

University of North Carolina at Chapel Hill  
Paragon Research International, Inc.  
Institute of Sociology of the Russian Academy of Sciences

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# QUESTIONNAIRE FOR CHILDREN

## sample survey of households

1. Name of rayon \_\_\_\_\_|\_\_|\_\_|
- A1H2 2. Name of population point \_\_\_\_\_|\_\_|\_\_|
- A1H3 3. Family Identification Number |\_\_|\_\_|\_\_|
- A1H4 4. ID # of child who is the subject of this interview, from card [roster] |\_\_|\_\_|
- A1H5 5. Sex of the child who is the subject of this interview
- Male .....1  
Female .....2
- A1H6 6. Year of birth of child from card [roster] in the Household Questionnaire |\_\_|\_\_|
- A1H7.1 7. Date of interview Day |\_\_|\_\_| Month |\_\_|\_\_|
- A1H7.2
- A1H8.1 8. Duration of Interview |\_\_|\_\_| hours |\_\_|\_\_| minutes
- A1H8.2
9. Interviewer's surname \_\_\_\_\_
- A1H10 10. Interviewer's ID # |\_\_|\_\_|
- A1H11 11. ID number of the adult family member who answered the questions |\_\_|\_\_|

And now we would like to talk a bit about your children. They are, after all, an important part of your life. Many of your problems are connected with them. How your family lives depends a great deal on your children.]

# MIGRATION SECTION

A1i1 1. Has [NAME OF CHILD] ever resided in a different population point than the one where (he/she) lives now?

Yes	1
No	2 ->[SKIP TO 13 ON PAGE 3.]
DON'T KNOW	7 ->[SKIP TO 13 ON PAGE 3.]
REFUSED	8 ->[SKIP TO 13 ON PAGE 3.]

A1i2 2. Was (he/she) born in some other population point or where (he/she) lives now?

In some other population point	1
Where (he/she) lives now	2 ->[SKIP TO 13 ON PAGE 3.]
DON'T KNOW	7 ->[SKIP TO 13 ON PAGE 3.]
REFUSED	8 ->[SKIP TO 13 ON PAGE 3.]

A1i3 3. Was (he/she) born in Kyrgyzstan?

Yes	1
No	2 ->[SKIP TO 5.]
DON'T KNOW	7 ->[SKIP TO 5.]
REFUSED	8 ->[SKIP TO 5.]

A1i4 4. In what oblast of Kyrgyzstan was (he/she) born?

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DON'T KNOW	97
REFUSED	98

5. **[INTERVIEWER]**. THIS QUESTION APPLIES ONLY TO THOSE WHO WERE BORN OUTSIDE KYRGYZSTAN. TO THOSE WHO WERE BORN IN KYRGYZSTAN ASK Q 6.]

A1i5 In what republic of the former Soviet Union was (he/she) born?

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DON'T KNOW	97
REFUSED	98

A1i6 6. Please tell me whether (he/she) was born in a city, in a settlement of the city type, or in a village (the country, kishlak, aul)?

In a city	1
In a settlement of the city type [town]	2
In village, the country, kishlak, aul	3
DON'T KNOW	7
REFUSED	8

A1i7 7. In what year did (he/she) move away from the population point where (he/she) was born?

in 19  __ __	
DON'T KNOW	97
REFUSED	98

**8. Please tell me why (he/she) left the population point where (he/she) was born?**

		Yes	No	REF	REF
A1i8.1	1. Because of family move	1	2	7	8
A1i8.3	3. Because of studies	1	2	7	8
A1i8.6	6. Because it was no longer safe to stay there	1	2	7	8
A1i8.7	7. Moving to [other] relatives	1	2	7	8
A1i8.8	8. Other reasons	1	2	7	8

**A1i9 9. In what year did (he/she) move to the population point where (he/she) currently lives ?**

in 19 \_\_\_\_ year

DON'T KNOW 97

REFUSED 98

**A1i10 10. Did (he/she) move to the place where (he/she) lives now from the place where (he/she) was born or from some other place?**

From another place 1  
 From the place where (he/she) was born2 [SKIP TO 13]  
 DON'T KNOW 7 [SKIP TO 13]  
 REFUSED 8 [SKIP TO 13]

**A1i11 11. Did (he/she) move to the place where (he/she) now lives from a city, from a settlement of the city type, or from a village (the country, kshlak, aul)?**

In a city 1  
 In a settlement of the city type 2  
 In village, kishlak, aul 3  
 DON'T KNOW 7  
 REFUSED 8

**12. Will you please tell me why (he/she) left the place where (he/she) lived before moving here?**

		Yes	No	DK	REF
A1i12.1	1. Because of family move	1	2	7	8
A1i12.3	3. Because of studies	1	2	7	8
A1i12.6	6. Because it was no longer safe to stay there	1	2	7	8
A1i12.7	7. Moving to [other] relatives	1	2	7	8
A1i12.8	8. Other reasons	1	2	7	8

**A1i13 13. Does (he/she) have a residential permit in the same place where (he/she) lives now, or somewhere else?**

Elsewhere 1  
 In the place where you now live 2 [SKIP TO 15 ON PAGE 4]  
 DON'T KNOW 7 [SKIP TO 15 ON PAGE 4]  
 REFUSED 8 [SKIP TO 15 ON PAGE 4]

A1i14 **14. Does (he/she) have a residential permit in this very oblast of Kyrgyzstan, in another oblast of Kyrgyzstan, or in another country ?**

The same oblast of Kyrgyzstan	1
Another oblast of Kyrgyzstan	2
Another country	3
DON'T KNOW	7
REFUSED	8

A1i15 **15. Of what nationality {ethnicity} do (he/she) consider (himself/herself)?**

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DON'T KNOW	97
REFUSED	98

A1i16 **16. What language does (he/she) mainly use at home?**

[INTERVIEWER! IF RESPONDENT USES SEVERAL LANGUAGES, CLARIFY WHICH LANGUAGE THE CHILD CONSIDERS TO BE THE MAIN ONE.]

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DON'T KNOW	97
REFUSED	98

A1i17 **17. What language do (his/her) parents mainly use at home?**

---

DON'T KNOW	97
REFUSED	98

**18. [INTERVIEWER! GO BACK TO CARD ON PP. 4-5 OF THE HOUSEHOLD QUESTIONNAIRE. IF THE FATHER OF THE RESPONDENT IS A HOUSEHOLD MEMBER DO NOT ASK QUESTIONS 18-20, AND SKIP TO 21 ON PAGE 6.]**

A1i18 **Now I would like to ask several questions about the education of (his/her) parents. What is (his/her) father's educational level? What grade in {ordinary} school did he complete?**

\_\_\_\_\_grade

DON'T KNOW	97
REFUSED	98

a1i19 **19. Did (his/her) father attend any educational institutions besides {ordinary} school?**

Yes	1
No	2 [SKIP TO 21 ON PAGE 5.]
DON'T KNOW	7 [SKIP TO 21 ON PAGE 5.]
REFUSED	8 [SKIP TO 21 ON PAGE 5.]

20. He graduated from

	YES	NO	DK	REF
a1i20.1 1. Vocational courses, e.g. courses for tractor drivers, drivers, typists, accountants	1	2	7	8
A1i20.2 2. Vocational -Technical School FZU, FZO, not granting {concurrent} secondary diploma	1	2	7	8
A1i20.3 3. Vocational-Technical school with secondary education, technical school	1	2	7	8
A1i20.4 4. Tekhnikum, medical, musical school, school of education	1	2	7	8
A1i20.5 5. Institute, university, academy	1	2	7	8
A1i20.6 6. Graduate school, residency	1	2	7	8

21. [INTERVIEWER! GO BACK TO CARD {ROSTER} ON PP. 4-5 OF THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER OF THE RESPONDENT IS A HOUSEHOLD MEMBER DO NOT ASK QUESTIONS 21-23, BUT SKIP TO THE NEXT SECTION ON P.6.]

A1i21 **21. What is (his/her) mother's educational level? What grade in {ordinary} school did she complete?**

\_\_\_\_\_grade  
DON'T KNOW 97  
REFUSED 98

A1i22 **22. Did (his/her) your mother attend any educational institutions besides {ordinary} school?**

Yes 1  
No 2 [SKIP TO NEXT SECTION ON PAGE 6]  
DON'T KNOW 7 [SKIP TO NEXT SECTION ON PAGE 6]  
REFUSED 8 [SKIP TO NEXT SECTION ON PAGE 6]

**23. She graduated from**

	YES	NO	DK	REF
A1i23.1 1. Vocational courses, e.g. courses for tractor drivers, drivers, typists, accountants	1	2	7	8
A1i23.2 2. Vocational -Technical School FZU, FZO, not granting {concurrent} secondary diploma	1	2	7	8
A1i23.3 3. Vocational-Technical school with secondary education, technical school	1	2	7	8
A1i23.4 4. Tekhnikum, medical, musical school, school of education	1	2	7	8
A1i23.5 5. Institute, university, academy	1	2	7	8
A1i23.6 6. Graduate school, residency	1	2	7	8

## CHILD CARE SECTION

[INTERVIEWER! READ THE CARD ON P. 4-5 OF HOUSHOLD QUESTIONNAIRE AND CHECK THE BIRTH YEAR OF THE CHILD. IF THE CHILD WAS BORN IN 1986 OR BEFORE ASK QUESTIONS 1-10; ASK QUESTION 7 ON P. 7 ABOUT CHILDREN BORN IN 1987 OR AFTER]

**I would like to ask you several questions about [NAME OF CHILD'S] education.**

A1K1 **1. Has he/she finished at least one grade of school (primary)?**

Yes	
No	2 [SKIP TO 3.]
DOES NOT KNOW	7 [SKIP TO 3.]
WILL NOT RESPOND	8 [SKIP TO 3.]

A1K2 **2. What grade of primary/secondary school has he/she finished?**

___ ___  grade	
DOES NOT KNOW	97
WILL NOT RESPOND	98

A1K3 **3. Does he/she currently go to primary/secondary school?**

Yes	1
No	2 [SKIP TO 8 ON PAGE 7.]
DOES NOT KNOW	7 [SKIP TO 8 ON PAGE 7.]
WILL NOT RESPOND	8 [SKIP TO 8 ON PAGE 7.]

A1K4 **4. Did your family have to pay any money for school in the current quarter?**

Yes	1
No	2 [SKIP TO 6.]
DOES NOT KNOW	7 [SKIP TO 6.]
WILL NOT RESPOND	8 [SKIP TO 6.]

A1K5 **5. How many soms did your family pay for his/her education in the current quarter?**

___ ___  soms	
DOES NOT KNOW	997
WILL NOT RESPOND	998

A1K6 **6. Did your family pay any money for the textbooks he/she is currently using?**

Yes	1
No	2 [SKIP TO 8 ON PAGE 7.]
DOES NOT KNOW	7 [SKIP TO 8 ON PAGE 7.]
WILL NOT RESPOND	8 [SKIP TO 8 ON PAGE 7.]

A1K7 **7. How much did your family pay for his/her textbooks?**

___ ___  amount	
DOES NOT KNOW	97 [999997]
WILL NOT RESPOND	98 [999998]

8. **[INTERVIEWER ! ASK THIS QUESTION ONLY ABOUT CHILDREN WHO DO NOT GO TO SCHOOL, I.E. IF RESPONDENT ANSWERED "NO" ON QUESTION 3 ABOUT CHILDREN WHO GO TO SCHOOL, THEN ASK QUESTION 9.]**

**Why doesn't he/she currently go to school?**

		YES	NO	DK	REF
A1K8.1	1. He/she will go to school at 7 years old	1	2	7	8
A1K8.2	2. He/she cannot attend classes because of poor health	1	2	7	8
A1K8.3	3. He/she was expelled from school	1	2	7	8
A1K8.4	4. Family would like to give him/her home education	1	2	7	8
A1K8.5	5. There is no school close house	1	2	7	8
A1K8.6	6. Other reasons	1	2	7	8
A1K9	<b>9. Please, recall, whether he/she had to miss classes last year because of agricultural work?</b>				
	Yes	1			
	No	2 [SKIP TO 11.]			
	He/she did not go to school last year	3 [SKIP TO 11.]			
	DOES NOT KNOW	7 [SKIP TO 11.]			
	WILL NOT RESPOND	8 [SKIP TO 11.]			
A1K10	<b>10. How many school days altogether did he/she miss during the previous academic year because of agricultural work?</b>				
	___ days				
	DOES NOT KNOW	97 [997]			
	WILL NOT RESPOND	98 [998]			
A1K11	<b>11. Tell me, please, in the course of the last 7 days has [NAME OF CHILD] been cared for by persons who are not members of your household: acquaintances, workers in children's institutions, relatives who don't live with you?</b>				
	Yes	1			
	No	2 -> [SKIP TO NEXT SECTION ON PAGE 10.]			
	DOESN'T KNOW	7 -> [SKIP TO NEXT SECTION ON PAGE 10.]			
	REFUSES TO ANSWER	8 -> [SKIP TO NEXT SECTION ON PAGE 10.]			
A1K12	<b>12. In the past 7 days has [NAME OF CHILD] been cared for by relatives who do not live with you?</b>				
	Yes	1			
	No	2 -> [SKIP TO 15 ON PAGE 8.]			
	DOESN'T KNOW	7 -> [SKIP TO 15 ON PAGE 8.]			
	REFUSES TO ANSWER	8 -> [SKIP TO 15 ON PAGE 8.]			
A1K13	<b>13. How many days of the last 7 has [NAME OF CHILD] been looked after by relatives who do not live with you?</b>				
	___ days				
	DOESN'T KNOW	7			
	REFUSES TO ANSWER	8			



A1K14 **14. On those days of the last 7, when your relatives who do not live with you helped you look after [NAME OF CHILD], how many hours per day on the average did they do so?**

\_\_\_\_ hours  
DOESN'T KNOW 97 [?]  
REFUSES TO ANSWER 98 [?]

A1K15 **15. Did [NAME OF CHILD] go in the last 7 days to kindergarten, nursery, extended school day group or the like?**

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

A1K16 **16. How many days of the last 7 did [NAME OF CHILD] go to kindergarten, nursery, extended school days groups or similar?**

\_\_\_\_ days  
DOESN'T KNOW 7  
REFUSES TO ANSWER 8

A1K17 **17. On those days of the last 7 when [NAME OF CHILD] went to kindergarten, nursery, extended school day groups or similar, how many hours per day on the average did he/she stayed there?**

\_\_\_\_ hours  
DOESN'T KNOW 97  
REFUSES TO ANSWER 98

A1K18 **18. To whom belongs the children's preschool instituion or the school which [NAME OF CHILD] attends?**

To the state 1  
To a ministry or enterprise 2  
To private individuals 3  
To someone else 4  
DOESN'T KNOW 7  
REFUSES TO ANSWER 8

A1K19 **19. Have other people helped you look after [NAME OF CHILD] in the last 7 days who are not your relatives?**

Yes 1  
No 2 -> [SKIP TO 22 ON PAGE 9.]  
DOESN'T KNOW 7 -> [SKIP TO 22 ON PAGE 9.]  
REFUSES TO ANSWER 8 -> [SKIP TO 22 ON PAGE 9.]

A1K20 **20. How many days of the last 7 have people helped look after [NAME OF CHILD] who are not your relatives?**

\_\_\_\_ days  
DOESN'T KNOW 7  
REFUSES TO ANSWER 8

A1K21 **21. On those days of the last 7 when people who are not your relatives have helped look after [NAME OF CHILD] how many hours per day on the average did this take place?**

\_\_\_\_ hours  
DOESN'T KNOW 97  
REFUSES TO RESPOND 98

A1K22 **22. Tell, please, for this care in the course of the last 7 days, did you have to, or will you have to, pay for the care for [NAME OF CHILD]?**

Yes	1
No	2->[SKIP TO THE NEXT SECTION ON PAGE 10.]
DON'T KNOW	7->[SKIP TO THE NEXT SECTION ON PAGE 10.]
REFUSES TO ANSWER	8->[SKIP TO THE NEXT SECTION ON PAGE 10.]

A1K23 **23. How much in all did you have to pay, or will you have to pay, for the care during the last 7 days of [NAME OF CHILD] by someone who is not a member of your household, or for (his/her) stay in a children's institution? If you paid, or will pay, for this service not in money but in products, gifts, and the like, estimate how much this would be in soms. If you pay for this service once a month, please divide the sum for a month by four.**

_____ Soms	
DON'T KNOW	999997
REFUSES TO ANSWER	999998

# MEDICAL SERVICE SECTION

- A1L1 1. Will you please tell me whether (he/she) has had any health problems over the last 30 days?

Yes	1
No	2->[SKIP TO 19 ON PAGE 12.]
DON'T KNOW	7->[SKIP TO 19 ON PAGE 12.]
REFUSED	8->[SKIP TO 19 ON PAGE 12.]

- A1L2 2. Please recall what these problems were.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DON'T KNOW	7
REFUSED	8

- A1L3 3. Has (he/she) visited any medical institution or health center for treatment of these health problems in the last 30 days?

Yes	1
No	2-> [SKIP TO 19 ON PAGE 12.]
DON'T KNOW	7-> [SKIP TO 19 ON PAGE 12.]
REFUSE	8-> [SKIP TO 19 ON PAGE 12.]

- A1L4 4. Let's talk about the last time (he/she) saw a doctor. Did (he/she) go to see a doctor or did a doctor visit (him/her) at home?

Went to see a doctor	1
It was a home visit	1->[SKIP TO 8 ON PAGE 11.]
DON'T KNOW	7->[SKIP TO 8 ON PAGE 11.]
REFUSED	8->[SKIP TO 8 ON PAGE 11.]

- A1L5 5. How much time did (he/she) spend travelling to this health care facility and back last time?

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

- A1L6 6. How much money did (he/she) spend to travel to this health care facility last time?

_____ soms	
DON'T KNOW	999997
REFUSED	999998

- A1L7 7. How much time did (he/she) spend waiting in line to see a doctor last time ?

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

A1L8 **8. Did you pay to the doctor for this visit?**

Yes	1
No	2-> [SKIP TO 10.]
DON'T KNOW	7-> [SKIP TO 10.]
REFUSED	8-> [SKIP TO 10.]

A1L9 **9. How much did you pay to the doctor for this visit?**

_____ soms	
DON'T KNOW	99997
REFUSED	99998

A1L10 **10. Besides being seen by a doctor did (he/she) receive any additional checkups or treatments on this visit?**

Yes	1
No	2->[SKIP TO 13.]
DON'T KNOW	7->[SKIP TO 13.]
REFUSED	8->[SKIP TO 13.]

A1L11 **11. Did you pay any extra for these checkups or treatments?**

Yes	1
No	2->[SKIP TO 13.]
DON'T KNOW	7->[SKIP TO 13.]
REFUSED	8->[SKIP TO 13.]

A1L12 **12. How much extra did you have to pay?**

_____ soms	
DON'T KNOW	99997
REFUSED	99998

A1L13 **13. Has (he/she) been hospitalized at any time during the past 30 days?**

Yes	1
No	2->[SKIP TO 17 ON PAGE 12.]
DON'T KNOW	7->[SKIP TO 17 ON PAGE 12.]
REFUSED	8->[SKIP TO 17 ON PAGE 12.]

A1L14 **14. During the past 30 days, how many days in all did (he/she) spend in the hospital?**

_____ days	
DON'T KNOW	97
REFUSED	98

A1L15 **15. Did your family pay any money for medical assistance, treatment, or medicines for (him/her) while (he/she) was in the hospital?**

Yes	1
No	2->[SKIP TO 17 ON PAGE 12.]
DON'T KNOW	7->[SKIP TO 17 ON PAGE 12.]
REFUSED	8->[SKIP TO 17 ON PAGE 12.]

A1L16 **16. How much money in all did you pay in the last 30 days for (his/her) care and treatment in the hospital? Include all charges for treatment, medicine, and care.**

_____ soms	
DON'T KNOW	99997
REFUSED	99998

A1L17 **17. When (he/she) was ill, was (he/she) prescribed any medicine which you did not buy?**

Yes	1
No	2->[SKIP TO 19.]
DON'T KNOW	7->[SKIP TO 19.]
REFUSED	8->[SKIP TO 19.]

**18. What was the reason that you did not buy the medicine prescribed for (him/her)?**

		Yes	No	DK	REF
A1L18.1	1. I could not find it in the drug store	1	2	7	8
A1L18.2	2. I did not have enough money	1	2	7	8
A1L18.3	3. I did not want to buy it	1	2	7	8
A1L18.4	4. Other reasons	1	2	7	8

A1L19 **19. During the last 30 days have you had to seek help from a medical institution or simply from a specialist for (him/her) not because (he/she) was sick, but for preventative care?**

Yes	1
No	2->[SKIP TO 23.]
DON'T KNOW	7->[SKIP TO 23.]
REFUSED	8->[SKIP TO 23.]

A1L20 **20. Who performed this checkup?**

**[INTERVIEWER! IF THE MEDICAL EXAMINATION WAS DONE BY MORE THAN ONE PERSON, INDICATE THE SINGLE PERSON WITH THE HIGHEST LEVEL OF SPECIALIZATION.]**

Doctor	1
Physician's Assistant	2
Nurse	3
Other	4
DON'T KNOW	7
REFUSED	8

A1L21 **21. Did you pay for (his/her) checkup performed at the time of this visit?**

Yes	1
No	2->[SKIP TO 23.]
DON'T KNOW	7->[SKIP TO 23.]
REFUSED	8->[SKIP TO 23.]

A1L22 **22. How much did you pay for this checkup of (his/hers)?**

_____ soms, 0 if free	
DON'T KNOW	99997
REFUSED	99998

A1L23 **23. Has (he/she) missed any days in school or pre-school over the past 30 days due to illness?**

Yes	1
No	2->[SKIP TO 25 ON PAGE 13.]
DON'T KNOW	7->[SKIP TO 25 ON PAGE 13.]
REFUSED	8->[SKIP TO 25 ON PAGE 13.]

A1L24 **24. How many days has (he/she) missed due to illness?**

_____ days	
DON'T KNOW	97
REFUSED	98

A1L25 **25. Tell me, please, has (he/she) ever had any kind of vaccinations?**

Yes	1
No	2->[SKIP TO THE NEXT SECTION ON PAGE 16.]
DON'T KNOW	7->[SKIP TO THE NEXT SECTION ON PAGE 16.]
REFUSED	8->[SKIP TO THE NEXT SECTION ON PAGE 16.]

**26. Has (he/she) ever been vaccinated against:**

		Yes	No	DK	REF
A1L26.1	1. Tuberculosis	1	2	7	8
A1L26.2	2. Measles	1	2	7	8
A1L26.3	3. AKDS/ADS 1 (diphtheria, whooping cough, tetanus)	1	2	7	8
A1L26.4	4. AKDS/ADS 2 (diphtheria, whooping cough, tetanus)	1	2	7	8
A1L26.5	5. AKDS/ADS 3 (diphtheria, whooping cough, tetanus)	1	2	7	8
A1L26.6	6. Polio 1	1	2	7	8
A1L26.7	7. Polio 2	1	2	7	8
A1L26.8	8. Polio 3	1	2	7	8
A1L26.9	9. Hepatitis	1	2	7	8
A1L26.10	10. Mumps	1	2	7	8
A1L26.11	11. Other Diseases	1	2	7	8

A1L27 **27. Recall, please, has (he/she) had vaccinations in the last three months?**

Yes	1
No	2->[SKIP TO THE NEXT SECTION ON PAGE 16.]
DON'T KNOW	7->[SKIP TO THE NEXT SECTION ON PAGE 16.]
REFUSED	8->[SKIP TO THE NEXT SECTION ON PAGE 16.]

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

		Yes	No	DK	REF
A1L28.1	1. Tuberculosis	1	2	7	8
A1L28.2	2. Measles	1	2	7	8
A1L28.3	3. AKDS/ADS 1 (diphtheria, whooping cough, tetanus)	1	2	7	8
A1L28.4	4. AKDS/ADS 2 (diphtheria, whooping cough, tetanus)	1	2	7	8
A1L28.5	5. AKDS/ADS 3 (diphtheria, whooping cough, tetanus)	1	2	7	8
A1L28.6	6. Polio 1	1	2	7	8
A1L28.7	7. Polio 2	1	2	7	8
A1L28.8	8. Polio 3	1	2	7	8
A1L28.9	9. Hepatitis	1	2	7	8
A1L28.10	10. Mumps	1	2	7	8
A1L28.11	11. Other Diseases	1	2	7	8

**29. Where did (he/she) get these vaccinations?**

		Yes	No	DK	REF
A1L29.1	1. In a polyclinic	1	2	7	8
A1L29.2	2. In a hospital	1	2	7	8
A1L29.3	3. In a children's polyclinic, maternity hospital	1	2	7	8
A1L29.4	4. At a private doctor's	1	2	7	8
A1L29.5	5. In school	1	2	7	8
A1L29.6	6. In kindergarten, at a nursery	1	2	7	8
A1L29.7	7. Elsewhere	1	2	7	8

**A1L33 30. Did you pay for (his/her) vaccinations?**

Yes	1
No	2 -> [SKIP TO THE NEXT SECTION ON PAGE 16.]
DON'T KNOW	7 -> [SKIP TO THE NEXT SECTION ON PAGE 16.]
REFUSES TO ANSWER	8 -> [SKIP TO THE NEXT SECTION ON PAGE 16.]

**A1L31 31. How much did you pay?**

_____ soms	
DON'T KNOW	99997
REFUSES TO ANSWER	99998

**A1L32 32. Did you want (him/her) to get a vaccination that it was not possible to get?**

Yes	1
No	2 -> [SKIP TO THE NEXT SECTION ON PAGE 16.]
DON'T KNOW	7 -> [SKIP TO THE NEXT SECTION ON PAGE 16.]
REFUSES TO ANSWER	8 -> [SKIP TO THE NEXT SECTION ON PAGE 16.]

A1L33 **33. Why could (he/she) not get this vaccination? Please choose only one of the reasons which I enumerate:.**

- |   |   |
|---|---|
| Too expensive   | 1 |
| No transportation to get to the place<br>where vaccinations are given | 2 |
| Fear of infection   | 3 |
| No vaccine (medicine) for the<br>vaccination                          | 4 |
| No time for vaccinating   | 5 |
| OTHER   | 6 |
| DON'T KNOW  | 7 |
| REFUSES TO ANSWER   | 8 |



# HEALTH STATUS SECTION

Let's talk a bit about (his/her) health. We will later need to take certain medical measurements of the child. But first, I wish to ask what, in your mind, (his/her) weight and height are.

- A1M1 1. What do you think? What is (his/her) height and weight? How many kilograms do (he/she) weigh?

_____kg.	
DON'T KNOW	997
REFUSED	998

- A1M2 2. What is (his/her) height in centimeters?

_____cm	
DON'T KNOW	997
REFUSED	998

- A1M3 3. Next I have some questions about (his/her) health. Generally speaking, how would you describe (his/her) health? Is it . . .

VERY GOOD	1
GOOD	2
FAIR (NEITHER GOOD NOR POOR)	3
POOR	4
QUITE POOR	5
DON'T KNOW	7
REFUSED	8

- A1M5 5. What can you say about (his/her) mood over the last 30 days? Was (he/she) in a good or bad mood? Did (he/she) feel depressed? You can say that (his/her) condition was:

VERY GOOD	1
GOOD	2
FAIR (NEITHER GOOD NOR POOR)	3
POOR	4
QUITE POOR	5
DON'T KNOW	7
REFUSED	8

- A1M35 35. Has a doctor ever told you that (he/she) has diabetes or has sugar in the blood?

Yes	1
NO	2->[SKIP TO 49.]
DON'T KNOW	7->[SKIP TO 49.]
REFUSED	8->[SKIP TO 49.]

- A1M36 36. In what year did the doctor first tell you about this?

In 19 _ _	
DON'T KNOW	997
REFUSED	998

**37. What do you use for the treatment of (his/her) diabetes?**

		Yes	No	DK	REF
A1M37.1	1. Special diet	1	2	7	8
A1M37.2	2. Weight control	1	2	7	8
A1M37.3	3. Pills	1	2	7	8
A1M37.4	4. Insulin injections	1	2	7	8
A1M37.5	5. Herbs	1	2	7	8
A1M37.6	6. Homeopathic medicine	1	2	7	8

**A1M49 49. Does (he/she) drink tea?**

YES	1
NO	2->[SKIP TO 51.]
DON'T KNOW	7->[SKIP TO 51.]
REFUSED	8->[SKIP TO 51.]

**A1M50 50. During the past 30 days how often has (he/she) drunk 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
Not once in the last 30 days	6
DON'T KNOW	7
REFUSED	8

**A1M51 51. Does (he/she) drink coffee?**

YES	1
NO	2->[SKIP TO 66.]
DON'T KNOW	7->[SKIP TO 66.]
REFUSED	8->[SKIP TO 66.]

**A1M52 52. During the last 30 days, how often has (he/she) drunk 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
Not once in the last 30 days	6
DON'T KNOW	7
REFUSED	8

**A1M66 66. Did (he/she) have a cough in the last 7 days?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

**A1M67 67. During the last 7 days, did (he/she) have a head cold, maybe a runny nose, or a clogged nose?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M68 **68. Did (he/she) have a pain in the ears during the last 7 days?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M69 **69. Did (he/she) have a sore throat during the last 7 days?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M70 **70. Was (he/she) cutting teeth during the last 7 days?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M71 **71. Did (he/she) have diarrhea during the last 7 days?**

YES	1
NO	2 GO TO 79
DON'T KNOW	7 GO TO 79
REFUSED	8 GO TO 79

A1M72 **72. Please recall how many days of the last 7 days (he/she) had diarrhea?**

\_\_\_\_\_days

DON'T KNOW	7
REFUSED	8

A1M73 **73. How many times over the last 24 hours did (he/she) defecate?**

\_\_\_\_\_times

DON'T KNOW	997 [97]
REFUSED	998 [97]

A1M74 **74. In the last 7 days have not noticed in (his/her) stool any mucous (whitish or of some other color)?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M75 **75. Have you noticed any blood in (his/her) stool during the last 7 days?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M76 **76. Since the diarrhea started have you noticed any other symptoms of illness in (him/her)? Did (he/she) have high fever?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M77      **77. Since the diarrhea started, has (he/she) vomited?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M78      **78. Since diarrhea started did (he/she) have pains in the abdominal cavity: in the abdomen, the large and small intestine, the stomach?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

A1M79      **79. Has (he/she) ever had a leukemia?**

YES	1
NO	2
DON'T KNOW	7
REFUSED	8

## **QUESTIONS ONLY FOR GIRLS 10 YEARS OF AGE AND OLDER**

A1M80      **80. Has she ever had menstruated?**

YES	1
NO	2->[SKIP TO THE NEXT SECTION ON PAGE 20.]
DON'T KNOW	7->[SKIP TO THE NEXT SECTION ON PAGE 20.]
REFUSED	8->[SKIP TO THE NEXT SECTION ON PAGE 20.]

A1M81      **81. At what age did she first experience menstruation?**

At  __  years	
DON'T KNOW	997
REFUSED	998

## BUDGETING USE OF TIME SECTION

**Interviewer:** THE QUESTIONS IN THIS SECTION ARE ONLY FOR CHILDREN WHO WERE BORN IN 1987 OR EARLIER. ABOUT CHILDREN WHO WERE BORN IN 1988 OR LATER, ASK THE QUESTIONS OF THE NEXT SECTION ON PAGE 30.

- A1o4 4. **During the last 7 days** did (he/she) do any work on your house garden, dacha or garden plot, or personal subsidiary plot (excluding private farming)?

Yes	1
No	2->[SKIP TO 6.]
DON'T KNOW	7->[SKIP TO 6.]
REFUSED	8->[SKIP TO 6.]

- A1o5 5. **How much time did (he/she) spend over the past 7 days working on house garden, dacha or garden plot, or personal subsidiary plot (excluding private farming)?**

_____hours _____minutes	
DON'T KNOW	99997
REFUSED	99998

- A1o6 6. **During the last 7 days** did (he/she) work on a family farm, or in a family business?

YES	1
NO	2->[SKIP TO 8.]
DON'T KNOW	7->[SKIP TO 8.]
REFUSED	8->[SKIP TO 8.]

- A1o7 7. **How much time did (he/she) spend over the past 7 days on this work (excluding time spent traveling to work place and back and time out for eating)?**

_____hours _____minutes	
DON'T KNOW	99997
REFUSED	99998

- A1o8 8. **During the last 7 days** did (he/she) work for payment elsewhere, excluding work on the family garden, family farm, or in family business?

YES	1
NO	2->[SKIP TO 10.]
DON'T KNOW	7->[SKIP TO 10.]
REFUSED	8->[SKIP TO 10.]

- A1o9 9. **How much time did (he/she) spend over the past 7 days on this work (excluding lunch breaks and commuting time)?**

_____hours _____minutes	
DON'T KNOW	99997
REFUSED	99998

- A1o10 10. **Did (he/she) go to school during the last 7 days?**

YES	1
NO	2->[SKIP TO 13 ON PAGE 21.]
DON'T KNOW	7->[SKIP TO 13 ON PAGE 21.]
REFUSED	8->[SKIP TO 13 ON PAGE 21.]

A1o11 **11. How many days did (he/she) go to school during the last 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o12 **12. How much time in the last 7 days has (he/she) spent commuting to the place where (he/she) studies?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o13 **13. How much time in the last 7 days has (he/she) spent on studies outside school (including time for homework)?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o14 **14. In the last 7 days, has (he/she) spent time looking for and purchasing food items? Include time when (he/she) was accompanying adults in that activity.**

Yes 1  
No 2->[SKIP TO 20. ]  
DON'T KNOW 7->[SKIP TO 20.]  
REFUSED 8->[SKIP TO 20.]

A1o15 **15. How much time did (he/she) spend looking for and purchasing food items in the last 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o20 **20. Did (he/she) spend time preparing food or washing dishes over the past 7 days?**

Yes 1  
No 2->[SKIP TO 22.]  
DON'T KNOW 7->[SKIP TO 22.]  
REFUSED 8->[SKIP TO 22.]

A1o21 **21. How much time did (he/she) spend on these activities over the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o22 **22. Did (he/she) spend any time during the past 7 days at home cleaning or repairing things such as furniture or appliances.**

Yes 1  
No 2->[SKIP TO 24 ON PAGE 22.]  
DON'T KNOW 7->[SKIP TO 24 ON PAGE 22.]  
REFUSED 8->[SKIP TO 24 ON PAGE 22.]

A1o23 **23. How much time did (he/she) spend on these activities during the past 7 days?**

\_\_\_\_\_ hours \_\_\_\_\_ minutes  
DON'T KNOW 99997  
REFUSED 99998

A1o24 **24. Did (he/she) spend any time during the last 7 days doing laundry, ironing, repairing, or sewing clothes for family members?**

Yes	1
No	2->[SKIP TO 26.]
DON'T KNOW	7->[SKIP TO 26.]
REFUSED	8->[SKIP TO 26.]

A1o25 **25. How much time did (he/she) spend on these activities during the last 7 days?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

**INTERVIEWER: GO BACK TO THE CARD ON P. 4-5 OF THE FAMILY QUESTIONNAIRE TO SEE IF THERE ARE (OTHER) CHILDREN IN THE HOUSEHOLD WHO WERE BORN IN 1987 OR LATER. ASK QUESTIONS 26-27, ONLY IF THERE ARE SUCH CHILDREN. IF THERE ARE NO (LONGER) SUCH CHILDREN IN THE FAMILY, SKIP TO QUESTION 28.**

A1o26 **26. Did [NAME OF CHILD] participate in providing care for young children in 1987 or later who live in your household? I have in mind feeding, bathing, strolling, babysitting, etc. This time should be counted even if (he/she) was doing something else at the same time.**

YES	1
NO	2->[SKIP TO 28.]
DON'T KNOW	7->[SKIP TO 28.]
REFUSED	8->[SKIP TO 28.]

A1o27 **27. How much time did (he/she) spend on this activity in the last 7 days?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

**[INTERVIEWER!] GO BACK TO THE CARD ON P.4-5 OF THE (FAMILY) HOUSEHOLD QUESTIONNAIRE TO SEE IF THERE ARE ANY (OTHER) CHILDREN BORN BETWEEN 1982 AND 1986, INCLUSIVE. ASK QUESTIONS 28-29 ONLY IF THERE ARE SUCH CHILDREN. IF THERE ARE NO (LONGER) SUCH CHILDREN, SKIP TO QUESTION 30.**

A1o28 **28. During the past 7 days, has [NAME OF CHILD] participated in providing care for children living with you who were born between 1982 and 1986? I have in mind, for example, warming up food for them, helping them with homework, and so on. This time should be counted even if childcare was combined with some other activity.**

Yes	1
No	2->[SKIP TO 30 ON PAGE 23.]
DON'T KNOW	7->[SKIP TO 30 ON PAGE 23.]
REFUSED	8->[SKIP TO 30 ON PAGE 23.]

A1o29 **29. How much time did (he/she) spend on this over the past 7 days?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

A1o30 **30. During the past days, has [NAME OF CHILD] taken care of any other children--related or not--who are 12 years of age or younger and who do not live with you? (Exclude any (he/she) cared for in the course of (his/her) employment.)**

Yes	1
No	2->[SKIP TO 32.]
DON'T KNOW	7->[SKIP TO 32.]
REFUSED	8->[SKIP TO 32.]

A1o31 **31. How much time did (he/she) spend on this over the past 7 days looking after such children?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

A1o32 **32. Please tell me, if (his/her) father is more than 50 years old.**

Yes	1
No	2->[SKIP TO 36.]
He is deceased	6->[SKIP TO 36.]
DON'T KNOW	7->[SKIP TO 36.]
REFUSED	8->[SKIP TO 36.]

A1o33 **33. Does he need any help, for example, in dressing or eating?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1o34 **34. During the last 7 days has (he/she) spent any time looking after the father or doing things for him that he cannot do himself, for example, going to the store especially for him, tidying up, or doing laundry?**

Yes	1
No	2->[SKIP TO 36.]
FATHER DIED OR IS ABSENT	6->[SKIP TO 36.]
DON'T KNOW	7->[SKIP TO 36.]
REFUSED	8->[SKIP TO 36.]

A1o35 **35. How much time altogether has (he/she) spent helping him in the last 7 days?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

A1o36 **36. Please tell me if (his/her) mother is more than 50 years old?**

Yes	1
No	2->[SKIP TO 40 ON PAGE 24.]
MOTHER DIED OR IS ABSENT	7->[SKIP TO 36 ON PAGE 24.]
DON'T KNOW	7->[SKIP TO 40 ON PAGE 24.]
REFUSED	8->[SKIP TO 40 ON PAGE 24.]

A1o37 **37. Does she need any help, for example, in dressing or eating?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8



A1o38 **38. During the last 7 days has (he/she) spent any time looking after the mother or doing things for her that she cannot do herself, for example, going to the store especially for her, tidying up, or doing laundry?**

Yes	1
No	2->[SKIP TO 40.]
Moher is living in another city (village)	6->[SKIP TO 40.]
DON'T KNOW	7->[SKIP TO 40.]
REFUSED	8->[SKIP TO 40.]

A1o39 **39. How much time altogether has (he/she) spent helping her in the last 7 days?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

A1o40 **40. Does (he/she) have other relatives or friends more than 50 years old?**

Yes	1
No	2->[SKIP TO 44.]
DON'T KNOW	7->[SKIP TO 44.]
REFUSED	8->[SKIP TO 44.]

A1o41 **41. Does any one of them need any help, for example, in dressing or eating?**

Yes	1
No	2
DON'T KNOW	7
REFUSED	8

A1o42 **42. During the last 7 days has (he/she) spent any time looking after any one of them or doing things for them that they cannot do themselves, for example, going to the store especially for them, tidying up, or doing laundry?**

Yes	1
No	2->[SKIP TO 44.]
DON'T KNOW	7->[SKIP TO 44.]
REFUSED	8->[SKIP TO 44.]

A1o43 **43. How much time in all has (he/she) spent helping one of these people over the past 7 days?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

A1o44 **44. About how many hours has (he/she) spent sleeping over the past 7 days?**

_____ hours _____ minutes	
DON'T KNOW	99997
REFUSED	99998

## NUTRITION SECTION

		INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE,VOLUME AND OTHER CHARACTERISTICS	IS IT HOME- MADE OR NOT	QUANTITY (GRAM, ML)	CODE
		2.	4.		5.	6.	7.
		_ _	AT HOME OR .....1  PUBLIC EATING PLACES .....2  OTHER PLACE .....3		HOME- MADE .....1  NOT HOME- MADE .....2	_____  _____	_ _ _

A1P1.1.2  
A1P1.2.2  
A1P1.3.2  
A1P1.4.2  
A1P1.5.2  
A1P1.6.2  
A1P1.7.2  
A1P1.8.2

A1P1.1.3  
A1P1.2.3  
A1P1.3.3  
A1P1.4.3  
A1P1.5.3  
A1P1.6.3  
A1P1.7.3  
A1P1.8.3

A1P1.1.5  
A1P1.2.5  
A1P1.3.5  
A1P1.4.5  
A1P1.5.5  
A1P1.6.5  
A1P1.7.5  
A1P1.8.5

A1P1.1.6  
A1P1.2.6  
A1P1.3.6  
A1P1.4.6  
A1P1.5.6  
A1P1.6.6  
A1P1.7.6  
A1P1.8.6

A1P1.1.7  
A1P1.2.7  
A1P1.3.7  
A1P1.4.7  
A1P1.5.7  
A1P1.6.7  
A1P1.7.7  
A1P1.8.7

		INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE,VOLUME AND OTHER CHARACTERISTICS	IS IT HOME- MADE OR NOT	QUANTITY (GRAM, ML)	CODE
		2.	4.		5.	6.	7.
		_ _	AT HOME OR .....1  PUBLIC EATING PLACES .....2  OTHER PLACE .....3		HOME- MADE .....1  NOT HOME- MADE .....2	_____  _____	_ _ _

A1P2.1.2  
A1P2.2.2  
A1P2.3.2  
A1P2.4.2  
A1P2.5.2  
A1P2.6.2  
A1P2.7.2  
A1P2.8.2

A1P2.1.3  
A1P2.2.3  
A1P2.3.3  
A1P2.4.3  
A1P2.5.3  
A1P2.6.3  
A1P2.7.3  
A1P2.8.3

A1P2.1.5  
A1P2.2.5  
A1P2.3.5  
A1P2.4.5  
A1P2.5.5  
A1P2.6.5  
A1P2.7.5  
A1P2.8.5

A1P2.1.6  
A1P2.2.6  
A1P2.3.6  
A1P2.4.6  
A1P2.5.6  
A1P2.6.6  
A1P2.7.6  
A1P2.8.6

A1P2.1.7  
A1P2.2.7  
A1P2.3.7  
A1P2.4.7  
A1P2.5.7  
A1P2.6.7  
A1P2.7.7  
A1P2.8.7

		INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE,VOLUME AND OTHER CHARACTERISTICS	IS IT HOME- MADE OR NOT	QUANTITY (GRAM, ML)	CODE
		2.	4.		5.	6.	7.
		_ _	AT HOME OR .....1		HOME- MADE .....1	_____	_ _ _
			PUBLIC EATING PLACES .....2		NOT HOME- MADE .....2	_____	
			OTHER PLACE .....3				

A1P3.1.2  
A1P3.2.2  
A1P3.3.2  
A1P3.4.2  
A1P3.5.2  
A1P3.6.2  
A1P3.7.2  
A1P3.8.2

A1P3.1.3  
A1P3.2.3  
A1P3.3.3  
A1P3.4.3  
A1P3.5.3  
A1P3.6.3  
A1P3.7.3  
A1P3.8.3

A1P3.1.5  
A1P3.2.5  
A1P3.3.5  
A1P3.4.5  
A1P3.5.5  
A1P3.6.5  
A1P3.7.5  
A1P3.8.5

A1P3.1.6  
A1P3.2.6  
A1P3.3.6  
A1P3.4.6  
A1P3.5.6  
A1P3.6.6  
A1P3.7.6  
A1P3.8.6

A1P3.1.7  
A1P3.2.7  
A1P3.3.7  
A1P3.4.7  
A1P3.5.7  
A1P3.6.7  
A1P3.7.7  
A1P3.8.7

		INTAKE TIME	PLACE	NAME OF THE PRODUCT OR DISH, SIZE,VOLUME AND OTHER CHARACTERISTICS	IS IT HOME- MADE OR NOT	QUANTITY (GRAM, ML)	CODE
		2.	4.		5.	6.	7.
		_ _	AT HOME OR .....1  PUBLIC EATING PLACES .....2  OTHER PLACE .....3		HOME- MADE .....1  NOT HOME- MADE .....2	_____  _____	_ _ _

A1P4.1.2  
A1P4.2.2  
A1P4.3.2  
A1P4.4.2  
A1P5.5.2  
A1P5.6.2  
A1P5.7.2  
A1P5.8.2

A1P4.1.3  
A1P4.2.2  
A1P4.3.2  
A1P4.4.2  
A1P5.5.3  
A1P5.6.2  
A1P5.7.2  
A1P5.8.2

A1P4.1.5  
A1P4.2.5  
A1P4.3.5  
A1P4.4.5  
A1P5.5.5  
A1P5.6.5  
A1P5.7.5  
A1P5.8.5

A1P4.1.6  
A1P4.2.6  
A1P4.3.6  
A1P4.4.6  
A1P5.5.6  
A1P5.6.6  
A1P5.7.6  
A1P5.8.6

A1P4.1.7  
A1P4.2.7  
A1P4.3.7  
A1P4.4.7  
A1P5.5.7  
A1P5.6.7  
A1P5.7.7  
A1P5.8.7

# MEDICAL EXAMINATION SECTION

**[INTERVIEWER! ASK TO BRING CHILD FOR TAKING MEDICAL MEASUREMENTS AND COMPLETING QUESTIONS 1-5.]**

**BE ATTENTIVE: IF CHILD IS PRESENT NOTE HERE IF THE CHILD HAS ANY AMPUTATED ARMS OR LEGS IN WHOLE OR IN PART. NOTE IN THE QUESTION AND GO ON TO QUESTION 2. IF THE CHILD IS ABSENT ASK, "DOES (HE/SHE) HAVE ARMS AND LEGS INTACT?" IF THE ANSWER IS NO, ASK, "DOES (HE/SHE) HAVE AN ARM OR LEG AMPUTATED?"**

			One	Both
A1Q1.1	1.	All or part of arm	1	2
A1Q1.2	2.	All or part of leg	1	2

A1Q2      **2. Height**

**[INTERVIEWER! MAKE SURE THAT CHILD HAS (HIS/HER) SHOES TAKEN OFF]**

\_\_\_\_\_ cm

A1Q3      **3. Weight**

**[INTERVIEWER! MAKE SURE THAT CHILD IS WEARING ONLY LIGHT-WEIGHT STREET CLOTHES]**

\_\_\_\_\_ kg

A1Q4      **4. Waist Circumference**

\_\_\_\_\_ cm

A1Q5      **6. Hip Circumference**

\_\_\_\_\_ cm

## INTERVIEWER'S REMARKS SECTION

### 1. Was anybody else present during the interview?

		Yes	No
A1R1.1	1. Anyone of the members of the household besides the one who answered the questions.	1	2
A1R1.2	2. Other people, not members of the household.	1	2
A1R1.3	3. The child concerning whom the interview was held.	1	2

### A1R2 2. In general, what was the respondent's attitude toward the interview?

Friendly, interested	1
Not particularly interested	2
Impatient, worried	3
Hostile	4

### A1R3 3. How did the respondent understand the questions?

Understood well	1
Did not understand very well	2
Understood poorly	3

### A1R4 4. Assess the respondent's behavior during the interview:

Nervous	1
Occasionally nervous	2
Felt comfortable	3

### A1R5 5. Assess the respondent's resourcefulness:

Very slow-witted	1
Slow-witted, needed additional explanations	2
As clever as the majority of respondents	3
Notably more clever than the majority	4

### A1R6 6. Assess sincerity and openness of the respondent:

Quite introverted, insincere	1
As sincere and open as the majority of respondents	2
Notably more sincere and open than the majority	3

I certify that I conducted the survey in accordance to the Instructions and personal interview method, and with the respondent selected in accordance with the Instructions.

Signature\_\_\_\_\_