			For parents of the child aged 25-60 months							
B3 Child health										
1) How is the child's health now?		, I			CH1					
1-very good 3-good 5-somewhat good 7-	-somewhat bad 9-bad			_						
				_						
2) Since last interview, has the child ever visited the	e dentist for check up?	1-yes 3-no	(skip to 4)		CH2					
Including dental check-up at Sub-district Health Promoting	Hospital or dentist check-up at home (exclu	ding public health volunteer ch	eck-up at home and dentist chec	ck-up at school)						
A: number of times					CH2A					
					-					
3) Since last interview, has the child ever visited a	osychiatrist or doctor who provides c	ounseling about stress or	depression? 1- Yes	3-No	CH10					
4) Since last interview, how many times has the ch	ild got health check-up which is not	due to illness? (In case of	f never, record "00" and sl	kip to 4)	CH4					
Including getting the vaccine and then check-up	<u> </u>									
CH4_	DES									
A: Where has the child got the health check-ups	most? Place name code place	CH4E	3		СН4ВА					
1- Health promoting hospital	7- University hospital	13- Institute hos	oital 19- O	thers, specify in CH4E	3A					
3- District hospital	9- Specialized hospital	15- Private hosp	ital							
5- Center hospital / provincial hospital	11-Crown Prince hospital	17- Medical clini	C							
				_						
sub-district	district	CH4 <i>A</i>	province		CH4AC					
CH4aa_des	CH4AB_des		CH <sup>4</sup>	1AC_des						
5) Since last interview, has the child visited the doc	tor because of an injury/ accident?	1-yes	3-no (skip to 9)		CH5					
(In case the respondent cannot recall, try to read	the answer in "B" item by item)									

B: What was the most severe injuny?  CH5B  1- Cut or pierced by sharp object (open wounds, bleeding) 11- Billten or stung by poisonous arimals 3- Crashfall (with open wounds, broken bones, unconscious) 13- Hurt by non-poisonous arimals, e.g. dog or cat (open wound, bleeding) 23- Bicycle injury 5- Bum (until skin bilater) 15- Car accident (the child in the car) 25- Others, specity in CH5BA  7- Swallow, take or put things in the ear or nose 17- Car accident (the child is not in the car) 25- Others, specity in CH5BA  CH5CA  C: Where did the accident happen? 1- Home 5- Schoolchild center 9- Alleytroad 3- House of others 7- Playing field/playground 11- Others, specify in CH5CA  C: How many days did the child miss school as a result of this injury? (if none, record "0") CH5E  F: How many days was the child hospitalized because of this injury? (if none, record "0") CH5E  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  1-yes 3-no (skip to 6) (In case the respondent cannot recall, try to read the answer in "B" item by item)  A: How many times? CH9A  B: What was the most severe disease? CH9A  CH9B  CH9B  CH9B  CH9B  CH9C	A: Number of times		CH5A			
3- Crash/fall (with open wounds, broken bones, unconscious) 13- Hurt by non-poisonous animals, e.g. dog or cat (open wound, bleeding) 23- Bigycle injury 5- Burn (until skin blister) 15- Car accident (the child in the car) 25- Others, specify in CH5BA 7- Swallow, take or put things in the ear or nose 17- Car accident (the child is not in the car) 9- Eat chemical substance e.g. insecticide, washing detergent 19- Drown  1- Home 5- School/child center 9- Alleyfroad 3- House of others 7- Playing feldplayground 11- Others, specify in CH5CA  E: How many days did the child miss school as a result of this injury? (if none, record "0") CH5C  CH	B : What was the most severe injury?		CH5B			СН5ВА
5- Burn (until skin blister)  15- Car accident (the child in the car)  7- Swallow, take or put things in the ear or nose  17- Car accident (the child is not in the car)  9- Eat chemical substance e.g. insecticide, washing detergent  19- Drown  C: Where did the accident happen?  1- Home  5- School/child center  3- Alouse of others  7- Playing field/playground  11- Others, specify in CH5CA  CH	1- Cut or pierced by sharp object (op	en wounds, bleeding)	11- Bitten or stung by poisono	us animals	21- Electric shock	
7- Swallow, take or put things in the ear or nose 9- Eat chemical substance e.g. insecticide, washing detergent 19- Drown  C: Where did the accident happen? 1- Home 3- School/child center 3- House of others 7- Playing field/playground 11- Others, specify in CH5CA  CH5CA  E: How many days did the child miss school as a result of this injury? (if none, record "0")  CH5E  F: How many days was the child hospitalized because of this injury? (if none, record "0")  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  1-yes 3-no (skip to 6)  (In case the respondent cannot recall, try to read the answer in "B" Item by Item)  A: How many times?  B: What was the most severe disease?  CH9B  1- Respiratory (cough /cold/ runny nose/gasp) 9-Stress / insomnia / headaches. 17- Fever 3- Diarrhea /dysentery 11- Dermatitis / eczema / rash. 19- Others , specify in CH9BA  5- Stomachache/flatulence / indigestion / gastritis 13- Eye / ear / throat / nose 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9C  CH9C	3- Crash/fall (with open wounds, brok	ken bones, unconscious)	13- Hurt by non-poisonous an	imals, e.g. dog or cat (open wound, bleeding)	23- Bicycle injury	
9- Eat chemical substance e.g. insecticide, washing detergent 19- Drown  C: Where did the accident happen?  1- Home 5- School/child center 9- Alley/road CH5CA CH5CA  E: How many days did the child miss school as a result of this injury? (if none, record "0") CH5E F: How many days was the child hospitalized because of this injury? (if none, record "0")  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  1-yes 3-no (skip to 6) CH9  (In case the respondent cannot recall, try to read the answer in "B" item by item) A: How many times? B: What was the most severe disease? CH9A  1- Respiratory (cough /cold/ runny nose/gasp) 9-Stress / insomnia / headaches. 17- Fever 3- Diarrhea /dysentery 11- Dermatitis / eczema / rash. 19- Others , specify in CH9BA 5- Stomachache/flatulence / indigestion / gastritis 13- Eye / ear / throat / nose 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9C  CH9C	5- Burn (until skin blister)	5- Burn (until skin blister)		15- Car accident (the child in the car)		n CH5BA
C: Where did the accident happen?  1- Home 5- School/child center 9- Alley/road CH5C CH5CA  E: How many days did the child miss school as a result of this injury? (if none, record "0") CH5E F: How many days was the child hospitalized because of this injury? (if none, record "0") CH5F  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  1-yes 3-no (skip to 6) CH9 (In case the respondent cannot recall, try to read the answer in "B" item by item) A: How many times? CH9A  B: What was the most severe disease? CH9B  1- Respiratory (cough /cold/ runny nose/gasp) 9-Stress / insomnia / headaches. 17- Fever 3- Diarrhea /dysentery 11- Dermatitis / eczema / rash. 19- Others , specify in CH9BA 5- Stomachache/flatulence / indigestion / gastritis 13- Eye / ear / throat / nose 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9C  CH9C	7- Swallow, take or put things in the e	ear or nose	17- Car accident (the child is	not in the car)		
3- House of others 7- Playing field/playground 11- Others, specify in CH5CA  E: How many days did the child miss school as a result of this injury? (if none, record "0")  CH5E  F: How many days was the child hospitalized because of this injury? (if none, record "0")  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  [1-yes 3-no (skip to 6)  [CH9]  (In case the respondent cannot recall, try to read the answer in "B" item by item)  A: How many times?  B: What was the most severe disease?  [CH9A]  1- Respiratory (cough /cold/ runny nose/gasp)  9-Stress / insomnia / headaches.  17- Fever  3- Diarrhea /dysentery  11- Dermatitis / eczema / rash.  19- Others , specify in CH9BA  5- Stomachache/flatulence / indigestion / gastritis  13- Eye / ear / throat / nose  7- Backache /muscle pain  15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9C	9- Eat chemical substance e.g. insect	ticide, washing detergent	19- Drown			
3- House of others 7- Playing field/playground 11- Others, specify in CH5CA  E: How many days did the child miss school as a result of this injury? (if none, record "0")  CH5E  F: How many days was the child hospitalized because of this injury? (if none, record "0")  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  [1-yes 3-no (skip to 6)  [CH9]  (In case the respondent cannot recall, try to read the answer in "B" item by item)  A: How many times?  B: What was the most severe disease?  [CH9A]  1- Respiratory (cough /cold/ runny nose/gasp)  9-Stress / insomnia / headaches.  17- Fever  3- Diarrhea /dysentery  11- Dermatitis / eczema / rash.  19- Others , specify in CH9BA  5- Stomachache/flatulence / indigestion / gastritis  13- Eye / ear / throat / nose  7- Backache /muscle pain  15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9C						
E: How many days did the child miss school as a result of this injury? (if none, record "0")  CH5E F: How many days was the child hospitalized because of this injury? (if none, record "0")  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  1-yes 3-no (skip to 6)  CH9  (In case the respondent cannot recall, try to read the answer in "B" item by item)  A: How many times?  B: What was the most severe disease?  CH9B  1- Respiratory (cough /cold/ runny nose/gasp)  9-Stress / insomnia / headaches.  17- Fever  3- Diarrhea /dysentery  11- Dermatitis / eczema / rash.  19- Others , specify in CH9BA  5- Stomachache/flatulence / indigestion / gastritis  13- Eye / ear / throat / nose  7- Backache /muscle pain  15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9C	C: Where did the accident happen?	ne 5- School/ch	nild center 9- Alley/road			CH5C
F: How many days was the child hospitalized because of this injury? (if none, record "0")  Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  1-yes 3-no (skip to 6)  (In case the respondent cannot recall, try to read the answer in "B" item by item)  A: How many times?  B: What was the most severe disease?  CH9B	3- Hou	use of others 7- Playing fie	eld/playground 11- Others, specify in	n CH5CA		CH5CA
9) Since last interview, has the child ever been hospitalized because of acute disease (excluding accident/chronic disease)?  1-yes 3-no (skip to 6)  (In case the respondent cannot recall, try to read the answer in "B" item by item)  A: How many times?  B: What was the most severe disease?  CH9B  1- Respiratory (cough /cold/ runny nose/gasp) 9-Stress / insomnia / headaches. 17- Fever 3- Diarrhea /dysentery 11- Dermatitis / eczema / rash. 19- Others , specify in CH9BA  5- Stomachache/flatulence / indigestion / gastritis 13- Eye / ear / throat / nose 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9C  CH9C	E : How many days did the child miss so	chool as a result of this ir	njury? (if none, record "0")			CH5E
1-yes   3-no (skip to 6)   CH9	F: How many days was the child hospita	alized because of this in	ury? (if none, record "0")			CH5F
1-yes   3-no (skip to 6)   CH9						
(In case the respondent cannot recall, try to read the answer in "B" item by item)  A: How many times?  CH9A  B: What was the most severe disease?  1- Respiratory (cough /cold/ runny nose/gasp)  3- Diarrhea /dysentery  11- Dermatitis / eczema / rash.  19- Others , specify in CH9BA  5- Stomachache/flatulence / indigestion / gastritis  13- Eye / ear / throat / nose  7- Backache /muscle pain  15- Oral diseases/caries/ gum disease / Mouth ulcers  C : How many days did the child miss school as a result of this acute disease? (if none, record "0")  CH9A  CH9B  CH9B  CH9B  CH9B  CH9BA  5- Stomachache/flatulence / indigestion / gastritis  13- Eye / ear / throat / nose  7- Backache /muscle pain  CH9C	9) Since last interview, has the child ever b	een hospitalized becau	se of acute disease (excluding acc	sident/chronic disease)?		
A : How many times?  B : What was the most severe disease?  CH9B  1- Respiratory (cough /cold/ runny nose/gasp) 3- Diarrhea /dysentery 11- Dermatitis / eczema / rash. 5- Stomachache/flatulence / indigestion / gastritis 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  C : How many days did the child miss school as a result of this acute disease? (if none, record "0")  CH9B  CH9B  CH9B  CH9B  CH9B  CH9BA  17- Fever  19- Others , specify in CH9BA  5- Stomachache/flatulence / indigestion / gastritis 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  CH9BA  CH9BA  CH9BA  CH9BA  5- Stomachache/flatulence / indigestion / gastritis 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers	1-yes 3-no (skip to 6)					СН9
B: What was the most severe disease?  CH9B  1- Respiratory (cough /cold/ runny nose/gasp) 9-Stress / insomnia / headaches. 17- Fever 3- Diarrhea /dysentery 11- Dermatitis / eczema / rash. 19- Others , specify in CH9BA 5- Stomachache/flatulence / indigestion / gastritis 13- Eye / ear / throat / nose 7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  C: How many days did the child miss school as a result of this acute disease? (if none, record "0")  CH9B  CH9B  CH9B  CH9B  CH9B  CH9B  CH9B  CH9BA  CH9BA  15- Fever  19- Others , specify in CH9BA  CH9C	(In case the respondent cannot recall, tr	y to read the answer in "	B" item by item)			
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7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers  C : How many days did the child miss school as a result of this acute disease? (if none, record "0")  CH9C	3- Diarrhea /dysentery	11- [	Dermatitis / eczema / rash.	19- Others , specify in CH9BA		
C : How many days did the child miss school as a result of this acute disease? (if none, record "0")	5- Stomachache/flatulence / indige	estion / gastritis 13- I	Eye / ear / throat / nose			
	7- Backache /muscle pain	7- Backache /muscle pain 15- Oral diseases/caries/ gum disease / Mouth ulcers				
D : How many days was the child hospitalized because of this acute disease? (if none, record "0")	C : How many days did the child miss so	chool as a result of this a	cute disease? (if none, record "0"	)		СН9С
	D : How many days was the child hospita	alized because of this a	cute disease? (if none, record "0")			CH9D

7) Since last interview, have there been any cases in which the child needed medical service but was unable to go to the doctor because it was unaffordable?		
1- yes 3- no	CH	J <b>7</b>
8) Interviewer's note:	СН	18