

National Health Survey

Minors Questionnaire

|_3_|

Under the age of 16

1. Section identification data

Province _____	_ _
Section order N° _____	_ _ _ _ _ _
Municipality _____	
District/section _____	
Year/Quarter/Week _____	_ _ _ _ _ _ _

2. Identification of the dwelling and household

Dwelling order N° _____ |_|_|
Household number within the dwelling _____ |_|

3. Identification of the child subject of the interview

Name and order number of the child
subject of the interview _____ |_|_|
Age _____ |_|_|
Sex _____ |_|

4. Identification of the informant

Name and order number of the informant _____ |_|_|

Nature, characteristics and purpose

The National Health Survey is a nationwide statistical investigation, designed for the purpose of obtaining data on the health status, the use of health services, prevention, risk factors etc. of the population.

The importance of these objectives, and the public service nature of this study, drives us to request your voluntary collaboration, which is of significant importance and value.

Legislation

Statistical secrecy. The personal information obtained by the **statistical services**, both directly from the informants as well as from administrative sources, will be the object of protection and are covered by the statistical secret (Article 13.1 of the Law on the Public Statistical Services, dated the 9th of May 1989, LFEP). All statistical personnel will have the obligation of preserving the statistical secret (Article 17.1 of the LFEP).

The statistical services may be able to request data from all physical and legal persons, national and foreign, residents in Spain (Article 10.1 of the LFEP).

All physical and legal persons that provide data, both if their collaboration is compulsory as well as if it is voluntary, **must** respond in a true, exact and complete manner within the stipulated term to the questions outlined in due form by the statistical services (Article 10.2 of the LFEP).

(Law 12/1989 on the Public Statistical Services)

Health status and accident rate

Health status (last 12 months)

5.- We are going to commence talking about the health of the child selected as the subject of this interview. Would you say that during the last twelve months your child's health status has been very good, good, fair, bad or very bad?

Very good _____ 1
Good _____ 2
Fair _____ 3
Bad _____ 4
Very bad _____ 5

6.- During the last twelve months has the child suffered any ailments, diseases or health problems which may have limited their habitual activity during more than 10 days?

YES _____ 1
NO _____ 6 → go to question 7

6 a.- What type of ailment, disease or health problems have they suffered? (Interviewer: record two literal responses at most. Consult the Ailments or Diseases codes and record the corresponding code)

1. _____
2. _____

7.-Has your doctor told you that the child chronically suffers at this time any of the following diseases or health problems? (Interviewer: read to the interviewee the diseases that are listed below one by one, and record the corresponding response)

	YES	NO		YES	NO
1. Arterial hypertension _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	7. Allergy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. High cholesterol _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	8. Depression _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Diabetes (high sugar levels) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	9. Other mental disorders _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Asthma or chronic bronchitis _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	10. Migraines or headaches _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Heart disease _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	11. Hernias _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Stomach ulcer _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6			

Interviewer: If all the responses are NO → go to question 8
If any response is YES → continue with question 7a

7 a.- During the last twelve months has/have said disease/s or health problems limited in any way whatsoever the everyday activities of the child?

YES _____ 1
NO _____ 6

Interviewer: If the response to options 1 and 6 is NO, go directly to question 12.

10.- Which pains or symptoms have forced your child to limit or reduce their main activity and/or the activities that they normally carry out in their free time, at least during half a day?

	1. Main Activity	6. Activity in free time
Pain in the bones, vertebral column or joints _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Nervousness, depression or difficulty in sleeping _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Throat, cough, cold or flu problems _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Headache _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Contusion, injuries or wounds _____	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Ear pain, otitis _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Diarrhoea or intestinal problems _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Bites, itching, allergies _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Kidney or urinary complaints _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Stomach problems, with the digestive system, liver or gall bladder _____	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Fever _____	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Teeth or gum problems _____	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Vomiting _____	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Abdominal pain _____	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Other pains or symptoms _____	<input type="checkbox"/> 15	<input type="checkbox"/> 15

11.- Has your child been obliged during the last two weeks to rest in bed for more than half a day due to health problems? (if they have been hospitalised also take into account the days spent in hospital)

YES _____ 1
 NO _____ 6 → go to question 12

11 a.- How many days? (Interviewer: if the child has had to stay in bed half a day, record 01).

Number of days _____

Consumption of medicines (last 2 weeks)

12.- Has your child consumed during the last 2 weeks the following medicines, prescribed by a doctor? Do not include homeopathic and/or natural medicines (Interviewer: read to the interviewee each type of medicine, record whether or not the child has consumed same during the last two weeks, and in both cases record whether or not they were prescribed by a doctor. It is necessary to complete the columns **Consumed** and **Prescribed** with YES or NO for each one of the medicines).

	Consumed		Prescribed	
	YES	NO	YES	NO
1. Medicines for colds, flu, throat, bronchus (except antibiotics) _	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Medicines to reduce pain and/or lower fever _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Tonics like vitamins, minerals, stimulants _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Laxatives _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Antibiotics _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Tranquillizers, sedatives, sleeping tablets _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Medicines for allergy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Medicines for diarrhoea _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Medicines for vomiting _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
10. Others _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6

12 a.- Has the child consumed during the last two weeks one or various alternative medicine products (homeopathy, natural medicines, etc.)? Do not include tea, camomile or pennyroyal infusions.

YES _____ 1
 NO _____ 6

Use of health services

Medical consultations (during the last 2 weeks)

13. When was the last time you consulted a doctor (personally or by telephone) as a result of a medical problem, complaint or illness suffered by the child? Include medical revisions and requests for prescriptions. Do not include requests for appointments, requests to see the stomatologist or dentist nor the realisation of x-rays, analysis, etc.)

During the last two weeks _____ 1
 More than two weeks ago but less than a month _____ 2
 More than one month ago but less than a year _____ 3 → N° of months
 One or more than a year ago _____ 4 → N° of years
 Never visited a doctor _____ 5

→ go to question 15

14. How many times have you consulted a doctor during the last two weeks?

Number of times _____

14 a.- Where did your last consultation take place during the last two weeks? (Interviewer: show the interviewee Card A and record the corresponding response).

Health/Medical Clinic _____ 1
 Outpatient Centre/Specialists centre _____ 2
 Outpatient hospital visit _____ 3
 Emergency service of an outpatient centre _____ 4
 Emergency services of a hospital _____ 5
 Private doctor surgery _____ 6
 Private health insurance doctor surgery _____ 7
 School, college _____ 8
 Child's home _____ 9
 Telephone consultation _____ 10
 Somewhere else _____ 11

14 b.- What was the main reason for this last medical consultation?

Diagnosis and/or treatment _____ 1
 Revision _____ 2
 To obtain medical prescriptions _____ 3
 Other reasons _____ 4

14 c.- Which specialist did you consult? (Interviewer: show the interviewee Card B and record the speciality).

- General medicine _____ 1
- Pediatrics _____ 2
- Allergology _____ 3
- Digestive system _____ 4
- Cardiology _____ 5
- General and digestive surgery _____ 6
- Cardiovascular surgery _____ 7
- Vascular surgery _____ 8
- Dermatology _____ 9
- Endocrinology and nutrition _____ 10
- Gynaecology-obstetrics _____ 11
- Internist _____ 12
- Nephrology _____ 13
- Respiratory medicine _____ 14
- Neurosurgery _____ 15
- Neurology _____ 16
- Ophthalmology _____ 17
- Oncology _____ 18
- Otorhinolaryngology _____ 19
- Psychiatry _____ 20
- Rehabilitation _____ 21
- Rheumatology _____ 22
- Traumatology _____ 23
- Urology _____ 24
- Other specialities _____ 25

14 d.- The doctor that you visited for your child's last consultation was from:

- Social Security _____ 1
- Medical company _____ 2
- Private clinic _____ 3
- Contracted doctor, etc. _____ 4

Interviewer: If for question 14a you have recorded option 8, 9 or 10 → go to question 15
If for question 14a you have recorded any other option → go to question 14e

14 e.- Did the child go to this last consultation from your home?

- YES _____ 1
- NO _____ 6 → go to question 14 g

14 f.- In this last medical consultation, approximately how long did you take, in minutes, to travel from your home to where same took place?

Minutes _____ | | | |

14 g.- How long did the child have to wait from the moment you arrived until you were attended to by the doctor?

Minutes _____ | | | |

Need for medical assistance (last 12 months)

15.- During the last twelve months has your child ever needed medical assistance and were not attended to?

YES _____ 1
NO _____ 6 → go to question 16

15 a.- What was the main cause why your child did not receive said care? (Interviewer: you must not read to the interviewee the response alternatives but rather record those provided spontaneously, provided they coincide with any one of those included in options 1 to 8. If the response does not coincide with any one of these options, mark alternative 9, "Other causes").

Could not obtain an appointment _____ 1
Could not leave work and take the child _____ 2
Too expensive/had no money _____ 3
Had no means of transport _____ 4
The child was too nervous and scared _____ 5
Not covered by the insurance _____ 6
Had no insurance _____ 7
Had to wait too long _____ 8
Other causes _____ 9

Visits to the stomatologist, dentist or dental hygienist

16.- And talking about other types of problems, during the last three months has your child visited a dentist, stomatologist or dental hygienist for an examination, advice or for the treatment of dental or mouth problems?

YES _____ 1
NO _____ 6 → go to question 17

16 a.- How many times in the last three months?

Number of times _____ |__|__| → go to question 18

17.- If they haven't gone during the last three months, when was the last time your child visited a dentist, stomatologist or dental hygienist?

More than 3 months ago but less than 1 year _____ 1 → N° of months |__|__|

One or more than one year ago _____ 2 → N° of years |__|__|

Never been _____ 3 → go to question 20

18.- The last time the child visited a dentist, stomatologist or dental hygienist, what type of care did they receive?

YES NO

- | | | |
|---|----------------------------|----------------------------|
| 1. Revision or check-up _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Cleaning of the mouth _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Fillings (plugs), endodontic treatment _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Extraction of teeth/molars _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Caps, bridges or other types of prosthesis _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Treatment for gum diseases _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Orthodontic treatment _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 8. Application of fluor _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 9. Other types of care _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

19.- The dentist, stomatologist or dental hygienist which you visited the last time was from:

- | | |
|-------------------------------|----------------------------|
| Social Security _____ | <input type="checkbox"/> 1 |
| Town council _____ | <input type="checkbox"/> 2 |
| Medical company _____ | <input type="checkbox"/> 3 |
| Private clinic _____ | <input type="checkbox"/> 4 |
| Contracted doctor, etc. _____ | <input type="checkbox"/> 5 |

20.- What is the state of their teeth and molars ?

- | | YES | NO |
|---|----------------------------|----------------------------|
| 1. Has caries _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Teeth/molars have been extracted _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Has fillings in teeth/molars (plugs) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Gums bleed when the teeth are brushed or spontaneously _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. The teeth they have are healthy _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. They still have no teeth _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

Hospitalisations (during the last 12 months)

21.- During the last twelve months has your child been hospitalised as a patient at least during one night?

- | | |
|-----------|--|
| YES _____ | <input type="checkbox"/> 1 |
| NO _____ | <input type="checkbox"/> 6 → go to question 22 |

21 a.- How many times has your child been hospitalised during the last twelve months?

Number of times _____

21 b.- And with regards to their last hospitalisation during the last twelve months approximately how many days were they hospitalised?

Number of days _____

21 c.- With regards to this last hospitalisation, why was your child admitted into hospital?

- | | |
|---|----------------------------|
| Surgical intervention _____ | <input type="checkbox"/> 1 |
| Medical study for diagnosis _____ | <input type="checkbox"/> 2 |
| Medical treatment without surgical intervention _____ | <input type="checkbox"/> 3 |
| Other reasons _____ | <input type="checkbox"/> 4 |

21 d.- Were they on the waiting list for this reason?

YES _____ 1
NO _____ 6 → go to question 21 f

21 e.- How long were they on the waiting list, in months? (Interviewer: if the time spent on the waiting list is less than 1 month, record 00)

Number of months _____ |__|

21 f.- With regards to this last hospitalisation, how were they admitted?

Through the emergency services _____ 1
Normal admittance (not through the emergency services) _____ 6

21 g.- Who was responsible for the hospitalisation costs?

Social Security _____ 1
Mutual Insurance Society (MUFACE, ISFAS, etc.) _____ 2
Medical company _____ 3
The household _____ 4
Other persons, organisations or institutions _____ 5

Emergency services (during the last 12 months)

22.- During the last twelve months has your child had to use any of the emergency services due to a medical problem or illness?

YES _____ 1
NO _____ 6 → go to question 23

22 a.- In total, how many times has the child used the emergency services during the last twelve months?

Number of times _____ |__|

22 b.- Where were they attended? (Interviewer: record all the response categories given by the interviewee)

At an emergency ward or services _____ 1
Where they were at the time (domicile, school, etc.) _____ 2
In an ambulance _____ 3

22 c.- With regards to the last time your child used the emergency services during these last twelve months, what type of service was it?

Social Security hospital _____ 1
Non hospital Social Security emergency services _____ 2
Non hospital Social Security centre (outpatient centre, etc.) _____ 3
Private emergency services _____ 4
Private sanatorium, hospital or clinic _____ 5
First aid centres or town council emergency services _____ 6
Another type of service _____ 7

→ go to question 23

22 d.- Why did they go to the emergency services?

- Ordered to go by the doctor _____ 1
Because family members or other persons
considered it necessary _____ 6

Life habits

Rest and physical exercise

23.- Could you indicate approximately how many hours a day does the child usually sleep?

Number of hours per day _____

Interviewer: If the child is under the age of 1 → go to question 25
If the child is one year of age or over → go to question 24

24.- Does the child watch television everyday or nearly everyday? (Includes: TV programming, video and DVD)

- YES _____ 1
NO _____ 6 → go to question 25

24 a.- Approximately for how long?

- Less than 1 hour _____ 1
From 1 to 2 hours _____ 2
From 2 to 3 hours _____ 3
More than 3 hours _____ 4

25.- Which of the following possibilities best describes the frequency with which the child carries out any physical activity in their free time?

- They do not carry out any physical activity whatsoever _____ 1
They carry out some type of physical or sporting activity less than once a month _____ 2
They carry out some type of physical or sporting activity once or various times a month
but less than once a week _____ 3
They carry out some type of physical or sporting activity once or various times a week _____ 4

Interviewer: If the child is under the age of 6 months → go to question 29
If the child is between the ages of 6 months and 1 year → go to question 26
If the child is one year of age or over → go to question 27

Food

Only if the child is between the ages of 6 months and 1 year

26.- What type of lactation did the child have during the first 6 weeks, up until 3 months of age, and up to 6 months of age: natural, mixed or artificial?

	Natural	Mixed	Artificial	
1. During the first 6 weeks _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	} → go to question 29
2. From the first 6 weeks up until 3 months of age__	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
3. From 3 months of age up until 6 months _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

Only if the child is 1 year of age or over

27.- With regards to the child's eating habits, what does the child usually have for breakfast? (Interviewer: record all the options that the interviewee provides).

Coffee, milk, tea, chocolate, cocoa, yoghurt, etc. _____	<input type="checkbox"/> 1
Bread, toast, biscuits, cereals, pastries, etc. _____	<input type="checkbox"/> 2
Fruit, juice, etc. _____	<input type="checkbox"/> 3
Eggs, cheese, ham, bacon, sausages, etc. _____	<input type="checkbox"/> 4
Other types of food and/or beverages _____	<input type="checkbox"/> 5
Nothing, does not usually have breakfast _____	<input type="checkbox"/> 6

28.- With what frequency does your child usually consume the following foods? (Interviewer: show the interviewee Card D, and record the consumption frequencies for each one of the foods listed).

Foods	Consumption frequencies				
	1	2	3	4	5
Fresh fruit _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Meat (poultry, beef, pork, lamb, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Eggs _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fish _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pasta, rice, potatoes _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Bread, cereals _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vegetables and green vegetables _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pulse _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cold meats and sausages _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dairy products (milk, cheese, yoghurt) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sweets (biscuits, jams, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Consumption frequencies

- 1.- Daily
- 2.- Three or more times a week, but not daily
- 3.- Once or twice a week
- 4.- Less than once a week
- 5.- Never or almost never

Preventative practices

Interviewer: If the child is under the age of 6 years → go to question 29
If the child is 6 years of age or over → go to question 30

29.- Subsequently I am going to list a series of illnesses. For which of those listed do you believe that it is official recommended that the child be vaccinated?

	YES	NO
Diphtheria _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Tetanus _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Whooping cough _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Hepatitis B _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Measles _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Mumps (parotitis) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Rubella _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Polio _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Chicken pox _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Meningitis C _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

30.- Was the child vaccinated during the last flu campaign?

YES _____ 1
NO _____ 6 → go to question 31

30 a.- Who recommended vaccination?

The doctor, due to the age of the child _____ 1
The doctor, due to illnesses of the child _____ 2
The doctor, due to other reasons _____ 3
They are vaccinated at school _____ 4
We requested vaccination because we preferred the child to be vaccinated _____ 5
Others _____ 6

Personal characteristics

31.- What is the child's approximate weight, without shoes or clothes?

Weight in Kilos _____ | | | |

32.- And what is the child's approximate height, without shoes?

Height in cms. _____ | | | |

33.- And with regards to their stature, would you say that their weight is:

Quite a lot above normal _____ 1
Just above normal _____ 2
Normal _____ 3
Below normal _____ 4

Health status and accident rate

Health status (last 12 months)

5.- We are going to commence talking about the health of the child selected as the subject of this interview. Would you say that during the last twelve months your child's health status has been very good, good, fair, bad or very bad?

Very good _____ 1
Good _____ 2
Fair _____ 3
Bad _____ 4
Very bad _____ 5

6.- During the last twelve months has the child suffered any ailments, diseases or health problems which may have limited their habitual activity during more than 10 days?

YES _____ 1
NO _____ 6 → go to question 7

6 a.- What type of ailment, disease or health problems have they suffered? (Interviewer: record two literal responses at most. Consult the Ailments or Diseases codes and record the corresponding code)

1. _____
2. _____

7.-Has your doctor told you that the child chronically suffers at this time any of the following diseases or health problems? (Interviewer: read to the interviewee the diseases that are listed below one by one, and record the corresponding response)

	YES	NO		YES	NO
1. Arterial hypertension _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	7. Allergy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. High cholesterol _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	8. Depression _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Diabetes (high sugar levels) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	9. Other mental disorders _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Asthma or chronic bronchitis _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	10. Migraines or headaches _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Heart disease _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	11. Hernias _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Stomach ulcer _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6			

Interviewer: If all the responses are NO → go to question 8
If any response is YES → continue with question 7a

7 a.- During the last twelve months has/have said disease/s or health problems limited in any way whatsoever the everyday activities of the child?

YES _____ 1
NO _____ 6

Interviewer: If the response to options 1 and 6 is NO, go directly to question 12.

10.- Which pains or symptoms have forced your child to limit or reduce their main activity and/or the activities that they normally carry out in their free time, at least during half a day?

	1. Main Activity	6. Activity in free time
Pain in the bones, vertebral column or joints _____	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Nervousness, depression or difficulty in sleeping _____	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Throat, cough, cold or flu problems _____	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Headache _____	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Contusion, injuries or wounds _____	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Ear pain, otitis _____	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Diarrhoea or intestinal problems _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Bites, itching, allergies _____	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Kidney or urinary complaints _____	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Stomach problems, with the digestive system, liver or gall bladder _____	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Fever _____	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Teeth or gum problems _____	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Vomiting _____	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Abdominal pain _____	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Other pains or symptoms _____	<input type="checkbox"/> 15	<input type="checkbox"/> 15

11.- Has your child been obliged during the last two weeks to rest in bed for more than half a day due to health problems? (if they have been hospitalised also take into account the days spent in hospital)

YES _____ 1
 NO _____ 6 → go to question 12

11 a.- How many days? (Interviewer: if the child has had to stay in bed half a day, record 01).

Number of days _____

Consumption of medicines (last 2 weeks)

12.- Has your child consumed during the last 2 weeks the following medicines, prescribed by a doctor? Do not include homeopathic and/or natural medicines (Interviewer: read to the interviewee each type of medicine, record whether or not the child has consumed same during the last two weeks, and in both cases record whether or not they were prescribed by a doctor. It is necessary to complete the columns **Consumed** and **Prescribed** with YES or NO for each one of the medicines).

	Consumed		Prescribed	
	YES	NO	YES	NO
1. Medicines for colds, flu, throat, bronchus (except antibiotics) _	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Medicines to reduce pain and/or lower fever _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Tonics like vitamins, minerals, stimulants _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Laxatives _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Antibiotics _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Tranquillizers, sedatives, sleeping tablets _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Medicines for allergy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Medicines for diarrhoea _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Medicines for vomiting _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6
10. Others _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 6

12 a.- Has the child consumed during the last two weeks one or various alternative medicine products (homeopathy, natural medicines, etc.)? Do not include tea, camomile or pennyroyal infusions.

YES _____ 1
 NO _____ 6

Use of health services

Medical consultations (during the last 2 weeks)

13. When was the last time you consulted a doctor (personally or by telephone) as a result of a medical problem, complaint or illness suffered by the child? Include medical revisions and requests for prescriptions. Do not include requests for appointments, requests to see the stomatologist or dentist nor the realisation of x-rays, analysis, etc.)

During the last two weeks _____ 1
 More than two weeks ago but less than a month _____ 2
 More than one month ago but less than a year _____ 3 → N° of months |__| |
 One or more than a year ago _____ 4 → N° of years |__| |
 Never visited a doctor _____ 5

→ go to question 15

14. How many times have you consulted a doctor during the last two weeks?

Number of times _____ |__| |

14 a.- Where did your last consultation take place during the last two weeks? (Interviewer: show the interviewee Card A and record the corresponding response).

Health/Medical Clinic _____ 1
 Outpatient Centre/Specialists centre _____ 2
 Outpatient hospital visit _____ 3
 Emergency service of an outpatient centre _____ 4
 Emergency services of a hospital _____ 5
 Private doctor surgery _____ 6
 Private health insurance doctor surgery _____ 7
 School, college _____ 8
 Child's home _____ 9
 Telephone consultation _____ 10
 Somewhere else _____ 11

14 b.- What was the main reason for this last medical consultation?

Diagnosis and/or treatment _____ 1
 Revision _____ 2
 To obtain medical prescriptions _____ 3
 Other reasons _____ 4

14 c.- Which specialist did you consult? (Interviewer: show the interviewee Card B and record the speciality).

- General medicine _____ 1
- Pediatrics _____ 2
- Allergology _____ 3
- Digestive system _____ 4
- Cardiology _____ 5
- General and digestive surgery _____ 6
- Cardiovascular surgery _____ 7
- Vascular surgery _____ 8
- Dermatology _____ 9
- Endocrinology and nutrition _____ 10
- Gynaecology-obstetrics _____ 11
- Internist _____ 12
- Nephrology _____ 13
- Respiratory medicine _____ 14
- Neurosurgery _____ 15
- Neurology _____ 16
- Ophthalmology _____ 17
- Oncology _____ 18
- Otorhinolaryngology _____ 19
- Psychiatry _____ 20
- Rehabilitation _____ 21
- Rheumatology _____ 22
- Traumatology _____ 23
- Urology _____ 24
- Other specialities _____ 25

14 d.- The doctor that you visited for your child's last consultation was from:

- Social Security _____ 1
- Medical company _____ 2
- Private clinic _____ 3
- Contracted doctor, etc. _____ 4

Interviewer: If for question 14a you have recorded option 8, 9 or 10 → go to question 15
If for question 14a you have recorded any other option → go to question 14e

14 e.- Did the child go to this last consultation from your home?

- YES _____ 1
- NO _____ 6 → go to question 14 g

14 f.- In this last medical consultation, approximately how long did you take, in minutes, to travel from your home to where same took place?

Minutes _____ | | | |

14 g.- How long did the child have to wait from the moment you arrived until you were attended to by the doctor?

Minutes _____ | | | |

Need for medical assistance (last 12 months)

15.- During the last twelve months has your child ever needed medical assistance and were not attended to?

YES _____ 1
NO _____ 6 → go to question 16

15 a.- What was the main cause why your child did not receive said care? (Interviewer: you must not read to the interviewee the response alternatives but rather record those provided spontaneously, provided they coincide with any one of those included in options 1 to 8. If the response does not coincide with any one of these options, mark alternative 9, "Other causes").

Could not obtain an appointment _____ 1
Could not leave work and take the child _____ 2
Too expensive/had no money _____ 3
Had no means of transport _____ 4
The child was too nervous and scared _____ 5
Not covered by the insurance _____ 6
Had no insurance _____ 7
Had to wait too long _____ 8
Other causes _____ 9

Visits to the stomatologist, dentist or dental hygienist

16.- And talking about other types of problems, during the last three months has your child visited a dentist, stomatologist or dental hygienist for an examination, advice or for the treatment of dental or mouth problems?

YES _____ 1
NO _____ 6 → go to question 17

16 a.- How many times in the last three months?

Number of times _____ |__|__| → go to question 18

17.- If they haven't gone during the last three months, when was the last time your child visited a dentist, stomatologist or dental hygienist?

More than 3 months ago but less than 1 year _____ 1 → N° of months |__|__|

One or more than one year ago _____ 2 → N° of years |__|__|

Never been _____ 3 → go to question 20

18.- The last time the child visited a dentist, stomatologist or dental hygienist, what type of care did they receive?

YES NO

- | | | |
|---|----------------------------|----------------------------|
| 1. Revision or check-up _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Cleaning of the mouth _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Fillings (plugs), endodontic treatment _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Extraction of teeth/molars _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. Caps, bridges or other types of prosthesis _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. Treatment for gum diseases _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 7. Orthodontic treatment _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 8. Application of fluor _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 9. Other types of care _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

19.- The dentist, stomatologist or dental hygienist which you visited the last time was from:

- | | |
|-------------------------------|----------------------------|
| Social Security _____ | <input type="checkbox"/> 1 |
| Town council _____ | <input type="checkbox"/> 2 |
| Medical company _____ | <input type="checkbox"/> 3 |
| Private clinic _____ | <input type="checkbox"/> 4 |
| Contracted doctor, etc. _____ | <input type="checkbox"/> 5 |

20.- What is the state of their teeth and molars ?

- | | YES | NO |
|---|----------------------------|----------------------------|
| 1. Has caries _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 2. Teeth/molars have been extracted _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 3. Has fillings in teeth/molars (plugs) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 4. Gums bleed when the teeth are brushed or spontaneously _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 5. The teeth they have are healthy _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| 6. They still have no teeth _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

Hospitalisations (during the last 12 months)

21.- During the last twelve months has your child been hospitalised as a patient at least during one night?

- | | |
|-----------|--|
| YES _____ | <input type="checkbox"/> 1 |
| NO _____ | <input type="checkbox"/> 6 → go to question 22 |

21 a.- How many times has your child been hospitalised during the last twelve months?

Number of times _____

21 b.- And with regards to their last hospitalisation during the last twelve months approximately how many days were they hospitalised?

Number of days _____

21 c.- With regards to this last hospitalisation, why was your child admitted into hospital?

- | | |
|---|----------------------------|
| Surgical intervention _____ | <input type="checkbox"/> 1 |
| Medical study for diagnosis _____ | <input type="checkbox"/> 2 |
| Medical treatment without surgical intervention _____ | <input type="checkbox"/> 3 |
| Other reasons _____ | <input type="checkbox"/> 4 |

21 d.- Were they on the waiting list for this reason?

YES _____ 1
NO _____ 6 → go to question 21 f

21 e.- How long were they on the waiting list, in months? (Interviewer: if the time spent on the waiting list is less than 1 month, record 00)

Number of months _____ |__|

21 f.- With regards to this last hospitalisation, how were they admitted?

Through the emergency services _____ 1
Normal admittance (not through the emergency services) _____ 6

21 g.- Who was responsible for the hospitalisation costs?

Social Security _____ 1
Mutual Insurance Society (MUFACE, ISFAS, etc.) _____ 2
Medical company _____ 3
The household _____ 4
Other persons, organisations or institutions _____ 5

Emergency services (during the last 12 months)

22.- During the last twelve months has your child had to use any of the emergency services due to a medical problem or illness?

YES _____ 1
NO _____ 6 → go to question 23

22 a.- In total, how many times has the child used the emergency services during the last twelve months?

Number of times _____ |__|

22 b.- Where were they attended? (Interviewer: record all the response categories given by the interviewee)

At an emergency ward or services _____ 1
Where they were at the time (domicile, school, etc.) _____ 2
In an ambulance _____ 3

22 c.- With regards to the last time your child used the emergency services during these last twelve months, what type of service was it?

Social Security hospital _____ 1
Non hospital Social Security emergency services _____ 2
Non hospital Social Security centre (outpatient centre, etc.) _____ 3
Private emergency services _____ 4
Private sanatorium, hospital or clinic _____ 5
First aid centres or town council emergency services _____ 6

→ go to question 23

Another type of service _____ 7 _____

22 d.- Why did they go to the emergency services?

- Ordered to go by the doctor _____ 1
- Because family members or other persons considered it necessary _____ 6

Life habits

Rest and physical exercise

23.- Could you indicate approximately how many hours a day does the child usually sleep?

Number of hours per day _____

Interviewer: If the child is under the age of 1 → go to question 25
If the child is one year of age or over → go to question 24

24.- Does the child watch television everyday or nearly everyday? (Includes: TV programming, video and DVD)

- YES _____ 1
- NO _____ 6 → go to question 25

24 a.- Approximately for how long?

- Less than 1 hour _____ 1
- From 1 to 2 hours _____ 2
- From 2 to 3 hours _____ 3
- More than 3 hours _____ 4

25.- Which of the following possibilities best describes the frequency with which the child carries out any physical activity in their free time?

- They do not carry out any physical activity whatsoever _____ 1
- They carry out some type of physical or sporting activity less than once a month _____ 2
- They carry out some type of physical or sporting activity once or various times a month but less than once a week _____ 3
- They carry out some type of physical or sporting activity once or various times a week _____ 4

Interviewer: If the child is under the age of 6 months → go to question 29
If the child is between the ages of 6 months and 1 year → go to question 26
If the child is one year of age or over → go to question 27

Food

Only if the child is between the ages of 6 months and 1 year

26.- What type of lactation did the child have during the first 6 weeks, up until 3 months of age, and up to 6 months of age: natural, mixed or artificial?

	Natural	Mixed	Artificial	
1. During the first 6 weeks _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	} → go to question 29
2. From the first 6 weeks up until 3 months of age__	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
3. From 3 months of age up until 6 months_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

Only if the child is 1 year of age or over

27.- With regards to the child's eating habits, what does the child usually have for breakfast? (Interviewer: record all the options that the interviewee provides).

Coffee, milk, tea, chocolate, cocoa, yoghurt, etc. _____	<input type="checkbox"/> 1
Bread, toast, biscuits, cereals, pastries, etc. _____	<input type="checkbox"/> 2
Fruit, juice, etc. _____	<input type="checkbox"/> 3
Eggs, cheese, ham, bacon, sausages, etc. _____	<input type="checkbox"/> 4
Other types of food and/or beverages _____	<input type="checkbox"/> 5
Nothing, does not usually have breakfast _____	<input type="checkbox"/> 6

28.- With what frequency does your child usually consume the following foods? (Interviewer: show the interviewee Card D, and record the consumption frequencies for each one of the foods listed).

Foods	Consumption frequencies				
	1	2	3	4	5
Fresh fruit _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Meat (poultry, beef, pork, lamb, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Eggs _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fish _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pasta, rice, potatoes _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Bread, cereals _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vegetables and green vegetables _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pulse _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cold meats and sausages _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dairy products (milk, cheese, yoghurt) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sweets (biscuits, jams, etc.) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Consumption frequencies

- 1.- Daily
- 2.- Three or more times a week, but not daily
- 3.- Once or twice a week
- 4.- Less than once a week
- 5.- Never or almost never

Preventative practices

Interviewer: If the child is under the age of 6 years → go to question 29
If the child is 6 years of age or over → go to question 30

29.- Subsequently I am going to list a series of illnesses. For which of those listed do you believe that it is official recommended that the child be vaccinated?

	YES	NO
Diphtheria _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Tetanus _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Whooping cough _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Hepatitis B _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Measles _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Mumps (parotitis) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Rubella _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Polio _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Chicken pox _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Meningitis C _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6

30.- Was the child vaccinated during the last flu campaign?

YES _____ 1
NO _____ 6 → go to question 31

30 a.- Who recommended vaccination?

The doctor, due to the age of the child _____ 1
The doctor, due to illnesses of the child _____ 2
The doctor, due to other reasons _____ 3
They are vaccinated at school _____ 4
We requested vaccination because we preferred the child to be vaccinated _____ 5
Others _____ 6

Personal characteristics

31.- What is the child's approximate weight, without shoes or clothes?

Weight in Kilos _____

32.- And what is the child's approximate height, without shoes?

Height in cms. _____

33.- And with regards to their stature, would you say that their weight is:

Quite a lot above normal _____ 1
Just above normal _____ 2
Normal _____ 3
Below normal _____ 4