither r		mily	Preschool		Preschool1	graduate programs?	Economic problems2		cation2	
and write	-	ching2	Adult education		Adult education2		Rural activities3		y3	
	-	N.A	Elementary		Elementary3	Yes1	Domestic duties4		ol 4	
	.3		High school	4	High school4	No2:	Finished studies5		basic level	
If 3:		pular educational	Technical at the b		Technical at the basic		It does not mind you6		intermediate	
go to que			Technical at the i	ntermediate	level5	If 1:	There is not nearby school7		upper level	
8		4	level6	–	Technical at the	go to question 12	Illness8	University		8
		vate_teacher	Technical at the u		intermediate level6		There is not availability			
		5	University	8	Technical at the upper	If 2:	(closed enrollment)9	If 1 or 2:		
		ner, which one?			level7	If he/ she is less than or	Degree not offered10	go to ques	stion 20	
	6	Ö	If 0:		University8	equal to 40 years old, go	Insufficient teachers11	14.0		
			go to question 10			to question 11	Insufficient security in the	If 3:		
						or	school12	go to ques	stion 13	
						If he/ she is older than 40	Insufficient textbooks13	16.4.1 0		
						year-old, go to section 5	Handicap14	If 4 to 8:	.ti 00	
							Other, which one?15 Go to section 5	go to ques	Stion 20	
			Level	Approved			00 10 000110110	Level	Degree o	r year
				degree					Ü	•
CP	6	7	8	3	9	10	11		12	CP
01										01
02										02
03										03
04										04
05										05
06										06
07										07
08									1	08
09								ĺ	1	09
10									1	10
11									1	11
12									1	12
_'				l .	L			1	1	12

Page 16

SEC	TION 4. EDUCAT	TION PART B:	SCHOOLING -F	OR PEO	PLE OF	6 OR MORE YEAR	S OLD				
	NAME AND ADD	RESS OF THE	EDUCATIONA	L CENTE	R	KIND OF		FC	OOD		
						CLASSROOMS					
the e	t is the name of ducational er where you ??	What is the a where you sto	iddress of the ed udy?	ucational	center	Are you in a multidegree classroom?  Surveyor: if it is necessary explain what is a multidegree classroom  Yes1 No2	Do you receive any kind of free food at the school?  Yes1 No2  If 2: go to question 20	What kind of food do you receive at the school?  Milk	Did you receive them every day or some days during the last week you went to school?  Every day	If you have had provide this me much have you expended last r	al how
		Municipality	Region/ Neighborhoo	Addre ss	Cod e			1 ——°		CORDOB	AS
CP	13		14	1		15	16	17	18	19	СР
01	-					-	-				01
02											02
03											03
04											04
05											05
06											06
07											07
08											08
09											09
10											10
11											11
12											12

SECTIO	ON 4. EDU	CATION PART B: S	CHOOLING -FOR	PEOPLE OF 6 OR MORE YEARS	OLD							
	REPE/	ATING		ATTENDANCE	KIND OF CENTER			FEE	S (QUOTAS)			
Yes No If 2: How ma	or year? 1 2	e you enroll in this ave you enrolled, nt one?	How many days did you not go to class last month? None: Write 00 and go to question 23	What was the main reason why you did not go to class?  Bad teacher	Is the educational center where you study:  Traditional public1 Autonomous public3 Municipal public3  Private	where require fees?  Yes  No  If 2:	e monthly 1 2  question 28	Are those fees voluntarie s?  Yes1 No2	How much did y many months d month?			
C	Cod	Times				Cod	CORDOBA S		Last payment Cordobas	No. of quotas	Month of payment	
СР		20	21	22	23		24	25		26		СР
01												01
02												02
03												03
04												04
05												05
06												06
07												07
08												80
09												09
10												10
11												11
12												12

Page 18

SEC	TION 4	. EDUCATION	N PART	B: SCHOOLIN	IG -FOF	PEOPLE OF	OR M	ORE YEARS C	LD					
		MONTHLY EX	PENSE	S					P	ANNUAL EXPE	NSES			
tuitio	n?	last month	bus, s educa	nu pay school nacks in the tional center	pre-er enrollr	u pay for irollment, ment in the	unifori curren	ou pay for ms in the at school	in the	ou pay for current I year?	textbo currer	ou pay for oks in the ot school	How did you get the mo	?
	2		last m		curren year?	t school	year? Yes	1	Yes No		year? Yes	1	Does not have any boo He/she already had the Lent by the school (free	m2
If 1:	2		No		Yes No		No		NO	2	No		Rented by school (with Given by relatives or frie	fee)4
			If 1:		If 1:	2	If 1:		If 1:		If 1:		Borrowed by the house Bought	hold6 7
		How much?		How much?		How much?		How much?		How much?		How much?		
	Cod	CORDOBA S	Cod	CORDOBA S	Cod	CORDOBA S	Cod	CORDOBA S	Cod	CORDOBA S	Cod	CORDOBA S		
CP		27		28		29		30		31		32	33	CP
01														01
02														02
03														03
05														05
06														06
07														07
80														08
09														09
10														10
11														11
12														12

Page 19

SEC	TION 5. ECON	OMIC ACTIVITY -PAR	T A- ACTIVITIES OF T	THE PEOPLE OF 6 OR	MORE YEARS OLD			
		LABOR A	ACTIVITIES			LOOKING FOR WORK AND INAC	TIVITY	
CODI PERS GIVE INFO	SON WHO S THE RMATION	Did you work during the last week?  Yes	Did you work at least -an hour? -helping in a family business? -like a learner without remuneration? -selling any product? -helping in a family farm?  Yes	Although you didn't work last week, were you away from your job for illness, strike, permission, vacations or other reasons?  Yes	Did you look for a remunerated job or did you try to establish a business during the last week  Yes	What was the main reason for that you didn't look for a job?  You are waiting job reply	What was the main actifind a job last week?  You visited a manager. You went to Ministry of I You went to private empagency	
CP 01	CP	1	2	3	4	5	6	CP 01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12

Page 20

LOOKING FOR WORK AND INACTIVITY  How many consecutive weeks have you been looking for a job?  Consecutive means without lose time. If the person says: less than one week, write 00  If 2:  Ooking FOR WORK AND INACTIVITY  Why did you leave your last job?  Why did you leave your last job?  The enterprise was liquidated
time before?  Yes
-Illness15 -Other, which one?16
Weeks Quantity U/T
CP         7         8         9         10         11         CP
01 01
02 02
03
04 04
05 05
06 06
07 07
08 08
09 09
10
11
12 12

Page 21

SEC	TION 5. ECONOMIC ACTIV	VITY - PART B -FIRST JO	OB OF :	THE LAST WEE	K - FOF	R PEOPLE OF 6	OR MC	RE YEARS OLD		
	PROFESSION	FIELD OF ACTIVITY	Y			Т	IME OF	WORK		
you d	did you do in the job that ledicated more hours g the last week or the last you worked?	What kind of business do the institution do where you worked like (read answ 12) during last week olast week that you worked	have to work like (read answer 12)? (Total)  Time unit (U/T) Days		During the last 12 months (from to) how long did you work like(read answer 12)?  Time unit (U/T)		How many days did you work like (read answer 12) last week or the last week that you	How many hours work like (read answer 12) last or the last week the worked?	t week	
	Cod	Cod		Weeks Months Years	2 3 4	Days Weeks Months	1 2 3	worked?		
				Quantity	U/T	Quantity	U/T	Days	Hours	
CP	12	13		14		15		16	17	CP
01										01
02										02
03										03
04										04
05										05
06	<u> </u>									06
07										07
08										80
09										09
10										10
11										11
12										12

Page 22

SECT	TION 5 PART B -FIRST JOB OF T	HE LAST WEEK - FO	R PEO	PLE OF 6 OR MORE YEARS OLD (Cor	ntinuatio	n)			
	IZE OF THE ESTABLISHMENT	INCOMES		WORK STATUS			ER INC	OMES	
How r institutive yours  1 You 2 6 11 31 51	many people do work at the ution where you worked last week . (read answer 12)? (Include	How much did you receive as a net salary like (read answer 12); every how often do you receive it?  FREQUENCY Daily		In your profession (read answer 12); you worked like: -Employee/ worker1		For your profession like (read answer 12) did or will you receive commissions, overtime, tips?  Yes		For your profession like (read answer 12) did or will you received allowance (13th month)?  Yes	
		CORDOBAS	Fre		Cod	CORDOBAS	Cod	CORDOBAS	1
CP	18	19		20		21		22	CP
01									01
02									02
03									03
04									04
05									05
06									06
07 08							1		07
09							-		08
10			-		-		-		10
11			-				+		11
12			-				+		12
12		l .	l						IZ

Page 23

In your profession (read answer 12) you had last week did you receive food to work or as a part of your salary?   Yes	SECTOLD		ECONOMIC AC	TIVITY	-PART B- FIRST JC	B OF TH	E LAST WEEK F	OR PEO	PLE OF 6	OR MORE	YEARS
answer 12) did you receive food to work or as a part of your salary?	OLD	(			HOUSING		GARMENTS		TRA	ANSPORTA	TION
No	answ receiv part o	ver 12) ve food of your s	. did you to work or as a salary?	(read had la receiv or as	answer 12) you ast week did you be housing to work a part of your	answer did you to recei uniform	12) you had la receive or are yo ve working clothe or any other artic	est week ou going es, cle of	answer free tran transpor	12) did yo sportation o tation allow	ou receive or
If you had to pay for food, how much would you pay monthly?    If 1:	No			Yes		your sa	lary?	.1	Yes, free transportation2		
Food, how much would you pay monthly   Times do you receive them?   If you had to pay for transportation, how much would you pay monthly?   Cod   CORDOBAS   Cod   CORDOBAS   Time some some some some some some some so	how r	how much would you pay				If 1:	uch cost the unifo	orm that	How much do you receive		
CP         23         24         25         26         CP           01         01         01         01         02         02         03         02         03         03         03         03         04         04         04         04         04         04         05         05         06         05         06         06         07         07         08         08         09         09         09         09         10         10         11         11         11         11         11         11         11         11         11         11         11         11         11         11         11         11         12 </td <td></td> <td colspan="3"></td> <td>how much would</td> <td>many ti</td> <td></td> <td></td> <td>If you ha</td> <td>rtation, how ou pay mon</td> <td>much thly?</td>					how much would	many ti			If you ha	rtation, how ou pay mon	much thly?
01         01           02         02           03         03           04         04           05         05           06         06           07         07           08         09           10         10           11         11		Cod	CORDOBAS	Cod	CORDOBAS	Cod			Cod	CORDO	BAS
02     03       04     04       05     05       06     06       07     07       08     09       10     10       11     11			23		24		25			26	
03     04       05     05       06     06       07     07       08     09       10     10       11     11	• •										ů.
04     05       05     05       06     06       07     07       08     08       09     09       10     10       11     11											
05         05           06         06           07         07           08         08           09         09           10         10           11         11											
06         06           07         07           08         08           09         09           10         10           11         11											
07     08       09     09       10     10       11     11											
08 09 09 09 10 11 11				ļ			-				
09 09 09 10 11 11				ļ							
10 10 11 11 11 11 11 11 11 11 11 11 11 1							1				
11 11				-				1			
				<b> </b>							
	12										12

Page 24

SEC	TION 5.	- PART B -FIRST JC	B OF THE L	AST WEEK - FOR PE	OPLE OF 6	OR MORE YE	ARS OLD	) (Continua	tion)	OBSERVATIONS
	WORI	K CONTRACT	UN	IION LABOR	TRANSF	PORTATION	SOC	IAL SECUR	RITY	
		ssion (read	Is there La	oor Union in the		does it take		pay your So		
		. did you have work		vhere you worked		your house		y contributio	n	
contr	act?		last week?		to job plad	ce?	(INSS)	?		
.,	Yes1 No2				.= ./ 6 5		Yes1			
				1	IF YOU RIDE BUS OR					
No		2	No	2		INCLUDE ING TIME	No		2	
If 1	If 1:		If 1:		WAII	ING TIME	If 1:			
			Are you Union Member?		IF YOU	WORK AT	11 1.			
What	What kind of contract do you		Ale you of	iion wember:		WRITE 00	What is	the coverage	ge of	
	nave?		Yes1			= 00		ntribution?	90 0.	
Open			No2					ension (2%)	1	
Fixed	Open ended1 Fixed term2						Medical services and		nd	
	Fixed term2						pension	า (4%)	2	
	Cod	CONTRACT	Cod MEMBER		HOURS	MINUTES	Cod	COVER	AGE	
CP		27	28		29			30	CP	
01									01	
02									02	
03									03	
04									04	
05									05	
06									06	
07									07	
80									80	
09									09	
10									10	
11									11	
12									12	

SERVATIONS	1		
SERVATIONS			

Page 25

SEC	SECTION 5PART C- SECOND JOB OF THE LAST WEEK FOR PEOPLE OF 6 OR MORE YEARS OLD										
	OTHER JOB	OCCUPATION	NC					K TIME			
profe answ have week that y remu yours relati peop	des to work your assion (read yer 12) did you another job last to the last week you worked either inerated job, for self or helped yes or other le?	What was the task that you had last week or the last week you worked in this job? Tell me what was the task that you expended less time related to the first job (read answer 12) last week or the last week you worked.		What kind of business does the institution do where you worked like (read answer 32) during last week?		How long do you have to work like (read answer 32)? (Total)  Time unit (U/T) Days		During the last 12 months (from to) how long did you work like(read answer 32)?  Time unit (U/T) Days			
	question 43		Cou								
J		l .				Quantity	U/T	Quantity	U/T		
CP	31	32		33		34		35		CP	
01										01	
02										02	
03										03	
04										04	
05										05	
06										06	
07										07	
80										80	
09										09	
10										10	
11										11	
12										12	

Page 26

SECTION 5. ECONOMIC ACTIVITY -PART C- SECOND JOB OF THE LAST WEEK FOR PEOPLE OF 6 OR MORE YEARS OLD (Continuation) WORK STATUS WORK TIME INCOMES OTHER INCOMES How many days How much did you receive In your profession ... (read For your profession like How many did you work hours did you as a net salary like ... (read answer 32) ...; you worked ... (read answer 32) ... like ... (read work like ... answer 32) ...; every how did you receive answer 32) ... often do you receive it? commissions, overtime, (read answer last week or the 32) ... last week tips? -Employee/ worker.....1 last week that or the last week **FREQUENCY** -Day laborer/unskilled ..... .2 -For oneself ......3 Yes .....1 you worked? that you Daily .....1 worked? Weekly .....2 -Patron or employer .....4 No .....2 -Cooperative production Every 14 days ......3 Every fortnight ......4 member .....5 Monthly .....5 -Non remunerated worker .6 Quarterly .....6 -Other, which one? \_\_\_....7 If 1: Half yearly .....7 If 2: Yearly .....8 Other, which one?....9 go to question 42 IF YOU DON'T RECEIVE If 3 to 6: MONETARY PAYMENT, go to question 43 How much did you WRITE 00 receive during the last month? Days CORDOBAS Fre Cod CORDOBAS Hours CP 39 36 37 38 40 CP 01 01 02 02 03 03 04 04 05 05 06 06 07 07 80 80 09 09 10 10 11 11 12 12

Page 27

SECTIO	N 5. ECONOMIC	ACTIV	TY -PART C- SECON	ND JOB OF THE LAST	T WEEK FOR PEOPLE OF	6 OR MORE YEARS OLD			
(Continu									
	OTHER	INCOM	ES	WORK HOURS	REASON FOR A WORKING DAY LESS THAN 40 HOURS	ADD HOURS			
(read did or w allowand Yes No	How much did or will you receive during the year?  Cod CORDOBA		es the salary did you re during the last note food, housing, m transportation or ther good as a part of realary?  had to pay for all of goods that you e during the last 12 ns, how much would ay for them?	During the last week or the last week you worked, how many hours did you totalize in the tasks that you had?  LESS THAN 40 HOURS: Go to question 44  40 HOURS OR MORE: Go to question 46	Why is the main reason for that you worked less than 40 hours last week?  -It is your regular schedule	Considering every hour that you worked during the last week, do you want to work more hours to get an additional income?  Yes			
Co		Cod	CORDOBAS	Hours					
CP	41		42	43	44	45	CP		
01							01		
02							02		
03							03		
04							04		
05							05		
06							06		
07							07		
08							08		
09							09		
10							10		
11					1		11		
12							12		

Page 28

SECTION 5PART D- JOB DURING THE LAST 12 MONTHS - FOR PEOPLE OF 6 OR MORE YEARS OLD											
	JO	BS	STATU	S	ACTIVIT	Υ		V	VORK TIME		
12 me you w difference you do or the you w Yes . No	During the last 12 months did 70u worked in different jobs that 70u did last week or the last week 70u worked?  Yes		What was the task that you had in that job during the last 12 months (from to)? If you had more than 1 tell us what was the task that you dedicated more weeks of job?		What kind of business does the institution do where you worked like (read answer 48) during last 12 months?		How long did you work like (read answer 48)? (Total) Time unit (U/T) Days		During the last 12 mont (from to) how long of you work like(read answer 48)?  Time unit (U/T) Days		g did 1 2
go to	question or	Number		Cod		Cod	Quantit v	U/T	Quantity	U/T	
CP	46	47	48		49		50	1	51		СР
01											01
02											02
03											03
04											04
05											05
06											06
07											07
80											08
09			-								09
10											10
11	-		-								11
12											12

Page 29

SEC	TION 5.	-PART D- JOB DURING	THE LAST 12 N	MONTHS	- FO	R PEOPLE OF 6 OR MOR	E YEAF	RS OLD (Cont	inuation)					
W	ORK	SIZE OF THE	INCO	MES		WORK STATUS		-	OTHE	R INCO	MES			
	IME	ESTABLISHMENT												
	many	How many people do	How much die			In your profession		our profession I			our profession I			
hours		work at the institution	as a net salar			(read answer 48);		answer 48) (			er 48) did yo		е	
you v		where you worked	answer 48)			you worked like:		e commissions	5,	allowa	ance (13th mon	th)?		
week		last week like (read	often do you	receive it	?		overti	me, tips?		.,				
	. (read	answer 48)?	FDFO	IENION		-Employee/ worker1	V							
answ	/er 48)	(Include yourself)		JENCY	4	-Day laborer/ unskilled laborer2				No2				
(000)	erally)?	1 You work alone1	Daily Weekly			-For oneself3	NO							
(gene	erally)!	2 to 52	Every 14 of			-Patron or employer4								
		6 to 103	Every fort			-Cooperative				If 1:				
		11 to 304	Monthly			production member5					much did you re	eceive d	urina	
		31 to 505	Quarterly6		-Non remunerated	<sup>∞</sup>   If 1:				ear, and in what				
		51 to 1006	Half yearly7		worker6					•				
		101 and more7	Yearly8		-Other, which one?7	(average) during the last								
			Other, which one? .9					n, and what was	s that					
			1		If 2:	month?								
					go t o question 58									
			MONETARY PAYMENT,		W 0 1 = 0									
			WRITE 00			If 3 to 6:								
	Hours		CORDOBA Mont Fr		go to question 59	Cod CORDOBA Mont			Cod	CORDOBA	Month			
	Hours		S	Mont h	e		Cod CORDOBA Mont		h	Cod	S	IVIOTILI	1	
CP	52	53		4		55		56			57	1	СР	
01													01	
02													02	
03													03	
04													04	
05													05	
06													06	
07													07	
08													08	
09													09	
10													10	
11													11	
12													12	

Page 30

SECTIO	SECTION 5PART D- JOB DURING THE LAST 12 MONTHS - FOR PEOPLE OF 6 OR MORE YEARS OLD (Continuation)													
	OTHER	R INCON	MES		SOCI	AL SECURITY								
you recellast more housing transport other go your sall Yes No If 1: If you had of these receive 12 month.	the salary did eive during the oth: food, , uniform tation or any ood as a part of	did you have any different job to mentioned before even if it was for little time?  Yes				AL SECURITY IN pay your I Security bution (INSS)? I Security bution (INSS)? I Security bution (INSS)? I Security I Securi	Did you move your home for work reasons during the last 12 month?  ASK IF THOSE CHANGES WERE LESS THAN THREE MONTHS  Yes	LABOR MIGRATION  Were the place where you moved to work is:  your for -Farm						
							go to next section							
Co	od CORDOBA S	Cod	CORDOBA S	Time s	Cod	COVERAGE		Cod	Department and Municipality	Cod	COUNTR Y	Cod	b	
CP	58		59			60	61		62				CP	
01													01	
02													02	
03													03	
04													04	
05													05	
06		1											06	
07		1											07	
08		1											80	
09		1											09	
10		1										-	10	
11												-	11	
12								l			<u> </u>		IZ	

Page 31

SEC	TION 6	. FERTILI	TY AND WOMEN H	EALTH - FOR W	OMEN BETWEEN	15 AND 49 YEARS	OLD		
	BORN		D CURRENT			PRE-NATAL	CHECKS		
L		PREGNA			T	T	T		
and alive	daught	ad sons ers born	Are you pregnant now? or have you had alive children during the last 5	How many months of pregnancy did you have when was your first	How many times did you check your last/current pregnancy?	Who did check your last/ current pregnancy?	Where did you do the checks of the last/ current pregnancy?  First-aid station1	What is the name of the first-aid so or health where yo	the tation center
No	If 1: How many? Ye pre Ye ha du ye. No		years? (since 1993)  Yes, you are pregnant1 Yes, you have had children during the last 5 years2 No3  If 3: go to next	check?  RELATED TO THE LAST OR CURRENT PREGNANCY  You still haven't checked10 You didn't check11		Gynecologist/ doctor	Health Center	went?	
			section	If 10 or 11: go to question 9					
	Cod	Number	Code	Months of pregnancy	Times				
CP		1	2	3	4	5	6	7	CP
01									01
02									02
03									03
04									04
05									05
06	<u> </u>								06
07	-								07
08	-								08
10	-								09 10
11									11
12	1								12
12	1								12

on nter				
CP 01 02 03				
OP 01 02 03 04 05 06 07 08 09 10 11 12				
09 10 11 12				

Page 32

SEC	TION 6. FERT	ILITY AND	O WOMEN	I HEALTH	1 - FO	R WOM	EN BET	WEEN 15 AND	49 YE	ARS OLD					
					VACC	INE		CHILDBIRTH E	EXPEND	DITURE	C	HILDBIRTH TEND		EXPENSE	S
	address where you went?			nter's	During the last/ current pregnancy were you vaccinated against Tetanus?  That is to say to avoid child's spasms after delivery.  Yes1 No2  If 1: How many		During the last 12 months did you pay money for medical attention, checks that you received for your last/ current pregnancy?  Yes1 No2  If 1: How much did you pay for it?		During the last 12 months did you pay money for medicines, lab exams or other expenses in your last/ current pregnancy?  IF YOU ARE PREGNANT GO TO NEXT SECTION  Yes1 No2  If 1: How much did you		Who did look after your last delivery?  Gynecologist/ doctor1 Midwife2 Nurse or auxiliary3 Other, which one?4	Where did they tend your last delivery?  Health Center	During the last 12 months did you p some money for attention and othe issues that you received in your ladelivery?  Yes1 No2  If 1: How much?		I2 pay r her
	Municipality	Regio	Addre	Code	doses	? Dose	Dose Cod CORDOBA		pay for it? Cod CORDOBA				Cod	CORDO	BAS
		n	SS	0000	000	S	000	S	000	S			000	00.120	27.0
CP		8				9		10		11	12	13		14	CP
01															01
02															02
03															03
04															04
05															05
06															06
07															07
08															80
09															09
10															10
11											11				
12															12

Page 33

	SECTION 7. TIME LISES: HOLISEHOLD MEMBERS OF 6 OR MORE YEARS OLD															
SECTION 7. TIME USES: HOUSEHOLD MEMBERS OF 6 OR MORE YEARS OLD  THE SURVEYOR SAYS: Now I am going to ask you the activities that you did yesterday and the time you expended doing them.																
THE	SURVEYO	R SAYS:	: Now I ar	m going t	to ask yo	u the acti	vities tha	t you did	yesterda	y and th	e time yo	ou expend	ded doir	ng them.		
(SUF	RVEYOR: F	OR THE	<b>ACTIVIT</b>	TES THA	T ARÉ D	ONE OU	IT OF HO	OME, YO	U HAVE	TO INCL	UDE TH	E TIME U	ISED IN	TRANS	PORTAT	ION)
			,	JOB / EN	<b>IPLOYM</b>	ENT. ON	ILY FOR	PERSO	NS WHO	WORK	(See sec	tion 5)				•
Did y	ou dedicate	time to	family	Did yo	u dedicat	e time	Did you	u dedicat	e time	Did yo	u dedicat	e time	Did yo	ou dedica	ate time t	0
agric	ultural activ	ities yes	terday?	to fami	liar non		to sala	ried or		to non	remuner	ated job	look fo	or a job y	esterday/	?
(Job	in the own t	farm or the	he	agricul	tural activ	vities/	remune	erated jol	0	yester	day?					
hous	ehold's)			housel	nold busii	ness	yestero	day?					Yes1			
				differe	nt to agric	cultural				Yes			No	2		
	1			yester	day?		Yes			No	2					
No	2						No	2								
				Yes												
				No	2											
If 1:										If 1:			If 1:			
				If 1:			If 1:									
		did you	1 .		at at a second			alt al	How long did you			How long did you dedicate to these				
	dedicate to these			How long did you dedicate to these			How long did you dedicate to these			dedicate to these activities?			dedicate to these activities?			
		ac	ctivities?	dedicate to these activities?			(				ac	ctivities?			activ	ities?
	Cod	Hour	Minut	Cod	Hour		Cod	Hour	tivities? Minut	Cod	Hour	Minut	Cad	Hour	Minut	
	Coa		Wilnut	Coa		Minut	Cod		Wilnut	Coa		IVIInut	Cod		IVIInut	
CP		1 1			S 2			s 3			S 4			S 5		CP
		ı	1			1		<u></u>	ı		<del>4</del>	1		<u> </u>	T	
01					1	1		1			-			1	1	01
02					1	1		1			-			1	1	02
03					1	1		1			-			1	1	03
04					1	1		1			-			1	1	04
05					1										1	05
06					-										-	06
07					+	1		<del> </del>			ļ			-	+	07
08					1	1									1	08
09					1	1		1							1	09
10					1	1		1							1	10
11								ļ								11
12			1	1	1	1	1		1	1		1	I	I	1	12

#### Continuation page 33

#### SECTION 7. TIME USES: HOUSEHOLD MEMBERS OF 6 OR MORE YEARS OLD

THE SURVEYOR SAYS: Now I am going to ask you the activities that you did yesterday and the time you expended doing them.

(SURVEYOR: FOR THE ACTIVITIES THAT ARE DONE OUT OF HOME, YOU HAVE TO INCLUDE THE TIME USED IN TRANSPORTATION)

TRANSPORTATION)										
EDUCATION - ONLY FO	OR STUDENTS		HOUSEHOLD MAINTENA	NCE						
Did you dedicate time to school/ university/ or another training	Did you dedicate time to do homework	Did you dedicate time	Did you dedicate time to wash the dishes, do	Did you dedicate time to						
yesterday?	yesterday?	to cook yesterday?	the laundry, iron, clean	repair your house, backyard yesterday?						
yesterday!	yesterday!		the house yesterday?	backyaid yestelday!						
		Yes1	the flouse yesterday:							
Yes1	Yes1	No2	Yes1	Yes1						
No2	No2		No2	No2						
15.4.		If 4.	14.4.	   If 1:						
If 1:	If 1:	If 1:	If 1:	IT 1:						
How long did you		How long did you	How long did you	How long did you						
dedicate to these	How long did you	dedicate to these	dedicate to these	dedicate to these						
activities?	dedicate to these	activities?	activities?	activities?						
	activities?									
Cod Hour Min	Cod Hour Min	Cod Hour Min	Cod Hour Min	Cod Hour Min						
S	S	S	S	S						
CP 6	7	8	9	10 CP						
01				01						
02				02						
03 04				03						
05				05						
06				05						
07				07						
08				08						
09				09						
10				10						
11				11						
12				12						

Page 34

#### SECTION 7. TIME USES: HOUSEHOLD MEMBERS OF 6 OR MORE YEARS OLD

THE SURVEYOR SAYS: Now I am going to ask you the activities that you did yesterday and the time you expended doing them. (SURVEYOR: FOR THE ACTIVITIES THAT ARE DONE OUT OF HOME, YOU HAVE TO INCLUDE THE TIME USED IN TRANSPORTATION)

water yesterday?  to pick up firewood yesterday?  to buy food, clothes, home articles yesterday?  Yes1 No2  to take care of the children (exclusive), pregnancy (only for women) yesterday?  Yes1 No2  Yes1 No2  Yes1 No2  Yes1 No	are of sic day? 1	ate time to	
water yesterday?  to pick up firewood yesterday?  to buy food, clothes, home articles yesterday?  Yes1  No2  If 1:  to take care of the children (exclusive), pregnancy (only for women) yesterday?  Yes1  No2  Yes1  No2  If 1:  If 1:  If 1:  If 1:  If 1:  If 1:	are of sic day? 1		
Yes1       No2       Yes1       Yes1       Yes1       No2       Yes1       No			
If 1:   If 1:	Yes1 No2		
dedicate to these activities?  dedicate to these activities?  How long did you dedicate to these activities?	How long did		
	Hour s	activiti Min	ies?
CP 11 12 13 14	15	1	СР
01   1   1   1   1   1   1   1   1   1	<del></del>		01
02			02
03			03
04			04
05			05
06			06
07			07
08			80
09			09
10			10
11   12   13   14   15   16   16   17   17   17   17   17   17		1	11

#### Continuation Page 34

#### SECTION 7. TIME USES: HOUSEHOLD MEMBERS OF 6 OR MORE YEARS OLD

THE SURVEYOR SAYS: Now I am going to ask you the activities that you did yesterday and the time you expended doing them. (SURVEYOR: FOR THE ACTIVITIES THAT ARE DONE OUT OF HOME, YOU HAVE TO INCLUDE THE TIME USED IN TRANSPORTATION)

Did you dedicate time to feed yourself (to have breakfast, lunch, dinner) yesterday?		RVEYOR: F NSPORTAT		ACTIVIT	IES THA	T ARE D	ONE OU	T OF HC	ME, YOU	J HAVE	TO INCL	UDE THE	TIME U	ISED IN			
Vourself (to have breakfast, lunch, dinner) yesterday?   Ves							P	ERSONA	L ACTIV	ITIES							
Yes	yours	self (to have	breakfa	st,	to slee	p yestero		to care	yourself shower, t	(to o	to rest read, to someon take a	(nap), red alk with ne, watch snack	create,	call the doctor on/ to look for medical attention			
How long did you dedicate to these activities?											Yes1						
Cod   Hour   Min   Cod   Hour   S	If 1:	How long did you Ho				How long	did you		How Iona	did you	If 1:			If 1:			
S         S         S         S         S         S         CP           16         17         18         19         20         CP           01         01         01         01         02         02           03         04         04         04         04         04         04         04         04         05         05         06         06         07         07         08         09         09         09         09         09         09         10         10         11         11         11         11         11         11         11         11         11         11         11         11         12         12         02         02         02         03         03         03         03         03         03         04         04         04         04         04         04         04         05         05         06         06         06         07         07         08         08         09         09         09         09         09         09         09         09         09         09         09         09         09         09         09         09         09		dedicate to these activities?		dedicate to these			dedicate to these		dedicate to these		o these	dedicate to thes activities			hese		
01         02         03         02         03         03         03         03         03         04         04         04         04         04         05         05         06         06         06         07         07         08         09         09         09         09         09         10         10         11         11         11         11         11         11         11         11         11         11         11         11         11         11         11         12<		Cod		Min	Cod		Min					Cod		Min			
02         03         04         03         03         04         04         05         04         05         05         06         06         06         07         07         08         08         09         09         09         09         09         10         10         11         11         11         11         11         11         11         11         11         11         11         11         11         12<	CP		16			17			18			19	•		20		CP
03     04       05     05       06     06       07     07       08     09       10     10       11     11	01																01
04     05       06     06       07     08       09     09       10     10       11     11																	
05         06           06         06           07         07           08         09           10         10           11         11																	
06         06           07         07           08         08           09         09           10         10           11         11																	
07         08         07           08         09         08           10         10         10           11         11         11																	
08     09       10     11       11     11							1					1	1				
09         09           10         10           11         11												<del>                                     </del>					
10     10       11     11							1					1	<u> </u>				
11 11							+			-		+					
	_						1					1					
	12											1		-			12

SECTION 7. TIME USES: HOUSEHOLD MEMBERS OF 6 OR MORE YEARS OLD																				
THE	SURVEYO	R SAYS:	Now I ar	n going t	to ask yo	the acti	vities tha	t you did yes	terday a	nd the tin	ne you ex	kpended	doing the	m.						
THE SURVEYOR SAYS: Now I am going to ask you the activities that you did yesterday and the time you expended doing them. (SURVEYOR: FOR THE ACTIVITIES THAT ARE DONE OUT OF HOME, YOU HAVE TO INCLUDE THE TIME USED IN TRANSPORTATION)																				
SOCIAL AND COMMUNITARY ACTIVITIES					OTHERS				TAL HOL	JRS		CONCURRENT ACTIVITIES								
Did you dedicate time to social Did you dedicate time					Did you dedicate time to other			SURVEYOR:			Did you dedicate time				Did you dedicate time to					
meetings (weddings, birthdays, to communitary			activities different to mentioned						to take care of children				other simultaneous							
funerals, etc.) or visiting services (pari			\ I		before yesterday?				SUM THE HOURS			at the same time to			activ	activities yesterday?				
relatives or friends yesterday? activitie			es) yeste	day?	V	Yes1			AND MINUTES OF			other activities								
Voc	Yes1 Yes1				No2			QUESTIONS 1 TO 23			yesterday			Voc	Yes1					
	No No No					INU				VERIFY THAT THE			Yes1				No2			
110	1102		110		1			SUM EQUALS TO 24			No2			110	1402					
							HOURS													
If 1:	If 1:				If 1:			1						If 1:	If 1:					
					1							If 1:								
How long did you			How long did you												How long did you					
dedicate to these		dedicate to these			What is this How long did you				How long did you		dedicate to these									
activities?		activities?		activity? dedicate to these activities?						dedicate to these activities?			activities?							
	Cod Hour Min Cod		Cod	Hour	Min	Cod	Activity	Hour	Min	Hour	Min	Total	Cod	Hour	Min	Cod	Hour	Min		
	Cou	S	IVIIII	Cou	S	IVIIII	Cou	Activity	S	IVIIII	S	IVIIII	hours	Cou	S	IVIIII	Cou	S	IVIIII	
CP			22		23			- Indus			24			25 CP			CP			
01								1												01
02																				02
03																				03
04																				04
05																				05
06																				06
07																				07
80																				08
09																				09
10																				10
11																				11
12																				12