Questionnaire

for a selective survey of household conditions and public health

Children's Individual Questionnaire

(for household members age 14 and younger)

1. Oblast (territory) ________________________________ | __ | __ |

2. Name of population center __________________________ | __ | __ | __ | __ | __ | __ |

3. Type of population center ____________________________ | __ |

4. Date of interview. Day | ___ | ___ | month | ___ | ___ | year | ___ | ___ |
   Time of interview. Start: | ___ | ___ hour | ___ | ___ minute
   End: | ___ | ___ hour | ___ | ___ minute

5. Name of interviewer ____________________________________________

6. Number of interviewer | ___ | ___ |

7. Number of household | ___ | ___ | ___ | ___ | ___ |

8. Number of the household member who is the subject of the interview | ___ | ___ |
   [INTERVIEWER! PLEASE CHECK THE FAMILY MEMBER'S NUMBER AGAINST THAT RECORDED ON CARD ON PAGE 3 OF THE HOUSEHOLD QUESTIONNAIRE]

9. Number of the household member who is answering the questions | ___ | ___ |
   [INTERVIEWER! PLEASE CHECK THE FAMILY MEMBER'S NUMBER AGAINST THAT RECORDED ON CARD ON PAGE 3 OF THE HOUSEHOLD QUESTIONNAIRE]

10. | ___ | ___ |

11. | ___ | ___ | ___ | ___ |
2.

[Interviewer! Questions in this section should be asked only to members of households with children born in 1984 or later]

1. CHILD CARE

1. Tell me, please, in the last 7 days, has anyone cared for [NAME OF CHILD] who is not a member of your household: friends, child care workers, relatives who do not live with you?

Yes ................................... 1
No .................................... 2  --> [SKIP TO SECTION 2. ON PAGE 4]
DOESN'T KNOW .......................... 7  --> [SKIP TO SECTION 2. ON PAGE 4]
REFUSES TO ANSWER ................. 8  --> [SKIP TO SECTION 2. ON PAGE 4]

2. Has [NAME OF CHILD] in the past 7 days been cared for by relatives who do not live with you?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 5.]
DOESN'T KNOW .......................... 7  --> [SKIP TO 5.]
REFUSES TO ANSWER ................. 8  --> [SKIP TO 5.]

3. How many days of the last 7 was [NAME OF CHILD] cared for by relatives who do not live with you?

|___|___| days
DOESN'T KNOW .......................... 97
REFUSES TO ANSWER ................. 98

4. On those days of the last 7, when your relatives who do not live with you helped care for [NAME OF CHILD], how many hours per day on the average did this take place?

|___|___| hours
DOESN'T KNOW ........................ 997
REFUSES TO ANSWER ............... 998

5. Has [NAME OF CHILD] in the last 7 days attended a kindergarten, nursery, after-school group or something similar?

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

6. How many days of the last 7 has [NAME OF CHILD] attended a kindergarten, nursery, after-school group or something similar?

|___|___| days
DOESN'T KNOW ........................ 997
REFUSES TO ANSWER ............... 998
7. On those days of the last 7 when [NAME OF CHILD] attended kindergarten, nursery, afterschool group or something similar, how many hours, on the average, did this take place?

|__|__| hours

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

8. Who owns this children's preschool establishment or school that [NAME OF CHILD] attends?

The state ...................................... 1
An organization or enterprise ............... 2
Private persons .............................. 3
Someone else ............................... 4
DOESN'T KNOW .......................... 7
REFUSES TO ANSWER ............... 8

9. Has [NAME OF CHILD] been cared for in the last 7 days by other people who are not your relatives?

Yes ..................................... 1
No ...................................... 7 --> [SKIP TO 12.]
DOESN'T KNOW ...................... 7 --> [SKIP TO 12.]
REFUSES TO ANSWER ................. 8 --> [SKIP TO 12.]

10. How many days of the last 7 has [NAME OF CHILD] been cared for by people who are not your relatives?

|__|__| days

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

11. On those days of the last 7 when people who are not your relatives helped care for [NAME OF CHILD], how many hours on the average did this take place?

|__|__| hours

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

12. How much in all did you have to pay for attendance at a children's establishment and care for [NAME OF CHILD] in the last 7 days? If you paid for these services not in money, but in goods, presents, or something similar, approximately how much would this be in rubles?

|________| rubles

DOESN'T KNOW .......................... 99999997
REFUSES TO ANSWER ............... 99999998

13. What sum of money in all did you pay for attendance at a children's establishment and care for [NAME OF CHILD] in the last 30 days? If you paid for these services not in money, but in goods, presents, or something similar, approximately how much would this be in rubles?

|________| rubles

DOESN'T KNOW .......................... 99999997
REFUSES TO ANSWER ............... 99999998
2. USE OF TIME

Now I would like to ask you a few questions about how you (he/she) spent your time during the last 7 days.

I2WORKLW 1. Did you (he/she) in the last 7 days work in the production sector or at an office, including part-time work, work at home, entrepreneurial activity, farming, or individual economic activity?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

I2TIWKLW 2. How much time did you (he/she) spend working in the last 7 days (excluding time commuting to and from the place of work)?

<table>
<thead>
<tr>
<th>______ hours ______ minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOESN'T KNOW ...............</td>
</tr>
<tr>
<td>REFUSES TO ANSWER ..........</td>
</tr>
</tbody>
</table>

I2TOOMLW 3. How much time did you (he/she) spend commuting to the place of work and back in the last 7 days?

<table>
<thead>
<tr>
<th>______ hours ______ minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOESN'T KNOW ...............</td>
</tr>
<tr>
<td>REFUSES TO ANSWER ..........</td>
</tr>
</tbody>
</table>

I2GARDLW 4. Have you (he/she) in the last 7 days worked on your individual land plot, dacha, or garden plot (excluding private farming), or on personal subsidiary agriculture?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

I2TGAARLW 5. How much time in the last 7 days did you (he/she) spend on this work on your individual land plot, dacha, or garden plot (excluding private farming), or on personal subsidiary agriculture?

<table>
<thead>
<tr>
<th>______ hours ______ minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOESN'T KNOW ...............</td>
</tr>
<tr>
<td>REFUSES TO ANSWER ..........</td>
</tr>
</tbody>
</table>

I2STUDLW 6. In the last 7 days were you (he/she) occupied with studies, professional training, or self-education?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
7. How much time did you (he/she) spend on studies, professional training, or self-education in the last 7 days?

________ hours ______ minutes
DOESN'T KNOW .................. 99997
REFUSE TO ANSWER ............... 99998

8. How much time did you (he/she) spend on commuting to the place of study and back in the last 7 days?

________ hours ______ minutes
DOESN'T KNOW .................. 99997
REFUSE TO ANSWER ............... 99998

9. Did you (he/she) spend any time in the last 7 days looking for and purchasing food items?

Yes ................................... 1
No ..................................... 2  --> [SKIP TO 11.]
DOESN'T KNOW .................... 7  --> [SKIP TO 11.]
REFUSE TO ANSWER ............... 8  --> [SKIP TO 11.]

10. How much time in the last 7 days did you (he/she) spend looking for and purchasing food items?

________ hours ______ minutes
DOESN'T KNOW .................. 99997
REFUSE TO ANSWER ............... 99998

11. Did you (he/she) spend any time in the last 7 days looking for and purchasing non-food items?

Yes ................................... 1
No ..................................... 2  --> [SKIP TO 13.]
DOESN'T KNOW .................... 7  --> [SKIP TO 13.]
REFUSE TO ANSWER ............... 8  --> [SKIP TO 13.]

12. How much time in the last 7 days did you (he/she) spend looking for and purchasing non-food items?

________ hours ______ minutes
DOESN'T KNOW .................. 99997
REFUSE TO ANSWER ............... 99998

13. Did you (he/she) spend any time in the last 7 days obtaining household services--e.g., laundry, tailor, repair, etc. (excluding hairdressers, saunas, clinics, and hospitals)?

Yes ................................... 1
No ..................................... 2  --> [SKIP TO 15.]
DOESN'T KNOW .................... 7  --> [SKIP TO 15.]
REFUSE TO ANSWER ............... 8  --> [SKIP TO 15.]

14. How much time in the last 7 days did you (he/she) spend obtaining household services--e.g., laundry, tailor, repair, etc. (excluding hairdressers, saunas, clinics, and hospitals)?

________ hours ______ minutes
DOESN'T KNOW .................. 99997
REFUSE TO ANSWER ............... 99998
6.

15. Were you (he/she) occupied in the last 7 days with food preparation or dish-washing?

Yes ................................... 1
No ........................................ 2 --> [SKIP TO 17.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 17.]
REFUSES TO ANSWER ....................... 8 --> [SKIP TO 17.]

16. How much of your (his/her) time did this occupy in the last 7 days?

   hours  ___________ minutes
DOESN'T KNOW .......................... 99997
REFUSES TO ANSWER ....................... 99998

17. Were you (he/she) occupied at home with cleaning, remodeling, or repairing furniture or household appliances?

Yes ................................... 1
No ........................................ 2 --> [SKIP TO 19.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 19.]
REFUSES TO ANSWER ....................... 8 --> [SKIP TO 19.]

18. How much of your (his/her) time did this occupy in the last 7 days?

   hours  ___________ minutes
DOESN'T KNOW .......................... 99997
REFUSES TO ANSWER ....................... 99998

19. Were you (he/she) occupied in the last 7 days doing laundry, ironing, or repairing or making clothes for your family?

Yes ................................... 1
No ........................................ 2 --> [SKIP TO 21.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 21.]
REFUSES TO ANSWER ....................... 8 --> [SKIP TO 21.]

20. How much of your (his/her) time did this take in the last 7 days?

   hours  ___________ minutes
DOESN'T KNOW .......................... 99997
REFUSES TO ANSWER ....................... 99998

21. [INTERVIEWER!] TURN TO THE CARD IN THE HOUSEHOLD QUESTIONNAIRE ON PAGE 3 AND CHECK IF THERE ARE CHILDREN AGED 6 OR YOUNGER (BORN AFTER NOVEMBER 1986) ON THE CARD. QUESTIONS 21 - 22 SHOULD BE ASKED ONLY IF THERE ARE SUCH CHILDREN IN THE FAMILY. IF THERE ARE NO SUCH CHILDREN IN THE FAMILY, SKIP TO QUESTION 23.

Did you (he/she) devote any time to young children (aged 6 or younger) in your family, e.g., feeding, bathing, baby-sitting, etc.? The time should be counted even if you (he/she) combined caring for children with some other activity.

Yes ................................... 1
No ........................................ 2 --> [SKIP TO 23.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 23.]
REFUSES TO ANSWER ....................... 8 --> [SKIP TO 23.]

22. How much of your (his/her) time did this take in the last 7 days?

   hours  ___________ minutes
DOESN'T KNOW .......................... 99997
REFUSES TO ANSWER ....................... 99998

Did you (he/ she) in the last 7 days take part in caring for children aged 7 to 12. I have in mind, for example, helping them with their studies and similar things? The time should be counted even if you (he/ she) were occupied with some other activity while looking after children.

- Yes ................................... 1
- No .................................... 2 --> [SKIP TO 30.]
- DOESN'T KNOW .......................... 7 --> [SKIP TO 30.]
- REFUSES TO ANSWER .................... 8 --> [SKIP TO 30.]

24. How much of your (his/ her) time did this take in the last 7 days?

________ hours _______ minutes

- DOESN'T KNOW .......................... 99997
- REFUSES TO ANSWER .................... 99998

[Questions 25-29 have been purposefully omitted]
30. Have you (he/she) in the last 7 days looked after other children, aged 6 or less, who do not live with you, if this is not your regular job?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 32.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 32.]
REFUSES TO ANSWER .......................... 8 --> [SKIP TO 32.]

31. How much time in the last 7 days did you (he/she) spend caring for children aged 6 and less who do not live with you?

______ hours  ______ minutes
DOESN'T KNOW .......................... 99997
REFUSES TO ANSWER .......................... 99998

32. Tell me, please, is your (his/her) father more than 50 years old?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 35.]
FATHER HAS DIED .......................... 6 --> [SKIP TO 35.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 35.]
REFUSES TO ANSWER .......................... 8 --> [SKIP TO 35.]

33. In the last 7 days, have you (he/she) spent any time helping him do things that he cannot do independently, for example, going to the store especially for him, helping him with cleaning, washing?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 35.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 35.]
REFUSES TO ANSWER .......................... 8 --> [SKIP TO 35.]

34. How much time has this taken you (him/her) in the last 7 days?

______ hours  ______ minutes
DOESN'T KNOW .......................... 99997
REFUSES TO ANSWER .......................... 99998

35. Tell me, please, is your (his/her) mother more than 50 years old?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 38.]
MOTHER HAS DIED .......................... 7 --> [SKIP TO 38.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 38.]
REFUSES TO ANSWER .......................... 8 --> [SKIP TO 38.]

36. In the last 7 days have you (he/she) spent any time helping her do things that she cannot do independently, for example, helping her with cleaning or washing or going to the store especially for her?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 38.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 38.]
REFUSES TO ANSWER .......................... 8 --> [SKIP TO 38.]

37. How much time has this taken you (him/her) in the last 7 days?

______ hours  ______ minutes
DOESN'T KNOW .......................... 99997
REFUSES TO ANSWER .......................... 99998
38. Do you have other relatives or friends older than 50 years of age?

   Yes ................................... 1

   No .................................... 2 --> [SKIP TO 42. ]

   DOESN'T KNOW ........................... 7 --> [SKIP TO 42. ]

   REFUSES TO ANSWER .................. 8 --> [SKIP TO 42. ]

39. Do any of them need help, for example, with dressing or eating?

   Yes ................................... 1

   No .................................... 2 --> [SKIP TO 42. ]

   DOESN'T KNOW ........................... 7 --> [SKIP TO 42. ]

   REFUSES TO ANSWER .................. 8 --> [SKIP TO 42. ]

40. Tell me, please, in the last 7 days have you (he/she) looked after any of them doing things that (he/she) cannot do independently, for example, going to the store especially for him (her)?

   Yes ................................... 1

   No .................................... 2 --> [SKIP TO 42. ]

   DOESN'T KNOW ........................... 7 --> [SKIP TO 42. ]

   REFUSES TO ANSWER .................. 8 --> [SKIP TO 42. ]

41. How much time has this taken you (him/her) in the last 7 days?

   ______ hours  ______ minutes

   DOESN'T KNOW ........................... 99997

   REFUSES TO ANSWER .................. 99998

42. How much time have you (he/she) spent in the last 7 days sleeping?

   ______ hours  ______ minutes

   DOESN'T KNOW ........................... 99997

   REFUSES TO ANSWER .................. 99998

43. Have you (he/she) had free time in the last 7 days, when you (he/she) could rest, go out to the theater or the cinema, watch television, read, go for a stroll, etc.

   Yes ................................... 1

   No .................................... 2 --> [SKIP TO SECTION 3. ON PAGE 10]

   DOESN'T KNOW ........................... 7 --> [SKIP TO SECTION 3. ON PAGE 10]

   REFUSES TO ANSWER .................. 8 --> [SKIP TO SECTION 3. ON PAGE 10]

44. How much free time have you (he/she) had in the last 7 days?

   ______ hours  ______ minutes

   DOESN'T KNOW ........................... 99997

   REFUSES TO ANSWER .................. 99998
3. MIGRATION

[INTERVIEWER! QUESTIONS IN THIS SECTION SHOULD BE ANSWERED ONLY BY MEMBERS OF NEW FAMILIES AND NEW MEMBERS OF OLD FAMILIES. IF YOU ARE SPEAKING WITH SOMEONE WHO HAS ANSWERED THE QUESTIONS FROM THIS SECTION IN THE FIRST INVESTIGATION, SKIP TO SECTION 4. ON PAGE 12]

1. Tell me, please, have you (he/she) always lived in the population center where you now live?

   Yes ................................... 1 --> [SKIP TO 11.]
   No .................................... 2
   DOESN'T KNOW ........................ 7
   REFUSES TO ANSWER ................. 8

2. How long have you (he/she) lived in this population center?

   __ | __ | years
   DOESN'T KNOW ........................ 97
   REFUSES TO ANSWER ................. 98

3. Tell me, please, where were you (he/she) born?

[INTERVIEWER! PLEASE NOTE THE NAME]

   population center ________________________________
   DOB NPC (char)
   republic, region, territory ____________________________
   DOB NOB (char)
   DOB TYPE

4. Is it a city, an urban-type settlement, or a village (drevnia, khutor, kishlak, aul)?

   City ................................... 1
   Urban-type settlement .................... 2
   Village, drevnia, khutor, kishlak, aul ............................ 3
   DOESN'T KNOW ........................ 7
   REFUSES TO ANSWER ................. 8

5. How old were you (he/she) when you (he/she) left the population center where you (he/she) were born?

   __ | __ | years old
   DOESN'T KNOW ........................ 97
   REFUSES TO ANSWER ................. 98

6. Tell me, please, why you (he/she) left the population center where you were born?

   Yes No DOESN'T REFUSES TO
   KNOW ANSWER

   I2LPFAM
   My (his/her) family moved ............. 1 ....... 2 ...... 7 ....... 8
   I2LBJOB
   In connection with changing jobs, was posted elsewhere, was assigned elsewhere upon graduation ... 1 ....... 2 ...... 7 ....... 8
   I2LPSTD
   In connection with a course of study ... 1 ....... 2 ...... 7 ....... 8
   I2LPMAR
   In connection with marriage ............ 1 ....... 2 ...... 7 ....... 8
   I2LBA RMY
   In connection with induction into active military service .................. 1 ....... 2 ...... 7 ....... 8
   I2LNSAF
   It became dangerous to live there .......... 1 ....... 2 ...... 7 ....... 8
   I2LPOTH
   Other reasons, specify ................... 1 ....... 2 ...... 7 ....... 8
   I2LPO TS (char)

[INTERVIEWER! PLEASE NOTE BELOW]
11. Have you (he/she) ever lived in any other place, besides the one where you were born and where you now live?

Yes .................................. 1
No ................................... 2  --> [SKIP TO 11.]
DOESN'T KNOW ..................... 7  --> [SKIP TO 11.]
REFUSES TO RESPOND ............... 8  --> [SKIP TO 11.]

8. From where did you (he/she) move to the population center where you now live?

[INTERVIEWER! PLEASE NOTE THE NAME]

9. Is this a city, an urban-type settlement, or a village (derevnia, khutor, kishlak, aul)?

City .................................. 1
Urban-type settlement ............... 2
Village, derevnia, khutor, kishlak, aul ............................ 3
DOESN'T KNOW ..................... 7
REFUSES TO ANSWER ............... 8

10. Tell me, please, why you (he/she) moved away from this population center?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DOESN'T</th>
<th>REFUSES TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. My family moved ............... 1
2. In connection with changing jobs, was posted elsewhere, was assigned elsewhere upon graduation ............. 1
3. In connection with a course of study .......................... 1
4. In connection with marriage ................................... 1
5. In connection with induction into active military service ........................................ 1
6. It became dangerous to live there ............................. 1
7. Other reasons, specify ................................. 1

[INTERVIEWER! PLEASE NOTE BELOW]

8. Tell me, please, why you (he/she) moved away from this population center?

11. What nationality do you (he/she) consider yourself? I don't necessarily have in mind the nationality that is indicated on your (his/her) passport.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DOESN'T</th>
<th>REFUSES TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

1. My family moved ............... 1
2. In connection with changing jobs, was posted elsewhere, was assigned elsewhere upon graduation ............. 1
3. In connection with a course of study .......................... 1
4. In connection with marriage ................................... 1
5. In connection with induction into active military service ........................................ 1
6. It became dangerous to live there ............................. 1
7. Other reasons, specify ................................. 1

[INTERVIEWER! PLEASE NOTE BELOW]
4. HEALTH STATUS

1. **[INTERVIEWER]! PAY ATTENTION: PLEASE NOTE IF THE RESPONDENT HAS ANY AMPUTATED ARMS OR LEGS. IF YOU ARE CONDUCTING AN INTERVIEW ABOUT ANOTHER MEMBER OF THE HOUSEHOLD, ASK "Tell me, please, does he (does she) have any amputations?"**

<table>
<thead>
<tr>
<th>One</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All or part of an arm</td>
<td>1</td>
</tr>
<tr>
<td>2. All or part of a leg</td>
<td>1</td>
</tr>
</tbody>
</table>

2. Pulse frequency in 1 minute?

3. Blood pressure

<table>
<thead>
<tr>
<th>I measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>systolic _____</td>
</tr>
<tr>
<td>diastolic _____</td>
</tr>
</tbody>
</table>

4. Height

5. Weight

6. Pulse frequency in 1 minute?

7. Blood pressure

<table>
<thead>
<tr>
<th>II measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>systolic _____</td>
</tr>
<tr>
<td>diastolic _____</td>
</tr>
</tbody>
</table>

8. Thigh circumference

9. Waist circumference

10. Pulse frequency in 1 minute?

11. Blood pressure

<table>
<thead>
<tr>
<th>III measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>systolic _____</td>
</tr>
<tr>
<td>diastolic _____</td>
</tr>
</tbody>
</table>
12. Now let's talk about your (his/ her) health. Tell me, please, how would you (he/ she) evaluate your (his/ her) health? It is:

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

13. In general, how do you think your (his/ her) physical health affects your (his/ her) daily activities?

- Does not affect them at all. ................. 1
- Everything is normal ....................... 2
- Practically does not affect them .......... 2
- Affects them a little ....................... 3
- Affects them a lot ............................ 4
- Cannot work or carry out daily activities ........................................ 5
- DOESN'T KNOW ............................. 7
- REFUSES TO ANSWER ..................... 8

14. What might you say about your (his/ her) mood in the last 30 days? Have you (he/ she) been in a good mood or in a bad or low mood? You might evaluate your (his/ her) mood as:

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

15. Evaluate, please, how your (his/ her) mood affects your (his/ her) work, other daily activities?

- Does not affect them at all. ................. 1
- Everything is normal ....................... 2
- Practically does not affect them .......... 2
- Affects them a little ....................... 3
- Affects them a lot ............................ 4
- Cannot work or carry out daily activities ........................................ 5
- DOESN'T KNOW ............................. 7
- REFUSES TO ANSWER ..................... 8
16. Let’s talk about what difficulties people encounter in carrying out different actions in connection with the state of their health and whether you (he/she) encounter any of them?

Tell me, please, how difficult is it for you (for him/her) to run about a kilometer?

Not at all difficult .................................................. 1  --> [SKIP TO 32. ]
Slightly difficult ................................................. 2  --> [SKIP TO 32. ]
Somewhat difficult .............................................. 3
Very difficult, but possible ................................. 4
Cannot do it .................................................. 5
DOESN'T KNOW ............................................. 7
REFUSES TO ANSWER ................................. 8

17. How difficult is it for you (for him/her) to walk about a kilometer?

Not at all difficult .................................................. 1  --> [SKIP TO 32. ]
Slightly difficult ................................................. 2
Somewhat difficult .............................................. 3
Very difficult, but possible ................................. 4
Cannot do it .................................................. 5
DOESN'T KNOW ............................................. 7
REFUSES TO ANSWER ................................. 8

18. How difficult is it for you (for him/her) to walk about 200 meters?

Not at all difficult .................................................. 1  --> [SKIP TO 20. ]
Slightly difficult ................................................. 2
Somewhat difficult .............................................. 3
Very difficult, but possible ................................. 4
Cannot do it .................................................. 5
DOESN'T KNOW ............................................. 7
REFUSES TO ANSWER ................................. 8

19. How difficult is it for you (for him/her) to walk across a room?

Not at all difficult .................................................. 1
Slightly difficult ................................................. 2
Somewhat difficult .............................................. 3
Very difficult, but possible ................................. 4
Cannot do it .................................................. 5
DOESN'T KNOW ............................................. 7
REFUSES TO ANSWER ................................. 8

20. How difficult is it for you (for him/her) to sit for 2 hours?

Not at all difficult .................................................. 1
Slightly difficult ................................................. 2
Somewhat difficult .............................................. 3
Very difficult, but possible ................................. 4
Cannot do it .................................................. 5
DOESN'T KNOW ............................................. 7
REFUSES TO ANSWER ................................. 8
I2DSTAND 21. How difficult is it for you (for him/for her) to stand up after you (he/she) have been sitting in a chair for an extended period of time?

Not at all difficult ........................ 1
Slightly difficult .......................... 2
Somewhat difficult ......................... 3
Very difficult, but possible ............... 4
Cannot do it ................................ 5
DOESN'T KNOW ............................. 7
REFUSE TO ANSWER ..................... 8

I2DGETUP 22. How difficult is it for you (for him/for her) to lie down and get up from a bed without help?

Not at all difficult ........................ 1
Slightly difficult .......................... 2
Somewhat difficult ......................... 3
Very difficult, but possible ............... 4
Cannot do it ................................ 5
DOESN'T KNOW ............................. 7
REFUSE TO ANSWER ..................... 8

I2DCLIFS 23. How difficult is it for you (for him/for her) to climb several flights of stairs without resting?

Not at all difficult ........................ 1  --> [SKIP TO 25. ]
Slightly difficult .......................... 2
Somewhat difficult ......................... 3
Very difficult, but possible ............... 4
Cannot do it ................................ 5
DOESN'T KNOW ............................. 7
REFUSE TO ANSWER ..................... 8

I2DCLI1F 24. How difficult is it for you (for him/for her) to climb one flight of stairs without resting?

Not at all difficult ........................ 1
Slightly difficult .......................... 2
Somewhat difficult ......................... 3
Very difficult, but possible ............... 4
Cannot do it ................................ 5
DOESN'T KNOW ............................. 7
REFUSE TO ANSWER ..................... 8

I2LFT5KG 25. How difficult is it for you (for him/her) to lift or carry a weight of about 5 kg, for example, a sack of vegetables?

Not at all difficult ........................ 1
Slightly difficult .......................... 2
Somewhat difficult ......................... 3
Very difficult, but possible ............... 4
Cannot do it ................................ 5
DOESN'T KNOW ............................. 7
REFUSE TO ANSWER ..................... 8
### 26. How difficult is it for you (for him/for her) to squat, crouch, or kneel?

- Not at all difficult ....................... 1
- Slightly difficult .......................... 2
- Somewhat difficult ........................ 3
- Very difficult, but possible .............. 4
- Cannot do it .................................. 5
- DOESN'T KNOW ............................ 7
- REFUSE TO ANSWER ...................... 8

### 27. How difficult is it for you (for him/for her) to take a bath or shower without help?

- Not at all difficult ....................... 1
- Slightly difficult .......................... 2
- Somewhat difficult ........................ 3
- Very difficult, but possible .............. 4
- Cannot do it .................................. 5
- DOESN'T KNOW ............................ 7
- REFUSE TO ANSWER ...................... 8

### 28. How difficult is it for you (for him/for her) to eat without help?

- Not at all difficult ....................... 1
- Slightly difficult .......................... 2
- Somewhat difficult ........................ 3
- Very difficult, but possible .............. 4
- Cannot do it .................................. 5
- DOESN'T KNOW ............................ 7
- REFUSE TO ANSWER ...................... 8

### 29. How difficult is it for you (for him/for her) to dress without help?

- Not at all difficult ....................... 1
- Slightly difficult .......................... 2
- Somewhat difficult ........................ 3
- Very difficult, but possible .............. 4
- Cannot do it .................................. 5
- DOESN'T KNOW ............................ 7
- REFUSE TO ANSWER ...................... 8

### 30. How difficult is it for you (for him/for her) to comb your hair without help?

- Not at all difficult ....................... 1
- Slightly difficult .......................... 2
- Somewhat difficult ........................ 3
- Very difficult, but possible .............. 4
- Cannot do it .................................. 5
- DOESN'T KNOW ............................ 7
- REFUSE TO ANSWER ...................... 8
31. How difficult is it for you (for him/for her) to use the toilet without help?

Not at all difficult ..................... 1
Slightly difficult ....................... 2
Somewhat difficult ..................... 3
Very difficult, but possible .......... 4
Cannot do it .......................... 5
DOESN'T KNOW ....................... 7
REFUSES TO ANSWER ................. 8

32. Tell me, please, in the last 7 days have you (he/she) taken any medicines, for example, pain relievers, cold remedies, or herbal remedies, excluding vitamins?

Yes .................................. 1
No ................................... 2 --> [SKIP TO 34.]
DOESN'T KNOW ..................... 7 --> [SKIP TO 34.]
REFUSES TO ANSWER ............... 8 --> [SKIP TO 34.]

33. Please tell me the names of the medications that you (he/she) have taken in the last 7 days?

[INTERVIEWER! PLEASE WRITE THE EXACT NAMES OF ALL PREPARATIONS. IF THE RESPONDENT DOESN'T KNOW THE EXACT NAME OF THE PREPARATION, ASK HIM TO SHOW YOU THE PACKAGE. COPY THE NAME OF THE MEDICINE EXACTLY, USING THE SAME LANGUAGE IN WHICH IT IS WRITTEN.]

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________
6. ____________________________________________________________
7. ____________________________________________________________
8. ____________________________________________________________

34. Has a doctor ever told you (him/her) that you have (he/she has) diabetes or high blood sugar?

Yes .................................. 1
No ................................... 2 --> [SKIP TO 37.]
DOESN'T KNOW ..................... 7 --> [SKIP TO 37.]
REFUSES TO ANSWER ............... 8 --> [SKIP TO 37.]

35. In what year did the doctor first tell you (him/her) about this?

In 19 | ___ | ___
DOESN'T KNOW ..................... 97
REFUSES TO ANSWER ............... 98
36. Do you (he/she) use for the treatment of diabetes . . .

<table>
<thead>
<tr>
<th>Use</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't Know</th>
<th>Refuses To Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2DCDIET 1. Special diet</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>I2DCWCON 2. Weight control</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>I2DCORAL 3. Oral medication</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>I2DCSHOT 4. Insulin injection</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>I2DCHERB 5. Herbs</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>I2DCHOME 5. Homeopathy</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

37. Have you (he/she) ever been given a diagnosis of myocardial infarction [heart attack]?

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't Know</th>
<th>Refuses To Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Doesn't Know</td>
<td>7</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Refuses To Answer</td>
<td>8</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

38. In what year did you (he/she) have a myocardial infarction [heart attack]? If there has been more than one attack, tell me, when was the last?

<table>
<thead>
<tr>
<th>Year</th>
<th>In 19</th>
<th>Doesn't Know</th>
<th>Refuses To Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn't Know</td>
<td>97</td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>

39. Do you (does he/she) ever have a pain or unpleasant feeling in the chest during physical activity, such as when you (he/she) walk uphill or quickly?

<table>
<thead>
<tr>
<th>Pain</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't Know</th>
<th>Refuses To Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Doesn't Know</td>
<td>7</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Refuses To Answer</td>
<td>8</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

40. If you (he/she) stop, what happens to the pain?

<table>
<thead>
<tr>
<th>Pain</th>
<th>It gets better</th>
<th>It remains the same</th>
<th>It gets worse</th>
<th>Doesn't Know</th>
<th>Refuses To Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>It gets better</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>It remains the same</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It gets worse</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doesn't Know</td>
<td>7</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Refuses To Answer</td>
<td>8</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

41. How would you (he/she) describe the pain?

<table>
<thead>
<tr>
<th>Pain</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't Know</th>
<th>Refuses To Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Squeezing/tightening</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Stitching</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Dull</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Pressure</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

42. Has a doctor ever given you (him/her) a diagnosis of stroke (blood clot in the brain)?

<table>
<thead>
<tr>
<th>Stroke</th>
<th>Yes</th>
<th>No</th>
<th>Doesn't Know</th>
<th>Refuses To Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Doesn't Know</td>
<td>7</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Refuses To Answer</td>
<td>8</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
43. In what year did you (he/she) last have a stroke (blood clot in the brain)?

In 19[___]___
DOBKTKNOW ......................... 97
REFUSESTOANSWER .................. 98

44. Do you (does he/she) have any after-effects of the stroke, for example, muscle weakness, difficulty speaking, or something else?

Yes ................................... 1
No .................................... 2
DOBKTKNOW ......................... 7
REFUSESTOANSWER .................. 8

45. Have you (has he/she) ever had an operation?

Yes ................................... 1
No .................................... 2
DOBKTKNOW ......................... 7
REFUSESTOANSWER .................. 8

46. On what organ did you (he/she) have an operation? They operated on your . . .

<table>
<thead>
<tr>
<th>Organ</th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSESTOANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lungs, bronchial tubes, eyes, ears,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>throat, nose, brain, arms, legs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Stomach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Small intestine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Large intestine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cervix</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Uterus and ovaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

47. In what institution were you (he/she) operated on the last time.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSESTOANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital (city, district)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncological center, clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

48. Did they carry out additional treatment after the operation . . .

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSESTOANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Special massage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Radiation therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Special chemical therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49. Do you (he/she) wear eyeglasses or contact lenses?

Yes ................................... 1
No .................................... 2
DOBKTKNOW ......................... 7
REFUSESTOANSWER .................. 8
50. How would you describe your (his/her) eyesight without glasses or contact lenses? How does your (his/her) left eye see? You might evaluate your (his/her) vision in your left eye as:

- Excellent ............................... 1
- Good .................................... 2
- Fair ..................................... 3
- Poor .................................... 4
- Extremely poor .......................... 5
- DOESN'T KNOW ........................ 7
- REFUSE TO ANSWER ................. 8

51. How does your (his/her) right eye see? You might evaluate your (his/her) vision in your right eye as:

- Excellent ............................... 1
- Good .................................... 2
- Fair ..................................... 3
- Poor .................................... 4
- Extremely poor .......................... 5
- DOESN'T KNOW ........................ 7
- REFUSE TO ANSWER ................. 8

52. How is your (his/her) hearing without a hearing aid?

- Excellent ............................... 1 --> [SKIP TO 54.]
- Good .................................... 2 --> [SKIP TO 54.]
- Fair ..................................... 3
- Poor .................................... 4
- Extremely poor .......................... 5
- DOESN'T KNOW ........................ 7
- REFUSE TO ANSWER ................. 8

53. Do you (he/she) use a hearing aid?

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

[Interviewer! Questions 54. - 63. are only for respondents older than 10 years of age, that is, those born before November 1982. For the rest, ask Question 64.]

54. Have you (he/she) ever smoked?

- Yes ..................................... 1
- No ....................................... 2 --> [SKIP TO 64.]
- DOESN'T KNOW ........................ 7 --> [SKIP TO 64.]
- REFUSE TO ANSWER ................. 8 --> [SKIP TO 64.]

55. Do you (he/she) now smoke?

- Yes ..................................... 1
- No ....................................... 2 --> [SKIP TO 64.]
- DOESN'T KNOW ........................ 7 --> [SKIP TO 64.]
- REFUSE TO ANSWER ................. 8 --> [SKIP TO 64.]
56. What do you (he/she) smoke? You (he/she) smoke . . .

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Papyrosi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Filtered cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Unfiltered cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Self-rolled cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Pipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

57. [INTERVIEWER! QUESTIONS 57.-60. SHOULD BE ASKED ONLY OF RESPONDENTS WHO SAID THAT THEY MOSTLY SMOKED PAPYROSI, CIGARETTES, OR SELF-ROLLED CIGARETTES. FOR THOSE WHO ANSWERED THAT THEY MOSTLY SMOKE A PIPE, ASK QUESTION 61.]

Have you (he/she) ever quit smoking papyrosi or cigarettes?

Yes ................................... 1

No ..................................... 2

DOESN'T KNOW ........................... 7

REFUSES TO ANSWER ...................... 8

58. How many years and months ago did you (he/she) quit smoking the last time?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>97</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>97</td>
</tr>
</tbody>
</table>

59. In the last 7 days have you (he/she) smoked anything?

Yes ................................... 1

No ..................................... 2

DOESN'T KNOW ........................... 7

REFUSES TO ANSWER ...................... 8

60. How many cigarettes or papyrosi (individual items) do you (he/she) usually smoke per day?

items --> [SKIP TO 64.]

DOESN'T KNOW ........................... 997 --> [SKIP TO 64.]

REFUSES TO ANSWER ...................... 998 --> [SKIP TO 64.]

61. Have you (he/she) ever quit smoking a pipe?

Yes ................................... 1

No ..................................... 2

DOESN'T KNOW ........................... 7

REFUSES TO ANSWER ...................... 8

62. In the last 7 days have you smoked a pipe?

Yes ................................... 1

No ..................................... 2

DOESN'T KNOW ........................... 7

REFUSES TO ANSWER ...................... 8
22. RLMS, Round 2 Individual--Child

63. How many grams of pipe tobacco do you (he/she) smoke in a day?

<table>
<thead>
<tr>
<th>grams</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DOESN'T KNOW</td>
<td>997</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>998</td>
</tr>
</tbody>
</table>

64. Do you (he/she) drink tea?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>DOESN'T KNOW</td>
<td>7</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8</td>
</tr>
</tbody>
</table>

65. During the past 30 days about how often did you (he/she) drink tea?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>1</td>
</tr>
<tr>
<td>4-6 times a week</td>
<td>2</td>
</tr>
<tr>
<td>2-3 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>5</td>
</tr>
<tr>
<td>Never in the last 30 days</td>
<td>6</td>
</tr>
<tr>
<td>DOESN'T KNOW</td>
<td>7</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8</td>
</tr>
</tbody>
</table>

66. Do you (he/she) drink coffee?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>DOESN'T KNOW</td>
<td>7</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8</td>
</tr>
</tbody>
</table>

67. During the past 30 days about how often did you (he/she) drink coffee?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>1</td>
</tr>
<tr>
<td>4-6 times a week</td>
<td>2</td>
</tr>
<tr>
<td>2-3 times a week</td>
<td>3</td>
</tr>
<tr>
<td>Once a week</td>
<td>4</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>5</td>
</tr>
<tr>
<td>Never in the last 30 days</td>
<td>6</td>
</tr>
<tr>
<td>DOESN'T KNOW</td>
<td>7</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8</td>
</tr>
</tbody>
</table>

68. How often do you (he/she) use alcoholic beverages?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practically every day</td>
<td>1</td>
</tr>
<tr>
<td>4-6 times a week</td>
<td>2</td>
</tr>
<tr>
<td>One-two times a week</td>
<td>3</td>
</tr>
<tr>
<td>One-two times a month</td>
<td>4</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>5</td>
</tr>
<tr>
<td>NEVER USE</td>
<td>6</td>
</tr>
<tr>
<td>DOESN'T KNOW</td>
<td>7</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8</td>
</tr>
</tbody>
</table>

69. In the last 30 days have you (he/she) used alcoholic beverages?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>DOESN'T KNOW</td>
<td>7</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8</td>
</tr>
</tbody>
</table>
70. How often have you (he/she) used alcoholic beverages over the past 30 days?

- Every day ............................................. 1
- 4-6 times a week .................................... 2
- 2-3 times a week .................................... 3
- Once a week ........................................... 4
- 2-3 times in the last 30 days .................... 5
- Once in the last 30 days .......................... 6
- DOESN’T KNOW ..................................... 7
- REFUSES TO ANSWER ............................. 8

71. Let’s talk about different alcoholic beverages. Do you drink the following beverages and, if yes, how much do you usually consume?

<table>
<thead>
<tr>
<th>Do you drink?</th>
<th>How many grams do you usually drink?</th>
<th>DOESN’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Beer</td>
<td>Yes ... 1 ⇒</td>
<td>_________</td>
</tr>
<tr>
<td></td>
<td>No .... 2</td>
<td>12DRBEER</td>
</tr>
<tr>
<td>2. Dry wine, champagne</td>
<td>Yes ... 1 ⇒</td>
<td>_________</td>
</tr>
<tr>
<td></td>
<td>No .... 2</td>
<td>12DRDWIN</td>
</tr>
<tr>
<td>3. Fortified wine</td>
<td>Yes ... 1 ⇒</td>
<td>_________</td>
</tr>
<tr>
<td></td>
<td>No .... 2</td>
<td>12DRFWIN</td>
</tr>
<tr>
<td>4. Home-made liquor</td>
<td>Yes ... 1 ⇒</td>
<td>_________</td>
</tr>
<tr>
<td></td>
<td>No .... 2</td>
<td>12DRHLIQ</td>
</tr>
<tr>
<td>5. Vodka or other strong beverages</td>
<td>Yes ... 1 ⇒</td>
<td>_________</td>
</tr>
<tr>
<td></td>
<td>No .... 2</td>
<td>12DRVODK</td>
</tr>
<tr>
<td>6. Other</td>
<td>Yes ... 1 ⇒</td>
<td>_________</td>
</tr>
<tr>
<td></td>
<td>No .... 2</td>
<td>12DROTHE</td>
</tr>
</tbody>
</table>
5. MEDICAL SERVICES

1. Tell me, please, do you think that if you (he/she) became ill and needed to pay for medical care, then who would pay--your family (you), the enterprise in which you (he/she) work, or someone else?

   You (he/she) yourself .................... 1
   The enterprise .......................... 2
   Other .................................... 3
   DOESN'T KNOW ............................ 7
   REFUSE TO ANSWER ...................... 8

2. Do you (he/she) know what "medical insurance" means?

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

3. Do you (he/she) have medical insurance?

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

4. Name, please, the monthly premium for this insurance?

   rubles
   DOESN'T KNOW ................. 999997
   REFUSE TO ANSWER .............. 999999

5. Who pays this sum?

   Yes  No  DOESN'T REFUSE TO
   KNOWN  ANSWER

   1. You (he/she) yourself .................... 1 2 7 8
   2. The enterprise (organization), where you (he/she) work .................... 1 2 7 8
   3. Other (specify) ......................... 1 2 7 8

6. Tell me, please, have you (he/she) had any health problems in the last 30 days?

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

7. Please recall, what were these problems?

   [INTERVIEWER! WRITE NO MORE THAN THREE PROBLEMS WHICH ARE, IN THE OPINION OF THE RESPONDENT, MOST IMPORTANT FOR HIM]

   1 problem ____________________________________________________________
   2 problem ____________________________________________________________
   3 problem ____________________________________________________________
8. Have you (he/she) visited any medical institution, or medical practitioner, in order to solve these health problems that you (he/she) have had in the last 30 days?

Yes ................................... 1
No ........................................ 2 --> [SKIP TO 21.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 21.]
REFUSE TO ANSWER ........................ 8 --> [SKIP TO 21.]

9. Let's talk about the last time you (he/she) visited a doctor.

Tell me, please, the last time did you (he/she) call the doctor to the house or go to an appointment yourself?

Called to the house .......................... 1 --> [SKIP TO 12.]
Went to see a doctor .......................... 2
DOESN'T KNOW ............................. 7 --> [SKIP TO 12.]
REFUSE TO ANSWER ........................ 8 --> [SKIP TO 12.]

10. How much time did you (he/she) spend traveling to this medical institution and back last time?

_____ hours  _____ minutes
DOESN'T KNOW .............................. 9997
REFUSE TO ANSWER ........................ 9998

11. How much money did you (he/she) spend to travel to this medical institution and back the last time?

_____ rubles
DOESN'T KNOW .............................. 99999997
REFUSE TO ANSWER ........................ 99999998

12. How many rubles did you (he/she) pay the doctor for this visit?

_____ rubles
DOESN'T KNOW .............................. 999997
REFUSE TO ANSWER ........................ 999998

13. Besides being seen by a doctor on this visit did you (he/she) receive any additional tests or procedures?

Yes ................................... 1
No ........................................ 2 --> [SKIP TO 16.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 16.]
REFUSE TO ANSWER ........................ 8 --> [SKIP TO 16.]

14. Did you (he/she) pay additionally for these tests or procedures?

Yes ................................... 1
No ........................................ 2 --> [SKIP TO 16.]
DOESN'T KNOW .......................... 7 --> [SKIP TO 16.]
REFUSE TO ANSWER ........................ 8 --> [SKIP TO 16.]

15. How much did you (he/she) pay additionally?

_____ rubles
DOESN'T KNOW .............................. 99999997
REFUSE TO ANSWER ........................ 99999998
16. Were you (he/she) hospitalized in the past 30 days?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 21.]
DOESN'T KNOW ...................... 7  --> [SKIP TO 21.]
REFUSES TO ANSWER ................. 8  --> [SKIP TO 21.]

17. How many days in all of the last 30 did you (he/she) spend in the hospital?

_____ days

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

[INTERVIEWER! ASK THE NEXT QUESTION 18. ONLY IF YOU ARE ASKING ABOUT AN ABSENT FAMILY MEMBER. ASK QUESTION 19. OF ALL OTHERS.]

18. Is he (she) still in the hospital?

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

19. Did you (he/she) or your family pay any money for this stay in the hospital, medical care, or treatment?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 21.]
DOESN'T KNOW ...................... 7  --> [SKIP TO 21.]
REFUSES TO ANSWER ................. 8  --> [SKIP TO 21.]

20. How much money in all have you (he/she) paid in the last 30 days for care and treatment in the hospital? Include, please, all expenditures on treatment, medicine, and care.

________ rubles

DOESN'T KNOW .............. 99999997
REFUSES TO ANSWER .......... 99999998

21. Recall, please, have you (he/she) had any vaccinations in the last 12 months?

Yes ................................... 1
No .................................... 2  --> [SKIP TO 27.]
DOESN'T KNOW ...................... 7  --> [SKIP TO 27.]
REFUSES TO ANSWER ................. 8  --> [SKIP TO 27.]

26.
22. Have you (he/she) in the last 12 months been vaccinated against:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2VLYTUB 1</td>
<td>Tuberculosis</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYMEA 2</td>
<td>Measles</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYAD1 3</td>
<td>AKDS/AD S1 (diphtheria, pertussis, tetanus 1)</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYAD2 4</td>
<td>AKDS/AD S2 (diphtheria, pertussis, tetanus 2)</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYAD3 5</td>
<td>AKDS/AD S3 (diphtheria, pertussis, tetanus 3)</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYPO1 6</td>
<td>Poliomyelitis 1</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYPO2 7</td>
<td>Poliomyelitis 2</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYPO3 8</td>
<td>Poliomyelitis 3</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYHEP 9</td>
<td>Hepatitis</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYMUM 10</td>
<td>Mumps</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VLYOTH 11</td>
<td>Other, specify?</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

23. Recall, please, have you (he/she) had any vaccinations in the last 30 days?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2VAACLMO</td>
<td>Yes</td>
<td>1</td>
<td>No</td>
<td>2 --&gt; [SKIP TO 27.]</td>
</tr>
<tr>
<td></td>
<td>DOESN'T KNOW</td>
<td>7 --&gt; [SKIP TO 27.]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSES TO ANSWER</td>
<td>8 --&gt; [SKIP TO 27.]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. Where did you (he/she) receive these vaccinations?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2VCPOLY 1</td>
<td>In a polyclinic</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCCHOSP 2</td>
<td>In a hospital</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCGYNC 3</td>
<td>At a women's consultation point</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCCLI 4</td>
<td>In a children's polyclinic, maternity hospital</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCDOCT 5</td>
<td>At a private physician's</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCSCHO 6</td>
<td>In school</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCKIND 7</td>
<td>In kindergarten, nursery</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCWORK 8</td>
<td>At work (at place of study)</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>I2VCOTH 9</td>
<td>Somewhere else</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

25. Did you (he/she) pay for the vaccinations you (he/she) received?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DOESN'T KNOW</th>
<th>REFUSES TO ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2PAIDVC</td>
<td>Yes</td>
<td>1</td>
<td>No</td>
<td>2 --&gt; [SKIP TO 27.]</td>
</tr>
<tr>
<td></td>
<td>DOESN'T KNOW</td>
<td>7 --&gt; [SKIP TO 27.]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSES TO ANSWER</td>
<td>8 --&gt; [SKIP TO 27.]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. How much did you (he/she) pay?

<table>
<thead>
<tr>
<th></th>
<th>rubles</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2AMTPVC</td>
<td>DOESN'T KNOW</td>
</tr>
<tr>
<td></td>
<td>REFUSES TO ANSWER</td>
</tr>
</tbody>
</table>
28. I2CHECKU

27. Tell me, please, in the course of the last 30 days have you (he/she) visited a medical institution or specialist, not because you (he/she) were ill, but for a preventive check-up?

Yes ................................... 1
No .................................... 2  --> [SKIP TO THE NEXT SECTION]
DOESN'T KNOW ...................... 7  --> [SKIP TO THE NEXT SECTION]
REFUSES TO ANSWER ................. 8  --> [SKIP TO THE NEXT SECTION]

I2CKIUWHO 28. Who carried out this check-up?

[INTERVIEWER! IF THE MEDICAL EXAMINATION WAS DONE BY MORE THAN ONE PERSON, NOTE THE SPECIALIST WITH THE HIGHEST QUALIFICATIONS]

Physician .................................. 1
Physician's assistant ..................... 2
Nurse ..................................... 3
Other ..................................... 4
DOESN'T KNOW ......................... 7
REFUSES TO ANSWER .................. 8

I2CKUPAY 29. Did you (he/she) pay for this checkup or any treatment carried out at the time of this visit?

Yes ................................... 1
No .................................... 2  --> [SKIP TO THE NEXT SECTION]
DOESN'T KNOW ...................... 7  --> [SKIP TO THE NEXT SECTION]
REFUSES TO ANSWER ................. 8  --> [SKIP TO THE NEXT SECTION]

I2CKUA.MT 30. How much did you (he/she) pay for tests carried out at the time of this visit?

rubles
DOESN'T KNOW .................... 99999997
REFUSES TO ANSWER ............ 99999998