

# National Health Survey

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

3



### 1. Section identification details

Province \_\_\_\_\_

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

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

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

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

### 2. Identification of dwelling and household

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

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

### 3. Identification of the child selected

Name .....

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

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

Age \_\_\_\_\_

### 4. Informant's identification

#### 4.1 Relationship with the minor selected

Father/Mother  1 Other family member  5

Guardian \_\_\_\_\_  2 Social services  6

Brother/Sister \_\_\_\_\_  3 Others \_\_\_\_\_  7

Grandfather/mother –  4

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

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

No  6

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

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

4.4 Sex  1 Male  6 Female

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

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

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

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

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

#### Nature, Characteristics and Purpose

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

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

#### Legislation

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

## A. Health status

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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







































