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# QUESTIONNAIRE FOR CHILDREN

## 10TH ROUND

[ i.e., 14th round ]


*SITEN* 1. [ NAME OF POPULATED AREA \_\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | ]

*CENSUSDN* 2. [ NUMBER OF SURVEY SECTOR (FOR CITIES) \_\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | ]

*FAMILYN* 3. [ NUMBER OF FAMILY | \_\_\_\_ | \_\_\_\_ | ]

*PERSONN* 4. [ NUMBER ON THE CARD OF THE CHILD BEING DISCUSSED | \_\_\_\_ | \_\_\_\_ | ]

*INRPINBF* 4.1 [ **DID THE CHILD PARTICIPATE IN THE SURVEY EVER BEFORE?**

*YES* ..... 1  
*NO* ..... 2 ]

*INGENDER* 5. [ SEX OF THE CHILD BEING DISCUSSED:

*MALE* ..... 1  
*FEMALE* ..... 2 ]

*ININTDAY* 7. [ DATE OF INTERVIEW: DAY | \_\_\_\_ | \_\_\_\_ | MONTH | \_\_\_\_ | \_\_\_\_ | ]  
*ININTMON*

*ININTHRS* 8. [ LENGTH OF INTERVIEW: | \_\_\_\_ | HOURS | \_\_\_\_ | \_\_\_\_ | MINUTES ]  
*ININTMIN*

9. [ LAST NAME OF INTERVIEWER \_\_\_\_\_ ]

*ININTNUM* 10. [ NUMBER OF INTERVIEWER | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | ]

*INADANSW* 11. [ NUMBER OF THE ADULT WHO ANSWERED THE QUESTIONS | \_\_\_\_ | \_\_\_\_ | ]

**2005**

I, \_\_\_\_\_  
 [ **INTERVIEWER!** WRITE YOUR FULL LAST NAME, FIRST NAME, PATRONYMIC! ]  
 I 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	month	year
INBIRTHD	INBIRTHM	INBIRTHY

### SECTION "CARE OF CHILDREN"

[ **INTERVIEWER!** IF THE CHILD WAS BORN IN 1999 OR EARLIER, ASK  
QUESTIONS BEGINNING WITH QUESTION 1.

IF THE CHILD WAS BORN BETWEEN 2000 AND 2003, ASK QUESTIONS  
BEGINNING WITH 8.A ON PAGE 5.

FOR THE REMAINING CHILDREN (BORN IN 2004 OR 2005), ASK QUESTION 9 ON  
PAGE 6. ]

*INGRADE1* 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 ]

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

\_\_\_\_\_ GRADES  
*DOESN'T KNOW* ..... 97  
*REFUSES TO ANSWER* ..... 98

*ININSCHL* 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 ]

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

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

- INAMTSPM* 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

- INPAYBKS* 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 ]

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

\_\_\_\_\_ rubles  
*DOESN'T KNOW* ..... 997  
*REFUSES TO ANSWER* ..... 998

- INPECLAS* 7.1 Does (he/she) attend physical education 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 ]

- INPEFREQ* 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	____ hrs ____ min <i>INKARHRS</i>	97	98
2. Active sports: badminton, tennis, . . . . . soccer, basketball, volleyball, hockey, or swimming . . . . .	<i>INKARATE</i> Yes . . 1 → No . . . 2	____ hrs ____ min <i>INKARMIN</i> <i>INSPOHRS</i>	97	98
3. Track and field, skiing, skating . . . . .	<i>INSPOHRS</i> Yes . . 1 → No . . . 2	____ hrs ____ min <i>INSPOMIN</i> <i>INTRAHRS</i>	97	98
4. Other kinds of physical activity . . . . .	<i>INTRACKF</i> Yes . . 1 → No . . . 2	____ hrs ____ min <i>INTRAMIN</i> <i>INPEOHR</i>	97	98
	<i>INPEOTHR</i>	<i>INPEOMIN</i>		

- INPHYSOC* 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 ON PAGE 3 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 7.7 ON PAGE 3 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 7.7 ON PAGE 3 ]

*INOCFREQ* 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<br>in before or<br>after classes? | How many<br>hours and<br>minutes per week? | D/K | REFUSES |
|--|--|--|-----|---------|
| 1. Karate, judo, self-defense,<br>wrestling, boxing, gymnastics .....                                | Yes ... 1 →<br>No .... 2                           | ____ hrs ____ min<br><i>INOCKHRS</i>       | 97  | 98      |
|  | <i>INOCKARA</i>                                    | <i>INOCKMIN</i>                            |     |         |
| 2. Active sports: badminton, tennis,<br>soccer, basketball, volleyball,<br>hockey, or swimming ..... | Yes ... 1 →<br>No .... 2                           | ____ hrs ____ min<br><i>INOCSHRS</i>       | 97  | 98      |
|  | <i>INOCSPOR</i>                                    | <i>INOCSMIN</i>                            |     |         |
| 3. Track and field, skiing, ice skating,<br>roller skating .....                                     | Yes ... 1 →<br>No .... 2                           | ____ hrs ____ min<br><i>INOCTHRS</i>       | 97  | 98      |
|  | <i>INOCTRAC</i>                                    | <i>INOCTMIN</i>                            |     |         |
| 4. Other kinds of physical activity, for<br>example, tag, hide and seek, riding<br>a bicycle .....   | Yes ... 1 →<br>No .... 2                           | ____ hrs ____ min<br><i>INOCOHRS</i>       | 97  | 98      |
|  | <i>INOCOTHR</i>                                    | <i>INOCOMIN</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)<br>engages in? | How many hours<br>and minutes<br>per day? | D/K | REFUSES |
|--|-------------------------|---|-----|---------|
| 1. Watching television, videos, playing<br>video or computer games .....           | Yes .. 1 →<br>No ... 2  | ____ hrs ____ min<br><i>INWTVHRS</i>      | 97  | 98      |
|  | <i>INWATCTV</i>         | <i>INWTVMIN</i>                           |     |         |
| 3. Playing games with toy cars, dolls,<br>construction sets, chess, checkers ..... | Yes .. 1 →<br>No ... 2  | ____ hrs ____ min<br><i>INPLGHRS</i>      | 97  | 98      |
|  | <i>INPLGAME</i>         | <i>INPLGMIN</i>                           |     |         |
| 2. Reading, music lessons, drawing,<br>doing homework .....                        | Yes .. 1 →<br>No ... 2  | ____ hrs ____ min<br><i>INREDHRS</i>      | 97  | 98      |
|  | <i>INREADNG</i>         | <i>INREDMIN</i>                           |     |         |

*INCMPTR* 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 184 ON PAGE 4 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 184 ON PAGE 4 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 184 ON PAGE 4 ]

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

		Yes	No	D/K	REFUSES
<i>INCMPTRH</i>	1. <b>At home</b> .....	1	2	7	8
<i>INCMPTRW</i>	2. <b>At a place of study</b> .....	1	2	7	8
<i>INCMPTRE</i>	3. <b>In other places</b> .....	1	2	7	8

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

Yes .....	1
No .....	2 → [ SKIP TO <b>184</b> ]
<i>DOESN'T KNOW</i> .....	7 → [ SKIP TO <b>184</b> ]
<i>REFUSES TO ANSWER</i> .....	8 → [ SKIP TO <b>184</b> ]

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

		Yes	No	D/K	REFUSES
<i>ININTRNH</i>	1. <b>At home</b> .....	1	2	7	8
<i>ININTRNW</i>	2. <b>At a place of study</b> .....	1	2	7	8
<i>ININTRNC</i>	3. <b>In an Internet café</b> .....	1	2	7	8
<i>ININTRNE</i>	4. <b>In other places</b> .....	1	2	7	8

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

		Yes	No	D/K	REFUSES
<i>INI4STUD</i>	1. <b>Study</b> .....	1	2	7	8
<i>INI4ENTR</i>	3. <b>Entertainment</b> .....	1	2	7	8
<i>INI4COMM</i>	4. <b>Communication with friends</b> .....	1	2	7	8
<i>INI4CULT</i>	6. <b>Expanding (his/her) horizons</b> .....	1	2	7	8
<i>INI4REFR</i>	7. <b>Getting reference information</b> .....	1	2	7	8
<i>INI4OTHR</i>	9. <b>Other things</b> .....	1	2	7	8

*INCELLP* 184. **Does he/she have his/her personal cell phone?**

Yes .....	1
No .....	2 → [SKIP TO <b>7.8.1</b> ON PAGE <b>5</b> ]
<i>ONE CELL PHONE IS USED BY SEVERAL</i> <i>FAMILY MEMBERS</i> .....	3 → [SKIP TO <b>186</b> ]
<i>DOESN'T KNOW</i> .....	7 → [ SKIP TO <b>7.8.1</b> ON PAGE <b>5</b> ]
<i>REFUSES TO ANSWER</i> .....	8 → [ SKIP TO <b>7.8.1</b> ON PAGE <b>5</b> ]

*INCELLPC* 185. **How much per month on average do you pay for this wireless service?**

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

*INWPROV* 186. **Which wireless provider does he/she use?**

B-LINE .....	01
MEGAPHONE .....	02
MTS (MTC) .....	03
SONET .....	04
SOTEL .....	05
OTHER .....	06

<i>INWPROVT</i> (char)	[ <b><u>INTERVIEWER!</u></b> WRITE DOWN ] _____
	<i>DOESN'T KNOW</i> ..... 97
	<i>REFUSES TO ANSWER</i> ..... 98

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

\_\_\_\_\_ 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 ]

Yes      No      *D/K*      *REFUSES*

<i>INTOOSML</i>	1. (He/she) will go to school in a year or two	1	2	7	8
<i>INTOOILL</i>	2. (He/she) has poor health and cannot attend school	1	2	7	8
<i>INEXPELL</i>	3. (He/she) was expelled from school	1	2	7	8
<i>INHOMESC</i>	4. Family wants to give (him/her) home schooling	1	2	7	8
<i>INNOSCHL</i>	5. No schools are close to home	1	2	7	8
<i>INSCQTHR</i>	6. Other reasons	1	2	7	8

	(He/she) engages in it?	How many hours and minutes per week?	D/K	REFUSES
1. Karate, judo, gymnastics, tennis, swimming . . . . .	Yes . . 1 → No . . . 2 <i>INNSKARA</i>	____ hrs ____ min <i>INNSKHRS</i> <i>INNSKMIN</i>	97	98
2. Plays with a ball, goes skating, rides a bicycle . . . . .	Yes . . 1 → No . . . 2 <i>INNSBALL</i>	____ hrs ____ min <i>INNSBHRS</i> <i>INNSBMIN</i>	97	98
3. Dances, runs, jumps, plays hopscotch, hide and seek . . . . .	Yes . . 1 → No . . . 2 <i>INNSDANC</i>	____ hrs ____ min <i>INNSDHRS</i> <i>INNSDMIN</i>	97	98
4. Plays sitting: on a bench, in a sandbox . . . . .	Yes . . 1 → No . . . 2 <i>INNSSITS</i>	____ hrs ____ min <i>INNSSHRS</i> <i>INNSSMIN</i>	97	98

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, 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	INNSWHRS		
3. Playing games with toy cars, dolls, construction sets, chess, checkers .....	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	INNSGHR		
2. Reading, or listening to what is read to (him/her) .....	Yes .. 1 →	____ hrs ____ min	97	98
	No ... 2	INNSRHR		
		INNSREAD INNSRMIN		

- INNF CARE 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. P. 8 ]  
 DOESN'T KNOW ..... 7 → [ SKIP TO NEXT SECT. P. 8 ]  
 REFUSES TO ANSWER ..... 8 → [ SKIP TO NEXT SECT. P. 8 ]

- INRL CARE 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 ]

- INDY CARE 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

- INHRCARE 12. On those days of the last 7 when relatives who live separately helped care for [ NAME OF  
 INMRCARE CHILD ], how many hours and minutes a day on average did they help?

\_\_\_\_\_ HOURS \_\_\_\_\_ MINUTES  
 DOESN'T KNOW ..... 97  
 REFUSES TO ANSWER ..... 98

- INATTKIN 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 ]

- INDYSKIN 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

- INHRSKIN* 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

- INOWNSCH* 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

- INNRCARE* 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 ]

- INDNCARE* 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

- INHNCARE* 19. **On those days of the last 7, when people who are not your relatives helped to care for**  
*INMNCARE* **[ 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

- INCARELW* 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 ]

- INPAYCLW* 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"

INHPRBLM 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

INLPRBLM 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 ]

INHPRTYP 6. Tell me, please: What were these problems?  
 (char)

.....  
 .....  
 .....  
 DOESN'T KNOW ..... 7  
 REFUSES TO ANSWER ..... 8

INTREABY 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 ]

INCALLDR 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 ]

INTYPMIN 9. Tell me, please: Where did (he/she) 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

INTDRPAY 11. Did you 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 ]

INTDRAMT 12. How much did you spend last time traveling to this medical institution?

\_\_\_\_\_ rubles  
 DOESN'T KNOW ..... 997  
 REFUSES TO ANSWER ..... 998

INPAIDDR 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 enterprise's cashier's office .....	Yes ... 1 → No ... 2	_____   INAMTPVC	9997 9998
2. Gave money or gifts directly to the medical personnel .....	Yes ... 1 → No ... 2	_____   INAMTPVP	9997 9998
	INPDVCSH INPDVPSL		

INADTEST 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 ]

INPAYADT 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 enterprise's cashier's office .....	Yes ... 1 → No ... 2	_____   INAMTPTC	9997 9998
2. With money or gifts directly to the medical personnel who performed the examination or procedures .....	Yes ... 1 → No ... 2	_____   INAMTPTP	9997 9998
	INPDTCCH INPDTPSL		

INHOSL3M 20. Has (he/she) been in the hospital in the last three months?

Yes ..... 1  
 No ..... 2 → [ SKIP TO 26.1 ON PAGE 10 ]  
 DOESN'T KNOW ..... 7 → [ SKIP TO 26.1 ON PAGE 10 ]  
 REFUSES TO ANSWER ..... 8 → [ SKIP TO 26.1 ON PAGE 10 ]

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

.....  
 DOESN'T KNOW ..... 7  
 REFUSES TO ANSWER ..... 8

INDYSHOS 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

*INPDHOSP* 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	INAMTPHC	
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	INAMTPHP	
		INPDHPSL	

*INPAYMED* 25.1 Did you receive medicine, syringes, and dressings that 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 26.1 ]  
 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 26.1 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 26.1 ]

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	INAMTPMC
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	INAMTPMP
3. You bought medicine, syringes, and dressings for (him/her) <u>in any other pharmacy not affiliated with the hospital</u> in which (he/she) stayed .....	Yes ... 1 →   _____	9997 9998
	No ... 2	INAMTPMD
		INPDMPSL
		INPDMDSL

*INCHKULY* 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 53 ON PAGE 11 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 53 ON PAGE 11 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 53 ON PAGE 11 ]

*INCHECKU* 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 53 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 53 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 53 ]

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

Yes ..... 1  
 No ..... 2 → [ SKIP TO 53 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 53 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 53 ]

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	INAMTPCC	
2. Paid doctors or other medical personnel directly with money or gifts .....	Yes ... 1 →	_____	9997 9998
	No ... 2	INAMTPCP	
	INPDCPSL		

*INDOCREG* 53. Tell me, please: does (he/she) have (his/her) regular physician, whom you consult about all (his/her) health issues?

Yes ..... 1 → [ SKIP TO 55 ]  
 No ..... 2  
*DOESN'T KNOW* ..... 7  
*REFUSES TO ANSWER* ..... 8

*INDOCNEC* 54. Do you have a doctor, whom he/she can see if it is necessary?

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

*INECONHL* 55. Do you have to economize on his/her healthcare because you have other more urgent needs?

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

*INMEDLMO* 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 that (he/she) take medicine?

Yes ..... 1  
 No ..... 2 → [ SKIP TO 51 ON PAGE 13 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 51 ON PAGE 13 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 51 ON PAGE 13 ]

*INFINMED* 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>INMEDDRO</i>	1. At the physician's who prescribed or recommended the medicine	1	2	7	8
<i>INMEDSTA</i>	2. In a state pharmacy	1	2	7	8
<i>INMEDPRI</i>	3. In a non-state pharmacy	1	2	7	8
<i>INMEDIND</i>	4. From individuals	1	2	7	8
<i>INMEDOTH</i>	5. At some other place	1	2	7	8

## 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 ]

## 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
DOESN'T KNOW	7
REFUSES TO ANSWER	8

## 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 ]

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

_____ rubles	
DOESN'T KNOW	997
REFUSES TO ANSWER	998

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 ON PAGE 13 ]
DOESN'T KNOW	7 → [ SKIP TO 51 ON PAGE 13 ]
REFUSES TO ANSWER	8 → [ SKIP TO 51 ON PAGE 13 ]

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

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

## 41.0 How much would you have to spend in total to buy the medicine you haven't bought?

_____ rubles	
D/A	997
REFUSES TO ANSWER	998

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

Yes	1
No	2 → [ SKIP TO 51 ON PAGE 13 ]
DOESN'T KNOW	7 → [ SKIP TO 51 ON PAGE 13 ]
REFUSES TO ANSWER	8 → [ SKIP TO 51 ON PAGE 13 ]

INNOLDSZ 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
DOESN'T KNOW	7
REFUSES TO ANSWER	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
INRBYPHM	1. Pharmacy workers	1	2	7	8
INRBYFRN	2. Friends, relatives, acquaintances	1	2	7	8
INRBYTV	3. TV commercials	1	2	7	8
INRBYRAD	4. Radio commercials	1	2	7	8
INRBYNWS	5. Newspaper articles, magazines, books	1	2	7	8

INAMTNPM 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

INEVRVAC 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
INVACTUB	1. Tuberculosis	1	2	7	8
INVACMEA	2. Measles	1	2	7	8
INVCADS1	3. Diptheria, whooping cough, tetanus				
	AKDS/ADS 1	1	2	7	8
INVCADS2	4. Diptheria, whooping cough, tetanus				
	AKDS/ADS 2	1	2	7	8
INVCADS3	5. Diptheria, whooping cough, tetanus				
	AKDS/ADS 3	1	2	7	8
INVCPOL1	6. Polio 1 <sup>st</sup> time	1	2	7	8
INVCPOL2	7. Polio 2 <sup>nd</sup> time	1	2	7	8
INVCPOL3	8. Polio 3 <sup>rd</sup> time	1	2	7	8
INVACHEP	9. Hepatitis	1	2	7	8
INVCUMUMP	10. Mumps	1	2	7	8
INVMENIN	12. Meningitis	1	2	7	8
INVACOTH	11. Other illness	1	2	7	8

INSKIPRV 57. Did he/she skip any of required vaccinations?

He/she skipped	1
All required vaccinations are done	2
DOESN'T KNOW	7
REFUSES TO ANSWER	8

*INVACL3M* 44. Tell me, please: Has (he/she) had any vaccinations in the last three months?

Yes ..... 1  
 No ..... 2 → [ SKIP TO 49 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 49 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 49 ]

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

		Yes	No	D/K	REFUSES
<i>INVL3TUB</i>	1. Tuberculosis	1	2	7	8
<i>INVL3MEA</i>	2. Measles	1	2	7	8
<i>INVL3AD1</i>	3. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 1	1	2	7	8
<i>INVL3AD2</i>	4. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 2	1	2	7	8
<i>INVL3AD3</i>	5. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 3	1	2	7	8
<i>INVL3PO1</i>	6. Polio 1 <sup>st</sup> time	1	2	7	8
<i>INVL3PO2</i>	7. Polio 2 <sup>nd</sup> time	1	2	7	8
<i>INVL3PO3</i>	8. Polio 3 <sup>rd</sup> time	1	2	7	8
<i>INVL3HEP</i>	9. Hepatitis	1	2	7	8
<i>INVL3MUM</i>	10. Mumps	1	2	7	8
<i>INVL3MEN</i>	12. Meningitis	1	2	7	8
<i>INVL3OTH</i>	11. Other illness	1	2	7	8

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

		Yes	No	D/K	REFUSES
<i>INVCPOLY</i>	1. In a polyclinic	1	2	7	8
<i>INVCHOSP</i>	2. In a hospital	1	2	7	8
<i>INVCCCLI</i>	3. In a children's polyclinic or maternity hospital	1	2	7	8
<i>INVCDOCT</i>	4. At a private doctor	1	2	7	8
<i>INVCSCHO</i>	5. At school	1	2	7	8
<i>INVCKIND</i>	6. At a kindergarten or nursery	1	2	7	8
<i>INVCOTHR</i>	7. In another place	1	2	7	8

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

Yes ..... 1  
 No ..... 2 → [ SKIP TO 49 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 49 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 49 ]

*INAMTVAC* 48. How much did you pay?

\_\_\_\_\_ rubles  
*DOESN'T KNOW* ..... 997  
*REFUSES TO ANSWER* ..... 998

*INNGETVC* 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 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO NEXT SECT. P. 15 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO NEXT SECT. P. 15 ]

*INWHYNVC* 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 the place 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  
*DOESN'T KNOW* ..... 7  
*REFUSES TO ANSWER* ..... 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.

INWTSELF

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

INHTSELF

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

\_\_\_\_\_ CM  
DOESN'T KNOW ..... 997  
REFUSES TO ANSWER ..... 998

INWTCHNG

- 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

INEVALHL

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 ... 1	No ... 2	For how long has (he/she) had it?	This illness is ... ? [CIRCLE ONLY ONE ANSWER]
1. Heart disease?	Yes ... 1	No ... 2	Since the year of _____ INCHRTYR INCHEART	Hereditary ..... 1 Congenital ..... 2 Acquired ..... 5 INCHRTCA
2. Lung disease?	Yes ... 1	No ... 2	Since the year of _____ INCLUNYR INCLUNGS	Hereditary ..... 1 Congenital ..... 2 Acquired ..... 5 INCLUNCA
3. Liver disease?	Yes ... 1	No ... 2	Since the year of _____ INCLIVYR INCLIVER	Hereditary ..... 1 Congenital ..... 2 Acquired ..... 5 INCLIVCA
4. Kidney disease?	Yes ... 1	No ... 2	Since the year of _____ INCKIDYR INCKIDNY	Hereditary ..... 1 Congenital ..... 2 Acquired ..... 5 INCKIDCA
5. Gastrointestinal disease?	Yes ... 1	No ... 2	Since the year of _____ INCGIYR INCGI	Hereditary ..... 1 Congenital ..... 2 Acquired ..... 5 INCGICA



	For how long has (he/she) had it?	This illness is . . . ? [CIRCLE ONLY ONE ANSWER]
6. <b>Spinal problems?</b>	Yes . . . 1 → Since the year of _____ No . . . 2 <i>INCSPNYR</i> <i>INCSPINE</i>	Hereditary . . . . . 1 Congenital . . . . . 2 Acquired . . . . . 5 <i>INCSPNCA</i>
7. <b>Another <u>chronic</u> illness?</b>	Yes . . . 1 → Since the year of _____ No . . . 2 <i>INCOTHYR</i> <i>INCOTHER</i>	Hereditary . . . . . 1 Congenital . . . . . 2 Acquired . . . . . 5 <i>INCOTHCA</i>

*INDISABL* 20.7 **Tell me, please: Is the child assigned to any disability classification?**

Yes . . . . . 1  
No . . . . . 2  
*DOING PAPERWORK* . . . . . 6  
*DOESN'T KNOW* . . . . . 7  
*REFUSES TO ANSWER* . . . . . 8

*INDIABET* 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** ]

*INDIABYR* 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>INDCDIET</i> 1. <b>Special diet</b> . . . . .	1	2	7	8
<i>INDCWCON</i> 2. <b>Weight control</b> . . . . .	1	2	7	8
<i>INDCORAL</i> 3. <b>Pills</b> . . . . .	1	2	7	8
<i>INDCSHOT</i> 4. <b>Insulin shots</b> . . . . .	1	2	7	8
<i>INDCHERB</i> 5. <b>Herbal treatment</b> . . . . .	1	2	7	8
<i>INDCHOME</i> 6. <b>Homeopathic treatment</b> . . . . .	1	2	7	8
<i>INDCOTHR</i> 7. <b>Something else</b> . . . . .	1	2	7	8

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

Yes . . . . . 1  
No . . . . . 2 → [ SKIP TO **62.3 ON PAGE 17** ]  
*DOESN'T KNOW* . . . . . 7 → [ SKIP TO **62.3 ON PAGE 17** ]  
*REFUSES TO ANSWER* . . . . . 8 → [ SKIP TO **62.3 ON PAGE 17** ]

*INYEARTB* 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

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

Yes ..... 1  
 No ..... 2 → [ SKIP TO 139 ]  
*DOESN'T KNOW* ..... 7 → [ SKIP TO 139 ]  
*REFUSES TO ANSWER* ..... 8 → [ SKIP TO 139 ]

*INYEARHP* 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

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

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

*INTYPHPT*  
 (char)

.....  
*DOESN'T KNOW* ..... 7  
*REFUSES TO ANSWER* ..... 8

*INANXIET* 139. Does he/she feel any anxiety or depression?

He/she doesn't feel any anxiety or depression .... 1  
 He/she feels some anxiety or depression ..... 2  
 He/she feels severe anxiety or depression ..... 3  
*DOESN'T KNOW* ..... 7  
*REFUSES TO ANSWER* ..... 8

*INCOUGHS* 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

*INCONGES* 97. Tell me, please: 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

*INEARACH* 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

*INSORETH* 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

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

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

*INDIARRH* 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** ]

*INDIARDY* 102. **Tell me, please: How many days in the last 7 has (he/she) had diarrhea?**

\_\_\_\_\_ *DAYS*  
*DOESN'T KNOW* ..... 97  
*REFUSES TO ANSWER* ..... 98

*INBMTIME* 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

*INMUCUSS* 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

*INBLOODS* 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

*INFEVERS* 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

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

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

*INABPAIN* 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

*INLEUKEM* 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 **1994** OR EARLIER. FOR ALL OTHERS, ASK THE QUESTIONS IN THE NEXT SECTION ON PAGE 20. ]

*INEVRMEN* 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 ]

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

| \_\_\_\_ | \_\_\_\_ | YEARS  
*DOESN'T KNOW* ..... 97  
*REFUSES TO ANSWER* ..... 98

--	--	--	--

--	--	--	--	--	--

YEAR OF  
BIRTH

**Now, let's begin.**

DAY:   |   |   MONTH:   |   |  

*INUSUAL* 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 |
| <i>DOESN'T KNOW</i> . . . . .      | 7 |
| <i>REFUSES TO ANSWER</i> . . . . . | 8 |

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

Yes      No      *D/K*      *REFUSES*

<i>INDIETDR</i>	1. Doctor's recommendation	1	2	7	8
<i>INDIETSP</i>	2. Observing a special diet	1	2	7	8
<i>INDIETRE</i>	3. Religious practices	1	2	7	8

*INVITYES*      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	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	Breakfast . . . . . 1 Lunch . . . . . 2 Dinner . . . . . 3 Snack . . . . . 4 Other . . . . . 5 MEALTYPE	_ _ _ _ _  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	Breakfast . . . . . 1 Lunch . . . . . 2 Dinner . . . . . 3 Snack . . . . . 4 Other . . . . . 5 MEALTYPE	_ _ _ _ _  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	Breakfast . . . . . 1 Lunch . . . . . 2 Dinner . . . . . 3 Snack . . . . . 4 Other . . . . . 5 MEALTYPE	_ _ _ _ _  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	Breakfast . . . . . 1 Lunch . . . . . 2 Dinner . . . . . 3 Snack . . . . . 4 Other . . . . . 5 MEALTYPE	_ _ _ _ _  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	Breakfast . . . . . 1 Lunch . . . . . 2 Dinner . . . . . 3 Snack . . . . . 4 Other . . . . . 5 MEALTYPE	_ _ _ _ _  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	Breakfast . . . . . 1 Lunch . . . . . 2 Dinner . . . . . 3 Snack . . . . . 4 Other . . . . . 5 MEALTYPE	_ _ _ _ _  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	Breakfast . . . . . 1 Lunch . . . . . 2 Dinner . . . . . 3 Snack . . . . . 4 Other . . . . . 5 MEALTYPE	_ _ _ _ _  FOODCODE	

## SECTION “MEDICAL MEASUREMENTS”

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

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

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

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

*INHEIGHT* 3. **Height**

[ **INTERVIEWER!** MAKE SURE CHILD TAKES OFF HIS/HER SHOES. ]

\_\_\_\_\_ *CM*

*INWEIGHT* 4. **Weight**

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

\_\_\_\_\_ *KG*

*INWAISTC* 5. **Waist circumference**

\_\_\_\_\_ *CM*

*INHIPSIZ* 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>INHPRES</i>  | 1. SOME OTHER MEMBER OF THE HOUSEHOLD .....          | 1   | 2   |
| <i>INOTPRES</i> | 2. OTHER PEOPLE, NOT MEMBERS OF THIS HOUSEHOLD ..... | 1   | 2 ] |
- INRESATT* 2. [ ASSESS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:
- |  |                                   |     |
|--|-----------------------------------|-----|
|  | FRIENDLY, INTERESTED .....        | 1   |
|  | NOT PARTICULARLY INTERESTED ..... | 2   |
|  | IMPATIENT, WORRIED .....          | 3   |
|  | HOSTILE .....                     | 4 ] |
- INRESUND* 3. [ NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS:
- |  |                     |     |
|--|---------------------|-----|
|  | WELL .....          | 1   |
|  | NOT VERY WELL ..... | 2   |
|  | POORLY .....        | 3 ] |
- INRESBEH* 4. [ ASSESS THE RESPONDENT'S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT:
- |  |                                |     |
|--|--------------------------------|-----|
|  | WAS NERVOUS .....              | 1   |
|  | WAS OCCASIONALLY NERVOUS ..... | 2   |
|  | FELT COMFORTABLE .....         | 3 ] |
- INRESRES* 5. [ ASSESS THE RESPONDENT'S SHARPNESS:
- |  |   |     |
|--|---|-----|
|  | VERY SLOW-WITTED .....                        | 1   |
|  | SLOW-WITTED, NEEDED EXPLANATIONS .....        | 2   |
|  | AS BRIGHT AS THE MAJORITY OF RESPONDENTS .... | 3   |
|  | NOTABLY BRIGHTER THAN THE MAJORITY .....      | 4 ] |
- INRESSIN* 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 .....        | 3 ] |
- INFIRELY* 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** \_\_\_\_\_