

RLMS
Russia Longitudinal Monitoring Survey

Round 12

(September 2003 - December 2003)

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

8TH ROUND

[i.e., 12th round]

- SITEL* 1. [NAME OF POPULATED AREA _____ |__|__|__|]
- CENSUSDL* 2. [NUMBER OF SURVEY SECTOR (FOR CITIES) _____ |__|__|]
- FAMILYL* 3. [NUMBER OF FAMILY |__|__|]
- PERSONL* 4. [NUMBER ON THE CARD OF THE CHILD BEING DISCUSSED |__|__|]
- ILRPINBF* 4.1 [**DID THE CHILD PARTICIPATE IN THE SURVEY:**
- | | |
|---------------------------------|-----|
| 1994 | 1 |
| 1995 | 2 |
| 1996 | 3 |
| 1998 | 4 |
| 2000 | 5 |
| 2001 | 6 |
| 2002 | 7 |
| NEVER PARTICIPATED | 8] |
- ILGENDER* 5. [SEX OF THE CHILD BEING DISCUSSED:
- | | |
|---------------------|-----|
| <i>MALE</i> | 1 |
| <i>FEMALE</i> | 2] |
- ILINTDAY* 7. [DATE OF INTERVIEW: DAY |__|__| MONTH |__|__|]
- ILINTMON*
- ILINTHRS* 8. [LENGTH OF INTERVIEW: |__| HOURS |__|__| MINUTES]
- ILINTMIN*
9. [LAST NAME OF INTERVIEWER _____]
- ILINTNUM* 10. [NUMBER OF INTERVIEWER |__|__|__|]
- ILADANSW* 11. [NUMBER OF THE ADULT WHO ANSWERED THE QUESTIONS |__|__|]

2003

I, _____
 [**INTERVIEWER!** WRITE YOUR FULL LAST NAME, FIRST NAME, PATRONYMIC!]

HAVE READ TO THE CHILD’S PARENTS THE STANDARD TEXT REGARDING THE PURPOSE AND CONDITIONS OF THE STUDY AND HAVE RECEIVED THEIR CONSENT TO CONDUCT THE INTERVIEW.

INTERVIEWER’S SIGNATURE _____

DATE _____

[**INTERVIEWER!** QUESTIONS HEREIN SHOULD BE ANSWERED ONLY BY AN **ADULT FAMILY MEMBER**, IDEALLY THE 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.

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

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

__ __ day <i>ILBIRTHD</i>	__ __ month <i>ILBIRTHM</i>	__ __ __ __ year <i>ILBIRTHY</i>
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SECTION “CARE OF CHILDREN”

[**INTERVIEWER!** IF THE CHILD WAS BORN IN 1997 OR EARLIER, ASK **QUESTIONS BEGINNING WITH QUESTION 1.**

IF THE CHILD WAS BORN BETWEEN 1998 AND 2001, ASK QUESTIONS BEGINNING WITH 8.A ON PAGE 5.

FOR THE REMAINING CHILDREN (BORN IN 2002 OR 2003), ASK QUESTION 9 ON PAGE 6.]

ILGRADE1 1. Tell me, please: Has (NAME OF CHILD) finished at least one grade of general school?

- Yes 1
- No 2 → [SKIP TO 3]
- DOESN'T KNOW* 7 → [SKIP TO 3]
- REFUSES TO ANSWER* 8 → [SKIP TO 3]

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

- _____ grades
- DOESN'T KNOW* 97
- REFUSES TO ANSWER* 98

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

- Yes 1
- No 2 → [SKIP TO 8 ON PAGE 5]
- DOESN'T KNOW* 7 → [SKIP TO 8 ON PAGE 5]
- REFUSES TO ANSWER* 8 → [SKIP TO 8 ON PAGE 5]

ILPAYSCH 4. **Has your family paid or should you have paid for (his/her) school instruction in the current quarter, not considering payments for textbooks?**

- Yes 1
- No 2 → [SKIP TO 6]
- DOESN'T KNOW* 7 → [SKIP TO 6]
- REFUSES TO ANSWER* 8 → [SKIP TO 6]

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

- _____ rubles
- DOESN'T KNOW* 997
- REFUSES TO ANSWER* 998

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

- Yes 1
- No 2 → [SKIP TO 7.1]
- DOESN'T KNOW* 7 → [SKIP TO 7.1]
- REFUSES TO ANSWER* 8 → [SKIP TO 7.1]

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

- _____ rubles
- DOESN'T KNOW* 997
- REFUSES TO ANSWER* 998

ILPECLAS 7.1 **Does (he/she) attend physical education classes at school?**

- Yes 1
- No 2 → [SKIP TO 7.4 ON PAGE 3]
- DOESN'T KNOW* 7 → [SKIP TO 7.4 ON PAGE 3]
- REFUSES TO ANSWER* 8 → [SKIP TO 7.4 ON PAGE 3]

ILPEFREQ 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 activities and ask you to tell me in which of them (he/she) participates during class, and if so for how many hours and minutes per week.**

	(He/she) engages in during class...?	How many hours and minutes per week?	D/K	REFUSES
1. Karate, judo, self-defense, wrestling, boxing, gymnastics	Yes .. 1 → No ... 2 <i>ILKARATE</i>	____ hrs ____ min <i>ILKARHRS</i> <i>ILKARMIN</i>	97	98
2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming	Yes .. 1 → No ... 2 <i>ILSPORTS</i>	____ hrs ____ min <i>ILSPOHRS</i> <i>ILSPOMIN</i>	97	98
3. Track and field, skiing, skating	Yes .. 1 → No ... 2 <i>ILTRACKF</i>	____ hrs ____ min <i>ILTRAHRS</i> <i>ILTRAMIN</i>	97	98
4. Other kinds of physical activity	Yes .. 1 → No ... 2 <i>ILPEOTHR</i>	____ hrs ____ min <i>ILPEOHRS</i> <i>ILPEOMIN</i>	97	98

ILPHYSOC 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, hopscotch, hide and seek, riding a bicycle, roller skating, etc.**

- Yes 1
- No 2 → [SKIP TO 7.7]
- DOESN'T KNOW* 7 → [SKIP TO 7.7]
- REFUSES TO ANSWER* 8 → [SKIP TO 7.7]

ILOCFREQ 7.5 **How often does (he/she) engage in physical activities and sports, including outdoor games, 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

7.6 **I will list various physical activities and ask you to tell me in which (he/she) engages before or after classes, and for how many hours and minutes per week.**

	(He/she) engages in before or after classes?	How many hours and minutes per week?	D/K	REFUSES
1. Karate, judo, self-defense, wrestling, boxing, gymnastics	Yes ... 1 → No 2	____ hrs ____ min <i>ILOCKHRS</i>	97	98
	<i>ILOCKARA</i>	<i>ILOCKMIN</i>		
2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming	Yes ... 1 → No 2	____ hrs ____ min <i>ILOCSHRS</i>	97	98
	<i>ILOCSPOR</i>	<i>ILOCSMIN</i>		
3. Track and field, skiing, ice skating, roller skating	Yes ... 1 → No 2	____ hrs ____ min <i>ILOCTHRS</i>	97	98
	<i>ILOCTRAC</i>	<i>ILOCTMIN</i>		
4. Other kinds of physical activity, for example, tag, hide and seek, riding a bicycle	Yes ... 1 → No 2	____ hrs ____ min <i>ILOCOHRS</i>	97	98
	<i>ILOCOTHR</i>	<i>ILOCOMIN</i>		

7.7 **Tell me, please: Does (he/she) engage in the following before or after classes, and for how many hours and minutes per day?**

	(He/she) engages in?	How many hours and minutes per day?	D/K	REFUSES
1. Watching television, videos, playing video or computer games	Yes .. 1 → No ... 2	____ hrs ____ min <i>ILWTVHRS</i>	97	98
	<i>ILWATCTV</i>	<i>ILWTVMIN</i>		
3. Playing games with toy cars, dolls, construction sets, chess, checkers	Yes .. 1 → No ... 2	____ hrs ____ min <i>ILPLGHR</i>	97	98
	<i>ILPLGAME</i>	<i>ILPLGMIN</i>		
2. Reading, music lessons, drawing, doing homework	Yes .. 1 → No ... 2	____ hrs ____ min <i>ILREDHRS</i>	97	98
	<i>ILREADNG</i>	<i>ILREDMIN</i>		

*ILCMPTR*72.16.1 **Tell me, please, in the last 12 months has (he/she) used a personal computer for any purpose, including typing documents, playing computer games, etc.?**

- Yes 1
- No 2 → [SKIP TO 7.8.1]
- DOESN'T KNOW* 7 → [SKIP TO 7.8.1]
- REFUSES TO ANSWER* 8 → [SKIP TO 7.8.1]

72.16.2 **In the last 12 months has (he/she) used a personal computer:**

		Yes	No	D/K	REFUSES
<i>ILCMPTRH</i>	1. At home	1	2	7	8
<i>ILCMPTRW</i>	2. At a place of study	1	2	7	8
<i>ILCMPTRE</i>	3. In other places	1	2	7	8

ILINTRNT 123. **Tell me, please, in the last 12 months has (he/she) had to use the Internet?**

- Yes 1
- No 2 → [SKIP TO 7.8.1]
- DOESN'T KNOW* 7 → [SKIP TO 7.8.1]
- REFUSES TO ANSWER* 8 → [SKIP TO 7.8.1]

124. **In the last 12 months has (he/she) used the Internet:**

		Yes	No	D/K	REFUSES
<i>ILINTRNH</i>	1. At home	1	2	7	8
<i>ILINTRNW</i>	2. At a place of study	1	2	7	8
<i>ILINTRNC</i>	3. In an Internet café	1	2	7	8
<i>ILINTRNE</i>	4. In other places	1	2	7	8

125. **In the last 12 months has (he/she) used the Internet for:**

		Yes	No	D/K	REFUSES
<i>ILI4STUD</i>	1. Study	1	2	7	8
<i>ILI4ENTR</i>	3. Entertainment	1	2	7	8
<i>ILI4COMM</i>	4. Communication with friends	1	2	7	8
<i>ILI4CULT</i>	6. Expanding (his/her) horizons	1	2	7	8
<i>ILI4REFR</i>	7. Getting reference information	1	2	7	8
<i>ILI4OTHR</i>	9. Other things	1	2	7	8

ILHOW2S 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 transportation 3
- On foot and by transport 4
- DOESN'T KNOW* 7
- REFUSES TO ANSWER* 8

IL2SHR 7.8.2 **How many total hours and minutes does it take (him/her) to go to school and return?**

IL2SMN

- _____ hours _____ minutes → [SKIP TO 9 ON PAGE 6]
- DOESN'T KNOW* 97 → [SKIP TO 9 ON PAGE 6]
- REFUSES TO ANSWER* 98 → [SKIP TO 9 ON PAGE 6]

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

	Yes	No	D/K	REFUSES
<i>ILTOOSML</i> 1. (He/she) will go to school in a year or two	1	2	7	8
<i>ILTOOILL</i> 2. (He/she) has poor health and cannot attend school ..	1	2	7	8
<i>ILEXPELL</i> 3. (He/she) was expelled from school	1	2	7	8
<i>ILHOMESC</i> 4. Family wants to give (him/her) home schooling	1	2	7	8
<i>ILNOSCHL</i> 5. No schools are close to home	1	2	7	8
<i>ILSCOTHR</i> 6. Other reasons	1	2	7	8

8.A Now I will list various kinds of physical activities and you tell me which (he/she) is engaged in and for how many hours and minutes a week.

	(He/she) engages in it?	How many hours and minutes per week?	D/K	REFUSES
1. Karate, judo, gymnastics, tennis, swimming	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	<i>ILNSKHRS</i>		
		<i>ILNSKARA</i> <i>ILNSKMIN</i>		
2. Plays with a ball, goes skating, rides a bicycle	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	<i>ILNSBHRS</i>		
		<i>ILNSBALL</i> <i>ILNSBMIN</i>		
3. Dances, runs, jumps, plays hopscotch, hide and seek	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	<i>ILNSDHRS</i>		
		<i>ILNSDANC</i> <i>ILNSDMIN</i>		
4. Plays sitting: on a bench, in a sandbox	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	<i>ILNSSHRS</i>		
		<i>ILNSSITS</i> <i>ILNSSMIN</i>		

ILNSPREG 8.13 Is (he/she) regularly engaged in physical activities and sports in a children's preschool institution, at a sports club, or at home?

Yes	1
No	2
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

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

	(He/she) engages in it?	How many hours and minutes per day?	D/K	REFUSES
1. Watching TV, videos, playing video or computer games	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	<i>ILNSWHRS</i>		
		<i>ILNSWATV</i> <i>ILNSWMIN</i>		
3. Playing games with toy cars, dolls, construction sets, chess, checkers	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	<i>ILNSGHRS</i>		
		<i>ILNSGAME</i> <i>ILNSGMIN</i>		
2. Reading, or listening to what is read to (him/her)	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	<i>ILNSRHRS</i>		
		<i>ILNSREAD</i> <i>ILNSRMIN</i>		

- ILNFCARE* 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 → [TO NEXT SECT. ON PAGE 8]
DOESN'T KNOW 7 → [TO NEXT SECT. ON PAGE 8]
REFUSES TO ANSWER 8 → [TO NEXT SECT. ON PAGE 8]
- ILRLCARE* 10. **In the last 7 days was [*NAME OF CHILD*] looked after by 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]
- ILDYCARE* 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
- ILHRCARE* 12. **On those days of the last 7 when relatives who live separately helped care for [*NAME OF CHILD*], how many hours and minutes a day on average did they help?**
- _____ hours _____ minutes
DOESN'T KNOW 97
REFUSES TO ANSWER 98
- ILATTKIN* 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 17 ON PAGE 7]
DOESN'T KNOW 7 → [SKIP TO 17 ON PAGE 7]
REFUSES TO ANSWER 8 → [SKIP TO 17 ON PAGE 7]
- ILDYSKIN* 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
- ILHRSKIN* 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 and minutes a day on average was (he/she) there?**
- _____ hours _____ minutes
DOESN'T KNOW 97
REFUSES TO ANSWER 98

ILOWNSCH 16. **Who owns the preschool 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

ILNRCARE 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]

ILDNCARE 18. **On 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

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

_____ hours _____ minutes
 DOESN'T KNOW 97
 REFUSES TO ANSWER 98

ILCARELW 20. **Tell me, please: Have you already paid 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., count this as payment.**

You have already paid 1
 You still have to pay 2
 You haven't paid and you're not
 going to pay 3 → [SKIP TO NEXT SECT. P. 8]
 DOESN'T KNOW 7 → [SKIP TO NEXT SECT. P. 8]
 REFUSES TO ANSWER 8 → [SKIP TO NEXT SECT. P. 8]

ILPAYCLW 21. **How much in total have you already paid or will you have to pay for the care in the last 7 days of [NAME OF CHILD] 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"

ILHPRBLM 5. Has [*NAME OF CHILD*] had any health problems in the last 30 days?

- Yes 1 → [SKIP TO 6]
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

ILLPRBLM 5.1 Perhaps in the last 30 days [*NAME OF CHILD*] did not feel well, for example, had a headache, sore throat, or toothache, or had a cold or upset stomach, a slightly elevated temperature, or a burn, injury, or scratch?

- Yes 1
 No 2 → [SKIP TO 20 ON PAGE 9]
DOESN'T KNOW 7 → [SKIP TO 20 ON PAGE 9]
REFUSES TO ANSWER 8 → [SKIP TO 20 ON PAGE 9]

ILHPRTYP 6. Tell me, please: What were these problems?

(*char*)

- DOESN'T KNOW* 7
REFUSES TO ANSWER 8

ILTREABY 7. What did you do to solve the health problems (he/she) had in the last 30 days?

- Went to a medical institution or
 health worker 1
 Did not go to a health worker, but treated
 by myself 2 → [SKIP TO 20 ON PAGE 9]
DOESN'T KNOW 7 → [SKIP TO 20 ON PAGE 9]
REFUSES TO ANSWER 8 → [SKIP TO 20 ON PAGE 9]

ILCALLDR 8. Let's talk about (his/her) most recent meeting with a health worker in the last 30 days. Tell me, please: Last time did you call a health worker to see (him/her) at home or did (he/she) go there for an appointment?

- WENT 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]

ILTYPMIN 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

ILTDRPAY 11. Did (he/she) spend any money traveling to this medical institution?

- Yes 1
 No 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]

ILTDRAMT 12. How much did (he/she) spend last time traveling to this medical institution?

_____ rubles
DOESN'T KNOW 997
REFUSES TO ANSWER 998

ILPAIDDR 15. Did you pay for the visit, with either money or gifts?

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?	D/K	REFUSES
1. Paid officially in the enterprises's cashier's office	Yes ... 1 →	_____	9997	9998
	No ... 2	<i>ILAMTPVC</i>		
2. Gave money or gifts directly to the medical personnel	<i>ILPDVCSH</i> Yes ... 1 →	_____	9997	9998
	No ... 2	<i>ILAMTPVP</i>		
	<i>ILPDVPSL</i>			

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

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

ILPAYADT 18. Did you pay extra for (his/her) tests or procedures, with either money or gifts?

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

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	Yes ... 1 →	_____	9997	9998
	No ... 2	<i>ILAMTPTC</i>		
2. With money or gifts directly to the medical personnel who performed the examination or procedures	<i>ILPDTCSH</i> Yes ... 1 →	_____	9997	9998
	No ... 2	<i>ILAMTPTP</i>		
	<i>ILPDTPSL</i>			

ILHOSL3M 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]

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

DOESN'T KNOW 7
REFUSES TO ANSWER 8

ILDYSHOS 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

ILPDHOSP 24.1 Did you pay for (his/her) stay in the hospital, for medical help, or for treatment, not counting payments for medicine, syringes, and dressings, with either money or gifts?

Yes 1
 No 2 → [SKIP TO 25.1]
 DOESN'T KNOW 7 → [SKIP TO 25.1]
 REFUSES TO ANSWER 8 → [SKIP TO 25.1]

24.2 Whom and how much 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 medicine, <u>officially</u> in the cashier's office	Yes ... 1 → _____		9997	9998
	No ... 2	ILAMTPHC		
2. For treatment and care, not counting medicine, <u>directly</u> to doctors and other medical personnel with money or gifts	Yes ... 1 → _____		9997	9998
	No ... 2	ILAMTPHP ILPDHPSL		

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

All medicines, syringes, and dressings were free 1 → [SKIP TO 26 ON PAGE 11]
 Some medicines, syringes, and dressings were free, and we paid for others 2
 We paid for the medicines, syringes, and dressings 3
 DOESN'T KNOW 7 → [SKIP TO 26 ON PAGE 11]
 REFUSES TO ANSWER 8 → [SKIP TO 26 ON PAGE 11]

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

	How much in rubles?	D/K	REFUSES
1. You paid <u>officially</u> to the cashier or the drug store of the hospital in which (he/she) stayed	Yes ... 1 → _____	9997	9998
	No ... 2	ILAMTPMC ILPDMCSH	
2. You paid <u>unofficially</u> doctors or other medical personnel at the hospital in which (he/she) stayed with money or gifts	Yes ... 1 → _____	9997	9998
	No ... 2	ILAMTPMP ILPDMPSL	
3. For (him/her) you bought <u>in the pharmacy of the hospital</u> in which (he/she) stayed medicine, syringes, and dressings	Yes ... 1 → _____	9997	9998
	No ... 2	ILAMTPMD ILPDMDSL	

ILCHKULY 26.1 Tell me, please: **In the last 12 months** has (he/she) seen a medical worker for a routine checkup, not because of sickness?

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

ILCHECKU 26. And **in the last three months** has (he/she) seen a medical worker for a routine checkup, not because of sickness?

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

ILCKUPAY 29. Did you pay for this preventive checkup, either with money or with gifts?

- 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 checkup?

	Did you pay?	How much in rubles?	D/K	REFUSES
1. Paid officially in the cashier's office of the medical institute	Yes ... 1 →	_____	9997	9998
	No ... 2	<i>ILAMTPCC</i>		
2. Paid doctors or other medical personnel directly with money or gifts	Yes ... 1 →	_____	9997	9998
	No ... 2	<i>ILAMTPCP</i>		
		<i>ILPDCPSL</i>		

ILMEDLMO 33. Tell me, please: **In the last 30 days** did a physician or other specialist at a medical institution--hospital, polyclinic--write a prescription or recommend (he/she) take medicine?

- Yes 1
- No 2 → [SKIP TO 51 ON PAGE 12]
- DOESN'T KNOW* 7 → [SKIP TO 51 ON PAGE 12]
- REFUSES TO ANSWER* 8 → [SKIP TO 51 ON PAGE 12]

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

- Yes 1
- No 2 → [SKIP TO 41 ON PAGE 12]
- DOESN'T KNOW* 7 → [SKIP TO 41 ON PAGE 12]
- REFUSES TO ANSWER* 8 → [SKIP TO 41 ON PAGE 12]

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

	Yes	No	D/K	REFUSES
<i>ILMEDDRO</i> 1. At the physician's who prescribed or recommended the medicine	1	2	7	8
<i>ILMEDSTA</i> 2. In a state pharmacy	1	2	7	8
<i>ILMEDPRI</i> 3. In a non-state pharmacy	1	2	7	8
<i>ILMEDIND</i> 4. From individuals	1	2	7	8
<i>ILMEDOTH</i> 5. At some other place	1	2	7	8

ILDISMED 36. Tell me, please: Was (he/she) entitled to a discount on these medicines?

- Yes 1
- No 2 → [SKIP TO 38 ON PAGE 12]
- DOESN'T KNOW* 7 → [SKIP TO 38 ON PAGE 12]
- REFUSES TO ANSWER* 8 → [SKIP TO 38 ON PAGE 12]

ILSIZDIS 37. **How much of a discount was (he/she) entitled to, what percentage?**

100 percent	1
50 percent	2
20 percent	3
Less than 20 percent	4
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

ILPAIDPR 38. **Did you pay anything for these medicines?**

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

ILPRAMNT 39. **How much did you pay for these medicines?**

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

ILNOLOCM 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 51]
<i>DOESN'T KNOW</i>	7 → [SKIP TO 51]
<i>REFUSES TO ANSWER</i>	8 → [SKIP TO 51]

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

		Yes	No	D/K	REFUSES
<i>ILMNOTIM</i>	1. Didn't have time to buy them	1	2	7	8
<i>ILMNOFIN</i>	2. Couldn't find them in a pharmacy	1	2	7	8
<i>ILMNOMON</i>	3. Didn't have enough money	1	2	7	8
<i>ILMNOWAN</i>	4. Didn't want to buy them	1	2	7	8
<i>ILMNOCAN</i>	5. Physically couldn't buy them myself and there was no one else to do it	1	2	7	8

ILNOLD 41.1 **Tell me, please: Was there a discount for (him/her) on these medicines?**

Yes	1
No	2 → [SKIP TO 51]
<i>DOESN'T KNOW</i>	7 → [SKIP TO 51]
<i>REFUSES TO ANSWER</i>	8 → [SKIP TO 51]

ILNOLDSZ 41.2 **How much of a discount was it, what percentage, for (him/her)?**

100 percent	1
50 percent	2
20 percent	3
Less than 20 percent	4
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

51. **Many of us are buying not only the medicines prescribed or recommended by doctors but also medicines recommended by other people.**

In the last 30 days have you bought medicine recommended by:

		Yes	No	D/K	REFUSES
<i>ILRBYPHM</i>	1. Pharmacy workers	1	2	7	8
<i>ILRBYFRN</i>	2. Friends, relatives, acquaintances	1	2	7	8
<i>ILRBYTV</i>	3. TV commercials	1	2	7	8
<i>ILRBYRAD</i>	4. Radio commercials	1	2	7	8
<i>ILRBYNWS</i>	5. Newspaper articles, magazines, books	1	2	7	8

ILAMTNPM 52. **How much in total have you paid for those medicines in the last 30 days? Please do not include here money you paid for medicines prescribed or recommended by a doctor.**

_____ rubles
DOESN'T KNOW 997
REFUSES TO ANSWER 998

ILEVRVAC 42. **Tell me, please: Has (he/she) at any time had any kind of vaccination?**

Yes 1
 No 2 → [SKIP TO 49 ON PAGE 14]
DOESN'T KNOW 7 → [SKIP TO 49 ON PAGE 14]
REFUSES TO ANSWER 8 → [SKIP TO 49 ON PAGE 14]

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

		Yes	No	D/K	REFUSES
<i>ILVACTUB</i>	1. Tuberculosis	1	2	7	8
<i>ILVACMEA</i>	2. Measles	1	2	7	8
<i>ILVCADS1</i>	3. Diphtheria, whooping cough, tetanus AKDS/ADS 1	1	2	7	8
<i>ILVCADS2</i>	4. Diphtheria, whooping cough, tetanus AKDS/ADS 2	1	2	7	8
<i>ILVCADS3</i>	5. Diphtheria, whooping cough, tetanus AKDS/ADS 3	1	2	7	8
<i>ILVCPOL1</i>	6. Polio 1 st time	1	2	7	8
<i>ILVCPOL2</i>	7. Polio 2 nd time	1	2	7	8
<i>ILVCPOL3</i>	8. Polio 3 rd time	1	2	7	8
<i>ILVACHEP</i>	9. Hepatitis	1	2	7	8
<i>ILVCMUMP</i>	10. Mumps	1	2	7	8
<i>ILVMENIN</i>	12. Meningitis	1	2	7	8
<i>ILVACOTH</i>	11. Other illness	1	2	7	8

ILVACL3M 44. **Please remember: Has (he/she) had any vaccinations in the last three months?**

Yes 1
 No 2 → [SKIP TO 49 ON PAGE 14]
DOESN'T KNOW 7 → [SKIP TO 49 ON PAGE 14]
REFUSES TO ANSWER 8 → [SKIP TO 49 ON PAGE 14]

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

		Yes	No	D/K	REFUSES
<i>ILVL3TUB</i>	1. Tuberculosis	1	2	7	8
<i>ILVL3MEA</i>	2. Measles	1	2	7	8
<i>ILVL3AD1</i>	3. Diphtheria, whooping cough, tetanus AKDS/ADS 1	1	2	7	8
<i>ILVL3AD2</i>	4. Diphtheria, whooping cough, tetanus AKDS/ADS 2	1	2	7	8
<i>ILVL3AD3</i>	5. Diphtheria, whooping cough, tetanus AKDS/ADS 3	1	2	7	8
<i>ILVL3PO1</i>	6. Polio 1 st time	1	2	7	8
<i>ILVL3PO2</i>	7. Polio 2 nd time	1	2	7	8
<i>ILVL3PO3</i>	8. Polio 3 rd time	1	2	7	8
<i>ILVL3HEP</i>	9. Hepatitis	1	2	7	8
<i>ILVL3MUM</i>	10. Mumps	1	2	7	8
<i>ILVL3MEN</i>	12. Meningitis	1	2	7	8
<i>ILVL3OTH</i>	11. Other illness	1	2	7	8

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

		Yes	No	D/K	REFUSES
<i>ILVCPOLY</i>	1. In a polyclinic	1	2	7	8
<i>ILVCHOSP</i>	2. In a hospital	1	2	7	8
<i>ILVCCCLI</i>	3. In a children's polyclinic or maternity hospital	1	2	7	8
<i>ILVCDOCT</i>	4. At a private doctor	1	2	7	8
<i>ILVCSCHO</i>	5. At school	1	2	7	8
<i>ILVCKIND</i>	6. At a kindergarten or nursery	1	2	7	8
<i>ILVCOTHR</i>	7. In another place	1	2	7	8

ILPAIDVC 47. Did you pay for (his/her) vaccinations, including the cost of vaccines or syringes?

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]

ILAMTVAC 48. How much did you pay?

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

ILNGETVC 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. P. 15]
<i>DOESN'T KNOW</i>	7 → [SKIP TO NEXT SECT. P. 15]
<i>REFUSES TO ANSWER</i>	8 → [SKIP TO NEXT SECT. P. 15]

ILWHYNVC 50. Why was (he/she) not able to get the vaccination? Choose only one of the answers I list:

Too expensive	1
No transportation to where vaccinations were given	2
Fear of infection	3
There wasn't a vaccine 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.

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

[**INTERVIEWER!** IN THESE QUESTIONS WE NEED TO UNDERSTAND THE SUBJECTIVE OPINION OF THE RESPONDENT ABOUT WEIGHT AND HEIGHT. EXACT MEASUREMENTS OF THESE DATA WILL BE TAKEN AT THE END OF THE INTERVIEW.]

_____ KG
DOESN'T KNOW 997
REFUSES TO ANSWER 998

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

_____ CM
DOESN'T KNOW 997
REFUSES TO ANSWER 998

ILWTCHNG 2.1 Tell me, please: How has (his/her) weight changed over the last year?

(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

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

Very good 1
 Good 2
 Average--not good, 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>ILCHEART</i>	1. Heart disease	1	2	7	8
<i>ILCLUNGS</i>	2. Illness of the lungs	1	2	7	8
<i>ILCLIVER</i>	3. Liver disease	1	2	7	8
<i>ILCKIDNY</i>	4. Kidney disease	1	2	7	8
<i>ILCGI</i>	5. Gastrointestinal tract disease	1	2	7	8
<i>ILCSPINE</i>	6. Spinal problems	1	2	7	8
<i>ILCNASOP</i>	8. Nasopharynx disease	1	2	7	8
<i>ILCOTHER</i>	7. Another <u>chronic</u> illness	1	2	7	8

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

Yes 1
 No 2 → [SKIP TO 62.1]
DOESN'T KNOW 7 → [SKIP TO 62.1]
REFUSES TO ANSWER 8 → [SKIP TO 62.1]

ILDIABYR 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
<i>ILDCDIET</i>	1. Special diet	1	2	7	8
<i>ILDCWCON</i>	2. Weight control	1	2	7	8
<i>ILDCORAL</i>	3. Pills	1	2	7	8
<i>ILDCSHOT</i>	4. Insulin shots	1	2	7	8
<i>ILDCHERB</i>	5. Herbal treatment	1	2	7	8
<i>ILDCHOME</i>	6. Homeopathic treatment	1	2	7	8
<i>ILDCOTHR</i>	7. Something else	1	2	7	8

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

Yes 1
 No 2 → [SKIP TO 62.3]
DOESN'T KNOW 7 → [SKIP TO 62.3]
REFUSES TO ANSWER 8 → [SKIP TO 62.3]

ILYEARTB 62.2 **In what year was (he/she) diagnosed with tuberculosis? If (he/she) has had this diagnosis more than once, when was the most recent time?**

IN | ___ | ___ | ___ | ___ | YEAR
DOESN'T KNOW 7
REFUSES TO ANSWER 8

ILEVERHP 62.3 **Has (he/she) ever been diagnosed with “hepatitis,” “Botkin’s disease,” or “jaundice”?**

Yes 1
 No 2 → [SKIP TO 131 ON PAGE 17]
DOESN'T KNOW 7 → [SKIP TO 131 ON PAGE 17]
REFUSES TO ANSWER 8 → [SKIP TO 131 ON PAGE 17]

ILYEARHP 62.4 **In what year was (he/she) diagnosed with “hepatitis,” “Botkin’s disease,” or “jaundice”? If (he/she) has had this diagnosis more than once, when was the most recent time?**

IN | ___ | ___ | ___ | ___ | YEAR
DOESN'T KNOW 7
REFUSES TO ANSWER 8

ILTYPHP 62.5 **With which type of hepatitis was (he/she) sick?**

Hepatitis A 1
 Hepatitis B 2
 Hepatitis C 3
 OTHER, WHAT EXACTLY 6

DOESN'T KNOW 7
 REFUSES TO ANSWER 8

ILDEPRES 131. **In the last 12 months has (he/she) had a serious nervous disorder or depression?**

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

ILCOUGHS 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

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

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

ILEARACH 98. **In the last 7 days has (he/she) had an earache?**

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

ILSORETH 99. **In the last 7 days has (he/she) had a sore throat?**

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

ILTEETHI 100. **In the last 7 days has (he/she) been teething?**

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

ILDIARRH 101. **In the last 7 days has (he/she) had diarrhea?**

Yes 1
 No 2 → [SKIP TO **109** ON PAGE **19**]
DOESN'T KNOW 7 → [SKIP TO **109** ON PAGE **19**]
REFUSES TO ANSWER 8 → [SKIP TO **109** ON PAGE **19**]

ILDIARDY 102. **How many days in the last 7 has (he/she) had diarrhea?**

_____ *DAYS*
DOESN'T KNOW 97
REFUSES TO ANSWER 98

ILBMTIME 103. **Tell me, please: In the last 24 hours how many times has (he/she) had a bowel movement?**

_____ *TIMES*
DOESN'T KNOW 97
REFUSES TO ANSWER 98

ILMUCUSS 104. **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

ILBLOODS 105. **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

ILFEVERS 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

ILVOMITS 107. **Since the diarrhea started, has (he/she) thrown up?**

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

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

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

ILLEUKEM 109. **Tell me, please: 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 UNDER DISCUSSION. ASK QUESTIONS **110-111** IF THE CHILD IS A **GIRL** BORN IN **1992** OR EARLIER. FOR ALL OTHERS, ASK THE QUESTIONS IN THE NEXT SECTION ON PAGE 20.]

ILEVRMEN 110. **Tell me, please: Has she ever menstruated?**

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

ILAGEMEN 111. **How old was she when she first menstruated?**

|__|__| *YEARS*
DOESN'T KNOW 97
REFUSES TO ANSWER 98

<i>SEX</i>	<i>DAY OF BIRTH</i>		<i>MONTH OF BIRTH</i>		<i>YEAR OF BIRTH</i>	

I would like you to tell me what [*NAME OF CHILD*] ate and drank in the last 24 hours--from waking up in the morning until going to bed at night. If (he/she) ate or drank anything during the night, please tell me about that also. Don't forget to tell me what (he/she) ate and drank outside the home. Include all forms of food and drink (he/she) consumed. It is also important for me to know where (he/she) ate and where the food was prepared.

Now, let's begin.

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

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

SECTION "DIET"

ILYUSUAL 1. With regard to the quantity of food, did (he/she) yesterday eat about the same amount of food as usual, less than usual, or more than usual?

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

2. Was (his/her) diet yesterday related to:

Yes No D/K REFUSES

- ILLDIETDR* 1. **Doctor's recommendation** 1 2 7 8
- ILLDIETSP* 2. **Observing a special diet** 1 2 7 8
- ILLDIETRE* 3. **Religious practices** 1 2 7 8

ILLVITYES 3. Did (he/she) take multivitamins yesterday?

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

	Time first served	Place where food was consumed	Product, dish, or beverage: Name, composition, cooking method, portion size, etc.	Home-cooked or not home-cooked	Amount (g, ml)	Type of food consumed	Code
	1	2		3	4	4.1	5
1.	<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>PREPPLCE</i>	<i>GRAMS</i>	Breakfast 1 Dinner 2 Supper 3 Snack 4 Other 5 <i>MEALTYPE</i>	_ _ _ _ _ _ _ <i>FOODCODE</i>
2.	<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>PREPPLCE</i>	<i>GRAMS</i>	Breakfast 1 Dinner 2 Supper 3 Snack 4 Other 5 <i>MEALTYPE</i>	_ _ _ _ _ _ _ <i>FOODCODE</i>
3.	<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>PREPPLCE</i>	<i>GRAMS</i>	Breakfast 1 Dinner 2 Supper 3 Snack 4 Other 5 <i>MEALTYPE</i>	_ _ _ _ _ _ _ <i>FOODCODE</i>
4.	<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>PREPPLCE</i>	<i>GRAMS</i>	Breakfast 1 Dinner 2 Supper 3 Snack 4 Other 5 <i>MEALTYPE</i>	_ _ _ _ _ _ _ <i>FOODCODE</i>
5.	<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>PREPPLCE</i>	<i>GRAMS</i>	Breakfast 1 Dinner 2 Supper 3 Snack 4 Other 5 <i>MEALTYPE</i>	_ _ _ _ _ _ _ <i>FOODCODE</i>
6.	<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>PREPPLCE</i>	<i>GRAMS</i>	Breakfast 1 Dinner 2 Supper 3 Snack 4 Other 5 <i>MEALTYPE</i>	_ _ _ _ _ _ _ <i>FOODCODE</i>
7.	<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>PREPPLCE</i>	<i>GRAMS</i>	Breakfast 1 Dinner 2 Supper 3 Snack 4 Other 5 <i>MEALTYPE</i>	_ _ _ _ _ _ _ <i>FOODCODE</i>

RLMS, Round 11 Individual-Child

SECTION "MEDICAL MEASUREMENTS"

ILLEGAMP 1. [**INTERVIEWER!** PLEASE NOTE:

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

ILARMAMP 2. [**INTERVIEWER!** PLEASE NOTE:

THE RESPONDENT HAS BOTH ARMS 1
THE RESPONDENT IS MISSING ONE
OR A PART OF ONE ARM 2
THE RESPONDENT IS MISSING BOTH
OR PARTS OF BOTH ARMS 3]

ILHEIGHT 3. **Height**

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

_____ *CM*

ILWEIGHT 4. **Weight**

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

_____ *KG*

ILWAISTC 5. **Waist circumference**

_____ *CM*

ILHIPSIZ 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 |
|-----------------|--|-----|-----|
| <i>ILHHPRES</i> | 1. SOME OTHER MEMBER OF THE HOUSEHOLD | 1 | 2 |
| <i>ILOTPRES</i> | 2. OTHER PEOPLE, NOT MEMBERS OF THIS HOUSEHOLD | 1 | 2] |
- ILRESATT* 2. [ASSESS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:
- | | |
|--|-----|
| <i>FRIENDLY, INTERESTED</i> | 1 |
| <i>NOT PARTICULARLY INTERESTED</i> | 2 |
| <i>IMPATIENT, WORRIED</i> | 3 |
| <i>HOSTILE</i> | 4] |
- ILRESUND* 3. [NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS:
- | | |
|----------------------------|-----|
| <i>WELL</i> | 1 |
| <i>NOT VERY WELL</i> | 2 |
| <i>POORLY</i> | 3] |
- ILRESBEH* 4. [ASSESS THE RESPONDENT'S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT:
- | | |
|---------------------------------------|-----|
| <i>WAS NERVOUS</i> | 1 |
| <i>WAS OCCASIONALLY NERVOUS</i> | 2 |
| <i>FELT COMFORTABLE</i> | 3] |
- ILRESRES* 5. [ASSESS THE RESPONDENT'S SHARPNESS. THE RESPONDENT WAS:
- | | |
|--|-----|
| <i>VERY SLOW-WITTED</i> | 1 |
| <i>SLOW-WITTED, NEEDED EXPLANATIONS</i> | 2 |
| <i>AS BRIGHT AS THE MAJORITY OF RESPONDENTS</i> | 3 |
| <i>NOTABLY BRIGHTER THAN THE MAJORITY</i> | 4] |
- ILRESSIN* 6. [ASSESS THE SINCERITY AND OPENNESS OF THE RESPONDENT. THE RESPONDENT WAS:
- | | |
|---|-----|
| <i>VERY INTROVERTED, INSINCERE</i> | 1 |
| <i>AS SINCERE AND OPEN AS MOST RESPONDENTS</i> | 2 |
| <i>MORE SINCERE AND OPEN THAN MOST</i> | 3] |
- ILFDRELY* 7. [ASSESS WHETHER IN YOUR OPINION THE INFORMATION GIVEN ABOUT FOOD CONSUMPTION IS RELIABLE:
- | | |
|---|-----|
| <i>RELIABLE</i> | 1 |
| <i>INFORMATION INADEQUATE TO ASSESS</i> | 2 |
| <i>NOT RELIABLE</i> | 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 _____