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# QUESTIONNAIRE FOR CHILDREN AGED UNDER 14

## 22TH ROUND

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*SITEV* 1a. [ CODE OF REGION \_\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | ]

*FAMILYV* 3a. [ NUMBER OF FAMILY | \_\_\_\_ | \_\_\_\_ | ]

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

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

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

*IVINTDAY* 7. [ DATE OF INTERVIEW: DAY | \_\_\_\_ | \_\_\_\_ | MONTH | \_\_\_\_ | \_\_\_\_ | ]  
*IVINTMON*

*IVINTHRS* 8. [ LENGTH OF INTERVIEW: | \_\_\_\_ | HOURS | \_\_\_\_ | \_\_\_\_ | MINUTES ]  
*IVINTMIN*

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

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

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

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. ]

\_\_\_\_\_

69.9. 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>IVBIRTHD</i>	<i>IVBIRTHM</i>	<i>IVBIRTHY</i>

## I. SECTION "MIGRATION"

*IVBORNDP* 1. Tell me, please: Was [ NAME OF CHILD ] born in another settlement or in the one where he/she is living now?

<i>IN ANOTHER SETTLEMENT</i> .....1	
<i>IN SETTLEMENT WHERE HE/SHE</i>	
<i>IS LIVING NOW</i> .....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.]

*IVSYLTPL* 7. Tell me, please, since what year does he/she live in this place?

<i>SINCE</i>  __ __ __ __  <i>YEAR</i>	
<i>DOESN'T KNOW</i> .....9997	
<i>REFUSES TO ANSWER</i> .....9998	

*IVSYEPER* 8. Tell me, please, since what year does he/she live in Russian Federation permanently?

<i>SINCE</i>  __ __ __ __  <i>YEAR</i>	
<i>SINCE BIRTH</i> .....9996	
<i>DOESN'T KNOW</i> .....9997	
<i>REFUSES TO ANSWER</i> .....9998	

## K. SECTION “CARE OF CHILDREN”

[ **INTERVIEWER!** IF THE CHILD WAS BORN **IN 2007** OR EARLIER, ASK **QUESTIONS BEGINNING WITH QUESTION 70.2.**

IF THE CHILD WAS BORN **BETWEEN 2008 AND 2011**, ASK **QUESTIONS BEGINNING WITH 8 1.**

FOR THE REMAINING CHILDREN (**BORN IN 2012 OR 2013**), ASK **QUESTION 9** ]

**IVINSCHL 70.2. Is (he/she) now attending general secondary school, comprehensive college, lycee, non-residency school?**

[**INTERVIEWER!** THE QUESTION IS ABOUT EDUCATIONAL INSTITUTIONS OF THE LEVEL OF REGULAR COMPREHENSIVE SCHOOL, NAMED “COLLEGE” OR “LYCEE” FOR ADVANCED STUDYING OF CERTAIN SUBJECTS]

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

**IVWGRADE 3.1. What grade is (he/she) studying in?**

GRADE .....	
DOESN'T KNOW.....	97
REFUSES TO ANSWER.....	98

**IVTYPESC 3.2. Is (he/she) studying in...?**

[**INTERVIEWER**, HAND OVER CARD Д\_1 TO RESPONDENT AND MARK ONE ANSWER]

Gymnasium or school with gymnasium classes.....	1
School specialized in profile education of subjects ...	2
Comprehensive college, lycee.....	3
Non-residency school.....	4
Regular school .....	5
Another type of school.....	6
DOESN'T KNOW.....	7
REFUSES TO ANSWER.....	8

**IVSCHOWN 3.3. Who owns the 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

**IVPRGRES 3.4. How would you estimate (his/ her) progress...?**

Almost all the grades are five.....	01
Basically all the five and the four .....	02
Basically all the four .....	03
Basically all the four and three.....	04
Basically all the three .....	05
Basically all the three and often the two .....	06
MARKS ARE NOT GIVEN.....	96
DOESN'T KNOW.....	97
REFUSES TO ANSWER.....	98

IVPECLAS

**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. ]

IVPEFREQ

**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
<b>1. Karate, judo, self-defense, wrestling, boxing, gymnastics</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVKARHRS		
	IVKARATE	IVKARMIN		
<b>2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVSPOHRS		
	IVSPORTS	IVSPOMIN		
<b>3. Track and field, skiing, skating</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVTRAHRS		
	IVTRACKF	IVTRAMIN		
<b>4. Other kinds of physical activity</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVPEOHRS		
	IVPEOTHR	IVPEOMIN		

IVPHYSOC

**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 7.6.1. ]  
 DOESN'T KNOW.....7 → [ SKIP TO 7.6.1. ]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 7.6.1. ]

IVOCFREQ

**7.5. How often does (he/she) engage in physical activities and sports, including outdoor games, before or after classes?**

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

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

	(He/she) engages in before or after classes?	How many hours and minutes per week?	D/K	REFUSES
1. Karate, judo, self-defense, wrestling, boxing, gymnastics .....	Yes..... 1 → No..... 2	____ hrs ____ min IVOCKHRS IVOCKARA IVOCKMIN	97	98
2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming .....	Yes..... 1 → No..... 2	____ hrs ____ min IVOCSHRS IVOCSPOR IVOCSMIN	97	98
3. Track and field, skiing, ice skating, roller skating .....	Yes..... 1 → No..... 2	____ hrs ____ min IVOCTHRS IVOCTRAC IVOCTMIN	97	98
4. Other kinds of physical activity, for example, tag, hide and seek, riding a bicycle .....	Yes..... 1 → No..... 2	____ hrs ____ min IVOCOHR IVOCOTHR IVOCOMIN	97	98

**7.6.1. Tell me, please, does (he/ she) engage before or after classes in the next activities, and if (he/ she) is than 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. Drawing or music.....	Yes..... 1 → No..... 2	____ hrs ____ min IVDRMHRS IVDRAMUS IVDMMIN	97	98
2. Dances, photography, theater or any other kind of artwork.....	Yes..... 1 → No..... 2	____ hrs ____ min IVDNCCHRS IVDANCES IVDNCMIN	97	98
3. Study group of young engineers, young naturalist, technological modeling, handicraft, sculpture, carving or any other kind of technological or applicative creativity .....	Yes..... 1 → No..... 2	____ hrs ____ min IVSTGCHRS IVSTUGRP IVSTGMIN	97	98
4. In-depth study of computer technologies, for example, (he/she) learns to work with software, programming languages or web development .....	Yes..... 1 → No..... 2	____ hrs ____ min IVCMLHRS IVCOMPLA IVCMLMIN	97	98
5. Foreign language.....	Yes..... 1 → No..... 2	____ hrs ____ min IVFLGHRS IVFLANGU IVFLGMIN	97	98
6. Any other subjects chosen by parents or by child (himself/ herself) for a deeper studying, for example, mathematics, history, biology.....	Yes..... 1 → No..... 2	____ hrs ____ min IVOSUHRS IVOTHSUB IVOSUMIN	97	98

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	IVWTVHRS IVWTVMIN		
7. Surfing the net or local network .....	Yes ..... 1 →	____ hrs ____ min	97	98
	No..... 2	IVNETHRS IVNETMIN		
3. Playing games with toy cars, dolls, construction sets, chess, checkers .....	Yes ..... 1 →	____ hrs ____ min	97	98
	No..... 2	IVPLGHRS IVPLGMIN		
6. Reading .....	Yes ..... 1 →	____ hrs ____ min	97	98
	No..... 2	IVREDHRS IVREDMIN		
4. Doing homework .....	Yes ..... 1 →	____ hrs ____ min	97	98
	No..... 2	IVHOMHRS IVHOMMIN		

7.7.1. We were talking about different kinds of physical, creative, educational and other activity of [ NAME OF CHILD ]. And which of them (he/she) is doing together or under direction of adult parents or relatives? Tell me also how many time it takes from parents and adult relatives per week.

	(He/she) is doing together or under direction of parents and adult relatives?	How many hours and minutes per week?	D/K	REFUSES
IVSPOPAR 1. Different kinds of physical activity, sports .....	Yes ..... 1 →	____ hrs ____ min	97	98
	No..... 2	IVSPPHRS IVSPPMIN		
		DOES NOT DO THIS.... 6		
IVCREPAR 2. Creativity, arts and crafts: for example dances, photography, drawing, theatre, modeling, computer technologies, handicrafts .....	Yes ..... 1 →	____ hrs ____ min	97	98
	No..... 2	IVCRPHRS IVCRPMIN		
		DOES NOT DO THIS.... 6		
IVHMWPAR 3. Preparation of homework .....	Yes ..... 1 →	____ hrs ____ min	97	98
	No..... 2	IVHWPHRS IVHWPMIN		
		DOES NOT DO THIS.... 6		
IVDSTPAR 4. Subjects chosen by parents or by child (himself/ herself) for a deeper studying, for example, mathematics, history, biology .....	Yes.... 1 →	____ hrs ____ min	97	98
	No..... 2	IVDSPHRS IVDSPMIN		
		DOES NOT DO THIS.... 6		

**IVCMPTR 72.161. 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 123.]  
 DOESN'T KNOW.....7 → [ SKIP TO 123.]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 123.]

**72162 . In the last 12 months has (he/she) used a personal computer:**

		Yes	No	D/K	REFUSES
IVCMPTRH	1. At home.....	1	2	7	8
IVCMPTRW	2. At a place of study .....	1	2	7	8
IVCMPTRE	3. In other places .....	1	2	7	8

**IVCMPTWS 72160. In the last 12 months did (he/she) use computer for studying?**

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

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

Yes .....1  
 No.....2 → [ SKIP TO 360. ]  
 DOESN'T KNOW.....7 → [ SKIP TO 360. ]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 360. ]

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

		Yes	No	D/K	REFUSES
IVINTRNH	1. At home.....	1	2	7	8
IVINTRNW	2. At a place of study .....	1	2	7	8
IVINTRNC	3. In an Internet café .....	1	2	7	8
IVINTRNE	4. In other places .....	1	2	7	8

**359. Does (he/ she) use for access to the Internet:**

		Yes	No	D/K	REFUSES
IVULTPFI	1. Notebook, laptop .....	1	2	7	8
IVPERCOM	5. personal computer .....	1	2	7	8
IVTABLPC	4. Tablet PC .....	1	2	7	8
IVUCPHFI	3. Cell phone or smartphone .....	1	2	7	8
IVSOMELS	6. other.....	1	2	7	8

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

		Yes	No	D/K	REFUSES
IVI4STUD	1. Study .....	1	2	7	8
IVI4ENTR	3. Entertainment .....	1	2	7	8
IVI4COMM	4. Communication with friends .....	1	2	7	8
IVI4CULT	6. Expanding (his/her) horizons.....	1	2	7	8
IVI4REFR	7. Getting reference information .....	1	2	7	8
IVINTSNU	10. Visiting social networking sites.....	1	2	7	8
IVI4OTHR	9. Other things .....	1	2	7	8

**360. Does he/she have his/her personal ...?**

		Yes	No	USED BY SEVERAL FAMILY MEMBERS	D/K	REFUSES
<i>IVHASTBL</i>	<b>5. Tablet PC</b> .....	1	2	6	7	8
<i>IVNTBOOK</i>	<b>3. Mobile PC, notebook, laptop, netbook</b> .....	1	2	6	7	8
<i>IVIPHONE</i>	<b>2. Smartphone, Communicator, i-Phone</b> .....	1	2	6	7	8
<i>IVCELLP</i>	<b>1. Cell phone</b> .....	1	2	6	7	8
<i>IVPSP</i>	<b>4.Play station portable (PSP) or something similar</b> .....	1	2	6	7	8

*IVHOW2S* **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  
 HE/SHE DOES HOMESCHOOLING.....6  
 DOESN'T KNOW.....7  
 REFUSES TO ANSWER.....8

*IV2SHR* **7.8.2. How many total hours and minutes does it take (him/her) to go to school and return?**  
*IV2SMN*

\_\_\_\_\_ HOURS \_\_\_\_\_ MINUTES → [ SKIP TO 8.16.]  
 DOESN'T KNOW.....97 → [ SKIP TO 8.16.]  
 REFUSES TO ANSWER.....98 → [ SKIP TO 8.16.]

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

		Yes	No	D/K	REFUSES
<i>IVTOOSML</i>	<b>1. (He/she) will go to school in a year or two</b>	1	2	7	8
<i>IVTOOILL</i>	<b>2. (He/she) has poor health and cannot attend school</b>	1	2	7	8
<i>IVEXPELL</i>	<b>3. (He/she) was expelled from school</b>	1	2	7	8
<i>IVHOMESC</i>	<b>4. Family wants to give (him/her) home schooling</b>	1	2	7	8
<i>IVNOSCHL</i>	<b>5. No schools are close to home</b>	1	2	7	8
<i>IVNOWSTU</i>	<b>7. (he/she) doesn't want to study</b>	1	2	7	8
<i>IVWORFAM</i>	<b>8. child is forced to work to help family</b>	1	2	7	8
<i>IVSCOTHR</i>	<b>6. Other reasons</b>	1	2	7	8

*IVATPRES* **8\_1. Does (he/ she) now attend any pre-school institution?**

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



XXXXXXXXX **8\_3. Why does [ CHILD'S NAME ] not attend any preschool educational institutions?**

[INTERVIEWER, HAND OVER CARD D\_2 TO RESPONDENT AND MARK ONE ANSWER]

CHILD IS TOO SMALL.....1⇒ [ SKIP TO 8.A.]

YOU COULD NOT SET CHILD

INTO PRESCHOOL INSISUTION .....2⇒ [ SKIP TO 8.A.]

IT IS TOO EXPENSIVE .....3⇒ [ SKIP TO 8.A.]

DOES NOT ATTEND BECAUSE

OF HEALTH ISSUES .....4⇒ [ SKIP TO 8.A.]

YOU PREFER TO EDUCATE YOUR

CHILD BY YOURSELF .....5⇒ [ SKIP TO 8.A.]

YOU PREFER YOUR CHILD TO BE

EDUCATED BY NANNY .....6⇒ [ SKIP TO 8.A.]

NOT SURE .....7⇒ [ SKIP TO 8.A.]

REFUSAL.....8⇒ [ SKIP TO 8.A.]

IVOWNSCH **8\_2. Who owns the pre-school institution 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

**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
<b>1. Karate, judo, gymnastics, tennis, swimming</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVNSKHRS		
		IVNSKARA IVNSKMIN		
<b>2. Plays with a ball, goes skating, rides a bicycle</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVNSBHRS		
		IVNSBALL IVNSBMIN		
<b>3. Dances, runs, jumps, plays hopscotch, hide and seek</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVNSDHRS		
		IVNSDANC IVNSDMIN		
<b>4. Plays sitting: on a bench, in a sandbox</b> .....	Yes .....1 →	____ hrs ____ min	97	98
	No.....2	IVNSSHRS		
		IVNSSITS IVNSSMIN		

IVNSPREG **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

8.13.1. Tell me, please, does (he/ she) engage in the next activities, and if (he/ she) is than for how many hours and minutes per week.

(He/she) engages...?		How many hours and minutes <u>per week</u> ?		D/K REFUSES	
1. Drawing or music.....	Yes..... 1 → ____ hrs ____ min 97 98	No..... 2	IVDMUHRS		
	IVDRMUSI	IVDMUMIN			
2. Dances, handicrafts, theater or any other kind of artwork.....	Yes..... 1 → ____ hrs ____ min 97 98	No..... 2	IVDNTHRS		
	IVDANCTH	IVDNTMIN			
4. Any other subjects chosen by parents or by child (himself/ herself) for a deeper studying, for example, mathematics, history, biology.....	Yes..... 1 → ____ hrs ____ min 97 98	No..... 2	IVOTSHRS		
	IVOTSUBP	IVOTSMIN			
5. Foreign language.....	Yes..... 1 → ____ hrs ____ min 97 98	No..... 2	IVFOLHRS		
	IVFOLANG	IVFOLMIN			

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	IVNSWHRS		
	IVNSWATV	IVNSWMIN			
3. Playing games with toy cars, dolls, construction sets, chess, checkers .....	Yes .....1 → ____ hrs ____ min 97 98	No.....2	IVNSGHRS		
	IVNSGAME	IVNSGMIN			
2. Reading, or listening to what is read to (him/her) .....	Yes .....1 → ____ hrs ____ min 97 98	No.....2	IVNSRHRS		
	IVNSREAD	IVNSRMIN			

8.15.1. We were talking about different kinds of physical, creative, educational and other activity of [ NAME OF CHILD ]. And which of them (he/she) is doing together or under direction of parents or adult relatives? Tell me also how many time it takes from parents and relatives per week.

(He/she) is doing together or under direction of parents and relatives?		How many hours and minutes per week?		D/K REFUSES	
IVSPWPAR 1. Different kinds of physical activity, sports .....	Yes .....1 → ____ hrs ____ min 97 98	No.....2	IVSWPHRS	IVSWPMIN	
	DOES NOT DO THIS....6				
IVCRWPAR 2. Creativity: for example dances, music, drawing, theatre, handicrafts .....	Yes .....1 → ____ hrs ____ min 97 98	No.....2	IVCWPHRS	IVCWPMIN	
	DOES NOT DO THIS....6				
IVDSWPAR 3. Subjects chosen by parents or by child (himself/ herself) for a deeper studying, for example, mathematics, three R`s, foreign language .....	Yes.... 1 → ____ hrs ____ min 97 98	No.....2	IVDWPHRS	IVDWPMIN	
	DOES NOT DO THIS....6				

[ **INTERVIEWER!** QUESTION 8.16. ASK ONLY ABOUT CHILDREN OLDER THAN 3 YEARS. FOR OTHERS SKIP TO QUESTION 9.]

8.16. Tell me, please, did [ *NAME OF CHILD* ] in the last 12 months visit...

How many  
times in the  
last 12 months? D/K REFUSES

*IVVISTHE* 1. Visit theatres, museums, exhibitions,  
zoo, circus and other cultural and  
entertaining events .....

Yes.... 1 ⇒ together with parents  
or adult relatives .|\_|\_| TIMES 97 98  
*IVVTHWPA*

without parents  
or adult relatives .|\_|\_| TIMES 97 98  
No ..... 2 *IVVTHWOP*

*IVEXURSI* 2. Have any excursions, trips,  
campaigns.....

Yes.... 1 ⇒ together with parents  
or relatives .....|\_|\_| TIMES 97 98  
*IVEXCWPA*

without parents  
or relatives .....|\_|\_| TIMES 97 98  
No ..... 2 *IVEXCWOP*

*IVSPHOWC* 8.17. Did somebody from parents spend with [ *NAME OF CHILD* ] his holiday in the last 12 months?

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

*IVMEETSA* 8.18. Is [ *NAME OF CHILD* ] meeting with someone of the same age outside (kindergarten/ school)?

Yes .....1  
No.....2 → [ SKIP TO 9.]  
*DOESN'T KNOW*.....7 → [ SKIP TO 9.]  
*REFUSES TO ANSWER*.....8 → [ SKIP TO 9.]

8.19. (He/ She) is...

Yes No D/K REFUSES

*IVWALWFR* 1. Walking with friends in the yard .....1 .....2 .....7 .....8  
*IVASSWFR* 2. Associate with friends in home or on a visits .....1 .....2 .....7 .....8  
*IVASSSTG* 3. Associate in coteries, courses, neighborhood houses .....1 .....2 .....7 .....8  
*IVASSEXC* 4. Associate on excursions, in cinema, in theatres  
and on child's feasts outside home .....1 .....2 .....7 .....8

*IVMEETSF* 8.20. How often does (he/she) meet with someone of same age outside (kindergarten/ school)?

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

*IVNFCARE* 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.]

IVRLCARE 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.]

IVDYCARE 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

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

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

IVATTKIN 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.]

IVDYSKIN 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

IVHRSKIN 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

IVNRCARE 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. ]

IVDNCARE 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

IVHNCARE 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

IVCARELW

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

IVPAYCLW

**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”

Now I want to ask about a very important part of life: child's health and medical care

*IVSMEDIN*    **2.2. Do you have supplementary voluntary health insurance for [ NAME OF CHILD ], with some form of service from an insurance firm, polyclinic, hospital, or medical center?**

Yes .....1  
 No.....2 → [ SKIP TO 5.0. ]  
 DOESN'T KNOW.....7 → [ SKIP TO 5.0. ]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 5.0. ]

**3.1 Who pays for this supplementary health insurance?**

			How much did you pay for a year in rubles?	D/K	REFUSES
<i>IVSMSELF</i>	<b>1. You, yourself, your household</b> .....	Yes ..... 1	→  _____	9997	9998
		No ..... 2	<i>IVSMSELA</i>		
<i>IVSMENTR</i>	<b>2. Your enterprise or organization, where a member of the household works</b> .....	Yes ..... 1	→  _____	<b>9997</b>	<b>9998</b>
		No ..... 2	<i>IVSMENTA</i>		
<i>IVSMOTHR</i>	<b>4. Others--who exactly?</b> .....	Yes ..... 1	→  _____	9997	9998
		No ..... 2	<i>IVSMOTHA</i>		
<i>IVSMOTHT</i> (char)	[ <b>INTERVIEWER!</b> WRITE DOWN. ] _____				

[ **INTERVIEWER!** SKIP TO 4. ON PAGE XX]

*IVDRFREQ*    **5.0. Tell me, please: How often does [ NAME OF CHILD ] go to the doctor during the year?**

Several times per month.....1  
 Once a month .....2  
 2-3 times a year .....3  
 Once a year .....4  
 Less than once a year .....5  
 DOESN'T KNOW.....7  
 REFUSES TO ANSWER.....8

*IVTIPAMB*    **83. Tell me, please, how many times did you or somebody for [ NAME OF CHILD ] you call Ambulance in the last 12 months?**

|\_\_\_\_|/\_\_\_\_| TIMES

NEVER .....96 → [ SKIP TO 5. ]  
 DON'T KNOW.....97 → [ SKIP TO 5. ]  
 REFUSE TO ANSWER.....98 → [ SKIP TO 5. ]

**841. To whom, how and how much, did you or your family pay for Ambulance call in the last 12 months?**

			How much did you pay in rubles?	DON'T REFU- KNOW SAL
<i>IVPAMBYS</i>	<b>1. Paid <u>officially</u> at a cashier's office in accordance with official rules or with the medical enterprise's official prices</b> .....	Yes..... 1	⇒   <i>IVPAMBHW</i>	9997 9998
		No..... 2		
<i>IVPAMHYS</i>	<b>2. Paid <u>unofficially</u>, through hand-to-hand monetary transactions- without any documents</b> .....	Yes..... 1	⇒   <i>IVPAMHHW</i>	9997 9998
		No..... 2		
<i>IVPAMGTY</i>	<b>3. Paid <u>unofficially</u>, through gift-giving</b> .....	Yes..... 1	⇒   <i>IVPAMGTH</i>	9997 9998
		No..... 2		

**IVHPRBLM 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

**IVLPRBLM 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 66.]  
 DOESN'T KNOW.....7 → [ SKIP TO 66.]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 66.]

**XXXXXXX 6. Please tell me exactly what happened to [ NAME OF CHILD ]?**

---

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

**IVADHEPR 58. What did you do to address (his/ hers) health problems in the past 30 days?**

Went to medical institutions or health workers  
only for dental care .....1 → [ SKIP TO 66.]  
 Went to medical institutions or health workers  
only for non-dental care.....2  
 Went to medical institutions or health workers  
for both – dental and non-dental care .....3  
 Did not go to health workers, but treated self.....4 → [ SKIP TO 66.]  
 DOESN'T KNOW .....7 → [ SKIP TO 66.]  
 REFUSES TO ANSWER .....8 → [ SKIP TO 66.]

**59. In the last 30 days did (he/she) apply for out-patient/ambulatory care? Please, don't take into account dental care or dental prosthetics. You will tell about it later. Did (he/she) go to...?**

Yes No D/K REFUSES

IVSTPOAC 1. A regional, city, state, or village polyclinic .....1 .....2 .....7 .....8  
 IVCOPOAC 2. A commercial polyclinic .....1 .....2 .....7 .....8  
 IVSTHOAC 3. A regional, city, state, or village hospital,  
 medical assistant station .....1 .....2 .....7 .....8  
 IVCOHOAC 4. A commercial hospital.....1 .....2 .....7 .....8  
 IVPRPHAC 5. A private physician.....1 .....2 .....7 .....8

**88. To whom, how and how much, did you or your family pay for outpatient not dental help, rendered to (he/she) by doctors during the last 30 days ...?**

			How much did you pay in rubles?	DON'T KNOW	REFU- SUL
IVPOFDAI	1. Paid <u>officially</u> at a cashier's office in accordance with official rules or with the medical enterprise's official prices .....	Yes 1 ⇒	_____	9997	9998
		No ...2	IVHMPOFD		
IVPUODAI	2. Paid <u>unofficially</u> , through hand-to-hand monetary transactions- without any documents .....	Yes 1 ⇒	_____	9997	9998
		No ....2	IVHMPUOD		
IVGIFDAI	3. Paid <u>unofficially</u> , through gift-giving.....	Yes 1 ⇒	_____	9997	9998
		No ....2	IVHMGIFD		

**IVEXP MED 66. Did you or your family incur any expenses on medicines or dressing materials for your home treatment in the last 30 days? Do not count expenditures on medicines for treatment in hospital, expenditures on vitamins or probiotics?**

Yes.....1  
 No.....2 → [ SKIP TO 31. ]  
 DOESN'T KNOW.....7 → [ SKIP TO 31. ]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 31. ]

**IVEXPMAM 67. How much did you pay for them?**

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

**IVMISILL 31. In the last 30 days did (he/she) miss any study days due to illness? Please, not take into account weekends or holidays.**

Yes.....1  
 No.....2 → [ SKIP TO 20. ]  
 IT IS NOT THE CASE.....6 → [ SKIP TO 20. ]  
 DOESN'T KNOW.....7 → [ SKIP TO 20. ]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 20. ]

**IVDYSMIS 32. How many days in total did (he/she) miss due to illness in the last 30 days?**

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

**IVHOSL3M 20. Has (he/she) been in the hospital in the last three months?**

Yes.....1  
 No.....2 → [ SKIP TO 76.]  
 DOESN'T KNOW.....7 → [ SKIP TO 76.]  
 REFUSES TO ANSWER.....8 → [ SKIP TO 76.]

**IVDYSHOS 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

**68. In which of the following facilities were [ NAME OF CHILD ] hospitalized in the last three months?**

		Yes	No	D/K	REFUSES
IVHOSTHO	1. In state, municipal hospital.....	1	2	7	8
IVHOINHO	2. In an institutional hospital .....	1	2	7	8
IVHOCOHO	3. In a commercial hospital.....	1	2	7	8

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

All medicines, syringes, and dressing materials  
 were received free..... 1 → [ SKIP TO 24.1.]  
 Some medicines, syringes, and dressing materials  
 were received free of charge, and some we paid for..... 2  
 We paid for all medicines, syringes, and dressing materials ... 3  
 DOESN'T KNOW..... 7 → [ SKIP TO 24.1.]  
 REFUSES TO ANSWER..... 8 → [ SKIP TO 24.1.]



**69. To whom, how, and how much did you or your family pay for medicines, syringes and dressing materials in the last 3 months when [ NAME OF CHILD ] were in the hospital or hospitals?**

		How much in rubles?	D/K	REFUSES
<i>IVPOFMED</i>	1. Paid <u>officially</u> at the cashier's office of the hospital you were in according to official rules or the medical enterprise's official prices .....	Yes ..... 1 →   _____	9997	9998
		No..... 2 <i>IVPOFMEA</i>		
<i>IVPUNMED</i>	2. You paid <u>unofficially</u> by giving money or gifts directly to a doctor or medical staff of the hospital you were in .....	Yes ..... 1 →   _____	9997	9998
		No..... 2 <i>IVPUNMEA</i>		
<i>IVBOUMED</i>	3. Somebody bought medicine, syringes and dressing materials for treatment in the hospital in pharmacies outside of hospital .....	Yes ..... 1 →   _____	9997	9998
		No..... 2 <i>IVBOUMEA</i>		

**IVPDHOSP 24.1. Did you pay for a [ NAME OF CHILD ]'s stay in hospital, medical services and treatment, not including payments for medicine, syringes and dressing materials it doesn't matter whether it was money or presents?**

Yes..... 1  
 No ..... 2 → [ SKIP TO 76. ]  
 DOESN'T KNOW..... 7 → [ SKIP TO 76. ]  
 REFUSES TO ANSWER..... 8 → [ SKIP TO 76. ]

**70. To whom, how, and how much did you or your family pay in the last three months for a stay of [NAME OF CHILD ] in the hospital, medical services, and treatment, not including payments for medicine, syringes and dressing materials?**

		Did you pay?	How much in rubles?	D/K	REFUSES
<i>IVPOFHOC</i>	1. You paid officially in a cashier's office in accordance with the official rules or the medical enterprise's official prices.....	Yes ..... 1   _____		9997	9998
		No..... 2 <i>IVPOFHOA</i>			
<i>IVPUNHOC</i>	2. You paid unofficially through hand-to-hand monetary transactions without any documents.....	Yes ..... 1   _____		9997	9998
		No..... 2 <i>IVPUNHOA</i>			
<i>IVGIFHOC</i>	3. You paid unofficially through gift-giving.....	Yes ..... 1   _____		9997	9998
		No..... 2 <i>IVGIFHOA</i>			

**IVAPDECA 76. Did (he/she) apply for dental care, in the past three months?**

Yes..... 1  
 No..... 2 → [ SKIP TO 26. ]  
 DOESN'T KNOW..... 7 → [ SKIP TO 26. ]  
 REFUSES TO ANSWER..... 8 → [ SKIP TO 26. ]

**77. In what kind of facility did (he/she) apply for dental care in the last three months?**

		Yes	No	D/K	REFUSES
<i>IVAPSTHO</i>	1. In state, municipal hospital.....	1	2	7	8
<i>IVAPINHO</i>	2. In institutional hospital .....	1	2	7	8
<i>IVAPCOHO</i>	3. In a commercial hospital, commercial room.....	1	2	7	8

**78. To whom, how, and how much did you or your family pay for dental services for [NAME OF CHILD ] in the last three months?**

		Did you pay?	How much in rubles?	D/K	REFUSES
<i>IVPOFDEC</i>	1. You paid <u>officially</u> in the cashier's office in accordance with official rules or the medical enterprise's official prices.....	Yes ..... 1   _____		9997	9998
		No..... 2 <i>IVPOFDEA</i>			

- IVPUNDEC* 2. You paid unofficially through hand-to-hand monetary transactions without any documents..... Yes ..... 1 | \_\_\_\_\_ | 9997 9998  
No..... 2 *IVPUNDEA*
- IVGIFDEC* 3. You paid unofficially through gift-giving..... Yes ..... 1 | \_\_\_\_\_ | 9997 9998  
No..... 2 *IVGIFDEA*

*IVCHECKU* 26. Tell me, please: In the last three months have you seen a doctor for a medical checkup, not because you were sick?

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

79. To whom, how, and how much did you or your family pay for this medical checkup of [NAME OF CHILD] in the last three months?

- |                 |   | Did you pay?          | How much in rubles? | D/K REFUSES |
|-----------------|---|-----------------------|---------------------|-------------|
| <i>IVPOFCHE</i> | 1. You paid <u>officially</u> in the cashier's office in accordance with official rules or the medical enterprise's official prices ..... | Yes ..... 1 →   _____ |                     | 9997 9998   |
|                 |   | No..... 2             | <i>IVPOFCHA</i>     |             |
| <i>IVPUNCHE</i> | 2. You paid <u>unofficially</u> through hand-to-hand monetary transactions without any documents.....                                     | Yes ..... 1 →   _____ |                     | 9997 9998   |
|                 |   | No..... 2             | <i>IVPUNCHA</i>     |             |
| <i>IVGIFCHE</i> | 3. You paid <u>unofficially</u> through gift-giving.....  | Yes ..... 1 →   _____ |                     | 9997 9998   |
|                 |   | No..... 2             | <i>IVGIFCHA</i>     |             |

*IVDOCREG* 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 81. ]  
No.....2  
*DOESN'T KNOW*.....7  
*REFUSES TO ANSWER*.....8

*IVDOCNEC* 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

81. What other measures does your family undertake to strength [ NAME OF CHILD ]'s health and prevent disease?

- |                 |  | Yes | No | D/K | REFUSES |
|-----------------|--|-----|----|-----|---------|
| <i>IVHMCOLD</i> | 1. Cold training .....                             | 1   | 2  | 7   | 8       |
| <i>IVHMDIET</i> | 2. Dietary .....                                   | 1   | 2  | 7   | 8       |
| <i>IVHMVITA</i> | 3. Vitamins, nutrient additives .....              | 1   | 2  | 7   | 8       |
| <i>IVHMREGI</i> | 4. Keeping day regimen .....                       | 1   | 2  | 7   | 8       |
| <i>IVHMSPOR</i> | 5. Sport trainings .....                           | 1   | 2  | 7   | 8       |
| <i>IVHMSAUN</i> | 6. Visiting sauna .....                            | 1   | 2  | 7   | 8       |
| <i>IVHMFAIR</i> | 7. Obligate walking in the fresh air .....         | 1   | 2  | 7   | 8       |
| <i>IVHMOTHE</i> | 8. Other [ <u>INTERVIEWER!</u> WRITE DOWN. ] ..... | 1   | 2  | 7   | 8       |

---

*DOESN'T KNOW* .....97  
*REFUSES TO ANSWER* .....98

## 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.

IVWTSELF

1. How many kilograms does (he/she) weigh?

[ **INTERVIEWER!** IN THESE QUESTIONS 1 AND 2 WE NEED TO UNDERSTAND THE SUBJECTIVE OPINION OF THE RESPONDENT ABOUT WEIGHT AND HEIGHT ]

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

IVHTSELF

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

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

IVWTCHNG

2.1. Tell me, please: How has (his/her) weight changed over the last year? If child is less than 1 year old, how has his/her weight changed since his birth?

(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

IVEVALHL

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

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

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

	Yes	No	D/K	REFUSES
IVCHEART 1. Heart disease .....	1	2	7	8
IVCLUNGS 2. Lung disease, bronchus .....	1	2	7	8
IVCLIVER 3. Liver disease .....	1	2	7	8
IVCKIDNY 4. Kidney disease .....	1	2	7	8
IVCGI 5. Gastrointestinal disease .....	1	2	7	8
IVCSPINE 6. Spinal problems .....	1	2	7	8
IVDESHBP 11. ENT disease .....	1	2	7	8
IVDISNEU 12. Neurological diseases .....	1	2	7	8
IVDISEYE 13. Eye Diseases .....	1	2	7	8
IVDISALL 15. An allergy .....	1	2	7	8
IVCOTHER 7. Another <u>chronic</u> illness .....	1	2	7	8

IVDISABL

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

IVDIABET

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

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

IVEVERTB

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

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

IVEVERHP

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

Yes.....1  
 No.....2 → [ SKIP TO 131. ]  
*DOESN'T KNOW*.....7 → [ SKIP TO 131. ]  
*REFUSES TO ANSWER*.....8 → [ SKIP TO 131. ]

IVTYPHP

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

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

IVTYPHPT

(char)

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

IVDEPRES

**131. In the last 12 months have you had a serious nervous disorder or depression?**

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

IVCOUGHS

**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

IVCONGES

**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

*IVEARACH*      **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

*IVSORETH*      **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

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

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

*IVDIARRH*      **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. ]

*IVDIARDY*      **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

*IVBMTIME*      **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

*IVMUCUSS*      **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

*IVBLOODS*      **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

- IVFEVERS*      **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
- IVVOMITS*      **107. Since the diarrhea started, has (he/she) thrown up?**  
                     Yes.....1  
                     No.....2  
                     DOESN'T KNOW.....7  
                     REFUSES TO ANSWER.....8
- IVABPAIN*      **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
- IVLEUKEM*      **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 69.9. AND VERIFY THE SEX AND BIRTH YEAR OF THE CHILD UNDER DISCUSSION. ASK QUESTIONS N2.-111. IF THE CHILD IS A GIRL BORN IN 2002 OR EARLIER. FOR ALL OTHERS SKIP TO 187. ]

- IVEVRMEN*      **N2. Tell me, please: Has she ever menstruated?**  
                     Yes.....1  
                     No.....2 → [ SKIP TO 187. ]  
                     DOESN'T KNOW.....7 → [ SKIP TO 187. ]  
                     REFUSES TO ANSWER.....8 → [ SKIP TO 187. ]

- IVAGEMEN*      **111. How old was she when she first menstruated?**  
                     | \_\_\_\_ | \_\_\_\_ | YEARS  
                     DOESN'T KNOW.....97  
                     REFUSES TO ANSWER.....98

*IVHVCPI*      **187. Finally - a new phenomenon in our lives. Recently, the Pension Fund of Russia launched a universal registration system of mandatory pension insurance of children and teenagers with the issuance of insurance certificates. Tell me, please, [CHILD'S NAME] has a card of pension insurance, pension insurance certificate?**

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

**THANK YOU!**

## S. SECTION “INTERVIEWER’S REMARKS”

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

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

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

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

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

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

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

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

- IVRESRES* 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 ]

- IVRESSIN* 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 ]

- IVFDRELY* 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** \_\_\_\_\_