### **National Health Survey**

### **Minors Questionnaire**

| 3 |

#### Under the age of 16

. Section identification data	
Province	
Section order N°	
Municipality	
District/section	
Year/Quarter/Week	
2. Identification of the dwelling and	· ·
2. Identification of the dwelling and	3. Identification of the child subject of
household	3. Identification of the child subject of the interview  Name and order number of the child
S	the <u>interview</u>
household  Dwelling order N° _ _	Name and order number of the child subject of the interview
household  Dwelling order N° _ _	Name and order number of the child subject of the interview
household  Dwelling order N° _ _	Name and order number of the child subject of the interview     Age

#### 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).

# Health status and accident rate

Health status (last 12 months)	
5 We are going to commence talking about the health of interview. Would you say that during the last twelve mor very good, good, fair, bad or very bad?	
Very good	
6 During the last twelve months has the child suffered a problems which may have limited their habitual activity	
YESNO	
6 a What type of ailment, disease or health problems hat two literal responses at most. Consult the Ailments or Disease code)	ave they suffered? (Interviewer: record ses codes and record the corresponding
1,	
2	
7Has your doctor told you that the child chronically suf diseases or health problems? (Interviewer: read to the interview one, and record the corresponding response)	
YES NO	YES
1. Arterial hypertension       1 6       7. Allerg         2. High cholesterol       1 6       8. Depress         3. Diabetes (high sugar levels)       1 6       9. Other         4. Asthma or chronic bronchitis       1 6       10.Migra         5. Heart disease       1 6       11. Hern         6. Stomach ulcer       1 6	NO
<b>Interviewer:</b> If all the responses are NO $\rightarrow$ go to question 8 If any response is YES $\rightarrow$ continue with question 7a	ì
7 a During the last twelve months has/have said disease, whatsoever the everyday activities of the child?	s or health problems limited in any way
YESNO	<u></u> 1 6
110	💴 '

# Accident rate (last 12 months)

8 During the last twelv intoxication or burns?	e months has the child suffer	red any type of accident, including	ng assaults,
VEC		<b>□</b> 1	
NO NO		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	ion 9
	ferring to the last accident th the last twelve months), whe	at the child have suffered (if the re did it occur?	y have
At home, stairs, foyer, etc	vas a traffic accident a traffic accident centre, etc	1	
In the street or road and it w	vas a traffic accident	$\Box$ 2	
At school college nursery	centre etc	3 	
Somewhere else			
8 b Did the child visit a hospital as a result of th		y room or was the child admitte	d to a
Visited a doctor or nurse		$\Box$ 1	
Went to an emergency room	ntion was necessary	<u> </u>	
Admitted to a hospital		3	
No consultation or intervent	tion was necessary		
two literal responses at m  Contusions, haematomas, sp Fractures or deep wounds Poisoning or intoxication Burns	orains-dislocations or superficial v	2 3 4	ewer: record
Other effects		5	
Restriction of ac	tivity (last 2 weeks)		
school, nursery centre, of (for example: hobbies, s (Interviewer: If time ded	etc.) and/or the activities that trolls, visits, games, etc.) due licated to main activity has bee d to activities usually performe	duce or limit their main activity they normally carry out in their to any one or various pains or sen reduced or limited to half the wead during spare time has been reduced	r free time ymptoms? orking day,
1. Main activity	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	N° of days   _	
6. Activity in free	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	N° of days   _	

**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. Mai	in	6. Ac	tivity in
	Acti	vity		free time
Pain in the bones, vertebral column or joints  Nervousness, depression or difficulty in sleeping  Throat, cough, cold or flu problems  Headache  Contusion, injuries or wounds		]1 ]2 ]3 ]4		□1 □2 □3 □4 □5
Ear pain, otitis Diarrhoea or intestinal problems Bites, itching, allergies Kidney or urinary complaints Stomach problems, with the digestive system, liver or gall bladder Fever Teeth or gum problems Vomiting Abdominal pain Other pains or symptoms		]6 ]7 ]8 ]9 ]10 ]11 ]12 ]13 ]14		□6 □7 □8 □9 □10 □11 □12 □13 □14 □15
11 Has your child been obliged during the last two weeks to day due to health problems? (if they have been hospitalised a hospital)				
YESNO		]1 ]6 → g	o to ques	etion 12
11 a How many days? (Interviewer: if the child has had to s	stay in bed l	nalf a d	lay, reco	ord 01).
Number of days				·
Consumption of medicines (last 2 weeks)				
12 Has your child consumed during the last 2 weeks the doctor? Do not include homeopathic and/or natural interviewee each type of medicine, record whether or not the c two weeks, and in both cases record whether or not they were promplete the columns Consumed and Prescribed with YES or	medicines  child has correscribed by	( <b>Inter</b> nsume by a do	viewer: d same ctor. It i	read to the during the last is necessary to
	Consumed	l ]	Prescrib	ed
	YES	NO '	YES	NO
1. Medicines for colds, flu, throat, bronchus (except antibiotics) _ 2. Medicines to reduce pain and/or lower fever 3. Tonics like vitamins, minerals, stimulants 4. Laxatives 5. Antibiotics 6. Tranquillizers, sedatives, sleeping tablets 7. Medicines for allergy 8. Medicines for diarrhoea 9. Medicines for vomiting		]6 ]6 ]6 ]6 ]6 ]6 ]6	1 1 1 1 1 1 1 1 1	□6 □6 □6 □6 □6 □6 □6 □6
10.Others	<u></u>	]6	1	<u></u> 6

12 a Has the child consumed during the last two w products (homeopathy, natural medicines, etc.)? Do infusions.	
YES	🔲 1
YESNO	<u></u> <u></u> 6
Use of health services	
<b>Medical consultations (during the l</b>	ast 2 weeks)
13. When was the last time you consulted a doctor medical problem, complaint or illness suffered by requests for prescriptions. Do not include requestomatologist or dentist nor the realisation of x-ray	c (personally or by telephone) as a result of a by the child? Include medical revisions and tests for appointments, requests to see the
During the last two weeks	<u></u> 1
More than two weeks ago but less than a month	
More than one month ago but less than a year	
One or more than a year ago	$\rightarrow$ go to question 15 $\longrightarrow$ 4 $\rightarrow$ N° of years $\mid \_ \mid \_ \mid$
Never visited a doctor	<u></u>
14. How many times have you consulted a doctor do	
14 a Where did your last consultation take place of the interviewee Card A and record the corresponding	
Health/Medical Clinic	1
Outpatient Centre/Specialists centre	<u> </u>
Outpatient hospital visit Emergency service of an outpatient centre	
Emergency services of a hospital	<u>                               </u>
Private doctor surgery Private health insurance doctor surgery	 
School, college	<u>8</u>
Child's nome	
Telephone consultationSomewhere else	10
14 b What was the main reason for this last medic	eal consultation?
Diagnosis and/or treatment	1
Revision To obtain medical prescriptions	
Other reasons	

<b>14 c Which specialist did you consult? (Interviewer:</b> show the interspeciality).	rviewee Card B and record the
General medicine	<b>□</b> 1
Pediatrics	$-\Box_2$
Allergology	$\overline{\square}_3$
Digestive system	<sup>-</sup>
Cardiology	<u></u>
General and digestive surgery	
Cardiovascular surgery	7
Vascular surgery	
Dermatology	□9
Endocrinology and nutrition	$\Box 10$
Gynaecology-obstetrics	□11
Internist Number location	$\overline{\square}_{12}$
Nephrology	<u>□</u> 13
Respiratory medicine	$\square$ 14
Neurosurgery	
Neurology	$\overline{\square}$ 16
Ophthalmology	$\overline{\square}$ 17
Oncology	<del>-</del> <del>□</del> 18
Otorhinolaryngology	<u></u>
Psychiatry	$\overline{\square}$ 20
Rehabilitation	<u></u>
Rheumatology	<u>□</u> 22
Traumatology	23
Urology_	<u></u>
Other specialities_	<u></u>
14 d The doctor that you visited for your child's last consultation  Social Security	□1 □2 □3
<b>Interviewer:</b> If for question 14a you have recorded option 8, 9 or $10 \rightarrow go$ to If for question 14a you have recorded any other option $\rightarrow go$ to	
14 e Did the child go to this last consultation from your home?	
YES	<b>□</b> 1
YESNO	$\boxed{}$ 6 $\rightarrow$ go to question 14 g
14 f In this last medical consultation, approximately how long did travel from your home to where same took place?	you take, in minutes, to
Minutes	
Minutes	
14 g How long did the child have to wait from the moment you are to by the doctor?	rived until you were attended
Minutes	

## Need for medical assistance (last 12 months)

did they receive?

15 During the last twelve months has your child ever needed mediattended to?	ical assistance and were not
VEC	<b>□</b> 1
YESNO	$\begin{bmatrix} \Box^1 \\ \Box 6 \rightarrow g_0 \text{ to question } 16 \end{bmatrix}$
110	□0 → go to question 10
15 a What was the main cause why your child did not receive said not read to the interviewee the response alternatives but rather record the provided they coincide with any one of those included in options 1 to 8 coincide with any one of these options, mark alternative 9, "Other cause	nose provided spontaneously, . If the response does not
Could not obtain an appointment	- ∐¹
Could not leave work and take the child	- □2
Had no mann of transport	. ∐3 □
The child was too nervous and scared	□ <sup>4</sup> □5
Not covered by the insurance	
Could not obtain an appointment  Could not leave work and take the child  Too expensive/had no money  Had no means of transport  The child was too nervous and scared  Not covered by the insurance  Had no insurance  Had to wait too long	- <del>□</del> 7
Had to wait too long	-
Had to wait too longOther causes	
16 And talking about other types of problems, during the last threvisited a dentist, stomatologist or dental hygienist for an examination treatment of dental or mouth problems?	
•	
YESNO	
NO	$\square$ 6 $\rightarrow$ go to question 1/
16 a How many times in the last three months?	
Number of times	$ \underline{}  \rightarrow go to question 18$
17 If they haven't gone during the last three months, when was th dentist, stomatologist or dental hygienist?	e last time your child visited a
More than 3 months ago but less than 1 year	$\square 1 \rightarrow N^{\circ}$ of months $ \underline{\hspace{0.2cm}} $
One or more than one year ago	$\square 2 \rightarrow N^{\circ}$ of years $ \underline{\hspace{0.2cm}} $
Never been	$\square 3 \rightarrow \text{go to question } 20$
18 The last time the child visited a dentist, stomatologist or dental	hygienist, what type of care

YES NO

1. Revision or check-up	<u> </u>	<u></u> 6
Cleaning of the mouth     Fillings (plugs), endodontic treatment	<u></u> 1	<u></u> 6
3. Fillings (plugs), endodontic treatment  4. Extraction of teeth/molars  5. Caps, bridges or other types of prosthesis  6. Treatment for gum diseases		<u></u> 6
4. Extraction of teeth/molars		<b>_</b> 6
5. Caps, bridges or other types of prosthesis	<u></u> 1 ∟	<u>_</u> 6
6. Treatment for gum diseases	<u></u> 1 <u></u> 1	<u>_</u> 6
/. Orthodontic treatment	_L_I L	<u>6</u>
8. Application of fluor	_∐¹	<u></u>
9. Other types of care	<u></u> 1 ∟	<b>_</b> 6
19 The dentist, stomatologist or dental hygienist which you visited	the last t	ime was from:
Social Security	$\square_2$	
Madical company		
Town council  Medical company  Private clinic	∐³	
Contracted deater etc	□ <del>4</del>	
Contracted doctor, etc.	Шэ	
1. Has caries 2. Teeth/molars have been extracted 3. Has fillings in teeth/molars (plugs) 4. Gums bleed when the teeth are brushed or spontaneously 5. The teeth they have are healthy 6. They still have no teeth		NO    6   6   6   6   6   6   6   6
Hospitalisations (during the last 12 months)		
Hospitalisations (during the last 12 months)  21 During the last twelve months has your child been hospitalised one night?		
21 During the last twelve months has your child been hospitalised one night?	as a patie	ent at least during
21 During the last twelve months has your child been hospitalised one night?	as a patie	ent at least during
21 During the last twelve months has your child been hospitalised	as a patie	ent at least during
21 During the last twelve months has your child been hospitalised one night?	as a patie $ \begin{array}{c}                                     $	ent at least during to to question 22
21 During the last twelve months has your child been hospitalised one night?  YES	as a patiend as a	ent at least during to to question 22 te months?
21 During the last twelve months has your child been hospitalised one night?  YES	as a patiend as a	ent at least during to to question 22 te months?
21 During the last twelve months has your child been hospitalised one night?  YES	as a patie  □1 □6 → go  last twelv  twelve mo	ent at least during to to question 22 e months?

21 d Were they on the waiting list for this reason?	
YES	$\Box$ 1
YESNO	$\boxed{}6 \rightarrow \text{go to question 21 f}$
21 e How long were they on the waiting list, in months? (Interview waiting list is less than 1 month, record 00)	ver: if the time spent on the
Number of months_	
	- · <del></del> ·
21 f With regards to this last hospitalisation, how were they admit	tted?
Through the emergency services	<u></u> 1
Through the emergency services	<b>□</b> 6
21 g Who was responsible for the hospitalisation costs?	
Social Security_ Mutual Insurance Society (MUFACE, ISFAS, etc.) Medical company	
Mutual Insurance Society (MUFACE, ISFAS, etc.)	$\square_2$
Medical company	<u></u> 3
Medical company The household Other persons, organisations or institutions	□ <del>-</del> 5
<b>Emergency services (during the last 12 month</b>	s)
22 During the last twelve months has your child had to use any of to a medical problem or illness?	the emergency services due
YES	$\Box 1$
YESNO	$\boxed{}$ $\boxed{}$ 6 $\rightarrow$ go to question 23
22 a In total, how many times has the child used the emergency semonths?	
Number of times	_
22 b Where were they attended? (Interviewer: record all the responsinterviewee)	nse categories given by the
At an emergency ward or services	
At an emergency ward or services	2
In an ambulance	∐3
22 c With regards to the last time your child used the emergency stwelve months, what type of service was it?	
Social Security hospital	_
Non hospital Social Security emergency services 2	
Non hospital Social Security centre (outpatient centre, etc.)	and to question 22
Private sanatorium, hospital or clinic	→ go to question 23
First aid centres or town council emergency services	
Another type of carvice	

22 d Why d	lid they go to the emergency services?	
Ordered to go Because family	by the doctor y members or other persons	<u></u> 1
considered it	necessary	<u></u> 6
Life ha	bits	
Rest and	physical exercise	
Test and	physical exercise	
23 Could ye	ou indicate approximately how many hours a day does	the child usually sleep?
Number of hou	ırs per day	_
Interviewer: I	f the child is under the age of $1 \rightarrow \text{go to question } 25$ If the child is one year of age or over $\rightarrow$ go to question 24	
<b>24 Does the</b> video and DV	e child watch television everyday or nearly everyday? (VD)	Includes: TV programming,
YES		
24 a Appro	ximately for how long?	
Less than 1 ho	ur	□1 □2
1 1 0 111 1 10 = 110	oursours	□2 □3 □4
Wiore than 3 h		□+
	f the following possibilities best describes the frequencical activity in their free time?	y with which the child carries
They carry out	arry out any physical activity whatsoever some type of physical or sporting activity less than once a mon some type of physical or sporting activity once or various times	s a month
They carry out	nce a week some type of physical or sporting activity once or various times	s a week4
Interviewer:	If the child is under the age of 6 months $\rightarrow$ go to question 29 If the child is between the ages of 6 months and 1 year $\rightarrow$ go to If the child is one year of age or over $\rightarrow$ go to question 27	o question 26

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 Mix	ed Artificial					
1. During the first 6 weeks 1 1 2. From the first 6 weeks up until 3 months of age 1 1	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$					
3. From 3 months of age up until 6 months1	]2					
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						
Foods	Consumption frequencies					
	1 2 3 4 5					
Fresh fruit_ Meat (poultry, beef, pork, lamb, etc.) Eggs Fish Pasta, rice, potatoes Bread, cereals Vegetables and green vegetables	$\square 1$ $\square 2$ $\square 3$ $\square 4$ $\square 5$					

#### **Consumption frequencies**

- 1.- Daily2.- 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  $\rightarrow$  go to question 29 If the child is 6 years of age or over  $\rightarrow$  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
Dinthonio	<b>□</b> 1	$\Box$ 6
Diptheria	- ¦¹	<u></u> 6
TetanusWhooping cough	-   t	$\Box 6$
Henatitis B	-   t	$\Box 6$
Hepatitis B	-   t   t   t   t   t   t   t   t   t	☐6
MeaslesMumps (parotitis)	H <sub>1</sub>	□6 □6
Rubella	Η̈́ı	□6 □6
Polio	$\prod_{1}^{1}$	$\Box$ 6
Chicken pox	Πí	$\Box 6$
Chicken pox Meningitis C		<u></u> 6
30 Was the child vaccinated during the last flu campaign?		
YES	$\Box$ 1	
NO	$\Box 6 \rightarrow$	go to question 31
30 a Who recommended vaccination?		
The doctor, due to the age of the child	<b>□</b> 1	
The doctor, due to illnesses of the child	$\square_2$	
The doctor, due to illnesses of the child The doctor, due to other reasons	$\square_3$	
They are vaccinated at school	$\square_4$	
They are vaccinated at school We requested vaccination because we preferred the child to be vaccinated	$\square_5$	
Others	_	
Personal characteristics		
31 What is the child's approximate weight, without shoes or cloth	es?	
Weight in Kilos	1 1 1	1
	''-	'
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 wei	ght is:	
Quite a lot above normal	1	
Just above normal	$\square$ 2	
Normal	<u></u>	
Below normal	<u></u>	
	_	

# 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 statushas been very good, good, fair, bad or very bad?
Very good
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
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
one by one, and record the corresponding response)  YES NO YES
1. Arterial hypertension       1 6       7. Allergy       1 6         2. High cholesterol       1 6       8. Depression       1 6         3. Diabetes (high sugar levels)       1 6       9. Other mental disorders       1 6         4. Asthma or chronic bronchitis       1 6       10. Migraines or headaches       1 6         5. Heart disease       1 6       11. Hernias       1 6         6. Stomach ulcer       1 6       1 6
<b>Interviewer:</b> If all the responses are NO $\rightarrow$ go to question 8 If any response is YES $\rightarrow$ 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

# Accident rate (last 12 months)

8 During the last twel intoxication or burns?	ve months has the child suffered any type of accident, including assaults,
VEC	□1
NO	$ \begin{array}{c}                                     $
suffered various during	eferring to the last accident that the child have suffered (if they have g the last twelve months), where did it occur?
At home, stairs, foyer, etc.	was a traffic accident
In the street or road and it	was a traffic accident 2
In the street, but it was not	a traffic accident \3
Somewhere else	
8 b Did the child visit hospital as a result of t	a doctor, nurse, an emergency room or was the child admitted to a his accident?
Visited a doctor or nurse	
Went to an emergency roo	m
Admitted to a hospital	
No consultation or intervel	tion was necessary4
two literal responses at r Contusions, haematomas, s Fractures or deep wounds Poisoning or intoxication_ Burns	juries did the child suffer as a result of this accident? (Interviewer: record nost).  prains-dislocations or superficial wounds
Restriction of a	ctivity (last 2 weeks)
school, nursery centre, (for example: hobbies, (Interviewer: If time de	weeks, has the child had to reduce or limit their main activity (going to etc.) and/or the activities that they normally carry out in their free time strolls, visits, games, etc.) due to any one or various pains or symptoms? dicated to main activity has been reduced or limited to half the working day, ed to activities usually performed during spare time has been reduced or inter 01).
1. Main activity	YES $\square 1 \rightarrow N^{\circ} \text{ of days }  \underline{\hspace{0.5cm}} $ NO $\square 6$
6. Activity in free time	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

**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. Ma Act	nin civity	<b>6.</b> <i>A</i>	Activity in free time	
Pain in the bones, vertebral column or joints					
Nervousness, depression or difficulty in sleeping		]2		<u>2</u>	
Throat, cough, cold or flu problems		]3		<u></u> 3	
HeadacheContusion, injuries or wounds	<u> </u>	]4		<u></u> 4	
Contusion, injuries or wounds		]5		<u>□</u> 5	
Ear pain, otitis	—	<b>]</b> 6 ]7		□6 □7	
Pites itching allergies		/ 8		□/ □8	
Bites, itching, allergies		_18 _]9		□8 □9	
Kidney or urinary complaints  Stomach problems, with the digestive system, liver or gall bladder		]10 ]11		<u> </u>	
Fever	<u> </u>	]11 ]12		∐11 □12	
reeti oi guii problems		112			
		113		□13 □14	
Abdominal painOther pains or symptoms		114		$\square$ 14	
day due to health problems? (if they have been hospitalised a hospital)  YES					
NO		$]6 \rightarrow 9$	go to qu	estion 12	
11 a How many days? (Interviewer: if the child has had to s	stay in bed	half a	day, re	cord 01).	
Number of days					
Consumption of medicines (last 2 weeks)					
12 Has your child consumed during the last 2 weeks the doctor? Do not include homeopathic and/or natural interviewee each type of medicine, record whether or not the complete the columns Consumed and Prescribed with YES or	medicines  child has co  prescribed	( <b>Inte</b> onsume by a d	rviewe ed sam octor. I	er: read to the during the last tis necessary to	e st
	Consume	Ĺ	Prescr	ibed	
	YES	NO	YES	NO	
Medicines for colds, flu, throat, bronchus (except antibiotics) _     Medicines to reduce pain and/or lower fever     Tonics like vitamins, minerals, stimulants		]6 ]6 ]6	□1 □1 □1	□6 □6 □6	
4. Laxatives		<u></u>	<u> </u>	$\Box$ 6	
	<u> </u>	<b>]</b> 6	<u> </u>	<u></u> 6	
5. Antibiotics 6. Tranquillizers, sedatives, sleeping tablets	<u> </u>	<u>]</u> 6	<u></u> 1	<u></u> 6	
7. Medicines for allergy		<u>]</u> 6	<u></u> 1	$\Box 6$	
8. Medicines for diarrhoea		<u> </u>	$\sqcup^1$	<u> </u>	
9. Medicines for vomiting	∐1 <u> </u>	_ 6   6		∐6 ∏6	
10.001615	ı	_IO	ш1	$\Box$ 0	

12 a Has the child consumed during the last two v products (homeopathy, natural medicines, etc.)? De infusions.	
YES	<b>□</b> 1
NO NO	<u> </u>
Use of health services	
<b>Medical consultations (during the l</b>	ast 2 weeks)
13. When was the last time you consulted a doctor medical problem, complaint or illness suffered by requests for prescriptions. Do not include requestomatologist or dentist nor the realisation of x-ray	by the child? Include medical revisions and tests for appointments, requests to see the
During the last two weeks	1
More than two weeks ago but less than a month	
More than one month ago but less than a year	$3 \rightarrow N^{\circ}$ of months $     $
One or more than a year ago	$\rightarrow$ go to question 15 $\rightarrow$ go to question 15
Never visited a doctor	
14. How many times have you consulted a doctor d	
Number of times	
14 a Where did your last consultation take place of the interviewee Card A and record the corresponding	
Health/Medical Clinic	1
Outpatient Centre/Specialists centre	$\square 2$
Outpatient hospital visit Emergency service of an outpatient centre	<u> </u>
Emergency services of a hospital	5
Private doctor surgery	6
Private health insurance doctor surgery	<u> </u>
School, college	 
relephone consultation	<u> </u>
Somewhere else	
14 b What was the main reason for this last medic	eal consultation?
Diagnosis and/or treatment	
Revision To obtain medical prescriptions	<u>∐</u> 2 ∏3
Other reasons	

14 c Which specialist did you consult? (Interviewer: show the interviewee Card B and record the			
speciality).			
General medicine	□1		
Pediatrics	_☐ <sub>2</sub>		
Allergology	- ☐3		
Digestive system	- 🗔 4		
Cardiology	· 📑		
General and digestive surgery	- □6 □6		
Cardiovascular surgery	- 🗔 7		
Vascular surgery			
Dermatology	-H°		
Dermatology			
Gynaecology-obstetrics			
Nephrology			
Nourceurgery	_ □ 14 □ 15		
Neurosurgery	_ <u></u>		
Neurology			
Ophthalmology	17 18		
Oncology	<b>—</b> -		
Otorhinolaryngology	_ 🔲 19		
Rehabilitation	<u></u>		
Rheumatology			
Traumatology	<u></u>		
Urology	24		
Other specialities	_ 🗆 25		
14 d The doctor that you visited for your child's last consultation of Social Security	□1 □2		
Consucted doctor, etc.	Ш.		
Interviewer: If for question 14a you have recorded option 8, 9 or 10 → go to If for question 14a you have recorded any other option → go to			
14 e Did the child go to this last consultation from your home?			
YES	□1		
YESNO	$\Box$ 6 $\rightarrow$ go to question 14 g		
110	go to question 14 g		
14 f In this last medical consultation, approximately how long did travel from your home to where same took place?			
Minutes			
14 g How long did the child have to wait from the moment you are to by the doctor?	rived until you were attended		
Minutes			

## Need for medical assistance (last 12 months)

did they receive?

15 During the last twelve months has your child ever needed mattended to?	edical assistance and were not
VEC	□1
YESNO	$\Box\Box\Box$ 1
110	by go to question to
15 a What was the main cause why your child did not receive s not read to the interviewee the response alternatives but rather recorprovided they coincide with any one of those included in options 1 t coincide with any one of these options, mark alternative 9, "Other ca	d those provided spontaneously, o 8. If the response does not
Could not obtain an annointment	$\Box$ 1
Could not leave work and take the child	$$ $\square_2^1$
Too expensive/had no money	$$ $\square_3^2$
Had no means of transport	$$ $\Box_4^3$
The child was too nervous and scared	—
Not covered by the insurance	$ \Box_6$
Could not obtain an appointment  Could not leave work and take the child  Too expensive/had no money  Had no means of transport  The child was too nervous and scared  Not covered by the insurance  Had no insurance  Had to wait too long	
Had to wait too long	<b>∟</b>  6
Other causes	<u></u> 9
16 And talking about other types of problems, during the last t visited a dentist, stomatologist or dental hygienist for an examin treatment of dental or mouth problems?	
VES	<b>□</b> 1
YESNO	
16 a How many times in the last three months?	
Number of times	$ \underline{}  \rightarrow go to question 18$
17 If they haven't gone during the last three months, when was dentist, stomatologist or dental hygienist?	the last time your child visited a
More than 3 months ago but less than 1 year	$\boxed{}$ 1 $\rightarrow$ N° of months $\boxed{}$
One or more than one year ago	
Never been_	
18 The last time the child visited a dentist, stomatologist or den	ntal hygienist, what type of care

1. Revision or check-up	16
Cleaning of the mouth     Fillings (plugs), endodontic treatment	_ 🔲1 🔲6
3. Fillings (plugs), endodontic treatment	1 🔲 1
4. Extraction of teeth/molars  5. Caps, bridges or other types of prosthesis  6. Treatment for sum diseases	□1 □6
5. Caps, bridges or other types of prosthesis	$\Box 1 \qquad \Box 6$
o. Heatinett for guili diseases	. 🗀 1 🗀 0
/. Orthodontic treatment	LI L_6
8. Application of fluor	$-\Box 1$ $\Box 6$
9. Other types of care	<u></u> 1 <u></u> 6
19 The dentist, stomatologist or dental hygienist which you visited	d the last time was from:
Social Security	<u> </u>
Town council	$\square 2$
Medical company	<u></u> 3
Town council	<b>1</b> 4
Contracted doctor, etc.	<b>□</b> 5
·	
1. Has caries 2. Teeth/molars have been extracted 3. Has fillings in teeth/molars (plugs) 4. Gums bleed when the teeth are brushed or spontaneously 5. The teeth they have are healthy 6. They still have no teeth	YES NO  1
Hospitalisations (during the last 12 months)	
Hospitalisations (during the last 12 months)  21 During the last twelve months has your child been hospitalised one night?	
21 During the last twelve months has your child been hospitalised one night?	l as a patient at least during
21 During the last twelve months has your child been hospitalised one night?	l as a patient at least during
21 During the last twelve months has your child been hospitalised	l as a patient at least during
21 During the last twelve months has your child been hospitalised one night?	l as a patient at least during $ \Box 1 $ $ \Box 6 \rightarrow \text{go to question } 22 $ e last twelve months?
21 During the last twelve months has your child been hospitalised one night?  YES	l as a patient at least during
21 During the last twelve months has your child been hospitalised one night?  YES	l as a patient at least during
21 During the last twelve months has your child been hospitalised one night?  YES	l as a patient at least during  □1 □6 → go to question 22  e last twelve months?  twelve months  admitted into hospital?

YES	1		
YESNO	$\Box$ 6 $\rightarrow$ go to question 21 f		
21 e How long were they on the waiting list, in months? (Interview waiting list is less than 1 month, record 00)  Number of months	-		
21 f With regards to this last hospitalisation, how were they admi	tted?		
Through the emergency services  Normal admittance (not through the emergency services)	□1 □6		
21 g Who was responsible for the hospitalisation costs?			
21 g Who was responsible for the hospitalisation costs?  Social Security	□1 □2 □3 □4 □5		
<b>Emergency services (during the last 12 month</b>	s)		
22 During the last twelve months has your child had to use any of to a medical problem or illness?	f the emergency services due		
YESNO			
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 responsiterviewee)	nse categories given by the		
At an emergency ward or services	□1 □2 □3		
22 c With regards to the last time your child used the emergency 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		

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

Another type of service_	 <u> </u>	

22 d Why d	lid they go to the emergency services?	:
Ordered to go	by the dester	
Because family	by the doctor	
considered it	necessary	<b>□</b> 6
constacted it i		
Life ha	bits	
Rest and	physical exercise	
23 Could ye	ou indicate approximately how many hours a day does	the child usually sleep?
Number of hou	ırs per day	
Interviewer: I	f the child is under the age of $1 \rightarrow go$ to question 25 If the child is one year of age or over $\rightarrow go$ to question 24	
24 Does the video and DV	e child watch television everyday or nearly everyday? (VD)	Includes: TV programming,
YES		Пі
NO		$\Box 6 \rightarrow \text{go to question } 25$
24 a Appro	ximately for how long?	
Less than 1 ho	ur	$\Box$ 1
From 1 to 2 ho	urs	$\square_2$
From 2 to 3 ho	ours	<u></u> 3
More than 3 ho	ours	<u>4</u>
	f the following possibilities best describes the frequencical activity in their free time?	ey with which the child carries
They do not ca	rry out any physical activity whatsoever	□1
They carry out	rry out any physical activity whatsoever_some type of physical or sporting activity less than once a more	nth
They carry out	some type of physical or sporting activity once or various time	s a month
but less than or	some type of physical or sporting activity once or various time	3
They carry out	some type of physical or sporting activity once or various time	s a week
Interviewer:	If the child is under the age of 6 months $\rightarrow$ go to question 29	
	If the child is between the ages of 6 months and 1 year $\rightarrow$ go to	o question 26
	If the child is one year of age or over $\rightarrow$ go to question 27	

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 12. From the first 6 weeks up until 3 months of age 1	□2 □2	□3 □3 □3		→ go	to questi	ion 29
3. From 3 months of age up until 6 months1	<u>2</u>	<b>□</b> 3				
Only if the child is 1 year of age or over						
27 With regards to the child's eating habits, wha (Interviewer: record all the options that the interview			sually	have for	r breakt	fast?
Coffee, milk, tea, chocolate, cocoa, yoghurt, etc.			_			
Bread, toast, biscuits, cereals, pastries, etc Fruit, juice, etc				$\square 2$ $\square 3$		
Eggs, cheese, ham, bacon, sausages, etcOther types of food and/or beverages			_	∐4 □5		
Nothing, does not usually have breakfast				$\Box 6$		
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			•	n frequer		_
		1	2	3	4	5
Fresh fruit			$\square 2$	<u>3</u>	<u>4</u>	<u></u> 5
Meat (poultry, beef, pork, lamb, etc.)		∐1 □1	<u></u> 2 □2	<u></u> 3 □3	∐4 □4	∐5 □5
EggsFish		$\square_1^1$	$\prod_{2}^{2}$			$\Box$ 5
Pasta, rice, potatoes			$\square 2$	$\square_3$	<u>4</u>	<u></u> 5
Bread, cereals		_ 🔲 1	$\square^2$	$\square_3$	<u>4</u>	<u></u> 5
Vegetables and green vegetables		_ ∐¹	$\frac{12}{12}$	<u></u> 3 ∃3	∐4 □⊿	□5 □5
Cold meats and sausages	<del></del>		$\square_2^2$	$\square$ 3	<b>∐</b> 4	$\Box$ 5
Dairy products (milk, cheese, yoghurt)		<sup>-</sup> <u>□</u> 1	$\overline{\square}^{\overline{2}}$	$\square$ 3	<u>4</u>	<u></u>
Sweets (biscuits, jams, etc.)		<u> </u>	$\square 2$	<u>3</u>	<u> </u>	<b>□</b> 5

#### **Consumption frequencies**

- 1.- Daily2.- 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  $\rightarrow$  go to question 29 If the child is 6 years of age or over  $\rightarrow$  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?

	N/IDC	NO
	YES	NO
Diptheria	$\Box$ 1	$\Box 6$
Tetanus	- <u></u>	$\Box$ 6
Whooping cough	_ <u>_</u> 1	<u>□</u> 6
Hepatitis B_	$\overline{}_{1}$	$\Box$ 6
Measles	<sup>-</sup>	$\Box$ 6
Measles Mumps (parotitis)	<u> </u>	<u>□</u> 6
Rubella	<u> </u>	$\overline{\square}$ 6
Polio	$\square 1$	<b>□</b> 6
Chicken pox	<u> </u>	<b>□</b> 6
Chicken pox Meningitis C	<u> </u>	<b>□</b> 6
30. Was the shild vessingted during the last flu compaign?		
30 Was the child vaccinated during the last flu campaign?		
YES	_ 🔲 1	
NO	$\Box 6 \rightarrow$	go to question 31
30 a Who recommended vaccination?		
ov m 11 no recommended vaccination.		
The doctor, due to the age of the child	$\Box 1$	
The doctor, due to illnesses of the child	$\Box$ 2	
The doctor, due to other reasons	$\square 3$	
They are vaccinated at school	$\Box 4$	
The doctor, due to illnesses of the child The doctor, due to other reasons They are vaccinated at school We requested vaccination because we preferred the child to be vaccinated	<b>□</b> 5	
Others	_	
Personal characteristics		
31 What is the child's approximate weight, without shoes or cloth	069	
or what is the clind's approximate weight, without shoes of cloth	CS.	
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 we	ight is:	
	_	
Quite a lot above normal		
Just above normal	$\sqcup^2$	
Normal	$\sqsubseteq^3$	
Below normal	∐4	