

Study Design

## Design of the “Social Worldviews and Attitudes Regarding Health: Sociocultural Health Code” Study

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**Abstract:** This article describes the design of the “*Social Worldviews and Attitudes Regarding Health: Sociocultural Health Code*” study. The primary proposed method for the study is an online survey consisting of 24 questions, primarily closed-ended. The study focuses mainly on interviewing students at vocational schools and higher education institutions in Russian regions. The age range of prospective study participants is 15 to 35 years. Answering the research questions of the study will help identify major social factors influencing attitudes of young people toward their health, their competencies, attitudes and behaviors, self-organization, and the degree of their trust in sociopolitical institutions and other citizens regarding health matters. This may prove useful in planning targeted policies to preserve the health and improve the quality of life in young people.

**Keywords:** questionnaire, sociocultural health code, social worldviews and attitudes, health sphere.

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### Introduction

Cultural attitudes of the general population, along with individual social, professional, ethnic, and cultural groups, regarding health and various medical practices largely control the effectiveness of actions by government and public organizations aimed at reducing behavioral risk factors. Consequently, these attitudes affect the overall health of the population. To investigate sociocultural attitudes regarding health in the population, National Medical Research Center for Therapy and Preventive Medicine the is currently developing a new theoretical and methodological approach represented by the sociocultural health code (SHC) [1, 2]. This approach aims not only to explain attitudes of people toward health and their corresponding behavior in various sociocultural contexts but also to propose cultural and political technologies and mechanisms for correcting attitudes and behaviors that increase health risks [3-5]. This approach is intended to complement methods and approaches existing in medical sociology and medical anthropology.

In this article, we describe the design for the “*Social Worldviews and Attitudes Regarding Health: Sociocultural Health Code*” study (SHC study).

### Description of the “Social Worldviews and Attitudes Regarding Health: Sociocultural Health Code” study

#### Objectives

The SHC study pursues the following primary objectives: (1) to determine the strength of correlation between respondents’ level of responsibility and self-organization regarding their health and their social characteristics; (2) to evaluate the relationship between respondents’ health competency levels and their social

characteristics; (3) to assess the influence of people from their social circle and their information space on their behavior and attitudes toward health-related issues; (4) to identify the role of reliance on sociopolitical institutions (including the healthcare system and relevant agencies and specialists) and other citizens in shaping attitudes toward health and related behavior, as well as civic stance in general; and (5) to develop a classification of stable combinations of social worldviews and determine their prevalence depending on the social characteristics of survey participants.

#### Developers

The National Medical Research Center for Therapy and Preventive Medicine (NMRC TPM), Moscow, Russia, developed the SHC study design and centralized data analysis. The SHC study was initiated in 2025 by researchers at NMRC TPM. Ongoing support for the SHC study is provided by staff of this research institution.

#### Participation

Data collection is expected on the basis of educational institutions in various regions of the Russian Federation and a number of other countries by contacting the heads of institutions with a request for assistance in conducting this study.

Participation in the SHC study is voluntary and free of charge. Any university or other educational institution can participate in the SHC study by submitting a request to the SHC study technical support service. Beginning in March 2025, NMRC TPM invited 19 centers to participate, and as of May 2025, 18 universities and one community college from 15 regions of Russia participated in the SHC study ([Table 1](#)).

**Table 1. Institutions participating in the study**

Institution
Sechenov First Moscow State Medical University
Pavlov First St. Petersburg State Medical University
St. Petersburg State University of Chemistry and Pharmacy
Russian University of Medicine (former Moscow State University of Medicine and Dentistry)
Saratov State Medical University
Ilya Ulyanov State Pedagogical University
Kabardino-Balkarian State University
Samara State Medical University
Volgograd State Medical University
Omsk State Medical University
Novosibirsk State Medical University
North Caucasus State Academy
Dagestan State Medical University
Yaroslav-the-Wise Novgorod State University
Kazan State Medical University
Pacific State Medical University
Amur State University
Vologda State University
Yamal Multidisciplinary Community College

The institutions participating in the SHC study are located in all federal districts of the Russian Federation, with two to four centers per federal district. These regions are culturally and socioeconomically diverse; hence, the study results will be presented for each region separately.

In the future, more institutions are planned to participate in the SHC study.

#### Design of the SHC study

The SHC study is designed as a cross-sectional web-based study operating online. The basis of the study is an original questionnaire posted online, which is the most suitable method for conducting the survey. Anketolog.ru is the most convenient internet resource, and it was used for the survey at the institutions listed in [Table 1](#).

The questionnaire structure is presented in detail in the *Questionnaire content* section. The web forms are interactive. Each completed questionnaire has a unique identification number stored in the database.

Access to the online survey is available to all individuals via the provided active link or QR code. The survey will be conducted at each institution for 2-3 months. The study is anonymous.

#### Study participants

The priority was to conduct a survey among young people (aged 15-35 years) within the federal districts of the Russian Federation. The primary focus was on young people under 25 years of age, studying at various educational institutions. This age group is characterized by the ongoing development of value orientations that will shape their future health-related life choices, thereby providing better opportunities to adjust these choices than in older generations.

The study, which was conducted from March through May 2025, received 4,036 responses to the Russian-language questionnaire and 201 responses to the English-language questionnaire. Participants included not only Russian citizens but

also international students studying at Russian higher education institutions. The current survey geography is presented in [Table 1](#).

#### Questionnaire content

Data collection was based on the original questionnaire, *Social Worldviews and Attitudes Regarding Health: Sociocultural Health Code*, in both English and Russian ([Appendixes 1](#) and [2](#)). The questions in the main part of the questionnaire are grouped into thematic sections according to the components of SHC, but the corresponding subheadings have been removed from the questionnaire to avoid distracting respondents.

#### *Responsibility, self-organization, and attitudes toward health care*

The first set of questions addresses respondents' general attitudes toward healthcare and their subjective assessment of their own responsibility.

*The opening question of the questionnaire* is as follows: "Are you concerned about your current health and its future condition?". The respondent can answer affirmatively or negatively, but with proper clarification. A negative response may indicate that health is not a matter of personal concern or that it is too early to think about it. Affirmative response options offer more detail, beginning with clarifications about the degree of concern in the presence or absence of current health problems (the respective options include *I just think about it, but I have no health problems; I worry about it, even though I have no health problems; I worry about it because I already have illnesses*) and continuing with clarifications about possible prospects when the topic of health might become relevant for the respondent (*In the next few years, In 5-10 years, In 10-20 years, In old age*). The question allows for three response options or less.

*The second question* assesses respondents' attitudes toward the assertion that health is predetermined or determined by external circumstances, rendering any effort to maintain it pointless. Three response options presume the respondent's point of view that health is predetermined, with clarifications on the religious nature of such predeterminedness, belief in the fate of a non-religious person, and conviction in the prevailing influence of natural and biological factors (ecology, climate, and heredity). The fourth response option suggests partial agreement, stating that much depends on the individual. The final response option suggests the respondent's refusal to agree with the assertion that a person's health is predetermined because it largely depends on his or her own actions to maintain it.

Another important issue in attitudes of people toward health is their willingness to neglect it or create high health risks in order to look beautiful, fashionable, or attractive. In answering the corresponding *question (3)*, respondents are supposed to indicate acceptable (even if they carry potential health risks) ways to look beautiful and attractive in the eyes of others, and to follow fashion trends. Respondents are offered a wide range of answers concerning clothing, footwear, and other appearance-related attributes (wearing clothes inappropriate for the season, wearing tight shoes or high heels, wearing clothing that exposes the lower back, carrying large bags that create uneven weight distribution); heavy makeup; various weight- and appearance-altering practices (dieting for rapid weight loss, excessive exercise for rapid muscle gain); invasive and surgical interventions such as plastic surgery,

various injections (Botox, mesotherapy), biorevitalization, and certain types of lasers; tattoos, and unhealthy habits motivated by the desire to improve one's look. Respondents may select multiple responses.

Respondents are also asked to answer *question (4)* regarding whether they would be able to change their attitude toward their health if behavioral risks arise, if this not only creates inconvenience or problems for them but also negatively affects their loved ones. The response options include one negative answer (when respondents are unable to change their attitude toward their health at all) and affirmative responses, specifying how respondents could change their attitude and corresponding behavior: breaking bad habits; changing diet, sleep patterns and daily routine; changing attitude toward physical activity; avoiding activities (including employment) associated with high levels of stress; and adhering to safety rules at work, leisure, and at home. This question allows for multiple responses.

#### **Health literacy assessment**

The next set of questions asks respondents to assess their level of knowledge and literacy in health matters.

*The fifth question* asks respondents to subjectively assess their competence in health matters and the treatment of common illnesses. Response options range from good literacy to none: *I am highly competent in health issues being a healthcare professional; I am highly competent in health issues being no worse than a health care specialist; I am sufficiently competent in health issues; I am able to advise others; I have some experience and knowledge in health and treatment issues; I am incompetent in health and treatment issues; I have no knowledge at all about health and treatment matters.*

*The sixth question* asks respondents to rate the importance of preventive measures. Ratings are conducted on a 5-point scale, with an additional 0-point rating meaning that the respondent considers the option to be of no importance. To assess their importance, respondents are asked to consider preventive measures related to a healthy lifestyle and preventive medical care: a healthy and balanced diet, vitamin intake, breaking bad habits, maintaining personal hygiene, regular age-appropriate physical activity, maintaining a daily routine and rest, proper sleep, morning exercises, hardening one's body, season-based vaccinations, regular preventive medical checkups, weight management (trying to lose it if overweight), stress reduction, as well as regular measurements of blood pressure, pulse, blood sugar, and blood cholesterol. This question assesses respondents' perceptions of the importance of various preventive measures for maintaining their health in a proper condition.

*Question (7)*, evaluating respondents' assessment of their competence, asks in what cases they consider it necessary to seek help from medical specialists representing conventional scientific medicine. The first four response options refer to varying degrees of illness, from the first symptoms and the lack of response to self-treatment to the emergence of critical situations. The last response option states that respondents will under no circumstances seek medical attention, but rather would prefer treatment from traditional medicine practitioners, homeopaths, and other practitioners of various alternative medicine approaches. Only one response option may be selected.

#### **Environment and information space**

The third group of questions assesses respondents' ability to interact with different people and resources for obtaining necessary health information.

*Question (8)* assesses respondents' capability to process and critically interpret health information, focusing on the effect of various factors, trends, and events on their attitudes and health-related behavior. Respondents are also asked to rate the effect of these information resources on a 5-point scale, with an additional 0-point rating meaning that the respondent considers the option to be of no importance. Some response options relate to various methods of public promotion of awareness and information dissemination through various information channels: politicians and government officials, representatives of scientific medicine, TV show hosts and bloggers not associated with medicine, as well as within the education system, in the workplace, through non-governmental organizations, social advertising, and through targeted training. Another group of responses relates to the influence of respondents' personal attitudes and personal communications: their attitudes toward personal responsibility; the opinions of family, relatives, friends, and immediate circles; their attitude toward the opinions of health professionals when visiting medical institutions, and their attitude toward the opinions of health professionals with whom they are personally acquainted. A third group of responses includes responses related to attitudes toward fashion trends and toward opinions of representatives of religious institutions, and astrologers.

*Question (9)* continues the topic of respondents' attitudes toward information sources, asking respondents to rate the importance of the information sources they rely on when health-related questions arise (attitude toward a healthy lifestyle, self-treatment without consulting a doctor, etc.). Respondents are also asked to rate these information sources on a 5-point scale, with an additional 0-point rating meaning that the respondent considers the option to be of no importance. Information sources include respondents' personal communications (parents, other relatives representing an older generation, spouses, siblings, children, friends, neighbors, coworkers/classmates, acquaintances working as health professionals, pharmacy staff, pharmacists, doctor's recommendations received previously when visiting a medical facility, recommendations received through promotion within the corporate culture of the professional environment, along with recommendations from traditional healers), specialized reference materials available in print or in electronic form (medical reference books, reference resources, forums, popular science programs on the internet and TV, internet blogs, medicinal drug advertising), various methods of indirect influence (statements by politicians or cultural figures, contemporary art such as cinema and music, knowledge obtained through education), and personal experience.

The next *question (10)* includes household traditions that have both a positive and negative impact on human health. Respondents are asked to indicate which family members (spouse, parents, siblings, children, grandparents, or the respondent per se) adhere to these traditions. Response options include practices and activities that promote health (body hardening, cycling together, skating or skiing together, regular hikes, morning exercises, personal hygiene, not eating several hours before bedtime) and those that do not (observing religious fasts, sharing alcoholic beverages, going to bed late and waking up late, watching TV for long periods, regular consumption of fast food and carbonated

drinks, and regular ordering of prepared foods such as pizza, rolls, etc.). The inclusion of the 'observing religious fasts' response option allows to evaluate the impact of this practice on health (the latter may be ambiguous). This response also helps clarify the respondent's degree of religiosity.

### Trust

To determine the extent to which respondents trust various medical fields and the relevant specialists and institutions, our questionnaire includes *question (11)*. It also requires a 5-point scale rating, with an additional 0-point rating meaning that the respondent considers the option to be completely irrelevant. Responses refer to two types of official scientific medicine (public and private medical centers), traditional medicine (with and without the help of specialists), homeopathy, Eastern medicine, various practices of alternative medicine (naturopathy, osteopathy, sauna treatment, acupuncture), shamanic healing rituals, help from a psychic, and yoga.

One of the manifestations of attitudes toward health professionals is low trust in them, resulting in people with illnesses preferring to self-medicate. However, self-medication may also be driven by objective circumstances related to the lack of access to (or difficulties in obtaining) quality medical care. In this regard, *Question 12* asks respondents to rate the importance of the reasons why they would prefer to treat themselves without consulting a doctor. Respondents are also asked to rate these factors on a 5-point scale, with an additional 0-point rating meaning that the respondent believes this option is not the cause. Some of the options include answers that clarify the extent of trust in external healing specialists (*I do not trust contemporary medicine in general (as a system of scientific knowledge and practices); Traditional medicine allows resolving health issues more effectively than official scientific medicine; I do not trust doctors; I am afraid of them; contacting them is pointless and useless (low competence of doctors)*) and trust in their own experience (*I know everything about my disease, I am treated according to a well-known algorithm; Self-treatment was practiced by my parents and I continue this practice; I am a doctor myself, there are doctors in my family, I rarely get sick and the course of the disease is mild; hence, I am able to treat myself*). Another part of the answer options includes objective circumstances (*The necessary specialists are unavailable; There is no clinic or hospital at my place of residence/It is too far to get to them; Bad, low-quality healthcare (it is difficult to get an appointment with a doctor because of long queues)*).

### Civic stance

Two more questions were included in the questionnaire to assess overall attitudes of the respondents toward the possibility of using policy instruments to address behavioral health risk factors.

*Question 13* addresses the issue of whether health promotion (healthy lifestyles, health literacy, and responsibility toward own health) should be part of state ideology and national purpose. Respondents are offered both affirmative (*Health promotion is a necessary condition for preserving the population and the state; Health promotion is appropriate as an additional component*) and negative responses (*The health of individual country residents plays a secondary role in the context of more important national issues; Health issues in the state ideology can lead to interference*

*of the state in the personal lives of country nationals, which can result in the infringement of their civil rights*).

The *final question (14)* of the main section asks respondents to agree with one of the statements regarding the understanding of health as a personal, societal, or state value, and, accordingly, the state's ability to intervene in this sphere: *Being healthy is a country national's moral duty to society; The obligation to be healthy should be specified in legislation, for the violation of which the country national should be held responsible; Health pertains exclusively to a country national's private sphere; each individual can treat it ad lib*.

### Social characteristics of respondents

Questions related to social characteristics are placed at the end of the questionnaire to focus participants' attention on the main sections of the questionnaire. Social characteristics include the traditional group of questions regarding age (open-ended, with the respondent indicating his or her full age) (*question 15*), gender (*question 16*), type of settlement (*question 17*), education level (*question 18*), and marital status (*question 19*).

*Question 17* on the type of settlement requires not only the choice of the settlement in which respondents currently reside [megapolis or metropolis (over 1 million people), large city (100,000 to 1 million people), medium-sized city (50,000 to 100,000 people), small town (up to 50,000 people), large rural settlement (over 1,000 people), and medium or small rural settlement (up to 1,000 people)], but also the type of settlement where they graduated from the 9th grade. This clarification is due to the fact that while people may temporarily or permanently change their place of residence to obtain higher education or later in their life, many cultural characteristics and traditions remain characteristic of the place where they spent their childhood and adolescence.

*Question 18* regarding educational level lists the levels of education available in Russia as answer options. If the survey is conducted in another country, these may be replaced with the educational levels relevant to that country.

*Question 19* on marital status asks respondents to indicate not only whether they are married or single, but also whether they live with close relatives.

*Question 20* on the industry, field of employment, or organization in which the respondent works provides an extensive list of options, allowing the respondent to select the most appropriate one. This is important when studying the SHC, since professional and corporate culture can have a significant (both positive and negative) impact on people's attitudes toward their health.

*Question 21* relates to financial resources of the survey participants' families. This information is also crucial for understanding people's attitudes toward health, medical institutions, and specialists and can largely correlate with their health literacy and trust in medicine and healthcare institutions.

Religion is also an important cultural factor that can shape health-related attitudes and behaviors. Therefore, it is given attention among other social characteristics. *Question 22* aims to determine the survey participant's general attitude toward religion, while *question 23*, if previous question was answered affirmatively, asks the respondent to specify their religion.

The questionnaire concludes with *question 24* about the respondent's country of residence. If Russia is the country of residence, the next question asks respondents to select their federal district of permanent residence. If the questionnaire is translated and conducted in other countries, these questions may be adjusted to reflect the administrative territorial division of the country or other criteria that allow for distinguishing distinct territories.

#### Ethical considerations

The study protocol, including patient information and consent forms, was reviewed and approved by the Ethics Committee of the National Medical Research Center for Therapy and Preventive Medicine (protocol # 8 of December 11, 2024).

#### Statistical processing of the data

The results should be processed using SPSS IBM Statistics (correlation and factor analysis). The survey results will be analyzed for the entire sample of respondents and for subgroups defined by region, gender, professional background, religious affiliation, and other possible criteria.

#### Discussion

The approach underlying the SHC study is based on semiotic understanding of culture, emphasizing the various multidirectional informational and communicative processes present in the lives of every person from his or her birth and shaping his or her views on the surrounding reality. It should be noted that the influence of cultural factors on people's health behavior has been noted by many researchers [6-12], including those using the framework approach of the PEN-3 cultural model [13, 14].

The SHC study presumes a large-scale participation rate, which allows for the identification of general trends across regions and the entire country. While similar approaches to determining the impact of cultural context (e.g., the PEN-3 cultural model [13, 15]) focus on collecting qualitative data (primary methods include focus groups and interviews) and, accordingly, have small target audiences, the SHC study results in the large-scale collection of quantitative data and covers a wide range of target audiences, thereby enabling cross-sectional data collection at a national level. Furthermore, the questions presented in the questionnaire can be easily reformulated for interviews and other methods employed for working with smaller target audiences.

The results of our study can be used to develop tools for interaction between government agencies, relevant departments, and non-governmental organizations with citizens in various activities aimed at reducing behavioral health risk factors. Furthermore, the study results can be used in developing strategies for responsible self-medication and improving patient compliance.

Further studies are planned for other age, socioprofessional, and ethnic groups.

#### Conclusion

The results of this study are capable of providing information, which is essential for creating conditions and programs aimed at reducing behavioral risk factors and, accordingly, maintaining and improving the health and quality of life in citizens. Understanding

the socioprofessional and ethnocultural characteristics of citizens can improve the effectiveness of preventive interventions and educational events intended for promoting the value of health and a sense of personal responsibility for their own health and the health of their loved ones.

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#### Conflict of interest

The authors declare that they have no conflict of interest.

#### AI statement

The authors declare that no generative AI or AI-assisted technologies were used in the preparation of this manuscript.

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**Appendix 1.**

**English version of the questionnaire**

**Dear survey participant!**

We invite you to participate in the study, *Social Worldviews and Attitudes Regarding Health: Sociocultural Health Code*.

This survey is conducted by the Federal State Budgetary Institution of the Russian Federation Ministry of Healthcare, the *National Medical Research Center for Therapy and Preventive Medicine*. Its results are essential for creating conditions and programs aimed at maintaining and improving the health and quality of life in young generation. We kindly ask you to carefully read each question and mark the answer option(s) of your choice.

The following questionnaire is anonymous; all of its data will be used exclusively in a generalized form and solely in the interests of science.

When completing the questionnaire, choose the answer options that best characterize you and pay attention to the specified number of possible answers indicated for the question. In questions where a point assessment is provided, you can use scores ranging from 0 to 5 pts.

Thank you for agreeing to participate in our study!

**1. Are you concerned about your current health and its future condition? (no more than three answer options)**

- No, it does not depend on me anyway
- No, it is too early for me to think about it
- Yes, I think about my current health, but I do not experience any health problems
- Yes, I worry about my current health, although I do not have any chronic illnesses/I am not registered with a doctor for specific illnesses
- Yes, I worry about my current health, since I have chronic illnesses/I am registered with a doctor for specific illnesses
- Yes, I think about what it will be like in the next few years
- Yes, I think about what it will be like in 5-10 years
- Yes, I think about what it will be like in 10-20 years
- I think about what it will be like in my old age

**2. How do you feel about the idea that health is predetermined (by God/ fate) or is determined by external circumstances, and there is no point in doing anything to preserve it? (one answer option only)**

- I agree that health is predetermined, since I am a religious person
- I agree that health is predetermined, since I believe in fate, although I do not consider myself a religious person
- I agree that health is predetermined by natural environment and biological conditions (ecology, climate, heredity)
- I partly agree, but I believe that a lot depends on my own actions
- I do not agree, I believe that my health largely depends on my actions in regard to maintaining it

**3. Indicate acceptable for you (even though causing a possible risk to your health) ways to look beautiful and attractive in the eyes of others and to follow fashion trends (multiple answer options)**

- Refusal to wear a hat, using insufficiently warm clothes or shoes in the cold season
- Using uncomfortable, tight, but beautiful shoes
- Wearing high heels
- Using special diets for very rapid weight loss (e.g., involving fasting)
- Active training for rapid gaining target muscle mass in a short time
- Wearing low-rise clothing that leaves the lower back open
- Wearing large and heavy bags over one shoulder
- Applying a lot of makeup
- Using invasive cosmetology, i.e., procedures and operations that violate the integrity of the skin and mucous membranes: plastic surgery, various injections (Botox, mesotherapy), biorevitalization, some types of cosmetic laser procedures
- Body contouring using plastic surgery
- Getting tattoos
- Smoking cigarettes or drinking alcohol to make you look more attractive

**4. A person's illness often creates various inconveniences for the loved ones (family members, close friends, etc.). If you knew that your attitude to your health could negatively affect your loved ones, would you change it? (multiple answer options)**

- No
- Yes, I could abstain from bad habits (drinking alcohol, smoking, etc.)
- Yes, I could change my diet
- Yes, I could change my sleep patterns and daily routine
- Yes, I could change my attitude to physical activity and exercise
- Yes, I could abstain from activities (including work) associated with a high level of stress
- Yes, I could adhere to safety rules and precautions at work and at home

**5. Rate your level of competence in health issues and treatment of minor diseases (one answer option only)**

- I am highly competent in health issues (I am a health professional)
- I am highly competent in health issues (no worse than a health professional)
- I am sufficiently competent in health issues; I am able to advise others
- I have some experience and knowledge in certain health and treatment issues
- I am sufficiently competent in health and treatment issues
- I am incompetent in health and treatment issues
- I find it difficult to answer

**6. Rate how important, in your opinion, the following preventive measures are for maintaining your health (0 – this option is not applicable, 1 – minimum importance, 5 – maximum importance)**

	0	1	2	3	4	5
Healthy diet						
Consumption of vitamins						
Abstaining from bad habits						
Maintaining personal hygiene						
Regular age-appropriate physical activity						
Maintaining a healthy daily routine, resting when necessary						
Healthy sleep						
Morning exercises						
Body hardening to increase immunity						
Seasonal vaccination						
Preventive medical examination (regular physicals)						
Weight control (weight reduction if it is excessive)						
Reducing stress levels						
Regular measurement of blood pressure, pulse, sugar and cholesterol levels in the blood						
Regular health check-ups						

**7. In what cases do you consider it necessary to seek help from medical specialists? (one answer option only)**

- At the first symptoms of the disease
- If there is no effect from the short-term self-treatment
- If there is no effect from the long-term self-treatment (over 5 days)
- Only in critical situations that require immediate medical attention
- I prefer seeing traditional medicine specialists (homeopaths, etc.) rather than seeking help at medical institutions

**8. Rate the effect of the following factors, actions and events on your attitude and behavior in regard to maintaining your health from 0 to 5 pts (0 – this option is not applicable, 1 – minimum effect, 5 – maximum effect):**

	0	1	2	3	4	5
Promotion of a healthy lifestyle and diet by politicians and government officials						
Promotion of a healthy lifestyle and diet by representatives of scientific medicine						
Promotion of a healthy lifestyle and diet in the media by TV hosts and bloggers not associated with medicine						
Sanitation and hygiene education in educational institutions						
Sanitation and hygiene education in the workplace						
Information and communication events dedicated to maintaining a healthy lifestyle, disease prevention and abstinence from the use of psychoactive substances						
Informing the population via printed handouts (leaflets, brochures)						
Promotion and information through outdoor advertising (transit media, wallscapes, billboards, signs, messages on public transport stops)						
Health schools aimed at teaching people the essential methods of self-preservation behavior and self-help						
Personal (individual) responsibility for health						
Opinion of family and relatives						
Opinion of friends and people from my immediate circle (e.g., colleagues)						
Opinion of health professionals (when attending a medical institution)						
Opinion of health professionals with whom you are personally acquainted						
Health information from government officials						
Fashion trends for a beautiful body shape						
Opinion of representatives of religious institutions						
Astrological predictions						

**9. Rate the importance of the listed information sources that you rely on whenever questions about health issues arise (attitude to a healthy lifestyle, self-treatment without seeing a doctor, etc.) (0 – this option is of no importance to me or irrelevant, 1 – minimum importance, 5 – maximum importance)**

	0	1	2	3	4	5
Experience and opinion of parents and other older relatives						
Experience and opinion of a spouse, brothers/sisters or children						
Doctor's prescriptions received on a previous medical visit						
Advice of friends or neighbors						
Advice of colleagues/classmates						

	0	1	2	3	4	5
Recommendations by health professionals with whom you are personally acquainted						
Recommendations by pharmacy employees and pharmacists						
Medical reference books (including internet resources)						
Recommendations by traditional healers and quacks						
Reference resources, forums, popular science programs on the internet and TV, internet blogs						
Advertising of medicinal drugs						
Promotion within the framework of the corporate culture in the organization where you work						
Promotions by politicians						
Promotions by cultural figures						
Contemporary art (cinema, music)						
Personal experience accumulated as a result of trial and error						
Knowledge gained at school						
I find it difficult to answer						
<i>My own version of the response (specify)</i> _____						

**10. Which of the listed household traditions do you and your family members adhere to?** (if there is no such family member, do not mark the answers in the column)

Household tradition	Myself	Spouse	Parent(s)	Brother(s) or sister(s)	My children	Grandmothers or grandfathers
Body hardening						
Cycling together						
Skating or skiing together						
Regular walks						
Morning exercises						
Observance of religious fasts						
Personal hygiene						
Not eating a few hours before bedtime						
Drinking of alcoholic beverages together on weekends and holidays						
Late bedtime and late waking up						
Long hours of TV watching						
Regular consumption of fast food and carbonated drinks						
Regular ordering of prepared foods (pizza, rolls, etc.)						
<i>My own version of the response (specify)</i> _____						

**11. Rate how much you trust different fields of scientific and traditional medicine and the specialists or institutions that correspond to them** (0 – I do not trust at all, 1 – minimal trust, 5 – maximum trust)

	0	1	2	3	4	5
Public medical institutions						
Private medical institutions						
Traditional medicine without seeking advice from traditional medicine specialists (family traditions, advice from loved ones, etc.)						
Traditional medicine specialists, healers or quacks						
Practitioners of Eastern traditional medicine (Tibetan, Chinese, Ayurveda, etc.)						
Homeopathy (use of remedies made by <i>homeopathic dilution</i> of selected substances for treatment)						
Naturopathy (management of processes in the body with a special supernatural energy known as <i>life force</i> : aromatherapy, fasting, hydrotherapy, leech therapy, etc.)						
Osteopathy						
Balneotherapy						
Acupuncture						
Other methods of alternative medicine						
Shamanic rituals						
Psychics (individuals claiming extrasensory perception)						
Yoga						

**12. Rate the importance of the reasons why you would prefer to treat yourself without seeking advice from doctors** (0 – this option is not applicable, 1 – minimum importance, 5 – maximum importance)

	0	1	2	3	4	5
Traditional medicine allows resolving health issues more effectively than official scientific medicine						
I know everything about my disease; I am treated according to a well-known algorithm						
I do not trust contemporary medicine in general (as a system of scientific knowledge and practices)						
The necessary specialists are unavailable						
There is no clinic or hospital at my place of residence (it is too far to get to them)						
I do not trust doctors; I am afraid of them; contacting them is pointless and useless (low competence of doctors)						
Bad, low-quality healthcare (it is difficult to get an appointment with a doctor because of long queues)						
Self-treatment was practiced by my parents and I continue this practice						

	0	1	2	3	4	5
I rarely get sick and the course of the disease is mild; hence, I am able to treat myself						
I am a doctor myself / there are doctors in my family						
My own version of the response (specify) _____						

**13. Do you think that health promotion (healthy lifestyle, literacy in terms of health knowledge and responsibility regarding health issues) should be part of the nationwide ideology and national idea? (one answer option only)**

- Yes, I consider this a mandatory condition for preserving the population and the State
- Yes, it would be appropriate as an additional component
- No, the health of individual country residents plays a secondary role in the context of more important national issues
- No, because health issues in the State ideology can lead to interference of the State in the personal lives of country nationals, which can result in the infringement of their civil rights

**14. Which statement do you agree with most? (one answer option only)**

- Being healthy is a country national's moral duty to society
- The obligation to be healthy should be specified in legislation, for the violation of which the country national should be held responsible
- Health pertains exclusively to a country national's private sphere; each individual can treat it ad lib

**15. Specify your age (full years)**

\_\_\_\_\_

**16. Specify your gender**

- M
- F

**17. Specify the type of the settlement where you reside(d)**

Settlement category	Where you currently live	Where you graduated from the 9th grade
Megapolis or metropolis (over 1 million people)		
Large city (from 100 thousand to 1 million people)		
Medium city (from 50 thousand to 100 thousand people)		
Small city or town (up to 50 thousand people)		
Large rural settlement (over 1 thousand people)		
Medium or small rural settlement (up to 1 thousand people)		

**18. Specify your education level (one answer option only: the highest degree you were awarded)**

- Incomplete secondary education
- Secondary education (high school)
- Vocational education (community college)
- Higher education (5-year degree)
- Higher education (Bachelor's degree)
- Master's degree
- PhD/doctorate degree

**19. Specify your marital status (one answer option only)**

- I am not married and live with parents
- I am not married and live with roommates / friends
- I am not married and live by myself
- I am married without children
- I am married with children

**20. Specify your field of study or industry, to which the organization you work for relate (if you are not currently working or studying, indicate your previous field of study) (one answer option only)**

- Industry (including mining, manufacturing, energy-producing)
- Agriculture, forestry, hunting, fishing and fish farming
- Construction
- Housing and public utilities
- Education, science
- Health care
- Social services, social security
- Culture, arts, sports
- Recreation and entertainment, tourism
- State and municipal administration, including courts
- Law enforcement, security, national guard, military
- Mass media (including journalism, blogging, advertising, social media marketing)
- Information technology, communication technology, the internet
- Trade (wholesale, retail, online sales, real estate)
- Finances, insurance, banking

- Transportation and warehousing
- Catering, restaurant business, hotel business
- Various services, including household services

**21. Choose the statement most accurately describing financial capabilities of your family** (one answer option only)

- We are unable to provide for the essential necessities (food, clothing, inexpensive medical treatment)
- We can buy all essentials but not expensive consumer durables (household appliances, electronics, etc.)
- We can buy expensive consumer durables occasionally
- We can buy consumer durables but not a house, an apartment, or an expensive car
- We can buy a house, an apartment, or an expensive car

**22. Specify your attitude toward spirituality and religion** (one answer option only)

- I am a believer and I observe religious rituals
- I am a believer, but I do not observe religious rituals
- I am not sure whether I am a believer or not
- I do not care
- I am not a believer, but I respect the feelings of those who are
- I think that religion should be fought
- I find it difficult to answer

**23. If you have marked items 1-3 answering the previous question, please specify what religion you belong to** (one answer option only)

- I am Orthodox Christian
- I am Muslim
- I am Catholic
- I am Protestant
- I am Buddhist
- I am Judaist
- I am Krishnaist
- I am a proponent of the Eastern religion
- I am a proponent of the traditional religion of my ancestors; I worship the gods and forces of nature
- I believe in God (in a higher power), but I am not a proponent of a specific religion

**24. Specify your country where you live**

\_\_\_\_\_

**Thank you for participating in the survey!**

**Appendix 2.**

**Russian version of the questionnaire**

**Уважаемый участник опроса!**

Приглашаем Вас принять участие в исследовании «Мировоззренческие установки в отношении сферы здоровья – социокультурный код здоровья».

Исследование проводит ФГБУ «НМИЦ Терапии и профилактической медицины» Минздрава России. Результаты данного исследования необходимы для создания условий и программ, направленных на сохранение и улучшения здоровья и качества жизни молодежи. Просим Вас внимательно прочитать каждый вопрос и отметить варианты ответов, соответствующие Вашему мнению.

Опрос носит анонимный характер, все полученные данные будут использоваться только в обобщенном виде и только в интересах науки.

При прохождении опроса выбирайте наиболее полно характеризующие Вас варианты ответов, обратите внимание на количество возможных ответов, которое указано в вопросах. В вопросах, где предусмотрена балльная оценка, Вы можете использовать все цифры от 0 до 5.

Благодарим Вас за согласие принять участие в нашем исследовании!

**1. Задумываетесь ли Вы о состоянии своего здоровья и о том, каким оно будет в будущем? (не более трех вариантов ответа)**

- Нет, от меня все равно ничего не зависит
- Нет, мне еще рано об этом задумываться
- Да, задумываюсь о текущем состоянии здоровья, но не испытываю проблем со здоровьем
- Да, испытываю переживания по поводу текущего состояния своего здоровья, хотя хронически заболеваний не имею/ на учете у врача по заболеванию не состою
- Да, испытываю переживания по поводу текущего состояния своего здоровья, так как имею хронические заболевания / состою на учете у врача
- Да, задумываюсь, каким оно будет уже в ближайшие несколько лет
- Да, задумываюсь, каким оно будет через 5-10 лет
- Да, задумываюсь, каким оно будет через 10-20 лет
- Задумываюсь, каким оно будет у меня в старости

**2. Как Вы относитесь к суждению, что здоровье предопределено свыше (судьбой) или обусловлено внешними обстоятельствами и нет смысла что-либо предпринимать по его сохранению? (один вариант ответа)**

- Согласен, что здоровье предопределено, так как являюсь религиозным человеком
- Согласен, что здоровье предопределено, так как верю в судьбу, хотя и не отношу себя к верующим людям
- Согласен, считаю, что здоровье предопределено природными и биологическими условиями (экология, климат, наследственность)
- Отчасти согласен, но считаю, что и от действий самого человека многое зависит
- Не согласен, считаю, что здоровье человека во многом зависит от его действий по его сохранению

**3. Укажите приемлемые для Вас (хотя и сопровождающиеся вероятностным риском для Вашего здоровья) способы красиво и эффектно выглядеть в глазах окружающих, следовать модным тенденциям (несколько вариантов ответа)**

- Отказ от ношения головного убора, использование недостаточно теплой одежды или обуви в холодное время года
- Использование неудобной, тесной, но красивой обуви,
- Использование обуви на высоких каблуках
- Использование специальных диет для очень быстрого сброса веса, (например, предполагающие голодание)
- Активные тренировки для быстрого набора целевой мышечной массы в короткие сроки
- Использование предметов гардероба с заниженной талией, оставляющих открытой область поясницы
- Ношение больших сумок с нагрузкой на одно плечо
- Обильное нанесение косметики
- Обращение к инвазивной косметологии – процедурам и манипуляциям, во время которых нарушается целостность кожи и слизистых оболочек (пластическая хирургия, различные инъекции (ботокс, мезотерапия), биоревитализация, использование некоторых видов лазера)
- Коррекция фигуры с применением пластической хирургии
- Нанесение татуировок
- Курение сигарет или употребление алкоголя для придания своему образу дополнительной привлекательности

**4. Заболевание человека нередко создает различные неудобства его близким – членам семьи, близким друзьям и т.д. Если бы Вы знали, что Ваше отношение к своему здоровью может негативно сказаться на Ваших близких, смогли бы Вы его изменить? (несколько вариантов ответа)**

- Нет
- Да, смог бы отказаться от вредных привычек (употребление алкоголя, курение и т.п.)
- Да, смог бы изменить рацион питания
- Да, смог бы изменить режим сна и распорядок дня
- Да, смог бы изменить отношение к физической активности, занятиям физкультурой
- Да, смог бы отказаться от деятельности (в том числе работы), сопряженной с высоким уровнем стресса
- Да, смог бы придерживаться правил и техники безопасности на работе, отдыхе и в быту

**5. Оцените степень своей компетентности в вопросах здоровья и лечения несложных заболеваний (один вариант ответа)**

- Хорошо разбираюсь в вопросах здоровья, являюсь профессиональным медицинским работником
- Хорошо разбираюсь в вопросах здоровья, не хуже профильных медицинских работников
- Достаточно разбираюсь в вопросах здоровья, могу давать советы
- Имею некоторый опыт и знания в отдельных вопросах здоровья и лечения
- Обладаю недостаточным уровнем знаний в вопросах здоровья и лечения
- Совсем не разбираюсь в вопросах здоровья и лечения
- Затрудняюсь ответить

**6. Оцените, насколько, по Вашему мнению, важны следующие меры профилактики для сохранения своего здоровья (0 – данный вариант не имеет значения, 1 – минимальное значение, 5 – максимальное)**

	0	1	2	3	4	5
Здоровое и рациональное питание						
Потребление витаминов						
Отказ от вредных привычек						
Соблюдение личной гигиены						
Регулярная соответствующая возрасту физическая активность						
Соблюдение режима дня, отдых						
Правильный сон						
Утренняя зарядка						
Закаливание						
Сезонная вакцинация						
Профилактическая диспансеризация (регулярные обследования)						
Контроль за своим весом (снижение при его избытке)						
Снижение уровня стресса						
Регулярное измерение давления, пульса, уровня сахара и холестерина в крови						
Регулярные медицинские осмотры						

**7. В каких случаях Вы считаете необходимым обращаться за помощью к медицинским специалистам? (один вариант ответа)**

- При первых симптомах заболевания
- при отсутствии эффекта от самостоятельного лечения в течение нескольких дней
- при отсутствии эффекта от самостоятельного лечения в течение продолжительного времени (более 5 дней)
- только в критических ситуациях, требующих немедленного вмешательства врачей
- в медицинские учреждения лучше не обращаться, а обратиться сразу к специалистам народной медицины / гомеопатам и т.п.

**8. Оцените от 0 до 5 баллов влияние на Ваше отношение и поведение по сохранению своего здоровья (где 0 – данный вариант не имеет значения, 1 – минимальное влияние, 5 – максимальное влияние) следующие факторы, действия, мероприятия:**

	0	1	2	3	4	5
Пропаганда здорового образа жизни и правильного питания политиками и представителями власти						
Пропаганда здорового образа жизни и правильного питания представителями научной медицины						
Пропаганда здорового образа жизни и правильного питания в медиaprостранстве ведущими и блогерами, не связанными с медициной						
Санитарно-гигиеническое просвещение в образовательных учреждениях						
Санитарно-гигиеническое просвещение на рабочем месте						
Проведение информационно-коммуникационных мероприятий, посвященных ведению ЗОЖ, профилактике заболеваний и употребления психоактивных веществ.						
Информирование населения через печатные раздаточные средства (листовки, брошюры)						
Пропаганда и информирование средствами наружной рекламы (сообщения на транспорте, зданиях, остановках транспорта, билбордах, вывесках)						
Организация школ здоровья по обучению граждан необходимым приемам самосохранительного поведения, самопомощи						
Личная (индивидуальная) ответственность за здоровье						
Мнение семьи и ближайших родственников						
Мнение друзей и ближайшего окружения (например, коллег)						
Мнение медицинских работников при обращении в медицинские учреждения						
Мнение знакомых медицинских работников						
Информация о здоровье от представителей власти						
Тренды в моде на красивое тело						
Мнение представителей религиозных учреждений						
Астрологические прогнозы						

**9. Оцените значимость для Вас перечисленных источников информации, на которые Вы ориентируетесь в тех случаях, когда возникают вопросы о здоровье (отношение к здоровому образу жизни, самостоятельное лечение без обращения к врачам и т.п.) (0 – данный вариант не имеет для меня значения, никогда к нему не приходилось обращаться, 1 – минимальное значение, 5 – максимальное)**

	0	1	2	3	4	5
Опыт и мнение родителей, других родственников старшего поколения						

	0	1	2	3	4	5
Опыт и мнение супруги/супруга, братьев/сестер, детей						
Рекомендации врачей, полученные ранее при обращении в мед. учреждение						
Советы друзей, соседей						
Советы коллег по работе/однокурсников						
Рекомендации знакомых медицинских работников						
Рекомендации сотрудников аптек, фармацевтов						
Медицинские справочники (в том числе в интернете)						
Рекомендации народных целителей, знахарей						
Справочные ресурсы, форумы, научно-популярные программы в интернете и ТВ, интернет-блоги						
Реклама лекарств						
Пропаганда в рамках корпоративной культуры той организации, где работаете						
Высказывания политиков						
Высказывания деятелей культуры						
Современное искусство (кино, музыка)						
Собственный опыт, накопленный в результате проб и ошибок						
Знания полученные в школе						
Затрудняюсь ответить						
<i>Свой вариант</i>						

10. Каких из перечисленных бытовых традиций придерживаетесь Вы и члены Вашей семьи (при отсутствии кого-либо ответы в столбце не отмечаются)

	Я	Супруг или супруга	Родители	Братья или сестры	Мои дети	Бабушки или дедушки
Закаливание						
Совместные велопогулки						
Катание на коньках или лыжах						
Регулярные пешие прогулки						
Утренняя зарядка						
Соблюдение религиозных постов						
Личная гигиена						
Отказ от приема пищи за несколько часов до сна						
Совместное распитие алкогольных напитков в выходные, праздничные дни						
Поздний отход ко сну и позднее пробуждение						
Продолжительный просмотр телевизора						
Регулярное потребление продуктов фаст-фуда, газированных напитков						
Регулярный заказ приготовленных продуктов питания (пицца, роллы и т.п.)						
<i>Свой вариант</i>						

11. Оцените, насколько Вы доверяете различным направлениям медицины и соответствующим специалистам или учреждениям (0 – доверяю совсем, 1 – минимальное доверие, 5 – максимальное доверие)

	0	1	2	3	4	5
Государственные медицинские учреждения						
Частные медицинские учреждения						
Средства народной медицины без обращения к специалистам народной медицины (семейные традиции, советы близких и т.п.)						
Специалисты народной медицины, целители, знахари						
Практики восточной традиционной медицины – тибетская, китайская, аюрведа и др.						
Гомеопатия (использование для лечения очень сильно разведённых препаратов)						
Натуропатия (управление процессами в организме особой сверхъестественной энергией, «жизненной силой»: ароматерапия, голодание, водолечение, лечение пиявками и т.д.)						
Остеопатия						
«Лечение» баней						
Иглоукальвание						
Другие методы альтернативной медицины						
Шаманские ритуальные действия						
Экстрасенсы						
Йога						

12. Оцените степень важности для Вас причин, из-за которых Вы предпочли бы лечиться самостоятельно, не обращаясь к врачам (0 – данный вариант не является для меня причиной, 1 – минимальное значение, 5 – максимальное)

	0	1	2	3	4	5
Средства народной медицины позволяют более результативно решить проблемы с здоровьем, чем официальная научная медицина						
Знаю все о своем заболевании, лечусь по известной схеме						
Не доверяю современной медицине в целом (как системе научных знаний и практик)						

	0	1	2	3	4	5
Не доступны нужные специалисты						
Нет поликлиники, больницы по месту жительства / далеко до них добираться						
Не доверяю врачам, боюсь их, обращаться к ним бессмысленно, бесполезно / низкий уровень профессионализма врачей						
Плохое, некачественное медицинское обслуживание (Сложно попасть на прием к врачу, очереди, проблемы с записью)						
Самолечение практиковалось родителями, и я продолжаю эту традицию						
Редко болею, заболевания легкие, можно лечиться и самому						
Я сам(-а) медик, в моей семье есть медики						
<u>Свой вариант</u>						

**13. Как Вы считаете, должна ли быть пропаганда здоровья (здорового образа жизни, грамотности и ответственности в вопросах здоровья) частью государственной идеологии, национальной идеи? (один вариант ответа)**

- Да, считаю это обязательным условием сохранения населения и государства
- Да, это было бы уместно в качестве дополнительного компонента
- Нет, здоровье отдельных граждан играет второстепенную роль в контексте более важных национальных вопросов
- Нет, так как компоненты здоровья в государственной идеологии могут привести к вмешательству государства в личную сферу жизни граждан, что может привести к ущемлению их гражданских прав

**14. С каким высказыванием Вы бы согласны в большей степени? (один вариант ответа)**

Быть здоровым это моральная обязанность гражданина перед обществом  
 Обязанность быть здоровым должна быть прописана в законах, за нарушение которых гражданин должен нести ответственность  
 Здоровье относится исключительно к личной сфере человека, он может относиться к нему как он хочет

**15. Укажите Ваш возраст (сколько полных лет)**

\_\_\_\_\_

**16. Укажите Ваш пол**

- М
- Ж

**17. Укажите тип населенного пункта,**

	<i>В котором сейчас проживаете (или находитесь продолжительное время – обучаетесь, работаете)</i>	<i>в котором заканчивали 9 класс</i>
сверхкрупный или крупнейший город (свыше 1 млн чел.)		
большой или крупный город (от 100 тыс. до 1 млн чел.)		
средний город (от 50 тыс. до 100 тыс. чел.)		
малый город или поселок (до 50 тыс. чел.)		
крупное или большое сельское поселение (свыше 1 тыс. чел.)		
среднее или малое сельское поселения (до 1 тыс. чел.)		

**18. Укажите уровень Вашего образования (один вариант ответа)**

- Среднее неполное образование
- Среднее
- Среднее специальное
- Высшее специалитет
- Высшее бакалавриат
- Высшее магистратура
- Высшее с ученой степенью

**19. Укажите Ваше семейное положение (один вариант ответа)**

- Не состою в браке, живу с родителями
- Не состою в браке, живу с знакомыми / друзьями
- Не состою в браке, живу один/одна
- Состою в браке, детей нет
- Состою в браке, есть дети

**20. Укажите, к какой отрасли, сфере деятельности относится направление вашего обучения или организация, в которой Вы работаете? (Если в настоящее время не работаете и не учитесь, укажите сферу, к которой относится Ваше образование) (один вариант ответа)**

- Промышленность, производство (в т.ч. добывающие, обрабатывающие отрасли, энергетика)
- Сельское, лесное хозяйство, охота, рыболовство и рыбоводство
- Строительство
- Жилищно-коммунальное хозяйство
- Образование, наука
- Здравоохранение
- Социальные услуги, социальное обеспечение

- Культура, искусство, спорт
- Сфера отдыха и развлечений, туризм
- Государственное и муниципальное управление, в т.ч. – судебные органы
- Правоохранительные органы, силовые структуры, МЧС, военная служба
- Средства массовой информации (в т.ч. журналистика, блоггерство, реклама, СММ)
- Информационные технологии, связь, интернет
- Торговля (оптовая, розничная, онлайн продажи; в т.ч. – недвижимость)
- Финансовая и страховая деятельность, банковские услуги
- Транспортировка и хранение (складское хозяйство)
- Общественное питание, ресторанный и гостиничный бизнес
- Сфера услуг, сервиса, бытового обслуживания

**21. Выберите высказывание, которое наиболее точно описывает финансовые возможности Вашей семьи (один вариант ответа)**

- Нам не хватает даже на самое необходимое (пищу, необходимую одежду, недорогое лечение)
- Мы можем приобретать все самое необходимое, но не можем покупать дорогие товары длительного пользования (бытовая техника, электроника и др.)
- Время от времени мы можем приобретать дорогие товары длительного пользования
- Мы можем приобретать товары длительного пользования, но не можем приобрести такие вещи как квартиру, дом, или дорогой автомобиль
- Мы способны покупать такие вещи, как дом, квартиру или дорогой автомобиль

**22. Каково Ваше отношение к религии? (один вариант ответа)**

- Верующий и соблюдаю религиозные обряды
- Верующий, но не соблюдаю религиозные обряды
- Колеблюсь
- Мне все равно
- Не верующий, но уважаю чувства тех, кто верует
- Думаю, что с религией надо бороться
- Затрудняюсь ответить

**23. Если в предыдущем вопросе Вы отметили п.п. 1-3, то уточните, к какой религии Вы принадлежите? (один вариант ответа)**

- Исповедую православие
- Исповедую ислам
- Исповедую католицизм
- Исповедую протестантизм
- Исповедую буддизм
- Исповедую иудаизм
- Исповедую кришнаизм
- Исповедую восточную религию
- Исповедую традиционную религию своих предков, поклоняюсь богам и силам природы
- Верю в Бога (в высшую силу), но конкретную религию не исповедую

**24. Укажите страну, в которой Вы проживаете**

- Россия
- Другая \_\_\_\_\_

**25. Укажите Федеральный округ, в котором Вы постоянно проживаете (один вариант ответа)**

- Центральный
- Северо-Западный
- Южный
- Северо-Кавказский
- Приволжский
- Уральский
- Сибирский
- Дальневосточный

**Благодарим Вас за участие в опросе!**