

ENTITY _____ | _____ | _____ | _____

MUNICIPALITY/MAYOR _____ | _____ | _____ | _____

LOCATION _____ | _____ | _____ | _____

AGEB..... | _____ | _____ | _____ | _____

MZ..... | _____ | _____ | _____ | _____

UPM.....| | | | | | |

HOUSING NUMBER

SELECTED.....| | |

TYPE AND NAME OF ROAD (STREET, AVENUE, ALLEY, HIGHWAY, ROAD, BOULEVARD o Km)

NUMBER
EXTERIOR

NUMBER
INTERIOR

TYPE AND NAME OF HUMAN SETTLEMENT
(COLONY, SUBDIVISION, NEIGHBORHOOD, UNIT
HOUSING)

CODE
POSTAL

HOME _____ OF _____ IN THE HOUSE

HOUSEHOLD QUESTIONNAIRE _____ FROM _____

VISIT	RESULT*	DATE	INTERVIEW TIME	
		DAY MONTH	START	TERM
Interviewer's name and password				
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

01 FULL INTERVIEW
02 INCOMPLETE INTERVIEW
03 INAPPROPRIATE INFORMANT
04 INTERVIEW POSTPONED (MAKE AN APPOINTMENT)

05 ABSENCE OF OCCUPANTS IN THE
TIME OF THE VISIT
06 REFUSED TO GIVE INFORMATION
07 UNINHABITED HOUSING

08 TEMPORARY HOUSING
09 SPEAK A FOREIGN LANGUAGE
10 IS NOT HOUSING
11 OTHER (SPECIFY IN REMARKS)
12 HE REFUSED, BECAUSE SOMEONE WAS SICK
COVID AT HOME

SECTION I. HOUSING CHARACTERISTICS (APPLICABLE ONLY TO THE INITIAL HOME)

ROOFS		WALLS	
1.1 What material is most of the roof of this house made of? WRITE DOWN A CODE Waste material..... 1 Cardboard sheet..... 2 Sheet metal..... 3 Asbestos sheet..... 4 Palm or straw..... 5 Rose of Tejamanil..... 6 Roof terrace with beams..... 7 Teja..... 8 Concrete slab or joists with vaults..... 9 <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0101</div>		1.2 What material are most of the walls in this home made of? WRITE DOWN A CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0102</div> Waste material..... 1 Cardboard sheet..... 2 Asbestos or metal sheeting..... 3 Reed, bamboo or palm..... 4 Mud, wattle or straw..... 5 Wood..... 6 Adobe..... 7 Partition, brick, block, stone, quarry, cement or concrete..... 8	
FLOORS	BEDROOMS	ROOMS	
1.3 What material is most of the floor made of? WRITE DOWN A CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0103</div> Land..... 1 Cement or firm..... 2 Wood, mosaic or other covering.. 3	1.4 How many rooms do you use for sleeping, not counting hallways? WRITE DOWN THE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0104</div>	1.5 In total, how many rooms does this home have (do not include hallways or bathrooms)? WRITE DOWN THE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0105</div>	
KITCHEN	PLACE WHERE YOU COOK	KITCHEN BEDROOM	
1.6 Does this home have a room (space) for cooking? WRITE DOWN A CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0106</div> And..... 1 No..... 2 → Go to 1.8	1.7 So, do they cook food... WRITE DOWN A CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0107</div> in a hallway or corridor?..... 1 in a shed or roof?..... 2 outdoors ?..... 3 Don't they cook in this house? 4 } Go to 1.9 } Go to 1.11	1.8 Do they also sleep in the room (space) where they cook? WRITE DOWN A CODE And..... 1 No..... 2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0108</div>	
COMBUSTIBLE		TYPE OF STOVE	
1.9 The fuel you use most for cooking is... WRITE DOWN A CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0109</div> firewood?..... 1 coal?..... 2 cylinder gas or stationary?..... 3 natural gas or pipeline gas?..... 4 electricity?..... 5 Other fuel?..... 6 Don't they cook?..... 7 → Go to 1.11		1.10 What type of stove do you use to cook or heat food? <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0110</div> WRITE DOWN A CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0110esp</div> Gas stove or grill..... 1 Electric stove or grill..... 2 Open fire or oven without chimney or hood.... 3 Open fire or oven with chimney or hood... 4 Closed oven with chimney..... 5 Other (specify)..... 6	
ELECTRICITY		PIPELINED WATER	
1.11 Is there electricity in this home? WRITE DOWN A CODE YES..... 1 NO..... 2 <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0111</div>		1.12 Does this home have piped water... READ AND WRITE DOWN A CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">H0112</div> inside the house?..... 1 only on the ground?..... 2 Don't you have running water?..... 3 → Go to 1.14	

WATER SUPPLY	NON-PIPENED WATER
<p>1.13 Does the piped water that comes to your home come from...</p> <p>READ AND WRITE DOWN A CODE</p> <p>H0113</p> <p>from the public water service?..... 1 from a well?..... 2 from a pipe?..... 3 from another home?..... 4 from another place?..... 5</p> <p>It goes to 1.18</p>	<p>1.14 So, the water used in this home...</p> <p>READ AND WRITE DOWN A CODE</p> <p>H0114</p> <p>Do they take it out or carry it from a well?..... 1 Do they carry it from a community tap or tap?..... 2 Do they bring it from another house?..... 3 Do they bring it from a pipe?..... 4 Do they carry it from a river, stream or lake?..... 5 Do they collect it from the rain?..... 6</p>
DRAINAGE	WATER INTAKE
<p>1.18 Does this home have a drain or sewer connected to...</p> <p>READ AND WRITE DOWN A CODE</p> <p>H0118</p> <p>the public network ?..... 1 a septic tank or septic tank (biodigester)?.... 2 a pipe that leads to a ravine or crevice?... 3 a pipe that leads to a river, lake or sea?..... 4 Doesn't it have drainage?..... 5</p>	<p>1.19 The health service...</p> <p>READ AND WRITE DOWN A CODE</p> <p>H0119</p> <p>Does it have direct water discharge?..... 1 Do they pour water on it with a bucket?..... 2 Can't they pour water on it?..... 3</p> <p>Doesn't it have sanitary services ?..... 4 → It goes to 1.21</p>
EXCLUSIVE USE	GARBAGE DISPOSAL
<p>1.20 Is this sanitary service shared with another home?</p> <p>WRITE DOWN A CODE</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>H0120</p>	<p>1.21 The garbage in this home...</p> <p>READ AND WRITE DOWN A CODE</p> <p>H0121</p> <p>Is it collected by a garbage truck or cart ?..... 1 Do they throw it in a public garbage dump?..... 2 Do they throw it in a container or bin?..... 3 Do they burn it?..... 4 Do they bury it?..... 5 Do they throw it in a vacant lot or street?..... 6 Do they throw it in a ravine or crevice?..... 7 Do they throw it in a river, lake or sea?..... 8</p>
HEATING USE	TYPE OF HEATER
<p>1.22 When it is cold, do you use or do anything to heat the house?</p> <p>WRITE DOWN A CODE</p> <p>YES..... 1</p> <p>NO..... 2 → It goes to 1.25</p> <p>H0122</p>	<p>1.23 What do you use to heat your home?</p> <p>WRITE DOWN A CODE</p> <p>H0123</p> <p>H0123esp</p> <p>Heating device or system..... 1</p> <p>Heater..... 2</p> <p>Resistance..... 3</p> <p>Brazier..... 4</p> <p>Fireplace..... 5 Other (specify)..... 6</p>
HEATING FUEL	TENURE
<p>1.24 What fuel do they use?</p> <p>WRITE DOWN A CODE</p> <p>H0124</p> <p>Gas..... 1</p> <p>Electricity..... 2</p> <p>Kerosene..... 3 Mineral coal..... 4</p> <p>Charcoal..... 5 Firewood or timber..... 6 Agricultural or crop residues..... 7</p> <p>Animal manure..... 8 Weeds or grass..... 9 Other fuel..... 10</p>	<p>1.25 Is this home...</p> <p>READ AND WRITE DOWN A CODE</p> <p>H0125</p> <p>Is it rented?..... Is it borrowed?..... Is it your own but are you paying for it?..... Is it your own?..... Is it intestate or in litigation?..... 5 Is it in another situation..... 6</p> <p>1</p> <p>2</p> <p>3 4</p>

SECTION II. HOUSEHOLD IDENTIFICATION

APPLY QUESTIONS 2.1 TO 2.3 ONLY TO THE INITIAL HOME

COMMON EXPENSES	NUMBER OF HOUSEHOLDS	NUMBER OF PEOPLE IN THE HOUSE
<p>2.1 Do all the people living in this home share the same food expenses?</p> <p>WRITE DOWN A CODE</p> <div>H0201</div> <p>YES..... 1</p> <p>NO..... 2</p> <p>Go to 2.4</p>	<p>2.2 How many households or groups of people have separate expenses for food, including yours?</p> <p>WRITE DOWN THE NUMBER</p> <div> </div> <div>H0202</div> <p>Complete the questionnaires for each household. If there are six or more households, stop the interview and report it.</p>	<p>2.3 How many people normally live in this home, including small children and the elderly?</p> <p>WRITE DOWN THE NUMBER</p> <div> </div> <div>H0203</div>

APPLY QUESTION 2.4 FOR EACH HOUSEHOLD

NUMBER OF PEOPLE IN THE HOUSEHOLD
<p>2.4 How many people normally live in this household?</p> <p>WRITE DOWN THE NUMBER</p> <div> </div> <div>H0204</div>

SECTION III. SOCIODEMOGRAPHIC CHARACTERISTICS

	FOR ALL PEOPLE					
	LIST OF RESIDENTS	SEX	AGE	BIRTHDATE		
N U h M — R THE D — R — N G L Oh N	3.1 What are the names of the members of this household, starting with the head?	3.2 (NAME) is man or woman	3.3 How old is (NAME)?	3.4 What day, month and year was (NAME) born?		
	WRITE DOWN A CODE	WRITE DOWN A NUMBER		WRITE DOWN A NUMBER		
	Select the informant's row number.	1 Man 2 Woman	Minors by a year 000 999 Don't know	99 Doesn't know day 99 Don't know we 9999 Doesn't know year		
	Do not list domestic workers.	H0302	H0303	H0304		
	INTERVIEWER LIST THE REGULAR RESIDENTS					
	DO NOT INCLUDE VISITS					
	NAME(S)	CODE	AGE	DAY	WE	YEAR
01						
02						
03						
04						
05						
06						
07						
08						
09						

SECTION III. SOCIODEMOGRAPHIC CHARACTERISTICS

	FOR ALL PEOPLE							
	KINSHIP		PLACE OF BIRTH		IDENTIFICATION OF THE MOTHER		IDENTIFICATION OF THE FATHER	
N U h M — R THE D — R — N G L O h N	3.5 What is (NAME) of the head of the household?		3.6 In which state of the Mexican Republic or country was (NAME) born?		3.7 Does (NAME)'s mother live in this home?		3.8 Does (NAME)'s father live in this home?	
	WRITE DOWN A CODE		WRITE DOWN A CODE		WRITE DOWN A CODE		WRITE DOWN A CODE	
	01 Throw(s)		1 Here, in this state		1 Yes → Who is it?		1 Yes → Who is it?	
	02 Wife or couple		2 In another state		WRITE DOWN NUMBER OF ROW		WRITE DOWN NUMBER OF ROW	
	03 Daughter(son)		In which one? NOTE THE STATE		2 No, he lives somewhere else		2 No, he lives somewhere else	
	04 Granddaughter(son)		3 In States		3 No, he has already passed away		3 No, he has already passed away	
	05 Daughter-in-law/son-in-law		United of America		8 Equal marriage		H0308	
	06 Mother or father		4 In another country		9 I don't know		8 Equal marriage	
	07 Mother-in-law		In which one? NOTE THE COUNTRY		H0307		H0307q	
	08 Other (specify)		H0306e		H0306p		H0308q	
09 No kinship		H0305						
	CODE	SPECIFIES	CODE	SPECIFIES	CODE	ROW	CODE	ROW
01								
02								
03								
04								
05								
06								
07								
08								
09								

SECTION III. SOCIODEMOGRAPHIC CHARACTERISTICS

	FOR ALL PEOPLE						
	USUAL PLACE OF CARE			SOCIAL SECURITY			
N Uh M — R THE D — R — N G L Oh N	3.9 When you have a health need, where do you usually go for care? Consider psychological discomfort, scheduled appointments, and preventive medicine services as health needs, in addition to illnesses and injuries. It doesn't matter whether or not he went to seek care WRITE DOWN A CODE			3.10 Do (YOU/NAME) have the right or access to medical services... READ THE OPTIONS AND SELECT UP TO THREE OPTIONS			
	01 Mexican Social Security Institute (IMSS)	13	Office within a private hospital	01 of Social Security (IMSS)?			
	02 ISSSTE/ State ISSSTE	14	Emergency/hospitalization area within a private hospital	02 of the ISSSTE?			
	03 PEMEX	15	Private care in a medical office tower or in a clinic without private hospital beds	03 of the State ISSSTE?			
	04 Defense			04 of PEMEX?			
	05 Marina			05 Defense?			
	06 Health Centers or Hospital of the SSA	16	Private doctor's office in his/her home	06 of Marina?			
	07 IMSS BIENESTAR (formerly Opportunities)	17	Private care at my home	07 of IMSS BIENESTAR (formerly Opportunities)?			
	08 federal, state, or municipal DIF	18	Private remote care (phone, text messages, telemedicine)	08 of a private health insurance?			
	09 Red Cross/Green Cross	19	Occupational physician (company doctor)	09 from another institution? (specify)			
	10 National Institute of Health	20	Healer, herbalist, naturist	10 Are you not affiliated or registered for medical services? (include INSABI).			
	11 Organizations (NGOs/CSOs) that They provide free care/Dispensary	21	Homeopath, midwife, acupuncturist	11 Had Popular Insurance during 2018			
12 Consulting Rooms belonging to pharmacies/Pharmacies with doctor's office	22	Other (specify)	99 NS/NR				
	23	Doesn't know / Doesn't remember					
	CODE		SPECIFIES	OP1	OP2	OP3	SPECIFIES
01	H0309		H0309e				
02							
03							
04							
05							
06							
07							
08							
09							

SECTION III. SOCIODEMOGRAPHIC CHARACTERISTICS

	FOR PEOPLE 3 YEARS OLD AND OLDER				FOR PEOPLE FROM 3 TO 30 YEARS OLD		
	LANGUAGE INDIGENOUS	SPEAK SPANISH	ASSISTANCE SCHOOL	TYPE OF SCHOOL	SCHOOL DROPOUT		
N U M E R I C A N I D E N T I F Y I N G T H E P E O P L E	3.11 Does (NAME) speak any indigenous languages (dialects)? WRITE DOWN A CODE 1 Yes 2 No → Go to 3.13	3.12 Does (NAME) also speak Spanish? WRITE DOWN A CODE 1 Yes 2 No	3.13 Is (NAME) currently attending school? WRITE DOWN A CODE 1 Yes 2 No ↓ Happens a 3.16	3.14 Is the school (NAME) attending... WRITE DOWN A CODE 1 public? 2 private? } Go to 3.17	3.16 What is the main reason (NAME) is not currently attending school? READ AND WRITE DOWN A CODE 01 She became pregnant or had a child 02 Married or joined 03 There was no school or there was no quota 04 Personal problems or academics at school 05 Due to illness and/or disability 06 He was not of age yet 07 Due to lack of money or work 08 He did not want to or did not like to study 09 Achieved his educational goal 10 He has never been to school 11 Other reason (specify)		
	CODE	CODE	CODE	CODE	CODE	SPECIFY	
	01					H0316	H0316esp
	02						
	03						
	04						
	05						
	06						
	07						
	08						
09							

SECTION III. SOCIODEMOGRAPHIC CHARACTERISTICS

	FOR PEOPLE 3 YEARS OLD OR OLDER PEOPLE 5 OR OLDER MORE YEARS		FOR PEOPLE 12 YEARS OR OLDER				
	LEVEL AND DEGREE OF SCHOOLING		LITERACY	Marital Status	IDENTIFICATION OF THE SPOUSE		
N Uh M — R THE D — R — N G L Oh N	3.17 What is the last year or grade that (NAME) passed in school? NOTE PASSED LEVEL, GRADE <div>H0317a</div> <div>H0317g</div> <div>Happens a 3.19</div>		3.18 Does (NAME) know how to read and write a message? WRITE DOWN A CODE 1 Yes 2 No <div>H0318</div>	3.19 Currently (NAME)... <div>H0319</div> READ AND WRITE DOWN A CODE 1 lives with his partner in a free union? 2 is separated from a free union? 3 are you separated from a marriage? 4 are you divorced? 5 are you widowed? 6 Are you married civilly or religiously? 7 Are you single? → Go to 3.21 <div>Happens a 3.21</div>	3.20 Does (NAME)'s spouse live in this household? WRITE DOWN A CODE 1 Yeah → Who is it? REGISTER NUMBER FROM THE LINE 2 No, he lives somewhere else. 3 No, he has already passed away. 8 Equal marriage 9 He doesn't know <div>H0320</div> <div>H0320q</div>		
		LEVEL	GRADE	CODE	CODE	CODE LINE	
	01						
	02						
	03						
	04						
	05						
	06						
	07						
	08						
09							

SECTION III. SOCIODEMOGRAPHIC CHARACTERISTICS

	FOR PEOPLE 12 YEARS OR OLDER					
	CONDITION OF ACTIVITY	VERIFICATION OF THE ACTIVITY	JOB SEARCH AND NON-ECONOMIC ACTIVITY	OCCUPATIONAL POSITION		
N Uh M — R THE D — R — N G L Oh N	<p>3.21 During the past week, did (NAME) work (at least one hour)?</p> <p>WRITE DOWN A CODE</p> <p>1 Yes → Go to 3.24 2 No</p> <div>H0321</div>	<p>3.22 Although you already told me that (NAME) didn't work, last week...</p> <p>READ AND WRITE DOWN A CODE</p> <div>H0322</div> <p>1 helped in a family business?</p> <p>2 sold or made any product to sell?</p> <p>3 helped with farm work or animal husbandry?</p> <p>4. In exchange for payment, did you perform any other type of activity? (cutting hair, teaching, washing other people's clothes, etc.)</p> <p>5 had a job, but was absent?</p> <p>6 did not help, nor did he work?</p> <p>Go to 3.24</p>	<p>3.23 So, last week (NAME)...</p> <p>READ AND WRITE DOWN A CODE</p> <p>1 looked for work?</p> <p>2 was dedicated to household chores?</p> <p>3 is a student?</p> <p>4 Are you a pensioner or retired?</p> <p>5 Do you have a permanent disability that prevents you from working?</p> <p>6 Another situation?</p> <div>H0323</div> <p>Go to 3.27</p>	<p>3.24 At work or in business last week, was (NAME)...</p> <p>READ AND WRITE DOWN A CODE</p> <p>1 employee?</p> <p>2 worker(s)?</p> <p>3 newspaperman or worker?</p> <p>4 self-employed worker? (does not hire workers)</p> <p>5. Boss or employer? (hires workers)</p> <p>6 unpaid worker? (in a family or non-family business)</p> <p>7. Other situation? (specify)</p> <div>H0324</div> <div>H0324esp</div>		
	CODE	CODE	CODE	CODE	SPECIFIES	
	01					
	02					
	03					
	04					
	05					
	06					
	07					
	08					
09						

SECTION III. SOCIODEMOGRAPHIC CHARACTERISTICS

FOR THE HOUSEHOLD INFORMANT	
HOUSEHOLD INCOME	
	CODE
<p>3.27 Approximately how much money do all household members regularly earn per month?</p> <p>READ AND WRITE DOWN A CODE</p> <p>1 – 5,999 pesos..... 1</p> <p>6,000 – 9,999 pesos..... 2</p> <p>10,000 – 13,999 pesos..... 3</p> <p>14,000 – 21,999 pesos..... 4</p> <p>22,000 or more pesos..... 5</p> <p>They do not receive income..... 6</p> <p>He didn't want to answer..... 8</p> <p>Don't know..... 9</p>	<div></div> <div>H0327</div>

SECTION IV. HEALTH SITUATION AND USE OF HEALTH SERVICES

FOR ALL PEOPLE																																																
HEALTH NEED		LAST HEALTH NEED																																														
N U h M — R T H E D — R — N G L O h N	<p>4.1 In the last 3 months, Have (YOU/NAME) had any health needs?</p> <p>Consider psychological distress, scheduled appointments, and preventive medicine services as health needs, in addition to illnesses and injuries. It doesn't matter whether you went to seek care or not.</p> <p>WRITE DOWN A CODE</p> <p>1 Yes 2 No → Go to section V</p> <div>H0401</div>	<p>4.2 Could you tell me what was the last health need that (YOU/NAME) had in the last 3 months?</p> <p>WRITE DOWN A CODE</p> <p>INTERVIEWER, ALLOW THE ANSWER TO BE SPONTANEOUS</p> <table><thead><tr><th>ACUTE INFECTIONS</th><th>PREVENTION</th><th>SURGERIES</th></tr></thead><tbody><tr><td>01 Respiratory infections (flu, cold, sore throat, sinusitis, tonsillitis)</td><td>28 Vaccination</td><td>46 surgery or operation on any organ or part of the body</td></tr><tr><td>02 Diarrhea or indigestion (stomach or intestinal infection caused by some bacteria or virus)</td><td>30 Medical check-up or consultation</td><td>58 Other specified</td></tr><tr><td>15 COVID-19 (coronavirus)</td><td>32 Prenatal care (pregnancy)</td><td></td></tr><tr><td>53 Other specified</td><td>55 Other specify</td><td></td></tr><tr><th>CHRONIC DISEASES</th><th>ACUTE NON-INFECTIOUS EVENTS</th><th>MENTAL HEALTH</th></tr><tr><td>16 Control, monitoring or diagnosis of diabetes (high blood sugar)</td><td>38 Physical injury due to vehicle accident (fractures, blows, etc.)</td><td>47 Depression</td></tr><tr><td>17 Control, monitoring or diagnosis of high blood pressure</td><td>40 Headache</td><td>48 Anxiety</td></tr><tr><td></td><td>41 Fever</td><td>50 Stress</td></tr><tr><td></td><td>56 Other specify</td><td>59 Other specified</td></tr><tr><th></th><th>CHRONIC OR ACUTE PAIN</th><th>OTHER</th></tr><tr><td>20 Gastritis, gastric ulcer or duodenitis (reflux)</td><td>44 Muscle, bone and/or joint pain</td><td>52 Other cause not listed above (specify)</td></tr><tr><td>27 Cancer or tumors</td><td>45 Nerve pain (lumbar hernia, sciatica, burning or stinging sensation in legs or feet, shingles, etc.)</td><td>99 Don't know</td></tr><tr><td>54 Other specify</td><td></td><td></td></tr><tr><td></td><td>57 Other specify</td><td></td></tr></tbody></table> <div>H0402</div> <div>H0402esp</div>		ACUTE INFECTIONS	PREVENTION	SURGERIES	01 Respiratory infections (flu, cold, sore throat, sinusitis, tonsillitis)	28 Vaccination	46 surgery or operation on any organ or part of the body	02 Diarrhea or indigestion (stomach or intestinal infection caused by some bacteria or virus)	30 Medical check-up or consultation	58 Other specified	15 COVID-19 (coronavirus)	32 Prenatal care (pregnancy)		53 Other specified	55 Other specify		CHRONIC DISEASES	ACUTE NON-INFECTIOUS EVENTS	MENTAL HEALTH	16 Control, monitoring or diagnosis of diabetes (high blood sugar)	38 Physical injury due to vehicle accident (fractures, blows, etc.)	47 Depression	17 Control, monitoring or diagnosis of high blood pressure	40 Headache	48 Anxiety		41 Fever	50 Stress		56 Other specify	59 Other specified		CHRONIC OR ACUTE PAIN	OTHER	20 Gastritis, gastric ulcer or duodenitis (reflux)	44 Muscle, bone and/or joint pain	52 Other cause not listed above (specify)	27 Cancer or tumors	45 Nerve pain (lumbar hernia, sciatica, burning or stinging sensation in legs or feet, shingles, etc.)	99 Don't know	54 Other specify				57 Other specify	
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SECTION IV. HEALTH SITUATION AND USE OF HEALTH SERVICES

	FOR THOSE WHO HAD HEALTH NEEDS					
	NEEDS OF HEALTH IN LAST TWO WEEKS	SEARCH FOR ATTENTION	REASON FOR NOT SEARCHING FOR ATTENTION			INSTITUTION/PERSON WHO ATTENDED
N Uh M — R THE D — R — N G L Oh N	4.3 Did this happen in the last two weeks? WRITE DOWN A CODE 1 Yes 2 No <div>H0403</div>	4.4 Did (YOU/NAME) seek care for that health need? WRITE DOWN A CODE 1 Yes → It goes to 4.6 2 No <div>H0404</div>	4.5 Why did (YOU/NAME) not seek care? SELECT UP TO THREE OPTIONS 01 He decided that it was not necessary to seek care because it was not that serious. 02 There is nowhere to go for care 03 The nearest place where care is provided is too far away 04 It's expensive/I didn't have money 05 There was no service at the time I needed it 06 He didn't have time 07 He/she had no one to take him/her or accompany him/her 08 The person providing the care doesn't inspire me. trust/not kind 09 The procedures are very slow 10 The waiting time for a consultation is usually very long. 11 Fear of contracting COVID-19/fear of leaving home 12 They scheduled the appointment for me 13 Other (specify) 99 Don't know ANY ANSWER OPTION PASSES TO THE NEXT SECTION			4.6 Were (YOU/NAME) treated for that health need in a health institution (public or private) or by a traditional practitioner? TO THE INTERVIEWER: Non-formal or traditional practitioner care includes: healer, midwife, herbalist, homeopath, acupuncturist. the naturist WRITE DOWN A CODE 1 Yes → Go to 4.8 2 No <div>H0406</div>
	CODE	CODE	ON 1	ON2	OP3	SPECIFY
01	<div></div>	<div></div>	<div>H0405A, H0405B, H0405C, H0405esp<div></div></div>			<div></div>
02	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
03	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
04	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
05	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
06	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
07	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
08	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
09	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

SECTION IV. HEALTH SITUATION AND USE OF HEALTH SERVICES

	FOR ALL PEOPLE				FOR ALL USERS				
	REASONS FOR LACK OF ATTENTION				PLACE OF CARE		TYPE OF SERVICE		
	<div>4.7 Why were (YOU/NAME) not attended to?</div> <div>SELECT UP TO THREE OPTIONS</div> <div><div>01 The medical unit was closed</div><div>02 They told him that the insurance, institution or clinic did not cover the illness he had</div><div>03 The service I needed was not available at the time I went</div><div>04 The medical unit did not have the necessary equipment to treat his condition.</div><div>05 They rejected him/her for not being a beneficiary</div><div>06 They asked him for a reference pass and he didn't give it. could get</div><div>07 There was no token/there were too many people</div><div>08 I didn't know I had to pay for care and/or medications</div><div>09 I couldn't cover the full cost of care</div><div>10 The procedures were very slow</div><div>11 The wait time to be served in the service I needed was very long.</div><div>12 The person providing the care thought it was not necessary</div><div>13 They told him that his problem was not urgent</div><div>14 They only treat COVID-19</div><div>15 Rescheduling an appointment</div><div>16 Other (specify)</div><div>99 Don't know / Don't remember</div></div> <div><div>FILTER: THOSE WHO ANSWERED "NO" TO QUESTION 4.6 AND ANSWERED THE QUESTION 4.7, GO TO THE NEXT SECTION</div></div>				<div>4.8 In which health institution did (YOU/NAME) receive care/request care?</div> <div>WRITE DOWN A CODE</div> <div><div>1 Mexican Social Security Institute (IMSS)</div><div>2 ISSSTE/State ISSSTE</div><div>3 PEMEX</div><div>4 Defense</div><div>5 Marina</div><div>6 SSA Health Center or Hospital</div><div>7 IMSS Bienestar (formerly Oportunidades)</div><div>8 Federal, state, or municipal DIF</div><div>9 Red Cross/Green Cross</div><div>10 National Institute of Health</div><div>11 Organizations (NGOs/CSOs) that provide free care/Dispensary</div><div>12 Consulting Rooms belonging to pharmacies/Pharmacies with a doctor's office</div><div>13 Office within a private hospital</div><div>14 Emergency/hospitalization area within private hospital</div><div>15 Private care in a medical office tower or in a clinic without private hospital beds</div><div>16 Private doctor's office in his/her private home</div><div>17 Private care at my home</div><div>18 Private remote care (phone, text messages, telemedicine)</div><div>19 Occupational physician (company doctor)</div><div>20 Healer, herbalist, naturist</div><div>21 Homeopath, midwife, acupuncturist</div><div>22 Other (specify)</div><div>23 Don't know / Don't remember</div></div> <div><div>H0408</div><div>H0408esp</div></div>		<div>4.9 The attention you sought (YOU/NAME) requested...</div> <div>READ AND WRITE DOWN THE CODES THAT APPLY</div> <div><div>1 go to an outpatient clinic?</div><div>2 hospitalizations (internment)?</div><div>3. Go to the emergency room? (Be treated in an emergency room)</div><div>4 Others (remote, home, etc.)</div></div> <div><div>PROGRAMMER: ONLY THE WHO ANSWERED THAT YES THEY RECEIVED ATTENTION (ANSWERS TO QUESTION 4.6) WILL ANSWER THE QUESTIONNAIRE USERS (UNA SAMPLE OF THEM)</div></div> <div><div>H0409</div></div>		
	OP1	OP2	OP3	SPECIFY	CODE	SPECIFY	OP1	OP2	OP3
01	<div>H0407A, H0407B, H0407C, H0407esp </div>				<div> </div>		<div> </div>	<div> </div>	<div> </div>
02	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>
03	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>
04	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>
05	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>
06	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>
07	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>
08	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>
09	<div> </div>	<div> </div>	<div> </div>		<div> </div>		<div> </div>	<div> </div>	<div> </div>

SECTION V. OTHER HOME FEATURES

HOUSEHOLD GOODS

5.1 Do you or any member of your household have...

BUT

a) television?.....	b) pay TV	1	2
service ?.....		1	2
c) radio?		1	2
e) desktop computer, laptop or tablet?.....		1	2
f) cell phone?	g) internet service ?.....	1	2
		1	2
k) refrigerator?		1	2
l) gas stove?		1	2
n) washer or dryer?	o) microwave oven?	1	2
		1	2
p) water heater ?.....		1	2
q) water tank?.....		1	2
r) cistern or tank?.....	s) electricity	1	2
meter ?.....		1	2
t) air conditioning?.....		1	2
u) another house, building, property or land?.....		1	2
v) car?.....	w) van?.....	1	2
		1	2
x) motorcycle or moped?.....		1	2
and) another vehicle (such as a boat, trajinera or canoe)?.....		1	2

- H0501a
- H0501b
- H0501c
- H0501d
- H0501e
- H0501f
- H0501g
- H0501h
- H0501i
- H0501j
- H0501k
- H0501l
- H0501n
- H0501o
- H0501p
- H0501q
- H0501r
- H0501s
- H0501t
- H0501u
- H0501v
- H0501w
- H0501x
- H0501y

[illegible]

SECTION VI. SUPPORT FOR SOCIAL PROGRAMS

	FOR ALL PEOPLE		
	SUPPORT FOR SOCIAL PROGRAMS		
	<p>6.3 How long have you received it?</p> <p>WRITE DOWN THE NUMBER OF MONTHS THAT IT HAS BEEN RECEIVED</p> <p>88 Support was received only once</p> <p>99 Don't Know/Don't Know Remember</p> <p>TIME YOU HAVE RECEIVED THE PROGRAM</p> <p>PROGRAMMER: THIS QUESTION IS ASKED FOR EACH PROGRAM WITH CODE 1 IN 6.1</p> <div>H0603a al H0603n</div>	<p>6.4a In the last 12 months, has any person in this household been registered with the Institute of Health for Well-being (INSABI)?</p> <div><div>1 Yes</div><div>2 No</div><div>9 I don't know</div></div> <div>Go to section VIII</div> <p>It is asked for all members of the household</p> <div>H0604ba</div>	<p>6.4b How many months ago was he/she registered?</p> <p>NOTE HOW MANY MONTHS AGO IT WAS REGISTERED</p> <p>PROGRAMMER: VALIDATE AT 12 MONTHS</p> <div>H0604bb</div>
	MONTHS	CODE	MONTHS
01	<div></div>	<div></div>	<div></div>
02	<div></div>	<div></div>	<div></div>
03	<div></div>	<div></div>	<div></div>
04	<div></div>	<div></div>	<div></div>
05	<div></div>	<div></div>	<div></div>
06	<div></div>	<div></div>	<div></div>
07	<div></div>	<div></div>	<div></div>
08	<div></div>	<div></div>	<div></div>
09	<div></div>	<div></div>	<div></div>

SECTION VIII. HOME WATER INSECURITY EXPERIENCE SCALE

Now I'm going to ask you about your or your household members' experiences with water. For each question, please indicate how many times in the last 4 weeks or 30 days, your household has had the following experiences due to a lack of water.

Interviewer: Avoid "Don't Know" or "Not Applicable" responses whenever possible. Use the suggested probes in the training.

SAMPLE CARD

<p>8.1. In the last 4 weeks, how often did you or someone in your household worry about not having enough water for all your household needs?</p> <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">H0801</div> <p style="text-align: center;">SELECT A CODE</p> <p>Never (0 times in the last 4 weeks)..... 1</p> <p>Rarely (1-2 times in the last 4 weeks)..... 2</p> <p>Sometimes (3-10 times in the last 4 weeks)..... 3</p> <p>Frequently (11-20 times in the last 4 weeks)..... 4</p> <p>Always (More than 20 times in the last 4 weeks)..... 5</p> <p>Don't know..... 99</p> <p>Not applicable..... 88</p>	<p>8.2. In the past 4 weeks, how often has the supply of your main water source to your home been interrupted or decreased (e.g., decreased water pressure or interruption in piped water, decreased flow in the river where your water is supplied, etc.)?</p> <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">H0802</div> <p style="text-align: center;">SELECT A CODE</p> <p>Never (0 times in the last 4 weeks)..... 1</p> <p>Rarely (1-2 times in the last 4 weeks)..... 2</p> <p>Sometimes (3-10 times in the last 4 weeks)..... 3</p> <p>Frequently (11-20 times in the last 4 weeks)..... 4</p> <p>Always (More than 20 times in the last 4 weeks)..... 5</p> <p>Don't know..... 99</p> <p>Not applicable..... 88</p>
<p>8.3. In the last 4 weeks, how often has there not been enough water in the home to wash clothes?</p> <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">H0803</div> <p style="text-align: center;">SELECT A CODE</p> <p>Never (0 times in the last 4 weeks)..... 1</p> <p>Rarely (1-2 times in the last 4 weeks)..... 2</p> <p>Sometimes (3-10 times in the last 4 weeks)..... 3</p> <p>Frequently (11-20 times in the last 4 weeks)..... 4</p> <p>Always (More than 20 times in the last 4 weeks)..... 5</p> <p>Don't know..... 99</p> <p>Not applicable..... 88</p>	<p>8.4. In the past 4 weeks, how often did you or someone in your household have to change your schedule or plans due to water problems, such as problems getting or distributing water within the home? (Activities that may have been interrupted include caring for others, doing housework, being late for work or school, etc.)</p> <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">H0804</div> <p style="text-align: center;">SELECT A CODE</p> <p>Never (0 times in the last 4 weeks)..... 1</p> <p>Rarely (1-2 times in the last 4 weeks)..... 2</p> <p>Sometimes (3-10 times in the last 4 weeks)..... 3</p> <p>Frequently (11-20 times in the last 4 weeks)..... 4</p> <p>Always (More than 20 times in the last 4 weeks)..... 5</p> <p>Don't know..... 99</p> <p>Not applicable..... 88</p>
<p>8.5. In the last 4 weeks, how often have you or someone in your household had to change what you were going to eat because of water problems (e.g., for washing food, cooking, etc.)?</p> <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">H0805</div> <p style="text-align: center;">SELECT A CODE</p> <p>Never (0 times in the last 4 weeks)..... 1</p> <p>Rarely (1-2 times in the last 4 weeks)..... 2</p> <p>Sometimes (3-10 times in the last 4 weeks)..... 3</p> <p>Frequently (11-20 times in the last 4 weeks)..... 4</p> <p>Always (More than 20 times in the last 4 weeks)..... 5</p> <p>Don't know..... 99</p> <p>Not applicable..... 88</p>	<p>8.6. In the past 4 weeks, how often were you or someone in your household unable to wash your hands after unhygienic activities (e.g., after using the toilet or changing diapers, cleaning up pet waste, etc.) because you didn't have enough water?</p> <div style="text-align: right; border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">H0806</div> <p style="text-align: center;">SELECT A CODE</p> <p>Never (0 times in the last 4 weeks)..... 1</p> <p>Rarely (1-2 times in the last 4 weeks)..... 2</p> <p>Sometimes (3-10 times in the last 4 weeks)..... 3</p> <p>Frequently (11-20 times in the last 4 weeks)..... 4</p> <p>Always (More than 20 times in the last 4 weeks)..... 5</p> <p>Don't know..... 99</p> <p>Not applicable..... 88</p>

SECTION VIII. HOME WATER INSECURITY EXPERIENCE SCALE

8.7. In the past 4 weeks, how often were you or someone in your household unable to bathe because there wasn't enough water? (e.g., there wasn't enough water, it was dirty, or it was hard to reach)

SELECT A CODE

H0807

Never (0 times in the last 4 weeks)..... 1
 Rarely (1-2 times in the last 4 weeks)..... 2
 Sometimes (3-10 times in the last 4 weeks)..... 3
 Frequently (11-20 times in the last 4 weeks)..... 4
 Always (More than 20 times in the last 4 weeks)..... 5
 Don't know..... 99
 Not applicable..... 88

8.8. In the last 4 weeks, how often was there not *enough drinking water* for you or another member of your household?

SELECT A CODE

H0808

Never (0 times in the last 4 weeks)..... 1
 Rarely (1-2 times in the last 4 weeks)..... 2
 Sometimes (3-10 times in the last 4 weeks)..... 3
 Frequently (11-20 times in the last 4 weeks)..... 4
 Always (More than 20 times in the last 4 weeks)..... 5
 Don't know..... 99
 Not applicable..... 88

8.9. In the last 4 weeks, how often have you or someone in your household been *upset* about a water-related situation?

SELECT A CODE

H0809

Never (0 times in the last 4 weeks)..... 1
 Rarely (1-2 times in the last 4 weeks)..... 2
 Sometimes (3-10 times in the last 4 weeks)..... 3
 Frequently (11-20 times in the last 4 weeks)..... 4
 Always (More than 20 times in the last 4 weeks)..... 5
 Don't know..... 99
 Not applicable..... 88

8.10. In the past 4 weeks, how often did you or someone in your household go to sleep thirsty because there was no water to drink?

SELECT A CODE

H0810

Never (0 times in the last 4 weeks)..... 1
 Rarely (1-2 times in the last 4 weeks)..... 2
 Sometimes (3-10 times in the last 4 weeks)..... 3
 Frequently (11-20 times in the last 4 weeks)..... 4
 Always (More than 20 times in the last 4 weeks)..... 5
 Don't know..... 99
 Not applicable..... 88

8.11. In the last 4 weeks, how often was there NO water in your home that was suitable or recommended for household use or human consumption?

SELECT A CODE

H0811

Never (0 times in the last 4 weeks)..... 1
 Rarely (1-2 times in the last 4 weeks)..... 2
 Sometimes (3-10 times in the last 4 weeks)..... 3
 Frequently (11-20 times in the last 4 weeks)..... 4
 Always (More than 20 times in the last 4 weeks)..... 5
 Don't know..... 99
 Not applicable..... 88

8.12. In the past 4 weeks, how often have you or someone in your household felt embarrassed or rejected by others because of water problems?

SELECT A CODE

H0812

Never (0 times in the last 4 weeks)..... 1
 Rarely (1-2 times in the last 4 weeks)..... 2
 Sometimes (3-10 times in the last 4 weeks)..... 3
 Frequently (11-20 times in the last 4 weeks)..... 4
 Always (More than 20 times in the last 4 weeks)..... 5
 Don't know..... 99
 Not applicable..... 88

SECTION VIII.a. WATER SUPPLY AND MANAGEMENT**THIS SECTION APPLIES TO ALL HOUSING**

Now I'm going to ask you about your experiences with water supply and management in your home.

RESPONSIBILITY IN WATER MANAGEMENT AT HOME

8.a.1. Who is responsible for managing the water supply in the home? For example, checking on the water supply, turning on the pump, preparing buckets, filling the water tank, etc.

READ AND SELECT ONLY ONE OPTION
ANSWER

Household member?..... 1

→ Go to 8.a.2.

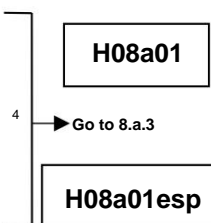
Employee or administrator of the building/home?..... 2

Nobody, is the supply automatic?..... 3

Other _____
(Specify)

Don't know..... 5

No response..... 6

**8.a.2. INTERVIEWER SELECTS THE LINE NUMBER OF THE MEMBER**

Member number [] [] []

Programmer display the list of household members

H08a02

CONTINUITY OF WATER SUPPLY TO THE HOME

ONLY FOR HOMES THAT RECEIVE PIPED WATER.

If in question 1.12 the answer is inside the house code 1 or only on the land code 2 If in question 1.12 the answer is does not have piped water code 3 go to question 8.a.9. Continue

Now I'm going to ask you about the frequency with which piped water arrives at your home. Please consider the part of your house or property where the water arrives, before passing through the water tank or cistern, if you have one. If the water supply varies, please answer based on the season of greatest shortage in the last four weeks.

8.a.3. In the last 4 weeks, how often did piped water arrive at your home?

SELECT ONLY ONE CODE

Diary..... 1

Four to six days a week..... 2

One to three days a week..... 3

One to three times in the last 4 weeks..... 4

I haven't had any water in the last 4 weeks..... 5

I don't know, I don't know the frequency... 6

No response..... 7

**8.a.4 Does piped water arrive at your home on the day...**

SELECT A CODE FOR EACH OPTION

H08a0401 AL H08a0409

1. Monday?..... 1

2. Tuesdays?..... 1

3. Wednesday?..... 1

4. Thursday?..... 1

5. Friday?..... 1

6. Saturday?..... 1

7. Sunday?..... 1 8. Don't know, it

varies every week..... 1 9. Don't know, I don't know the

frequency..... 1

BUT

No response

99

99

99

99

99

99

99

99

99

Programmer If the answer to 8.a.4 is YES, continue with 8.a.5.

Programmer, Displays options 8 and 9 only if the answer to ALL options 1 through 7 was No or No Answer

If the answer to 8.a.4 is NO or NO

RESPONSE, go to the next section.

8.a.5. How many hours a day do you arrive?

HOURS

[] []

[] []

[] []

[] []

[] []

[] []

[] []

[] []

[] []

REGISTER WITH NUMBER

N/S.....96

If in 8.a.4 paragraph 8 the answer is YES, answer 8.a.5 and go to 8.a.6.

H08a0501 AL H08a0509

8.a.6. Now I'm going to ask you about water scarcity. Please think about the season in which water arrived the least and least frequently during the last 12 months. In which month did the season with the greatest water scarcity begin in your home?

SELECT A CODE

January..... 1 August..... 8
 February..... 2 September..... 9
 March..... 3 October..... 10
 April..... 4 November..... 11
 May..... 5 December..... 12
 June..... 6 There is never a shortage of water/ there has not
 been a shortage in the last 12 months..... 13
 Julio..... 7 No response..... 99

H08a06

Go to
8.a.9.1

8.a.7. How long did the leanest season last?

SELECT A CODE

Less than a week..... 1
 Between one week and four weeks..... 2
 Two to three months..... 3
 More than three months..... 4
 Don't know.....96
 No response.....99

H08a07

Go to
8.a.9.1

8.a.8. During the lean season, how often did piped water arrive at your home...

SELECT A CODE

Diary?.....1
 Four to six days a week?..... 2
 One to three days a week?..... 3
 One to three times during the lean season?..... 4
 I didn't get any water during the lean season 5
 I don't know, I don't know the frequency..... 6
 No response.....7

H08a08

STORAGE AND TREATMENT OF DRINKING WATER

Now I'm going to ask you about how the water that reaches this home is stored. Please consider storage after the water reaches your land or home.

8.a.9.1 Is water stored in this home?

And..... 1
 No..... 2

SELECT A CODE

H08a091

Go to 8.A.10.1

8.a.9. In this home, is the water...

a. Is it stored in a cistern?.....
 b. is it stored in a tank?.....
 c. Is it stored in a bucket or other container **without** a lid?..... d Is it stored
 in a bucket or other container **with** a lid?... e. Do they use another type of
 storage for the water? _____

And NO
 1 2
 1 2
 1 2
 1 2
 1 2

READ AND SELECT ONE
 CODE FOR EACH OPTION

H08a09a AL H08a09e

H08a09es

(Specify)

Now I'm going to ask you about how the drinking water used in this household is treated. Please think about the main source of drinking water used by household members.

8.a.10.1. Is the water used for drinking in this household treated?

And..... 1
 No..... 2

Go to 8.A.11

SELECT A CODE

H08a101

8.a.10. Is the water used for drinking in this household...

Yes a. if it filters?..... 1
 b. Is it boiled?..... 1
 c. Is it treated with chemical disinfectants (e.g., chlorine)?..... 1 d. Is it treated with solar
 disinfection?..... 1
 e. apply another treatment? _____

NO
 2
 2
 2
 2
 2

H08a10a al H08a10e

H08a10es

(Specify)

WATER SOURCE FOR DOMESTIC USE

8.a.11. What is the main source of water that your household members use for drinking?

SELECT ONLY ONE OPTION FROM THE LIST

Select a piped water response even if you treat the water (with filter, chlorine, boil, etc. before use)

Piped water

- Piped water inside the home..... 01
- Piped water on the land..... 02
- Piped water on a neighbor's land..... 03
- Piped water from a community tap or faucet..... 04
- Piped water from a drilled/driven well 05

Bottled water

- Branded jug 06
- Purifier jug 07
- Water bottles.....08
- Other bottled water 09

H08a11

H08a11esp

Dug well

- Protected well.....10
- Unprotected well11

Water from a spring

- Protected spring 12
- Unprotected spring 13
- Rainwater harvesting 14

Water delivered to your home

- Pipe 15
- Other source 16
- (Specify)
- Surface water (of a river, stream, or lake) 17
- In this home, no drinking water is available from any source. 18

8.a.12. What is the primary source of water your household members use for cooking?

SELECT ONLY ONE OPTION FROM THE LIST

Select a piped water response even if you treat the water (with filter, chlorine, boil, etc. before use)

Piped water

- Piped water inside the home..... 01
- Piped water on the land..... 02
- Piped water on a neighbor's land..... 03
- Piped water from a community tap or faucet..... 04
- Piped water from a drilled/driven well 05

Bottled water

- Branded jug 06
- Purifier jug 07
- Water bottles.....08
- Other bottled water 09

H08a12

H08a12esp

Dug well

- Protected well.....10
- Unprotected well11

Water from a spring

- Protected spring 12
- Unprotected spring 13
- Rainwater harvesting 14

Water delivered to your home

- Pipe 15
- Other source 16
- (Specify)
- Surface water (of a river, stream, or lake) 17

8.a.13. What is the main source of water that your household members use for washing hands or bathing, etc.?

SELECT ONLY ONE OPTION FROM THE LIST

Select a piped water response even if you treat the water (with filter, chlorine, boil, etc. before use)**Piped water**

- Piped water inside the home..... 01
- Piped water on the land..... 02
- Piped water on a neighbor's land..... 03
- Piped water from a community tap or faucet..... 04
- Piped water from a drilled/driven well 05

Bottled water

- Branded jug 06
- Purifier jug 07
- Water bottles.....08
- Other bottled water 09

H08a13**H08a13esp****Dug well**

- Protected well.....10
- Unprotected well11

Water from a spring

- Protected spring 12
- Unprotected spring 13
- Rainwater harvesting 14

Water delivered to your home

- Pipe 15
- Other source 16
- (Specify)
- Surface water (of a river, stream, or lake) 17

SECTION XII. POSITIVE CASES OF COVID-19

Now I'm going to ask you about any COVID-19 events that you or a member of your household may have experienced from February 2020 to the present.

FOR ALL PEOPLE						
COVID TEST		ATTENTION		REASON FOR LACK OF ATTENTION		
N Uh M — R THE D — R — N G L Oh N	<p>12.5 Since February 2020, how many times has (NAME) been <u>diagnosed with COVID-19</u> by a healthcare professional?</p> <p>Number []</p> <p>I have not given..... 98</p> <p>NS/NR..... 99</p> <p>Go to section XVI</p> <p>H1205</p>	<p>12. 7 In what month and year was diagnosed (NAME) with COVID-19 <u>last time?</u></p> <p>Mes [][]</p> <p>Year [][][][]</p> <p>NS/NR... 99 99</p> <p>H1207a</p> <p>H1207b</p>	<p>12.13 Regarding the last time (NAME) had COVID, did he or she <u>continue to experience</u> any of these symptoms/after-effects one month after the onset of his or her illness?</p> <p>READ AND WRITE DOWN ALL THE OPTIONS THAT BE NECESSARY</p> <p>a Cough. H1213A</p> <p>b Fatigue or tiredness AL</p> <p>c Anxiety H1213T</p> <p>d Depression and Fever</p> <p>e Difficulty sleeping</p> <p>f Kidney complications</p> <p>g Lack of hunger.</p> <p>h Weight loss H1213e</p> <p>i Headache</p> <p>j Mareo</p> <p>k Pain in muscles or joints</p> <p>l Difficulty breathing</p> <p>m Shortness of breath</p> <p>n Chest pain</p> <p>o Vomiting or diarrhea</p> <p>p Loss or decrease of smell</p> <p>q Loss or decrease of taste</p> <p>r Difficulty thinking or concentrating</p> <p>s Other (specify).</p> <p>t Had no symptoms/sequelae</p> <p>u He hasn't been discharged yet/it hasn't been a month</p> <p>v NS/NR</p> <p>Go to Section XVI</p>		<p>12.15 How long have you had or <u>continue to have these</u> symptoms?</p> <p>Less than one we..... 1</p> <p>From one to three months..... 2</p> <p>Three to six months..... 3</p> <p>More than 6 months... 4</p> <p>Still have.... 5</p> <p>H1215</p>	<p>12.16 Do or did these symptoms prevent you from taking care of yourself? For example, you were unable to bathe or dress yourself.</p> <p>Yes..... 1</p> <p>No..... 2</p> <p>NS/NR... 9</p> <p>H1216</p>
	CODE	MONTH / YEAR	CODE	SPECIFY	CODE	CODE
01	[][]-[][][][][]	[][][][][][]		[][]	[][]	
02	[][]-[][][][][]	[][][][][][]		[][]	[][]	
03	[][]-[][][][][]	[][][][][][]		[][]	[][]	
04	[][]-[][][][][]	[][][][][][]		[][]	[][]	
05	[][]-[][][][][]	[][][][][][]		[][]	[][]	
06	[][]-[][][][][]	[][][][][][]		[][]	[][]	
07	[][]-[][][][][]	[][][][][][]		[][]	[][]	
08	[][]-[][][][][]	[][][][][][]		[][]	[][]	
09	[][]-[][][][][]	[][][][][][]		[][]	[][]	

SECTION XVI. VACCINATION

FOR ALL PEOPLE

N Uh M — R THE D — R — N G L Oh N	<p>16.2 Has (NAME) received the COVID-19 vaccine?</p> <p>Yes 1</p> <p>No..... 2</p> <div><div></div><div>It goes to 16.7</div></div> <div>H1602</div>	<p>16.4 When did you get it? (day, month, and year)</p> <p>INTERVIEWER: Try to verify dates with proof of vaccination.</p> <p>1a dosis: Day Month Year</p> <p>2a dose: Day Month Year</p> <p>3a dose: Day Month Year</p> <p>4a dosis: Day Month Year</p> <p>Don't remember...999999999 You don't have another dose...77 77 7777 go to 16.5</p> <p>Programmer: Code 77 77 7777 applies only to the 2nd, 3rd, and 4th doses.</p>			
	<p>CODE</p>	<p>DATE 1st dose</p>	<p>FECHA 2 doses</p>	<p>FECHA 3 doses</p>	<p>DATE 4th dose</p>
01		H16041d	H16042d	H16043d	H16044d
02		H16041m H16041a	H16042m H16042a	H16043m H16043a	H16044m H16044a
03					
04					
05					
06					
07					
08					
09					

SECTION XVI. VACCINATION

FOR ALL PEOPLE

16.5 What vaccine did (NAME) get?

16.7 Why didn't (NAME) get vaccinated?

H1607

H1607e

INTERVIEWER: Try to verify the name with proof of vaccination.

WRITE DOWN A CODE

Dose 1:
Dose 2:
Dose 3:
Dose 4:

End of the interview

H16051

H16052

H16052e

H16053

H16053e

H16054

H16054e

Pfizer..... 1
Sputnik..... 2
Sinovac 3
AstraZeneca 4
CanSino 5
Modern..... 6
Johnson & Johnson..... 7
Other..... 8
NS/NR..... 9PROGRAMMER: SHOW FOR EACH DOSE RECORDED IN
QUESTION 16.4 AND AT THE END, FINALIZE THE INTERVIEW

I have not been eligible due to my age..... 1

Yes, I am eligible, but the vaccine has not arrived where we live. 2

I think the vaccine is useless..... 3

I think the vaccine has adverse effects/negative consequences for me (your) health..... 4

It was very far away for me..... 5

The line was very long..... 6

COVID is not a problem, it doesn't exist..... 7

I prefer to wait and see how this progresses... 8

I don't trust the system, the government... 9

Because they didn't let me (him) leave my (his) job... 10

Because I have (have) a disability..... 11

Because I didn't have anyone to accompany me... 12

Out of fear..... 13

He didn't have time..... 14

He/she is/was sick or has some illness... 15

Other (specify)..... 88

PROGRAMMER: OPTION 1 WILL ONLY BE DISPLAYED TO
CHILDREN UNDER 5 YEARS OLD

	1a dosis	2 doses	3 doses	4a dosis	CODE	SPECIFY
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	