

REDID_I

QUESTIONNAIRE FOR CHILDREN

9TH ROUND

ID_I

[i.e., 13th round]

- SITEM* 1. [NAME OF POPULATED AREA _____ |__|__|__|]
- REGION**
CENSUSDM 2. [NUMBER OF SURVEY SECTOR (FOR CITIES) _____ |__|__|]
- FAMILYM* 3. [NUMBER OF FAMILY |__|__|]
- H3**
PERSONM 4. [NUMBER ON THE CARD OF THE CHILD BEING DISCUSSED |__|__|]
- H4**
IMRPINBF 4.1 [**DID THE CHILD PARTICIPATE IN THE SURVEY EVER BEFORE?**
- H4.1**
YES..... 1
NO..... 2]
- IMGENDER* 5. [SEX OF THE CHILD BEING DISCUSSED:
- H5**
MALE..... 1
FEMALE..... 2]
- IMINTDAY* 7. [DATE OF INTERVIEW: DAY |__|__| MONTH |__|__|]
- IMINTMON*
- IMINTHRS* 8. [LENGTH OF INTERVIEW: |__| **H8A** HOURS |__|__| **H8B** MINUTES]
- IMINTMIN*
9. [LAST NAME OF INTERVIEWER _____]
- IMINTNUM* 10. [NUMBER OF INTERVIEWER |__|__|__|]
- IMADANSW* 11. [NUMBER OF THE ADULT WHO ANSWERED THE QUESTIONS |__|__|]
- H11**

2004

I, _____
 [**INTERVIEWER!** WRITE YOUR FULL LAST NAME, FIRST NAME, PATRONYMIC!]

HAVE READ TO THE CHILD'S PARENTS THE STANDARD TEXT REGARDING THE PURPOSE AND CONDITIONS OF THE STUDY AND HAVE RECEIVED THEIR CONSENT TO CONDUCT THE INTERVIEW.

INTERVIEWER'S SIGNATURE _____

DATE _____

[**INTERVIEWER!** QUESTIONS HEREIN SHOULD BE ANSWERED ONLY BY AN **ADULT FAMILY MEMBER**, IDEALLY THE PERSON WHO TOOK CARE OF THE CHILD IN THE LAST 7 DAYS.

CHILDREN MAY BE PRESENT DURING THE DISCUSSION WITH THE CONSENT OF THE PARENTS.]

[**INTERVIEWER!** WRITE THE NAME OF THE CHILD YOU ARE DISCUSSING.]

A. Tell me, please: On what day, in what month, and in what year was (he/she) born?

_ _ _	BORN_M	J69.9C
day	month	year
<i>IMBIRTHD</i>	<i>IMBIRTHM</i>	<i>IMBIRTHY</i>

SECTION "CARE OF CHILDREN"

[**INTERVIEWER!** IF THE CHILD WAS BORN **IN 1998** OR EARLIER, ASK **QUESTIONS BEGINNING WITH QUESTION 1.**

IF THE CHILD WAS BORN **BETWEEN 1999 AND 2002**, ASK **QUESTIONS BEGINNING WITH 8.A ON PAGE 5.**

FOR THE REMAINING CHILDREN (**BORN IN 2003 OR 2004**), ASK **QUESTION 9 ON PAGE 6.**]

IMGRADE1 **K1.** Tell me, please: Has [*NAME OF CHILD*] **finished** at least one grade of general school?

Yes..... 1
 No..... 2 → [SKIP TO 3]
DOESN'T KNOW..... 7 → [SKIP TO 3]
REFUSES TO ANSWER..... 8 → [SKIP TO 3]

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

J70.1

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

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

J70.2

Yes..... 1
 No..... 2 → [SKIP TO 8 ON PAGE 5]
DOESN'T KNOW..... 7 → [SKIP TO 8 ON PAGE 5]
REFUSES TO ANSWER..... 8 → [SKIP TO 8 ON PAGE 5]

IMPAYSCH **K4.** Has your family paid or should you have paid for (his/her) school instruction in the current quarter, not including payments for textbooks?

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

IMAMTSPM **K5.** How much money does your family pay on average per month for (his/her) instruction in the current quarter?

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

IMPAYBKS **K6.** Did your family pay for the textbooks that (he/she) uses during this school year?

Yes..... 1
 No..... 2 → [SKIP TO 7.1]
DOESN'T KNOW..... 7 → [SKIP TO 7.1]
REFUSES TO ANSWER..... 8 → [SKIP TO 7.1]

IMAMTBKS **K7.** How much did your family pay for (his/her) textbooks?

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

IMPECLAS **K7.1** Does (he/she) attend physical education classes at school?

Yes..... 1
 No..... 2 → [SKIP TO 7.4 ON PAGE 3]
DOESN'T KNOW..... 7 → [SKIP TO 7.4 ON PAGE 3]
REFUSES TO ANSWER..... 8 → [SKIP TO 7.4 ON PAGE 3]

IMPEFREQ **K7.2** How often does (he/she) engage in physical activities during school, in class?

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

7.3 Now I will list various kinds of physical activities and ask you to tell me in which of them (he/she) participates during class, and if so, for how many hours and minutes per week.

	(He/she) engages in during class ...:	How many hours and minutes per week:	D/K	REFUSES
1. Karate, judo, self-defense, wrestling, boxing, gymnastics.....	Yes..... 1 →	K7.3.1B hrs K7.3.1C min	97	98
.....	K7.3.1A No..... 2	<i>IMKARHRS</i>		
2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming.....	<i>IMKARATE</i> Yes..... 1 →	K7.3.2B hrs K7.3.2C min	97	98
.....	K7.3.2A No..... 2	<i>IMSPOHRS</i>		
3. Track and field, skiing, skating.....	<i>IMSPORTS</i> Yes..... 1 →	K7.3.3B hrs min	97	98
.....	K7.3.3A No..... 2	<i>IMTRAHRS</i>		
4. Other kinds of physical activity.....	<i>IMTRACKF</i> Yes..... 1 →	K7.3.4B hrs min	97	98
.....	K7.3.4A No..... 2	<i>IMPEOHRS</i>		
.....	<i>IMPEOTHR</i>	<i>IMPEOMIN</i> K7.3.4C		

3. K

IMPHYSOC K7.4 Does (he/she) engage in physical activities and sports before or after classes? I have in mind training sessions with a coach as well as simply active games outdoors--soccer, tag, hopscotch, hide and seek, riding a bicycle, roller skating, etc.

- Yes..... 1
- No..... 2 → [SKIP TO 7.7]
- DOESN'T KNOW..... 7 → [SKIP TO 7.7]
- REFUSES TO ANSWER..... 8 → [SKIP TO 7.7]

IMOCFREQ K7.5 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	K7.6.1B hrs K7.6.1C min	97	98
	K7.6.1A No..... 2	IMOCKHRS IMOCKMIN		
2. Active sports: badminton, tennis, soccer, basketball, volleyball, hockey, or swimming	Yes..... 1	K7.6.2B hrs K7.6.2C min	97	98
	K7.6.2A No..... 2	IMOCSHRS IMOCSPOR IMOCSMIN		
3. Track and field, skiing, ice skating, roller skating	Yes..... 1	K7.6.3B hrs K7.6.3C min	97	98
	K7.6.3A No..... 2	IMOCTHRIC IMOCTMIN		
4. Other kinds of physical activity, for example, tag, hide and seek, riding a bicycle	Yes..... 1	K7.6.4B hrs K7.6.4C min	97	98
	K7.6.4A No..... 2	IMOCOHRHS IMOCOTHR IMOCOMIN		

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	K7.7.1B hrs K7.7.1C min	97	98
	K7.7.1A No..... 2	IMWTVHRS IMWATCTV IMWTVMIN		
3. Playing games with toy cars, dolls, construction sets, chess, checkers	Yes..... 1	K7.7.3B hrs K7.7.3C min	97	98
	K7.7.3A No..... 2	IMPLGHRS IMPLGAME IMPLGMIN		
2. Reading, music lessons, drawing, doing homework	Yes..... 1	K7.7.2B hrs K7.7.2C min	97	98
	K7.7.2A No..... 2	IMREDHRS IMREADNG IMREDMIN		

IMCMPTR 72.16.1 Tell me, please: In the last 12 months has (he/she) used a personal computer for any purpose, including typing documents, playing computer games, etc.?

J72.161

Yes 1
 No 2 → [SKIP TO 7.8.1]
 DOESN'T KNOW 7 → [SKIP TO 7.8.1]
 REFUSES TO ANSWER 8 → [SKIP TO 7.8.1]

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

	Yes	No	D/K	REFUSES
IMCMPTRH J721621 At home	1	2	7	8
IMCMPTRW J721622 At a place of study	1	2	7	8
IMCMPTRT J721623 In other places	1	2	7	8

IMINTRNT **J123**. Tell me, please: In the last 12 months has (he/she) had to use the Internet?

Yes 1
 No 2 → [SKIP TO 7.8.1]
 DOESN'T KNOW 7 → [SKIP TO 7.8.1]
 REFUSES TO ANSWER 8 → [SKIP TO 7.8.1]

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

	Yes	No	D/K	REFUSES
IMINTRNH J124.1 At home	1	2	7	8
IMINTRNW J124.2 At a place of study	1	2	7	8
IMINTRNC J124.3 In an Internet café	1	2	7	8
IMINTRNE J124.4 In other places	1	2	7	8

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

	Yes	No	D/K	REFUSES
IMI4STUD J125.1 Study	1	2	7	8
IMI4ENTR J125.3 Entertainment	1	2	7	8
IMI4COMM J125.4 Communication with friends	1	2	7	8
IMI4CULT J125.6 Expanding (his/her) horizons	1	2	7	8
IMI4REFR J125.7 Getting reference information	1	2	7	8
IMI4OTHR J125.9 Other things	1	2	7	8

IMHOW2S **K7.8.1** How does (he/she) get to school?

[**INTERVIEWER!** MARK ONLY ONE ANSWER.]

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

IM2SHR 7.8.2 How many total hours and minutes does it take (him/her) to go to school and return?

IM2SMN

K7.8.2A hours **K7.8.2B** minutes → [SKIP TO 9 ON PAGE 6]
 DOESN'T KNOW 97 → [SKIP TO 9 ON PAGE 6]
 REFUSES TO ANSWER 98 → [SKIP TO 9 ON PAGE 6]

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

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

<i>IMTOOSML</i>	K8.1. (He/she) will go to school in a year or two.....	1.....	2.....	7.....	8.....
<i>IMTOOILL</i>	K8.2. (He/she) has poor health and cannot attend school.....	1.....	2.....	7.....	8.....
<i>IMEXPELL</i>	K8.3. (He/she) was expelled from school.....	1.....	2.....	7.....	8.....
<i>IMHOMESC</i>	K8.4. Family wants to give (him/her) home schooling.....	1.....	2.....	7.....	8.....
<i>IMNOSCHL</i>	K8.5. No schools are close to home.....	1.....	2.....	7.....	8.....
<i>IMSCOTHR</i>	K8.6. Other reasons.....	1.....	2.....	7.....	8.....

8.A Now I will list various kinds of physical activities and you tell me which (he/she) is engaged in and for how many hours and minutes a week.

	(He/she) engages in it?	How many hours and minutes per week?	D/K	REFUSES
1. Karate, judo, gymnastics, tennis, swimming.....	Yes.....1	K8.A.1B <u> </u> hrs K8.A.1C <u> </u> min	97	98
	No.....2	<i>IMNSKHRS</i>		
		K8.A.1A <i>IMNSKARA</i>		<i>IMNSKMIN</i>
2. Plays with a ball, goes skating, rides a bicycle.....	Yes.....1	K8.A.2B <u> </u> hrs K8.A.2C <u> </u> min	97	98
	No.....2	<i>IMNSBHRS</i>		
		K8.A.2A <i>IMNSBALL</i>		<i>IMNSBMIN</i>
3. Dances, runs, jumps, plays hopscotch, hide and seek.....	Yes.....1	K8.A.3B <u> </u> hrs K8.A.3C <u> </u> min	97	98
	No.....2	<i>IMNSDHRS</i>		
		K8.A.3A <i>IMNSDANC</i>		<i>IMNSDMIN</i>
4. Plays sitting: on a bench, in a sandbox.....	Yes.....1	K8.A.4B <u> </u> hrs K8.A.4C <u> </u> min	97	98
	No.....2	<i>IMSSHRS</i>		
		K8.A.4A <i>IMNSSITS</i>		<i>IMNSSMIN</i>

IMNSPREG **k8.13** Is (he/she) regularly engaged in physical activities and sports in a children's preschool institution, at a sports club, or at home?

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

8.15 Tell me, please: Does (he/she) engage in the following and, if so, for how many hours and minutes per day?

	(He/she) engages in it?	How many hours and minutes per day?	D/K	REFUSES
1. Watching TV, videos, playing video or computer games.....	Yes.....1	K8.151B <u> </u> hrs K8.151C <u> </u> min	97	98
	No.....2	<i>IMNSWHRS</i>		
		K8.151A <i>IMNSWATV</i>		<i>IMNSWMIN</i>
3. Playing games with toy cars, dolls, construction sets, chess, checkers.....	Yes.....1	K8.153B <u> </u> hrs K8.153C <u> </u> min	97	98
	No.....2	<i>IMNSGHRS</i>		
		K8.153A <i>IMNSGAME</i>		<i>IMNSGMIN</i>
2. Reading, or listening to what is read to (him/her).....	Yes.....1	K8.152B <u> </u> hrs K8.152C <u> </u> min	97	98
	No.....2	<i>IMNSRHRS</i>		
		K8.152A <i>IMNSREAD</i>		<i>IMNSRMIN</i>

IMNFCARE **K9.** Tell me, please: In the last 7 days did anyone look after [*NAME OF CHILD*] who is not a member of your household: friends, workers at a children's institution, school teachers, or relatives who live separately?

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

IMRLCARE **K10.** 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]

IMDYCARE **K11.** 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

IMHRCARE 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?

_____ **K12A** *HOURS* _____ **K12B** *MINUTES*
DOESN'T KNOW..... 97
REFUSES TO ANSWER..... 98

IMATTKIN **K13.** In the last 7 days did [*NAME OF CHILD*] go to kindergarten, nursery, after-school group, or something similar?

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

IMDYSKIN **K14.** 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

IMHRSKIN 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?

_____ **K15A** *HOURS* _____ **K15B** *MINUTES*
DOESN'T KNOW..... 97
REFUSES TO ANSWER..... 98

IMOWNSCH **K16.** Who owns the preschool or school that [*NAME OF CHILD*] attends?

Government..... 1
 Official department or enterprise..... 2
 Private owner..... 3
 Someone else..... 4
 DOESN'T KNOW..... 7
 REFUSES TO ANSWER..... 8

IMNRCARE **K17.** 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]

IMDNCARE **K18.** 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

IMHNCARE 19. On those days of the last 7, when people who are not your relatives helped to care for
IMMNCARE [*NAME OF CHILD*], how many hours and minutes a day on average did they help?

K19A _____ HOURS **K19B** _____ MINUTES
 DOESN'T KNOW..... 97
 REFUSES TO ANSWER..... 98

IMCARELW **K20.** Tell me, please: Have you already paid or will you have to pay for the care of [*NAME OF CHILD*] in the last 7 days by someone who is not a member of your household or for (his/her) stay at a children's institution? If you paid or will pay for these services not in money but with goods, gifts, etc., count this as payment.

You have already paid..... 1
 You still have to pay..... 2
 You haven't paid and you're not
 going to pay..... 3 → [SKIP TO NEXT SECT. P. 8]
 DOESN'T KNOW..... 7 → [SKIP TO NEXT SECT. P. 8]
 REFUSES TO ANSWER..... 8 → [SKIP TO NEXT SECT. P. 8]

IMPAYCLW **K21.** How much in total have you already paid or will you have to pay for the care in the last 7 days of [*NAME OF CHILD*] by someone who is not a member of your household or for (his/her) stay at a children's institution? If you paid or will pay for these services not in money but with goods, gifts, etc., estimate how much it would be in rubles. If you pay for this service monthly, divide the monthly sum by four.

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

SECTION "MEDICAL SERVICES"

IMHPRBLM **L5.** 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

IMLPRBLM **L5.1** Perhaps in the last 30 days [*NAME OF CHILD*] did not feel well, for example, had a headache, sore throat, or toothache, or had a cold or upset stomach, a slightly elevated temperature, or a burn, injury, or scratch?

Yes..... 1
 No..... 2 → [SKIP TO 20 ON PAGE 9]
DOESN'T KNOW..... 7 → [SKIP TO 20 ON PAGE 9]
REFUSES TO ANSWER..... 8 → [SKIP TO 20 ON PAGE 9]

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

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

IMTREABY **L7.** What did you do to solve the health problems (he/she) had in the last 30 days?

Went to a medical institution or
 health worker..... 1
 Did not go to a health worker, but treated
 by myself..... 2 → [SKIP TO 20 ON PAGE 9]
DOESN'T KNOW..... 7 → [SKIP TO 20 ON PAGE 9]
REFUSES TO ANSWER..... 8 → [SKIP TO 20 ON PAGE 9]

IMCALLDR **L8.** Let's talk about (his/her) most recent meeting with a health worker in the last 30 days. Tell me, please: Last time did you call a health worker to see (him/her) at home or did (he/she) go there for an appointment?

WENT TO AN APPOINTMENT..... 1
CALLED TO THE HOUSE..... 2 → [SKIP TO 15 ON PAGE 9]
DOESN'T KNOW..... 7 → [SKIP TO 15 ON PAGE 9]
REFUSES TO ANSWER..... 8 → [SKIP TO 15 ON PAGE 9]

IMTYPMIN **L9.** Tell me, please: Where did (he/she) go to see a doctor last time?

A polyclinic of the raion, city, state, village..... 1
 A commercial polyclinic..... 2
 A hospital of the raion, city, state, village..... 3
 A commercial hospital..... 4
 A private physician..... 5
DOESN'T KNOW..... 7
REFUSES TO ANSWER..... 8

IMTDRPAY **L11.** Did you spend any money traveling to this medical institution?

Yes..... 1
 No..... 2 → [SKIP TO 15 ON PAGE 9]
DOESN'T KNOW..... 7 → [SKIP TO 15 ON PAGE 9]
REFUSES TO ANSWER..... 8 → [SKIP TO 15 ON PAGE 9]

IMTDRAMT **L12.** How much did you spend last time traveling to this medical institution?

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

IMPAIDDR **L15.** Did you pay for the visit, with either money or gifts?

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

16.1 Whom and how much did you pay for this visit?

	Did you pay?	How much in rubles?	D/K REFUSES
1. Paid officially in the enterprise's cashier's office.....	Yes..... 1 →	L161.1B	9997 9998
..... L161.1A	No..... 2	<i>IMAMTPVC</i>	
2. Gave money or gifts directly to the medical personnel.....	<i>IMPDVCSH</i> Yes..... 1 →	L161.2B	9997 9998
..... L161.2A	No..... 2	<i>IMAMTPVP</i>	
..... <i>IMPDVPSL</i>			

IMADTEST **L17.** Besides being seen by a medical worker, did (he/she) undergo any additional tests or procedures?

Yes..... 1
 No..... 2 → [SKIP TO 20]
DOESN'T KNOW..... 7 → [SKIP TO 20]
REFUSES TO ANSWER..... 8 → [SKIP TO 20]

IMPAYADT **L18.** Did you pay extra for (his/her) tests or procedures, with either money or gifts?

Yes..... 1
 No..... 2 → [SKIP TO 20]
DOESN'T KNOW..... 7 → [SKIP TO 20]
REFUSES TO ANSWER..... 8 → [SKIP TO 20]

19.1 Whom and how much did you pay?

	Did you pay?	How much in rubles?	D/K REFUSES
1. Officially in the medical enterprise's cashier's office.....	Yes..... 1 →	L191.1B	9997 9998
..... L191.1A	No..... 2	<i>IMAMTPTC</i>	
2. With money or gifts directly to the medical personnel who performed the examination or procedures.....	<i>IMPDTCSH</i> Yes..... 1 →	L191.2B	9997 9998
..... L191.2A	No..... 2	<i>IMAMTPTP</i>	
..... <i>IMPDTPSL</i>			

IMHOSL3M **L20.** Has (he/she) been in the hospital in the last three months?

Yes..... 1
 No..... 2 → [SKIP TO 26.1 ON PAGE 11]
DOESN'T KNOW..... 7 → [SKIP TO 26.1 ON PAGE 11]
REFUSES TO ANSWER..... 8 → [SKIP TO 26.1 ON PAGE 11]

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

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

IMDYSHOS **L23.** 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

IMPDHOSP **L24.1** Did you pay for (his/her) stay in the hospital, for medical help, or for treatment, not counting payments for medicine, syringes, and dressings, with either money or gifts?

Yes..... 1
No..... 2 → [SKIP TO 25.1]
DOESN'T KNOW..... 7 → [SKIP TO 25.1]
REFUSES TO ANSWER..... 8 → [SKIP TO 25.1]

24.2 Whom and how much have you paid in the last three months for (his/her) stays in the hospital?

	Did you pay?	How much in rubles?	D/K REFUSES
1. For treatment and care, not counting medicine, <u>officially</u> in the cashier's office.....	Yes 1 →	L.242.1B	9997 9998
.....	No 2	IMAMTPHC	
.....		L242.1A	
2. For treatment and care, not counting medicine, <u>directly</u> to doctors and other medical personnel with money or gifts.....	Yes 1 →	L.242.2B	9997 9998
.....	No 2	IMAMTPHP	
.....		L242.2A	
.....		IMPDHPSL	

IMPAYMED **L25.1** Did you receive medicine, syringes, and dressings that were necessary for (his/her) treatment in the hospital, for free, or did you pay for them with money or gifts?

All medicines, syringes, and dressings were free..... 1 → [SKIP TO 26.1 ON PAGE 11]
Some medicines, syringes, and dressings were free, and we paid for others 2
We paid for the medicines, syringes, and dressings..... 3
DOESN'T KNOW..... 7 → [SKIP TO 26.1 ON PAGE 11]
REFUSES TO ANSWER..... 8 → [SKIP TO 26.1 ON PAGE 11]

25.2 Whom and how much in all did you or your family pay for medicines, syringes, and dressings when (he/she) was in the hospital?

	How much in rubles?	D/K REFUSES
1. You paid <u>officially</u> to the cashier or the drug store of the hospital in which (he/she) stayed.....	Yes 1 →	L.252.1B 9997 9998
.....	No 2	IMAMTPMC
.....		L252.1A
.....		IMPDMCSH
2. You paid <u>unofficially</u> doctors or other medical personnel at the hospital in which (he/she) stayed with money or gifts.....	Yes 1 →	L.252.2B 9997 9998
.....	No 2	IMAMTPMP
.....		L252.2A
.....		IMPDMPSL
3. You bought medicine, syringes, and dressings for (him/her) <u>in the pharmacy of the hospital</u> in which (he/she) stayed.....	Yes 1 →	L.252.3B 9997 9998
.....	No 2	IMAMTPMD
.....		L252.3A
.....		IMPDMDST

IMCHKULY L26.1 Tell me, please: In the last 12 months has (he/she) seen a medical worker for a routine checkup, not because of sickness?

Yes..... 1
 No..... 2 → [SKIP TO 33]
 DOESN'T KNOW..... 7 → [SKIP TO 33]
 REFUSES TO ANSWER..... 8 → [SKIP TO 33]

IMCHECKU L26. And in the last three months has (he/she) seen a medical worker for a routine checkup, not because of sickness?

Yes..... 1
 No..... 2 → [SKIP TO 33]
 DOESN'T KNOW..... 7 → [SKIP TO 33]
 REFUSES TO ANSWER..... 8 → [SKIP TO 33]

IMCKUPAY L29. Did you pay for this preventive checkup, either with money or with gifts?

Yes..... 1
 No..... 2 → [SKIP TO 33]
 DOESN'T KNOW..... 7 → [SKIP TO 33]
 REFUSES TO ANSWER..... 8 → [SKIP TO 33]

30.1 Whom and how much did you pay for this checkup?

	Did you pay?	How much in rubles?	D/K	REFUSES
1. Paid officially in the cashier's office of the medical institute.....	L301.1A Yes..... 1 →	L301.1B	9997	9998
	No..... 2	IMAMTPCC		
2. Paid doctors or other medical personnel.....	IMPDCSSH			
directly with money or gifts.....	L301.2A Yes..... 1 →	L301.2B	9997	9998
	No..... 2	IMAMTPCP		
	IMPDCPSL			

IMMEDLMO L33. Tell me, please: In the last 30 days did a physician or other specialist at a medical institution--hospital, polyclinic--write a prescription or recommend (he/she) take medicine?

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

IMFINMED L34. Were you able to find or buy any of these medicines?

Yes..... 1
 No..... 2 → [SKIP TO 41 ON PAGE 12]
 DOESN'T KNOW..... 7 → [SKIP TO 41 ON PAGE 12]
 REFUSES TO ANSWER..... 8 → [SKIP TO 41 ON PAGE 12]

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

	Yes.....	No.....	D/K.....	REFUSES
IMMEDDRO L35.1. At the physician's who prescribed or recommended the medicine.....	1.....	2.....	7.....	8
IMMEDSTA L35.2. In a state pharmacy.....	1.....	2.....	7.....	8
IMMEDPRI L35.3. In a non-state pharmacy.....	1.....	2.....	7.....	8
IMMEDIND L35.4. From individuals.....	1.....	2.....	7.....	8
IMMEDOTH L35.5. At some other place.....	1.....	2.....	7.....	8

IMDISMED L36. Tell me, please: Was (he/she) entitled to a discount on these medicines?

Yes..... 1
 No..... 2 → [SKIP TO 38 ON PAGE 12]
 DOESN'T KNOW..... 7 → [SKIP TO 38 ON PAGE 12]
 REFUSES TO ANSWER..... 8 → [SKIP TO 38 ON PAGE 12]

IMSIZDIS **L37.** How much of a discount was (he/she) entitled to, what percentage?

100 percent	1
50 percent	2
20 percent	3
Less than 20 percent	4
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

IMPAIDPR **L38.** Did you pay anything for these medicines?

Yes	1
No	2 → [SKIP TO 40]
<i>DOESN'T KNOW</i>	7 → [SKIP TO 40]
<i>REFUSES TO ANSWER</i>	8 → [SKIP TO 40]

IMPRAMNT **L39.** How much did you pay for these medicines?

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

IMNOLOCM **L40.** Tell me, please: Were there any medicines prescribed or recommended for (him/her) in the last 30 days that you were not able to find or buy?

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

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

	Yes.....	No.....	D/K....	REFUSES
<i>IMMNOTIM</i> L41.1. Didn't have time to buy them	1	2	7	8
<i>IMMNOFIN</i> L41.2. Couldn't find them in a pharmacy	1	2	7	8
<i>IMMNOMON</i> L41.3. Didn't have enough money	1	2	7	8
<i>IMMNOWAN</i> L41.4. Didn't want to buy them	1	2	7	8
<i>IMMNOCAN</i> L41.5. Physically couldn't buy them myself, and there was no one else to do it	1	2	7	8

IMNMCOST **L41.0** How much would you have to spend in total to buy the medicine you haven't bought?

_____ rubles	
<i>D/A</i>	997
<i>REFUSES TO ANSWER</i>	998

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

L411

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

IMNOLDSZ 41.2 How much of a discount was it, what percentage, for (him/her)?

L412

100 percent	1
50 percent	2
20 percent	3
Less than 20 percent	4
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

51. Many of us are buying not only the medicines prescribed or recommended by doctors but also medicines recommended by other people.

In the last 30 days have you bought medicine recommended by:

	Yes	No	D/K	REFUSES
IMRBYPHM L51.1. Pharmacy workers.....	1.....	2.....	7.....	8.....
IMRBYFRN L51.2. Friends, relatives, acquaintances.....	1.....	2.....	7.....	8.....
IMRBYTV L51.3. TV commercials.....	1.....	2.....	7.....	8.....
IMRBYRAD L51.3A.4. Radio commercials.....	1.....	2.....	7.....	8.....
IMRBYNWS L51.4.5. Newspaper articles, magazines, books.....	1.....	2.....	7.....	8.....

- IMAMTNPML52. How much in total have you paid for those medicines in the last 30 days? Please do not include here money you paid for medicines prescribed or recommended by a doctor.

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

- IMEVRVAC L42. Tell me, please: Has (he/she) at any time had any kind of vaccination?

Yes.....	1
No.....	2 → [SKIP TO 49 ON PAGE 14]
DOESN'T KNOW.....	7 → [SKIP TO 49 ON PAGE 14]
REFUSES TO ANSWER.....	8 → [SKIP TO 49 ON PAGE 14]

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

	Yes.....	No.....	D/K.....	REFUSES
IMVACTUB L43.1. Tuberculosis.....	1.....	2.....	7.....	8.....
IMVACMEA L43.2. Measles.....	1.....	2.....	7.....	8.....
IMVCADS1 L43.3. Diphtheria, whooping cough, tetanus AKDS/ADS 1.....	1.....	2.....	7.....	8.....
IMVCADS2 L43.4. Diphtheria, whooping cough, tetanus AKDS/ADS 2.....	1.....	2.....	7.....	8.....
IMVCADS3 L43.5. Diphtheria, whooping cough, tetanus AKDS/ADS 3.....	1.....	2.....	7.....	8.....
IMVCPOL1 L43.6. Polio 1 st time.....	1.....	2.....	7.....	8.....
IMVCPOL2 L43.7. Polio 2 nd time.....	1.....	2.....	7.....	8.....
IMVCPOL3 L43.8. Polio 3 rd time.....	1.....	2.....	7.....	8.....
IMVACHEP L43.9. Hepatitis.....	1.....	2.....	7.....	8.....
IMVCMUMPL43.10. Mumps.....	1.....	2.....	7.....	8.....
IMVMENIN L43.12. Meningitis.....	1.....	2.....	7.....	8.....
IMVACOTH L43.11. Other illness.....	1.....	2.....	7.....	8.....

- IMVACL3M L44. Please remember: Has (he/she) had any vaccinations in the last three months?

Yes.....	1
No.....	2 → [SKIP TO 49 ON PAGE 14]
DOESN'T KNOW.....	7 → [SKIP TO 49 ON PAGE 14]
REFUSES TO ANSWER.....	8 → [SKIP TO 49 ON PAGE 14]

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

	Yes.....	No.....	D/K.....	REFUSES
IMVL3TUB L45.1. Tuberculosis.....	1.....	2.....	7.....	8.....
IMVL3MEA L45.2. Measles.....	1.....	2.....	7.....	8.....
IMVL3AD1 L45.3. Diphtheria, whooping cough, tetanus AKDS/ADS 1.....	1.....	2.....	7.....	8.....
IMVL3AD2 L45.4. Diphtheria, whooping cough, tetanus AKDS/ADS 2.....	1.....	2.....	7.....	8.....

	Yes.....	No.....	D/K....	REFUSES
<i>IMVL3AD3</i> L45.5. Diphtheria, whooping cough, tetanus				
AKDS/ADS 3	1.....	2.....	7.....	8
<i>IMVL3PO1</i> L45.6. Polio 1st time	1.....	2.....	7.....	8
<i>IMVL3PO2</i> L45.7. Polio 2nd time	1.....	2.....	7.....	8
<i>IMVL3PO3</i> L45.8. Polio 3rd time	1.....	2.....	7.....	8
<i>IMVL3HEP</i> L45.9. Hepatitis	1.....	2.....	7.....	8
<i>IMVL3MUM</i> L45.10. Mumps	1.....	2.....	7.....	8
<i>IMVL3MEN</i> L45.12. Meningitis	1.....	2.....	7.....	8
<i>IMVL3OTH</i> L45.11. Other illness	1.....	2.....	7.....	8

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

	Yes.....	No.....	D/K....	REFUSES
<i>IMVCPOLY</i> L46.1. In a polyclinic	1.....	2.....	7.....	8
<i>IMVCHOSP</i> L46.2. In a hospital	1.....	2.....	7.....	8
<i>IMVCCCLI</i> L46.3. In a children's polyclinic or maternity hospital	1.....	2.....	7.....	8
<i>IMVCDOCT</i> L46.4. At a private doctor	1.....	2.....	7.....	8
<i>IMVCSCHO</i> L46.5. At school	1.....	2.....	7.....	8
<i>IMVCKIND</i> L46.6. At a kindergarten or nursery	1.....	2.....	7.....	8
<i>IMVCOTHR</i> L46.7. In another place	1.....	2.....	7.....	8

IMPAIDVC **L47. Did you pay for (his/her) vaccinations, including the cost of vaccines or syringes?**

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

IMAMTVAC **L48. How much did you pay?**

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

IMNGETVC **L49. Did you want (him/her) to have some kind of vaccination but were unable to have it done?**

Yes.....	1
No.....	2 → [SKIP TO NEXT SECT. P. 15]
DOESN'T KNOW.....	7 → [SKIP TO NEXT SECT. P. 15]
REFUSES TO ANSWER.....	8 → [SKIP TO NEXT SECT. P. 15]

IMWHYNVC **L50. Why was (he/she) not able to get the vaccination? Choose only one of the answers I list:**

Too expensive.....	1
No transportation to the place where vaccinations were given	2
Fear of infection	3
There wasn't a vaccine for the vaccination	4
Didn't have time to get it.....	5
Other.....	6
DOESN'T KNOW.....	7
REFUSES TO ANSWER.....	8

SECTION "HEALTH EVALUATION"

- M1.** Now a few questions about health. But first I would like to ask you what you think (his/her) height and weight are.

IMWTSELF How many kilograms does (he/she) weigh?

[**INTERVIEWER!** IN THESE QUESTIONS WE NEED TO UNDERSTAND THE SUBJECTIVE OPINION OF THE RESPONDENT ABOUT WEIGHT AND HEIGHT. EXACT MEASUREMENTS OF THESE DATA WILL BE TAKEN AT THE END OF THE INTERVIEW.]

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

IMHTSELF **M2.** What is (his/her) height in centimeters?

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

IMWTCHNG **M2.1** Tell me, please: How has (his/her) weight changed over the last year?

(He/she) lost weight 1
(He/she) gained weight..... 2
(HIS/HER) WEIGHT DID NOT CHANGE..... 3
DOESN'T KNOW..... 7
REFUSES TO ANSWER..... 8

IMEVALHL **M3.** 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?

		For how long has (he/she) had it?	This illness is . . . ? [CIRCLE ONLY ONE ANSWER]
1. Heart disease?	Yes . . . 1 → No . . . 2	Since the year of _____ <i>IMCHRTYR</i>	Hereditary 1 Congenital..... 2 Acquired... M20.61C 5 <i>IMCHRTCA</i>
	M20.61 <i>IMCHEART</i>		
2. Lung disease?	Yes . . . 1 → No . . . 2	Since the year of _____ M20.62B <i>IMCLUNYR</i>	Hereditary 1 Congenital..... 2 Acquired... M20.62C 5 <i>IMCLUNCA</i>
	M20.62 <i>IMCLUNGS</i>		
3. Liver disease?	Yes . . . 1 → No . . . 2	Since the year of _____ M20.63B <i>IMCLIVYR</i>	Hereditary 1 Congenital..... 2 Acquired... M20.63C 5 <i>IMCLIVCA</i>
	M20.63 <i>IMCLIVER</i>		
4. Kidney disease?	Yes . . . 1 → No . . . 2	Since the year of _____ M20.64B <i>IMCKIDYR</i>	Hereditary 1 Congenital..... 2 Acquired... M20.64C 5 <i>IMCKIDCA</i>
	M20.64 <i>IMCKIDNY</i>		
5. Gastrointestinal disease?	Yes . . . 1 → No . . . 2	Since the year of _____ M20.65B <i>IMCGIYR</i>	Hereditary 1 Congenital... M20.65C 2 Acquired..... 5 <i>IMCGICA</i>
	M20.65 <i>IMCGI</i>		

	For how long has (he/she) had it?	This illness is . . . ? [CIRCLE ONLY ONE ANSWER]
6. Spinal problems? M20.66	Yes . . . 1 → Since the year of _____ No . . . 2 M20.66B <i>IMCSPNYR</i> <i>IMCSPINE</i>	Hereditary 1 Congenital..... 2 Acquired... M20.66C .. 5 <i>IMCSPNCA</i>
7. Another <u>chronic</u> illness? M20.67 <i>IMCOTHER</i>	Yes . . . 1 → Since the year of _____ No . . . 2 M20.67B <i>IMCOTHYR</i> <i>IMCOTHER</i>	Hereditary 1 Congenital..... 2 Acquired... M20.67C .. 5 <i>IMCOTHCA</i>

IMDISABL **M20.7** 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

IMDIABET **M43.** Has a doctor ever said that (he/she) had diabetes or increased sugar in the blood?

- Yes..... 1
- No..... 2 → [SKIP TO 62.1]
- DOESN'T KNOW*..... 7 → [SKIP TO 62.1]
- REFUSES TO ANSWER*..... 8 → [SKIP TO 62.1]

IMDIABYR **M44.** In what year did a doctor first tell you about this?

- IN* |__| |__| |__| |__| *YEAR*
- DOESN'T KNOW*..... 7
- REFUSES TO ANSWER*..... 8

45. To treat (his/her) diabetes you use . . .

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

- IMDCDIET* **M45.1. Special diet**..... 1..... 2..... 7..... 8
- IMDCWCON* **M45.2. Weight control** 1..... 2..... 7..... 8
- IMDCORAL* **M45.3. Pills**..... 1..... 2..... 7..... 8
- IMDCSHOT* **M45.4. Insulin shots**..... 1..... 2..... 7..... 8
- IMDCHERB* **M45.5. Herbal treatment**..... 1..... 2..... 7..... 8
- IMDCHOME* **M45.6. Homeopathic treatment**..... 1..... 2..... 7..... 8
- IMDCOTHR* **M45.7. Something else**..... 1..... 2..... 7..... 8

IMEVERTB **M62.1** Has a doctor ever told you that (he/she) has tuberculosis?

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

IMYEARTB **M62.2** In what year was (he/she) diagnosed with tuberculosis? If (he/she) has had this diagnosis more than once, when was the most recent time?

- IN* |__| |__| |__| |__| *YEAR*
- DOESN'T KNOW*..... 7
- REFUSES TO ANSWER*..... 8

IMEVERHP M62.3 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]

IMYEARHP M62.4 In what year was (he/she) diagnosed with “hepatitis,” “Botkin’s disease,” or “jaundice”?
 If (he/she) has had this diagnosis more than once, when was the most recent time?

IN |__| |__| |__| |__| *YEAR*
DOESN'T KNOW 7
REFUSES TO ANSWER 8

IMTYPHP M62.5 With which type of hepatitis was (he/she) sick?

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

IMTYPHPT
 (*char*)

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

IMDEPRES M131 In the last 12 months has (he/she) had a serious nervous disorder or depression?

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

IMCOUGHS M96. 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

IMCONGES M97. 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

IMEARACH M98. 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

IMSORETH M99. In the last 7 days has (he/she) had a sore throat?

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

IMTEETHI M100 **In the last 7 days has (he/she) been teething?**

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

IMDIARRH M101 **In the last 7 days has (he/she) had diarrhea?**

Yes..... 1
 No..... 2 → [SKIP TO 109 ON PAGE 19]
 DOESN'T KNOW..... 7 → [SKIP TO 109 ON PAGE 19]
 REFUSES TO ANSWER..... 8 → [SKIP TO 109 ON PAGE 19]

IMDIARDY M102. **Tell me, please: How many days in the last 7 has (he/she) had diarrhea?**

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

IMBMTIME M103. **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

IMMUCUSS M104. **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

IMBLOODS M105. **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

IMFEVERS M106. **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

IMVOMITS M107. **Since the diarrhea started, has (he/she) thrown up?**

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

IMABPAIN **M108**. 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

IMLEUKEM **M109**. Tell me, please: Has (he/she) had leukemia?

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

[**INTERVIEWER!** RETURN TO QUESTION A ON PAGE 1 AND VERIFY THE SEX AND BIRTH YEAR OF THE CHILD UNDER DISCUSSION. ASK QUESTIONS 110-111 IF THE CHILD IS A GIRL BORN IN 1993 OR EARLIER. FOR ALL OTHERS, ASK THE QUESTIONS IN THE NEXT SECTION ON PAGE 20.]

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

N2 Yes..... 1
 No..... 2 → [SKIP TO NEXT SECT. P. 20]
DOESN'T KNOW..... 7 → [SKIP TO NEXT SECT. P. 20]
REFUSES TO ANSWER..... 8 → [SKIP TO NEXT SECT. P. 20]

IMAGEMEN **M111** How old was she when she first menstruated?

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

SEX DAY OF MONTH OF YEAR OF
 BIRTH BIRTH BIRTH

I would like you to tell me what [*NAME OF CHILD*] ate and drank in the last 24 hours--from waking up in the morning until going to bed at night. If (he/she) ate or drank anything during the night, please tell me about that also. Don't forget to tell me what (he/she) ate and drank outside the home. Include all forms of food and drink (he/she) consumed. It is also important for me to know where (he/she) ate and where the food was prepared.

Now, let's begin.

[**INTERVIEWER!** INDICATE THE DATE OF FILLING IN THIS SECTION:]

DAY: |__|__| MONTH: |__|__|

SECTION "DIET"

IMYUSUAL 1. With regard to the quantity of food, did (he/she) yesterday eat about the same amount of food as usual, less than usual, or more than usual?

- Same amount..... 1
- Less 2
- More 3
- DOESN'T KNOW*..... 7
- REFUSES TO ANSWER*..... 8

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

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

- IMDIETDR* 1. **Doctor's recommendation** 1 2 7 8
- IMDIETSP* 2. **Observing a special diet** 1 2 7 8
- IMDIETRE* 3. **Religious practices** 1 2 7 8

IMVITYES 3. Did (he/she) take multivitamins yesterday?

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

Time first served	Place where food was consumed	Product, dish, or beverage: Name, composition, cooking method, portion size, etc.	Home-cooked or not home-cooked	Amount (g, ml)	Type of food consumed	Code
1	2		3	4	4.1	5
1	Home or as a guest Public eatery Nursery or school Workplace Other place <i>HOUR</i> <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLCE</i>	 <i>GRAM</i> <i>S</i>	Breakfast Dinner Supper Snack Other <i>MEALTYPE</i>	_ _ _ _ <i>FOODCOD</i> <i>E</i>
2	Home or as a guest Public eatery Nursery or school Workplace Other place <i>HOUR</i> <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLCE</i>	 <i>GRAM</i> <i>S</i>	Breakfast Dinner Supper Snack Other <i>MEALTYPE</i>	_ _ _ _ <i>FOODCOD</i> <i>E</i>
3	Home or as a guest Public eatery Nursery or school Workplace Other place <i>HOUR</i> <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLCE</i>	 <i>GRAM</i> <i>S</i>	Breakfast Dinner Supper Snack Other <i>MEALTYPE</i>	_ _ _ _ <i>FOODCOD</i> <i>E</i>
4	Home or as a guest Public eatery Nursery or school Workplace Other place <i>HOUR</i> <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLCE</i>	 <i>GRAM</i> <i>S</i>	Breakfast Dinner Supper Snack Other <i>MEALTYPE</i>	_ _ _ _ <i>FOODCOD</i> <i>E</i>
5	Home or as a guest Public eatery Nursery or school Workplace Other place <i>HOUR</i> <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLCE</i>	 <i>GRAM</i> <i>S</i>	Breakfast Dinner Supper Snack Other <i>MEALTYPE</i>	_ _ _ _ <i>FOODCOD</i> <i>E</i>

RLMS, Round 11 Individual-Child

RLMS, Round 13 Individual-Child

6 Home or as a guest
 Public eatery
 Nursery or school
 Workplace
 Other place
 HO R PLACE

Home-cooked
 Not home-cooked
 PREPPLCE GRAMS
 Breakfast
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 MEALTYPE
 | _ | _ | _
 FOODCOD
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7 Home or as a guest
 HO UR PLACE
 Public eatery
 Nursery or school
 Workplace
 Other place
 PLACE

Time first served	Place where food was consumed	Product, dish, or beverage: Name, composition, cooking method, portion size, etc.	Home-cooked or not home-cooked	Amount (g, ml)	Type of food consumed	Code
1	2		3	4	4.1	5
1 HOUR	Home or as a guest Public eatery Nursery or school Workplace Other place PLACE		Home-cooked Not home-cooked PREPPLCE	GRAM S	Breakfast Dinner Supper Snack Other MEALTYPE	_ _ _ _ FOODCOD E
2 HOUR	Home or as a guest Public eatery Nursery or school Workplace Other place PLACE		Home-cooked Not home-cooked PREPPLCE	GRAM S	Breakfast Dinner Supper Snack Other MEALTYPE	_ _ _ _ FOODCOD E
3 HOUR	Home or as a guest Public eatery Nursery or school Workplace Other place PLACE		Home-cooked Not home-cooked PREPPLCE	GRAM S	Breakfast Dinner Supper Snack Other MEALTYPE	_ _ _ _ FOODCOD E
4 HOUR	Home or as a guest Public eatery Nursery or school Workplace Other place PLACE		Home-cooked Not home-cooked PREPPLCE	GRAM S	Breakfast Dinner Supper Snack Other MEALTYPE	_ _ _ _ FOODCOD E
5 HOUR	Home or as a guest Public eatery Nursery or school Workplace Other place PLACE		Home-cooked Not home-cooked PREPPLCE	GRAM S	Breakfast Dinner Supper Snack Other MEALTYPE	_ _ _ _ FOODCOD E

RLMS, Round 11 Individual-Child

RLMS, Round 13 Individual-Child

6 Home or as a guest
 Public eatery
 Nursery or school
 Workplace
 Other place
 HO R PLACE

Home-cooked
 Not home-cooked
 PREPPLCE GRAM S MEALTYPE

Breakfast
 Dinner
 Supper
 Snack
 Other
 | _ | _ | _
 FOODCOD E

7 Home or as a guest
 HO UR PLACE
 Public eatery
 Nursery or school
 Workplace
 Other place
 PLACE

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25. P

SECTION "MEDICAL MEASUREMENTS"

IMLEGAMP 1. [**INTERVIEWER!** PLEASE NOTE:
 THE CHILD HAS BOTH LEGS..... 1
 THE CHILD IS MISSING ONE
 OR A PART OF ONE LEG..... 2
 THE CHILD IS MISSING BOTH
 OR PARTS OF BOTH LEGS 3]

IMARMAMP 2. [**INTERVIEWER!** PLEASE NOTE:
 THE CHILD HAS BOTH ARMS..... 1
 THE CHILD IS MISSING ONE
 OR A PART OF ONE ARM..... 2
 THE CHILD IS MISSING BOTH
 OR PARTS OF BOTH ARMS..... 3]

IMHEIGHT 3. **Height**
 [**INTERVIEWER!** MAKE SURE CHILD TAKES OFF HIS/HER SHOES.]
 _____ *CM*

IMWEIGHT 4. **Weight**
 [**INTERVIEWER!** BEFORE TAKING THE MEASUREMENT, MAKE SURE THE
 CHILD IS WEARING ONLY LIGHT HOUSEHOLD CLOTHES.]
 _____ *KG*

IMWAISTC 5. **Waist circumference**
 _____ *CM*

IMHIPSIZ 6. **Hip circumference**
 _____ *CM*

SECTION "INTERVIEWER'S REMARKS"

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

		YES	NO
IMHHPRES	S1.1. SOME OTHER MEMBER OF THE HOUSEHOLD	1.....	2
IMOTPRES	S1.2. OTHER PEOPLE, NOT MEMBERS OF THIS HOUSEHOLD.....	1.....	2]

- IMRESATT **S2.** [ASSESS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:

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

- IMRESUND **S3.** [NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS:

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

- IMRESBEH **S4.** [ASSESS THE RESPONDENT'S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT:

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

- IMRESRES **S5.** [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]

- IMRESSIN **S6.** [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]

- IMFDRELY **S7.** [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
