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QUESTIONNAIRE FOR CHILDREN

5th ROUND

ID_I

[i.e., 9th round]

- SITE9* 1. [NAME OF POPULATION CENTER _____ |__|__|__|]
- REGION**
CENSUSD9 2. [NUMBER OF SURVEY SECTOR (FOR CITIES) _____ |__|__|]
- FAMILY9* 3. [NUMBER OF FAMILY |__|__|]
- H3**
PERSON9 4. [NUMBER ON THE CARD OF THE CHILD BEING DISCUSSED |__|__|]
- H4**
I9RPINBF 4.1 [**DID THE CHILD PARTICIPATE IN THE SURVEY**
- H4.1**
- 1994..... 1
1995..... 2
1996..... 3
1998..... 4
NEVER PARTICIPATED 5]
- I9GENDER* 5. [SEX OF THE CHILD BEING DISCUSSED
- H5**
- MALE 1
FEMALE 2]
7. [DATE OF INTERVIEW. DAY |**H7.1**|, MONTH |**H7.2**|]
I9INTDAY *I9INTMON*
8. [LENGTH OF INTERVIEW |**H8A**| HOURS |**H8B**| MINUTES]
I9INTHRS *I9INTMIN*
9. [LAST NAME OF INTERVIEWER _____]
- I9INTNUM* 10. [NUMBER OF INTERVIEWER |__|__|__|]
- I9ADANSW* 11. [NUMBER OF THE ADULT WHO ANSWERED THE QUESTIONS |__|__|] **H11**

AND NOW WE WOULD LIKE TO TALK ABOUT YOUR CHILDREN.
 AFTER ALL, THEY ARE AN IMPORTANT PART OF YOUR LIFE. MANY OF
 YOUR PROBLEMS ARE RELATED TO THEM. IN MANY RESPECTS, YOUR
 CHILDREN DETERMINE HOW YOUR FAMILY LIVES.

[**INTERVIEWER!** THE QUESTIONS IN THIS QUESTIONNAIRE, EXCEPT **115-128**, SHOULD BE ANSWERED ONLY BY **AN ADULT MEMBER OF THE FAMILY**. IDEALLY IT WOULD BE THAT PERSON WHO TOOK CARE OF THE CHILD IN THE LAST 7 DAYS. CHILDREN MAY BE PRESENT DURING THE DISCUSSION WITH THE CONSENT OF THEIR PARENTS.

FOR QUESTIONS 115-128 ON PAGES 21-23 THE CHILD SHOULD ANSWER FOR HIMSELF OR HERSELF.]

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

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

__ __	BORN_M	__ 169.9C __
day	month	year
<i>19BIRTHD</i>	<i>19BIRTHM</i>	<i>19BIRTHY</i>

SECTION “MIGRATION”

19BORNDP **11. Tell me, please: Was (he/she) born in a different population center or in the one where he lives now?**

- IN A DIFFERENT POPULATION CENTER* 1
- IN THE ONE WHERE HE LIVES NOW*..... 2
- DOESN'T KNOW*..... 7
- REFUSES TO ANSWER*..... 8

19SPEAKS **15. What primary language does (he/she) speak at home? If (he/she) speaks several languages, please specify the primary language.**

-
- RUSSIAN*..... 1
 - CHILD IS NOT YET TALKING* 996
 - DOESN'T KNOW*..... 997
 - REFUSES TO ANSWER*..... 998

19PARSPK **16. What language is primarily spoken at home by (his/her) parents?**

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

SECTION "CARE OF CHILDREN"

[**INTERVIEWER!** TURN TO QUESTION A ON PAGE 1 AND VERIFY THE BIRTH DATE OF THE CHILD ABOUT WHOM YOU ARE SPEAKING.
 IF THE CHILD WAS BORN **IN 1994** OR EARLIER, ASK QUESTIONS 1-8.
 IF THE CHILD WAS BORN **BETWEEN 1995 AND 1998**, ASK QUESTION 8 ON PAGE 5.
 FOR THE REMAINING CHILDREN (BORN **IN 1999 OR 2000**), ASK QUESTION 9 ON PAGE 6.]

I9GRADE1 **K1**. Now I would like to ask a few questions about the education of [*NAME OF CHILD*].

Tell me, please: Has (he/she) 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]

I9GRADES 2. How many grades of general school has (he/she) completed?

J70.1

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

I9INSCHL 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]

I9PAYSCH **K4**. Has your family paid for (his/her) school instruction in the current quarter?

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

I9AMTSPM **K5**. How much money does your family pay for (his/her) instruction on average per month in the current quarter?

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

I9PAYBKS **K6**. Did your family pay for textbooks that (he/she) uses during this school year?

Yes 1
 No 2 → [SKIP TO 7.1 ON PAGE 3]
 DOESN'T KNOW..... 7 → [SKIP TO 7.1 ON PAGE 3]
 REFUSES TO ANSWER..... 8 → [SKIP TO 7.1 ON PAGE 3]

I9AMTBKS **K7**. How much money did your family pay for (his/her) textbooks?

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

19PECLAS K7.1 Does (he/she) attend PE classes at school?

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

19PEFREQ 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 activity and you tell me, please, in which of them (he/she) engages during classes and, if so, then how many hours per week.

	(He/she) engages in during classes...?	How many hours per week?	D/K
1. Karate, judo, self-defense, wrestling boxing, gymnastics.....	Yes 1 → No 2	K7.3.1B <u>I9KARHRS</u>	97
	K7.3.1A I9KARATE		
2. Active sports games: badminton, tennis, soccer, basketball, volleyball hockey, swimming.....	Yes 1 → No 2	K7.3.2B <u>I9SPOHRS</u>	97
	K7.3.2A I9SPORTS		
3. Track and field, skiing, skating	Yes 1 → No 2	K7.3.3B <u>I9TRAHRS</u>	97
	K7.3.3A I9TRACKF		
4. Other kinds of physical activity.....	Yes 1 → No 2	K7.3.4B <u>I9PEOHRS</u>	97
	K7.3.4A I9PEOTHR		

19PHYSOC 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, hop-scotch, hide and seek, riding a bicycle, etc.

- Yes 1
- No 2 → [SKIP TO 7.7 ON PAGE 4]
- DOESN'T KNOW..... 7 → [SKIP TO 7.7 ON PAGE 4]
- REFUSES TO ANSWER..... 8 → [SKIP TO 7.7 ON PAGE 4]

19OCFREQ K7.5 How often does (he/she) engage in physical activities and sports 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 Now I will list various kinds of physical activity and you tell me, please, in which of them (he/she) engages before or after classes and, if so, how many hours per week.

	(He/she) engages in before or after classes?	How many hours per week?	D/K
1. Karate, judo, self-defense, wrestling boxing, gymnastics.....	Yes..... 1 → No..... 2	K7.6.1B <i>I9OCKHRS</i>	97
	K7.6.1A <i>I9OCKARA</i>		
2. Active sports games: badminton, tennis, soccer, basketball, volleyball hockey, swimming.....	Yes..... 1 → No..... 2	K7.6.2B <i>I9OC SHRS</i>	97
	K7.6.2A <i>I9OCSPOR</i>		
3. Track and field, skiing, skating.....	Yes..... 1 → No..... 2	K7.6.3B <i>I9OCTHRS</i>	97
	K7.6.3A <i>I9OCTRAC</i>		
4. Other kinds of physical activity.....	Yes..... 1 → No..... 2	K7.6.4B <i>I9OCO HRS</i>	97
	K7.6.4A <i>I9OCOTHR</i>		

7.7 Tell me, please: Before or after classes, does (he/she) engage in the following and, if so, how many hours per week?

	(He/she) engages in?	How many hours per week?	D/K
1. Watching TV, videos.....	Yes..... 1 → No..... 2	K7.7.1B <i>I9WTVHRS</i>	97
	K7.7.1A <i>I9WATCTV</i>		
2. Reading, music lessons, drawing, doing homework.....	Yes..... 1 → No..... 2	K7.7.2B <i>I9REDHRS</i>	97
	K7.7.2A <i>I9READNG</i>		
3. Playing video games or other games at home--with toy cars, dolls, construction sets, chess, checkers.....	Yes..... 1 → No..... 2	K7.7.3B <i>I9PLGHRS</i>	97
	K7.7.3A <i>I9PLGAME</i>		

I9HOW2S **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 transport..... 3
- On foot and by transport..... 4
- DOESN'T KNOW*..... 7
- REFUSES TO ANSWER*..... 8

I9TIME2S **K7.8.2** How many minutes does it take (him/her) to go to school and return?

- _____ minutes → [SKIP TO 9 ON PAGE 6]
- DOESN'T KNOW*..... 7 → [SKIP TO 9 ON PAGE 6]
- REFUSES TO ANSWER*..... 8 → [SKIP TO 9 ON PAGE 6]

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

	Yes	No	D/K	REFUSES
<i>I9TOOSML</i> K8.1. (He/she) will go to school in a year or two	1	2	7	8
<i>I9TOOILL</i> K8.2. (He/she) has poor health and cannot attend school	1	2	7	8
<i>I9EXPELL</i> K8.3. (He/she) was expelled from school	1	2	7	8
<i>I9HOMESC</i> K8.4. Family wants to give (him/her) home schooling	1	2	7	8
<i>I9NOSCHL</i> K8.5. No schools are close to home	1	2	7	8
<i>I9SCOTHR</i> K8.6. Other reasons	1	2	7	8

8.A I will list various kinds of physical activities and you tell me, please, which (he/she) engages in and, if so, how many hours a week.

	(He/she) engages in before or after classes?	How many hours per week?	D/K
1. Karate, judo, gymnastics, tennis, swimming.....	Yes 1 → No 2 K8.A.1A <i>I9NSKARA</i>	K8.A.1B <i>I9NSKHRS</i>	97
2. Plays with a ball, goes skating, rides a bicycle	Yes 1 → No 2 K8.A.2A <i>I9NSBALL</i>	K8.A.2B <i>I9NSBHRS</i>	97
3. Dances, runs, jumps, plays hopscotch, hide and seek	Yes 1 → No 2 K8.A.3A <i>I9NSDANC</i>	K8.A.3B <i>I9NSDHRS</i>	97
4. Plays sitting: on a bench, in a sandbox	Yes 1 → No 2 K8.A.4A <i>I9NSSITS</i>	K8.A.4B <i>I9NSSHRS</i>	97

I9NSPREG **K8.13** Does (he/she) regularly engage in physical activities and sports in a preschool institution, sports club, or at home?

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

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

	(He/she) engages in?	How many hours per day?	D/K
1. Watching TV, videos	Yes 1 → No 2 K8.151A <i>I9NSWATV</i>	K8.151B <i>I9NSWHRS</i>	97
2. Reading or listening to what is read to (him/her)	Yes 1 → No 2 K8.152A <i>I9NSREAD</i>	K8.152B <i>I9NSRHRS</i>	97
3. Playing video games or other games at home--with toy cars, dolls, construction sets, chess, checkers	Yes 1 → No 2 K8.153A <i>I9NSGAME</i>	K8.153B <i>I9NSGHRS</i>	97

I9NFCARE **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 SECTION P.8]
 DOESN'T KNOW..... 7 → [SKIP TO NEXT SECTION P.8]
 REFUSES TO ANSWER..... 8 → [SKIP TO NEXT SECTION P.8]

I9RLCARE **K10.** In the last 7 days was [NAME OF CHILD] looked after by any 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]

I9DYCARE **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

I9HRCARE **K12.** On those days of the last 7 when relatives who live separately helped care for [NAME OF CHILD], how many hours a day on average did they help?

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

I9ATTKIN **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 16]
 DOESN'T KNOW..... 7 → [SKIP TO 16]
 REFUSES TO ANSWER..... 8 → [SKIP TO 16]

I9DYSKIN **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

I9HRSKIN **K15.** On those days of the last 7 when [NAME OF CHILD] went to kindergarten, nursery, after-school group, or something similar, how many hours a day on average was (he/she) there?

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

I9OWNSCH **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

I9NRCARE **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]

I9DNCARE **K18.** 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

I9HNCARE **K19.** In these last 7 days when people who are not your relatives helped to care for [NAME OF CHILD], how many hours a day on average did they do this?

- _____ hours
- DOESN'T KNOW..... 97
- REFUSES TO ANSWER..... 98

I9CARELW **K20.** Tell me, please: Did you or will you have to pay for the care of [NAME OF CHILD] in the last 7 days?

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

I9PAYCLW **K21.** How much in total did you 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., 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"

I9HPRBLM **L5.** Tell me, please: Has (he/she) had any health problems in the last 30 days?

- Yes..... 1
 No..... 2 → [SKIP TO 20 ON PAGE 10]
DOESN'T KNOW..... 7 → [SKIP TO 20 ON PAGE 10]
REFUSES TO ANSWER..... 8 → [SKIP TO 20 ON PAGE 10]

I9HPRTYP **6.** Recall, please: What were these problems?
 (*char*)

- _____

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

I9TREABY **L7.** What did you do to solve the health problems that (he/she) had in the last 30 days?

- Went to medical institutions or health workers 1
 Did not go to a health worker, treated self..... 2 → [SKIP TO 20 ON PAGE 10]
DOESN'T KNOW..... 7 → [SKIP TO 20 ON PAGE 10]
REFUSES TO ANSWER..... 8 → [SKIP TO 20 ON PAGE 10]

I9CALLDR **L8.** Let's talk about (his/her) most recent meeting with a medical worker in the last 30 days.
 Tell me, please: Last time did you call a medical worker to see (him/her) at home or did (he/she) go to the medical worker for an appointment?

- WALKED OR RODE 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]

I9TYPMIN **L9.** Tell me, please: Where did you 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

10. How much time did it take this last time traveling to the medical institution and back?

- L10A** hours **L10B** minutes
I9TDRHRS *I9TDRMIN*
DOESN'T KNOW..... 997
REFUSES TO ANSWER..... 998

I9TDRPAY **L11.** Did (he/she) spend any money to travel to and from this medical institution?

- Yes..... 1
 No..... 2 → [SKIP TO 13 ON PAGE 9]
DOESN'T KNOW..... 7 → [SKIP TO 13 ON PAGE 9]
REFUSES TO ANSWER..... 8 → [SKIP TO 13 ON PAGE 9]

I9TDRAMT **L12.** How much money did (he/she) spend last time to travel to and from this medical institution?

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

I9TDRWAI **L13.** Did (he/she) spend any time waiting for (his/her) appointment on that occasion?

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

14. How much time did (he/she) spend waiting for the appointment?

L14A _____ hours **L14B** _____ minutes
I9TDRHRW *I9TDRMNW*
DOESN'T KNOW..... 997
REFUSES TO ANSWER..... 998

I9PAIDDR **L15.** Did you pay for the visit?

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 the visit?

	Did you pay?	How much in rubles?	D/K	REFUSES
1. Officially in the enterprise's cashier's office	Yes 1 →	L161.1B	9997	9998
	No 2	<i>I9AMTPVC</i>		
	L161.1A	<i>I9PDVCSH</i>		
2. Paid money or gifts directly to the personnel.....	Yes 1 →	L161.2B	9997	9998
	No 2	<i>I9AMTPVP</i>		
	L161.2A	<i>I9PDVPSL</i>		

I9ADTEST **L17.** Besides being seen by a medical worker, did (he/she) undergo any tests or procedures?

Yes..... 1
 No..... 2 → [SKIP TO 20 ON PAGE 10]
DOESN'T KNOW..... 7 → [SKIP TO 20 ON PAGE 10]
REFUSES TO ANSWER..... 8 → [SKIP TO 20 ON PAGE 10]

I9PAYADT **L18.** Did you pay extra for (his/her) tests or procedures?

Yes..... 1
 No..... 2 → [SKIP TO 20 ON PAGE 10]
DOESN'T KNOW..... 7 → [SKIP TO 20 ON PAGE 10]
REFUSES TO ANSWER..... 8 → [SKIP TO 20 ON PAGE 10]

19.1 Whom and how much did you pay?

	Did you pay?	How much in rubles?	D/K	REFUSES
1. Officially in the enterprise's cashier's office.....	Yes 1	→ L191.1B	9997	9998
	No 2	<i>I9AMTPTC</i>		
		L191.1A <i>I9PDTCSH</i>		
2. Paid money or gifts directly to medical personnel who performed the investigation or procedure.....	Yes 1	→ L191.2B	9997	9998
	No 2	<i>I9AMTPTP</i>		
		L191.2A <i>I9PDTPSL</i>		

I9HOSL3M **L20.** Has (he/she) been in the hospital in the last three months?

Yes.....	1	
No.....	2	→ [SKIP TO 26 ON PAGE 11]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 26 ON PAGE 11]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 26 ON PAGE 11]

I9WHYHOS 21. For what reason or reasons was (he/she) hospitalized?
(char)

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

I9HOSTYP **L22.** Tell me, please: In what kind of facility was (he/she) hospitalized (the last time)?

In a raion, city, state, village hospital	1
In a commercial hospital	2
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

I9DYSHOS **L23.** How many days in total in the last three months was (he/she) in the hospital?

_____ days	
<i>DOESN'T KNOW</i>	97
<i>REFUSES TO ANSWER</i>	98

I9PDHOSP **L24.1** Did you pay for (his/her) stay in the hospital, medical help, and treatment, not counting payments for medicine, syringes, or dressings?

Yes.....	1	
No.....	2	→ [SKIP TO 26 ON PAGE 11]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 26 ON PAGE 11]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 26 ON PAGE 11]

24.2 Whom and how much money in all 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 payments for medicine, officially in the cashier's office.....	Yes.....1	→ L.242.1B	9997	9998
	No.....2	I.242.1A I9AMTPHC		
I.242.1A I9PDHCSH				
2. For treatment and care, not counting payments for medicine, paid to doctors and other medical personnel with money or gifts	Yes.....1	→ L.242.2B	9997	9998
	No.....2	L.242.2A I9AMTPHP		
L.242.2A I9PDHPSL				

I9PAYMED **L25.1** Did you receive medicine, syringes, and dressing materials, necessary for (his/her) treatment in a hospital, for free or did you pay for them with money or gifts?

All medicines, syringes, and dressing materials were free.....	1	→ [SKIP TO 26]
Some medicines were free; we paid for others.....	2	
We paid for medicines, syringes, and dressing materials	3	
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 26]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 26]

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

	Did you pay?	How much in rubles?	D/K	REFUSES
1. Officially in the cashier's office or the drug store of the hospital in which (he/she) stayed	Yes.....1	→ L.252.1B	9997	9998
	No.....2	I.252.1A I9AMTPMC		
I.252.1A I9PDMCSH				
2. Doctors or other medical personnel in the hospital in which (he/she) stayed with money or gifts	Yes.....1	→ L.252.2B	9997	9998
	No.....2	L.252.2A I9AMTPMP		
L.252.2A I9PDMPSL				
3. You yourself or someone else at your request bought medicines, syringes, and dressings in the drug store inside the hospital in which (he/she) stayed	Yes.....1	→ L.252.3B	9997	9998
	No.....2	I.252.3A I9AMTPMD		
I.252.3A I9PDM DST				

I9CHECKU **L26.** In the last three months did you have to take (him/her) to a medical institution or simply to a specialist, not because (he/she) was sick but for a preventive checkup?

Yes.....	1	
No.....	2	→ [SKIP TO 33 ON PAGE 12]
<i>DOESN'T KNOW</i>	7	→ [SKIP TO 33 ON PAGE 12]
<i>REFUSES TO ANSWER</i>	8	→ [SKIP TO 33 ON PAGE 12]

19CKUWHO L27. Who carried out this checkup?

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

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

19CKUTYP L28. Tell me, please: Where did you go for the checkup?

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

19CKUPAY L29. Did you pay for (his,her) preventive checkup conducted at the time of this visit?

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. Officially in the cashier's office of the medical institute.....	Yes 1 →	L301.1B	9997	9998
	No 2	L301.1A 19AMTPCC 19PDCCSH		
2. Paid doctors or other medical personnel directly with money or gifts.....	Yes 1 →	L301.2B	9997	9998
	No 2	L301.2A 19AMTPCP 19PDCPSL		

19MEDLMO L33. In the last 30 days did a physician or another specialist at a medical institution--hospital, polyclinic--write a prescription or advise that (he/she) take some kind of medicine?

Yes 1
 No 2 → [SKIP TO 42 ON PAGE 14]
 DOESN'T KNOW 7 → [SKIP TO 42 ON PAGE 14]
 REFUSES TO ANSWER 8 → [SKIP TO 42 ON PAGE 14]

19FINMED L34. Were you able to find or buy any of these medicines?

Yes 1
 No 2 → [SKIP TO 41 ON PAGE 13]
 DOESN'T KNOW 7 → [SKIP TO 41 ON PAGE 13]
 REFUSES TO ANSWER 8 → [SKIP TO 41 ON PAGE 13]

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

		Yes	No	D/K	REFUSES
<i>I9MEDDRO</i>	L35.1. At the physician's who prescribed or recommended the medicine	1	2	7	8
<i>I9MEDSTA</i>	L35.2. In a state pharmacy	1	2	7	8
<i>I9MEDPRI</i>	L35.3. In a non-state pharmacy	1	2	7	8
<i>I9MEDIND</i>	L35.4. From individuals	1	2	7	8
<i>I9MEDOTH</i>	L35.5. At some other place	1	2	7	8

I9DISMED **L36.** Tell me, please: Was (he/she) entitled to a discount on these medicines?

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

I9SIZDIS **L37.** How much of a discount was (he/she) entitled to, what percentage?

100 percent.....	1
50 percent.....	2
20 percent.....	3
DOESN'T KNOW.....	7
REFUSES TO ANSWER.....	8

I9PAIDPR **L38.** Did you pay anything for these medicines?

Yes.....	1
No.....	2 → [SKIP TO 40]
DOESN'T KNOW.....	7 → [SKIP TO 40]
REFUSES TO ANSWER.....	8 → [SKIP TO 40]

I9PRAMNT **L39.** How much did you pay for these medicines?

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

I9NOLOCM **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 42 ON PAGE 14]
DOESN'T KNOW.....	7 → [SKIP TO 42 ON PAGE 14]
REFUSES TO ANSWER.....	8 → [SKIP TO 42 ON PAGE 14]

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

		Yes	No	D/K	REFUSES
<i>I9MNOTIM</i>	L41.1. Didn't have time to buy them	1	2	7	8
<i>I9MNOFIN</i>	L41.2. Couldn't find them in a pharmacy	1	2	7	8
<i>I9MNOMON</i>	L41.3. Didn't have enough money	1	2	7	8
<i>I9MNOWAN</i>	L41.4. Didn't want to buy them	1	2	7	8
<i>I9MNOCAN</i>	L41.5. Physically couldn't buy them myself and there was no one else to do it	1	2	7	8

I9EVRVAC **L42. Tell me, please: Has (he/she) at any time had any kind of vaccination?**

Yes..... 1
 No..... 2 → [SKIP TO 49 ON PAGE 15]
 DOESN'T KNOW..... 7 → [SKIP TO 49 ON PAGE 15]
 REFUSES TO ANSWER..... 8 → [SKIP TO 49 ON PAGE 15]

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

		Yes	No	D/K	REFUSES
<i>I9VACTUB</i>	L43.1. Tuberculosis	1	2	7	8
<i>I9VACMEA</i>	L43.2. Measles	1	2	7	8
<i>I9VCADS1</i>	L43.3. AKDS/ADS 1 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VCADS2</i>	L43.4. AKDS/ADS 2 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VCADS3</i>	L43.5. AKDS/ADS 3 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9VCPOL1</i>	L43.6. Polio 1	1	2	7	8
<i>I9VCPOL2</i>	L43.7. Polio 2	1	2	7	8
<i>I9VCPOL3</i>	L43.8. Polio 3	1	2	7	8
<i>I9VACHEP</i>	L43.9. Hepatitis	1	2	7	8
<i>I9VCMUMP</i>	L43.10. Mumps	1	2	7	8
<i>I9VMENIN</i>	L43.12. Meningitis	1	2	7	8
<i>I9VACOTH</i>	L43.11. Other illness	1	2	7	8

I9VACL3M **L44. Please remember: Has (he/she) had any vaccinations in the last three months?**

Yes..... 1
 No..... 2 → [SKIP TO 49 ON PAGE 15]
 DOESN'T KNOW..... 7 → [SKIP TO 49 ON PAGE 15]
 REFUSES TO ANSWER..... 8 → [SKIP TO 49 ON PAGE 15]

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

		Yes	No	D/K	REFUSES
<i>I9L3CTUB</i>	L45.1. Tuberculosis	1	2	7	8
<i>I9L3CMEA</i>	L45.2. Measles	1	2	7	8
<i>I9L3ADS1</i>	L45.3. AKDS/ADS 1 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9L3ADS2</i>	L45.4. AKDS/ADS 2 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9L3ADS3</i>	L45.5. AKDS/ADS 3 (diphtheria, whooping cough, tetanus)	1	2	7	8
<i>I9L3POL1</i>	L45.6. Polio 1	1	2	7	8
<i>I9L3POL2</i>	L45.7. Polio 2	1	2	7	8
<i>I9L3POL3</i>	L45.8. Polio 3	1	2	7	8
<i>I9L3CHEP</i>	L45.9. Hepatitis	1	2	7	8
<i>I9L3MUMP</i>	L45.10. Mumps	1	2	7	8
<i>I9L3ENIN</i>	L45.12. Meningitis	1	2	7	8
<i>I9L3COTH</i>	L45.11. Other illness	1	2	7	8

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

		Yes	No	D/K	REFUSES
<i>19VCPOLY</i>	L46.1. In a polyclinic	1	2	7	8
<i>19VCHOSP</i>	L46.2. In a hospital	1	2	7	8
<i>19VCCCLI</i>	L46.3. In a children's or maternity hospital	1	2	7	8
<i>19VCDOCT</i>	L46.4. At a private doctor	1	2	7	8
<i>19VCSCHO</i>	L46.5. At school	1	2	7	8
<i>19VCKIND</i>	L46.6. At a kindergarten or nursery	1	2	7	8
<i>19VCOTHR</i>	L46.7. In another place	1	2	7	8

19PAIDVC **L47.** Did you pay for (his/her) vaccinations?

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

19AMTVAC **L48.** How much did you pay?

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

19NGETVC **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 SECTION P.16]
<i>DOESN'T KNOW</i>	7 → [SKIP TO NEXT SECTION P.16]
<i>REFUSES TO ANSWER</i>	8 → [SKIP TO NEXT SECTION P.16]

19WHYNVC **L50.** Why was (he/she) not able to get the vaccination? Please choose only one of the answers that I list:

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

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.

I9WTSELF How many kilograms does (he/she) weigh?

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

I9HTSELF **M2.** What is (his/her) height in centimeters?

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

I9WTCHNG **M2.1** Tell me, please: How has (his/her) weight changed in the last two years?

(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

I9EVALHL **M3.** How would you evaluate (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

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

	Yes	No	D/K	REFUSES
<i>I9CHEART</i> M20.61. Heart disease	1	2	7	8
<i>I9CLUNGS</i> M20.62. Lung disease	1	2	7	8
<i>I9CLIVER</i> M20.63. Liver disease	1	2	7	8
<i>I9CKIDNY</i> M20.64. Kidney disease	1	2	7	8
<i>I9CGI</i> M20.65. Gastrointestinal disease	1	2	7	8
<i>I9CSPINE</i> M20.66. Spinal problems	1	2	7	8
<i>I9CNASOP</i> M20.68. Nasopharynx disease	1	2	7	8
<i>I9COTHER</i> M20.67. Other chronic illnesses	1	2	7	8

I9TMEDLW **M32.** Tell me, please: In the last 7 days has (he/she) taken any medicine, for example, pills, shots, drops, mixtures, herbal remedies, excluding vitamins and mineral supplements?

Yes..... 1
 No..... 2 → [SKIP TO 34 ON PAGE 17]
DOESN'T KNOW..... 7 → [SKIP TO 34 ON PAGE 17]
REFUSES TO ANSWER..... 8 → [SKIP TO 34 ON PAGE 17]

I9LISMED 33. Please list the names of the medicines (he/she) has taken in the last 7 days.
(char)

[**INTERVIEWER!** WRITE THE EXACT NAMES OF MEDICINES. IF THE RESPONDENT DOESN'T KNOW THE EXACT NAME, ASK TO SEE THE PACKAGE. COPY THE NAME ON THE LABEL, USING THE LANGUAGE IN WHICH IT IS WRITTEN.]

I9MULVIT **M34.** In the last 7 days has (he/she) taken any kind of multivitamins?

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

I9SEPVIT **M35.** In the last 7 days has (he/she) taken any separate vitamins?

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

36. Please remember: In the last 7 days has (he/she) taken . . . ?

		Yes	No	D/K	REFUSES
<i>I9VITAMA</i>	M36.1. Vitamin A	1	2	7	8
<i>I9VITAMB</i>	M36.2. B-complex vitamins	1	2	7	8
<i>I9VITAMC</i>	M36.3. Vitamin C	1	2	7	8
<i>I9VITAMD</i>	M36.4. Vitamin D	1	2	7	8
<i>I9VITAME</i>	M36.5. Vitamin E	1	2	7	8
<i>I9VITOTH</i>	M36.6. Other vitamins	1	2	7	8

I9MINERA **M37.** Tell me, please: In the last 7 days did (he/she) take any mineral supplements, for example, calcium, iron, selenium?

Yes..... 1
 No..... 2 → [SKIP TO 43]
 DOESN'T KNOW..... 7 → [SKIP TO 43]
 REFUSES TO ANSWER..... 8 → [SKIP TO 43]

38. Please remember: In the last 7 days did (he/she) take . . . ?

		Yes	No	D/K	REFUSES
<i>I9CALCIU</i>	M38.1. Calcium	1	2	7	8
<i>I9IRONSU</i>	M38.2. Iron	1	2	7	8
<i>I9SELENI</i>	M38.3. Selenium	1	2	7	8

I9DIABET **M43.** Has a doctor ever said that (he/she) had diabetes or increased sugar in the blood?

Yes..... 1
 No..... 2 → [SKIP TO 67 ON PAGE 18]
 DOESN'T KNOW..... 7 → [SKIP TO 67 ON PAGE 18]
 REFUSES TO ANSWER..... 8 → [SKIP TO 67 ON PAGE 18]

I9DLABYR **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
<i>I9DCDIET</i> M45.1. Special diet	1	2	7	8
<i>I9DCWCON</i> M45.2. Weight control	1	2	7	8
<i>I9DCORAL</i> M45.3. Pills1	2	7	8	
<i>I9DCSHOT</i> M45.4. Insulin shots	1	2	7	8
<i>I9DCHERB</i> M45.5. Herbal treatment	1	2	7	8
<i>I9DCHOME</i> M45.6. Homeopathic treatment	1	2	7	8
<i>I9DCOTHR</i> M45.7. Something else	1	2	7	8

I9EVERTB **M62.1** Has a doctor ever told you that (he/she) has tuberculosis?

Yes..... 1
 No..... 2 → [SKIP TO 67]
DOESN'T KNOW..... 7 → [SKIP TO 67]
REFUSES TO ANSWER..... 8 → [SKIP TO 67]

I9YEARTB **M62.2** In what year did (he/she) have tuberculosis? If (he/she) has had this diagnosis more than once, when was the last time?

In |__| |__| |__| |__| year
DOESN'T KNOW..... 7
REFUSES TO ANSWER..... 8

I9DRKTEA **M67.** Does (he/she) drink tea?

Yes..... 1
 No..... 2 → [SKIP TO 69]
DOESN'T KNOW..... 7 → [SKIP TO 69]
REFUSES TO ANSWER..... 8 → [SKIP TO 69]

I9FRETEA **M68.** How often in the last 30 days did (he/she) drink tea?

Every day 1
 4-6 times a week..... 2
 2-3 times a week..... 3
 Once a week 4
 Less than once a week 5
 Never in the past 30 days 6
DOESN'T KNOW..... 7
REFUSES TO ANSWER..... 8

I9DRKCOF **M69.** Does (he/she) drink coffee?

Yes..... 1
 No..... 2 → [SKIP TO 96 ON PAGE 19]
DOESN'T KNOW..... 7 → [SKIP TO 96 ON PAGE 19]
REFUSES TO ANSWER..... 8 → [SKIP TO 96 ON PAGE 19]

19FRECOF M70. How often during the past 30 days did (he/she) drink coffee?

Every day	1
4-6 times a week.....	2
2-3 times a week.....	3
Once a week.....	4
Less than once a week.....	5
Never in the past 30 days	6
<i>DOESN'T KNOW</i>	7
<i>REFUSES TO ANSWER</i>	8

19COUGHS M96. Tell me, please: In the last 7 days has (he/she) had a cough?

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

19CONGES M97. Tell me, please: In the last 7 days has (he/she) had a cold, maybe a runny or stuffy nose?

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

19EARACH M98. In the last 7 days has (he/she) had an earache?

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

19SORETH M99. Tell me, please: in the last 7 days has (he/she) had a sore throat?

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

19TEETHI M100. Tell me, please: In the last 7 days has (he/she) been teething?

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

19DIARRH M101. In the last 7 days has (he/she) had diarrhea?

Yes.....	1
No.....	2 → [SKIP TO 109 ON PAGE 20]
<i>DOESN'T KNOW</i>	7 → [SKIP TO 109 ON PAGE 20]
<i>REFUSES TO ANSWER</i>	8 → [SKIP TO 109 ON PAGE 20]

19DIARDY M102. Remember, please: On how many days of the last 7 has (he/she) had diarrhea?

_____ days	
<i>DOESN'T KNOW</i>	97
<i>REFUSES TO ANSWER</i>	98

19BMTIME M103. Tell me, please: In the last 24 hours how often has (he/she) had a bowel movement?

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

19MUCUSS M104. 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

19BLOODS M105. Tell me, please: 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

19FEVERS 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

19VOMITS M107. Tell me, please: Since the diarrhea started, has (he/she) thrown up?

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

19ABPAIN M108. Since the diarrhea started, has (he/she) had pain in the abdominal cavity: in the abdomen, large or small intestine, stomach?

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

19LEUKEM M109. 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 WHO IS BEING DISCUSSED. ASK QUESTIONS 110-111 IF THE CHILD IS A GIRL BORN IN 1989 OR EARLIER. FOR ALL OTHERS, SKIP TO QUESTION 115 ON PAGE 21.]

19EVRMEN M110. Tell me, please: Has she ever menstruated?

Yes..... 1
 No..... 2 → [SKIP TO 115 ON PAGE 21]
DOESN'T KNOW..... 7 → [SKIP TO 115 ON PAGE 21]
REFUSES TO ANSWER..... 8 → [SKIP TO 115 ON PAGE 21]

19AGEMEN **M111.** How old was she when she first menstruated?

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

[INTERVIEWER! WE REMIND YOU THAT QUESTIONS 115-128 ON PAGES 21-23 SHOULD BE ANSWERED BY THE CHILD HIMSELF OR HERSELF.]

M115. [**INTERVIEWER!** RETURN TO QUESTION A ON PAGE 1. ASK QUESTIONS 115-128 ONLY OF CHILDREN WHO WERE BORN IN 1994 OR EARLIER. THE REMAINING CHILDREN (WHO WERE BORN IN 1995 OR LATER) SHOULD BE ASKED THE QUESTIONS IN THE NEXT SECTION ON PAGE 24.]

Look, please, at these drawings and say which of these nine figures most closely resembles your figure. Name the number of the drawing.

[INTERVIEWER!

IF YOU ARE SPEAKING WITH A GIRL BORN BETWEEN 1989 AND 1994 USE ENVELOPE NO. 1 WITH DRAWINGS 1-9.

IF YOU ARE SPEAKING WITH A GIRL BORN BETWEEN 1987 AND 1988 USE ENVELOPE NO. 2 WITH DRAWINGS 10-18.

IF YOU ARE SPEAKING WITH A BOY BORN BETWEEN 1989 AND 1994 USE ENVELOPE NO. 3 WITH DRAWINGS 19-27.

IF YOU ARE SPEAKING WITH A BOY BORN BETWEEN 1987 AND 1988 USE ENVELOPE NO. 4 WITH DRAWINGS 28-36.

SHUFFLE THE CORRESPONDING DRAWINGS AND LAY THEM BEFORE THE RESPONDENT.]

19RSHAPE NUMBER OF THE DRAWING | ___ |
DOESN'T KNOW..... 97
REFUSES TO ANSWER..... 98

M116. Which drawing would you want your figure to look like? Name the number of the drawing.

[INTERVIEWER! AGAIN SHUFFLE THE DRAWINGS THAT YOU SHOWED IN QUESTION 115 AND LAY THEM OUT BEFORE THE RESPONDENT.]

19WSHAPE NUMBER OF THE DRAWING | ___ |
DOESN'T KNOW..... 97
REFUSES TO ANSWER..... 98

19DIETLY **M117.** Tell me, in the last 12 months have you been on a diet? We regard a diet as any change in your usual food in order to lose weight or get thinner.

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

19WTOPIN **M118.** At the present do you think you are underweight, of normal weight, or overweight?

UNDERWEIGHT..... 1
NORMAL WEIGHT..... 2
OVERWEIGHT..... 3
DOESN'T KNOW..... 7
REFUSES TO ANSWER..... 8

I9ACOPIN M119. Now let's talk about physical activity. By physical activities we mean those such as active sports, games, dances--that is, when your heart beats more than usual or you sweat. How do you rate your physical activity? You have . . . ?

Too little	1
Normal.....	2
Too much.....	3
DOESN'T KNOW.....	7
REFUSES TO ANSWER.....	8

I9TVRSTR M120. Are you restricted from watching television at home: for example, are you not allowed to watch certain programs or forbidden to sit in front of the television for long periods?

There are never any restrictions	1
Sometimes there are restrictions.....	2
There are always restrictions.....	3
DOESN'T KNOW.....	7
REFUSES TO ANSWER.....	8

I9CHANNL M121. Which television channel do you most like to watch? Please choose one favorite channel.

[**INTERVIEWER!** DO NOT READ THE LIST. NOTE ONLY ONE CHANNEL.]

ORT--RUSSIAN PUBLIC TELEVISION.....	01
RTR--RUSSIAN TELEVISION.....	02
TVTS.....	03
NTV.....	04
"CULTURE"	05
TV-6.....	06
MTV--MUSIC TELEVISION CHANNEL.....	07
LOCAL OR CABLE.....	08
DOESN'T DISTINGUISH AMONG CHANNELS.....	96
DOESN'T KNOW.....	97
REFUSES TO ANSWER.....	98

I9PROGRM M122. Which television program do you most like to watch? Choose only one favorite program.

[**INTERVIEWER!** WRITE THE NAME OF THE PROGRAM.]

LIKES ALL ALIKE	6	→ [SKIP TO 124 ON PAGE 23]
DOESN'T KNOW.....	7	→ [SKIP TO 124 ON PAGE 23]
REFUSES TO ANSWER.....	8	→ [SKIP TO 124 ON PAGE 23]

I9PTYPE M123. What type of program do you consider your favorite?

Sports.....	01
Music.....	02
News programs.....	03
Cartoons	04
Talk shows.....	05
Artistic films.....	06
Entertainment programs	07
Popular science, educational programs	08
Advertisements.....	09
Soap operas	10
OTHERS.....	96
DOESN'T KNOW.....	97
REFUSES TO ANSWER.....	98

I9TVADS **M124.** Do you watch advertisements for goods and services, which are sometimes shown on TV?

- Always watch 1
- Sometimes watch..... 2
- Never watch..... 3 → [SKIP TO 128]
- DOESN'T KNOW*..... 7 → [SKIP TO 128]
- REFUSES TO ANSWER*..... 8 → [SKIP TO 128]

I9LIKEAD **M125.** How much do you like the advertisements for goods and services that are shown on TV?

- Dislike all 1
- Like some, dislike others..... 2
- Like all 3
- DOESN'T KNOW*..... 7
- REFUSES TO ANSWER*..... 8

I9ABUYAD **M126.** Do you ever ask your parents or other adults to buy you some food or drinks the advertisements for which you saw on television?

- Yes..... 1
- No..... 2 → [SKIP TO 128]
- BUY FOR MYSELF*..... 6 → [SKIP TO 128]
- DOESN'T KNOW*..... 7 → [SKIP TO 128]
- REFUSES TO ANSWER*..... 8 → [SKIP TO 128]

I9BUYAD **M127.** Do they buy you what you ask for?

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

128. You see many people on the television screen. Is there someone among them whom you especially like, whom you want to be like? Who is this person you have seen on television?

[**INTERVIEWER!** WRITE THE NAME AND RECORD THE CORRESPONDING NUMBER IN THE LIST BELOW. IF YOU DO NOT KNOW THE NAMED PERSON, ASK THE RESPONDENT TO CLARIFY.]

I9TVIDOL

-
- I9IDOLCD* *RUSSIAN POLITICIAN*..... 01
 - RUSSIAN TELEVISION PERSONALITY* 02
 - M128.2** *RUSSIAN ACTOR/ACTRESS OR SINGER* 03
 - FOREIGN ACTOR/ACTRESS OR SINGER* 04
 - RUSSIAN SPORTS FIGURE* 05
 - FOREIGN SPORTS FIGURE* 06
 - LAWYER, DOCTOR, TEACHER*..... 07
 - BUSINESSMAN*..... 08
 - SOMEONE ELSE* 09
 - DOESN'T KNOW*..... 97
 - REFUSES TO ANSWER*..... 98

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SEX

DAY OF
BIRTH

MONTH OF
BIRTH

YEAR OF
BIRTH

“I would like you to talk to me about what [NAME OF CHILD] ate and drank in the last twenty-four hours--from the time (he/she) woke up in the morning until (he/she) went to bed at night. If (he/she) ate or drank anything during the night, please tell me about that also. Please don't forget to tell me what (he/she) ate and drank outside the home. Include all forms of food and drink that (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”

I9YUSUAL 1. With regard to quantity of food, yesterday did you eat about the same amount of food you usually eat, less than usual, or more than usual?

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

2. Was your diet yesterday related to:

		Yes	No	D/K	REFUSES
<i>I9DIETDR</i>	1. Doctor's recommendation	1	2	7	8
<i>I9DIETSP</i>	2. Observing a special diet	1	2	7	8
<i>I9DIETRE</i>	3. Religious practices	1	2	7	8

I9VITYES 3. Did you take multivitamins yesterday?

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

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Time first served	Place where food was consumed	Name of product, dish, or beverage, its composition, method of preparation, portion size, and other characteristics	Home-cooked or not home-cooked	Amount (g, ml)	Code
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	1	2		3	4	5
1	<i>HOUR</i>	Home or as a guest Public eatery Nursery or school Workplace Other place <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ _ <i>FOODCODE</i>
2	<i>HOUR</i>	Home or as a guest Public eatery Nursery or school Workplace Other place <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ _ <i>FOODCODE</i>
3	<i>HOUR</i>	Home or as a guest Public eatery Nursery or school Workplace Other place <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ _ <i>FOODCODE</i>
4	<i>HOUR</i>	Home or as a guest Public eatery Nursery or school Workplace Other place <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ _ <i>FOODCODE</i>
5	<i>HOUR</i>	Home or as a guest Public eatery Nursery or school Workplace Other place <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ _ <i>FOODCODE</i>
6	<i>HOUR</i>	Home or as a guest Public eatery Nursery or school Workplace Other place <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ _ <i>FOODCODE</i>
7	<i>HOUR</i>	Home or as a guest Public eatery Nursery or school Workplace Other place <i>PLACE</i>		Home-cooked Not home-cooked <i>PREPPLACE</i>	<i>GRAMS</i>	_ _ _ _ _ <i>FOODCODE</i>

SECTION “MEDICAL MEASUREMENTS”

I9LEGAMP 1. [**INTERVIEWER!** PLEASE NOTE:]

THE RESPONDENT HAS BOTH LEGS 1
THE RESPONDENT HAS ONLY ONE
OR PART OF A LEG 2
THE RESPONDENT IS MISSING ALL
OR PART OF BOTH LEGS 3

I9ARMAMP 2. [**INTERVIEWER!** PLEASE NOTE:]

THE RESPONDENT HAS BOTH ARMS..... 1
THE RESPONDENT HAS ONLY ONE
OR PART OF AN ARM 2
THE RESPONDENT IS MISSING ALL
OR PART OF BOTH ARMS..... 3

I9HEIGHT 3. **Height**

[**INTERVIEWER!** MAKE SURE RESPONDENTS TAKE OFF THEIR SHOES.]

_____ cm

I9WEIGHT 4. **Weight**

[**INTERVIEWER!** BEFORE TAKING MEASUREMENT, MAKE SURE THE RESPONDENT IS WEARING ONLY LIGHT HOUSEHOLD CLOTHES.]

_____ kg

I9WAISTC 5. **Waist circumference**

_____ cm

I9HIPSIZ 6. **Hip circumference**

_____ cm

SECTION "INTERVIEWER'S REMARKS"

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

		YES	NO
<i>I9HHPRES</i>	S1.1. SOME OTHER MEMBER OF THE HOUSEHOLD	1	2
<i>I9OTPRES</i>	S1.2. OTHER PEOPLE, NOT MEMBERS OF THIS HOUSEHOLD	1	2

I9RESATT **S2.** [ASSESS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:]

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

I9RESUND **S3.** [NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS:]

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

I9RESBEH **S4.** [ASSESS THE RESPONDENT'S BEHAVIOR. THE RESPONDENT:]

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

I9RESRES **S5.** [ASSESS THE RESPONDENT'S SHARPNESS. THE RESPONDENT WAS:]

VERY SLOW-WITTED..... 1
SLOW-WITTED, NEEDED ADDITIONAL EXPLANATIONS..... 2
AS BRIGHT AS THE MAJORITY OF RESPONDENTS..... 3
NOTABLY BRIGHTER THAN THE MAJORITY OF RESPONDENTS..... 4

I9RESSIN **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 RESPONDENTS..... 3

I9FDRELY **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 _____