

# QUESTIONNAIRE FOR CHILDREN

## 15TH ROUND

- SITEO* 1. [ NAME OF POPULATED AREA \_\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | ]
- CENSUSDO* 2. [ NUMBER OF SURVEY SECTOR (FOR CITIES) \_\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | ]
- FAMILYO* 3. [ NUMBER OF FAMILY | \_\_\_\_ | \_\_\_\_ | ]
- PERSONO* 4. [ NUMBER ON THE CARD OF THE CHILD BEING DISCUSSED | \_\_\_\_ | \_\_\_\_ | ]
- IORPINBF* 4.1 [ **DID THE CHILD PARTICIPATE IN THE SURVEY EVER BEFORE?**
- YES*..... 1  
*NO*..... 2 ]
- IOGENDER* 5. [ SEX OF THE CHILD BEING DISCUSSED:
- MALE*..... 1  
*FEMALE*..... 2 ]
- IOINTDAY* 7. [ DATE OF INTERVIEW: DAY | \_\_\_\_ | \_\_\_\_ | MONTH | \_\_\_\_ | \_\_\_\_ | ]
- IOINTMON*
- IOINTHRS* 8. [ LENGTH OF INTERVIEW: | \_\_\_\_ | HOURS | \_\_\_\_ | \_\_\_\_ | MINUTES ]
- IOINTMIN*
9. [ LAST NAME OF INTERVIEWER \_\_\_\_\_ ]
- IOADANSW* 11. [ NUMBER OF THE ADULT WHO ANSWERED THE QUESTIONS | \_\_\_\_ | \_\_\_\_ | ]

2006

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?**

__ __	__ __	__ __ __ __
<b>day</b>	<b>month</b>	<b>year</b>
<i>IOBIRTHD</i>	<i>IOBIRTHM</i>	<i>IOBIRTHY</i>

i1. **Tell me, please: Was [ NAME OF CHILD ] born in another settlement or in the one where he/she is living now?**

*IN ANOTHER SETTLEMENT*.....1  
*IN SETTLEMENT WHERE HE/SHE IS LIVING NOW* .....2 → [ SKIP TO 3 ]  
*DOESN'T KNOW*.....7 → [ SKIP TO 3 ]  
*REFUSES TO ANSWER*.....8 → [ SKIP TO 3 ]

## K. SECTION "CARE OF CHILDREN"

[ **INTERVIEWER!** IF THE CHILD WAS BORN **IN 2000** OR EARLIER, ASK **QUESTIONS BEGINNING WITH QUESTION 1**.

IF THE CHILD WAS BORN **BETWEEN 2001 AND 2004**, ASK **QUESTIONS BEGINNING WITH 8.A ON PAGE 5**.

FOR THE REMAINING CHILDREN (**BORN IN 2005 OR 2006**), ASK **QUESTION 9 ON PAGE 6**. ]

*IOGRADE1* 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 ]

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

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

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

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

- IOPAYSCH* 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 ]  
*DOESN'T KNOW*.....7 → [ SKIP TO 6 ]  
*REFUSES TO ANSWER*.....8 → [ SKIP TO 6 ]
- IOAMTSPM* 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
- IOPAYBKS* 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 ]
- IOAMTBKS* 7. How much did your family pay for (his/her) textbooks?
- \_\_\_\_\_ rubles  
*DOESN'T KNOW* 997  
*REFUSES TO ANSWER* 998
- IOPECLAS* 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 ]
- IOPEFREQ* 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)<br>engages in<br>during class ...: | How many hours<br>and minutes<br>per week: | D/K | REFUSES |
|---|---|--|-----|---------|
| 1. Karate, judo, self-defense,<br>wrestling, boxing, gymnastics ..... | Yes .....1 →                                | ____ hrs ____ min                          | 97  | 98      |
| .....No.....2   |   | <i>IOKARHRS</i>                            |     |         |
| 2. Active sports: badminton, tennis, .....                            | <i>IOKARATE</i>                             | <i>IOKARMIN</i>                            |     |         |
| soccer, basketball, volleyball,<br>hockey, or swimming .....          | Yes .....1 →                                | ____ hrs ____ min                          | 97  | 98      |
| .....No.....2   |   | <i>IOSPOHRS</i>                            |     |         |
| ..... <i>IOSPORTS</i>   |   | <i>IOSPOMIN</i>                            |     |         |
| 3. Track and field, skiing, skating .....                             | Yes .....1 →                                | ____ hrs ____ min                          | 97  | 98      |
| .....No.....2   |   | <i>IOTRAHRS</i>                            |     |         |
| ..... <i>IOTRACKF</i>   |   | <i>IOTRAMIN</i>                            |     |         |
| 4. Other kinds of physical activity .....                             | Yes .....1 →                                | ____ hrs ____ min                          | 97  | 98      |

.....No.....2 IOPEOHRs  
 .....IOPEOTHR IOPEOMIN

*IOPHYSOC* 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 ]

*IOOCFREQ* 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 →	____ hrs ____ min	97	98
.....	No..... 2	IOOCKHRS		
.....	IOOCKARA	IOOCKMIN		
2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming .....	Yes..... 1 →	____ hrs ____ min	97	98
.....	No..... 2	IOOCSHRS		
3. Track and field, skiing, ice skating,.....	IOOCSPOR	IOOCSPOR		
roller skating .....	Yes..... 1 →	____ hrs ____ min	97	98
.....	No..... 2	IOOCTHRS		
.....	IOOCTHRS	IOOCTMIN		
4. Other kinds of physical activity, for example, tag, hide and seek, riding a bicycle .....	Yes..... 1 →	____ hrs ____ min	97	98
.....	No..... 2	IOOCOHRs		
.....	IOOCOTHR	IOOCOMIN		

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 →	____ hrs ____ min	97	98
.....	No..... 2	IOWTVHRS		
.....	IOWATCTV	IOWTVMIN		
3. Playing games with toy cars, dolls, construction sets, chess, checkers .....	Yes..... 1 →	____ hrs ____ min	97	98
.....	No..... 2	IOPLGHRS		
.....	IOPLGAME	IOPLGMIN		

## 2. Reading, music lessons, drawing,

doing homework ..... Yes ..... 1 → \_\_\_\_ hrs \_\_\_\_ min 97 98  
 ..... No ..... 2 IOREDHR  
 ..... IOREADNG IOREDMIN

IOCMPTR

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 ]  
 DOESN'T KNOW ..... 7 → [ SKIP TO 184 ]  
 REFUSES TO ANSWER ..... 8 → [ SKIP TO 184 ]

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

		Yes	No	D/K	REFUSES
IOCMPTRH	1. At home	1	2	7	8
IOCMPTRW	2. At a place of study	1	2	7	8
IOCMPTRE	3. In other places	1	2	7	8

IOCMPTWS

72.16.0 In the last 12 months did (he/she) use computer for studying?

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

IOINTRNT

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

Yes ..... 1  
 No ..... 2 → [ SKIP TO 184 ]  
 DOESN'T KNOW ..... 7 → [ SKIP TO 184 ]  
 REFUSES TO ANSWER ..... 8 → [ SKIP TO 184 ]

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

		Yes	No	D/K	REFUSES
IOINTRNH	1. At home	1	2	7	8
IOINTRNW	2. At a place of study	1	2	7	8
IOINTRNC	3. In an Internet café	1	2	7	8
IOINTRNE	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
IOI4STUD	1. Study	1	2	7	8
IOI4ENTR	3. Entertainment	1	2	7	8
IOI4COMM	4. Communication with friends	1	2	7	8
IOI4CULT	6. Expanding (his/her) horizons	1	2	7	8
IOI4REFR	7. Getting reference information	1	2	7	8
IOI4OTHR	9. Other things	1	2	7	8

IOCELLP

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

Yes ..... 1  
 No ..... 2 → [SKIP TO 7.8.1 ]  
 ONE CELL PHONE IS USED BY SEVERAL  
 FAMILY MEMBERS ..... 3 → [SKIP TO 186 ]  
 DOESN'T KNOW ..... 7 → [ SKIP TO 7.8.1 ]  
 REFUSES TO ANSWER ..... 8 → [ SKIP TO 7.8.1 ]

IOHOW2S

## 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

IO2SHR  
IO2SMN

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

\_\_\_\_\_ hours \_\_\_\_\_ minutes → [ SKIP TO 9 ]  
 DOESN'T KNOW 97 → [ SKIP TO 9 ]  
 REFUSES TO ANSWER 98 → [ SKIP TO 9 ]

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

.....Yes .....No.....D/K ... REFUSES

IOTOOSML  
IOTOOILL  
IOEXPELL  
IOHOMESC  
IONOSCHL  
IOSCOTHR

1. (He/she) will go to school in a year or two ..... 1 ..... 2 ..... 7 ..... 8
2. (He/she) has poor health and cannot attend school ..... 1 ..... 2 ..... 7 ..... 8
3. (He/she) was expelled from school..... 1 ..... 2 ..... 7 ..... 8
4. Family wants to give (him/her) home schooling..... 1 ..... 2 ..... 7 ..... 8
5. No schools are close to home ..... 1 ..... 2 ..... 7 ..... 8
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)<br>engages in it? | How many<br>hours and minutes<br>per week? | D/K | REFUSES |
|---|----------------------------|--|-----|---------|
| 1. Karate, judo, gymnastics,<br>tennis, swimming .....          | Yes ..... 1 →              | ____ hrs ____ min                          | 97  | 98      |
| .....   | No..... 2                  | IONSKHRS                                   |     |         |
| .....   | IONSKARA                   | IONSKMIN                                   |     |         |
| 2. Plays with a ball, goes skating,<br>rides a bicycle .....    | Yes ..... 1 →              | ____ hrs ____ min                          | 97  | 98      |
| .....   | No..... 2                  | IONSBHRS                                   |     |         |
| .....   | IONSBALL                   | IONSBMIN                                   |     |         |
| 3. Dances, runs, jumps, plays<br>hopscotch, hide and seek ..... | Yes ..... 1 →              | ____ hrs ____ min                          | 97  | 98      |
| .....   | No..... 2                  | IONSDHRS                                   |     |         |
| .....   | IONSDANC                   | IONSDMIN                                   |     |         |
| 4. Plays sitting: on a bench, in a<br>sandbox.....              | Yes ..... 1 →              | ____ hrs ____ min                          | 97  | 98      |
| .....   | No..... 2                  | IONSSHRS                                   |     |         |
| .....   | IONSSITS                   | IONSSMIN                                   |     |         |

IONSPREG

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  
 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	IONSWHRS		
	3. Playing games with toy cars, dolls, construction sets, chess, checkers .....	IONSWATV	IONSWMIN		
	.....	Yes ..... 1 →	____ hrs ____ min	97	98
	.....	No ..... 2	IONSGHRS		
	2. Reading, or listening to what is read to (him/her) .....	IONSGAME	IONSGMIN		
	.....	Yes ..... 1 →	____ hrs ____ min	97	98
	.....	No ..... 2	IONSRHRS		
	.....	IONSGREAD	IONSRMIN		
IONFCARE	9. Tell me, please: <b>In the last 7 days</b> 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. ]			
	DOESN'T KNOW.....	7 → [ SKIP TO NEXT SECT. ]			
	REFUSES TO ANSWER.....	8 → [ SKIP TO NEXT SECT. ]			
IORLCARE	10. <b>In the last 7 days</b> 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 ]			
IODYCARE	11. On how many days of the <b>last 7</b> was [ NAME OF CHILD ] looked after by relatives who live separately?				
	_____ DAYS				
	DOESN'T KNOW.....	97			
	REFUSES TO ANSWER.....	98			
IOHRCARE	12. On those days of the <b>last 7</b> when relatives who live separately helped care for [ NAME OF CHILD ], how many hours and minutes a day <b>on average</b> did they help?				
IOMRCARE					
	_____ HOURS _____ MINUTES				
	DOESN'T KNOW.....	97			
	REFUSES TO ANSWER.....	98			
IOATTKIN	13. <b>In the last 7 days</b> did [ NAME OF CHILD ] go to kindergarten, nursery, after-school group, or something similar?				
	Yes .....	1			
	No.....	2 → [ SKIP TO 17 ]			
	DOESN'T KNOW.....	7 → [ SKIP TO 17 ]			
	REFUSES TO ANSWER.....	8 → [ SKIP TO 17 ]			
IODYSKIN	14. On how many days <b>of the last 7</b> did [ NAME OF CHILD ] go to kindergarten, nursery, after-school group, or something similar?				
	_____ DAYS				
	DOESN'T KNOW.....	97			
	REFUSES TO ANSWER.....	98			
IOHRSKIN	15. On those days <b>of the last 7</b> when [ NAME OF CHILD ] went to kindergarten, nursery,				

*IONINKIN* 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

*IOOWNSCH* 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

*IONRCARE* 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 ]

*IODNCARE* 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

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

*IOCARELW* 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 ]

*IOPAYCLW* 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



## L. SECTION “MEDICAL SERVICES”

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

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

*IOLPRBLM* 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 ]
<i>DOESN'T KNOW</i>	7	→	[ SKIP TO 20 ]
<i>REFUSES TO ANSWER</i>	8	→	[ SKIP TO 20 ]

*IOTREABY* 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 ]
<i>DOESN'T KNOW</i>	7	→	[ SKIP TO 20 ]
<i>REFUSES TO ANSWER</i>	8	→	[ SKIP TO 20 ]

*IOCALLDR* 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?

<i>WENT TO AN APPOINTMENT</i>	1		
<i>CALLED TO THE HOUSE</i>	2	→	[ SKIP TO 15 ]
<i>DOESN'T KNOW</i>	7	→	[ SKIP TO 15 ]
<i>REFUSES TO ANSWER</i>	8	→	[ SKIP TO 15 ]

*IOTYPMIN* 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		
<i>DOESN'T KNOW</i>	7		
<i>REFUSES TO ANSWER</i>	8		

*IOTDRPAY* 11. Did you spend any money traveling to this medical institution?

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

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

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

*IOPAIDDR* 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 →	_____	9997 9998
.....	No ..... 2	IOAMTPVC	
2. Gave money or gifts directly to the medical personnel .....	IOPDVCSH		
.....	Yes..... 1 →	_____	9997 9998
.....	No ..... 2	IOAMTPVP	
.....	IOPDVPSL		

IOADTEST 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 ]

IOPAYADT 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 →	_____	9997 9998
.....	No ..... 2	IOAMTPTC	
2. With money or gifts directly to the.....	IOPDTCCH		
medical personnel who performed the examination or procedures .....	Yes..... 1 →	_____	9997 9998
.....	No ..... 2	IOAMTPTP	
.....	IOPDTPSL		

IOHOSL3M 20. Has (he/she) been in the hospital in the last three months?

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

IODYSHOS 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

IOPDHOSP 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, **officially** in the cashier's office ..... Yes..... 1 → | \_\_\_\_\_ | 9997 9998  
 ..... No ..... 2 IOAMTPHC
2. For treatment and care, not counting ..... IOPDHCSH  
 medicine, **directly** to doctors and other  
 medical personnel with money or gifts ..... Yes..... 1 → | \_\_\_\_\_ | 9997 9998  
 ..... No ..... 2 IOAMTPHP  
 ..... IOPDHPSL

*IOPAYMED* 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<br>in rubles? | D/K REFUSES |
|---|------------------------|-------------|
| 1. You paid <b>officially</b> to the cashier<br>or the drug store of the hospital<br>in which (he/she) stayed ..... Yes..... 1 →   _____   9997 9998<br>..... No ..... 2 IOAMTPMC   |                        |             |
| 2. You paid <b>unofficially</b> doctors or ..... IOPDMCSH<br>other medical personnel at the<br>hospital in which (he/she) stayed<br>with money or gifts ..... Yes..... 1 →   _____   9997 9998<br>..... No ..... 2 IOAMTPMP   |                        |             |
| 3. You bought medicine, syringes, and ..... IOPDMPSL<br>dressings for (him/her) <b>in any other</b><br><b>pharmacy not affiliated with the hospital</b><br>in which (he/she) stayed ..... Yes..... 1 →   _____   9997 9998<br>..... No ..... 2 IOAMTPMD<br>..... IOPDMDST |                        |             |

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

*IOCHECKU* 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 ] |

*IOCKUPAY* 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<br>you pay? | How much<br>in rubles? | D/K REFUSES |
|---|-----------------|------------------------|-------------|
| 1. Paid officially in the cashier's office<br>of the medical institute .....                    | Yes..... 1 →    | _____                  | 9997 9998   |
| .....   | No..... 2       | IOAMTPCC               |             |
| 2. Paid doctors or other medical personnel ..... IOPDCCSH<br>directly with money or gifts ..... | Yes..... 1 →    | _____                  | 9997 9998   |
| .....   | No..... 2       | IOAMTPCP               |             |
| ..... IOPDCPSL  |                 |                        |             |

IODOCREG 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

IODOCNEC 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

IOECONHL 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

IOMEDLMO 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 42 ]  
 DOESN'T KNOW..... 7 → [ SKIP TO 42 ]  
 REFUSES TO ANSWER..... 8 → [ SKIP TO 42 ]

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

- Yes ..... 1  
 No..... 2 → [ SKIP TO 41 ]  
 DOESN'T KNOW..... 7 → [ SKIP TO 41 ]  
 REFUSES TO ANSWER..... 8 → [ SKIP TO 41 ]

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

- |          |  |          |         |                 |
|----------|--|----------|---------|-----------------|
| IOMEDDRO | 1. At the physician's who prescribed or recommended the medicine ..... | Yes..... | No..... | D/K ... REFUSES |
|          | .....  | 1        | 2       | 7..... 8        |
| IOMEDSTA | 2. In a state pharmacy .....   | 1        | 2       | 7..... 8        |
| IOMEDPRI | 3. In a non-state pharmacy .....                                       | 1        | 2       | 7..... 8        |
| IOMEDIND | 4. From individuals .....  | 1        | 2       | 7..... 8        |
| IOMEDOTH | 5. At some other place .....   | 1        | 2       | 7..... 8        |

IOPAIDPR 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 ]

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

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

*IONOLOC* 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 ]  
 DOESN'T KNOW.....7 → [ SKIP TO 42 ]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 42 ]

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

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

*IONMCOST* 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

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

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

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

		Yes	No	D/K	REFUSES
<i>IOVACTUB</i>	1. Tuberculosis	1	2	7	8
<i>IOVACMEA</i>	2. Measles	1	2	7	8
<i>IOVCADS1</i>	3. Diphtheria, whooping cough, tetanus AKDS/ADS 1	1	2	7	8
<i>IOVCADS2</i>	4. Diphtheria, whooping cough, tetanus AKDS/ADS 2	1	2	7	8
<i>IOVCADS3</i>	5. Diphtheria, whooping cough, tetanus AKDS/ADS 3	1	2	7	8
<i>IOVCPOL1</i>	6. Polio 1 <sup>st</sup> time	1	2	7	8
<i>IOVCPOL2</i>	7. Polio 2 <sup>nd</sup> time	1	2	7	8
<i>IOVCPOL3</i>	8. Polio 3 <sup>rd</sup> time	1	2	7	8
<i>IOVACHEP</i>	9. Hepatitis	1	2	7	8
<i>IOVCMUMP</i>	10. Mumps	1	2	7	8
<i>IOVMENIN</i>	12. Meningitis	1	2	7	8
<i>IOVACOTH</i>	11. Other illness	1	2	7	8

*IOSKIPRV* 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

**IOVACL3M 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>IOVL3TUB</i>	1. Tuberculosis	1	2	7	8
<i>IOVL3MEA</i>	2. Measles	1	2	7	8
<i>IOVL3AD1</i>	3. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 1	1	2	7	8
<i>IOVL3AD2</i>	4. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 2	1	2	7	8
<i>IOVL3AD3</i>	5. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 3	1	2	7	8
<i>IOVL3PO1</i>	6. Polio 1 <sup>st</sup> time	1	2	7	8
<i>IOVL3PO2</i>	7. Polio 2 <sup>nd</sup> time	1	2	7	8
<i>IOVL3PO3</i>	8. Polio 3 <sup>rd</sup> time	1	2	7	8
<i>IOVL3HEP</i>	9. Hepatitis	1	2	7	8
<i>IOVL3MUM</i>	10. Mumps	1	2	7	8
<i>IOVL3MEN</i>	12. Meningitis	1	2	7	8
<i>IOVL3OTH</i>	11. Other illness	1	2	7	8

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

		Yes	No	D/K	REFUSES
<i>IOVCPOLY</i>	1. In a polyclinic	1	2	7	8
<i>IOVCHOSP</i>	2. In a hospital	1	2	7	8
<i>IOVCCCLI</i>	3. In a children's polyclinic or maternity hospital	1	2	7	8
<i>IOVCDOCT</i>	4. At a private doctor	1	2	7	8
<i>IOVCSCHO</i>	5. At school	1	2	7	8
<i>IOVCKIND</i>	6. At a kindergarten or nursery	1	2	7	8
<i>IOVCOTHR</i>	7. In another place	1	2	7	8

**IOPAIDVC 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 ]

**IOAMTVAC 48. How much did you pay?**

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

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

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

## M. SECTION “HEALTH EVALUATION”

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

*IOWTSELF* 1. 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

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

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

*IOWTCHNG* 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

*IOEVALHL* 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	→	For how long has (he/she) had it?	This illness is . . . ?
1. Heart disease?	No . . . 2		Since the year of _____	[CIRCLE ONLY ONE ANSWER]
			<i>IOCHRTYR</i>	Hereditary ..... 1
			<i>IOCHEART</i>	Congenital..... 2
				Acquired ..... 5
				..... <i>IOCHRTCA</i>
2. Lung disease?	Yes . . . 1	→	Since the year of _____	Hereditary ..... 1
	No . . . 2		<i>IOCLUNYR</i>	Congenital..... 2
			<i>IOCLUNGS</i>	Acquired ..... 5
				..... <i>IOCLUNCA</i>
3. Liver disease?	Yes . . . 1	→	Since the year of _____	Hereditary ..... 1
	No . . . 2		<i>IOCLIVYR</i>	Congenital..... 2
			<i>IOCLIVER</i>	Acquired ..... 5
				..... <i>IOCLIVCA</i>
4. Kidney disease?	Yes . . . 1	→	Since the year of _____	Hereditary ..... 1
	No . . . 2		<i>IOCKIDYR</i>	Congenital..... 2
			<i>IOCKIDNY</i>	Acquired ..... 5
				..... <i>IOCKIDCA</i>
5. Gastrointestinal disease?	Yes . . . 1	→	Since the year of _____	Hereditary ..... 1
	No . . . 2		<i>IOCGIYR</i>	Congenital..... 2
			<i>IOCGI</i>	Acquired ..... 5



..... *IOCGICA*

	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>IOCSPNYR</i> <i>IOCSPINE</i>	Hereditary ..... 1 Congenital..... 2 Acquired ..... 5 ..... <i>IOCSPNCA</i>
7. <b>Another <u>chronic</u> illness?</b>	Yes . . . 1 → Since the year of _____ No . . . 2 <i>IOCOTHYR</i> <i>IOCOTHER</i>	Hereditary ..... 1 Congenital..... 2 Acquired ..... 5 ..... <i>IOCOTHCA</i>

*IODISABL* 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

*IODIABET* 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** ]

*IODIABYR* 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>IODCDIET</i>	1. <b>Special diet</b> .....	1	2	7	8
<i>IODCWCON</i>	2. <b>Weight control</b> .....	1	2	7	8
<i>IODCORAL</i>	3. <b>Pills</b> .....	1	2	7	8
<i>IODCSHOT</i>	4. <b>Insulin shots</b> .....	1	2	7	8
<i>IODCHERB</i>	5. <b>Herbal treatment</b> .....	1	2	7	8
<i>IODCHOME</i>	6. <b>Homeopathic treatment</b> .....	1	2	7	8
<i>IODCOTHR</i>	7. <b>Something else</b> .....	1	2	7	8

*IOEVERTB* 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** ]

*IOYEARTB* 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

*IOEVERHP* 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 ]

*IOYEARHP* 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

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

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

*IOTYPHPT*

---

(char)	DOESN'T KNOW	7
	REFUSES TO ANSWER	8

*IOANXIET* 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

*IOCOUGHS* 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

*IOCONGES* 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

*IOEARACH* 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

*IOSORETH* 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

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

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

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

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

*IODIARDY* 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

*IOBMTIME* 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

*IOMUCUSS* 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

*IOBLOODS* 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

*IOFEVERS* 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

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

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

*IOABPAIN* 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
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

*IOLEUKEM*      109. Tell me, please: **Has (he/she) had leukemia?**

Yes	1
No	2
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	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 **1995** OR EARLIER. FOR ALL OTHERS, ASK THE QUESTIONS IN THE NEXT SECTION ON PAGE **20**. ]

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

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

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

____   ____   YEARS	
<i>DOESN'T KNOW</i>	97
<i>REFUSES TO ANSWER</i>	98

## SECTION “INTERVIEWER’S REMARKS”

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

		YES		NO
<i>IOHHPRES</i>	1. SOME OTHER MEMBER OF THE HOUSEHOLD .....	1		2
<i>IOOTPRES</i>	2. OTHER PEOPLE, NOT MEMBERS OF THIS HOUSEHOLD .....	1		2 ]

- IORESATT* 2. [ ASSESS THE RESPONDENT’S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:

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

- IORESUND* 3. [ NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS:

*WELL* ..... 1  
*NOT VERY WELL* ..... 2  
*POORLY* ..... 3 ]

- IORESBEH* 4. [ ASSESS THE RESPONDENT’S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT:

*WAS NERVOUS* ..... 1  
*WAS OCCASIONALLY NERVOUS* ..... 2  
*FELT COMFORTABLE* ..... 3 ]

- IORESRES* 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 ]

- IORESSIN* 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 ]

- IOFDRELY* 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** \_\_\_\_\_