



**”RAPID ASSESSMENT SURVEY ON THE IMPACT OF COVID-19”**  
**(ENERICOV-2020)**  
**MÉXICO**

Good day/afternoon,

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), through the Global Centre of Excellence in Gender Statistics (CEEG), and in collaboration with the National Institute of Women (INMUJERES), is conducting an investigation to find out how the coronavirus pandemic (Covid-19) has affected men and women in various aspects of their lives. The results of the survey will be useful in guiding the response to the crisis and the advocacy to improve people's well-being, during and after the pandemic.

It takes approximately 15 minutes to complete this survey. All the information you provide will be kept strictly confidential. Would you agree to participate?

1. Yes
2. Yes, but at another time *[Thank informant and reschedule the interview]*
3. No *[Thank informant and finish]*

**A. IDENTIFICATION OF THE INTERVIEWEE**

1. Could you tell me what your age is?      Years \_\_\_\_\_

*[If the person is less than 18 years old, thank and finish the phone call.]*  
*[In case of calling a landline phone, ask if someone else in the household can answer]*

2. Do you identify yourself as man, woman or other?

1. Man
2. Woman
3. Other *[Specify]*

*[Why do you ask the question like that? For statistical purposes and at UN Women we are committed to the inclusion of everyone.]*

3. Are you the main economic provider of this/your household?

1. Yes *[Go to A5]*
2. No *[Go to A4]*

4. What relationship do you have with the main economic provider of this / your household? *[Select the option indicated by the informant]*
1. Father/Mother
  2. Spouse/Partner
  3. Son/Daughter
  4. Other relationship *[Specify]*
  5. Domestic worker/babysitter/nurse *[Thank informant. If it is a landline phone, ask for a member of the household; Otherwise, finish interview]*
  6. No relationship *[Specify]*
5. In what state of the Republic do you reside? *[Spontaneous]*
1. Aguascalientes
  2. Baja California
  - ...
  32. Zacatecas
6. You are currently *[Read the options]*?
1. Living as a couple/Cohabiting
  2. Married
  3. Separated
  4. Divorced
  5. Widowed
  6. Single/Never married
  99. Do not know/No answer

**B. KNOWLEDGE OF COVID-19**

1. Have you heard or read information about COVID-19 *[Spontaneous]*
1. Yes
  2. No *[Go to section C]*
2. What is your main source of information on the COVID-19 situation? *[Spontaneous, in case the informant does not answer, read each of the options without mentioning the examples and WRITE ONLY ONE] [If the interviewee answers several sources of information, ask, "Which is the main one?"]*
1. Social media (Facebook/Twitter/Instagram/etc.)
  2. Official government web sites
  3. Communication media (Radio/Television/Newspaper)
  4. Public Service Announcement (megaphoning)
  5. Phone/Cell phone (Texts/Calls/WhatsApp)
  6. By members of your community, including family and friends
  7. Health centre or your family doctor
  8. Other (Non-governmental organization / civil society organization / etc.) *[Specify]*

3. In general, did you find the information you received about COVID-19 useful to protect yourself from the pandemic? *[Spontaneously]*

1. Yes
2. No

### C. EMPLOYMENT AND INCOME

1. **Before the confinement**, what was your **main** work activity during a typical/normal week?

*[Spontaneous][Select the option that best suits the informant's response]*

1. I worked for an employer (either a person, company, or household) *[Go to C2]*
2. I helped out in a family business (without pay) *[Go to C3]*
3. I had my own business and employed other people *[Go to C3]*
4. I had my own business without other people employed *[Go to C3]*
5. I did not work; I was a pensioner/retired *[Go to C6]*
6. I did not work; I did household work *[Go to C6]*
7. I did not work; I was a full-time student *[Go to C6]*
8. I did not work, due to a physical/mental impairment that prevents me from working *[Go to C6]*
9. I did not work; I was not looking for work and was not available for work *[Go to C6]*
10. I did not work, but I was looking for work *[Go to C6]*
11. Other *[Specify]*

2. Did you have, or do you have, any benefits from your work, such as medical service, Christmas bonus, vacation or day-care? *[Spontaneous]*

1. Yes
2. No
99. Do not know/No answer

3. **As an effect of the pandemic**, have you lost your job or closed your business? *[Spontaneous]*

1. Yes *[Go to C6]*
2. No *[Go to C4]*

4. **As an effect of the pandemic**, have the number of hours you dedicate to your main work activity ...? *[Read the options and select only one option]*

1. Increased
2. Remained the same
3. Diminished

5. **During the pandemic**, have you been working ...? *[Read the options and select only one option]*

1. From home
2. In your usual place of work
3. Both

6. Do you currently have medical coverage by any type of insurance or are you a beneficiary? *[Select one option]*

1. Yes, covered by private health insurance
2. Yes, covered by public health insurance or protection (INSABI (previously known as Seguro Popular), IMSS, ISSSTE, Marina, Pemex, etc ...)
3. Yes, covered by private and public health insurance
4. No
99. Do not know/No answer

7. **During the pandemic**, have you received any financial assistance from the government that you did not receive before? *[Spontaneous]*

1. Yes
2. No
99. Do not know/No answer

8. **During the pandemic**, have you or any member of your household received any in-kind support that you did not receive before, for example ...? *[Read each of the options, if necessary, use the examples]*

Type of help	Yes	No
1. Food or provisions	1	2
2. Medical items for prevention (gloves, masks, disinfectant, etc.)	1	2
3. Personal hygiene products (sanitary napkins, baby diapers, etc.)	1	2
4. Others <i>[Specify]</i>	1	2

9. In your home ...? *[read the following questions about sources of income / support?]*

9A. Before the pandemic, you had income / support from... <i>[Read the options for sources of income / supports]</i>				9B. During the pandemic, the amount of this source of income / support ... <i>[Read the options]</i>			
Source of income / support	Yes <i>[Go to 9B]</i>	No <i>[Put N/A in 9B and continue to the next source]</i>	Do not Know/No answer <i>[Put N/A in 9B and go to the next source]</i>	Increased	Decreased	Remained the same	Not applicable (N/A)
1. Paid work or business	1	2	3	1	2	3	4
2. Income, investments, or savings	1	2	3	1	2	3	4
3. Pensions and / or retirement benefits	1	2	3	1	2	3	4
4. Government benefits (scholarships and other support)	1	2	3	1	2	3	4
5. Support from non-profit organizations (churches, civic	1	2	3	1	2	3	4

organizations, food banks, community kitchens)							
6. Money or property received from family or friends who live in other parts of the country.	1	2	3	1	2	3	4
7. Money or property received from family or friends who live in another country.	1	2	3	1	2	3	4
8. Other sources of income	1	2	3	1	2	3	4

10. In your household, **during the pandemic**, have you stopped paying the rent or home mortgage, or stopped paying for basic services, such as water or electricity due to lack of income?

1. Yes
2. No
99. Do not know/No answer

11. Would you say that your total monthly household income is or is not enough for you to live on?

**[Read all the options]**

1. Not enough, they have great difficulties
2. Not enough, they have difficulties
3. Just enough, without great difficulties
4. Well enough to save money
99. Do not know/No answer

#### D. CHARACTERISTICS, ACTIVITIES AND DISTRIBUTION OF HOUSEHOLD TASKS

***For statistical purposes, I will ask you about some characteristics of your home, as well as the maintenance and household tasks in the home.***

1. Including yourself, how many people live permanently in your household? Remember to include older adults, girls and young children ***[If the number of persons=1, go to 8]***

Number of persons \_\_\_\_\_

***[Why do you ask about the members of my household? answer: "As an effect of the pandemic, we know that family dynamics have been affected and we want to know how it has affected the members of your household."]***

2. How many people are between 0 and 5 years old? Number of persons \_\_\_\_\_
3. How many people are between 6 and 11 years old? Number of persons \_\_\_\_\_
4. How many people are between 12 and 17 years old? Number of persons \_\_\_\_\_
5. How many people are between 18 and 64 years old? Number of persons \_\_\_\_\_
6. How many people are 65 years old or older? Number of persons \_\_\_\_\_

7. In your household, does anyone need special care due to illness or disability?

1. Yes  
2. No

99. Do not know/No answer

8. In your household *[Read the following question about use of time]*

8A. Before the pandemic, who spent the most time doing ... <i>[Read the following activity options, do not include examples, only if necessary]</i>					8B. During the pandemic, do you consider that the time spent on this activity <i>[Read the options]</i>			
Activity	I	Other member of the household	Domestic worker, babysitter or nurse	Not applicable (N/A)	Increased	Decreased	Remained the same	Not applicable (N/A)
1. Household chores (cooking, washing, ironing, cleaning, sweeping) <i>Applies to everyone</i>	1	2	3	4	1	2	3	4
2. Repair and maintenance of the home <i>Applies to everyone</i>	1	2	3	4	1	2	3	4
3. Home management (purchases, payments, transactions) <i>Applies to everyone</i>	1	2	3	4	1	2	3	4
4. Collect water or firewood <i>Applies to everyone</i>	1	2	3	4	1	2	3	4
5. Caring for children while doing other tasks at the same time (for example, paid work, housework) <i>Applies if D2&gt;0   D3&gt;0</i>	1	2	3	4	1	2	3	4
6. Childcare, including feeding, cleaning, and playing <i>Applies if D2&gt;0   D3&gt;0</i>	1	2	3	4	1	2	3	4
7. Teach and help the children with their homework. <i>Applies if D2&gt;0   D3&gt;0</i>	1	2	3	4	1	2	3	4

8. Help elderly, sick or disabled adults with medical care, food, cleaning and administration and payment of bills <i>Applies if D6&gt;0   D7=0</i>	1	2	3	4	1	2	3	4
9. Help other people or family members outside the household (eg, community, neighbourhood, volunteer activities) <i>Applies to everyone</i>	1	2	3	4	1	2	3	4
10. Caring for pets and plants <i>Applies to everyone</i>	1	2	3	4	1	2	3	4

9. Please tell me if **since the beginning of the pandemic ...** *[read options, do not include examples]*.

Filter	Activity	Yes	No	Not applicable (N/A)
<i>Not applicable if D1=1</i>	1. Your partner is more involved with housework and home care <i>Applies if A4=2</i>	1	2	3
	2. The girls and young women in the household are more involved with housework and taking care of the home.	1	2	3
	3. The children and young people in the household are more involved with housework and taking care of the home.	1	2	3
	4. Other household members are more involved with housework and care	1	2	3
	5. The domestic worker, babysitter or nurse participates more with housework and care	1	2	3

10. On a scale from 1 to 10, where 1 is "Completely dissatisfied" and 10 is "Completely satisfied". Please tell me the number that best corresponds to how satisfied you are with the way household chores are distributed. *[Spontaneous]*

- 1-3: Completely dissatisfied
- 4-5: Dissatisfied
- 6-8: Satisfied
- 9-10: Completely satisfied

11. Would you say that problems of coexistence have increased during the confinement?  
*[Spontaneous][Does not apply if D1=1]*

- 1. Yes *[Go to D12]*
- 2. No *[Go to D13]*

12. Would you say that there have been *[Read the options]* problems caused by the confinement?  
*[Go to section C]*

- 1. Few
- 2. Some

3. Many

13. Would you say that coexistence in your household has improved during the confinement?

*[Spontaneous]*

1. Yes
2. No
99. Do not know/No answer

#### E. ACCESS TO BASIC SERVICES AND SECURITY

1. **As a result of the pandemic**, have you had difficulty accessing (getting or buying)

2. *[read the options, if necessary, mention the examples]?*

Good/service	Yes	No	Not applicable (N/A)
1. Food products or provisions	1	2	3
2. Medical items (gloves, masks, medications, etc.)	1	2	3
3. Personal hygiene and sanitary products (sanitary napkins, baby diapers, soap, alcohol, gel, etc.)	1	2	3
4. Drinking water service (for hand washing / continuous house cleaning)	1	2	3
5. Contraceptive and family planning methods	1	2	3
6. Maternal or child health services (check-ups for pregnancy, delivery and the puerperium)	1	2	3
7. Social assistance for you or a member of your household	1	2	3
8. School services (suspension of classes for children / adolescents)	1	2	3
9. Internet service	1	2	3
10. Public transport	1	2	3

2. **Since the start of the pandemic**, have you or any member of your household ... *[Read the options]*

Situation	Yes	No	Not applicable (N/A)
1. Have experienced physical discomfort or illness	1	2	3
2. Have experienced an inability to perform normal personal care or health routines	1	2	3
3. Have moved to a different city within the same country	1	2	3
4. Have migrated or moved to a different country temporarily	1	2	3
5. Have returned to the country from abroad	1	2	3
6. Since the beginning of the pandemic, has any member of your household died for any reason associated with COVID-19? <i>[If E2.6=1 "We are sorry for your loss. We will continue with the interview. There are only few questions left"]</i>	1	2	3

3. During the pandemic, have you felt ... *[Read the options]?* *[It is possible to select more than one option]*

1. Tired



2. Distressed
3. Anxious
4. Nervous
5. Angry
6. Stressed
7. Other (e.g fear) *[Specify]*
99. Do not know/No answer

4. Have you or someone you know experienced any form of discrimination or stigma related to COVID-19? *[Spontaneous]*

1. Yes
2. No
99. Do not know/No answer

5. During the COVID-19 pandemic, have you felt safe walking alone on the street? *[Spontaneous]*

1. Yes
2. No
99. Do not know/No answer

6. Since the beginning of the COVID-19 pandemic, have you felt safe in your **home**? *[Spontaneous]*

1. Yes
2. No
99. Do not know/No answer

## F SOCIODEMOGRAPHIC CHARACTERISTICS

1. What is the highest level of education that you have studied, or degree that you have completed?

1. None
2. Preschool
3. Incomplete primary school
4. Complete primary school
5. Incomplete secondary school
6. Complete secondary school
7. Incomplete High school / Preparatory / technical degree
8. Complete High School / Preparatory / technical degree
9. Bachelor's degree
10. Postgraduate
11. Other *[Specify]*
99. Do not know/No answer

2. What is the highest level of studies or highest completed degree of the main economic provider of this household? *[Applies if A3=2]*

1. None
2. Preschool
3. Incomplete primary school
4. Complete primary school
5. Incomplete secondary school
6. Complete secondary school
7. Incomplete High school / Preparatory / technical degree
8. Complete High School / Preparatory / technical degree

9. Bachelor's degree
10. Postgraduate
11. Other *[Specify]*
99. Do not know/No answer

3. For statistical purposes, I will ask you some standard socioeconomic questions. In your home, how many rooms are used for sleeping, not counting hallways or bathrooms? \_\_\_\_\_

4. How many full bathrooms (with bath and shower) are there in your home? \_\_\_\_\_

5. How many cars or vans for personal use do you have in your home?

6. Do you have a landline phone in your home? *[Ask if respondent is contacted by mobile phone]*

1. Yes
2. No
99. Do not know/No answer

7. do you have a mobile phone or a cell phone in your home? *[Ask if respondent is contacted by landline phone]*

1. Yes
2. No
99. Do not know/No answer

8. Does your home have a fixed internet connection? (If it has a modem / WiFi, and not counting cell phones)

1. Yes
2. No

9. Including yourself, how many people 18 years of age or older in your household have a mobile phone or a cell phone? *[Applies if D1>1]*

#### G EXPRESS GRATITUDE AND FINISH INTERVIEW

We have finished the interview. We greatly appreciate your collaboration.

1. Do you have any additional comment?
2. Do you want us to keep your number for tracking? *[What type of tracking? Answer: "In order to measure the developments of the effects of the pandemic"]*
  1. Yes
  2. No
3. Do you want me to provide you with a WhatsApp number from where you can receive verified information about COVID-19?
  1. Yes *[The number is 55 31 28 28 54, send a "Hello" on WhatsApp to subscribe.]*
  2. No

....

THANK YOU VERY MUCH FOR PARTICIPATING. If you have any questions about the survey, please send an email to: [cegs@unwomen.org](mailto:cegs@unwomen.org) or check the web pages << <https://mexico.unwomen.org/es> >> << <https://www.gob.mx/inmujeres> >>

- If during the interview you identified that the interviewee had or has any need related to maternal and child medical services, provide the following number:

Line: 800 MATERNA (800 6283762)

Care for women in pregnancy, childbirth, puerperium or lactation

- If during the interview you identified that the interviewee needs some advice or emotional support, provide one of the following numbers:

Life Line: 800 911 2000

IMSS psychiatry and psychology: 800 2222 668, option 4

«Fray Bernardino Álvarez» Psychiatric Hospital General population: 55 5487 4271

UNAM line: 55 5025 0855

- If the interviewee requests medical information about coronavirus (COVID-19), provide the following numbers and website:

COVID-19 line: 800 00 44 800 (National)

If it is urgent call 911

[<<https://coronavirus.gob.mx/contacto/>>](https://coronavirus.gob.mx/contacto/)