

RLMS
Russia Longitudinal Monitoring Survey

Round 9

(September 2000 - December 2000)

CHILD QUESTIONNAIRE

Russian Institute of Nutrition
University of North Carolina at Chapel Hill
Institute of Sociology, Russian Academy of Sciences

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Questionnaire for Children

5-TH ROUND

[i.e., 9th round]

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SITE9 1. [NAME OF POPULATION CENTER _____|__|__|__|]

CENSUSD9 2. [NUMBER OF SURVEY SECTOR (FOR CITIES) _____|__|__|]

FAMILY9 3. [NUMBER OF FAMILY |__|__|]

PERSON9 4. [NUMBER ON THE CARD OF THE CHILD BEING DISCUSSED |__|__|]

I9RPINBF 4.1. [DID THE CHILD PARTICIPATE IN THE SURVEY:

1994 1
1995 2
1996 3
1998 4
NEVER PARTICIPATED . 5]

I9GENDER 5. [SEX OF THE CHILD BEING DISCUSSED

MALE 1
FEMALE 2]

7. [DATE OF INTERVIEW. DAY |__|__| MONTH |__|__|]
I9INTDAY *I9INTMON*

8. [LENGTH OF INTERVIEW |__|__| HOURS |__|__| MINUTES]
I9INTHRS *I9INTMIN*

9. [LAST NAME OF INTERVIEWER _____]

I9INTNUM 10. [NUMBER OF INTERVIEWER |__|__|__|]

I9ADANSW 11. [NUMBER OF THE ADULT WHO ANSWERED THE QUESTIONS |__|__|]

1. I.

AND NOW WE WOULD LIKE TO TALK ABOUT YOUR CHILDREN.
AFTER ALL, THEY ARE AN IMPORTANT PART OF YOUR LIFE. MANY OF
YOUR PROBLEMS ARE RELATED TO THEM. IN MANY RESPECTS, YOUR
CHILDREN DETERMINE HOW YOUR FAMILY LIVES.

**[INTERVIEWER! THE QUESTIONS IN THIS QUESTIONNAIRE, EXCEPT
QUESTIONS 115-128, SHOULD BE ANSWERED ONLY BY AN ADULT
MEMBER OF THE FAMILY. IDEALLY IT WOULD BE THAT PERSON
WHO TOOK CARE OF THE CHILD IN THE LAST 7 DAYS. CHILDREN
MAY BE PRESENT DURING THE DISCUSSION WITH THE CONSENT OF
THE PARENTS.**

**FOR QUESTIONS 115-128 ON PAGES 21-23 THE CHILD SHOULD ANSWER
FOR HIM OR HERSELF.]**

[INTERVIEWER! WRITE THE NAME OF THE CHILD YOU ARE DISCUSSING.]

A. Tell me, please, in what year, in what month, and on what day was (he/she) born?

_ _	_ _	_ _ _ _
day	month	year
I9BIRTHD	I9BIRTHM	I9BIRTHY

SECTION "MIGRATION"

I9BORNDP 1. Tell me, please, was (he/she) born in a different population center or in the one where he lives now?

IN A DIFFERENT POPULATION CENTER 1
IN THE ONE WHERE HE LIVES NOW 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9SPEAKS 5. What **primary** language does (he/she) speak at home? If (he/she) speaks several languages, please specify the primary language.

RUSSIAN 1
CHILD IS NOT YET TALKING 996
DOESN'T KNOW 997
REFUSES TO ANSWER 998

I9PARSPK 6. What language is primarily spoken at home by (his/her) parents?

RUSSIAN 1
DOESN'T KNOW 997
REFUSES TO ANSWER 998

SECTION "CARE OF CHILDREN"

[INTERVIEWER! TURN TO QUESTION A ON PAGE 1 AND VERIFY THE BIRTH DATE OF THE CHILD ABOUT WHOM YOU ARE SPEAKING.]

IF THE CHILD ABOUT WHOM YOU ARE SPEAKING WAS BORN IN 1994 OR EARLIER, ASK QUESTIONS 1-8.

IF THE CHILD WAS BORN BETWEEN 1995 AND 1998, ASK QUESTION 8 ON PAGE 5.

ABOUT THE REMAINING CHILDREN (BORN IN 1999 OR 2000), ASK QUESTION 9 ON PAGE 6.]

I9GRADE1 1. **Now I would like to ask a few questions about the education of [NAME OF CHILD].**

Tell me, please, has (he/she) finished at least one grade of general school?

Yes	1	
No	2	→ [SKIP TO 3]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 3]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 3]

I9GRADES 2.. **How many grades of general school has (he/she) completed?**

<u> </u> grades	
<i>DOESN'T KNOW</i>	97
<i>REFUSES TO ANSWER</i>	98

I9INSCHL 3. **Is (he/she) now attending general school?**

Yes	1	
No	2	→ [SKIP TO 8 ON PAGE 5]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 8 ON PAGE 5]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 8 ON PAGE 5]

I9PAYSCH 4. **Has your family paid for (his/her) school instruction in the current quarter?**

Yes	1	
No	2	→ [SKIP TO 6]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 6]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 6]

I9AMTSPM 5. **How much money does your family pay for (his/her) instruction on average per month in the current quarter?**

<u> </u> rubles	
<i>DOESN'T KNOW</i>	997
<i>REFUSES TO ANSWER</i>	998

I9PAYBKS 6. **Did your family pay for textbooks that (he/she) uses during this school year?**

Yes	1	
No	2	→ [SKIP TO 7.1 ON PAGE 3]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 7.1 ON PAGE 3]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 7.1 ON PAGE 3]

I9AMTBKS 7. **How much money did your family pay for (his/her) textbooks?**

<u> </u> rubles	
<i>DOESN'T KNOW</i>	997
<i>REFUSES TO ANSWER</i>	998

3. K.

I9PECLAS 7.1 Does (he/she) attend PE classes at school?

Yes 1
 No 2 → [SKIP TO 7.4]
DOESN'T KNOW 7 → [SKIP TO 7.4]
REFUSES TO ANSWER 8 → [SKIP TO 7.4]

I9PEFREQ 7.2 How often does (he/she) engage in physical activities during school-in class?

1-3 times a month 1
 1 time a week 2
 2 times a week 3
 3-4 times a week 4
 Every day 5
DOESN'T KNOW 7
REFUSES TO ANSWER 8

7.3 Now I will list various kinds of physical activity and you tell me, please, in which of them (he/she) engages during classes, and if so then how many hours per week.

	(He/she) engages in during classes...?	How many hours per week?	D/K
1. Karate, judo, self-defense, wrestling, boxing, gymnastics	Yes 1 → No 2 <i>I9KARATE</i>	_____ <i>I9KARHRS</i>	97
2. Active sports games: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming	Yes 1 → No 2 <i>I9SPORTS</i>	_____ <i>I9SPOHRS</i>	97
3. Track and field, skiing, skating	Yes 1 → No 2 <i>I9TRACKF</i>	_____ <i>I9TRAHRS</i>	97
4. Other kinds of physical activity	Yes 1 → No 2 <i>I9PEOTHR</i>	_____ <i>I9PEOHRS</i>	97

I9PHYSOC 7.4 Does (he/she) engage in physical activities and sports before or after classes? I have in mind training sessions with a coach as well as simply active games outdoors-soccer, tag, "classiki," hide and seek, riding a bicycle, etc.?

Yes 1
 No 2 → [SKIP TO 7.7 ON PAGE 4]
DOESN'T KNOW 7 → [SKIP TO 7.7 ON PAGE 4]
REFUSES TO ANSWER 8 → [SKIP TO 7.7 ON PAGE 4]

I9OCFREQ 7.5 How often does (he/she) engage in physical activities and sports before or after classes?

1-3 times a month 1
 1 time a week 2
 2 times a week 3
 3-4 times a week 4
 Every day 5
DOESN'T KNOW 7
REFUSES TO ANSWER 8

4. K.

- 7.6 Now I will list various kinds of physical activity and you tell me, please, in which of them (he/she) engages before or after classes, and if so then how many hours per week.

	(He/she) engages in before or after classes...?	How many hours per week?	D/K
1. Karate, judo, self-defense, wrestling, boxing, gymnastics	Yes 1 → No 2 <i>I9OCKARA</i>	_____ <i>I9OCKHRS</i>	97
2. Active sports games: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming	Yes 1 → No 2 <i>I9OCSPOR</i>	_____ <i>I9OCSHRS</i>	97
3. Track and field, skiing, skating	Yes 1 → No 2 <i>I9OCTRAC</i>	_____ <i>I9OCTHRS</i>	97
4. Other kinds of physical activity	Yes 1 → No 2 <i>I9OCOTHR</i>	_____ <i>I9OCOHR</i>	97

- 7.7 Tell me, please, before or after classes, does (he/she) engage in the following, and if so then how many hours per week?

	(He/she) engages in?	How many hours per week?	D/K
1. Watching TV, videos	Yes 1 → No 2 <i>I9WATCTV</i>	_____ <i>I9WTVHRS</i>	97
2. Reading, music lessons, drawing, doing homework	Yes 1 → No 2 <i>I9READNG</i>	_____ <i>I9REDHRS</i>	97
3. Playing video games or other games at home—with toy cars, dolls, construction sets, chess, checkers	Yes 1 → No 2 <i>I9PLGAME</i>	_____ <i>I9PLGHRS</i>	97

I9HOW2S

- 7.8.1 How does (he/she) get to school?

[INTERVIEWER! MARK ONLY ONE ANSWER.]

On foot 1
On a bicycle 2
In a car or by public transport 3
On foot and by transport 4
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9TIME2S

- 7.8.2 How many minutes does it take (him/her) to go to school and return?

_____ minutes → [SKIP TO 9 ON PAGE 6]
DOESN'T KNOW 7 → [SKIP TO 9 ON PAGE 6]
REFUSES TO ANSWER 8 → [SKIP TO 9 ON PAGE 6]

8. Why doesn't (he/she) go to general school now? Because...

		Yes	No	D/K	Refuses
<i>I9TOOSML</i>	1. (He/she) will go to school in a year or two	1	2	7	8
<i>I9TOOILL</i>	2. (He/she) has poor health and cannot attend school	1	2	7	8
<i>I9EXPELL</i>	3. (He/she) was expelled from school	1	2	7	8
<i>I9HOMESC</i>	4. Family wants to give (him/her) home schooling	1	2	7	8
<i>I9NOSCHL</i>	5. No schools are close to home	1	2	7	8
<i>I9SCOTHR</i>	6. Other reasons	1	2	7	8

8.A Now I will list various kinds of physical activities and you tell me, please, which (he/she) engages in and if so how many hours a week.

	(He/she) engages in it before or after school?	How many hours per week?	D/K
1. Karate, judo, gymnastics, tennis, swimming	Yes 1 → No 2 <i>I9NSKARA</i>	<u> </u> <i>I9NSKHRS</i>	97
2. Plays with a ball, goes skating, rides a bicycle	Yes 1 → No 2 <i>I9NSBALL</i>	<u> </u> <i>I9NSBHRS</i>	97
3. Dances, runs, jumps, plays hopscotch, hide and seek	Yes 1 → No 2 <i>I9NSDANC</i>	<u> </u> <i>I9NSDHRS</i>	97
4. Plays sitting: on a bench, in a sandbox	Yes 1 → No 2 <i>I9NSSITS</i>	<u> </u> <i>I9NSSHRS</i>	97

I9NSPREG 8.13 Does (he/she) regularly engage in physical activities and sports in a child preschool institution, sports club, or at home?

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

8.15 Tell me, please, does (he/she) engage in the following and if so how many hours per day?

	(He/she) engages in?	How many hours per day?	D/K
1. Watching TV, videos	Yes 1 → No 2 <i>I9NSWATV</i>	<u> </u> <i>I9NSWHRS</i>	97
2. Reading or listening to what is being read to (him/her)	Yes 1 → No 2 <i>I9NSREAD</i>	<u> </u> <i>I9NSRHRS</i>	97
3. Playing video games or other games at home—with toy cars, dolls, construction sets, chess, checkers	Yes 1 → No 2 <i>I9NSGAME</i>	<u> </u> <i>I9NSGHRS</i>	97

6. K.

- I9NFCARE* 9. **Tell me, please, in the last 7 days did anyone look after [NAME OF CHILD] who is not a member of your household: friends, workers at a children's institution, school teachers, or relatives who live separately?**
- Yes 1
 No 2 → [SKIP TO NEXT SECT. ON PAGE 8]
DOESN'T KNOW 7 → [SKIP TO NEXT SECT. ON PAGE 8]
REFUSES TO ANSWER 8 → [SKIP TO NEXT SECT. ON PAGE 8]
- I9RLCARE* 10. **In the last 7 days was [NAME OF CHILD] looked after by any relatives who live separately?**
- Yes 1
 No 2 → [SKIP TO 13]
DOESN'T KNOW 7 → [SKIP TO 13]
REFUSES TO ANSWER 8 → [SKIP TO 13]
- I9DYCARE* 11. **On how many days of the last 7 was [NAME OF CHILD] looked after by relatives who live separately?**
- days
DOESN'T KNOW 97
REFUSES TO ANSWER 98
- I9HRCARE* 12. **On those days of the last 7 when relatives who live separately helped care for [NAME OF CHILD], how many hours a day on average did they help?**
- hours
DOESN'T KNOW 97
REFUSES TO ANSWER 98
- I9ATTKIN* 13. **In the last 7 days did [NAME OF CHILD] go to kindergarten, nursery, after-school group, or something similar?**
- Yes 1
 No 2 → [SKIP TO 16]
DOESN'T KNOW 7 → [SKIP TO 16]
REFUSES TO ANSWER 8 → [SKIP TO 16]
- I9DYSKIN* 14. **On how many days of the last 7 did [NAME OF CHILD] go to kindergarten, nursery, after-school group, or something similar?**
- days
DOESN'T KNOW 97
REFUSES TO ANSWER 98
- I9HRSKIN* 15. **On those days of the last 7 when [NAME OF CHILD] went to kindergarten, nursery, after-school group, or something similar, how many hours a day on average was (he/she) there?**
- hours
DOESN'T KNOW 97
REFUSES TO ANSWER 98
- I9OWNSCH* 16. **Who owns the pre-school or school that [NAME OF CHILD] attends?**
- Government 1
 Official department or enterprise 2
 Private owner 3
 Someone else 4
DOESN'T KNOW 7
REFUSES TO ANSWER 8

7. K.

I9NRCARE 17. In the last 7 days have you been helped to care for [NAME OF CHILD] by people who are not your relatives?

Yes 1
 No 2 → [SKIP TO 20]
 DOESN'T KNOW 7 → [SKIP TO 20]
 REFUSES TO ANSWER 8 → [SKIP TO 20]

I9DNCARE 18. How many days of the last 7 were you helped to care for [NAME OF CHILD] by people who are not your relatives?

_____ days
 DOESN'T KNOW 97
 REFUSES TO ANSWER 98

I9HNCARE 19. In these last 7 days, when people who are not your relatives helped to care for [NAME OF CHILD], how many hours a day on average did they do this?

_____ hours
 DOESN'T KNOW 97
 REFUSES TO ANSWER 98

I9CARELW 20. Tell me, please, did you or will you have to pay for the care of [NAME OF CHILD] in the last 7 days?

Yes 1
 No 2 → [SKIP TO NEXT SECT. ON PAGE 8]
 DOESN'T KNOW 7 → [SKIP TO NEXT SECT. ON PAGE 8]
 REFUSES TO ANSWER 8 → [SKIP TO NEXT SECT. ON PAGE 8]

I9PAYCLW 21. How much in total did you or will you have to pay for the care of [NAME OF CHILD] in the last 7 days by someone who is not a member of your household or for (his/her) stay at a children's institution? If you paid or will pay for these services not in money but with goods, gifts, etc., estimate how much it would be in rubles. If you pay for this service monthly, divide the monthly sum by four.

_____ rubles
 DOESN'T KNOW 997
 REFUSES TO ANSWER 998

SECTION "MEDICAL SERVICES"

- I9HPRBLM* 5. **Tell me, please, has (he/she) in the last 30 days had any health problems?**
- Yes 1
 No 2 → [SKIP TO **20** ON PAGE **10**]
DOESN'T KNOW 7 → [SKIP TO **20** ON PAGE **10**]
REFUSES TO ANSWER 8 → [SKIP TO **20** ON PAGE **10**]
- I9HPRTYP* 6. **Recall, please, what were these problems?**
 (char)
-

DOESN'T KNOW 7
REFUSES TO ANSWER 8
- I9TREABY* 7. **What did you do to solve the health problems that (he/she) had in the last 30 days?**
- Went to medical institutions or just
 health workers 1
 Did not go to a health worker, treated
 self 2 → [SKIP TO **20** ON PAGE **10**]
DOESN'T KNOW 7 → [SKIP TO **20** ON PAGE **10**]
REFUSES TO ANSWER 8 → [SKIP TO **20** ON PAGE **10**]
- I9CALLDR* 8. **Let's talk about (his/her) most recent meeting with a medical worker in the last 30 days. Tell me, please, last time did you call a medical worker to see (him/her) at home or did (he/she) go to the medical worker for an appointment?**
- Walked or rode to an appointment 1
 Called to the house 2 → [SKIP TO **15** ON PAGE **9**]
DOESN'T KNOW 7 → [SKIP TO **15** ON PAGE **9**]
REFUSES TO ANSWER 8 → [SKIP TO **15** ON PAGE **9**]
- I9TYPMIN* 9. **Tell me, please, where did you go to see a doctor last time?**
- A polyclinic of the raion, city, state,
 village 1
 A commercial polyclinic 2
 A hospital of the raion, city, state,
 village 3
 A commercial hospital 4
 A private physician 5
DOESN'T KNOW 7
REFUSES TO ANSWER 8
10. **How much time did (he/she) spend on this last occasion traveling to this medical institution and back?**
- hours minutes
I9TDRHRS *I9TDRMIN*
DOESN'T KNOW 997
REFUSES TO ANSWER 998
- I9TDRPAY* 11. **Did (he/she) spend any money to travel to and from this medical institution?**
- Yes 1
 No 2 → [SKIP TO **13** ON PAGE **9**]
DOESN'T KNOW 7 → [SKIP TO **13** ON PAGE **9**]
REFUSES TO ANSWER 8 → [SKIP TO **13** ON PAGE **9**]

- I9TDRAMT* 12. **How much money did (he/she) spend last time to travel to and from this medical institution?**

_____ rubles
DOESN'T KNOW 997
REFUSES TO ANSWER 998

- I9TDRWAI* 13. **Did (he/she) spend any time waiting for (his/her) appointment on that occasion?**

Yes 1
 No 2 → [SKIP TO 15]
DOESN'T KNOW 7 → [SKIP TO 15]
REFUSES TO ANSWER 8 → [SKIP TO 15]

14. **How much time did (he/she) spend waiting for your appointment?**

_____ hours _____ minutes
I9TDRHRW *I9TDRMNW*
DOESN'T KNOW 997
REFUSES TO ANSWER 998

- I9PAIDDR* 15. **Did you pay for the visit?**

Yes 1
 No 2 → [SKIP TO 17]
DOESN'T KNOW 7 → [SKIP TO 17]
REFUSES TO ANSWER 8 → [SKIP TO 17]

- 16.1 **Whom and how much did you pay for this visit?**

	Did you pay?	How much in rubles?	<i>D/K</i>	<i>Refuses</i>
1. Officially in the medical enterprises's cashier's office	Yes1 →	_____	9997	9998
	No2	<i>I9AMTPVC</i>		
2. Paid money or gifts directly to the medical personnel	Yes1 →	_____	9997	9998
	No2	<i>I9AMTPVP</i>		
		<i>I9PDVPSL</i>		

- I9ADTEST* 17. **Besides being seen by a medical worker, did (he/she) undergo any additional tests or procedures?**

Yes 1
 No 2 → [SKIP TO 20 ON PAGE 10]
DOESN'T KNOW 7 → [SKIP TO 20 ON PAGE 10]
REFUSES TO ANSWER 8 → [SKIP TO 20 ON PAGE 10]

- I9PAYADT* 18. **Did you pay extra for (his/her) tests or procedures?**

Yes 1
 No 2 → [SKIP TO 20 ON PAGE 10]
DOESN'T KNOW 7 → [SKIP TO 20 ON PAGE 10]
REFUSES TO ANSWER 8 → [SKIP TO 20 ON PAGE 10]

10. L.

19.1 Whom and how much did you pay?

	Did you pay?	How much in rubles?	D/K	Refuses
1. Officially in the medical enterprises's cashier's office	Yes1 → No2	_____ I9AMTPTC I9PDTC SH	9997	9998
2. Paid money or gifts directly to the medical personnel who performed the investigation or procedure	Yes1 → No2	_____ I9AMTPTP I9PDTPSL	9997	9998

I9HOSL3M 20. Has (he/she) been in the hospital in the last three months?

Yes 1
 No 2 → [SKIP TO **26** ON PAGE **11**]
 DOESN'T KNOW 7 → [SKIP TO **26** ON PAGE **11**]
 REFUSES TO ANSWER 8 → [SKIP TO **26** ON PAGE **11**]

I9WHYHOS (char) 21. For what reason or reasons was (he/she) hospitalized?

DOESN'T KNOW 7
 REFUSES TO ANSWER 8

I9HOSTYP 22. Tell me, please, in what kind of facility was (he/she) hospitalized (the last time)?

In a raion, city, state, village
 hospital 1
 In a commercial hospital 2
 DOESN'T KNOW 7
 REFUSES TO ANSWER 8

I9DYSHOS 23. How many days in total in the last three months was (he/she) in the hospital?

_____ days
 DOESN'T KNOW 97
 REFUSES TO ANSWER 98

I9PDHOSP 24.1 Did you pay for (his/her) stay in the hospital, medical help, treatment, not counting payments for medicine, syringes, and dressings?

Yes 1
 No 2 → [SKIP TO **26** ON PAGE **11**]
 DOESN'T KNOW 7 → [SKIP TO **26** ON PAGE **11**]
 REFUSES TO ANSWER 8 → [SKIP TO **26** ON PAGE **11**]

11. L.

24.2 Whom and how much money in all have you paid in the last three months for (his/her) stays in the hospital?

	Did you pay?	How much in rubles?	D/K	Refuses
1. For treatment and care, not counting payments for medicine, officially in the hospital cashier's office	Yes 1 → No 2	_____ I9AMTPHC I9PDHCSH	9997	9998
2. For treatment and care, not counting payments for medicine, paid to doctors and other medical personnel with money or gifts	Yes 1 → No 2	_____ I9AMTPHP I9PDHPSL	9997	9998

I9PAYMED 25.1 Did you receive medicine, syringes, and dressing materials, which were necessary for (his/her) treatment in a hospital, for free or did you pay for them with money or gifts?

All medicines, syringes, and dressing materials were received free 1 → [SKIP TO 26]
 Some medicines were received free and we paid for others 2
 We paid for the medicines, syringes, and dressing materials 3
 DOESN'T KNOW 7 → [SKIP TO 26]
 REFUSES TO ANSWER 8 → [SKIP TO 26]

25.2 Whom and how much in all did you pay for medicines, syringes, and dressings when (he/she) was in the hospital?

	Did you pay?	How much in rubles?	D/K	Refuses
1. Officially in the cashier's office or the drug store of the hospital in which you stayed	Yes 1 → No 2	_____ I9AMTPMC I9PDMCSH	9997	9998
2. Paid doctors or other medical personnel in the hospital in which you stayed with money or gifts	Yes 1 → No 2	_____ I9AMTPMP I9PDMPSL	9997	9998
3. You yourself or someone else at your request bought medicines, syringes, and dressings in the drug store inside the hospital in which (he/she) stayed	Yes 1 → No 2	_____ I9AMTPMD I9PDM DST	9997	9998

I9CHECKU 26. Tell me, please, in the last three months did you have to take (him/her) to a medical institution or simply to a specialist, not because (he/she) was sick but for a preventive check-up?

Yes 1
 No 2 → [SKIP TO 33 ON PAGE 12]
 DOESN'T KNOW 7 → [SKIP TO 33 ON PAGE 12]
 REFUSES TO ANSWER 8 → [SKIP TO 33 ON PAGE 12]

I9CKUWHO 27. **Who carried out this check-up?**

[INTERVIEWER! IF THIS MEDICAL EXAMINATION WAS DONE BY MORE THAN ONE PERSON, NOTE THE SPECIALIST WITH THE HIGHEST QUALIFICATIONS.]

Physician 1
 Physician's assistant 2
 Nurse 3
 Someone else 4
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9CKUTYP 28. **Tell me, please, where did you go for the check-up?**

A polyclinic of the raion, city,
 state, village 1
 A commercial polyclinic 2
 A hospital of the raion, city,
 state, village 3
 A commercial hospital 4
 A private physician 5
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9CKUPAY 29. **Did you pay for this preventive check-up?**

Yes 1
 No 2 → [SKIP TO 33]
DOESN'T KNOW 7 → [SKIP TO 33]
REFUSES TO ANSWER 8 → [SKIP TO 33]

30.1 **Whom and how much did you pay for this check-up?**

	Did you pay?	How much in rubles?	<i>D/K</i>	<i>Refuses</i>
1. Officially in the cashier's office of the medical institute	Yes 1 →	_____	9997	9998
	No 2	<i>I9AMTPCC</i>		
		<i>I9PDCCSH</i>		
2. Paid doctors or other medical personnel directly with money or gifts	Yes 1 →	_____	9997	9998
	No 2	<i>I9AMTPCP</i>		
		<i>I9PDCPSL</i>		

I9MEDLMO 33. **Tell me, please, in the last 30 days did a physician or some other specialist at a medical institution—hospital, polyclinic—write a prescription or advise that (he/she) take some kind of medicine?**

Yes 1
 No 2 → [SKIP TO 42 ON PAGE 14]
DOESN'T KNOW 7 → [SKIP TO 42 ON PAGE 14]
REFUSES TO ANSWER 8 → [SKIP TO 42 ON PAGE 14]

I9FINMED 34. **Were you able to find or buy any of these medicines?**

Yes 1
 No 2 → [SKIP TO 41 ON PAGE 13]
DOESN'T KNOW 7 → [SKIP TO 41 ON PAGE 13]
REFUSES TO ANSWER 8 → [SKIP TO 41 ON PAGE 13]

35. Where did you manage to find the necessary medicines?

		Yes	No	D/K	Refuses
<i>I9MEDDRO</i>	1. At the physician's who prescribed or recommended the medicine	1	2	7	8
<i>I9MEDSTA</i>	2. In a state pharmacy	1	2	7	8
<i>I9MEDPRI</i>	3. In a non-state pharmacy	1	2	7	8
<i>I9MEDIND</i>	4. From individuals	1	2	7	8
<i>I9MEDOTH</i>	5. At some other place	1	2	7	8

I9DISMED 36. Tell me, please, was (he/she) entitled to a discount on these medicines?

Yes	1	
No	2	→ [SKIP TO 38]
DOESN'T KNOW	7	→ [SKIP TO 38]
REFUSES TO ANSWER	8	→ [SKIP TO 38]

I9SIZDIS 37. How much of a discount was (he/she) entitled to, what percent?

100 percent	1
50 percent	2
20 percent	3
DOESN'T KNOW	7
REFUSES TO ANSWER	8

I9PAIDPR 38. Did you pay anything for these medicines?

Yes	1	
No	2	→ [SKIP TO 40]
DOESN'T KNOW	7	→ [SKIP TO 40]
REFUSES TO ANSWER	8	→ [SKIP TO 40]

I9PRAMNT 39. How much did you pay for these medicines?

_____ rubles	
DOESN'T KNOW	997
REFUSES TO ANSWER	998

I9NOLOCM 40. Tell me, please, were there any medicines prescribed or recommended for (him/her) in the last 30 days that you were not able to find or buy?

Yes	1	
No	2	→ [SKIP TO 42 ON PAGE 14]
DOESN'T KNOW	7	→ [SKIP TO 42 ON PAGE 14]
REFUSES TO ANSWER	8	→ [SKIP TO 42 ON PAGE 14]

41. Why weren't you able to obtain these medicines?

		Yes	No	D/K	Refuses
<i>I9MNOTIM</i>	1. Didn't have time to buy them	1	2	7	8
<i>I9MNOFIN</i>	2. Couldn't find them in a pharmacy	1	2	7	8
<i>I9MNOMON</i>	3. Didn't have enough money	1	2	7	8
<i>I9MNOWAN</i>	4. Didn't want to buy them	1	2	7	8
<i>I9MNOCAN</i>	5. Physically couldn't buy them myself and there was no one else to do it	1	2	7	8

I9EVRVAC 42. Tell me, please, has (he/she) at any time had any kind of vaccination?

Yes 1
 No 2 → [SKIP TO 49 ON PAGE 15]
DOESN'T KNOW 7 → [SKIP TO 49 ON PAGE 15]
REFUSES TO ANSWER 8 → [SKIP TO 49 ON PAGE 15]

43. Please remember what kind of vaccinations (he/she) has had. (He/she) has had vaccinations against...

		Yes	No	D/K	Refuses
<i>I9VACTUB</i>	1. Tuberculosis	1	2	7	8
<i>I9VACMEA</i>	2. Measles	1	2	7	8
<i>I9VCADS1</i>	3. AKDS/ADS 1 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VCADS2</i>	4. AKDS/ADS 2 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VCADS3</i>	5. AKDS/ADS 3 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VCPOL1</i>	6. Polio 1	1	2	7	8
<i>I9VCPOL2</i>	7. Polio 2	1	2	7	8
<i>I9VCPOL3</i>	8. Polio 3	1	2	7	8
<i>I9VACHEP</i>	9. Hepatitis	1	2	7	8
<i>I9VCMUMP</i>	10. Mumps	1	2	7	8
<i>I9VMENIN</i>	12. Meningitis	1	2	7	8
<i>I9VACOTH</i>	11. Other illness	1	2	7	8

I9VACL3M 44. Please remember, has (he/she) had any vaccinations in the last three months?

Yes 1
 No 2 → [SKIP TO 49 ON PAGE 15]
DOESN'T KNOW 7 → [SKIP TO 49 ON PAGE 15]
REFUSES TO ANSWER 8 → [SKIP TO 49 ON PAGE 15]

45. Has (he/she) had in the last three months vaccinations against:

		Yes	No	D/K	Refuses
<i>I9VL3TUB</i>	1. Tuberculosis	1	2	7	8
<i>I9VL3MEA</i>	2. Measles	1	2	7	8
<i>I9VL3ADI</i>	3. AKDS/ADS 1 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VL3AD2</i>	4. AKDS/ADS 2 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VL3AD3</i>	5. AKDS/ADS 3 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VL3PO1</i>	6. Polio 1	1	2	7	8
<i>I9VL3PO2</i>	7. Polio 2	1	2	7	8
<i>I9VL3PO3</i>	8. Polio 3	1	2	7	8
<i>I9VL3HEP</i>	9. Hepatitis	1	2	7	8
<i>I9VL3MUM</i>	10. Mumps	1	2	7	8
<i>I9VL3MEN</i>	12. Meningitis	1	2	7	8
<i>I9VL3OTH</i>	11. Other illness	1	2	7	8

46. Where did (he/she) have these vaccinations?

		Yes	No	D/K	Refuses
<i>I9VCPOLY</i>	1. In a polyclinic	1	2	7	8
<i>I9VCHOSP</i>	2. In a hospital	1	2	7	8
<i>I9VCCCLI</i>	3. In a children's or maternity hospital	1	2	7	8
<i>I9VCDOCT</i>	4. At a private doctor	1	2	7	8
<i>I9VCSCO</i>	5. At school	1	2	7	8
<i>I9VCKIND</i>	6. At a kindergarten or nursery	1	2	7	8
<i>I9VCOTHR</i>	7. In another place	1	2	7	8

I9PAIDVC 47. Did you pay for (his/her) vaccinations?

Yes	1	
No	2	→ [SKIP TO 49]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 49]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 49]

I9AMTVAC 48. How much did you pay?

_____ rubles	
<i>DOESN'T KNOW</i>	997
<i>REFUSES TO ANSWER</i>	998

I9NGETVC 49. Did you want (him/her) to have some kind of vaccination but were unable to have it done?

Yes	1	
No	2	→ [SKIP TO NEXT SECT. ON PAGE 16]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO NEXT SECT. ON PAGE 16]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO NEXT SECT. ON PAGE 16]

I9WHYNVC 50. Why was (he/she) not able to get the vaccination? Please choose only one of the answers that I list:

Too expensive	1
No transportation to where vaccinations were given	2
Fear of infection	3
There wasn't vaccine (medicine) for the vaccination	4
Didn't have time to get it	5
Other	6
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

SECTION "HEALTH EVALUATION"

1. Now a few questions about health. But first I would like to ask you what you think (his/her) height and weight are.

I9WTSELF How many kilograms does (he/she) weigh?

kg
DOESN'T KNOW 997
REFUSES TO ANSWER 998

I9HTSELF 2. What is (his/her) height in centimeters?

cm
DOESN'T KNOW 997
REFUSES TO ANSWER 998

I9WTCHNG 2.1 Tell me, please, how has (his/her) weight changed in the last two years?

(He/she) lost weight 1
 (He/she) gained weight 2
 (HIS/HER) WEIGHT DID NOT CHANGE 3
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9EVALHL 3. How would you evaluate (his/her) health? It is:

Very good 1
 Good 2
 Average, not good, but not bad 3
 Bad 4
 Very bad 5
DOESN'T KNOW 7
REFUSES TO ANSWER 8

20.6 Does (he/she) have any kind of chronic illness?

	Yes	No	D/K	Refuses
<i>I9CHEART</i> 1. Heart disease	1	2	7	8
<i>I9CLUNGS</i> 2. Illness of the lungs	1	2	7	8
<i>I9CLIVER</i> 3. Liver disease	1	2	7	8
<i>I9CKIDNY</i> 4. Kidney disease	1	2	7	8
<i>I9CGI</i> 5. Gastrointestinal disease	1	2	7	8
<i>I9CSPINE</i> 6. Spinal problems	1	2	7	8
<i>I9CNASOP</i> 8. Nasopharynx disease	1	2	7	8
<i>I9COTHER</i> 7. Other chronic illnesses	1	2	7	8

I9TMEDLW 32. Tell me, please, in the last 7 days has (he/she) taken any medicine, for example, pills, shots, drops, mixtures, herbal remedies, excluding vitamins and mineral supplements?

Yes
 No 2 → [SKIP TO 34 ON PAGE 17]
DOESN'T KNOW 7 → [SKIP TO 34 ON PAGE 17]
REFUSES TO ANSWER 8 → [SKIP TO 34 ON PAGE 17]

I9LISMED
(char)

33. Please list the names of the medicines (he/she) has taken in the last 7 days.

[INTERVIEWER! PLEASE WRITE THE EXACT NAMES OF ALL MEDICATIONS. IF THE RESPONDENT DOESN'T KNOW THE EXACT NAME OF THE MEDICATION, ASK HIM TO SHOW YOU THE PACKAGE. COPY THE NAME OF THE MEDICATION ON THE LABEL, USING THE SAME LANGUAGE IN WHICH IT IS WRITTEN.]

I9MULVIT

34. In the last 7 days has (he/she) taken any kind of multivitamins?

Yes 1
 No 2
 DOESN'T KNOW 7
 REFUSES TO ANSWER 8

I9SEPVIT

35. In the last 7 days has (he/she) taken any separate vitamins?

Yes 1
 No 2 → [SKIP TO 37]
 DOESN'T KNOW 7 → [SKIP TO 37]
 REFUSES TO ANSWER 8 → [SKIP TO 37]

36. Please remember, in the last 7 days has (he/she) taken...?

Yes No D/K Refuses

I9VITAMA
I9VITAMB
I9VITAMC
I9VITAMD
I9VITAME
I9VITOTH

1. Vitamin A	1	2	7	8
2. B-complex vitamins	1	2	7	8
3. Vitamin C	1	2	7	8
4. Vitamin D	1	2	7	8
5. Vitamin E	1	2	7	8
6. Other vitamins	1	2	7	8

I9MINERA

37. Tell me, please, in the last 7 days did (he/she) take any mineral supplements, for example, calcium, iron, selenium?

Yes 1
 No 2 → [SKIP TO 43]
 DOESN'T KNOW 7 → [SKIP TO 43]
 REFUSES TO ANSWER 8 → [SKIP TO 43]

38. Please remember, in the last 7 days did (he/she) take...?

Yes No D/K Refuses

I9CALCIU
I9IRONSU
I9SELENI

1. Calcium	1	2	7	8
2. Iron	1	2	7	8
3. Selenium	1	2	7	8

I9DIABET

43. Has a doctor ever said that (he/she) had diabetes or increased sugar in the blood?

Yes 1
 No 2 → [SKIP TO 67 ON PAGE 18]
 DOESN'T KNOW 7 → [SKIP TO 67 ON PAGE 18]
 REFUSES TO ANSWER 8 → [SKIP TO 67 ON PAGE 18]

I9DIABYR 44. In what year did a doctor first tell you about this?

In |__|__|__|__| year

DOESN'T KNOW 7

REFUSES TO ANSWER 8

45. To treat (his/her) diabetes you use...

Yes No D/K Refuses

I9DCDIET 1. Special diet 1 2 7 8

I9DCWCON 2. Weight control 1 2 7 8

I9DCORAL 3. Pills 1 2 7 8

I9DCSHOT 4. Insulin shots 1 2 7 8

I9DCHERB 5. Herbal treatment 1 2 7 8

I9DCHOME 6. Homeopathic treatment 1 2 7 8

I9DCOTHR 7. Something else 1 2 7 8

I9EVERTB 62.1 Has a doctor ever told you that (he/she) has tuberculosis?

Yes 1

No 2 → [SKIP TO 67]

DOESN'T KNOW 7 → [SKIP TO 67]

REFUSES TO ANSWER 8 → [SKIP TO 67]

I9YEARTB 62.2 In what year did (he/she) have tuberculosis? If (he/she) has had this diagnosis more than once, when was the last time.

In |__|__|__|__| year

DOESN'T KNOW 7

REFUSES TO ANSWER 8

I9DRKTEA 67. Does (he/she) drink tea?

Yes 1

No 2 → [SKIP TO 69]

DOESN'T KNOW 7 → [SKIP TO 69]

REFUSES TO ANSWER 8 → [SKIP TO 69]

I9FRETEA 68. How often in the last 30 days did (he/she) drink tea?

Every day 1

4-6 times a week 2

2-3 times a week 3

Once a week 4

Less than once a week 5

Never in the past 30 days 6

DOESN'T KNOW 7

REFUSES TO ANSWER 8

I9DRKCOF 69. Does (he/she) drink coffee?

Yes 1

No 2 → [SKIP TO 96 ON PAGE 19]

DOESN'T KNOW 7 → [SKIP TO 96 ON PAGE 19]

REFUSES TO ANSWER 8 → [SKIP TO 96 ON PAGE 19]

I9FRECOF 70. **How often during the past 30 days did (he/she) drink coffee?**

Every day 1
 4-6 times a week 2
 2-3 times a week 3
 Once a week 4
 Less than once a week 5
 Never in the past 30 days 6
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9COUGHS 96. **Tell me, please, in the last 7 days has (he/she) had a cough?**

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9CONGES 97. **Tell me, please, in the last 7 days has (he/she) had a cold, maybe a runny or stuffy nose?**

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9EARACH 98. **Tell me, please, in the last 7 days has (he/she) had an earache?**

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9SORETH 99. **Tell me, please, in the last 7 days has (he/she) had a sore throat?**

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9TEETHI 100. **Tell me, please, in the last 7 days has (he/she) been teething?**

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9DIARRH 101. **Tell me, please, in the last 7 days has (he/she) had diarrhea?**

Yes 1
 No 2 → [SKIP TO **109** ON PAGE **20**]
DOESN'T KNOW 7 → [SKIP TO **109** ON PAGE **20**]
REFUSES TO ANSWER 8 → [SKIP TO **109** ON PAGE **20**]

I9DIARDY 102. **Remember, please, how many days in the last 7 has (he/she) had diarrhea?**

_____ days
DOESN'T KNOW 97
REFUSES TO ANSWER 98

I9BMTIME 103. Tell me, please, in the last 24 hours how often has (he/she) had a bowel movement?

times
DOESN'T KNOW 97
REFUSES TO ANSWER 98

I9MUCUSS 104. Tell me, please, in the last 7 days have you noticed mucus in (his/her) stool (whitish or some other color)?

Yes 1
No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9BLOODS 105. Tell me, please, in the last 7 days have you noticed blood in (his/her) stool?

Yes 1
No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9FEVERS 106. Tell me, please since the diarrhea started, have you noticed any other symptoms of illness with (him/her)? Has (he/she) had an elevated temperature?

Yes 1
No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9VOMITS 107. Tell me, please, since the diarrhea started, has (he/she) thrown up?

Yes 1
No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9ABPAIN 108. Since the diarrhea started, has (he/she) had pain in the abdominal cavity: in the abdomen, large or small intestine, stomach?

Yes 1
No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9LEUKEM 109. Has (he/she) had leukemia?

Yes 1
No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

[INTERVIEWER! RETURN TO QUESTION A ON PAGE 1 AND VERIFY THE SEX AND BIRTH YEAR OF THE CHILD WHO IS BEING DISCUSSED. ASK QUESTIONS 110-111 IF THE CHILD IS A GIRL BORN IN 1989 OR EARLIER. FOR ALL OTHERS, SKIP TO QUESTION 115 ON PAGE 21.]

I9EVRMEN 110. Tell me, please, has she ever menstruated?

Yes 1
No 2 → [SKIP TO 115 ON PAGE 21]
DOESN'T KNOW 7 → [SKIP TO 115 ON PAGE 21]
REFUSES TO ANSWER 8 → [SKIP TO 115 ON PAGE 21]

I9AGEMEN 111. How old was she when she first menstruated?

| | | years
DOESN'T KNOW 97
REFUSES TO ANSWER 98

[INTERVIEWER! WE REMIND YOU THAT QUESTIONS 115-128 ON PAGES 21-23 SHOULD BE ANSWERED BY THE CHILD HIM OR HERSELF.]

115. **[INTERVIEWER! RETURN TO QUESTION A ON PAGE 1. ASK QUESTIONS 115-128 ONLY OF CHILDREN WHO WERE BORN IN 1994 OR EARLIER. THE REMAINING CHILDREN (WHO WERE BORN IN 1995 OR LATER) SHOULD BE ASKED THE QUESTIONS IN THE NEXT SECTION ON PAGE 24.]**

Look, please, at these drawings and say which of these nine figures most closely resembles your figure. Name the number of the drawing.

[INTERVIEWER!

IF YOU ARE SPEAKING WITH A GIRL BORN BETWEEN 1989 AND 1994 USE ENVELOPE NO. 1 WITH DRAWINGS 1-9.

IF YOU ARE SPEAKING WITH A GIRL BORN BETWEEN 1987 AND 1988 USE ENVELOPE NO. 2 WITH DRAWINGS 10-18.

IF YOU ARE SPEAKING WITH A BOY BORN BETWEEN 1989 AND 1994 USE ENVELOPE NO. 3 WITH DRAWINGS 19-27.

IF YOU ARE SPEAKING WITH A BOY BORN BETWEEN 1987 AND 1988 USE ENVELOPE NO. 4 WITH DRAWINGS 28-36.

SHUFFLE THE CORRESPONDING DRAWINGS AND LAY THEM BEFORE THE RESPONDENT.]

I9RSHAPE NUMBER OF THE DRAWING | | |

DOESN'T KNOW 97
REFUSES TO ANSWER 98

116. **Which of these drawings would you want your figure to look like? Name the number of the drawing.**

[INTERVIEWER! AGAIN SHUFFLE THE DRAWINGS WHICH YOU SHOWED IN QUESTION 115 AND LAY THEM OUT BEFORE THE RESPONDENT.]

I9WSHAPE NUMBER OF THE DRAWING | | |

DOESN'T KNOW 97
REFUSES TO ANSWER 98

I9DIETLY 117. **Tell me, in the last 12 months have you been on a diet? We regard a diet as any change in your usual food in order to lose weight or get thinner.**

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

I9WTOPIN 118. **Do you think at the present time that you are under-weight, have a normal weight, or are over-weight?**

UNDER-WEIGHT 1
NORMAL WEIGHT 2
OVER-WEIGHT 3
DOESN'T KNOW 7
REFUSES TO ANSWER 8

- I9ACOPIN* 119. Now let's talk about physical activity. Here under physical activity we mean only activities such as active sports, games, dances, that is when your heart beats more than usual or you sweat. How do you rate your physical activity? You have...?

Too little 1
 Normal 2
 Too much 3
DOESN'T KNOW 7
REFUSES TO ANSWER 8

- I9TVRSTR* 120. Are you restricted from watching television at home: for example, are you not allowed to watch certain programs or forbidden to sit in front of the television for long periods?

Never any restrictions 1
 Sometimes there are restrictions 2
 There are always restrictions 3
DOESN'T KNOW 7
REFUSES TO ANSWER 8

- I9CHANNL* 121. Which television channel do you most like to watch? Choose, please, one favorite channel.

[INTERVIEWER! DO NOT READ THE LIST OF CHANNELS. NOTE ONLY ONE CHANNEL.]

ORT–Russian Public Television 01
RTR–Russian Television 02
TVTS 03
NTV 04
“CULTURE” 05
TV-6 06
MTV–Music Television Channel 07
Local or cable 08
DOESN'T DISTINGUISH AMONG CHANNELS 96
DOESN'T KNOW 97
REFUSES TO ANSWER 98

- I9PROGRAM* 122. Which television program do you most like to watch? Choose only one favorite program.

[INTERVIEWER! WRITE THE NAME OF THE PROGRAM.]

LIKES ALL ALIKE 6 → [SKIP TO 124 ON PAGE 23]
DOESN'T KNOW 7 → [SKIP TO 124 ON PAGE 23]
REFUSES TO ANSWER 8 → [SKIP TO 124 ON PAGE 23]

- I9PTYPE* 123. What type of program do you consider your favorite?

Sports 01
 Music 02
 News programs 03
 Cartoons 04
 Talk shows 05
 Artistic films 06
 Entertainment programs 07
 Popular science, educational programs 08
 Advertisements 09
 Soap operas 10
OTHERS 96
DOESN'T KNOW 97
REFUSES TO ANSWER 98

- I9TVADS* 124. **Do you watch advertisements for goods and movies, which are sometimes shown on television?**

Always 1
 Sometimes watch 2
 Never watch 3 → [SKIP TO 128]
DOESN'T KNOW 7 → [SKIP TO 128]
REFUSES TO ANSWER 8 → [SKIP TO 128]

- I9LIKEAD* 125. **How much do you like the advertisements for goods and services that are shown on television?**

Completely dislike 1
 Like some, dislike others 2
 Very much like 3
DOESN'T KNOW 7
REFUSES TO ANSWER 8

- I9ABUYAD* 126. **Do you ever ask your parents or other adults to buy you some food or drinks the advertisements for which you saw on television?**

Yes 1
 No 2 → [SKIP TO 128]
BUY FOR MYSELF 6 → [SKIP TO 128]
DOESN'T KNOW 7 → [SKIP TO 128]
REFUSES TO ANSWER 8 → [SKIP TO 128]

- I9BUYAD* 127. **Do they buy you what you ask for?**

Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

128. **You see many people on the television screen. Is there someone among them whom you especially like, whom you want to be like? Who is this person you have seen on television?**

[INTERVIEWER! WRITE THE NAME AND RECORD THE CORRESPONDING NUMBER IN THE LIST BELOW. IF YOU DO NOT KNOW THE NAMED PERSON, ASK THE RESPONDENT TO CLARIFY.]

I9TVIDOL

I9IDOLCD

RUSSIAN POLITICIAN 01
RUSSIAN TELEVISION PERSONALITY 02
RUSSIAN ACTOR/ACTRESS OR SINGER ... 03
FOREIGN ACTOR/ACTRESS OR SINGER ... 04
RUSSIAN SPORTS FIGURE 05
FOREIGN SPORTS FIGURE 06
LAWYER, DOCTOR, TEACHER 07
BUSINESSMAN 08
SOMEONE ELSE 09
DOESN'T KNOW 97
REFUSES TO ANSWER 98

SEX DAY OF BIRTH MONTH OF BIRTH YEAR OF BIRTH

“I would like you to talk to me about what you ate and drank in the last twenty-four hours—from the time you woke up in the morning until you went to bed at night. If you ate or drank anything during the night, please tell me about that also. Please don’t forget to tell me what you ate and drank outside the home. Include all forms of food and drink that you consumed. It is also important for me to know where you ate and where this food was prepared.

“Now, let’s begin.”

[INTERVIEWER!] INDICATE THE DATE OF FILLING IN THIS SECTION:]

DAY: |__|__| MONTH: |__|__|

SECTION “DIET”

- I9YUSUAL* 1. With regard to quantity of food, yesterday did you eat about the same amount of food you usually eat, less than usual, or more than usual?

Same amount 1
 Less 2
 More 3
 DOESN'T KNOW 7
 REFUSES TO ANSWER 8

2. Was your diet yesterday related to:

Yes No D/K Refuses

I9DIETDR 1. Doctor's recommendation 1 2 7 8
I9DIETSP 2. Observing a special diet 1 2 7 8
I9DIETRE 3. Religious practices 1 2 7 8

- I9VITYES* 3. Did you take multi-vitamins yesterday?

Yes 1
 No 2
 DOESN'T KNOW 7
 REFUSES TO ANSWER 8

25. P.

	Time first served	Place where food was consumed	Name of product, dish, or beverage, its composition, method of preparation, portion size, and other characteristics	Home-cooked or not home-cooked	Amount (g, ml)	Code
	1	2		3	4	5
1.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ _ FOODCODE
2.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ _ FOODCODE
3.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ _ FOODCODE
4.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ _ FOODCODE
5.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ _ FOODCODE
6.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ _ FOODCODE
7.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ _ FOODCODE

	Time first served	Place where food was consumed	Name of product, dish, or beverage, its composition, method of preparation, portion size, and other characteristics	Home-cooked or not home-cooked	Amount (g, ml)	Code
	1	2		3	4	5
8.	<i>HOUR</i>	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 <i>PLACE</i>		Home-cooked 1 Not home-cooked 2 <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ <i>FOODCODE</i>
9.	<i>HOUR</i>	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 <i>PLACE</i>		Home-cooked 1 Not home-cooked 2 <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ <i>FOODCODE</i>
10.	<i>HOUR</i>	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 <i>PLACE</i>		Home-cooked 1 Not home-cooked 2 <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ <i>FOODCODE</i>
11.	<i>HOUR</i>	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 <i>PLACE</i>		Home-cooked 1 Not home-cooked 2 <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ <i>FOODCODE</i>
12.	<i>HOUR</i>	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 <i>PLACE</i>		Home-cooked 1 Not home-cooked 2 <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ <i>FOODCODE</i>
13.	<i>HOUR</i>	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 <i>PLACE</i>		Home-cooked 1 Not home-cooked 2 <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ <i>FOODCODE</i>
14.	<i>HOUR</i>	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 <i>PLACE</i>		Home-cooked 1 Not home-cooked 2 <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ <i>FOODCODE</i>

27. P.

	Time first served	Place where food was consumed	Name of product, dish, or beverage, its composition, method of preparation, portion size, and other characteristics	Home-cooked or not home-cooked	Amount (g, ml)	Code
	1	2		3	4	5
15.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
16.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
17.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
18.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
19.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
20.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
21.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE

28. P.

	Time first served	Place where food was consumed	Name of product, dish, or beverage, its composition, method of preparation, portion size, and other characteristics	Home-cooked or not home-cooked	Amount (g, ml)	Code
	1	2		3	4	5
22.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLACE	GRAMS	_ _ _ _ FOODCODE
23.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLACE	GRAMS	_ _ _ _ FOODCODE
24.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLACE	GRAMS	_ _ _ _ FOODCODE
25.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLACE	GRAMS	_ _ _ _ FOODCODE
26.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLACE	GRAMS	_ _ _ _ FOODCODE
27.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLACE	GRAMS	_ _ _ _ FOODCODE
28.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLACE	GRAMS	_ _ _ _ FOODCODE

29. P.

	Time first served	Place where food was consumed	Name of product, dish, or beverage, its composition, method of preparation, portion size, and other characteristics	Home-cooked or not home-cooked	Amount (g, ml)	Code
	1	2		3	4	5
29.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
30.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
31.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
32.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
33.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
34.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE
35.	HOUR	Home or as a guest 1 Public eatery 2 Nursery or school 3 Workplace 4 Other place 5 PLACE		Home-cooked 1 Not home-cooked 2 PREPPLCE	GRAMS	_ _ _ _ FOODCODE

SECTION “MEDICAL MEASUREMENTS”

I9LEGAMP 1. **[INTERVIEWER! PLEASE NOTE:]**

THE RESPONDENT HAS BOTH LEGS 1
THE RESPONDENT HAS ONLY ONE
OR PART OF A LEG 2
THE RESPONDENT IS MISSING ALL
OR PART OF BOTH LEGS 3

I9ARMAMP 2. **[INTERVIEWER! PLEASE NOTE:]**

THE RESPONDENT HAS BOTH ARMS . . . 1
THE RESPONDENT HAS ONLY ONE
OR PART OF AN ARM 2
THE RESPONDENT IS MISSING ALL
OR PART OF BOTH ARMS 3

I9HEIGHT 3. **Height**

[INTERVIEWER! MAKE SURE RESPONDENTS TAKE OFF THEIR SHOES.]

_____ cm

I9WEIGHT 4. **Weight**

[INTERVIEWER! BEFORE TAKING MEASUREMENT, MAKE SURE THE RESPONDENT IS WEARING ONLY LIGHT HOUSEHOLD CLOTHES.]

_____ kg

I9WAISTC 5. **Waist circumference**

_____ cm

I9HIPSIZ 6. **Hip circumference**

_____ cm

SECTION “INTERVIEWER’S REMARKS”

1. [NOTE IF ANYONE WAS PRESENT DURING THE INTERVIEW, EVEN IF ONLY FOR A FEW MINUTES:]

YES NO

I9HHPRES
I90TPRES

1. *SOME OTHER MEMBER OF THE HOUSEHOLD* 1 2
2. *OTHER PEOPLE, NOT MEMBERS OF THIS*
HOUSEHOLD 1 2

I9RESATT

2. [ASSESS THE RESPONDENT’S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:]

FRIENDLY, INTERESTED 1
NOT PARTICULARLY INTERESTED 2
IMPATIENT, WORRIED 3
HOSTILE 4

I9RESUND

3. [NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS:]

WELL 1
NOT VERY WELL 2
POORLY 3

I9RESBEH

4. [ASSESS THE RESPONDENT’S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT:]

WAS NERVOUS 1
WAS OCCASIONALLY NERVOUS 2
FELT COMFORTABLE 3

I9RESRES

5. [ASSESS THE RESPONDENT’S SHARPNESS. THE RESPONDENT WAS:]

VERY SLOW-WITTED 1
SLOW-WITTED, NEEDED
ADDITIONAL EXPLANATIONS 2
AS BRIGHT AS THE MAJORITY
OF RESPONDENTS 3
NOTABLY BRIGHTER THAN THE
MAJORITY OF RESPONDENTS 4

I9RESSIN

6. [ASSESS THE SINCERITY AND OPENNESS OF THE RESPONDENT. THE RESPONDENT WAS:]

VERY INTROVERTED, INSINCERE 1
AS SINCERE AND OPEN AS MOST
RESPONDENTS 2
MORE SINCERE AND OPEN THAN
MOST RESPONDENTS 3

I9FDRELY

7. [ASSESS WHETHER IN YOUR OPINION THE INFORMATION GIVEN ABOUT FOOD CONSUMPTION IS RELIABLE:]

RELIABLE 1
INFORMATION INADEQUATE TO
ASSESS 2
NOT RELIABLE 3

I confirm that I completed the interview according to the instructions using the personal interview method, with the respondent chosen according to the instructions.

Signature _____