

AVAILABILITY PERSON : Definitely return Possibly yes Definitely no
 CASO : Definitely return Escoger entre otros Definitely no

1 Visit 2 Visit Date: 3 Visit Date:

Date..... Time.....

Code for Location (Pueblo): Check one

01 San Fco Xochiteapan
02 Colonia Agrarista
03 Santa Ana Coatepec
San Fco Huilango

04 Colonia Flores Magon
Colonia Lomas de Tejaluca

Address: Street name and number (if available) _____

Lote/Dwelling Code # From Map: _____

GPS Point: To be identified at the **end of the survey** and copied here:

Unique Case Code: (Pueblo #e.g. 0361 = Santa Ana, 61 house #) _____

Interviewer Codes: (This will pull up the unique #s of student interviewers conducting the interview – two digits for each. It is important to know who conducted the interview.)

P R E S E N T A T I O N

Good morning/afternoon. My name is..... *and this is *** if interviewing in pairs*). We are researchers and students from the University of Texas at Austin, working in close collaboration with the Fundación Comunitaria Puebla and with colleagues from the Benemérita Universidad Autónoma de Puebla. I/We hope that you have heard from your neighbors and community leaders about our presence in your community that you will be willing to collaborate with us through by participating in the survey. The study we are conducting focuses on family health, access to public health services, and the intersection between the built environment (dwelling and neighborhood) and health, illnesses, and mobility. But before we explain any further, could you please tell us:

¿Are you or any of your family members owners of this lot/property?

<input type="checkbox"/>	Sí, soy yo o mi esposo (a)	<i>Seguir con la presentación de abajo</i>
<input type="checkbox"/>	Sí, mi papá/mamá/cuñado (<i>anote relación</i>):	¿Me permite hablar con alguno de ellos?
<input type="checkbox"/>	No, estamos RENTANDO	<i>Agradecer y despedirse</i>

	No, el dueño no vive aquí: es una casa prestada o estamos cuidando la casa no más.	<i>Agradecer y despedirse</i>
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Important note to interviewers: Ideally, the interviewee should be the owner or a co-owner. If it is an elderly person who will struggle to answer, they can be accompanied and helped by one of their children. All of the questions should be answered in the owner's point of view through the entirety of the survey.

Thank you.

(If the original person is not the household head [male or female] and that person then is called forward: you must **repeat above introduction and just double check that he/she is the head of household.**)

We would greatly appreciate your answering our survey. It will take approximately 30-40 minutes. If you agree to participate let me explain that this study is for academic purposes only and that all of the information that you provide us will be confidential. Your household will be one of 70-80 that have been randomly selected for interview. Neither your name nor address will be identified. Your participation is completely voluntary, and if at any point you feel uncomfortable and would rather not answer a particular question, please let us know and we will go to the next set of questions. We will leave a copy of this letter (show) with you at the end of the survey. It contains our contact information (address, phone number, etc.), and explains the focus of our study and how to contact the project directors or members of the Fundación Comunitaria Puebla in case you or your family have any questions or would like additional information.

Do you have any questions? (Be prepared to respond to likely Questions as we identified in role plays)

May we begin the interview?

How long have you been living in this house? (or calculate from year of arrival if that is easier)

___yrs ___

What is your name? (Given name) _____

How old are you? ___Yrs

Are you the owner or Co-owner of the house?

Y skip

N

Relationship to the owner? (if not owner/co-owner) check one

Mother

Father

Spouse

Brother

Sister

Uncle

Aunt

Cousin

Other Specify ____

Section B. Demographics and Household:

How many houses are on this lot? # =

Important note for the interviewers: Even though they say it is one family, the definition of house is families who live and cook separately.

How many people live in your house? _____

Who are they? What is their relationship to you? What is their age? What level of schooling do they have? Do they work? If they do work, where do they work?

On schooling: 0 = none or minimum; 1 is finished primary +/-; 2 secondary; 3 es high school; 4; university

Name	Relationship to interviewee	Age	Schooling ?	Do they work?	If they do work, where do they work?
	Spouse, Mother, Father, Mother-In-Law, Father-In-Law, Male Child, Female child		0= None 1= Finished Primary 2= finished secondary 3= Finished High school 4= University		Work in the House, Agriculture (primary product? _____), Transportation Services, Construction, Industry, Other _____

Interviewer: assess and check the household structure of the interviewee's family:

Nuclear = Couple with or without kids; Extended (vertical with parents/grandparents; horizontal with bothers, cousins etc.); Compound = On lot sharing with other relatives living apart

- One person
- Nuclear
- Nuclear & Compound
- Extended
- Extended & Compound

Interviewer: also check box if this is a female headed household. (Male spouse absent (dead; long term migrant in USA etc – de facto female head of household).

- Yes -- female headed household

Does

- anyone in your family own a vehicle?**
- No Skip next question
- Yes
- Specific type:
- Truck
- Car

Are there any (agricultural) animals on the lot apart from pets?

- Yes
- No

Do you or your family grow any crops in the lot?

- Yes
- No

In the interest of understanding your family, we would like to discuss family who have migrated...

Do you or your partner have family members that live in the United States?

- Yes
- No, Go to Q*

What is your relationship to them?(relationship: brother, brother-in-law, etc.)

- Parent
- Spouse/Partner
- Child's parent
- Child
- Brother – In- Laws etc.

If more than one ask: Who are you in contact with most often? _____

How long have they been living there?

- Less than a year
- 1-2 years
- 3-5 years
- 5-10 years
- More than 10 years

What do they do for a living?

- House Work
- Agriculture (primary product? _____)
- Transportation services

- Construction
- Industry
- Other: _____

Do any of these family members send financial remittances to your family?

- Yes
- No, Go to Q*

How important are these remittances to your family's finances?

- 1= Not at all important
- 2= Slightly important
- 3= Moderately important
- 4= Very important

What do you use the financial remittances for?

- Renovations
- Food
- Clothes
- Healthcare
- Childcare
- Schooling
- Other: _____

Beyond the economic aspect, do you feel supported (emotionally)?

- | | | | | |
|---------------|---|---------|---|------------|
| A | B | C | D | E |
| Hardly at all | | Average | | Completely |

How often do you communicate?

- Weekly
- Bimonthly
- Monthly
- Every 3 months
- Every 6 months
- Yearly
- Sporadically
- Other_____

Section C. Health Status & Morbidity Patterns

"Turning now to questions related to health and health needs.

In your opinion, what do you think are the main health problems in your community?

- Diabetes
- High blood pressure (hypertension)
- Heart disease (cardiovascular disease)
- Obesity
- Poor nutrition
- Cancer
- Chronic lung disease

- Neurological conditions
- Liver disease (hepatitis / cirrhosis)
- Mental illness (psychiatric conditions)
- Smoking (tobacco)
- Alcohol Use
- Drug abuse
- Sexually transmitted infections and HIV
- Other infections like diarrhea, pneumonia
- Disabilities
- Injuries or accidents
- Violence
- Pregnancy-related problems / complications
- Childhood illnesses

Where do you go for healthcare services?

- Secretaria de Salud
- IMSS
- ISSTEE
- University clinic
- Folk Healer
- Pharmacy
- None
- Other: _____

In the past 3 months, how often have you or your family members use any of these services?

- 0 times
- 1-2 times
- 3-4 times
- 5+ times

Now we are going to talk about formal healthcare providers: clinic, hospital

What is the biggest barrier in seeking medical treatment? (open, classify)

- Travel time
- Monetary cost of visit
- Childcare
- Lost Earnings (cannot afford)
- Do not trust providers
- Poor experiences with healthcare providers
- Other

What is your primary source of transportation to get to medical appointments?

- Bus
- Van
- Car (mine)
- Car (someone else takes me)
- Walk
- Other

On average, how much time does it take for you/your family to get to medical appointments? _____

How easy is it for you or your family to access medical treatment?

- Not Difficult
- Mildly difficult
- Difficult
- Very Difficult

Do you pay any out of pocket costs for these (healthcare) services?

- None
- Some
- All

How much of a financial problem is it to pay these costs for your family?

- Not at all
- Very mild
- Moderate
- Severe

How comfortable do you feel talking to your healthcare provider about you and your family's health needs?

- 1 not at all
- 2 little trust
- 3 a lot of trust

"Turning or continuing to think about your own Household..."

Do any of your household (i.e. your own family) suffer from a chronic illness/disease such as diabetes, asthma, heart disease, hypertension; chronic joint pain etc?

Yes

No -- move to Q *

Whom?	Chronic illness	Do you receive treatment for this condition? Y/N	Traditional (ex:curandera) Y/N	Institutional Y/N
1				
2				
3				
4				

Now we are talking about care about pregnant women and children who received care in a formal facility...

Have any members of your household given birth in the last 2 years?

Did the mother also receive care from a folk healer?

Whom?	Did you receive pre-natal care? Y/N	How many prenatal visits did she have?	Did she deliver the baby at a facility? Y/N	Did she receive post-natal care? Y/N	Is baby at least 1 year old? Y/N	Did the baby receive post-natal care? Y/N	How many times did the baby receive post-natal care?
1							
2							
3							
4							

- Yes
 No

Did the baby receive care from the folk healer/curandera?

- Yes
 No

Turning now to acute illnesses (non chronic illnesses) (such as diarrhea, dysentery, flu) etc..)

Who has had an acute illness in the past 3-4 months in your household?

Now onto accidents that have occurred to family members in the household

Whom?	Non-chronic illness	Do you receive treatment for this condition? Y/N	Traditional (curandera) Y/N	Institutional Y/N
1				
2				
3				
4				

Has any member of your household or other family members in this lot had a serious accident in the past year?

- Yes
 No , skip this question

Whom?	What was the nature of accident Automobile accident, Wildlife Injury (bites, stings), Cooking Accident,	Did they receive treatment for this accident? Y/N	Did they seek treatment from a traditional healer?	Did they go to a clinic or stay overnight in the hospital?

	Work Accident, Fire Accident, Fall, Other)		Y/N	(Clinic, Overnight)
1				
2				
3				
4				

I am satisfied with the quality of the current health care services in my community.

- Yes
- No
- Do not know
- Prefer not to respond

Is mental health a serious issue in the community?

- Yes
- No
- Do not know
- Prefer to not to answer

How significant an issue is mental health in the community?

1	2	3	Not able to offer an assessment	Prefer to not respond
Minor Concern	Exists and is a concern	Exists and is a significant concern		

Stress

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. Think about the past two weeks, how often have you felt stressed?

- 0= Not at all
- 1= several days
- 2= more than half the days
- 3= nearly every day

In the last month, how often have you felt incapable of controlling important things in your life?

- 0 = Never
- 1= Rarely
- 2= Sometimes
- 3= Often
- 4= Nearly Everyday

In the last month, how often have you felt capable of managing your personal problems?

- 0 = Never
- 1= Rarely
- 2= Sometimes
- 3= Often
- 4= Nearly Everyday

In the last month, how often have you felt like things have been going well?

- 0 = Never
- 1= Rarely
- 2= Sometimes
- 3= Often
- 4= Nearly Everyday

In the last month, how often have you felt like your problems have accumulated to the point where you can't handle them/overcome them?

- 0 = Never
- 1= Rarely
- 2= Sometimes
- 3= Often
- 4= Nearly Everyday

Depression

Over the past 2 weeks, how often have you bothered by any of the following problems?

1. Little interest or pleasure in doing things:

0 = Not at all	1 = Several days	2 = More than half the days	3 = nearly every day

2. Feeling down, depressed or hopeless

0 = Not at all	1 = Several days	2 = More than half the days	3 = nearly every day

3. feeling nervous, anxious or on edge

0 = Not at all		1 = Several days	2 = More than half the days	3 = nearly every day

4. Not being able to stop or control worrying

0 = Not at all	1 = Several days	2 = More than half the days	3 = nearly every day

Health Questions

Now we are going to talk about your community...

In your view, do you think that Smoking (tobacco) is an issue in your community?

- Yes Go to Q *
- No Go to Q *
- Don't know
- Prefer to not respond

How significant an issue is smoking in the community?

Exists but minor = 1	Modest problem = 2	Exists and a significant concern = 3	Not willing to answer	Do not know

Substance Abuse Questions

Do you consider alcohol abuse to be an issue in your community?

- Yes Go to Q *
- No Go to Q *
- Don't know
- Prefer to not respond

How significant an issue is alcohol abuse in the community?

Exists but minor = 1	Modest problem = 2	Exists and a significant concern = 3	Not willing to answer	Do not know

Is drug abuse an issue in your community?

- Yes Go to Q *
- No Go to Q *
- Don't know
- Prefer to not respond

How significant an issue is drug abuse in the community?

Exists but minor = 1	Modest problem = 2	Exists and a significant concern = 3	Not willing to answer	Do not know

Do you consider sexually transmitted infections an issue in your community?

- Yes Go to Q *
- No Go to Q *
- Don't know
- Prefer to not respond

Yes Go to Q *

How significant a concern are sexually transmitted diseases in the community?

Minor concern (no pasa nada) = 1	Exists and is a concern = 2	Exists and significant concern = 3	Not willing to answer	Do not know

Is domestic violence an issue in your community?

- Yes Go to Q *
- No Go to Q *
- Don't know
- Prefer to not respond

How significant an issue is domestic violence in the community?

Minor concern (no pasa nada) = 1	Exists and is a concern = 2	Exists and significant concern = 3	Not willing to answer	Do not know

In your view do women in your community have access to adequate:

- **Women's Health services, including sexual and reproductive health services?**
 - No
 - YES -- **Which service(s) in particular?**
 - I do not know
 - Prefer not to respond
- **Family Planning services?**
 - No
 - YES -- **Which service(s) in particular?**
 - I do not know
 - Prefer not to respond
- **Women's breast and cervical cancer screening?**
 - No
 - YES -- **Which service(s) in particular?**
 - I do not know
 - Prefer not to respond

What is the biggest unmet women’s health need in particular?

Think about your neighborhood. How often do you feel safe going outside for a walk or letting your children play outside?

- Always
- Sometimes
- Rarely
- Never

Section D – Health behaviors & Health-Related Issues

Now we’d like ask about health behaviors that most affect health and well-being in your home...

What are the sources of fuel that you use for daily cooking in your household? (Check all that apply). Which is the primary fuel used?

	Used for Daily Cooking?	What is the primary fuel used in your household?(Check Box)
Leña		
Carbon		
Propane Gas		
Piped gas (colonias maybe)		
Electricity		
Other (specify)		

Has anyone in your household had to cut the size of or skipped meals because there was not enough food (or money for food) in the last 12 months?

- Yes
- No

If Yes-

How often has someone in your household cut the size of their meal or skipped meals?

Almost every month	Not Every, but some months	One or two months of the year

How often per week do you or your family drink beverages with added sugar like sodas and juice?

- Daily
- Most days (4-5 times a week)
- 1-2 times a week at most

- Hardly ever
- Never

How often per week do you or your family eat store-bought foods, like chips, cookies, and candy?

- Daily
- Most days (4-5 times a week)
- 1-2 times a week at most
- Hardly ever
- Never

How often per week do you exercise or participate in physical activity?

- Daily
- 4-5 times per week
- 2-3 times per week
- Hardly ever
- Never

Safe Water Use Practices Source collection:

Thinking about where you get your drinking water:

Do you use the tap for drinking water?

- Always
- Sometimes
- Never

Is the supply ever cut off?

- Yes
- No, Go to Q*

If so, how many times in the last 6 months?

- 1-2 times
- 3-5 times
- 6-10 times
- More than 10 times

Do you use another source of water for drinking?

- Yes
- No Go to *

Do you use well water for drinking?

- Yes
- No Go to *

If yes, how frequently?

- Always
- Sometimes
- Never

Do you use water from cistern storage for drinking?

- Yes
- No Go to *

If yes, how frequently?

- Always
- Sometimes
- Never

Do you use tank water storage for drinking water? (outside source)

- Yes
- No Go to *

If yes, how frequently?

- Always
- Sometimes
- Never

Do you boil your water?

- Yes
- No

Do you use bottled water?

- Yes
- No Go to Q*

If yes, on average how much do you spend weekly on bottled water? _____

Why do you purchase drinking water other than from the tap? (check one)

Better taste and smell	
Safer – healthier	
Other (specify)	

Do you know if the tap water you have the house is chlorinated (at source)?

- Yes
- No/Don't know

What source of water do you use for?:

	Tap	Well	Cistern storage	Tanker lorry / oil drums	Other
Washing hands					
Washing dishes					
Washing clothes					
Cooking					
Taking bath/shower					

Perception of water quality

Overall, do you have concerns about the quality of the water

- Yes
 No

How would you rate the following statements: Strongly Disagree, Neutral; Strongly Agree: water (1-3)

	<i>Strongly disagree</i>	<i>Neutral</i>	<i>Strongly Agree</i>
<i>I believe the quality of my tap water needs improvement.</i>			
<i>I am happy with the taste of my tap water.</i>			
<i>I am happy with the color of my tap water.</i>			
<i>I am happy with the odor of my tap water.</i>			

Now turning to air quality in the home.

Overall, do you have any health concerns about the air quality in your home?

- Yes
 No Go to Q **

How would you rate the following statements: Strongly Disagree, Neutral; Strongly Agree: Air (1-3)

	<i>Strongly disagree</i>	<i>Neutral</i>	<i>Strongly Agree</i>

<i>I am happy with the air quality in my home.</i>			
<i>I am happy with the air quality in my community.</i>			
<i>I believe that there are significant health concerns about the air quality in my home.</i>			

Section E. Built dwelling & environment

Lot Size

What is the size of the lot in which you and your family live?

Squared meters:

or

Acres (fraction)

or

length* depth

10* 20 = 200m2 (common in colonias)

15*20 = 300m2

(eg 20 by 30) =600m2 0

30*50 = 1500m2

Housing

Not including the kitchen or the space where you cook, how many rooms are in the house?

Let them count and tell you the use (or point): **Therefore excluding the restroom and the kitchen confirm #** (kind of underscore and check)

Are there any problems with humidity, smoke, and infestations?

- Yes In which room are these problems present?
- No Go to Q **

If there are any problems with humidity, smoke, infestations, in which room are these present?

		Do any of the rooms have any of the following problems?				
	Check which room	Humidity	Smoke	Infestations (ants,scorpions, rats,	Leaks (goteras, fugas,	Other

	s they have			snakes, flies, etc)	agujeros)	
Kitchen/Cooking area						
Bathroom space (wc/shower)						
Bedrooms						
Main living area						
Patio yard						
Dining Room						
Workshop						
Other rooms:						

Do any of the rooms you just described not have a window and natural light?

- Yes- which? _____
 No

What are the floors made of? (if mixed indicate all and the major type of flooring):

Earth/dirt	
Concrete	
Rock	
Wood	
Other:	

What are the walls made of ? (if mixed indicate all and the major wall materials):

Adobe	
Block	
Wood	
Dirth	
Concrete	
Other Specify	

What is the roof made of?(if mixed indicate all and indicate the main type of roofing materials):

Abestos sheets	
Corrugated tin/iron	
Corregated tar sheets	
Wood	
Concrete	

Tile	
Other Specify	

What kind of bathroom do you use?

- Latrine
- WC connected to the drain
- WC with connection to formal drainage (Street) network
- Other

And for bathing?

- shower
- bath tub
- Bowl
- other

Section F - Health priorities & Community engagement and cohesion

Returning to the issue of health in the community...

In your opinion, people in * _____ community;

People in my community support one another.

Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

The people in my community are open to new ideas.

Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

People who live in my community have similar values or ideas as my family.

Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

There is a sense of pride among people in my community.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Leaders in my community listen to the residents.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

When a problem occurs, community members are able to deal with it.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Residents of my community participate in community events.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

In 15 years-time do you think that this community will be:

- Substantially better off with better infrastructure and health facilities
- More or less the same
- Worse off – why? _____

Today we have talked about housing, water quality, air quality, and health care access, are there any topics that we did not cover that are important to the community?

Section G. Exit and Measurement(s) Air& Water Quality

Earlier we were talking about air quality in the house (smoke/ dust//humidity etc.)

We have a simple apparatus to measure air and water quality in your home.

First, would you like us to take readings and tell you about the air quality? *This would be very quick and we would provide you with a reading for: kitchen area; one of the bedrooms; the bathroom area; and outside in the patio.*

- The kitchen
- One bedroom
- One bathroom
- Outside on the patio

Would like us to take readings in some or all of these spaces?

- Yes -- in all areas
- Yes in some areas
- No, prefer not

Second may we take a water sample from the main sources of water that the household uses for drinking, washing etc.?

- Tap water
- The Well
- The cistern/tanks (rainwater etc)

(If respondent agrees then conduct the measures. On the air quality measures you may indicate broad levels and provide them with air quality pamphlet explaining levels and remedial measures that may be undertaken.)

Let them know that we will be reporting back in to the community at the exit event.

Do not report chlorine levels: these will be reported back to the community later.

On behalf of the University of Texas at Austin and the Fundacion Comunitaria Puebla we would like to thank you for your participation in this survey about health and housing in *** (PUEBLO NAME).

Once again, this questionnaire is confidential and none of your answers will be connected to your home or your address, but it will be used to create general data sheets about housing conditions in your community.

Give them the letter now:

If you have any questions, please don't hesitate to contact GRA name and telephone here _____

Interviewer Additions and Comments upon Exiting (Once you are outside in the Street)

When you were conducting the air quality tests:

In the kitchen area was active cooking (stove or fire) taking place while you took the readings:

- Yes
- No

Additional observations (as appropriate) _____

Check the rooms that you were able to take readings:

- Kitchen area
- Main living area (sala)
- Main bedroom
- Second bedroom
- Bathroom area
- Patio outside space
- Other (explain)_____

On the water quality (chlorine test).

Were you able to take a water sample from the tap?

- Yes
- No -- no supply at that time
- No – other (Explain why not)_____

Your (interviewer) overall assessment of the dwelling unit:

On a qualitative scale 1 -10 = _____

1-3

Rudimentary; mixed materials of low quality and poor ventilation and lighting; door space often open (curtain); limited/poor wc and bathroom; “kitchen area” is very basic/or outside etc. uneven floor surfaces throughout much of the dwelling

4-6

Mixed: some rooms made of solid materials and generally have natural light solid rooms; modest wc and bathroom facilities; Most rooms have doors; kitchen area is better quality and a more solid food prep space; some floors are uneven.

7-10

Good to Very Good: Probably contracted. Well-constructed (sometimes two floors); roofs of concrete or tile; full bathing and wc facilities; dedicated kitchen area; lounge/dining area; floors and walls generally good quality & most walls are plastered, etc.

Interviewer: Does this particular dwelling lend itself to being one of 10 or so intensive case studies as a good example of the intersections between the physical structure and health, & wellbeing.

- NO – not especially
- Perhaps
- Yes definitely

If Perhaps or Yes definitely -- explain how reasons

GPS Reading and Identification: _____

And Take a photo of the house for Upload: