

QUESTIONNAIRE FOR CHILDREN

16TH ROUND

- SITEP* 1. [NAME OF POPULATED AREA _____ | ____ | ____ | ____ |]
- CENSUSDP* 2. [NUMBER OF SURVEY SECTOR (FOR CITIES) _____ | ____ | ____ |]
- FAMILYP* 3. [NUMBER OF FAMILY | ____ | ____ |]
- PERSONP* 4. [NUMBER ON THE CARD OF THE CHILD BEING DISCUSSED | ____ | ____ |]
- IPRPINBF* 4.1 [**DID THE CHILD PARTICIPATE IN THE SURVEY EVER BEFORE?**
- YES*..... 1
NO..... 2]
- IPGENDER* 5. [SEX OF THE CHILD BEING DISCUSSED:
- MALE*..... 1
FEMALE..... 2]
- IPINTDAY* 7. [DATE OF INTERVIEW: DAY | ____ | ____ | MONTH | ____ | ____ |]
- IPINTMON*
- IPINTHRS* 8. [LENGTH OF INTERVIEW: | ____ | HOURS | ____ | ____ | MINUTES]
- IPINTMIN*
9. [LAST NAME OF INTERVIEWER _____]
- IPINTNUM* 10. [NUMBER OF INTERVIEWER | ____ | ____ | ____ |]
- IPADANSW* 11. [NUMBER OF THE ADULT WHO ANSWERED THE QUESTIONS | ____ | ____ |]

2007

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
IPBIRTHD	IPBIRTHM	IPBIRTHY

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 NOW2 → [SKIP TO 3]
 DOESN'T KNOW.....7 → [SKIP TO 3]
 REFUSES TO ANSWER.....8 → [SKIP TO 3]

IPSPEAKS

5. What primary language does he/she speak at home? If he/she speaks several, please specify the language he/she considers his/her primary one.

RUSSIAN..... 1
 DOESN'T KNOW..... 997
 REFUSES TO ANSWER..... 998

IPSPOKEN

6. What language is primarily spoken in his/her home?

RUSSIAN..... 1
 DOESN'T KNOW..... 997
 REFUSES TO ANSWER..... 998

K. SECTION "CARE OF CHILDREN"

[**INTERVIEWER!** IF THE CHILD WAS BORN IN 2001 OR EARLIER, ASK QUESTIONS BEGINNING WITH QUESTION 1.

IF THE CHILD WAS BORN BETWEEN 2002 AND 2005, ASK QUESTIONS BEGINNING WITH 8.A ON PAGE 5.

FOR THE REMAINING CHILDREN (BORN IN 2006 OR 2007), ASK QUESTION 9 ON PAGE 6.]

IPGRADE1

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

Yes1

No.....2 → [SKIP TO 3]
 DOESN'T KNOW.....7 → [SKIP TO 3]
 REFUSES TO ANSWER.....8 → [SKIP TO 3]

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

_____ GRADES
 DOESN'T KNOW.....97
 REFUSES TO ANSWER.....98

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

Yes1
 No.....2 → [SKIP TO 8]
 DOESN'T KNOW.....7 → [SKIP TO 8]
 REFUSES TO ANSWER.....8 → [SKIP TO 8]

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

Yes1
 No.....2 → [SKIP TO 6]
 DOESN'T KNOW.....7 → [SKIP TO 6]
 REFUSES TO ANSWER.....8 → [SKIP TO 6]

IPAMTSPM 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

IPPAYBKS 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]

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

_____ rubles
 DOESN'T KNOW 997
 REFUSES TO ANSWER 998

IPPECLAS 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]

IPPEFREQ 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) How many hours
 engages in and minutes

		during class ...:	per week:	D/K	REFUSES
IPPHYSOC	1. Karate, judo, self-defense, wrestling, boxing, gymnastics	Yes 1 →	____ hrs ____ min	97	98
	.....	No 2	IPKARHRS		
	.....		IPKARMIN		
	2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming	Yes 1 →	____ hrs ____ min	97	98
	.....	No 2	IPSPOHRS		
	.....	IPSPORTS	IPSPOMIN		
	3. Track and field, skiing, skating	Yes 1 →	____ hrs ____ min	97	98
	.....	No 2	IPTRAHRS		
	.....	IPTRACKF	IPTRAMIN		
	4. Other kinds of physical activity	Yes 1 →	____ hrs ____ min	97	98
.....	No 2	IPPEOHRS			
.....	IPPEOTHR	IPPEOMIN			
7.4	Does (he/she) engage in physical activities and sports <u>before or after classes</u> ? 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]		
IPOCFREQ	7.5	How often does (he/she) engage in physical activities and sports, including outdoor games, <u>before or after</u> 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 <u>before or after classes</u> , 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	IPOCKHRS		
	.....	IPOCKARA	IPOCKMIN		
	2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming	Yes 1 →	____ hrs ____ min	97	98
	.....	No 2	IPOCSHRS		
	3. Track and field, skiing, ice skating, roller skating	IPOCSPOR	IPOCSMIN		
	.....	Yes 1 →	____ hrs ____ min	97	98
	.....	No 2	IPOCTHRS		
	.....	IPOCTRAC	IPOCTMIN		
	4. Other kinds of physical activity, for example, tag, hide and seek, riding a bicycle	Yes 1 →	____ hrs ____ min	97	98
.....	No 2	IPOCOHRS			
.....	IPOCOTHR	IPOCOMIN			
7.7	Tell me, please: Does (he/she) engage in the following <u>before or after classes</u> , 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		IPWTVHRS		
	.....IPWATCTV		IPWTVMIN		
	3. Playing games with toy cars, dolls, construction sets, chess, checkers	Yes .....1 →	____ hrs ____ min	97	98
	.....No.....2		IPPLGHRS		
	.....IPPLGAME		IPPLGMIN		
	2. Reading, music lessons, drawing, doing homework	Yes .....1 →	____ hrs ____ min	97	98
	.....No.....2		IPREDHRS		
	.....IPREADNG		IPREDMIN		
IPCMPTR	72.16.1 Tell me, please: <u>In the last 12 months</u> has (he/she) used a <u>personal computer</u> 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 <u>In the last 12 months</u> has (he/she) used a personal computer:				
		Yes	No	D/K	REFUSES
IPCMPTRH	1. At home	1	2	7	8
IPCMPTRW	2. At a place of study	1	2	7	8
IPCMPTRE	3. In other places	1	2	7	8
IPCMPTWS	72.16.0 <u>In the last 12 months</u> did (he/she) use <u>computer</u> for studying?				
	Yes	1			
	No.....2				
	DOESN'T KNOW.....7				
	REFUSES TO ANSWER.....8				
IPINTRNT	123. Tell me, please: <u>In the last 12 months</u> 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. <u>In the last 12 months</u> has (he/she) used the Internet:				
		Yes	No	D/K	REFUSES
IPINTRNH	1. At home	1	2	7	8
IPINTRNW	2. At a place of study	1	2	7	8
IPINTRNC	3. In an Internet café	1	2	7	8
IPINTRNE	4. In other places	1	2	7	8
	125. <u>In the last 12 months</u> has (he/she) used the Internet for:				
		Yes	No	D/K	REFUSES
IPI4STUD	1. Study	1	2	7	8
IPI4ENTR	3. Entertainment	1	2	7	8
IPI4COMM	4. Communication with friends	1	2	7	8
IPI4CULT	6. Expanding (his/her) horizons	1	2	7	8
IPI4REFR	7. Getting reference information	1	2	7	8
IPI4OTHR	9. Other things	1	2	7	8

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

Yes1
 No.....2 → [SKIP TO **7.8.1**]
ONE CELL PHONE IS USED BY SEVERAL
FAMILY MEMBERS3 → [SKIP TO **186**]
DOESN'T KNOW.....7 → [SKIP TO **7.8.1**]
REFUSES TO ANSWER.....8 → [SKIP TO **7.8.1**]

IPHOW2S

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

IP2SHR
IP2SMN

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

IPTOOSML
IPTOOILL
IPEXPELL
IPHOMESC
IPNOSCHL
IPSCOTHR

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) 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 | IPNSKHRS | | |
| ..... | IPNSKARA | IPNSKMIN | | |
| 2. Plays with a ball, goes skating, rides a bicycle | Yes 1 → | _____ hrs _____ min | 97 | 98 |
| ..... | No 2 | IPNSBHRS | | |
| ..... | IPNSBALL | IPNSBMIN | | |
| 3. Dances, runs, jumps, plays hopscotch, hide and seek | Yes 1 → | _____ hrs _____ min | 97 | 98 |
| ..... | No 2 | IPNSDHRS | | |
| ..... | IPNSDANC | IPNSDMIN | | |
| 4. Plays sitting: on a bench, in a sandbox | Yes 1 → | _____ hrs _____ min | 97 | 98 |
| ..... | No 2 | IPNSSHRS | | |
| ..... | IPNSSITS | IPNSSMIN | | |

IPNSPREG

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 | IPNSWHRS | | |
| 3. Playing games with toy cars, dolls,
construction sets, chess, checkers | IPNSWATV | IPNSWMIN | | |
| ..... | Yes 1 | → ____ hrs ____ min | 97 | 98 |
| ..... | No 2 | IPNSGHR | | |
| 2. Reading, or listening to what
is read to (him/her) | IPNSGAME | IPNSGMIN | | |
| ..... | Yes 1 | → ____ hrs ____ min | 97 | 98 |
| ..... | No 2 | IPNSRHR | | |
| ..... | IPNSREAD | IPNSRMIN | | |

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

IPRLCARE 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]

IPDYCARE 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

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

- _____ HOURS _____ MINUTES
 DOESN'T KNOW 97
 REFUSES TO ANSWER 98

IPATTKIN 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]
 DOESN'T KNOW 7 → [SKIP TO 17]
 REFUSES TO ANSWER 8 → [SKIP TO 17]

IPDYSKIN 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

IPHRSKIN
IPMINKIN

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

IPOWNSCH

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

IPNRCARE

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]

IPDNCARE

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

IPHNCARE
IPMNCARE

19. On those days of the last 7, 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 help?

_____ HOURS _____ MINUTES
DOESN'T KNOW 97
REFUSES TO ANSWER 98

IPCARELW

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]

IPPAYCLW

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”

IPHPRBLM 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		

IPLPRBLM 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]

IPTREABY 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]

IPCALLDR 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]
<i>DOESN'T KNOW</i>	7	→	[SKIP TO 15]
<i>REFUSES TO ANSWER</i>	8	→	[SKIP TO 15]

IPTD RPAY 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]

IPTD RAMT 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		

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

Yes	1		
No	2	→	[SKIP TO 17]
<i>DOESN'T KNOW</i>	7	→	[SKIP TO 17]
<i>REFUSES TO ANSWER</i>	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	| IPAMTPVC |	
2. Gave money or gifts directly to the <i>IPPDVCSH</i>	Yes..... 1 →	| _____ |	9997 9998
medical personnel <i>IPAMTPVP</i>	No..... 2	| _____ |	
..... <i>IPPDVPSL</i>			

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

Yes1
 No.....2 → [SKIP TO 20]
DOESN'T KNOW.....7 → [SKIP TO 20]
REFUSES TO ANSWER.....8 → [SKIP TO 20]

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

Yes1
 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	<i>IPAMTPTC</i>	
2. With money or gifts directly to the..... <i>IPDTC</i> medical personnel who performed the examination or procedures	Yes..... 1 →	| _____ |	9997 9998
.....	No 2	<i>IPAMTPTP</i>	
.....	<i>IPDTPSL</i>		

IPHOSL3M 20. Has (he/she) been in the hospital in the last three months?

Yes1
 No.....2 → [SKIP TO 26.1]
DOESN'T KNOW.....7 → [SKIP TO 26.1]
REFUSES TO ANSWER.....8 → [SKIP TO 26.1]

IPDYSHOS 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

IPPDHOSP 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	<i>IPAMTPHC</i>	
2. For treatment and care, not counting..... <i>IPPDHCSH</i> medicine, <u>directly</u> to doctors and other medical personnel with money or gifts	Yes..... 1 →	| _____ |	9997 9998
.....	No 2	<i>IPAMTPHP</i>	
.....	<i>IPPDHPSL</i>		

IPPAYMED 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 others2
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	<i>IPAMTPMC</i>	
2. You paid <u>unofficially</u> doctors or <i>IPPDMC SH</i> other medical personnel at the hospital in which (he/she) stayed with money or gifts Yes..... 1 → | _____ |		9997 9998
..... No 2	<i>IPAMTPMP</i>	
3. You bought medicine, syringes, and <i>IPPDMP SL</i> dressings for (him/her) <u>in any other</u> <u>pharmacy not affiliated with the hospital</u> in which (he/she) stayed Yes..... 1 → | _____ |		9997 9998
..... No 2	<i>IPAMTPMD</i>	
..... <i>IPPDMD ST</i>		

IPCHKULY 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?

Yes1
No.....2 → [SKIP TO 53]
DOESN'T KNOW.....7 → [SKIP TO 53]
REFUSES TO ANSWER.....8 → [SKIP TO 53]

IPCHECKU 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]

IPCKUPAY 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	IPAMTPCC	
2. Paid doctors or other medical personnel IPPDCCSH			
directly with money or gifts	Yes..... 1 →	| _____ |	9997 9998
.....	No 2	IPAMTPCP	
..... IPPDCPSL			

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

Yes1 → [SKIP TO 33]
 No.....2
 DOESN'T KNOW.....7
 REFUSES TO ANSWER.....8

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

Yes1
 No.....2
 DOESN'T KNOW.....7
 REFUSES TO ANSWER.....8

IPMEDLMO 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?

Yes1
 No.....2 → [SKIP TO 42]
 DOESN'T KNOW.....7 → [SKIP TO 42]
 REFUSES TO ANSWER.....8 → [SKIP TO 42]

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

Yes1
 No.....2 → [SKIP TO 42]
 DOESN'T KNOW.....7 → [SKIP TO 42]
 REFUSES TO ANSWER.....8 → [SKIP TO 42]

IPPAIDPR 38. Did you pay anything for these medicines?

Yes1
 No.....2 → [SKIP TO 40]
 DOESN'T KNOW.....7 → [SKIP TO 40]
 REFUSES TO ANSWER.....8 → [SKIP TO 40]

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

_____ rubles
 DOESN'T KNOW.....997
 REFUSES TO ANSWER.....998

IPNOLOCM 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?

Yes1
 No.....2 → [SKIP TO 42]
 DOESN'T KNOW.....7 → [SKIP TO 42]
 REFUSES TO ANSWER.....8 → [SKIP TO 42]

IPEVRVAC 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>IPVACTUB</i>	1. Tuberculosis	1	2	7	8
<i>IPVACMEA</i>	2. Measles	1	2	7	8
<i>IPVCADS1</i>	3. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 1	1	2	7	8
<i>IPVCADS2</i>	4. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 2	1	2	7	8
<i>IPVCADS3</i>	5. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 3	1	2	7	8
<i>IPVCPOL1</i>	6. Polio 1 st time	1	2	7	8
<i>IPVCPOL2</i>	7. Polio 2 nd time	1	2	7	8
<i>IPVCPOL3</i>	8. Polio 3 rd time	1	2	7	8
<i>IPVACHEP</i>	9. Hepatitis	1	2	7	8
<i>IPVCMUMP</i>	10. Mumps	1	2	7	8
<i>IPVMENIN</i>	12. Meningitis	1	2	7	8
<i>IPVACOTH</i>	11. Other illness	1	2	7	8

IPSKIPRV 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

IPVACL3M 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>IPVL3TUB</i>	1. Tuberculosis	1	2	7	8
<i>IPVL3MEA</i>	2. Measles	1	2	7	8
<i>IPVL3AD1</i>	3. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 1	1	2	7	8
<i>IPVL3AD2</i>	4. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 2	1	2	7	8
<i>IPVL3AD3</i>	5. Diphtheria, whooping cough, tetanus				
	AKDS/ADS 3	1	2	7	8
<i>IPVL3PO1</i>	6. Polio 1 st time	1	2	7	8
<i>IPVL3PO2</i>	7. Polio 2 nd time	1	2	7	8
<i>IPVL3PO3</i>	8. Polio 3 rd time	1	2	7	8
<i>IPVL3HEP</i>	9. Hepatitis	1	2	7	8
<i>IPVL3MUM</i>	10. Mumps	1	2	7	8
<i>IPVL3MEN</i>	12. Meningitis	1	2	7	8
<i>IPVL3OTH</i>	11. Other illness	1	2	7	8

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

		Yes	No.....	D/K ...	REFUSES
<i>IPVCPOLY</i>	1. In a polyclinic	1	2	7	8
<i>IPVCHOSP</i>	2. In a hospital.....	1	2	7	8
<i>IPVCCCLI</i>	3. In a children's polyclinic or maternity hospital	1	2	7	8
<i>IPVCDOCT</i>	4. At a private doctor.....	1	2	7	8
<i>IPVCSCO</i>	5. At school	1	2	7	8
<i>IPVCKIND</i>	6. At a kindergarten or nursery.....	1	2	7	8
<i>IPVCOTHR</i>	7. In another place	1	2	7	8

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

Yes1
 No.....2 → [SKIP TO 49]
 DOESN'T KNOW.....7 → [SKIP TO 49]
 REFUSES TO ANSWER.....8 → [SKIP TO 49]

IPAMTVAC 48. How much did you pay?

_____ rubles
 DOESN'T KNOW.....997
 REFUSES TO ANSWER.....998

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

Yes1
 No.....2 → [SKIP TO NEXT SECT.]
 DOESN'T KNOW.....7 → [SKIP TO NEXT SECT.]
 REFUSES TO ANSWER.....8 → [SKIP TO NEXT SECT.]

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

Too expensive1
 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 it5
 Other6
 DOESN'T KNOW.....7
 REFUSES TO ANSWER.....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.

IPWTSELF 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

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

_____ *CM*
DOESN'T KNOW 997
REFUSES TO ANSWER 998

IPWTCHNG 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

IPEVALHL 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	→ Since the year of _____	For how long has (he/she) had it?	This illness is . . . ?
	No . . . 2			[CIRCLE ONLY ONE ANSWER]
1. Heart disease?			<i>IPCHRTYR</i>	Hereditary 1
			<i>IPCHEART</i>	Congenital..... 2
				Acquired 5
				..... <i>IPCHRTCA</i>
2. Lung disease?			<i>IPCLUNYR</i>	Hereditary 1
			<i>IPCLUNGS</i>	Congenital..... 2
				Acquired 5
				..... <i>IPCLUNCA</i>
3. Liver disease?			<i>IPCLIVYR</i>	Hereditary 1
			<i>IPCLIVER</i>	Congenital..... 2
				Acquired 5
				..... <i>IPCLIVCA</i>
4. Kidney disease?			<i>IPCKIDYR</i>	Hereditary 1
			<i>IPCKIDNY</i>	Congenital..... 2
				Acquired 5
				..... <i>IPCKIDCA</i>
5. Gastrointestinal disease?			<i>IPCGIYR</i>	Hereditary 1
			<i>IPCGI</i>	Congenital..... 2
				Acquired 5
				..... <i>IPCGICA</i>

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

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

Yes1
No.....2
DOING PAPERWORK6
DOESN'T KNOW.....7
REFUSES TO ANSWER.....8

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

Yes1
No.....2
DOESN'T KNOW.....7
REFUSES TO ANSWER.....8

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

Yes1
No.....2
DOESN'T KNOW.....7
REFUSES TO ANSWER.....8

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

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

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

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

IPTYPHPT

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

IPANXIET 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

- IPCOUGHS* 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 |
- IPCONGES* 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 |
- IPEARACH* 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 |
- IPSORETH* 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 |
- IPTEETHI* 100. **In the last 7 days** has (he/she) been teething?
- | | |
|-------------------|---|
| Yes | 1 |
| No | 2 |
| DOESN'T KNOW | 7 |
| REFUSES TO ANSWER | 8 |
- IPDIARRH* 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] |
- IPDIARDY* 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 |
- IPBMTIME* 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 |

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

IPBLOODS 105. **In the last 7 days** have you noticed blood in (his/her) stool?

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

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

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

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

IPABPAIN 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

IPLEUKEM 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 1996 OR EARLIER. FOR ALL OTHERS, ASK THE QUESTIONS IN THE NEXT SECTION ON PAGE 20.]

IPEVRMEN 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.]

IPAGEMEN 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>IPHHPRES</i> | 1. SOME OTHER MEMBER OF THE HOUSEHOLD | 1 | 2 |
| <i>IPOTPRES</i> | 2. OTHER PEOPLE, NOT MEMBERS OF THIS HOUSEHOLD | 1 | 2] |
2. [ASSESS THE RESPONDENT’S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:
- | | | |
|-----------------------------------|-----|--|
| FRIENDLY, INTERESTED | 1 | |
| NOT PARTICULARLY INTERESTED | 2 | |
| IMPATIENT, WORRIED | 3 | |
| HOSTILE..... | 4] | |
- IPRESUND* 3. [NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS:
- | | | |
|--------------------|-----|--|
| WELL | 1 | |
| NOT VERY WELL..... | 2 | |
| POORLY | 3] | |
- IPRESBEH* 4. [ASSESS THE RESPONDENT’S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT:
- | | | |
|-------------------------------|-----|--|
| WAS NERVOUS | 1 | |
| WAS OCCASIONALLY NERVOUS..... | 2 | |
| FELT COMFORTABLE..... | 3] | |
- IPRESRES* 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] | |
- IPRESSIN* 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] | |
- IPFDRELY* 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 _____