

English **Random ID**

Q1.1. Here is the participant ID: $\${e://Field/Random\%20ID}$

 Screener

Q2.1. Interviewer: Confirm you are interviewing people would are heading north.

Q2.4. Interviewer: Select the location of the survey.

- Tijuana
- Matamoros
- Ciudad Juarez

Q2.7. Interviewer: Begin with the screener questions for the potential participant.

Q2.8. How old are you?

Q2.9. What is your current gender identity? (Check all that apply)

- Male

- Female
 - Transgender Male / Transman / FTM
 - Transgender Female / Transwoman / MTF
 - Gender Queer / Non-binary
 - Something else (please specify):
 - None of the above
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.10. What sex were you assigned at birth?

- Male
 - Female
 - Other
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.11. What is your marital status?

- Married or Consensual living
 - Single
 - Other
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.12. What is your level of education? (Choose one)

- None
- Did not complete elementary school
- Completed elementary (1st-6th)
- Did not complete junior high school
- Completed junior high school (6th-9th)

- Did not complete high school
 - Completed high school (9th-12th)
 - Some university studies
 - Completed university studies (Bachelor's degree)
 - Post graduate studies
 - Participant cannot or does not want to continue
-

Q2.13. In what country were you born?

- United States of America
 - Mexico
 - Other Latin American countries (please specify):
 - Other country (please specify):
 - Participant cannot or does not want to continue
-

Q373. In which Mexican state were you born?

Q2.14. Do you belong to a Native American tribe or indigenous ethnic group in your country of origin?

- Yes
 - No
 - Don't know
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.15. Based on your customs, traditions, and ancestors, would you consider yourself of African descent?

- Yes
- No

- Don't Know
 - Refuse to Answer
 - Participant cannot or does not want to continue
-

Q2.16. What languages do you speak? (Check all that apply)

- Spanish
 - English
 - An indigenous language (Mixteco, Zapoteco, Pima, Tarahumara)
 - Other language (please specify):
 - None of the above
 - Participant cannot or does not want to continue
-

Q2.17. In what country was your most recent residence?

- United States
 - Mexico
 - Other country (please specify):
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.18. Do you live in $\{q://QID2145/ChoiceGroup/SelectedChoices\}$ or less than 100 kms away from $\{q://QID2145/ChoiceGroup/SelectedChoices\}$?

- Yes
 - No
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.19. Where were you before you headed to $\{q://QID2145/ChoiceGroup/SelectedChoices\}$?

- The U.S.
 - Mexican border region
 - Other region in Mexico
 - Another Latin American country (please specify)
 - Another country
 - Don't Know
 - Refuse to Answer
 - Participant cannot or does not want to continue
-

Q2.20. Is $\{q://QID2145/ChoiceGroup/SelectedChoices\}$ the final destination of your trip?

- Yes
 - No
 - Don't Know
 - Refuse to Answer
 - Participant cannot or does not want to continue
-

Q2.21. What is the final destination of your trip?

- United States
 - Northern border region of Mexico
 - Other cities or states within Mexico
 - Canada
 - Other Latin American Countries (please specify):
 - Other countries (please specify):
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.22. Are you planning to cross into the U.S. in the future?

- Yes

- No
- Don't Know
- Refuse to Answer
- Participant cannot or does not want to continue

Q2.23. In how much time do you plan to cross into the U.S.? *(Interviewer: Enter only numeric characters, then select the unit of time)*

Number	Minutes	Hours	Days	Weeks	Months	Years	Don't Know	Refuse to Answer
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2.24. What is the main reason for your trip to `#{q://QID2145/ChoiceGroup/SelectedChoices}`? (Choose one)

- To go to school
- For tourism, recreation, or shopping
- To see friends or family
- To receive medical care
- My place of residence
- To conduct business
- To work or look for employment
- To live with relatives already living there or who are moving there
- To look/wait for political asylum
- In transit to final destination
- Other reasons (please specify):
- Don't know
- Refuse to answer
- Participant cannot or does not want to continue

Q2.25. What is the main reason for your trip to $\{q://QID1150/ChoiceGroup/SelectedChoices\}$? (Choose one)

- To go to school
 - For tourism, recreation, or shopping
 - To see friends or family
 - To receive medical care
 - My place of residence
 - To conduct business
 - To work or look for employment
 - To live with relatives already living there or who are moving there
 - To look/wait for political asylum
 - In transit to final destination
 - Other reasons (please specify):
 - Don't know
 - Refuse to answer
 - Participant cannot or does not want to continue
-

Q2.26. Do you have a job in your place of residence?

- Yes
 - No
 - Don't Know
 - Refuse to Answer
 - Participant cannot or does not want to continue
-

Q2.27. Do you have a job in your place of residence?

- Yes
- No
- Don't Know
- Refuse to Answer

Participant cannot or does not want to continue

Q2.28. Do you have a set date for your return to your place of residence?

- Yes
- No
- Don't Know
- Refuse to answer
- Participant cannot or does not want to continue
-

Q2.29. Have you done this interview before in this same location? That is, have you been asked the same questions before in this same location?

- Yes
- No
- Don't know
- Refuse to answer
- Participant cannot or does not want to continue
-

Q2.30. In which year did you participate in this study?

Q2.31.

Thank you for answering these questions. Based on your responses, we would like to invite you to participate in a study about HIV, sexual and reproductive health, health care, and access to services among migrants. I will tell you more information about this study so that you can decide if you wish to participate.

Interviewer/Research assistant: Give respondent a copy of the consent form and describe the study in greater detail based on the information contained in the form. Ask the respondent to read the consent form, or volunteer to read the form to her/him. After reading the form, you should respond to the next set of questions

documenting consent to participate (or not) and, if applicable, begin administering the rapid tests, followed by the HIVRE survey.

Q2.32. Interviewer: Which did the participant consent to? (Select all that apply)

- HIVRE survey
 - HIV & Syphilis test
 - Hepatitis B test
 - None of the above
-

Q2.33. We're sorry, but it looks like you are not eligible to participate in our study. Thanks so much for your answers and have a wonderful day!

Q2.34. Thank you for your time! You are complete.

Interviewer: As a reminder, the participant ID is: \${e://Field/Random%20ID}

Q1200. Thank you for your time! You are complete.

Interviewer: As a reminder, the participant ID is: \${e://Field/Random%20ID}

Interviewer: How many people did you approach since the last eligible person? Include the person you are currently interviewing. (Enter numeric characters only)

Q1201. Interviewer: how many people crossed by the sampling point since the last eligible person? (Enter numeric characters only)

Interviewer Questions

Q379. Interviewer: Please enter the IDjornada

Q380. Interviewer: Please re-enter the IDjornada

Q2.3. Interviewer: Please, select your name.

Q370. Interviewer: Please, select your name.

Q371. Interviewer: Please, select your name.

Testing

Q3.1.

These were all my questions for you today. Thank you very much for answering this survey!

Now, I'd like to review with you the results of your rapid tests and giving you your incentive.

Interviewer: Proceed with giving results of test to participant and post-test counseling, as applicable.

Q3.2. Interviewer: As a reminder, the participant ID is: \${e://Field/Random%20ID}

Q1202.

Interviewer: How many people did you approach since the last eligible person? Include the person you are currently interviewing. (Enter numeric characters only)

Q3.3. Interviewer: how many people crossed by the sampling point since the last eligible person? (Enter numeric characters only)

Q3.4. Which tests did the participant take? (Check all that apply)

- Hepatitis B
 - Syphilis
 - HIV
 - None of the above
-

Q3.5. What was the result of the first Hepatitis B test?

- Positive
 - Negative
 - Inconclusive
-

Q3.6. What was the result of the first Syphilis test?

- Positive
- Negative

Inconclusive

Q3.7. What was the result of the first HIV test?

- Positive
- Negative
- Inconclusive
-

Q3.8. What was the result of the second Hepatitis B test?

- Not applicable - no second test was administered
- Positive
- Negative
- Inconclusive
-

Q3.9. What was the result of the second Syphilis test?

- Not applicable - no second test was administered
- Positive
- Negative
- Inconclusive
-

Q3.10. What was the result of the second HIV test?

- Not applicable - no second test was administered
- Positive
- Negative
- Inconclusive
-

Q1199. Interviewer: Did the participant complete the entire questionnaire?

- Yes
- No

Q1194. Interviewer: If the participant could not or did not want to finish the survey, select the reason why:

- The participant's bus or plane was leaving
 - Family member or friend was waiting for the participant
 - The participant got angry or upset
 - Other reason (please specify):
-

Q3.11. Interviewer: is there anything else you want to add about the tests or the survey?

End Qs

Q4.1.

These were all my questions for you today. Thank you very much for answering this survey!

Interviewer: Continue

Q4.2. Interviewer: As a reminder, the participant ID is: $\${e://Field/Random\%20ID}$

Q1204.

Interviewer: How many people did you approach since the last eligible person? Include the person you are currently interviewing. (Enter numeric characters only)

Q4.3. Interviewer: how many people crossed by the sampling point since the last eligible person? (Enter numeric characters only)

Q1198. Interviewer: Did the participant complete the entire questionnaire?

- Yes
- No

Q1195. Interviewer: If the participant could not or did not want to finish the survey, select the reason why:

- The participant's bus or plane was leaving
- Family member or friend was waiting for the participant
- The participant got angry or upset
- Other reason (please specify):

Q4.4. Interviewer: is there anything else you want to add about the tests or the survey?

General - Geographic Info & Migration History

Q5.1. The participant ID is \${e://Field/Random%20ID}

Q5.2. During the last 12 months (that is since 27 Oct 2020), how long were you in the U.S.?

Q5.3. During the past 12 months (that is since 27 Oct 2020), how long were you in the Mexican border region (That is, the northern States of Mexico: Baja California, Sonora, Chihuahua, Coahuila, Nuevo Leon, or Tamaulipas)?

Q5.4. In which country were you before coming to $\{q://QID2145/ChoiceGroup/SelectedChoices\}$ this last time?

Country name

Q5.5. Interviewer: Did the participant answer Mexico to the previous question?

Yes

No

Q5.6. During the past 12 months (that is since 27 Oct 2020), how long were you in other states of Mexico that are not in the Mexican border region?

Q5.7. During the last 12 months (that is since 27 Oct 2020), how long were you in other countries that are neither the U.S. or Mexico?

Q1193. Interviewer, the participant responded:

Time in U.S. in the last 12 months: $\{q://QID4/ChoiceGroup/SelectedChoices\}$

Time in the Mexican border region in the last 12 months: $\{q://QID17/ChoiceGroup/SelectedChoices\}$

Time in other regions of Mexico in the last 12 months: $\{q://QID19/ChoiceGroup/SelectedChoices\}$

Time in other countries in the last 12 months: \${q://QID20/ChoiceGroup/SelectedChoices}

If the sum of these numbers exceeds 12 months, please return to the previous questions and confirm the participant's answers.

Q5.8. What was the name of the city you were in just before arriving in \${q://QID2145/ChoiceGroup/SelectedChoices}? (Interviewer: Write the name of the city and select the Mexican state from the drop down menu)

City, town or municipality

Q5.9. What was the main reason for your recent stay in \${q://QID2362/ChoiceGroup/AllChoicesTextEntry}? (Choose one)

- My place of residence
 - To go to school
 - Tourism, recreation, or shopping
 - To visit friends or family
 - To receive medical care
 - Deportation
 - To conduct business
 - To work or look for employment
 - To live with relatives already living here or who are moving here
 - To look/wait for political asylum
 - To try to cross into the U.S.
 - In transit / A stop on my way to another place in Mexico or Latin America
 - Other reasons (please specify):
 - Don't know
 - Refuse to answer
-

Q5.10. In which Mexican state is your main residence?

Q5.11. Thinking only about your current visit to $\${q://QID2145/ChoiceGroup/SelectedChoices}$, how long do you plan to be here? (Interviewer: only enter numeric characters, then select unit of time)

	Hours	Days	Weeks	Months	Years	Don't Know	Refuse to Answer
Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>							

Q5.12. Which state within the U.S. are you heading to?

State

Q5.13. Which city within that state are you heading to?

Q5.14. In which state in the Mexican border region are you heading to?

Q5.15. Which city within that state are you heading to?

Q5.16. Who are you traveling with today? (Check all that apply)

- Spouse, partner, girl/boyfriend
- Children
- Father or Mother
- Sibling
- Other relatives (uncles, aunts, cousins, grandparents, etc.)

- Friend(s) or Co-worker(s)
 - Other people
 - Traveling alone
 - None of the above
 - Refuse to answer
-

Q5.17. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

*Q5.18. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

- The participant cannot or does not want to continue
-

Migration Chronology To and Within the U.S.

Q6.1.

Now I would like to ask some questions about your place of residence and your history of migration to the United States. I want to remind you we will not share this information with any immigration or law enforcement authorities. This information is strictly for research purposes and will be kept confidential.

Q6.2.

Did you ever migrate to the U.S. for work, to study, or to live with family members there for some time?

- Yes
- No
- Don't Know

Refuse to Answer

Q6.3. During your lifetime, how long have you been in the U.S.A.? (Interviewer: Enter 0 if none, only enter numeric characters, then select unit of time)

Number	Hours	Days	Weeks	Months	Years	Don't Know	Refuse to Answer
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6.4.

First of all, tell me the name of the country where you were living before migrating to the U.S. for the first time.

- Mexico
- Other Country
- Don't Know
- Refused to answer

Q6.5. In which country were you living before you moved to the U.S. for the first time?

Q6.6. What was the name of the Mexican city in which you were living and in what state is it? (Interviewer: Write the name of the city and select the Mexican state from the drop down menu)

City, town or municipality

Q6.7.

In what month and year did you first migrate into the U.S.?

	Don't Know	Refuse to Answer
Month (MM) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year (YYYY) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6.8.

At that time, what was the main reason for crossing into the U.S.?

- To work or find a job
 - To live with relatives who were living or moving there
 - To do business
 - To go to school
 - For tourism, leisure, or shopping
 - To seek medical treatment
 - To escape from violence or seek political asylum
 - To visit family or friends
 - For other reasons
 - Don't know
 - Refuse to answer
-

Q6.9.

Still thinking of that first time, what type of documents did you use to enter into the U.S.?

- No immigration documents
- Fake documents
- Tourist visa
- Visa for temporal workers type H or B (for example, H1-B, H2-A, H2-B, B-1)
- Visa for victims of criminal activity (type U), human trafficking (type T), or similar
- Visa for spouse or children of lawful permanent residents (type V)

- Visa for students (Type F)
 - Visa for certain professionals (J for exchange visitors or doctors, P for athletes or artists, R for religious worker, I for media/journalist or similar).
 - Refugee travel documents
 - Other type of visas or documents (please specify):
 - Don't know
 - Refuse to answer
-

Q6.10.

That first time, who did you cross into the U.S. with? (Check all that apply)

- By myself
 - Spouse/romantic partner
 - Children
 - Parents
 - Siblings
 - Other relatives
 - Friends
 - Other
 - None of the above
 - Don't know
 - Refuse to answer
-

Q6.11.

That first time, did you or anyone else pay someone money (for example, a coyote, pollero, guide, boatman) to help you cross into the United States?

- Yes
 - No
 - Don't know
 - Refused to answer
-

Q6.12. How much did you or others pay to this person or organization for your crossing? (*Interviewer: only enter numeric characters*)

	Mexican Pesos	U.S. Dollars	Other currency	Don't know	Refuse to answer
\$ (number)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6.13. Was that money for your crossing only or did it include other people traveling with you?

- Only my crossing
- Me and other people
- Don't know
- Refuse to answer

Q6.14.

How many other people, **NOT INCLUDING YOURSELF**, did that money cover? (*Interviewer: Confirm that the answer DOES NOT include the respondent*)

- Number (*Interviewer: enter numeric characters only*)
- Don't know
- Refuse to answer

Q6.15. Before that time, how many other times had you tried to cross into the U.S. but you were not able to make it all the way through?

(Interviewer: Enter zero if none. Make sure the respondent is not counting the time he/she was finally able to cross)

- Number (*Interviewer: enter numeric characters only*)
- Don't know
- Refuse to answer

Q6.16. In what state did you live first after crossing into the U.S.?

State

Q6.17. In what city did you live first after crossing into the U.S.?

City

Don't Know

Refuse to Answer

Q6.18.

In what month/year did you start living in
\${q://QID1775/ChoiceTextEntryValue/1}?

Month (MM)

Don't Know

Refuse to Answer

Year (YYYY)

Q6.19. Did you ever live in a different city within the U.S.?

Yes

No

Q6.20.

In what month/year did you stop living in
\${q://QID1775/ChoiceTextEntryValue/1}?

Don't Know

Refuse to Answer

Don't Know

Refuse to Answer

Month (MM)

Year (YYYY)

Q6.21.

Why did you leave \${q://QID1775/ChoiceTextEntryValue/1}?

- Your job in \${q://QID1775/ChoiceTextEntryValue/1} ended
- You wanted to find a better job
- You were offered a new job in a different place
- Your job required you to move to a different place
- To be closer to family or friends
- Your family had to move and you wanted to stay with them
- You did not feel welcome or safe in that place
- You did not like that place for other reasons
- You or someone from your family was deported from the U.S.
- You or someone from your family was detained by ICE
- None of the above
- Refuse to answer

Q6.22. In what U.S. state did you live most recently?

State

Q6.23. And what city?

Don't Know

Refuse to Answer

City

Q6.24.

In what month/year did you start living in that city?

	Don't Know	Refuse to Answer
Month (MM) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year (YYYY) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6.25.

Why did you move to that city?

- Your job in your previous place of residence ended.
- You wanted to find a better job
- You were offered a new job in this place.
- Your job required you to move to this place.
- To be closer to family or friends
- Your family had to move and you wanted to stay with them
- You did not feel welcome or safe in your previous place of residence
- You did not like your previous place for other reasons
- You or someone from your family was deported while you lived in your previous place
- You or someone from your family was detained while you lived in your previous place
- None of the above
- Refuse to answer

Q6.26.

When did you stop living in that city?

	I still live there	Don't Know	Refuse to Answer
Month (MM) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I still live there

Don't Know

Refuse to Answer

Year (YYYY)

Q6.27. In all, in how many different U.S. states have you lived in during your lifetime?

Q6.28. What was your most recent immigration status in the U.S.?

- U.S. citizen
- Permanent resident or green card holder
- Temporary worker visa (H1 or similar)
- Temporary visitor (J1 or similar)
- Crime victims visa (U, T)
- Temporary protected status (TPS)
- Refugee
- Student visa
- Other visa
- Undocumented
- Don't Know
- Refuse to Answer

Deportation History and Future Migration Plans to the U.S.

Q9.1. In your history of immigration to the US, how many times have you been deported by US immigration authorities? (*Interviewer: Enter 0 if none, only enter numeric characters, then select the unit of time.*)

Don't Know

Refuse to answer

Times

Q9.2. How long has it been since you were last deported? (Interviewer: only enter numeric characters, then select the unit of time)

Number	Hours	Days	Weeks	Months	Years	Don't know	Refuse to answer
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9.3. Do you plan to return to the U.S. in the future?

- Yes
- No
- Don't know
- Refuse to answer

Q9.4. In how much time do you plan to return to the USA? (Interviewer: Only enter numeric characters, then select the unit of time)

Number	Hours	Days	Weeks	Months	Years	Don't know	Refuse to answer
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Socio-economic conditions, household, and imprisonment - Location Specific

Q10.1. How many children do you have? (Interviewer: Enter 0 if none, only enter numeric characters)

Number	Don't Know	Refuse to Answer
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10.2. How many of your children were born in the United States? (Interviewer: Enter 0 if none, only enter numeric characters)

	Don't Know	Refuse to Answer
Number <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10.3. How many of your children currently live in the U.S.? (Interviewer: Enter 0 if none, only enter numeric characters)

	Don't Know	Refuse to Answer
Number <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10.4. How many of your children currently live in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$? (Interviewer: Enter 0 if none, only enter numeric characters)

	Don't Know	Refuse to Answer
Number <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10.5. During the last 12 months, while you were in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$, which type of location did you live in most recently?

- A rural location with 10,000 or less inhabitants
 - A town with more than 10,000 people but less than 50,000
 - A suburban area less than an hour's drive from a city with 50,000 people or more
 - A city with 50,000 or more inhabitants
 - Don't Know
 - Refuse to Answer
-

Q10.6. During the last 12 months in $\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}$, what best describes the place where you lived last? (Choose one)

- House or condo
 - Apartment
 - Motel or Hotel
 - Mobile Home
 - Homeless shelter
 - Camp, hut, or tent
 - Car, truck, or van
 - Street
 - Jail, prison, or other place of detention
 - Other (please specify):
 - None of the above
 - Refused to answer
-

Q10.7. Did you...

- own the whole place
 - rent the whole place
 - rent a room
 - Another arrangement
 - Don't Know
 - Refuse to Answer
-

Q10.8. Who lived with you in this place? (Check all that apply)

- Nobody
- Spouse, partner, boyfriend, or girlfriend
- Child(ren)
- Parent(s)

- Sibling(s)
 - Other relatives
 - Friend or coworker(s)
 - Other people
 - None of the above
 - Refused to answer
-

Q10.9. While you were living in this place, what was the highest number of people who lived with you, excluding yourself? (*Interviewer: Enter 0 if none, only enter numeric characters*)

	Don't Know	Refuse to Answer
Number	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q10.10. During the last 12 months in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, what was your most usual employment status? (Choose one)

- Full-time employee
 - Part-time employee
 - Self-employed
 - Unemployed, looking for a job
 - Unemployed, not looking for a job
 - Student
 - Retired
 - Other
 - Refuse to answer
-

Q10.11. During the last 12 months in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, what was the last job you had?

- Agriculture / farm / garden work
 - Restaurant / club / bar/ casino / hotel
 - Factory / industry
 - Doorman / cleaning services
 - Market / shop / store
 - Professional
 - Construction
 - Worker without permanent contracts (day laborer)
 - Self-employed
 - Unemployed / Never worked
 - Other
 - Refuse to answer
-

Q10.12. During the last 12 months (that is since 27 Oct 2020), how long did you work at your most recent job in $\$ \{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$?

Q10.13. Did you sign any contract or other labor document with your employer before starting to work at your most recent job?

- Yes
 - No
 - Don't know
 - Refused to answer
-

Q10.14. Which of the following employment benefits did you have with your most recent job?

- Health insurance
- Dental insurance
- Other forms of medical insurance

- Paid leave of absence (sick or maternity leave, for example)
- Vacation
- Retirement savings plan
- Other benefits
- No benefits offered
- Don't know
- Refuse to answer

Q10.15. In total, how much money did you earn working during the last 12 months in $\$$ {q://QID2362/ChoiceGroup/AllChoicesTextEntry}? (Interviewer: only enter numeric characters, then select unit of currency)

	Mexican Pesos	U.S. Dollars	Other currency	Don't know	Refuse to answer
\$ (number)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>					

Q10.16. In what currency were you paid for working during the last 12 months in $\$$ {q://QID2362/ChoiceGroup/AllChoicesTextEntry}?

Q10.17. What was your most recent immigration status in Mexico?

- Mexican citizen
- TVTF Visiting Border Worker Card (previously called FMTF)
- TVR Regional Visitor Card (previously called FMVR)
- Passport with tourist visa or transmigrant
- Permanent Resident Card (previously called FM2)
- Temporary Resident Card (previously called FM3)
- Refugee
- Undocumented
- Other (please specify):

- Don't Know
- Refuse to Answer
-

Q10.18. During the last 12 months while you were in Mexico, were you undocumented at any point in time?

- Yes
- No
- Don't Know
- Refuse to answer
-

Q10.19. During the last 12 months (that is since 27 Oct 2020), how long did you stay undocumented in Mexico?

Q10.20. Have you ever been in prison, jail, or other detention center?

- Yes
- No
- Don't know
- Refuse to answer
-

Q10.21. During the last 12 months, did you spend any time in prison, jail, or another detention center in the U.S., the Mexican border region, another region in Mexico, or another country?

- U.S.
- Mexican border region
- Other region in Mexico
- Other Country (please specify)
- Not detained
- Refuse to Answer

Q10.22. During the last 12 months (that is since October 27, 2020), how long did you stay in prison, jail, or another detention center in the U.S.?

Q10.23. In what type of detention facility were you held in the U.S.?

- Immigration detention facility
- County or city jail
- State prison
- Federal prison
- Another type of detention facility (please specify):
- Don't Know
- Refuse to answer

Q10.24. What was the reason that you were apprehended this last time in the U.S.? (Select all that apply)

- Lacking proper immigration documents
- Previous history of deportation
- Traffic related reason
- Disorderly conduct
- Use of illicit substances
- Drug dealing
- Robbery, theft, burglary
- Assault, battery
- Rape, sexual assault, and other sexual offenses
- Homicide, murder
- Kidnapping
- Solicitation
- Other felonies
- Other misdemeanors

Other reasons (specify)

Q10.25. During the last 12 months (that is since October 27, 2020), how long did you stay in prison, jail, or other detention center in Mexico?

Q10.26. In what type of detention facility were you held in Mexico?

- Immigration detention facility
 - County or city jail
 - State prison
 - Federal prison
 - Another type of detention facility (please specify):
 - Refuse to answer
-

Q10.27. What was the reason that you were apprehended this last time in Mexico?

- Lacking proper immigration documents
- Previous history of deportation
- Traffic related reason
- Disorderly conduct
- Use of illicit substances
- Drug dealing
- Robbery, theft, burglary
- Assault, battery
- Rape, sexual assault, and other sexual offenses
- Homicide, murder
- Kidnapping
- Solicitation
- Other felonies
- Other misdemeanors

Other reasons (please specify):

Q10.28. During the last 12 months (that is since 27 Oct 2020), how long did you stay in prison, jail, or other detention center in another country?

Q10.29. In what type of detention facility were you held in another country?

- Immigration detention facility
 - County or city jail
 - State prison
 - Federal prison
 - Another type of detention facility (please specify):
 - Refuse to answer
-

Q10.30. What was the reason that you were apprehended this last time in another country?

- Lacking proper immigration documents
- Previous history of deportation
- Traffic related reason
- Disorderly conduct
- Use of illicit substances
- Drug dealing
- Robbery, theft, burglary
- Assault, battery
- Rape, sexual assault, and other sexual offenses
- Homicide, murder
- Kidnapping
- Solicitation

- Other felonies
 - Other misdemeanors
 - Other reasons (specify)
-

Q10.31. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

*Q10.32. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

- The participant cannot or does not want to continue
-

Acculturation

Q11.1. How well would you say you speak English?

- I don't speak English at all
 - Not very well
 - Well
 - Very well
 - Don't know
 - Refuse to answer
-

Q11.2. How well would you say you speak Spanish?

- Not very well
- Well
- Very well
- Don't know

Refuse to answer

Q11.3. Thinking about the last 12 months in

$\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, tell me whether you agree with the following statements. (Check all that apply)

- It seemed difficult to find the job you wanted because you're from another country
 - You felt that other people didn't accept you because you're from another country
 - You felt that your legal status limited contact with your family and friends
 - You were questioned about your legal status
 - You thought you would be deported if you went to a social or governmental agency
 - You feared being deported
 - You avoided contact with immigration officials
 - You struggled to find health care because of legal status
 - None of the above
 - Refuse to answer
-

Q11.4. Thinking about the last 12 months in

$\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, tell me whether you agree with the following statements. (Check all that apply)

- People mistreated you because you did not speak good Spanish
 - You felt that other people didn't accept you because of your sexual preferences
 - You struggled to find legal services
 - None of the above
 - Refuse to answer
-

Q11.5. Recalling the people you met during the last 12 months

$\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, tell me whether...? (Check all that apply)

- You had someone with whom you could share your thoughts, emotions, or personal problems
- You someone who could give you a ride in his/her car if you needed it

- You someone who could lend you money if you needed
 - You had someone who supported you when you needed it
 - None of the above
 - Refuse to answer
-

Q11.6. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

*Q11.7. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

- The participant cannot or does not want to continue
-

Physical and Mental Health Status and Health Limitations

Q12.1. In general, would you say your health is...

- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
 - Don't know
 - Refuse to answer
-

Q12.2. At present, how much does your health limit you in doing moderate activities on a typical day? Moderate activities are things like moving a table, pushing a vacuum cleaner, bowling or walking for longer than 1 hour. Would you say your health...

- Limits you a lot
 - Limits you a little
 - Doesn't limit you at all
 - Don't know
 - Refuse to answer
-

Q12.3. How much does your health limit you in climbing up several flights of stairs? Would you say that your health...

- Limits you a lot
 - Limits you a little
 - Doesn't limit you at all
 - Don't know
 - Refuse to answer
-

Q12.4. During the last four weeks, how often have you accomplished less than you would have liked as a result of your physical health?

- All of the time
 - Most of the time
 - Sometimes
 - A few times
 - Never
 - Don't know
 - Refuse to answer
-

Q12.5. During the last four weeks, how often were you restricted in your work or other activities as a result of your physical health?

- All of the time
- Most of the time
- Sometimes
- A few times

- Never
 - Don't know
 - Refuse to answer
-

Q12.6. During the last four weeks, how often have you accomplished less than you would have liked as a result of any emotional problems (such as feeling depressed or anxious)?

- All of the time
 - Most of the time
 - Sometimes
 - A few times
 - Never
 - Don't know
 - Refuse to answer
-

Q12.7. During the last four weeks, how often did you work or do activities less carefully than usual as a result of any emotional problems?

- All of the time
 - Most of the time
 - Sometimes
 - A few times
 - Never
 - Don't know
 - Refuse to answer
-

Q12.8. During the last four weeks, how often have you felt calm or peaceful?

- All of the time
- Most of the time
- Sometimes

- A few times
 - Never
 - Don't know
 - Refuse to answer
-

Q12.9. During the last four weeks, how often did you have a lot of energy?

- All of the time
 - Most of the time
 - Sometimes
 - A few times
 - Never
 - Don't know
 - Refuse to answer
-

Q12.10. During the last four weeks, how often did you feel downhearted or sad?

- All of the time
 - Most of the time
 - Sometimes
 - A few times
 - Never
 - Don't know
 - Refuse to answer
-

Q12.11. During the last four weeks, how often did your physical or emotional problems limit your social activities like visiting friends, family, etc.?

- All of the time
- Most of the time
- Sometimes
- A few times

- Never
 - Don't know
 - Refuse to answer
-

Q12.12. During the last four weeks, how much did pain limit your normal work, including both work outside your home and work at home, including home chores?

- Not at all
 - A little
 - Somewhat
 - A lot
 - Extremely
 - Don't know
 - Refuse to answer
-

Q12.13. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

Q12.14. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)

- The participant cannot or does not want to continue
-

Alcohol and Substance Use - Location Specific

Q13.1. In the last 12 months, how often did you have a drink containing alcohol?

- Never
- Monthly or less

- Two to four times a month
 - Two to three times per week
 - Four or more times a week
 - Don't know
 - Refuse to answer
-

Q13.2. In the last 12 months, how many drinks containing alcohol did you have on a typical day when you were drinking?

- 0 drinks
 - 1 or 2
 - 3 or 4
 - 5 or 6
 - 7 to 9
 - 10 or more
 - Don't know
 - Refuse to answer
-

Q13.3. In the last 12 months, how often did you have six or more drinks on one occasion?

- Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
 - Don't know
 - Refuse to answer
-

Q13.4. In the last 12 months, how often did you have four or more drinks on one occasion?

- Never

- Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
 - Don't know
 - Refuse to answer
-

Q13.5. During the last 12 months in

$\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}$, how often did you drink alcohol? (Choose one)

- Never
 - Some days
 - Everyday
 - Don't Know
 - Refuse to Answer
-

Q13.6. During the last 12 months in

$\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}$, on the days that you drank alcohol, on average how many drinks did you drink?

Number	Don't Know	Refuse to Answer
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13.7. During the last 12 months, which of the following substances did you use? (Check all that apply)

- Cocaine / Coke / Crack
- Crystal / Meth (Ice, Crank)
- Ecstasy / X / MDMA / E
- Heroin / Smack
- Marijuana

- Inhalants (gasoline, thinner)
- Other
- None
- Don't Know
- Refuse to Answer

Q13.8. Where did you use the following substances?

	The U.S.	Mexican border region	Other region in Mexico	Another country	Don't Know	Refuse to answer
» Cocaine / Coke / Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Crystal / Meth (Ice, Crank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Ecstasy / X / MDMA / E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Heroin / Smack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Inhalants (gasoline, thinner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Refuse to Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to Health Care

Q14.1. In the last 12 months, did you receive medical services, treatments, exams, or health advice from a doctor, nurse, or any other health care professional?

- Yes
- No
- Don't Know
- Refuse to Answer

Q14.2. In the last 12 months, how many times did you receive medical services, treatments, exams, or health advice from a doctor, nurse, or any other health care professional? *(Interviewer: Enter 0 if none, only enter numeric characters)*

	Don't Know	Refuse to Answer
Times	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q14.3. In the last 12 months, how many times did you visit a hospital's emergency room for your own health? *(Interviewer: Enter 0 if none, only enter numeric characters)*

	Don't Know	Refuse to Answer
Times	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q14.4. During the last 12 months, were you hospitalized overnight or longer?

- Yes
 - No
 - Don't Know
 - Refuse to answer
-

Q14.5. In the last 12 months, how many nights were you a patient in a hospital? *(Interviewer: Enter 0 if none, only enter numeric characters)*

	Don't Know	Refuse to Answer
Nights	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q14.6. Does the participant want to continue with the interview?

- Participant does not want to continue
- Participant cannot continue

Continue with interview

*Q14.7. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

The participant cannot or does not want to continue

Access to Health Care - Location Specific

*Q15.1. In the last 12 months in
\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}, did you receive medical
services, treatments, exams, or health advice from a doctor, nurse, or any other
health care professional?*

- Yes
- No
- Don't Know
- Refuse to Answer

*Q15.2. In the last 12 months in
\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}, how many times did you
receive medical services, treatments, exams, or health advice from a doctor, nurse,
or any other health care professional? (Interviewer: Enter 0 if none, only enter
numeric characters)*

	Don't Know	Refuse to Answer
Times	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 150px; height: 20px;" type="text"/>		

*Q15.3. In the last 12 months, in
\${q://QID2362/ChoiceGroup/AllChoicesTextEntry} how many times did you visit
a hospital's emergency room for your own health? (Interviewer: Enter 0 if none,
only enter numeric characters)*

Don't Know

Refuse to Answer

Times

Q15.4. During the last 12 months in
\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}, were you hospitalized
overnight or longer?

- Yes
- No
- Don't Know
- Refuse to answer

Q15.5. In the last 12 months in
\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}, how many nights were you a
patient in a hospital? (*Interviewer: Enter 0 if none, only enter numeric characters*)

Don't Know

Refuse to Answer

Nights

Q15.6. Does the participant want to continue with the interview?

- Participant does not want to continue
- Participant cannot continue
- Continue with interview

Q15.7. Are you sure the participant cannot or does not want to continue?
(*Interviewer, use the back arrow to return to the previous question if needed*)

- The participant cannot or does not want to continue

Access to Health Care Services - Location Specific

Q16.1.

In the last 12 months, while you were in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, was there an office of a particular doctor, clinic, a medical center, or another place that you usually went when you became ill or needed advice about your health?

(Interviewer: If the participant has not received health services in the last 12 months in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, read the question in the hypothetical sense: In the last 12 months while you were in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, was there an office of a particular doctor, clinic, medical center or other place you would have gone if you had been sick or if you needed some advice about your health?)

- Yes
- No
- Don't know
- Refuse to answer

Q16.2. What was the kind of place you usually went (would have gone) in Mexico when you became sick or needed advice about your health? (Interviewer: pose the question as a hypothetical if they haven't used medical services in the last 12 months)

- Social Security (IMSS)
- ISSSTE (Federal or State)
- Pemex, Defense, or Marines
- SSA Health Center or Hospital
- IMSS Prospera (previously called Oportunidades)
- Pharmacy Clinic
- Private doctor's office, clinic, or hospital
- An immigration detention center or prison
- Other (please specify)
- Don't Know

Refuse to Answer

Q16.3. What was the kind of place you usually went (would have gone) in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$ when you became sick or needed advice about your health? (Interviewer: pose the question as a hypothetical if they haven't used medical services in the last 12 months)

- The office of a physician or practitioner group
 - The clinic or hospital outpatient department
 - Private clinic or medical center
 - A community clinic
 - Pharmacy clinic
 - A rural health clinic
 - A school or company clinic
 - A migrant clinic
 - A mobile clinic
 - An emergency room of a hospital
 - An immigration detention center or prison
 - Another kind of place
 - Don't know
 - Refuse to answer
-

Q16.4. How difficult was it / would it have been for you to get to your usual place of care in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$? (Interviewer: pose the question as a hypothetical if they haven't used medical services in the last 12 months)

- Very difficult
- Somewhat difficult
- Not very difficult
- Not at all difficult
- Don't know
- Refuse to answer

Q16.5. What is the main reason you did not have a usual source of medical services in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$ during the last 12 months?

- I rarely or never get sick
- I recently came to this area
- I did not know where to go for these services
- The main place in this area is no longer available
- I like going to different places for my medical needs
- My insurance was expired
- I didn't have insurance
- I don't use doctors / I treat myself
- The cost of medical service
- I just changed my insurance plan
- I was only in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$ temporarily
- Another reason (please specify)
- Don't know
- Refuse to answer

Access to Health Care Tests

Q17.1. During the last 12 months, have you had...

	Yes	No	Don't Know	Refuse to answer
A Pap smear or a cytology test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mammogram or other test to detect breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to detect colon cancer (a blood stool test, a sigmoidoscopy, or colonoscopy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't Know	Refuse to answer
Any other cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A sputum test to detect tuberculosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A glucose test for diabetes detection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A blood pressure check to detect hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to measure cholesterol levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to detect a sexually transmitted disease or infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A vaccination for the flu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A vision test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A dental cleaning by a dentist or dental hygienist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.2. During the last 12 months, have you had...

	Yes	No	Don't Know	Refuse to answer
A physical prostate exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A blood test (PSA) to detect prostate cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to detect colon cancer (a blood stool test, a sigmoidoscopy, or colonoscopy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A sputum test to detect tuberculosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A glucose test for diabetes detection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't Know	Refuse to answer
A blood pressure check to detect hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to measure cholesterol levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to detect a sexually transmitted disease or infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A vaccination for the flu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A vision test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A dental cleaning by a dentist or dental hygienist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.3. During the last 12 months, have you had...

	Yes	No	Don't Know	Refuse to answer
A blood test (PSA) to detect prostate cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to detect colon cancer (a blood stool test, a sigmoidoscopy, or colonoscopy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A sputum test to detect tuberculosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A glucose test for diabetes detection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A blood pressure check to detect hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to measure cholesterol levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test to detect a sexually transmitted disease or infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't Know	Refuse to answer
A vaccination for the flu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A vision test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A dental cleaning by a dentist or dental hygienist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.4. In what country did you have the following tests during the last 12 months?

	Mexican border region	Other regions in Mexico	USA	Other country	Don't Know	Refuse to answer
» A physical prostate exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A blood test (PSA) to detect prostate cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to detect colon cancer (a blood stool test, a sigmoidoscopy, or colonoscopy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Any other cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A sputum test to detect tuberculosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A glucose test for diabetes detection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A blood pressure check to detect hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to measure cholesterol levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to detect a sexually transmitted disease or infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A vaccination for the flu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Mexican border region	Other regions in Mexico	USA	Other country	Don't Know	Refuse to answer
» A vision test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A dental cleaning by a dentist or dental hygienist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.5. In what country did you have the following tests during the last 12 months?

	Mexican border region	Other regions in Mexico	USA	Other country	Don't Know	Refuse to answer
» A Pap smear or a cytology test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A mammogram or other test to detect breast cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to detect colon cancer (a blood stool test, a sigmoidoscopy, or colonoscopy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Any other cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A sputum test to detect tuberculosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A glucose test for diabetes detection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A blood pressure check to detect hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to measure cholesterol levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to detect a sexually transmitted disease or infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A vaccination for the flu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A vision test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Mexican border region	Other regions in Mexico	USA	Other country	Don't Know	Refuse to answer
» A dental cleaning by a dentist or dental hygienist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.6. In what country did you have the following tests during the last 12 months?

	Mexican border region	Other regions in Mexico	USA	Other country	Don't Know	Refuse to answer
» A blood test (PSA) to detect prostate cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to detect colon cancer (a blood stool test, a sigmoidoscopy, or colonoscopy)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Any other cancer screening?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A sputum test to detect tuberculosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A glucose test for diabetes detection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A blood pressure check to detect hypertension?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to measure cholesterol levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A test to detect a sexually transmitted disease or infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A vaccination for the flu?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A vision test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» A dental cleaning by a dentist or dental hygienist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.7. Have you EVER received the hepatitis B vaccine? (If necessary, read: "This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus")

- Yes
 - No
 - Don't Know
 - Refuse to answer
-

Q17.8. Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- Received at least 3 doses
 - Received less than 3 doses
 - Don't know
 - Refuse to answer
-

Q17.9. Where did you receive the last dose of the Hep B vaccine?

- US
 - Mexican border region
 - Other region in Mexico
 - Another country
 - Don't know
 - Refuse to answer
-

Q17.10. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

*Q17.II. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

The participant cannot or does not want to continue

Self-Reported Disease and Chronic Conditions

Q18.1. Has a doctor or other health profession ever told you that you have or have had...

- Tuberculosis
- Depression
- Anxiety
- Post-traumatic stress syndrome
- Other mental health problems
- High blood pressure
- High cholesterol
- Diabetes
- Cancer of any kind
- Hepatitis A
- Hepatitis B
- Hepatitis C
- None of the above

Q18.2. Have you had this condition in the last 12 months?

	Yes	No	Don't know	Refuse to answer
» Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Post-traumatic stress syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know	Refuse to answer
» Other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cancer of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18.3. In what country or countries did you experience these conditions in the last 12 months?

	Mexican border region	Other region in Mexico	USA	Other country	Don't know	Refuse to answer
» Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Post-traumatic stress syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Other mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Cancer of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18.4. During the last 12 months, did you receive any treatment, surgery, or medication because of this condition?

	Yes	No	Don't know	Refuse to answer
» Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Post-traumatic stress syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Cancer of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» None of the above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18.5. In which country or countries did you receive this treatment, surgery, or medication for...?

	Mexican border region	Other region in Mexico	USA	Other country	Don't know	Refuse to answer
» Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Post-traumatic stress syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Other mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mexican border region	Other region in Mexico	USA	Other country	Don't know	Refuse to answer
» Cancer of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Insurance Status - Location Specific

Q19.1. In the last 12 months, while you were in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, how often did you have health insurance?

- Never
- Sometimes
- All the time
- Don't know
- Refuse to answer

Q19.2. What is the main reason you did not have health insurance at all during the last 12 months, while you were in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$?

- I rarely or never get sick
- My medical coverage was interrupted by moving to another place
- I lost or changed jobs
- I'd rather go to private doctors
- I changed insurance plans
- I do not use doctors / I treat myself
- I prefer natural healers
- I did not want the insurance for which I was qualified

- I did not qualify for insurance
 - I am self-employed
 - My work does not provide health insurance
 - I was only in the $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$ temporarily
 - I could not afford it
 - Another reason (please specify):
 - Don't know
 - Refuse to answer
-

Q19.3. During the last 12 months, while you were in Mexico, what type of health insurance did you have most of the time?

- Social Security (IMSS)
 - ISSSTE (federal or state)
 - PEMEX, Secretary of Defense or Marines
 - INSABI or Seguro Popular
 - IMSS-PROSPERA (previously Oportunidades)
 - Private Insurance
 - I didn't have health insurance and I wasn't entitled to receive medical services
 - Other (please specify):
 - Don't know
 - Refuse to answer
-

Q19.4. During the last 12 months, while you were in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$, what type of health insurance did you have most of the time?

- Insurance provided by your employer
- Private insurance paid by you or any family member
- Insurance provided by the government
- Other (please specify):
- Don't know

Refuse to answer

Q19.5. In the last 12 months while in

§{q://QID2362/ChoiceGroup/AllChoicesTextEntry}, how often did you have dental insurance?

- Never
- Sometimes
- All the time
- Don't know
- Refuse to answer

Q19.6. Does the participant want to continue with the interview?

- Participant does not want to continue
- Participant cannot continue
- Continue with interview

Q19.7. Are you sure the participant cannot or does not want to continue?

(Interviewer, use the back arrow to return to the previous question if needed)

- The participant cannot or does not want to continue

Experiences during the last time they received health care - Location Specific

Q20.1.

During what month and year did you most recently received medical care in §{q://QID2362/ChoiceGroup/AllChoicesTextEntry}?

	Month	Year
Please Select:	<input type="text" value="v"/>	<input type="text" value="v"/>

Q20.2. The last time you received medical care for a medical condition or injury while in Mexico, what type of facility did you go to?

- Social Security (IMSS)
 - ISSSTE (federal or state)
 - Pemex, defense o marines
 - SSA health center or hospital
 - IMSS PROSPERA (antes oportunidades)
 - Pharmacy clinics
 - Private doctor's office, clinic or private hospital
 - Another kind of place (please specify):
 - Don't know
 - Refuse to answer
-

Q20.3. The last time you received medical care for a medical condition or injury, what type of facility did you go to?

- The office of a physician or practitioner group
 - The clinic or hospital outpatient department
 - Private clinic or medical center
 - A community clinic
 - A rural health clinic
 - A school or company clinic
 - A migrant clinic
 - A mobile clinic
 - An emergency room of a hospital
 - Prison or detention center
 - Another kind of place
 - Don't know
 - Refuse to answer
-

Q20.4. What were the main reasons for which you received medical service the last time you were in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$? (Check all that apply)

- Immunization / vaccination
- Annual medical appointment / check-up
- Preventative medical exam (for example, mammogram, pap smear, colonoscopy)
- Refill medicines / medical prescription
- Laboratory analysis / X-rays
- Pregnancy check-up
- Treatment / therapy of a new health issue
- Treatment / therapy of an existing health issue
- Treatment or testing for COVID or a COVID-related issue
- Accident
- Dental visit
- Family planning
- Pick up / ask for disability or doctor's note
- Surgery
- Other (please specify)
- None of the above
- Don't know
- Refuse to answer

Q20.5. Did your insurance pay all or some of the costs associated with these services?

- All costs
- Some of the costs
- None of the costs
- I don't have insurance
- Don't know
- Refuse to answer

Q20.6. How much did you pay in total for the services you received? (Interviewer: enter 0 if none, only enter numeric characters, then select currency)

	Mexican pesos	U.S. dollars	Other currency	Don't know	Refuse to answer
Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>					

Q20.7. On this last occasion, did you receive the medical services you believed you needed?

- Yes
- No
- Don't know
- Refuse to answer

Q20.8. On this last occasion, did the providers you saw speak your language well?

- Yes
- No
- Don't know
- Refuse to answer

Q20.9. On this last occasion, did they provide a translation or interpreter service?

- Yes
- No
- Don't know
- Refuse to answer

Q20.10. On this last occasion, did the health care providers who treated you use medical words you did not understand?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q20.11. On this last occasion, did you get easy to understand instructions on how to treat your disease or health condition?

- Yes
 - No
 - Not applicable
 - Don't know
 - Refuse to answer
-

Q20.12. On this last occasion, the quality of care you received was in general....

- Excellent
 - Very good
 - Good
 - Average
 - Poor
 - Don't know
 - Refuse to answer
-

Q20.13. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

Q20.14. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)

- The participant cannot or does not want to continue
-

Lack of Access to Health Care - Location Specific

Q21.1. During the last 12 months while you were in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$, were you left without medical care, dental care, tests, or treatment that you or your health care provider believed necessary?

- Yes
- No
- Don't know
- Refuse to answer
-

Q21.2. During the last 12 months while you were in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$, were you unable to obtain prescription drugs that you or a health care provider believed were necessary?

- Yes
- No
- Don't know
- Refuse to answer
-

Health Care Discrimination - Location Specific

Q22.1. Thinking about your experience in seeking medical care during the last 12 months in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$, did you feel discriminated against for any reason?

- Yes
- No
- Don't know

Refuse to answer

Health-seeking border crossing practices

Q23.1. During the last 12 months while you were in the U.S., did you cross into Mexico to seek medical or dental services or to buy medicine?

- Yes
- No
- Don't know
- Refuse to answer
-

Q23.2. During the last 12 months while you were in the Mexican border region, did you cross into the U.S. to seek medical or dental services or to buy medicine?

- Yes
- No
- Don't know
- Refuse to answer
-

Q23.3. During the last 12 months while you were in Mexico, did you cross into the U.S. to seek medical or dental services or to buy medicine?

- Yes
- No
- Don't know
- Refuse to answer
-

Childhood Cumulative Disadvantage

Q24.1.

The next questions are about your health and well being when you were growing up.

Q24.2. Before you were 10 years old, did you have a serious health problem that affected your normal activities for a month or more?

- Yes
- No
- Don't Know
- Refuse to answer
-

Q24.3. What health condition did you have that affected your normal activities for a month or more?

Q24.4. At what age did you start to experience this condition?

Q24.5. Before you were 10 years old, did you have another serious health problem that affected your normal activities for a month or more?

- Yes
- No
- Don't Know
- Refuse to Answer
-

Q24.6. What health condition did you have that affected your normal activities for a month or more?

Q24.7. At what age did you start to experience this condition?

Q24.8. Before you were 10 years old, did you have a third serious health problem that affected your normal activities for a month or more?

- Yes
- No
- Don't Know
- Refuse to Answer

Q24.9. What health condition did you have that affected your normal activities for a month or more?

Q24.10. At what age did you start to experience this condition?

Q24.11. Before you were 10 years old, did you or any of your siblings have to quit school to help your parents?

- Yes
- No
- Don't Know
- Refuse to answer

Q24.12. Before you were 10 years old, did you or your family receive help from family due to financial problems?

- Yes

- No
 - Don't Know
 - Refuse to answer
-

Q24.13. Please, think about an adult that you lived with, who was responsible for your care, by the time you were 10 years old. Who was this adult to you?

- Mother
 - Father
 - Grandmother
 - Grandfather
 - Aunt
 - Uncle
 - Older brother
 - Older sister
 - Step mother
 - Step father
 - Foster mother
 - Foster father
 - Other adult (Please specify)
 - None of the above
 - Don't Know
 - Refuse to answer
-

Q24.14. By the time you were 10 years old, what was the highest level of education that your $\{q://QID2224/ChoiceGroup/SelectedChoices\}$ had completed?

- Never went to school
- Some elementary school
- Completed elementary school (1st-5th)
- Some middle school
- Completed middle school (6th-8th)

- Some high school
 - Completed high school (9th-12th)
 - Some college
 - Completed college degree (BA or BS)
 - Post graduate studies (Masters, PhD, etc)
 - Don't Know
 - Refuse to answer
-

Q24.15. Was there another adult that you lived with, who was responsible for your care, by the time you were 10 years old?

- Yes
 - No
 - Don't Know
 - Refuse to Answer
-

Q24.16. Who was this adult to you?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Older brother
- Older sister
- Step mother
- Step father
- Foster mother
- Foster father
- Other adult (Please specify)
- None of the above

- Don't Know
 - Refuse to answer
-

Q24.17. By the time you were 10 years old, what was the highest level of education that your $\{q://QID2452/ChoiceGroup/SelectedChoices\}$ had completed?

- Never went to school
 - Some elementary school
 - Completed elementary school (1st-5th)
 - Some middle school
 - Completed middle school (6th-8th)
 - Some high school
 - Completed high school (9th-12th)
 - Some college
 - Completed college degree (BA or BS)
 - Post graduate studies (Masters, PhD, etc)
 - Don't Know
 - Refuse to answer
-

Q24.18. Up until you were age 10, did your parents or guardians . . .? (Check all that apply)

- Smoke
 - Drink heavily
 - Have mental health problems
 - None of the above
 - Don't know
 - Refuse to answer
-

Q24.19. Did you experience any of the following prior to age 18? (Check all that apply)

- Repeating a year of school

- Having trouble with the police
 - A drug or alcohol problem of a parent that caused problems in the family
 - Being physically abused by a parent
 - None of the above
 - Don't Know
 - Refuse to Answer
-

Q24.20. Have you experienced any of the following? (Check all that apply)

- Death of a child
 - Major earthquake, fire, flood, natural disaster
 - Combat experience
 - Victim of attack / assault
 - Life-threatening illness or accident
 - Life-threatening illness or accident of a spouse or child
 - Spouse, partner, or child addicted to drugs or alcohol
 - None of the above
 - Don't Know
 - Refuse to Answer
-

Sexual Orientation

Q25.1. How do you identify yourself? (Check all that apply):

- Straight or heterosexual
 - Lesbian, gay or homosexual
 - Bisexual
 - Something else (please specify):
 - None of the above
 - Don't know
 - Refuse to answer
-

HIV Knowledge, Condoms, and Stigma

Q26.1. Have you ever heard of a disease called AIDS?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q26.2. For the following questions, please tell me if you agree with the following statements:

- It is wrong for two men to have sexual contact.
 - Any man who has sex with another man is less of a man than others.
 - Any woman who has sex with another woman is less of a woman than others.
 - I would feel good being friends with a gay, lesbian, or homosexual person.
 - Using condoms means that the couple does not have mutual trust.
 - Using condoms allows you to enjoy sex without worrying.
 - Using condoms indicates that a person cares about the health of their partner.
 - Using condoms is against my religious beliefs.
 - The idea of using condoms doesn't appeal to me.
 - I would be comfortable suggesting that my partner and I use condoms.
 - Using condoms makes sex un-enjoyable.
 - In my opinion, condoms are too much trouble.
 - Condoms are uncomfortable.
 - None of the above
-

Q26.3. For the following questions, please tell me if you agree with the following statements about HIV/AIDS:

- Only gay men and drug users and sex workers need to get tested for HIV/AIDS
- Getting tested for HIV/AIDS in the US can cause problems with immigration authorities.

- One can tell if someone has HIV/AIDS because they look sick.
 - It doesn't matter what you do, because it is up to God to decide if one becomes infected with HIV/AIDS.
 - HIV/AIDS is the disease for people that are promiscuous.
 - Having HIV/AIDS is a death sentence.
 - None of the above
-

Q26.4. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

*Q26.5. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

- The participant cannot or does not want to continue
-

Access to HIVRE Information and Services - Location Specific

Q27.1. During the last 12 months, did you ever receive any of the following sexual or reproductive health services in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$? Check all that apply.

- Education and counseling regarding sexual or reproductive health
- HIV Testing
- Voluntary counseling and testing for HIV
- Miscarriage / post-abortion care services
- Family planning services
- Testing for Sexually Transmitted Infections (STIs)
- STI treatment and counseling
- Pregnancy care and delivery
- Vaccination

- Being given condoms
 - Being given mental health and psychosocial support
 - Other sexual or reproductive health services (please specify)
 - None of the above
 - Don't know
 - Refuse to answer
-

Q27.2. During your lifetime, how many times have you taken an HIV test before today? (Interviewer: Enter 0 if none, only enter numeric characters)

Number	Don't Know	Refuse to Answer
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27.3. During the last 12 months, have you taken an HIV test (not including today)?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q27.4. In which countries did you take an HIV test during the last 12 months (not including today)? (Check all that apply)

- Mexican border region
 - Other region in Mexico
 - US
 - Other country
 - Don't know
 - Refuse to answer
-

Q27.5. What were the results of your last HIV test? (Choose one):

- HIV Negative - I do not have HIV
 - HIV Positive - I do have HIV
 - Inconclusive results
 - I didn't go back for the results
 - Refuse to answer
-

Q27.6. Are you on ART (antiretroviral therapy)?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q27.7. Why aren't you on ART (antiretroviral therapy)? (Check all that apply)

- It produces side effects that I don't like
 - I'm afraid it may produce side effects I won't like
 - It's too expensive
 - It's never been offered to me
 - I don't know where to obtain it
 - I felt better so I stopped taking it
 - It's too difficult to manage taking so many pills a day
 - I treat myself in a different way (please specify):
 - I believe that God can cure my HIV
 - Another reason (please specify):
 - None of the above
 - Refuse to answer
-

Q27.8. Why haven't you ever gotten an HIV test? (Check all that apply):

- I did not know where to get tested
 - I could not afford it
 - Distance too far
 - Lack of transportation
 - Poor road conditions
 - My partner would not permit it
 - I am afraid of doctors, nurses, etc.
 - I have never used a doctor, nurse before
 - Not treated well previously
 - I did not think I needed to be tested
 - I was embarrassed or ashamed
 - Another reason (please specify):
 - None of the above
 - Refuse to answer
-

Q27.9. How would you rate your risk of acquiring HIV/AIDS during the last 12 months? (Choose one):

- High
 - Regular
 - Low
 - Don't know
 - Refuse to answer
-

Q27.10. Have you ever heard of PrEP (Pre-Exposure Prophylaxis)?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q27.11. As you know, PrEP is the use of anti-HIV medication to keep HIV negative people from becoming infected with the virus

Q27.12. Have you ever used PrEP?

- Yes
- No
- Don't know
- Refuse to answer
-

Q27.13. During the last 12 months, how much of the time were you on PrEP?
(Interviewer: Enter 0 if participant has not been on PrEP in the last 12 months, only numeric characters)

	Hours	Days	Weeks	Months	Don't Know	Refuse to Answer
Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>						

Q27.14. Are you currently taking PrEP?

- Yes
- No
- Don't know
- Refuse to answer
-

Q27.15. During your lifetime, have you ever been tested for a sexually transmitted disease such as Chlamydia, Syphilis, or Gonorrhea?

- Yes
- No
- Don't know
- Refuse to answer

Q27.16. Have you ever had a sexually transmitted infection?

- Yes
- No
- Don't know
- Refuse to answer

Q27.17. Have you ever had any of the following symptoms? (Check all that apply)

- Secretions of the penis or anus
- Frequent urination
- Burning sensation when you urinate
- Itching of the genitals or anus
- Bumps, sores or blisters on genitalia or anal region
- Genital or anal warts
- Genital or anal rash
- None of the above
- Refuse to answer

Q27.18. Have you ever had any of the following symptoms? (Check all that apply)

- Anal or vaginal secretions or mucous
- Pain or burning sensation when you urinate
- Itching or rash in the genital area or anus
- Bumps, sores, or blisters in vaginal or anal region
- Abdominal pain or pain when having sexual intercourse
- None of the above
- Refuse to answer

Q27.19. During the last 12 months, have you been tested for sexually transmitted diseases such as Chlamydia, Syphilis, or Gonorrhea?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q27.20. During the last 12 months, has a doctor told you that you had a sexually transmitted disease such as Chlamydia, Syphilis, or Gonorrhea?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q27.21. In the last 12 months, have you had any of the following symptoms?
(Check all that apply)

- Secretions of the penis or anus
 - Frequent urination
 - Burning sensation when you urinate
 - Itching of the genitals or anus
 - Bumps, sores or blisters on genitalia or anal region
 - Genital or anal warts
 - Genital or anal rash
 - None of the above
 - Refuse to answer
-

Q27.22. In the last 12 months, have you had any of the following symptoms?
(Check all that apply)

- Anal or vaginal secretions or mucous
- Pain or burning sensation when you urinate
- Itching or rash in the genital area or anus
- Bumps, sores, or blisters in vaginal or anal region

- Abdominal pain or pain when having sexual intercourse
 - None of the above
 - Refuse to answer
-

Q27.23. In the last 12 months, were you seen by a health professional to treat this problem?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q27.24. Why didn't you seek treatment for your symptoms? (Check all that apply):

- No health care provider available
 - I didn't have insurance
 - My insurance didn't cover it
 - Could not afford
 - Distance too far
 - Lack of transportation
 - Poor road conditions
 - Partner would not permit
 - Afraid of doctor, nurse, etc.
 - Have never used doctor, nurse before
 - Not treated well previously
 - I did not think I needed treatment
 - Embarrassed or ashamed
 - Another reason (please specify):
 - None of the above
 - Refuse to answer
-

Q27.25. Have you ever heard of the HPV (Human Papilloma Virus) vaccine, sometimes called Gardasil?

- Yes
 - No
 - Don't know
 - Refused to answer
-

Q27.26. Have you received the HPV vaccine?

- Yes, all of the doses
 - Yes, but not all of the doses
 - No
 - Don't know
 - Refuse to answer
-

Q27.27. Where did you receive the HPV vaccine?

- US
 - Mexican border region
 - Other region in Mexico
 - Another country
 - Don't know
 - Refuse to answer
-

Q27.28. During the last 12 months, in the community in which you lived in $\${q://QID2362/ChoiceGroup/AllChoicesTextEntry}$, did you see or hear anything that promotes the following? (Check all that apply):

- Safe sex or condom use
- Tests for sexually transmitted diseases
- Tests for HIV/AIDS
- Being a faithful sexual partner

- Reducing the number of sexual partners
 - None of the above
 - Refuse to answer
-

Q27.29. During the last 12 months, in the community in which you lived in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$, in which of the following forms of media communication did you hear or see information regarding safe sex, condom use, or the prevention of sexually transmitted diseases and HIV/AIDS? (Check all that apply):

- Television
 - Radio
 - Newspapers or magazines
 - Flyers or posters in public places (such as on buses, bench signs and bus stops)
 - Internet
 - Brochures, pamphlets, or comic strips
 - Text message or WhatsApp
 - Social media, such as Twitter, Facebook, Instagram, Snapchat, etc.
 - Other (specify)
 - None of the above
 - Refuse to answer
-

Q27.30. During the last 12 months, in which of the following physical places in $\{\text{q://QID2362/ChoiceGroup/AllChoicesTextEntry}\}$ did you hear or see information about safe sex, condom use, or the prevention of sexually transmitted diseases and HIV/AIDS? (Check all that apply):

- Health center, hospital or clinic
- Consulate
- A government agency
- Place of employment
- School

- Streets
 - At home
 - Health fair
 - Other community events including sporting events
 - Bar, clubs, billiard halls, etc.
 - Other places (specify)
 - None of the above
 - Refuse to answer
-

Q27.31. Does the participant want to continue with the interview?

- Participant does not want to continue
 - Participant cannot continue
 - Continue with interview
-

*Q27.32. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

- The participant cannot or does not want to continue
-

Lifetime Sexual Practices

Q28.1.

OK, let's continue. The following questions can be somewhat personal, but please answer them as best you can. I also want to remind you that this survey is completely anonymous and that the information you give us is strictly confidential.

The questions in this section are about your sexual practices, including vaginal and anal sex. This only includes those sexual experiences that you engaged in VOLUNTARILY. By "vaginal sex," we refer to sexual relationships where a man puts his penis into a woman's vagina. By "anal sex" we refer to sexual relationships where a man puts his penis into someone's anus or butt.

If you prefer to answer these questions privately using the iPad yourself, you can let me know. Just remember to return the iPad to me when indicated and let me know if you have any doubts.

(Interviewer: If the person indicated they want to self-administered this section, hand the iPad to the person and explain how to proceed through the questions. Stay close so you can observe if they are having any trouble and assist them.)

Q28.2. During your **LIFETIME**, with how many partners have you had consensual vaginal or anal intercourse? *(Interviewer: Enter 0 if none, only enter numeric characters)*

	Don't Know	Refuse to Answer
Number	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q28.3. Of these $\{q://QID947/ChoiceTextEntryValue/1\}$ partners, how many were female partners? *(Interviewer: Enter 0 if none, only enter numeric characters)*

	Don't Know	Refuse to Answer
Number	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q28.4. Of these $\{q://QID947/ChoiceTextEntryValue/1\}$ partners, how many were male partners? *(Interviewer: Enter 0 if none, only enter numeric characters)*

	Don't Know	Refuse to Answer
Number	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q28.5. Of these $\{q://QID947/ChoiceTextEntryValue/1\}$ partners, how many partners did not identify as male or female? *(Interviewer: Enter 0 if none, only enter numeric characters)*

Don't Know

Refuse to Answer

Number

Last 12 Months Sexual Practices

*Q29.1. In the **LAST 12 MONTHS**, with how many people have you had consensual vaginal or anal intercourse? (Interviewer: Enter 0 if none, only enter numeric characters)*

Don't Know

Refuse to Answer

Number

Q29.2. How many of these $\{q://QID952/ChoiceTextEntryValue/4\}$ partners were female? (Interviewer: Enter 0 if none, only enter numeric characters)

Don't Know

Refuse to Answer

Number

Q29.3. With how many of these female partners did you have vaginal/anal intercourse without a condom in the last 12 months? (Interviewer: Enter 0 if none, only enter numeric characters)

Don't Know

Refuse to Answer

Number

Q29.4. How many of the $\{q://QID952/ChoiceTextEntryValue/4\}$ partners with whom you've had consensual vaginal or anal intercourse in the last 12 months were male? (Interviewer: Enter 0 if none, only enter numeric characters)

Don't Know

Refuse to Answer

Don't Know

Refuse to Answer

Number

Q29.5. With how many of these male partners did you have vaginal/anal intercourse without a condom in the last 12 months? (*Interviewer: Enter 0 if none, only enter numeric characters*)

Don't Know

Refuse to Answer

Number

Q29.6. Of the partners with whom you've had sex in the last 12 months, how many were users of injected drugs? (*Interviewer: Enter 0 if none, only enter numeric characters*)

Don't Know

Refuse to Answer

Number

Q29.7. With how many of these partners who injected drugs did you have vaginal/anal intercourse without a condom? (*Interviewer: Enter 0 if none, only enter numeric characters*)

Don't Know

Refuse to Answer

Number

Q29.8. During the past 12 months, did you ever have sex while under the influence of alcohol?

- Yes
- No
- Don't Know

Refuse to answer

Q29.9. During the past 12 months, have you had sex while under the influence of any drugs, not prescribed by a doctor?

- Yes
- No
- Don't Know
- Refuse to answer
-

Q29.10. During the last 12 months, did you inject, tattoo, or pierce yourself using a needle that had previously been used by someone else?

- Yes
- No
- Don't know
- Refuse to answer
-

Q29.11. STOP HERE AND, PLEASE, GIVE THE IPAD BACK TO THE INTERVIEWER.

Q29.12. Interviewer: Who filled out the previous two sections?

- Interviewer
- Participant
-

Q29.13. Does the participant want to continue with the interview?

- Participant does not want to continue
- Participant cannot continue
- Continue with interview
-

*Q29.14. Are you sure the participant cannot or does not want to continue?
(Interviewer, use the back arrow to return to the previous question if needed)*

The participant cannot or does not want to continue

Violence and Sexual Coercion

Q30.1. During the last 12 months, were you subjected to any of these forms of violence by people outside of your family? These acts could have been done by anyone who is not a family member. Were you: (Mark all that apply) (Interviewer: Check No one did this to me if participant never experienced this.)

	No one did this to me	A partner did this to me	A family member did this to me	Someone outside my family did this to me
Physically hurt, such as slapped, hit, choked, beaten or kicked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened with a weapon of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shot or stabbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detained against your will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to improper sexual comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced to remove or stripped of your clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subjected to unwanted kissing or touching on sexual parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced or threatened with harm to make you give or receive oral sex or have vaginal or anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything else? (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30.2. Where did these things occur during the last 12 months? (Check all that apply)

- US
 - Mexican border region
 - Other region in Mexico
 - Another country/countries
 - Don't know
 - Refuse to answer
-

Q30.3. What type of injury did you have as a result of these forms of violence? (Mark all that apply):

- Cuts, punctures, bites
 - Scratches, bruises, abrasions
 - Sprains, dislocations
 - Burns
 - Penetrating injury, deep cuts, gashes
 - Broken eardrum, eye injuries
 - Fractures
 - Broken teeth
 - Other (please specify):
 - I was not injured
 - Refuse to answer
-

Q30.4. Did you see a doctor or any other medical provider for medical treatment of these injuries in the last 12 months?

- Yes, in the U.S.
- Yes, in the Mexican border region
- Yes, in another region in Mexico
- Yes, in another country

No, never got medical treatment

Refuse to answer

Knowledge and Use of Contraception - Location Specific

Q31.1. Now I am going to ask you questions about methods you can use to avoid or delay getting pregnant or getting a female pregnant.

Q31.2. Have you or your partner used any contraceptive methods during the last 12 months while in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$?

Yes

No

I did not have any sexual partner during the last 12 months in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$

Don't Know

Refuse to Answer

Q31.3. Which of these methods are you currently using?

	Currently Using	Not currently using, but used in the last 12 months	Did not use in the last 12 months	Don't Know	Refuse to Answer
Tubal ligation also known as getting your tubes tied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vasectomy, also known as the snip, or other surgery methods to avoid pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth control pills or "the pill"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depo-provera also known as the birth control shot or the birth control injection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Currently Using	Not currently using, but used in the last 12 months	Did not use in the last 12 months	Don't Know	Refuse to Answer
The implant also known as Norplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The copper or hormonal IUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive spermicides, gels, or foams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhythm method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calendar method, Billings method, or period abstinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Withdrawal or pull-out method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The morning after pill or emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another method (please specify): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31.4. What is the main reason you and your partner did not use any method to avoid pregnancy in $\{q://QID2362/ChoiceGroup/AllChoicesTextEntry\}$ during the last 12 months?

- Are pregnant
- Want to become pregnant
- Don't need it because you have stopped having sexual relations
- Don't need it because you have never had sexual relations
- Don't need it because you have gone through menopause or you or your partner is infertile
- Don't need it because you don't have a partner, your partner is temporarily absent, or you don't have a stable partner

- Are afraid of side effects
 - Have experienced side effects in the past
 - Your partner is opposed to it
 - You have a disease and you prefer not to use anything
 - Are nursing a child
 - For religious reasons
 - Your IUD expelled itself
 - You don't agree with the use of contraceptive methods
 - You aren't familiar with contraceptive methods
 - You don't know how to use contraceptive methods
 - You don't know where to get contraceptive methods
 - Another reason (please specify):
 - Refuse to answer
-

Fertility and Abortion History (for female participants)

Q32.1. Have you ever been pregnant?

- Yes
 - No
 - Don't Know
 - Refuse to answer
-

Q32.2. How many times have you been pregnant (including current pregnancy if applicable)? (Interviewer: Enter 0 if none, only enter numeric characters)

Number	Don't Know	Refuse to Answer
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q32.3. Are you currently pregnant?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q32.4. How far are you into your pregnancy?

- Less than 1 day
 - Less than 1 week
 - Less than 1 month
 - 1 month
 - 2 months
 - 3 months
 - 4 months
 - 5 months
 - 6 months
 - 7 months
 - 8 months
 - 9 months
 - Don't Know
 - Refuse to Answer
-

Q32.5. For your current pregnancy, just before you became pregnant, did you:

- Want to become pregnant then
 - Want to wait longer to become pregnant
 - Not want to become pregnant then or at any time in the future
 - Refuse to answer
-

Q32.6. Have you seen anyone for prenatal care for this pregnancy?

- Yes

- No
 - Don't know
 - Refuse to answer
-

Q32.7. Whom did you see? (Check all that apply):

- Doctor
 - Nurse/Midwife
 - Traditional birth attendant/community health worker
 - Other (please specify):
 - None of the above
 - Refuse to answer
-

Q32.8. Where were you when you received these services? (Check all that apply)

- US
 - Mexican border region
 - Other regions in Mexico
 - Another country
 - Don't know
 - Refuse to answer
-

Q32.9. What are the reasons that you did not receive prenatal care for this pregnancy? (Choose all that apply)

- There was no health care provider available
- I could not afford it
- Distance too far
- Lack of transportation
- Poor road conditions
- My partner would not permit it
- I am afraid of doctors, nurses, etc.

- I have never used doctor, nurse before
 - I was not treated well previously
 - I was embarrassed or ashamed
 - I was not in my home community
 - I was traveling
 - I didn't/don't have insurance
 - My insurance didn't/doesn't cover it
 - Other (please specify):
 - Refuse to answer
-

Q32.10. For this pregnancy, have you had any complications?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q32.11. Where did these complications occur? (Check all that apply)

- US
 - Mexican border region
 - Other regions in Mexico
 - Another country
 - Don't know
 - Refuse to answer
-

Q32.12. On approximately what date did you become pregnant for your most recent pregnancy? (mm/yyyy)

	Don't Know	Refuse to Answer
Month (MM)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Don't Know

Refuse to Answer

Year (YYYY)

Q32.13. For your most recent pregnancy, just before you became pregnant, did you:

- Want to become pregnant then
- Want to wait longer to become pregnant
- Not want to become pregnant then or at any time in the future.
- Refuse to answer

Q32.14. Did you see anyone for prenatal care for your most recent pregnancy?

- Yes
- No
- Don't know
- Refuse to answer

Q32.15. Whom did you see for prenatal care for your most recent pregnancy?
(Check all that apply)

- Doctor
- Nurse/Midwife
- Traditional birth attendant/community health worker
- Other (please specify):
- None of the above
- Don't know
- Refuse to answer

Q32.16. Where were you when you received these services for your most recent pregnancy? (Check all that apply)

- US
 - Mexican border region
 - Other regions in Mexico
 - Another Country
 - Don't know
 - Refuse to answer
-

Q32.17. What are the reasons that you did not receive prenatal care for your most recent pregnancy? (Choose all that apply)

- There was no health care provider available
 - I could not afford it
 - Distance too far
 - Lack of transportation
 - Poor road conditions
 - My partner would not permit
 - I am afraid of doctors, nurses, etc.
 - I have never used doctor, nurse before
 - I was not treated well previously
 - I was embarrassed or ashamed
 - I wasn't in my home community
 - I was traveling
 - Other (please specify):
 - Refuse to answer
-

Q32.18. For your most recent pregnancy, did you have any complications?

- Yes
 - No
 - Don't know
 - Refuse to answer
-

Q32.19. Where did these complications occur? (Check all that apply)

- US
- Mexican border region
- Other regions in Mexico
- Another country
- Don't know
- Refuse to answer