

# National Health Survey

## Children Questionnaire (People aged 0 to 15 years)

3



### 1. Section identification details

Province \_\_\_\_\_

Section sort number \_\_\_\_\_

Local Authority \_\_\_\_\_

District/section \_\_\_\_\_

Year/quarter/two-week period \_\_\_\_\_

### 2. Identification of dwelling and household

Dwelling sort number \_\_\_\_\_

Household no. within dwelling \_\_\_\_\_

### 3. Identification of the child selected

Name .....

Sort number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

### 4. Informant's identification

#### 4.1 Relationship with the minor selected

Father/Mother  1 Other family member  5

Guardian  2 Social services  6

Brother/Sister  3 Others  7

Grandfather/mother  4

#### Interviewer: Is the informant a member of the household?

Yes  1 → sort number \_\_\_\_\_ → **Q 4.5**

No  6

#### 4.2 Name of the informant \_\_\_\_\_

#### 4.3 Age \_\_\_\_\_

4.4 Sex  1 Male  6 Female

#### 4.5 Informant's telephone no. \_\_\_\_\_

### 5. Date survey conducted \_\_\_\_\_

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### 6. Time survey started \_\_\_\_\_

Hour \_\_\_\_\_ Minutes \_\_\_\_\_

#### Nature, Characteristics and Purpose

The National Health Survey is a nationwide statistical research project designed to obtain data on people's state of health, use of healthcare services, prevention, risk factors, etc.

The importance of these objectives and the public service characteristics of this study have led us to voluntarily request your important and significant contribution.

#### Legislation

**Statistical secret:** Any personal data gathered by the statistical service either directly from the informants or through administrative sources (Art. 13.1 of the Law on the Public Statistical Function [*Ley de la Función Estadística Pública - LFEP*] of 9 May 1989) shall be subject to protection and deemed to be statistical secret. All personnel shall be obliged to keep statistical secrets (Art. 17.1 of the LFEP). The statistical services may request data from all Spanish and foreign individuals, as well as legal persons resident in Spain (Art. 10.1 of the LFEP). Any individuals or legal persons that may supply data either under obligation or voluntarily shall have to answer any questions asked in the correct order by the statistical services truthfully, accurately, completely and within the deadline set forth (Art. 10.2 of the LFEP). (Law 12/1989 on the Public Statistical Function)

## A. Health status

**Interviewer**, read to the respondent: "We will start off by talking about ....'s health status." (Mention the name of the child selected for the survey).

**1. Would you say his/her health has been very good, good, fair, bad or very bad in the last twelve months?**

- Very good \_\_\_\_\_  1  
 Good \_\_\_\_\_  2  
 Fair \_\_\_\_\_  3  
 Bad \_\_\_\_\_  4  
 Very bad \_\_\_\_\_  5

**2. I will now read you a list of diseases or health problems. Is (mention the name of the child selected once again) suffering or has he/ she ever suffered any of them?**

**Interviewer:** Read the respondent the illnesses listed one by one and mark the appropriate response. Should he/she answer "Yes" to any of the option in 2.a, ask questions 2.b, 2.c and 2.d.

	2.a Is he/she suffering or has he/she suffered any of the following?		If the answer is yes to question 2.a, ask and mark as appropriate							
	YES	NO	2.b Has he/she suffered it in the last 12 months?		2.c Has a doctor said he/she suffers it?		2.d Is he/she taking or has he/she taken medication for this problem in the last 12 months?			
	YES	NO	YES	NO	YES	NO	YES	NO		
1. Chronic allergy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
2. Asthma _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
3. Diabetes _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
4. Malignant tumours (including leukaemia and lymphoma)	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
5. Epilepsy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
6. Behaviour disorders (including hyperactivity) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
7. Mental disorders (depression, anxiety, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
<b>Has he/she suffered any other chronic illness?</b>										
8. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
9. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6		

**Interviewer:** If all the responses in column 2 are "NO", —————> move on to Module B. If any response in column 2 is "NO", —> continue with Q3.

**3. Have any of these illnesses or health problems limited the child's normal activities in any way during the last twelve months?**

- Yes \_\_\_\_\_  1  
 No \_\_\_\_\_  6

## B. Accidents and aggression (last 12 months)

**Interviewer**, read to the respondent: "I will now ask you whether the child has suffered any kind of accident, its consequences and treatment in the last twelve months."

**4. Has the child had any kind of accident including intoxication or burns in the last twelve months?**

- Yes \_\_\_\_\_  1  
 No \_\_\_\_\_  6 —> Q9

**5. What kind of accident has he/she had and how many times has he/she suffered this kind of accident?**

	Yes	No. of times	No
1. Fall from a height (step ladder, chair, etc.) _____	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6
2. Fall to the floor _____	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6
3. Burns _____	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6
4. Knocks _____	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6
5. Intoxication (excluding food poisoning) _____	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6
6. Traffic accident as a driver or passenger, suffering physical injuries __	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6
7. Traffic accident as a pedestrian _____	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6
8. Others _____	<input type="checkbox"/> 1 →	<input type="text"/>	<input type="checkbox"/> 6

**6. And specifically referring to the last accident he/she has had (if he/she has had several during the last twelve months), where did it happen?**

- At home, stairs, entrance hall... \_\_\_\_\_  1
- In the street or highway and it was a traffic accident \_\_\_\_\_  2
- In the street, but it was not a traffic accident \_\_\_\_\_  3
- At school, nursery, secondary school, etc. \_\_\_\_\_  4
- In a sports facility \_\_\_\_\_  5
- In a recreational or leisure area \_\_\_\_\_  6
- Somewhere else \_\_\_\_\_  7

**7. Did he/she consult a healthcare professional, did he/she go to an emergency centre or was he/she admitted to hospital as a result of this accident?**

- Consulted a doctor or nurse \_\_\_\_\_  1
- Went to an emergency centre \_\_\_\_\_  2
- Was admitted to hospital \_\_\_\_\_  3
- No consultation or intervention was necessary \_\_\_\_\_  4

**8. What effect or injury did this accident have on the child?**

**Interviewer:** Note down two responses at most (the ones the interviewee considers most important).

- 1. Contusions, haematomas, sprains, dislocations or surface wounds \_\_\_\_\_
- 2. Fractures or deep wounds \_\_\_\_\_
- 3. Poisoning or intoxication \_\_\_\_\_
- 4. Burns \_\_\_\_\_
- 5. Other effects \_\_\_\_\_

**9. Has the child suffered any kind of aggression during the last twelve months?**

- Yes \_\_\_\_\_  1
- No \_\_\_\_\_  6 → **Module C**

**10. As regards the last aggression he/she suffered (if he/she has suffered several in the last twelve months), where did it take place?**

- In a place of leisure \_\_\_\_\_  1
- At school, nursery, secondary school, etc. \_\_\_\_\_  2
- In the street \_\_\_\_\_  3
- In the child's home \_\_\_\_\_  4
- In the building where he/she lives \_\_\_\_\_  5
- In a sports facility \_\_\_\_\_  6
- Somewhere else \_\_\_\_\_  7

**C. Restriction of activity (last two weeks)**

**Interviewer**, read to the respondent: "I will now ask you some questions about the child's restrictions of activities in the last two weeks. Please, think of the time that has passed since \_\_\_\_\_ (day two weeks ago) until yesterday".

**11. Has the child had to reduce or limit his/her normal activities for at least half a day due to one or several pains or symptoms during the last two weeks?**

**Interviewer:** If the time he/she has had to limit his/her normal activities has been less than half a day, note down 01.

- Yes \_\_\_\_\_  1 → No. of days
- No \_\_\_\_\_  6

**12. Has the child had to stay in bed more than half a day for health reasons during the last two weeks? (If he/she has been hospitalized, also count the days spent in hospital.)**

**Interviewer:** If the time he/she has had to spend in bed has been half a day, note down 01.

- Yes \_\_\_\_\_  1 → No. of days
- No \_\_\_\_\_  6

**Interviewer:** If Q11 = **NO** and Q12 = **NO**, move on to Module D. If he/she has answered **YES** in Q11 or Q12, answer the relevant column(s) by marking an "X" in Q 13.a or Q 13.b on the pains or symptoms indicated by the interviewee.

**13. What were the pains or symptoms that have obliged the child to limit or reduce his/her normal activities and/or stay in bed for at least half a day?**

	<b>13.a</b> Normal activity	<b>13.b</b> Stay in bed
01. Pain in bones, back or joints _____	<input type="checkbox"/>	<input type="checkbox"/>
02. Nervousness, depression or difficulty in sleeping _____	<input type="checkbox"/>	<input type="checkbox"/>
03. Throat problems, cough, cold or flu _____	<input type="checkbox"/>	<input type="checkbox"/>
04. Headache _____	<input type="checkbox"/>	<input type="checkbox"/>
05. Contusion, lesion or wound _____	<input type="checkbox"/>	<input type="checkbox"/>
06. Earache, otitis _____	<input type="checkbox"/>	<input type="checkbox"/>
07. Diarrhoea or intestinal problems _____	<input type="checkbox"/>	<input type="checkbox"/>
08. Rashes, itchiness or allergies _____	<input type="checkbox"/>	<input type="checkbox"/>
09. Kidney or urinary problems _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Fever _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Teeth or gum problems _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Vomiting _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Stomach pain _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Other pains or symptoms _____	<input type="checkbox"/>	<input type="checkbox"/>

## D. Intake of medicines (last two weeks)

**Interviewer**, read to the informant: “We will now move on to discuss the child's intake of medicines in the last two weeks.”

**14. I will now read you a list of medicines. Please tell me which of them the child has taken in the last two weeks and which of them were prescribed by the doctor, whether or not he/she has taken them.**

**Interviewer:** Read the respondent the list of medicines and, for each one of them, ask him/her whether the child has taken them or not in the last two weeks, and whether it was prescribed by a doctor. Mark the columns **Taken** and **Prescribed** with either “Yes” or “No” for each of the medicines, except for options 14 and 15.

	Taken		Prescribed	
	Yes	No	Yes	No
01. Cold, flu, throat and bronchial tube medicines _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
02. Painkillers _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
03. Medicines to reduce fever _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
04. Pick-me-ups like vitamins, minerals and tonics _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
05. Laxatives _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
06. Antibiotics _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
07. Tranquilizers, relaxants, sleeping pills _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
08. Asthma medicines _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
09. Allergy medicines _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
10. Diarrhoea medicines _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
11. Medicines for vomiting _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
12. Diabetes medicines _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
13. Other medicines _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
14. Homeopathic products _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6		
15. Naturopathic products _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6		

**Interviewer:**The child is less than 4 years old  1 → **Module F**The child is 4 years old or more  6 → **Module E****E. Mental health (last 6 months)**

15. I will now read you a series of statements that could describe the child's capacities and difficulties. After each statement, tell me if it is "not true", "somewhat true" or "certainly true", depending on how the statement fits in with the child's behaviour. Please give your answers on the basis of the child's behaviour over the last six months.

	Not true	Somewhat true	Certainly true
1. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Restless, overactive, cannot stay still for a long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Shares readily with other children (treats, toys, pencils, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## F. Use of healthcare services

**Interviewer**, read to the respondent: "I will now ask you some questions about the use the child makes of the different healthcare services."

### F 1. Medical consultations

**Interviewer**, read to the informant: "To start off with, I would like to know about the child's medical consultations."

**16. How long has it been since the last time the child had a medical consultation (in person or by telephone) for any kind of problem, pain or illness he/she has suffered?**

(Do not include stomatology consultations, visits to the dentist, diagnostic tests like X-rays, analyses, etc., or any consultations during hospitalizations.)

Four weeks ago or less _____	<input type="checkbox"/> 1			
More than four weeks ago and less than a year ago _____	<input type="checkbox"/> 2	→ No. of months	<input type="text"/>	} → <b>Q25</b>
One year or more ago _____	<input type="checkbox"/> 3	→ No. of years	<input type="text"/>	
Has never been to the doctor _____	<input type="checkbox"/> 4			

**17. How many times has the child seen a paediatrician or family doctor in the last four weeks for any kind of problem, pain or illness he/she has suffered?**

No. of times

Doesn't know/Can't remember

Doesn't answer

**18. How many times has the child consulted a specialist in the last four weeks for any kind of problem, pain or illness he/she has suffered?**

No. of times

Doesn't know/Can't remember

Doesn't answer

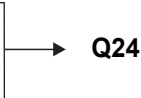
**19. What was the specialization of the last doctor he/she consulted in the last four weeks?**

**Interviewer:** Do not read the reply options. Only mark what the respondent responds without prompting.

Family doctor _____	<input type="checkbox"/> 01	Pneumology _____	<input type="checkbox"/> 14
Paediatrics _____	<input type="checkbox"/> 02	Neurosurgery _____	<input type="checkbox"/> 15
Allergology _____	<input type="checkbox"/> 03	Neurology _____	<input type="checkbox"/> 16
Digestive Apparatus _____	<input type="checkbox"/> 04	Ophthalmology _____	<input type="checkbox"/> 17
Cardiology _____	<input type="checkbox"/> 05	Oncology _____	<input type="checkbox"/> 18
General and digestive surgery _____	<input type="checkbox"/> 06	Ear, Mouth and Throat Medicine _____	<input type="checkbox"/> 19
Cardiovascular surgery _____	<input type="checkbox"/> 07	Psychiatry _____	<input type="checkbox"/> 20
Vascular surgery _____	<input type="checkbox"/> 08	Rehabilitation _____	<input type="checkbox"/> 21
Dermatology _____	<input type="checkbox"/> 09	Rheumatology _____	<input type="checkbox"/> 22
Endocrinology and nutrition _____	<input type="checkbox"/> 10	Orthopaedics _____	<input type="checkbox"/> 23
Gynaecology-Obstetrics _____	<input type="checkbox"/> 11	Urology _____	<input type="checkbox"/> 24
Internal medicine _____	<input type="checkbox"/> 12	Other specialization _____	<input type="checkbox"/> 25
Nephrology _____	<input type="checkbox"/> 13		

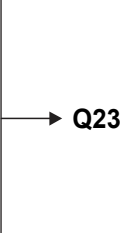
**20. Where did the last consultation in the last four weeks take place?**

- Health Centre/Doctor's Surgery \_\_\_\_\_  01
- Outpatients Clinic/Medical specialities centre \_\_\_\_\_  02
- Hospital external surgery \_\_\_\_\_  03
- Non-hospital emergency service \_\_\_\_\_  04
- Hospital emergency room \_\_\_\_\_  05
- Private doctor's surgery \_\_\_\_\_  06
- Mutual society doctor's surgery \_\_\_\_\_  07
- Elementary, middle, high school \_\_\_\_\_  08
- The child's home \_\_\_\_\_  09
- Telephone consultation \_\_\_\_\_  10
- Other place \_\_\_\_\_  11



**21. What was the main reason for this last consultation?**

- To diagnose an illness or health problem \_\_\_\_\_  1
- An accident or aggression \_\_\_\_\_  2
- A check-up for an illness \_\_\_\_\_  3
- A health check-up (child health monitoring programme) \_\_\_\_\_  4
- Vaccination \_\_\_\_\_  5
- Only to get a prescription \_\_\_\_\_  6
- Other reasons \_\_\_\_\_  7



**22. How long did it take since the child began to feel ill or felt he/she had some kind of health problem until a medical appointment was requested this last time?**

- 1. Months \_\_\_\_\_     Doesn't know/Can't remember \_\_\_\_\_
- 2. Days \_\_\_\_\_     Doesn't answer \_\_\_\_\_
- 3. Hours \_\_\_\_\_

**23. How much time passed since an appointment was requested and when the doctor saw the child this last time?**

- 1. Months \_\_\_\_\_     Doesn't know/Can't remember \_\_\_\_\_
- 2. Days \_\_\_\_\_     Doesn't answer \_\_\_\_\_
- 3. Hours \_\_\_\_\_

**24. Was the doctor the child saw during this last consultation from:**

- The National Health Service (Social Security) \_\_\_\_\_  1
- A mutual society \_\_\_\_\_  2
- A private practice \_\_\_\_\_  3
- Others (on a retainer fee, school doctor etc.) \_\_\_\_\_  4



**25. Has the child had any kind of non-urgent tests like x-rays, ecographies, analyses, etc. done in the last four weeks?**

Yes \_\_\_\_\_  1  
 No \_\_\_\_\_  6 → **Q 27**

**26. Which of the following tests has he/she undergone and how long did it take to do them from when the appointment was requested?**

		Time from appointment			
		Months	Days	Doesn't know/ Can't remember	Doesn't answer
1. X-rays _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. CAT scan _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ecography _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Magnetic resonance _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Analysis _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27. Has the child consulted any of the following professionals in the last four weeks?**

		No. of times	Doesn't know/ Can't remember	Doesn't answer
1. Nurse _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physiotherapist _____	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 6	→ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F 2. Need for medical assistance in the last 12 months**

**28. Has the child needed medical assistance at any time in the last 12 months and not received it?**

Yes \_\_\_\_\_  1  
 No \_\_\_\_\_  6 → **Module F 3**

**29. What was the main reason for the child not receiving such assistance?**

**Interviewer:** You should not read the response alternatives to the respondent but mark the one he/she spontaneously provides, as long as it coincides with any of the alternatives included in option 1 to 9. If the response does not coincide with any of these options, mark alternative 10, "Other reason".

- Could not get appointment \_\_\_\_\_  01
- Could not leave work to take the child \_\_\_\_\_  02
- Was too expensive/didn't have money \_\_\_\_\_  03
- Didn't have means of transport \_\_\_\_\_  04
- Because the child was too nervous and frightened \_\_\_\_\_  05
- Insurance did not cover it \_\_\_\_\_  06
- Did not have insurance \_\_\_\_\_  07
- Had to wait too long \_\_\_\_\_  08
- Nobody could leave family obligations and take the child \_\_\_\_\_  09
- Other reason \_\_\_\_\_  10

**F 3. Health insurance**

**30. Could you now tell me which of the following modalities of (public and/or private) health insurance the child is a holder or beneficiary of?**

**Interviewer:** Mark two responses at most, the ones the respondent considers most important.

- 1. Social Security \_\_\_\_\_
- 2. Social Security's collaborating companies \_\_\_\_\_
- 3. State mutual insurance companies (MUFACE, ISFAS, etc.) linked to the Social Security \_\_\_\_\_
- 4. State mutual insurance companies (MUFACE, ISFAS, etc.) linked to a private insurance \_\_\_\_\_
- 5. Private health insurance taken out individually (SANITAS, ASISA, Professional Colleges, etc.) \_\_\_\_\_
- 6. Private health insurance taken out by the company \_\_\_\_\_
- 7. Does not have health insurance, always uses private doctors \_\_\_\_\_
- 8. Other situations \_\_\_\_\_

**F 4. Visits to stomatology, the dentist and dental hygienist**

**Interviewer,** read to the respondent: "I will now ask you some questions about the child's dental health."

**31. How long has it been since the child went to the dentist, stomatologist or dental hygienist for a check-up, advice or treatment for dental or mouth problems?**

- Three months ago or less \_\_\_\_\_  1 → No. of times in the last three months
- More than 3 months ago and less than 12 months ago \_\_\_\_\_  2 → No. of months
- A year or more ago \_\_\_\_\_  3 → No. of years
- Has never been \_\_\_\_\_  4 → **Q 34**

**32. Which of the following kinds of assistance did the child receive the last time he/she went?**

	Yes	No
01. Check-up _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
02. Cleaning of mouth _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
03. Fillings, root canal treatment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
04. Tooth extraction _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
05. Crowns, bridges and other kinds of prostheses _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
06. Gum disease treatment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
07. Orthodontics _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
08. Fluoride treatment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
09. Other kind of care _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

---

**33. The dentist, stomatologist or dental hygienist the child consulted last time was from:**

- The National Health Service (Social Security) \_\_\_\_\_  1
  - The local authority \_\_\_\_\_  2
  - A mutual society \_\_\_\_\_  3
  - A private practice \_\_\_\_\_  4
  - Others (on a retainer fee, etc.) \_\_\_\_\_  5
- 

**34. Interviewer:** Is the child is less than one year old

- Yes \_\_\_\_\_  1
  - No \_\_\_\_\_  6 → **Q36**
- 

**35. Have any of his/her teeth appeared?**

- Yes \_\_\_\_\_  1 → **Module F 5**
  - No \_\_\_\_\_  6
- 

**36. What state are the child's teeth in?**

	Yes	NO
1. Has cavities _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Some teeth have been extracted _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Some teeth have been filled _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. His/her gums bleed when brushed or spontaneously _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. The teeth he/she has are healthy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

---

## F 5. Hospitalizations (last 12 months)

**Interviewer:** Read to the respondent: "The following questions deal with the child's possible admissions to hospital."

**37. Has the child had to be admitted to hospital as a patient for at least a night in the last twelve months?**

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Q46**

**38. How many times has the child been hospitalized in the last twelve months?**

No. of times

**39. Concerning the last time he/she was admitted to hospital in the last twelve months, how many days was the child in hospital?**

No. of days  (at least 1 day)

**40. Also regarding this last admission to hospital, what was the reason for the child's admission?**

Surgical operation \_\_\_\_\_  1  
Medical diagnostic study \_\_\_\_\_  2  
Medical treatment without surgical operation \_\_\_\_\_  3  
Other reasons \_\_\_\_\_  4

**41. Was the child on the waiting list for this reason?**

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Q43**

**42. How much time did the child spend on the waiting list from when you were told he/she had to be admitted to hospital?**

**Interviewer:** If the time spent on the waiting list was less than one month, note down "00".

No. of months  Doesn't know/Can't remember  Doesn't answer

**43. Concerning the last time the child was admitted to hospital, how was he/she admitted?**

Through the emergency service \_\_\_\_\_  1  
Ordinary admission (not through emergency) \_\_\_\_\_  2

**44. Who incurred the costs of his/her hospitalization?**

The National Health Service (Social Security) \_\_\_\_\_  1      Doesn't know/Can't remember \_\_\_\_\_  8  
Obligatory mutual society (MUFACE, ISFAS, etc.) \_\_\_\_\_  2      Doesn't answer \_\_\_\_\_  9  
Private health insurance company \_\_\_\_\_  3  
Incurred by the child's household \_\_\_\_\_  4  
Incurred by other people, bodies or institutions \_\_\_\_\_  5

45. Were you given a discharge report or was it sent to your home when the child was discharged from hospital?

Yes \_\_\_\_\_  1      Doesn't know/Can't remember \_\_\_\_\_  8  
No \_\_\_\_\_  6      Doesn't answer \_\_\_\_\_  9

---

46. Has the child been admitted to hospital during the last twelve months for an operation, treatment or test for the day, that is to say, staying in the hospital for part of or all day without having to spend a night there?

**Interviewer:** Include admissions in bed or wheelchair. Do not include stays in emergency room or when under observation.

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Module F6**

---

47. What was the reason for the child's last admission to hospital for the day?

A treatment \_\_\_\_\_  1  
A surgical operation \_\_\_\_\_  2 → **Module F6**  
Other reasons \_\_\_\_\_  3 → **Module F6**

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48. How many times has the child had to go to hospital for the day to receive this treatment?

No. of times          Doesn't know/Can't remember       Doesn't answer

---

## F 6. Emergency services (last 12 months)

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**Interviewer**, read to the respondent: "To finish with the use of healthcare services, I am going to ask you about the child's possible use of emergency services."

49. Has the child had to use any kind of emergency service for some problem or illness in the last twelve months?

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Module G**

---

50. How many times has the child had to use an emergency service in the last twelve months?

No. of times          Doesn't know/Can't remember       Doesn't answer

---

51. Where was he/she attended?

	Yes	No
1. Where he/she was at the time (home, place of study, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. In a mobile unit _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. At an emergency centre or service _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

---

**52. The last time the child used an emergency service, how much time passed between the time he/she began to notice he/she was ill or felt some kind of health problem and when assistance was requested?**

1. Days \_\_\_\_\_   Doesn't know/Can't remember \_\_\_\_\_
2. Hours \_\_\_\_\_   Doesn't answer \_\_\_\_\_
3. Minutes \_\_\_\_\_

**53. How much time passed from when assistance was requested to when the child was attended the last time he/she used an emergency service?**

**Interviewer:** If the assistance was immediate, note down "00" for hours and minutes.

1. Hours \_\_\_\_\_   Doesn't know/Can't remember \_\_\_\_\_
2. Minutes \_\_\_\_\_   Doesn't answer \_\_\_\_\_

**54. What type of service did the child use the last time he/she used an emergency service in the last twelve months?**

- |  |                            |                   |
|--|----------------------------|-------------------|
| National Health Service hospital (Social Security) _____                       | <input type="checkbox"/> 1 | } <b>Module G</b> |
| National Health Service non-hospital emergency service (Social Security) _____ | <input type="checkbox"/> 2 |                   |
| National Health Service non-hospital centre (Health Centre, etc.) _____        | <input type="checkbox"/> 3 |                   |
| Private emergency service _____  | <input type="checkbox"/> 4 |                   |
| Private nursing home, hospital or clinic _____                                 | <input type="checkbox"/> 5 |                   |
| Local authority neighbourhood clinic or emergency service _____                | <input type="checkbox"/> 6 |                   |
| Other kind of service _____  | <input type="checkbox"/> 7 |                   |

**55. Why did the child go to an emergency service?**

- Because the doctor ordered it \_\_\_\_\_  1
- Because his/her family or other people considered it necessary \_\_\_\_\_  2

## G. Lifestyle habits

**Interviewer,** read to the respondent: *"The following questions have to do with the child's lifestyle habits related to health."*

### G.1. Rest and physical exercise

**Interviewer,** read to the respondent: *"To start off with, I will ask you some questions about the child's rest and physical exercise habits."*

**56. Could you tell me approximately how many hours the child usually sleeps a day? Include afternoon nap hours.**

- No. of hours a day \_\_\_\_\_   Doesn't know/Can't remember \_\_\_\_\_  Doesn't answer \_\_\_\_\_

**57. Which of the following possibilities best describes the frequency with which the child performs any kind of physical activity in his/her free time?**

He/She doesn't do exercise. His/Her free time is almost completely taken up by sedentary activities (reading, watching television, going to the cinema, lying in bed or the cot, etc.) \_\_\_\_\_  1

He/she does some kind of physical activity or sport (walking, riding a bike, light gym activities, light recreational activities, etc.) \_\_\_\_\_  2

He/she does physical activities several times a week (sports, gymnastics, running, swimming, cycling, team sports, etc.)\_\_  3

Does sport or physical training several times a week \_\_\_\_\_  4

**Interviewer:**

The child is less than 1 years old —  1 —> **Module G2**

The child is 1 years old or more \_\_\_\_\_  6 —> **Q58**

**58. Does the child usually watch television every day or almost every day? (Include TV programmes, video and DVDs)**

Yes \_\_\_\_\_  1

No \_\_\_\_\_  6 —> **Q60**

**59. Approximately how much time does the child watch television every day?**

	Less than 1 hour	One hour or more	No. of hours daily (daily average)	Doesn't know/ Can't remember	Doesn't answer
1. From Monday to Friday _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At weekends _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**60. Does the child usually play with videogames, the computer or the Internet every day or most days?**

Yes \_\_\_\_\_  1

No \_\_\_\_\_  6 —> **Q62**

**61. Approximately how much time does the child usually play with videogames, the computer or the Internet every day?**

	Less than 1 hour	One hour or more	No. of hours daily (daily average)	Doesn't know/ Can't remember	Doesn't answer
1. From Monday to Friday _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At weekends _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62. Interviewer:**

The child is less than 5 years old —  1 —> **Module G2**

The child is 5 years old or more \_\_\_\_\_  6 —> Read the introduction to **Module G2** and move on to Q70

## G2 Diet

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**Interviewer**, read to the respondent: "To finish off with lifestyle habits, I am going to ask you some questions about the child's eating habits."

### 63. Was the child breast fed during the first few months of his/her life?

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Q67**

---

### 64. During how much time was the child breast fed?

**Interviewer:** If he/she is currently being breast fed, state his/her age in months and days.

1. Months \_\_\_\_\_  \_\_\_\_\_ Doesn't know/Can't remember \_\_\_\_   
2. Days \_\_\_\_\_  \_\_\_\_\_ Doesn't answer \_\_\_\_\_

---

### 65. Did the child receive only mother's milk as his/her only food and drink during some time? (Exclude water, fruit juice, artificial milk and any other food. Only include vitamins, minerals and medicines)

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Q68**

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### 66. How long was he/she exclusively breast fed?

**Interviewer:** In the case of newborn babies who have only been breast fed, state their current age in months and days.

1. Months \_\_\_\_\_  \_\_\_\_\_ Doesn't know/Can't remember \_\_\_\_   
2. Days \_\_\_\_\_  \_\_\_\_\_ Doesn't answer \_\_\_\_\_

---

### 67. Did the child receive artificial milk during some time?

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Q69**

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### 68. At what age did he/she start taking artificial milk?

1. Months \_\_\_\_\_  \_\_\_\_\_ Doesn't know/Can't remember \_\_\_\_   
2. Days \_\_\_\_\_  \_\_\_\_\_ Doesn't answer \_\_\_\_\_

---

### 69. Interviewer: Is the child 1 year old or more?

Yes \_\_\_\_\_  1  
No \_\_\_\_\_  6 → **Module H**

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**70. What does the child usually have for breakfast?**

	Yes	No
1. Coffee, milk, tea, chocolate, cocoa, yoghurt, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Bread, toast, biscuits, cereals, pastries, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Fruit and/or fruit juice _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Food like eggs, cheese, ham, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Other kinds of food _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Nothing, doesn't usually have breakfast _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

**71. How frequently does the child consume the following kinds of food?**

**Interviewer:** Show the respondent **Card Men-1** and mark the frequency with which each of the foodstuffs listed is consumed.

	Daily	Three or more times a week, but not daily	Once or twice a week	Less than once a week	Never or hardly ever
01. Fresh fruit _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
02. Meat (chicken, veal, pork, lamb, beef etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
03. Eggs _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
04. Fish _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
05. Pasta, rice, potatoes, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
06. Bread, cereals, etc. _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
07. Vegetables and garden produce _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
08. Beans _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
09. Cold meats and cold cuts _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. Dairy products (milk, cheese, yoghurt, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. Sweets (biscuits, pastries, sweets, jams, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. Soft drinks with sugar _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. Fast food (fried chicken, sandwiches, pizzas, hamburgers, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. Snacks or salty food (potato crisps, cheese puffs, salted biscuits or gherkins) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**72. Is the child currently on a special diet?**

Yes \_\_\_\_\_  1  
 No \_\_\_\_\_  6 → **Module H**

**73. What is the main reason for the child being on this special diet?**

- To lose weight \_\_\_\_\_  1
- To maintain his/her current weight \_\_\_\_\_  2
- To live more healthily \_\_\_\_\_  3
- Due to an illness or health problem \_\_\_\_\_  4
- Due to another reason \_\_\_\_\_  5

## H. Preventive practices

**Interviewer**, read to the respondent: "I will now ask you some questions about preventive practices related to the child's health."

### 74. Interviewer:

The child is less than 3 years old  1 → **Q76**

The child is 3 years old or more  6 → **Q75**

### 75. Now I am going to ask you about the child's dental hygiene. How often does he/she usually brush his/her teeth?

(It is considered that the child has brushed his/her teeth whether the child brushes his/her own teeth or whether an adult completes the brushing or helps him/her complete it.)

**Interviewer:** Mark the responses given by the respondent without prompting.

- More than three times a day  01
- Three times a day  02
- In the morning and at night  03
- In the morning and after lunch  04
- After lunch and at night  05
- Once a day in the morning  06
- Once a day after lunch  07
- Once a day at night  08
- Occasionally, not every day  09
- Never  10
- Other  11

### 76. Does anybody smoke in front of the child at home?

- Never  1
- Hardly ever  2
- Sometimes  3
- Almost always  4
- Always  5

### 77. When the child go by car, is the child secured by some kind of safety system appropriate for his/her age like a car cot, child seat, booster seat or safety belt?

- |  | Always                     | Almost always              | Hardly ever                | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 01. In the city <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 02. On highways <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

### 78. Has the child had an anti-flu vaccination in the last campaign?

- Yes  1
- No  6 → **Module I**

**79. Who directed the child to get vaccinated?**

- A healthcare professional, due to the child's age \_\_\_\_\_  1
- A healthcare professional, due to the child's illnesses \_\_\_\_\_  2
- A healthcare professional, due to other reasons \_\_\_\_\_  3
- Is vaccinated at the educational centre \_\_\_\_\_  4
- They requested a vaccination because they preferred the child was vaccinated  5
- Others \_\_\_\_\_  6

**I. Discrimination**

**Interviewer**, read to the respondent: "Now, I would like to ask you some questions about discrimination. Please respond by thinking about what the child would respond."

**80. Has the child experienced discrimination, been prevented from doing something, bothered or made to feel inferior due to his/her sex, ethnic origin, country of origin, social class or religion over the last year?**

- Yes \_\_\_\_\_  1
- No \_\_\_\_\_  6 → **Q82**

**81. For each of the following situations, indicate if the child has felt discriminated against, the reasons and the frequency.**

**Interviewer**, tell the respondent: "Now I will hand you a sheet with the responses to some questions about the frequency with which the child may have suffered discrimination. When I ask you, answer by only saying the number of your response. Hand over **Card Men-2**. Ask about each situation one by one and, in the event of a positive response, ask the respondent about the frequency of that instance of discrimination for each cause."

Has the child felt he/she was being discriminated against in any of the following situations?		What were the reasons why the child felt he/she was being discriminated against?							
		A. Due to sex?		B. Due to ethnic origin or country?		C. Due to social class?		D. Due to religion?	
		Never	Some-Times	Never	Some-times	Never	Some-times	Never	Some-times
<b>1. At school</b>	Yes <input type="checkbox"/> 1 →	Never <input type="checkbox"/> 1	Some-Times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2
	No <input type="checkbox"/> 6 ↓	Many Times <input type="checkbox"/> 3	Cons-Tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4
<b>2. When receiving healthcare assistance</b>	SÍ <input type="checkbox"/> 1 →	Never <input type="checkbox"/> 1	Some-Times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2
	No <input type="checkbox"/> 6 ▼	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4
<b>3. In a public place (including the street)</b>	SÍ <input type="checkbox"/> 1 →	Never <input type="checkbox"/> 1	Some-Times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2	Never <input type="checkbox"/> 1	Some-times <input type="checkbox"/> 2
	No <input type="checkbox"/> 6 ▼	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4	Many times <input type="checkbox"/> 3	Cons-tantly <input type="checkbox"/> 4

**82. Interviewer:**

The child is less than 8 years old  1 → **Module K**

The child is 8 years old or more  6 → **Module J**

**J. Quality of life (last 7 days)**

**Interviewer**, read to the respondent: "The following questions refer to how \_\_\_\_\_ (mention the name of the child about whom the questions are being asked) has felt in the last seven days. Please answer the questions thinking about what the child would answer. In other words, try to give the response the child would give."

**83. Has the child felt fit and well during the last seven days?**

- Not at all \_\_\_\_\_  1
- Slightly \_\_\_\_\_  2
- Moderately \_\_\_\_\_  3
- Very \_\_\_\_\_  4
- Extremely \_\_\_\_\_  5

**84. Has the child felt full of energy during the last seven days?**

- Never \_\_\_\_\_  1
- Seldom \_\_\_\_\_  2
- Quite often \_\_\_\_\_  3
- Very often \_\_\_\_\_  4
- Always \_\_\_\_\_  5

**85. Has the child felt sad during the last seven days?**

- Never \_\_\_\_\_  1
- Seldom \_\_\_\_\_  2
- Quite often \_\_\_\_\_  3
- Very often \_\_\_\_\_  4
- Always \_\_\_\_\_  5

**86. Has the child felt lonely during the last seven days?**

- Never \_\_\_\_\_  1
- Seldom \_\_\_\_\_  2
- Quite often \_\_\_\_\_  3
- Very often \_\_\_\_\_  4
- Always \_\_\_\_\_  5

**87. Has the child had enough time for him/herself during the last seven days?**

- Never \_\_\_\_\_  1
- Seldom \_\_\_\_\_  2
- Quite often \_\_\_\_\_  3
- Very often \_\_\_\_\_  4
- Always \_\_\_\_\_  5

**88. Has the child been able to do the things that he/she wants to do in his/her free time during the last seven days?**

- Never \_\_\_\_\_  1  
Seldom \_\_\_\_\_  2  
Quite often \_\_\_\_\_  3  
Very often \_\_\_\_\_  4  
Always \_\_\_\_\_  5
- 

**89. Has the child felt that his/her parent(s) treated him/her fairly during the last seven days?**

- Never \_\_\_\_\_  1  
Seldom \_\_\_\_\_  2  
Quite often \_\_\_\_\_  3  
Very often \_\_\_\_\_  4  
Always \_\_\_\_\_  5
- 

**90. Has the child had fun with his/her friends during the last seven days?**

- Never \_\_\_\_\_  1  
Seldom \_\_\_\_\_  2  
Quite often \_\_\_\_\_  3  
Very often \_\_\_\_\_  4  
Always \_\_\_\_\_  5
- 

**91. Has the child got on well at school during the last seven days? If he/she has not gone to school during these days, think about the last week he/she went to school.**

- Not at all \_\_\_\_\_  1  
Slightly \_\_\_\_\_  2  
Moderately \_\_\_\_\_  3  
Very \_\_\_\_\_  4  
Extremely \_\_\_\_\_  5
- 

**92. Has the child been able to pay attention during the last seven days?**

- Never \_\_\_\_\_  1  
Seldomr \_\_\_\_\_  2  
Quite often \_\_\_\_\_  3  
Very often \_\_\_\_\_  4  
Always \_\_\_\_\_  5
-





