

June 26, 1997

**1997 MOLDOVA REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

ID NUMBER HIDNO_1

RAION _____ RAION

CENSUS MAP _____ MAPA

URBAN/RURAL _____ HTYPE

LOCALITY _____ HCITY

VILLAGE _____ HLOCAL

STREET ADDRESS _____

BUILDING/HOUSE NUMBER _____

APARTMENT NUMBER _____

VISIT RECORD

Visit number HVSTNO	1	2	3	4
	Day Month	Day Month	Day Month	Day Month
Date of visit	HDOV HMOV	_____	_____	_____
Result* HRES	-----	-----	-----	-----
Interviewer HINT	_____	_____	_____	_____
Supervisor HSUP	-----	-----	-----	-----

* RESULT CODES

- 1 Completed Interview
- 2 No eligible woman (age 15-44) lives in the household
- 3 Nobody home
- 4 Selected Respondent not home
- 5 Household Refusal
- 6 Selected Respondent Refusal
- 7 Unoccupied house
- 8 Respondent incompetent _____
- 9 Other _____ HRES_OTH
- 10 Incomplete interview

1. How many families live in this flat/house? HNOFAM families

2. How many people normally live in this flat/house? HNOPEO _ people

3. How many females between the ages of 15 and 44 live in this flat/house? HNOW _ females

**IF NO ELIGIBLE WOMAN (AGE 15-44) LIVES IN THE HOUSEHOLD FINISH THE INTERVIEW (CODE=2)
IF THE HOUSEHOLD CONTAINS AT LEAST ONE ELIGIBLE WOMAN, CONTINUE**

4. For each of these women could you give me the following information (STARTING WITH THE OLDEST WOMAN TO THE YOUNGEST):

<u>No.</u>	<u>First Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>Education</u>	
				<u>Level*</u>	<u>Grade</u>
1	WNAME1 -----	WAGE1 -----	WMS1 -----	WEDL1	WEDG1
2	WNAME2 -----	WAGE2 -----	WMS2 -----	WEDL2	WEDG2
3	WNAME3 -----	WAGE3 -----	WMS3 -----	WEDL3	WEDG3
4	WNAME4 -----	WAGE4 -----	WMS4 -----	WEDL4	WEDG4
5	WNAME5 -----	WAGE5 -----	WMS5 -----	WEDL5	WEDG5
6	WNAME6 -----	WAGE6 -----	WMS6 -----	WEDL6	WEDG6

Marital Status

- 1 Married
- 2 Unregistered Marriage
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Never Married
- 9 Unknown

Education:

- 0 Never Attended School
- 1 Primary School
- 2 Secondary School
- 3 Technical School
- 4 University
- 9 Unknown

GO TO THE RANDOMIZATION TABLE

SELECTION OF INDIVIDUAL RESPONDENT USING RANDOMIZATION TABLE:

NUMBER OF ELIGIBLE WOMEN LIVING IN THE HOUSEHOLD (SEE # IN Q 3)	LAST DIGIT OF QUESTIONNAIRE NUMBER									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	3	4	1	2	3	4	1	2	3	4
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3

IF ONLY ONE WOMAN AGED 15-44 LIVES IN THIS HOUSEHOLD, WRITE "1" IN Q5

5. RANK ORDER OF THE SELECTED RESPONDENT: HSELECT

IF YOU DO NOT SPEAK WITH THE SELECTED RESPONDENT OR IF SHE IS NOT AVAILABLE FOR AN INTERVIEW AT THAT TIME, WRITE DOWN HER FIRST NAME AND SCHEDULE ANOTHER VISIT (DATE AND TIME)

FIRST NAME _____

DATE OF THE NEXT VISIT: _____ TIME: _____

1997 MOLDOVA REPRODUCTIVE HEALTH SURVEY INDIVIDUAL QUESTIONNAIRE

TIME STARTED: HOUR_BGN : MIN_BGN _____

ID NUMBER NUMAR_1 - NUMAR_2 _____

I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH Q100_MTH
YEAR 19 Q100_YR

99 DON'T KNOW

101. How old are you (at last birthday)? _____ YEARS OLD

99 DON'T KNOW

Q101_AGE

MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND

102. What is the highest grade in school you successfully completed, not counting the current grade you are in?

CLASSES

- | | | | |
|---|--|--|----|
| 000. NEVER ATTENDED | Q102_L | Q102_G | |
| 1. GENERAL SCHOOL/HIGH SCHOOL..... | 1 2 3 4 5 6 7 8 9 10 11 12 | | 99 |
| 2. PROFESSIONAL SCHOOL | 1 2 3 | | 99 |
| 3. TECHNICAL SCHOOL/POST HS | 1 2 3 4 5+ | | 99 |
| 4. UNIVERSITY/FACULTY | 1 2 3 4 5+ | | 99 |
| 5. POST UNIVERSITY/GRADUATE STUDIES | 1 2 3 4 5+ | | 99 |
| 999. DON'T REMEMBER/DON'T KNOW | | | |

104. Do you currently work outside of the home (at least 20 hours per week)?

Q104

- 1 YES—> **GO TO Q106**
- 2 YES, BUT ON MATERNITY/PREGNANCY LEAVE—> **GO TO Q106**
- 3 NO

105. What is the main reason that you are not working at this time?

- Q105**
1. ATTENDING SCHOOL
 2. VACATION
 3. LOOKING FOR WORK
 4. LAID OFF
 5. DOES NOT NEED/WANT/LIKE TO WORK
 6. MEDICAL LEAVE
 7. MATERNITY LEAVE
 8. INABILITY TO FIND/AFFORD CHILD CARE
 9. HOMEMAKER
 10. PERMANENT DISABILITY **Q105_OTH**
 20. OTHER (SPECIFY)-----

106. What is it that you most enjoy reading? (READ 1-7):

	<u>YES</u>	<u>NO</u>
1. Newspapers and Magazines Q106_A	1	2
2. Technical Books Q106_B	1	2
3. Classical Literature Q106_C	1	2
4. Recreational Literature Q106_D	1	2
5. Novels on Love and Adventure Stories Q106_E	1	2
6. Thrillers or Sci-Fi Q106_F	1	2
7. Bible/Religious Books Q106_G	1	2
8. Other (Please Specify)_ Q106_OTH Q106_H	1	2

107. Do you listen to the radio daily?

- Q107**
1. YES
 2. NO

108. What stations do you most often listen to?(CIRCLE ONE FOR ALL MENTIONED, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
RADIO MOLDOVA.....	1 Q108_A	2
RADIO ROMANIA	1 Q108_B	2
RADIO RUSIA.....	1 Q108_C	2
RADIO UCRAINA	1 Q108_D	2
RADIO NOVA.....	1 Q108_E	2
RADIO PLUS	1 Q108_F	2
POLIDISC	1 Q108_G	2
ELDORADIO	1 Q108_H	2
UNDA LIBERA.....	1 Q108_I	2
OTHER----- Q108_OTH	1 Q108_J	2

109. Within the past 6 months, have you listened to any program or ad on radio about family planning?

- Q109**
1. YES
 2. NO

110. More or less how many hours a day do you spend watching television?

- Q110**
- Hours a day-----
- 00 NEVER
 66. NOT EVERY DAY
 77. DOES NOT HAVE TV
 88. DON'T KNOW

111. What channels do you most often watch? (CIRCLE ONE FOR ALL MENTIONED, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
TV MOLDOVA (TVM)	1	2
TV ROMANIA (TVR1/PROTV)	1	2
TV MOSCOVA (OR1/XXI/ACT)	1	2
TV UCRAINA	1	2
TV CATALAN	1	2
TV PREDNISTROVIA (1PR)	1	2
CNN/BBC	1	2
OTHER <u>Q111_OTH</u>	1	2

112. Within the past 6 months, have you seen any program or ad on television about family planning?

Q112

1. YES
2. NO

113. Do you think information about contraception should be broadcast on radio or television?

Q113

1. YES
2. NO
8. NOT SURE

114. Are you currently married, not married but living with someone, separated, divorced, widowed, or have you never been married ?

Q114

- 1 MARRIED--> **GO TO Q116**
- 2 NOT MARRIED BUT LIVING WITH A PARTNER --> **GO TO Q116**
- 3 SEPARATED \->**GO TO Q116**
- 4 DIVORCED /
- 5 WIDOWED /
- 6 NEVER MARRIED

115. Have you ever lived with a boyfriend or partner?

Q115

1. YES
2. NO-->**GO TO BOX I-II PAGE 4**

116. How many times have you been married or lived with a man? _____ TIMES

Q116

117. In what month and year did you begin living with your (first) husband/partner?

MONTH Q117_MTH YEAR 19 Q117_YR 98 DON'T KNOW

118. When you first got married did you wish to have any children?

Q118

- 1 YES
- 2 NO----->**GOTO BOX 1-1**
- 3 NOT SURE---->**GOTO BOX 1-1**

119. How many children did you wish to have when you first got married?

Q119

- | | |
|--------|-----------------------------|
| 1. 1 | 6. 3-4 |
| 2. 1-2 | 7. 4 OR MORE |
| 3. 2 | 8. AS MANY AS GOD GIVES |
| 4. 2-3 | 20. OTHER: <u>Q119_OTH</u> |
| 5. 3 | 88. NOT SURE/DON'T REMEMBER |

BOX 1-1

IF Q114=3,4,5, OR 6 GO TO BOX I-II

120. What was the highest grade in school that your husband/partner completed?

	Q120	<u>CLASSES</u>	
000. NEVER ATTENDED		Q120_G	
1. GENERAL SCHOOL/HIGH SCHOOL	1 2 3 4 5 6 7 8 9 10 11 12		99
2. PROFESSIONAL SCHOOL	1 2 3		99
3. TECHNICAL SCHOOL/POST HS	1 2 3 4 5+		99
4. UNIVERSITY/FACULTY	1 2 3 4 5+		99
5. POST UNIVERSITY/GRADUATE STUDIES	1 2 3 4 5+		99
999. DON'T REMEMBER/ DON'T KNOW			

121. How old is your husband or partner?

Q121 AGE ____ (SPECIFY AGE AT LAST BIRTHDAY) 88 DO NOT KNOW

BOX I-II

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS OF AGE GO TO Q200

122. Is your father still alive?

- Q122**
- 1. YES
 - 2. NO —>GO TO Q124
 - 3. I NEVER KNEW HIM —> GO TO Q126
 - 8. DON'T KNOW —>GO TO Q124

123. Do you live with him?

- Q123**
- 1. YES —>GO TO Q125
 - 2. NO

124. Until what age did you live with your father?

Q124 AGE ____ 00 NEVER
88 DON'T REMEMBER

IF Q124 < 10 GO TO Q126

125. Were you close to your father when you were between 10 and 15 years of age?

- Q125**
- 1. VERY CLOSE
 - 2. CLOSE
 - 3. NOT CLOSE
 - 4. DID NOT LIVE WITH HIM BETWEEN 10-15
 - 8. DON'T REMEMBER

126. Is your mother still alive?

Q126

- 1. YES
- 2. NO —>GO TO Q128
- 3. I NEVER KNEW HER —>GO TO Q200
- 8. DON'T KNOW ----->GO TO Q128

127. Do you live with her?

Q127

- 1. YES —>GO TO Q129
- 2. NO

128. Until what age did you live with your mother?

AGE ____

00 NEVER

88 DON'T REMEMBER

Q128

IF Q128 < 10 GO TO Q200; OTHERWISE CONTINUE

129. Were you close to your mother when you were between 10 and 15 years of age?

Q129

- 1. VERY CLOSE
- 2. CLOSE
- 3. NOT CLOSE
- 4. DID NOT LIVE WITH HER BETWEEN 10-15
- 8. DON'T REMEMBER

130. What was the highest level of education that your mother finished in school or university?

CLASSES

Q130

Q130_G

000	NEVER ATTENDED		
1.	GENERAL SCHOOL/HIGH SCHOOL	1 2 3 4 5 6 7 8 9 10 11 12	99
2.	PROFESSIONAL SCHOOL	1 2 3	99
3.	TECHNICAL SCHOOL/POST HS	1 2 3 4 5+	99
4.	UNIVERSITY/FACULTY	1 2 3 4 5+	99
5.	POST UNIVERSITY/GRADUATE STUDIES	1 2 3 4 5+	99
999.	DON'T REMEMBER/ DON'T KNOW		

II. SEX EDUCATION

The next set of questions are about sex education.

201. Do you think schools should teach courses about reproductive biology, contraception, and prevention of sexually transmitted diseases?

Q201

- 1. YES
- 2 NO -> **GO TO 203**
- 8. DK
- 9. NR -->**GO TO 203**

202. At what year of age should they begin to teach about? (**READ A-C**)

- | | |
|--|-------------------------------------|
| A. How pregnancy occurs? Q202_A | 77. Should not be taught in school. |
| B. Contraception? Q202_B | 88. DK |
| C. STD's Q202_C | 99. NR |

SKIP TO BOX2-I

203. Now I want to read some reasons for which one may oppose sex education in school. Please tell me if you agree or don't agree. (**READ A-C**)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>NR</u>
A. Sex education will give adolescents the idea to begin sex earlier.	Q203_A 1	2	8	9
B. Sex education should be taught only in the house	Q203_B 1	2	8	9
C. Sex education goes against my religious beliefs	Q203_C 1	2	8	9

BOX2-I

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION III

204. Before you were 18 years old, did you ever talk with a parent about...(READ A-E)

		<u>YES</u>	<u>NO</u>	<u>PR</u>	<u>NR</u>
A. Menstrual Cycle?	Q204_A	1	2	8	9
B. How pregnancy occurs?	Q204_B	1	2	8	9
C. Methods of birth control?	Q204_C	1	2	8	9
D. Sexually transmitted diseases?	Q204_D	1	2	8	9
E. HIV/AIDS?	Q204_E	1	2	8	9

READ EACH QUESTION 205-207 FROM THE TABLE FOR EACH TOPIC OF SEX EDUCATION:

TOPIC	205. Before you were 18 years old, have you ever been taught at school about.? (READ A-G)	206. How old were you when you first were taught at school about...?	207. Who taught you at school about...?
A. Menstrual Cycle	1 YES --> GO TO Q206 2 NO --> GO TO Q205B 8 DK --> GO TO Q205B 9 NR --> GO TO Q205B Q205_A	--- Q206_A	Q207_A 1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER Q207_AOT 8 DON'T REMEMBER
B. Female Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205C 8 DR --> GO TO Q205C 9 NR --> GO TO Q205C Q205_B	--- Q206_B	Q207_B 1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER Q207_BOT 7 OTHER 8 DON'T REMEMBER
C. Male Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205D 8 DR --> GO TO Q205D 9 NR --> GO TO Q205D Q205_C	--- Q206_C	Q207_C 1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER Q207_COT 8 DON'T REMEMBER
D. How Pregnancy Occurs	1 YES --> GO TO Q206 2 NO --> GO TO Q205E 8 DR --> GO TO Q205E 9 NR --> GO TO Q205E Q205_D	--- Q206_D	Q207_D 1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER Q207_DOT 8 DON'T REMEMBER
E. Contraceptive Methods	1 YES --> GO TO Q206 2 NO --> GO TO Q205F 8 DR --> GO TO Q205F 9 NR --> GO TO Q205F Q205_E	--- Q206_E	Q207_E 1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER Q207_EOT 7 OTHER 8 DON'T REMEMBER
F. Sexually Transmitted Diseases	1 YES --> GO TO Q206 2 NO --> GO TO Q205G 8 DR --> GO TO Q205G 9 NR --> GO TO Q205G Q205_F	--- Q206F	Q207_F 1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER Q207_FOT 8 DON'T REMEMBER
G. HIV/AIDS	1 YES --> GO TO Q206 2 NO --> GO TO Q208 8 DR --> GO TO Q208 9 NR --> GO TO Q208 Q205_G	--- Q206G	Q207_G 1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER Q207_GOT 8 DON'T REMEMBER

208. Have you ever attended a lesson, course or lecture on sex education outside of school?

Q208

1. YES
2. NO --> **GO TO SECTION III**
8. DON'T REMEMBER --> **GO TO SECTION III**

209. Where did you get this lesson, course, or lecture on sex education?

Q209

1. POLICLINIC
2. WOMEN'S CONSULTATION CENTER
3. HOSPITAL
4. COMMUNITY CENTER
20. OTHER **Q209_OTH**
88. DON'T REMEMBER

III. FERTILITY/PREGNANCY

300. Are you currently pregnant?

Q300

- 1 YES
- 2 NO—>**GO TO Q305**
- 3 NOT SURE—>**GO TO Q305**

301. How many months pregnant are you now? _____ MONTHS

Q301

302. Just before you get pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?

Q302

1. WANTED TO GET PREGNANT THEN
2. WANTED TO GET PREGNANT LATER
3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE
8. NOT SURE

303. Is this your first pregnancy?

Q303

- 1 YES
- 2 NO----- >**GO TO Q307**
- 3 NOT SURE

304. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?

Q304

- 1 YES---- >**GO TO PREGNANCY TABLE**
- 2 NO ----->**GO TO MODULE IV**

305. Have you ever been pregnant?

Q305

- 1 YES----- >**GO TO Q307**
- 2 NO
- 3 NOT SURE
- 4 NEVER HAD SEX -> **GO TO MODULE IV**

306. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?

Q306

- 1 YES ---->**GO TO PREGNANCY TABLE**
- 2 NO ----->**GO TO MODULE IV**

307. Have you ever had any live-born children?

Q307

1. YES
- 2 NO >**GO TO PREGNANCY TABLE**

308. How many living children do you have, including those who do not live with you? _____ CHILDREN

Q308

309. Have you ever had a child born alive who later died or died right after birth?

Q309

1. YES
2. NO -> **GO TO PREGNANCY TABLE**

310. How many children died? _____ CHILDREN

Q310

310A. So altogether you had a total of _____ (Q308+Q310) live births?

Q310_A

1. YES
2. NO ---->**CHECK Q308 AND Q310 AND MAKE CHANGES IF NECESSARY**

PREGNANCY HISTORY

Now I would like to talk to you about all your pregnancies (not counting the current one). Please, make sure you include all pregnancies, it doesn't matter when they happened or how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your most recent pregnancy, please give me the following information:

311	312	313	314	315	316
					IF Q313B < 92 —>GO TO NEXT PREGNANCY
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Just before you get pregnant, did you want to get pregnant then, did yo want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>1</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH(SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_1	A. ___ MTH Q313A_1 B. ___ YEAR Q313B_1 98. DK 99. NR	1 ___ WEEKS Q314_1 OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_1	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_1
<u>2</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_2	A. ___ MTH Q313A_2 B. ___ YEAR Q313B_2 98. DK 99. NR	1 ___ WEEKS Q314_2 OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_2	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_2
<u>3</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH(SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_3	A. ___ MTH Q313A_3 B. ___ YEAR Q313B_3 98. DK 99. NR	1 ___ WEEKS Q314_3 OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_3	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_3
<u>4</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_4	A. ___ MTH Q313A_4 B. ___ YEAR Q313B_4 98. DK 99. NR	1 ___ WEEKS Q314_4 OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_4	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_4
<u>5</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH(SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_5	A. ___ MTH Q313A_5 B. ___ YEAR Q313B_5 98. DK 99. NR	1 ___ WEEKS Q314_5 OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_1	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_5

311	312	313	314	315	316
					IF Q313B <92 —>GO TO NEXT PREGNANCY
6	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_6	A. ___ MTH Q313A_6 B. ___ YEAR Q313B_6 98. DK 99. NR	1 ___ WEEKS OR Q314_6 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_6	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_6
7	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH(SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_7	A. ___ MTH Q313A_7 B. ___ YEAR Q313B_7 98. DK 99. NR	1 ___ WEEKS OR Q314_7 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_7	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_7
8	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH(SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_8	A. ___ MTH Q313A_8 B. ___ YEAR Q313B_8 98. DK 99. NR	1 ___ WEEKS OR Q314_8 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_8	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_8
9	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_9	A. ___ MTH Q313A_9 B. ___ YEAR Q313B_9 98. DK 99. NR	1 ___ WEEKS OR Q314_9 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_9	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_9
10	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_10	A. ___ MTH Q313A_10 B. ___ YEAR Q313B_10 98. DK 99. NR	1 ___ WEEKS OR Q314_10 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_10	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_10
11	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_11	A. ___ MTH Q313A_11 B. ___ YEAR Q313B_11 98. DK 99. NR	1 ___ WEEKS OR Q314_11 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_11	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_11

311	312	313	314	315	316
					IF Q313B < 92 —>GO TO NEXT PREGNANCY
<u>12</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH(SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANT Q312_12	A. ___ MTH Q313A_12 B. ___ YEAR Q313B_12 98. DK 99. NR	1 ___ WEEKS OR Q314_12 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_12	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_12
<u>13</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANT Q312_13	A. ___ MTH Q313A_13 B. ___ YEAR Q313B_13 98. DK 99. NR	1 ___ WEEKS OR Q314_13 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_13	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_13
<u>14</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANT Q312_14	A. ___ MTH Q313A_14 B. ___ YEAR Q313B_14 98. DK 99. NR	1 ___ WEEKS OR Q314_14 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_14	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_14
<u>15</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH(SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANT Q312_15	A. ___ MTH Q313A_15 B. ___ YEAR Q313B_15 98. DK 99. NR	1 ___ WEEKS OR Q314_15 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_15	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_15
<u>16</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANT Q312_16	A. ___ MTH Q313A_16 B. ___ YEAR Q313B_16 98. DK 99. NR	1 ___ WEEKS OR Q314_16 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_16	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_16
<u>17</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANT Q312_17	A. ___ MTH Q313A_17 B. ___ YEAR Q313B_17 98. DK 99. NR	1 ___ WEEKS OR Q314_17 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_17	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_17

311	312	313	314	315	316
					IF Q313B < 92 —>GO TO NEXT PREGNANCY
18	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH I (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_18	A. ___ MTH Q313A_18 B. ___ YEAR Q313B_18 98. DK 99. NR	1 ___ WEEKS OR Q314_18 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_18	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_18
19	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH I (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_19	A. ___ MTH Q313A_19 B. ___ YEAR Q313B_19 98. DK 99. NR	1 ___ WEEKS OR Q314_19 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_19	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_19
20	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH I (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_20	A. ___ MTH Q313A_20 B. ___ YEAR Q313B_20 98. DK 99. NR	1 ___ WEEKS OR Q314_20 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_20	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_20
21	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH I (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MINIABORTION 9. ECTOPIC PREGNANCY Q312_21	A. ___ MTH Q313A_21 B. ___ YEAR Q313B_21 98. DK 99. NR	1 ___ WEEKS OR Q314_21 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q316	1. BOY 2. GIRL 3. BOTH Q315_21	1. WANTED TO GET PREGNANT THEN 2. WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE Q316_21

BOX3-I

<p>>- THE FOLLOWING QUESTIONS ARE ONLY FOR PREGNANCIES ENDED BETWEEN 1992-1997. IF RESPONDENT HAD AT LEAST A LIVEBIRTH, STILLBIRTH, INDUCED ABORTION, OR MINIABORTION (Q312=1-5, 7, 8) ENDED BETWEEN 1992-1997 THEN <u>CONTINUE WITH 0317 ON THE NEXT PAGE;</u></p> <p>>- IF SHE HAD ONLY MISCARRIAGE(S) OR ECTOPIC PREGNANCY(IES) (Q312=6,9), <u>GO TO Q365 PAGE 16;</u></p> <p>>- IF SHE DID NOT HAVE ANY PREGNANCY IN 1992-1997 (CHECK Q313B), <u>GO TO MODULE IV, PAGE 17.</u></p>

317. **HOW MANY INDUCED ABORTIONS AND/OR MINIABORTIONS DID THE RESPONDENT HAVE BETWEEN JANUARY 1992 AND THE PRESENT (SEE PAGE 9)**

Q317_A 1. INDUCED ABORTIONS _____
Q317_M 2. MINIABORTIONS _____ (IF NO INDUCED ABORTION OR MINIABORTION, GO TO Q331)

318. COPY LINE #. FROM Q311	LAST ABORTION ----- Q318_1	NEXT TO LAST ABORTION -----	SECOND TO LAST A B. -----	THIRD TO LAST AB. -----
319. ABORTION TYPE (SEE Q312)	1 INDUCED ABORTION 2 MINIABORTION Q319_1	1. INDUCED ABORTION 2 MINIABORTION	1. INDUCED ABORTION 2. MINIABORTION	1. INDUCED ABORTION 2. MINIABORTION
320. What was the principal reason that you decided to have this abortion?	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN Q320_1 6 DID NOT HAVE A PARTNER 7. OTHER ---- Q320_1OT	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6 DID NOT HAVE A PARTNER 7. OTHER -----	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6 DID NOT HAVE A PARTNER 7. OTHER -----	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6 DID NOT HAVE A PARTNER 7. OTHER -----
321. Where was that abortion performed?	1. HOSPITAL (GYN WARD) 2. MATERNITY 3. OUTSIDE HOSPITAL 7. OTHER----- Q321_1OT Q321_1	1. HOSPITAL (GYN WARD) 2. MATERNITY 3. OUTSIDE HOSPITAL 7. OTHER-----	1. HOSPITAL (GYN WARD) 2. MATERNITY 3. OUTSIDE HOSPITAL 7. OTHER-----	1. HOSPITAL (GYN WARD) 2. MATERNITY 3. OUTSIDE HOSPITAL 7. OTHER-----
322. How much did you payed for that abortion?	----- LEI 000 NO CHARGE 777 GIFTS 888 DK Q322_1	----- LEI 000 NO CHARGE 777 GIFTS 888 DK	----- LEI 000 NO CHARGE 777 GIFTS 888 DK	----- LEI 000 NO CHARGE 777 GIFTS 888 DK
323. Soon after this abortion did you have any complications that required treatment?	1. YES 2 NO ----- > GO TO Q325 Q323_1	1 YES 2 NO ----- > GO TO Q325	1. YES 2 NO ----- > GO TO Q325	1. YES 2 NO ----- GO TO Q325
324. What was the most important complication?	1. PERFORATION 2. HEMORRHAGE 3. FEVER 4. DISCHARGE, INFECTION 5. PELVIC PAIN Q324_1OT 7. OTHER----- Q324_1	1. PERFORATION 2. HEMORRHAGE 3. FEVER 4. DISCHARGE, INFECTION 5. PELVIC PAIN 7. OTHER-----	1. PERFORATION 2. HEMORRHAGE 3. FEVER 4. DISCHARGE, INFECTION 5. PELVIC PAIN 7. OTHER-----	1. PERFORATION 2. HEMORRHAGE 3. FEVER 4. DISCHARGE, INFECTION 5. PELVIC PAIN 7. OTHER-----
325. How many nights did you spend in the hospital after that abortion (+re-admissions during the first month) ?	____ NIGHTS 88 DK Q325_1	____ NIGHTS 88 DK	____ NIGHTS 88 DK	____ NIGHTS 88 DK
326. Did you have any related health problems more than 6 months later?	1. YES 2. NO ----- > Q328 3. NOT YET 6 MTH. --- > Q328 8. DON'T REMEMBER --- > Q328 Q326_1	1 YES 2. NO ----- > Q328 3. NOT YET 6 MTH. --- > NEXT IA 8. DON'T REMEMBER --- > NEXT IA	1. YES 2. NO ----- > Q328 3. NOT YET 6 MTH. --- > NEXT IA 8. DON'T REMEMBER --- > NEXT IA	1. YES 2. NO ----- > Q328 3. NOT YET 6 MTH. --- > Q331 8. DON'T REMEMBER --- > Q331
327. What was the most important health problem?	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES Q327_1 5. IRREGULAR BLEEDINGS 6. DYSMENORREA 7. OTHER Q327_1OT	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDINGS 6. DYSMENORREA 7. OTHER	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDINGS 6. DYSMENORREA 7. OTHER	1. PIT.VIC PAIN 2. STERILITY 1 INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDINGS 6. DYSMENORREA 7. OTHER
328. Either before or after the most recent abortion, did a doctor talk to you about contraception?	1. YES 2. NO Q328_1 8. DON'T REMEMBER			
330. After the most recent abortion, did you receive a method of contraception or prescription?	1. GOT A METHOD \ \ GO TO 2. GOT PRESCRIPTION \ \ ABORTION 3. NO 8. DON'T REMEMBER \ / NEXT Q330_1			

331. HOW MANY BIRTHS HAS THE RESPONDENT HAD BETWEEN JANUARY 1992 AND PRESENT (SEE PG. 9)

- 1. LIVE BIRTHS**
2. STILLBIRTHS

_____ (IF NO LIVEBIRTH OR STILLBIRTH GO TO Q365 PAGE 16)

332. COPY LINE #. FROM Q311	LAST BIRTH -----	NEXT TO LAST BIRTH -----	SECOND TO LAST BIRTH -----																																																																																	
333. Did you smoke before you became pregnant?	1. YES 2. NO-->GO TO Q335 8. DON'T REMEMBER-->GO TO Q335 Q333_1	1. YES 2. NO-->GO TO Q335 8. DON'T REMEMBER-->GO TO Q335	1. YES 2. NO-->GO TO Q335 8. DON'T REMEMBER-->GO TO Q335																																																																																	
334. Did you continue to smoke during that pg. ?	1. YES 2. NO Q334_1	1. YES 2. NO	1. YES 2. NO																																																																																	
335. How many times per week did you drink alcoholic beverages during that pgnancy?	1. 4 TIMES OR MORE 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER Q335_1	1. 4 TIMES OR MORE 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER																																																																																	
336. During that pregnancy, did you have any prenatal care visits?	1. YES 2. NO-->GO TO Q345 8. DON'T REMEMBER-->GO TO Q345 Q336_1	1. YES 2. NO-->GO TO Q345 8. DON'T REMEMBER--> GO TO Q345	1. YES 2. NO-->GO TO Q345 8. DON'T REMEMBER-->GO TO Q345																																																																																	
337. How many months pregnant were you at the time of your first prenatal care visit?	MTH 88. DK 98. REF Q337_1	MTH 88. DK 98. REF	MTH 88. DK 98. REF																																																																																	
338. How many prenatal visits did you have during that pregnancy?	VISITS 88. DK 98. REF Q338_1	VISITS 88. DK 98. REF	VISITS 88. DK 98. REF																																																																																	
339. Where did you have most of the prenatal care visits?	1. PRIMARY HEALTH CARE UNIT 2. MEDICAL AMBULATORIUM 3. RAIONAL CONSULTATION FOR WOMEN 4. CITY CONSULTATION FOR WOMEN 5. REPUBLICAN POLYCLINIC 6. HOME 7. OTHER----- Q338_OT Q339_1	1. PRIMARY HEALTH CARE UNIT 2. MEDICAL AMBULATORIUM 3. RAIONAL CONSULTATION FOR WOMEN 4. CITY CONSULTATION FOR WOMEN 5. REPUBLICAN POLYCLINIC 6. HOME 7. OTHER-----	1. PRIMARY HEALTH CARE UNIT 2. MEDICAL AMBULATORIUM 3. RAIONAL CONSULTATION FOR WOMEN 4. CITY CONSULTATION FOR WOMEN 5. REPUBLICAN POLYCLINIC 6. HOME 7. OTHER-----																																																																																	
340. During those visits, did you receive any information about (READ A-H):	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>Q340_1A</td><td>1 2</td></tr> <tr><td>B. Smoking during Pregnan</td><td>Q340_1B</td><td>1 2</td></tr> <tr><td>C. Drinking Alcohol during</td><td>Q340_1C</td><td>1 2</td></tr> <tr><td>D. Breastfeeding</td><td>Q340_1D</td><td>1 2</td></tr> <tr><td>E. Delivery</td><td>Q340_1E</td><td>1 2</td></tr> <tr><td>F. Contraception</td><td>Q340_1F</td><td>1 2</td></tr> <tr><td>G. Warning Signs of Pg. Cor</td><td>Q340_1G</td><td>1 2</td></tr> <tr><td>H. Postnatal Care</td><td>Q340_1H</td><td>1 2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	Q340_1A	1 2	B. Smoking during Pregnan	Q340_1B	1 2	C. Drinking Alcohol during	Q340_1C	1 2	D. Breastfeeding	Q340_1D	1 2	E. Delivery	Q340_1E	1 2	F. Contraception	Q340_1F	1 2	G. Warning Signs of Pg. Cor	Q340_1G	1 2	H. Postnatal Care	Q340_1H	1 2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic.</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic.	1	2	H. Postnatal Care	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic.</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic.	1	2	H. Postnatal Care	1	2
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G. Warning Signs of Pg. Complic.	1	2																																																																																		
H. Postnatal Care	1	2																																																																																		
341. During those visits, did you have your blood pressure measured?	1. YES 2. NO-->GO Q343 8. DON'T REMEMBER-->GO TO Q343 Q341_1	1. YES 2. NO-->GO Q343 8. DON'T REMEMBER-->GO TO Q343	1. YES 2. NO-->GO Q343 8. DON'T REMEMBER-->GO TO Q343																																																																																	
342. During those visits, were you ever told that you have high blood pressure?	1. YES 2. NO 8. DON'T REMEMBER Q342_1	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER																																																																																	
343. Did you have any ultrasound exam during that pregnancy?	1. YES 2. NO----->GO TO Q345 8. DON'T REMEMBER-->GO TO Q345 Q343_1	1. YES 2. NO----->GO TO Q345 8. DON'T REMEMBER-->GO TO Q345	1. YES 2. NO----->GO TO Q345 8. DON'T REMEMBER-->GO TO Q345																																																																																	
344. How many months pregnant were you at the time of your (first) ultrasound exam?	_____ MTH 88 DON'T REMEMBER OR _____ WEEKS Q344_1	_____ MTH 88 DON'T REMEMBER OR _____ WEEKS	_____ MTH 88 DON'T REMEMBER OR _____ WEEKS																																																																																	
345. During that pregnancy, did you have any complications that required hospitalization?	1. YES 2. NO----->GO TO Q347 8. DON'T REMEMBER-->GO TO Q347 Q345_1	1. YES 2. NO----->GO TO Q347 8. DON'T REMEMBER-->GO TO Q347	1. YES 2. NO----->GO TO Q347 8. DON'T REMEMBER-->GO TO Q347																																																																																	

346. Did you have any of the following complications: (READ A-J)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Risk of Miscarriage</td><td>Q346A_1</td><td>1 2</td></tr> <tr><td>B. First Trimester Bleeding</td><td>Q346B_1</td><td>1 2</td></tr> <tr><td>C. Second Trimester Bleeding</td><td>Q346C_1</td><td>1 2</td></tr> <tr><td>D. Third Trimester Bleeding</td><td>Q346D_1</td><td>1 2</td></tr> <tr><td>E. High Blood Pressure</td><td>Q346E_1</td><td>1 2</td></tr> <tr><td>F. Diabetes</td><td>Q346F_1</td><td>1 2</td></tr> <tr><td>G. Heart Disease</td><td>Q346G_1</td><td>1 2</td></tr> <tr><td>H. Liver Disease</td><td>Q346H_1</td><td>1 2</td></tr> <tr><td>I. Urinary Tract Infection</td><td>Q346I_1</td><td>1 2</td></tr> <tr><td>J. Risk of Preterm Labor</td><td>Q346J_1</td><td>1 2</td></tr> <tr><td>K. Rh Isoimmunization</td><td>Q346K_1</td><td>1 2</td></tr> <tr><td>L. Other</td><td>Q346L_1</td><td>1 2</td></tr> </tbody> </table>		YES	NO	A. Risk of Miscarriage	Q346A_1	1 2	B. First Trimester Bleeding	Q346B_1	1 2	C. Second Trimester Bleeding	Q346C_1	1 2	D. Third Trimester Bleeding	Q346D_1	1 2	E. High Blood Pressure	Q346E_1	1 2	F. Diabetes	Q346F_1	1 2	G. Heart Disease	Q346G_1	1 2	H. Liver Disease	Q346H_1	1 2	I. Urinary Tract Infection	Q346I_1	1 2	J. Risk of Preterm Labor	Q346J_1	1 2	K. Rh Isoimmunization	Q346K_1	1 2	L. Other	Q346L_1	1 2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Risk of Miscarriage</td><td>1</td><td>2</td></tr> <tr><td>B. First Trimester Bleeding</td><td>1</td><td>2</td></tr> <tr><td>C. Second Trimester Bleeding</td><td>1</td><td>2</td></tr> <tr><td>D. Third Trimester Bleeding</td><td>1</td><td>2</td></tr> <tr><td>E. High Blood Pressure</td><td>1</td><td>2</td></tr> <tr><td>F. Diabetes</td><td>1</td><td>2</td></tr> <tr><td>G. Heart Disease</td><td>1</td><td>2</td></tr> <tr><td>H. Liver Disease</td><td>1</td><td>2</td></tr> <tr><td>I. Urinary Tract Infection</td><td>1</td><td>2</td></tr> <tr><td>J. Risk of Preterm Labor</td><td>1</td><td>2</td></tr> <tr><td>K. Rh Isoimmunization</td><td>1</td><td>2</td></tr> <tr><td>L. Other</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Risk of Miscarriage	1	2	B. First Trimester Bleeding	1	2	C. Second Trimester Bleeding	1	2	D. Third Trimester Bleeding	1	2	E. High Blood Pressure	1	2	F. Diabetes	1	2	G. Heart Disease	1	2	H. Liver Disease	1	2	I. Urinary Tract Infection	1	2	J. Risk of Preterm Labor	1	2	K. Rh Isoimmunization	1	2	L. Other	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Risk of Miscarriage</td><td>1</td><td>2</td></tr> <tr><td>B. First Trimester Bleeding</td><td>1</td><td>2</td></tr> <tr><td>C. Second Trimester Bleeding</td><td>1</td><td>2</td></tr> <tr><td>D. Third Trimester Bleeding</td><td>1</td><td>2</td></tr> <tr><td>E. High Blood Pressure</td><td>1</td><td>2</td></tr> <tr><td>F. Diabetes</td><td>1</td><td>2</td></tr> <tr><td>G. Heart Disease</td><td>1</td><td>2</td></tr> <tr><td>H. Liver Disease</td><td>1</td><td>2</td></tr> <tr><td>I. Urinary Tract Infection</td><td>1</td><td>2</td></tr> <tr><td>J. Risk of Preterm Labor</td><td>1</td><td>2</td></tr> <tr><td>K. Rh Isoimmunization</td><td>1</td><td>2</td></tr> <tr><td>L. Other</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Risk of Miscarriage	1	2	B. First Trimester Bleeding	1	2	C. Second Trimester Bleeding	1	2	D. Third Trimester Bleeding	1	2	E. High Blood Pressure	1	2	F. Diabetes	1	2	G. Heart Disease	1	2	H. Liver Disease	1	2	I. Urinary Tract Infection	1	2	J. Risk of Preterm Labor	1	2	K. Rh Isoimmunization	1	2	L. Other	1	2
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347. Was the baby born by vaginal delivery or by cesarean section?	1. VAGINAL DELIVERY--> GO TO Q349 2. CESAREAN SECTION Q347_1	1. VAGINAL DELIVERY-> GO TO Q349 2. CESAREAN SECTION	1. VAGINAL DELIVHRY-> GO TO Q349 2. CESAREAN SECTION																																																																																																																					
348. Do you know what was the reason or reasons you had to deliver by cesarean section ?	1. FETOPELVIC DISPROPORTION 2. UNFAVORABLE PRESENT A HON 3. FETAL DISTRESS 4. UTERINE DYSFUNCTION 5. PLACENTA PREVIA OR SEPARATED 6. RUPTURED UTERUS 7. PREECLAMPSIA/ECLAMPSIA 8. DIABETES 9. REPEAT CESAREAN SECTION 88. DON'T KNOW Q348_OT Q348_I 20. OTHER-----	1. FETOPELVIC DISPROPORTION 2. UNFAVORABLE PRESENT A HON 3. FETAL DISTRESS 4. UTERINE DYSFUNCTION 5. PLACENTA PREVIA OR SEPARATED 6. RUPTURED UTERUS 7. PREECLAMPSIA/ECLAMPSIA 8. DIABETES 9. REPEAT CESAREAN SECTION 88. DON'T KNOW 20. OTHER-----	1. FETOPELVIC DISPROPORTION 2. UNFAVORABLE PRESENT A HON 3. FETAL DISTRESS 4. UTERINE DYSFUNCTION 5. PLACENTA PREVIA OR SEPARATED 6. RUPTURED UTERUS 7. PREECLAMPSIA/ECLAMPSIA 8. DIABETES 9. REPEAT CESAREAN SECTION 88. DON'T KNOW 20. OTHER-----																																																																																																																					
349. How long had you been in labor with that pregnancy (regular contractions 5 apart)?	-----HOURS 88. DON'T REMEMBER Q349_I	-----HOURS 88. DON'T REMEMBER	-----HOURS 88. DON'T REMEMBER																																																																																																																					
350. How much did that baby weigh at birth?	----- GRAMS Q350_I 8888 DON'T KNOW	-----GRAMS 8888 DON'T KNOW	-----GRAMS 8888 DON'T KNOW																																																																																																																					
351. During the first 6 weeks after birth, did you have any of the following complications: (READ A-H):	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Severe Bleeding</td><td>Q351_1A</td><td>1 2</td></tr> <tr><td>B. Bad-smelling Vaginal Discharge</td><td>Q351_1B</td><td>1 2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>Q351_1C</td><td>1 2</td></tr> <tr><td>D. Faint/coma</td><td>Q351_1D</td><td>1 2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>Q351_1E</td><td>1 2</td></tr> <tr><td>F. Disuria</td><td>Q351_1F</td><td>1 2</td></tr> <tr><td>G. Painful Uterus</td><td>Q351_1G</td><td>1 2</td></tr> <tr><td>H. Breast Infection</td><td>Q351_1H</td><td>1 2</td></tr> </tbody> </table>		YES	NO	A. Severe Bleeding	Q351_1A	1 2	B. Bad-smelling Vaginal Discharge	Q351_1B	1 2	C. Infection of Surgical Wound	Q351_1C	1 2	D. Faint/coma	Q351_1D	1 2	E. High Fever (39-40c)	Q351_1E	1 2	F. Disuria	Q351_1F	1 2	G. Painful Uterus	Q351_1G	1 2	H. Breast Infection	Q351_1H	1 2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>B. Bad-smelling Vaginal Discharge</td><td>1</td><td>2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1</td><td>2</td></tr> <tr><td>D. Faint/coma</td><td>1</td><td>2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1</td><td>2</td></tr> <tr><td>F. Disuria</td><td>1</td><td>2</td></tr> <tr><td>G. Painful Uterus</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Vaginal Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Disuria	1	2	G. Painful Uterus	1	2	H. Breast Infection	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>B. Bad-smelling Vaginal Discharge</td><td>1</td><td>2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1</td><td>2</td></tr> <tr><td>D. Faint/coma</td><td>1</td><td>2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1</td><td>2</td></tr> <tr><td>F. Disuria</td><td>1</td><td>2</td></tr> <tr><td>G. Painful Uterus</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Vaginal Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Disuria	1	2	G. Painful Uterus	1	2	H. Breast Infection	1	2																																				
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352. During the first 6 weeks after birth, did you have any postnatal care visit?	1. YES 2. NO -----> GOTOQ354 8. DON'T REMEMBER -> GO TO Q354 Q352_I	1. YES 2. NO -----> GO TO Q354 8. DON'T REMEMBER -> GO TO Q354	1. YES 2. NO -----> GO TO Q354 8. DON'T REMEMBER -> GO TO Q354																																																																																																																					
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354. Did you breastfeed?	1. YES 2. NO -----> GO TO Q359 Q354_I	1. YES 2. NO-> GO TO NEXT BIRTH	1. YES 2. NO -----> GO TO Q365																																																																																																																					
355. How long after birth did you started breastfeeding?	1. ____ HOURS 777. LESS THAN 1 HOUR 2. ____ DAYS 888. DON'T REMEMBER Q355_I	1. ____ HOURS 777. LESS THAN 1 HOUR 2. ____ DAYS 888. DON'T REMEMBER	1. ____ HOURS 777. LESS THAN 1 HOUR 2. ____ DAYS 888. DON'T REMEMBER																																																																																																																					
356. Are you still breastfeeding?	1. YES -----> GO TO Q358 2. NO Q356_I																																																																																																																							
357. How old was the baby when you stopped breastfeeding?	1. ____ DAYS 2. ____ MTH 888. DON'T REMEMBER Q357_I	1. ____ DAYS 2. ____ MTH 888. DON'T REMEMBER	1. ____ DAYS 2. ____ MTH 888. DON'T REMEMBER																																																																																																																					
358. How old was the baby when you start feeding with other food than breastmilk?	____ MTH 77. NOT YET 88. DON'T REMEMBER Q358_I CONTINUE WITH Q359	____ MTH 88. DON'T REMEMBER GO TO THE NEXT BIRTH	____ MTH 88. DON'T REMEMBER GO TO Q365																																																																																																																					

		LAST BIRTH (COPY THE LINE # FROM PAGE 14)					
		NASTERE					
359. Where did you give birth the last time?	1. HOSPITAL, MATERNITY 2. BIRTH HOUSE 3. OTHER MEDICAL FACILITY _____ 4. HOME --- >GO TO Q363 5. ON THE WAY TO HOSPITAL > GO TO Q363					Q359_1	
360. Would you rank the place you gave birth last time as good, fair or poor in the following areas: (READ A-F)	A. Hygiene B. Comfort C. Hospital crowdedness D. Permission for visitors E. Competence of health professional F. Behavior of health professionals	GOOD	FAIR	POOR	DON'T KNOW		
		Q360_1A	1	2	3	8	
		Q360_1B	1	2	3	8	
		Q360_1C	1	2	3	8	
		Q360_1D	1	2	3	8	
		Q360_1E	1	2	3	8	
		Q360_1F	1	2	3	8	
361. With how many women were you sharing the hospital room after birth?	_____ WOMEN	88. DON'T REMEMBER					Q361_1
362. How many days after birth did you leave the hospital?	_____ DAYS	88. DON'T REMEMBER					Q362_1
363. How many months after birth did your period return?	_____ MONTHS	77. NOT YET 88. DON'T REMEMBER					Q363_1
364. How many months after birth did you resume sexual relations?	_____ MONTHS	77. NOT YET 88. DON'T REMEMBER					Q364_1
GO TO NEXT TO LAST BIRTH, PAGE 14							

365. **CIRCLE WHAT WAS THE OUTCOME OF THE LAST PREGNANCY THAT ENDED BETWEEN 1992-1997 (SEE Q312_1 AND Q313B-1 PAGE 9)**

Q365

1. LIVE BIRTH OR STILLBIRTH
2. INDUCED ABORTION OR MINIABORTION
3. MISCARRIAGE OR ECTOPIC PREGNANCY

366. BEFORE your last pregnancy did your partner or ex-partner physically abuse you in one of the following ways:

	<u>YES</u>	<u>NO</u>	<u>DON'T REMEMBER</u>
A. Did he push, shove, or slap you?	Q366_A 1	2	8
B. Did he kick you or hit you with his fists or an object?	Q366_B 1	2	8
C. Did he threaten you with a knife or other weapon?	Q366_C 1	2	8
D. Did he beat you up?	Q366_D 1	2	8
E. Did he force you to have sexual intercourse against your will?	Q366_E 1	2	8

367. DURING your last pregnancy did your partner or ex-partner physically abuse you in one of the following ways:

	<u>YES</u>	<u>NO</u>	<u>DON'T REMEMBER</u>
A. Did he push, shove, or slap you?	Q367_A 1	2	8
B. Did he kick you or hit you with his fists or an object?	Q367_B 1	2	8
C. Did he threaten you with a knife or other weapon?	Q367_C 1	2	8
D. Did he beat you up?	Q367_D 1	2	8
E. Did he force you to have sexual intercourse against your will?	Q367_E 1	2	8

368. How about the first 6 months AFTER your last pregnancy,....:

	<u>YES</u>	<u>NO</u>	<u>DON'T REMEMBER</u>
A. Did he push, shove, or slap you?	Q368_A 1	2	8
B. Did he kick you or hit you with his fists or an object?	Q368_B 1	2	8
C. Did he threaten you with a knife or other weapon?	Q368_C 1	2	8
D. Did he beat you up?	Q368_D 1	2	8
E. Did he force you to have sexual intercourse against your will?	Q368_E 1	2	8

IV FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

For each of the following methods of preventing pregnancy, please tell me:

METHOD	400. Have you ever heard of it?	401. Do you know how to use it?	402. Have you ever used it?	403. Do you know where to get it?	404. From whom did you hear about it? (SEE CODES BELOW)
A. Pills	1 Yes—>Q401 2 No—>B Q400_A	1 Yes—>Q402 2 No—>Q402 Q401_A	1 Yes\ 2 No / Q403 Q402_A	1 Yes\ 2 No /Q404 Q403_A	Q404_A
B. IUD	1 Yes—>Q401 2 No—>C Q400_B	1 Yes—>Q402 2 No—>Q402 Q401_B	1 Yes\ 2 No / Q403 Q402_B	1 Yes\ 2 No /Q404 Q403_B	Q404_B
C. Condoms	1 Yes—>Q401 2 No—>D Q400_C	1 Yes—>Q402 2 No—>Q402 Q401_C	1 Yes\ 2 No / Q403 Q402_C	1 Yes\ 2 No /Q404 Q403_C	Q404_C
D. Foam/Jelly/ Cream	1 Yes—>Q401 2 No—>E Q400_D	1 Yes—>Q402 2 No—>Q402 Q401_D	1 Yes\ 2 No / Q403 Q402_D	1 Yes\ 2 No /Q404 Q403_D	Q404_D
E. Female Sterilization	1 Yes—>Q401 2 No—>F Q400_E	1 Yes—>Q402 2 No—>Q402 Q401_E	1 Yes\ 2 No / Q403 Q402_E	1 Yes\ 2 No /Q404 Q403_E	Q404_E
F. Vasectomy	1 Yes—>Q401 2 No—>G Q400_F	1 Yes—>Q402 2 No—>Q402 Q401_F	1 Yes\ 2 No / Q403 Q402_F	1 Yes\ 2 No /Q404 Q403_F	Q404_F
G. Norplant	1 Yes—>Q401 2 No—>H Q400_G	1 Yes—>Q402 2 No—>Q402 Q401_G	1 Yes\ 2 No / Q403 Q402_G	1 Yes\ 2 No /Q404 Q403_G	Q404_G
H. Injectables (Depo-Provera)	1 Yes—>Q401 2 No—>I Q400_H	1 Yes—>Q402 2 No—>Q402 Q401_H	1 Yes\ 2 No / Q403 Q402_H	1 Yes\ 2 No /Q404 Q403_H	Q404_H
I. Rhythm/Calendar	1 Yes—>Q401 2 No—>J Q400_I	1 Yes—>Q402 2 No—>Q402 Q401_I	1 Yes\ 2 No / Q404 Q402_I		Q404_I
J. Withdrawal	1 Yes—>Q401 2 No—>Q405 Q400_J	1 Yes—>Q402 2 No—>Q402 Q401_J	1 Yes\ 2 No / Q404 Q402_J		Q404_J

CODES FOR Q404

- | | |
|------------------------|--------------------------------------|
| 1. Mother | 9. Doctor, Medical Assistant/Nurse |
| 2. Father | 10. Teacher |
| 3. Relative | 11. Books |
| 4. Boyfriend | 12. Newspapers, magazines, brochures |
| 5. Friend | 13. TV |
| 6. Co-Worker | 14. Radio |
| 7. Partner/Husband | 20. Other (specify): _____ |
| 8. Someone who uses it | 88. Don't remember |

405. Looking at this CARD, please tell me which do you think is the most effective contraceptive method?
(SHOW CARD A)

Q405

- 1 Pills
- 2 IUD
- 3 Condom
- 4 Foams/jelly/creams
- 7 Female Sterilization
- 8 Norplant
- 9 Injectables (Depo-provera)
- 11 Rhythm Method
- 12 Withdrawal
- 19 Douching after Intercourse
- 77 NONE OF THEM
- 88 DON'T KNOW/NOT SURE

406. For each of these methods on CARD A, please tell me how effective it is in **pregnancy whittle used** correctly; please tell has is high, medium, or low effectiveness:

		HIGH. EFFECTIVENESS	MEDIUM EFFECTIVENESS	LOW EFFECTIVENESS	DON'T KNOW
1. PILLS.....	Q406_1	1	2	3	8
2. IUD	Q406_2	1	2	3	8
3. CODOM	Q406_3	1	2	3	8
4. FOAMS/JELLY/CREAMS	Q406_4	1	2	3	8
7. FEMALE STERILIZATION	Q406_7	1	2	3	8
8. NORPLANT	Q406_8	1	2	3	8
9. DEPO-PROVERA.....	Q406_9	1	2	3	8
11. RHYTHM METHOD	Q406_11	1	2	3	8
12. WITHDRAWAL	Q406_12	1	2	3	8
19. DOUCHING AFTER INTERCOURSE	Q406_19	1	2	3	8

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO Q420 PAGE 20

408. How old were you when you had your first menstruation _____ AGE

Q408

- 00. NOT YET
- 88. DON'T REMEMBER
- 99. REFUSE TO ANSWER

409. Did you know what menstruation was at that time?

Q409

- 1. YES
- 2. NO
- 8. NOT SURE

410. Now I have some questions about your first sexual intercourse. When did you have sexual intercourse for the first time - in what month and year was that? (**PROBE: Can you tell me what year that was?**)

A _____ MONTH B _____ YEAR

Q410_MTH

Q410_YR

- 00. NEVER HAD SEXUAL INTERCOURSE->GO TO Q601
- 98. DON'T REMEMBER
- 99. REFUSE TO ANSWER

411. How old were you at that time? _____ YEARS

Q411

- 88. DON'T REMEMBER/DON'T KNOW

412. At the time you first had sexual intercourse, what was your relationship to your partner?

Q412

1. HUSBAND
2. FIANCEE, ENGAGED TO BE MARRIED
3. BOYFRIEND
4. FRIEND
5. ACQUAINTANCE
6. JUST MET
7. RELATIVE
8. FORCED INTERCOURSE / RAPE → GO TO Q421
20. OTHER (SPECIFY) _____ Q412_OTH
88. DON'T REMEMBER

413. How old was your first partner? _____ YEARS

88. DK/DR

Q413

414. How long were you and your first partner dating when you first had sexual relations?

Q414

1. _____ DAYS OR 2. _____ WEEKS OR 3. _____ MONTHS OR 4. _____ YEARS

000=FIRST TIME WE MET

888=DONT REMEMBER

999=NO RESPONSE

777=OTHER _____ Q414_OTH

415. Before you had sex for the first time, did you and your partner ever talk about using contraception?

Q415

1. YES
2. NO
8. DON'T REMEMBER

416. At the time you had first sexual intercourse, did you or your partner use any contraceptive method?

Q416

1. YES
2. NO →GO TO Q419
8. DK →GO TO Q421
9. REF→GO TO Q421

417. Which contraceptive method did you or your partner use at the first intercourse?

Q417

- 1 PILLS
- 2 IUD
- 3 CONDOM
- 4 FOAM/JELLY/CREAM/VAGINAL FILMS
- 8 NORPLANT
- 9 INJECTABLES
- 11 CALENDAR METHOD
- 12 WITHDRAWAL
- 19 DOUCHE
- 20 OTHER: _____ Q417_OTH
- 77 NONE
- 88 DON'T KNOW/DON'T REMEMBER

418. Who made then decision to use contraception at that time? (READ 1-3)

Q418

1. You
2. Your partner
3. Both you and your partner
8. Don't remember

GO TO Q421

419. What was the main reason for not using a contraceptive method at that time?

Q419

- 1 SEX WAS NOT EXPECTED
- 2 THOUGHT IT WAS A SAFE TIME OF THE MONTH
- 3 COULD NOT FIND A CONTRACEPTIVE METHOD/UNAVAILABLE/DIFFICULT TO GET
- 4 RESPONDENT WAS AGAINST IT
- 5 PARTNER WAS AGAINST IT
- 6 DID NOT KNOW ABOUT CONTRACEPTION
- 7 WANTED TO GET PREGNANT
- 8 DID NOT WANT TO USE A METHOD
- 9 DID NOT THINK ABOUT USING A METHOD
- 10 NEGLIGENCE
- 20 OTHER (SPECIFY) _____ Q419_OTH
- 88 DON'T REMEMBER/DON'T KNOW

GO TO Q421

420. How old were you at the time of your first sexual intercourse?

Q420

_____ YEARS

00. NEVER HAD INTERCOURSE—>GO TO Q601 PAGE 29
88. DK/DR

421. During the past 30 days (past month) have you had sexual intercourse?

Q421

1. YES —>GO TO Q423
2. NO
9. REF

422. During the past 3 months, have you had sexual intercourse?

Q422

1. YES
2. NO —>GO TO Q424
9. REF —>GO TO Q424

423. During the past 3 months, with how many different partners have you had intercourse?

Q423

_____ PARTNERS

88. DK
99. NR

424. In your lifetime, with how many different partners have you had intercourse?

Q424

_____ PARTNERS

88. DK
99. NR

425. When was the last time you had sexual intercourse?

____ MONTH

Q425_MTH

19 ____ YEAR

Q425_YR

98. DK
99. NR

V. CURRENT AND PAST CONTRACEPTIVE USE

501. **RECORD WHETHER RESPONDENT REPORTED HAVING USED ANY METHOD (ANY Q402=1)**

Q501

- 1 NEVER USED (NO Q402=1)
- 2 EVER USED (ANY 0402=1)—>**GO TO Q503**

502. So, you said that you or any of your partners have never used any method to prevent pregnancy?

Q502

- 1 NEVER USED—>**GO TO Q514 PAGE 23**
- 2 EVER USED—>**CORRECT Q402 THEN CONTINUE**

503. Are you (or your partner) currently using (in the last 30 days) any method or doing anything to prevent pregnancy?

Q503

- 1 YES
- 2 NO—>**GO TO Q514 PAGE 23**

504. What method are you currently using?

Q504

- 1. PILLS
- 2. IUD
- 3. CONDOM ----->**GO TO Q506**
- 4. FOAM/JELLY/CREAMS
- 5. CONDOM + SPERMICIDE—>**GO TO Q506**
- 6. CONDOM +WITHDRAWAL/CALENDAR->**GO TO Q506**
- 7. FEMALE STERILIZATION
- 8. NORPLANT
- 9. INJECTABLES(DEPO PROVERA)
- 10. OTHER MODERN METHODS **Q504_OTH**
- 11. CALENDAR
- 12. WITHDRAWAL
- 13. WITHDRAWAL AND CALENDAR
- 20. OTHER TRADITIONAL METHODS _____
- 88. NOT SURE

505. In the last 30 days, did you and your partner ever use a condom in addition to the method you are using?

Q505

- 1 YES
- 2 NO

506. In the last 30 days did you/your partner use (**METHOD FROM Q504**) every time you had sexual intercourse?

Q506A

- 1 YES
- 2 NO

BOX 5-1 Q506B

IF Q504 = 1-10, OR 88 GO TO Q509; IF SHE USES NATURAL METHODS (Q504 =11-20), CONTINUE

507. Please tell me whether each of the following reasons was very important, somewhat important, or not important at all in your decision to use a traditional method instead of a modern method:

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>	<u>Not Sure</u>
A. Difficult to get these methods	Q507_A 1	2	3	8
B. Cost of these methods	Q507_B 1	2	3	8
C. Little knowledge of these methods	Q507_C 1	2	3	8
D. Health /Side effects	Q507_D 1	2	3	8
E. Husband/Partner preference	Q507_E 1	2	3	8
F. Religious beliefs	Q507_F 1	2	3	8
G. Doctor's recommendation	Q507_G 1	2	3	8

508. How effective at preventing pregnancy do you think _____ (FILL IN THE METHOD USED) is compared to modern methods, like the pill or the IUD? (READ 1-3)

Q508

- 1 Current method more effective
- 2 About equally effective
- 3 Current method less effective
- 8 DON'T KNOW/NOT SURE

509. Would you prefer to use a different method of family planning from the one you are currently using?

Q509

- 1 YES
- 2 NO—>GO TO Q512

510. What method would you prefer to use?

Q510

1. PILLS
2. IUD
3. CONDOM
4. FOAM/JELLY/CREAMS
5. CONDOM+SPERMICIDE
6. CONDOM +WITHDRAWAL/CALENDAR
7. FEMALE STERILIZATION
8. NORPLANT
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS _____ Q510_OTH
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL AND CALENDAR
20. OTHER TRADITIONAL METHODS _____
88. NOT SURE

511. What is the most important reason that you do not use that method?

Q511

- 1 DOCTOR WILL NOT PRESCRIBE IT
- 2 COST
- 3 NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT ACCESS
- 4 TOO FAR AWAY
- 5 DO NOT KNOW HOW TO OBTAIN IT
- 6 HUSBAND/PARTNER OBJECTS TO IT
- 7 RELIGIOUS REASONS
- 8 FEAR OF SIDE EFFECTS
- 9 HAS NOT YET MADE UP HER MIND
- 20 OTHER _____ Q511_OTH
- 88 DON'T KNOW

512. Do you have any problems or concerns with using your current method?

Q512

- 1 YES
- 2 NO—>GO TO Q519

513. What is the most important problem?

Q513

- 1 SIDE EFFECTS
- 2 HEALTH CONCERNS
- 3 ACCESS/AVAILABILITY
- 4 COST
- 5 SOMETIMES FORGET TO USE
- 6 SOMETIMES DIFFICULT/INCONVENIENT TO USE
- 7 HUSBAND/PARTNER DISAPPROVES
- 8 LESS EFFECTIVE METHOD/GOT PREGNANT WHILE USING IT
- 20 OTHER _____ Q513_OTH
- 88 DK/DR

BOX 5-II

GO TO Q519 PAGE 24

514. What is the main reason that you or your partner are not currently using a contraceptive method?

Q514

1. DOES NOT CURRENTLY HAVE A PARTNER/ NOT SEXUALLY ACTIVE IN THE LAST MONTH
2. TRYING TO GET PREGNANT
3. POSTPARTUM/BREASTFEEDING
4. CURRENTLY PREGNANT
5. HYSTERECTOMY/MENOPAUSE >GO TO Q519
6. DOCTOR SAID HER PARTNER CANNOT HAVE CHILDREN -----> GO TO Q519
7. SHE/COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DID NOT SUCCEED
8. FEAR OF SIDE EFFECTS
9. CONCERNED ABOUT LONG TERM HEALTH PROBLEMS
10. LOVEMAKING WOULD BE INTERRUPTED
11. BIRTH CONTROL IS DIFFICULT TO USE
12. BIRTH CONTROL IS TOO MESSY
13. CANNOT AFFORD BIRTH CONTROL (COSTS TOO MUCH)
14. BIRTH CONTROL IS DIFFICULT TO GET (TOO FAR AWAY)
15. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
16. RESPONDENT DOES NOT WANT TO USE A METHOD
17. PARTNER OBJECTS TO USING METHOD
18. OBJECTS DUE TO RELIGIOUS REASONS
19. DOES NOT KNOW WHERE TO GET METHOD
20. DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
21. RESPONDENT DOES NOT THINK SHE CAN GET PREGNANT
22. DIDN'T THINK ABOUT IT
23. NEGLIGENCE
77. OTHER (SPECIFY) _____ Q514_OTH
88. DK

515. Do you think that you will use a contraceptive method during the next 12 months?

Q515

1. YES-----> **GO TO Q517**
2. NO
8. NOT SURE

516. Do you think that you will use a contraceptive method any time in the future?

Q516

1. YES
2. NO ----- > **GO TO Q519**
8. NOT SURE-----> **GO TO Q519**

517. What method would you want to use most?

Q517

1. PILLS
2. IUD
3. CONDOM
4. FOAM/JELLY/CREAMS
5. CONDOM+SPERMICIDES
6. CONDOM +WITHDRAWAL/CALENDAR
7. FEMALE STERILIZATION
8. NORPLANT
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS _____ Q517_OTH
11. CALENDAR ----->**GO TO Q519**
12. WITHDRAWAL ----->**GO TO Q519**
13. WITHDRAWAL AND CALENDAR -----> **GO TO Q519**
20. OTHER TRADITIONAL METHODS-----> **GO TO Q519**
88. NOT SURE ----->**GO TO Q519**

518. On average, how much are you willing to pay for contraception, per month?

Q518

_____ Lei 888= NOT SURE/DON'T KNOW

519. During the last year, how often did you talk about contraception with your husband/ partner?

Q519

- 1. NEVER----- >GO TO Q521
- 2. ONE OR TWO TIMES
- 3. THREE TIMES OR MORE
- 4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR ----->GO TO Q521

520. Generally, does your husband/ partner approve or disapprove with the use of contraceptive methods?

Q520

- 1. APPROVE
- 2. DISAPPROVE
- 8. NOT SURE/DON'T KNOW

521. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you ever used condoms with a partner only for birth control, only to prevent diseases, or have you used them for both reasons?

Q521

- 1. BIRTH CONTROL ONLY ----->GO TO BOX 5-III
- 2. DISEASE PREVENTION ONLY—>GO TO BOX 5-III
- 3 BOTH ----- >GO TO BOX 5-III
- 4. NEVER USED CONDOM
- 8. OTHER _____ Q521_OTH

522. Why have you and your partner(s) never used condoms?

Q522

- 1. PREVENTING PREGNANCY IS WOMAN'S RESPONSIBILITY
- 2. PARTNER(S) OBJECTED TO USE CONDOMS
- 3. HAVE ONLY ONE PARTNER
- 4. THEY ARE ONLY FOR USE WITH PROSTITUTES
- 5. THEY ARE ONLY FOR USE OUTSIDE MARRIAGE(COUPLE)
- 6. CONDOMS DIMINISH PLEASURE/SPONTANEITY
- 7. CONDOMS ARE NOT EFFECTIVE IN PREVENTING PREGNANCY
- 8. CONDOMS ARE BAD FOR YOUR HEALTH?
- 9. CONDOMS ARE TOO DIFFICULT TO USE
- 10. LOVEMAKING WOULD BE INTERRUPTED
- 11. CONDOM USE IS TOO MESSY
- 12. CONDOMS ARE EXPENSIVE
- 13. SHE HAS NEVER THOUGHT ABOUT IT
- 14. PSYCHOLOGICAL RESISTANCE
- 15. PREFERS WITHDRAWAL
- 20. OTHER _____ Q522_OTH
- 88. DON'T KNOW

BOX 5-III

> **IF RESPONDENT HAS USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 1992, FILL IN ALL FOUR COLUMNS OF THE CONTRACEPTIVE CALENDAR**

> **IF NO METHOD HAS BEEN USED SINCE JANUARY 1992, FILL IN ONLY COLUMN 1 (SEE ALSO PREGNANCY HISTORY AT PAGE 9) AND COLUMN 4 (SEE ALSO MARITAL STATUS AT PAGE 3) AND WRITE "0" AT THE BEGINNING AND THE END OF THE SECOND AND THIRD COLUMNS**

523. CONTRACEPTIVE METHODS USED/PREGNANCY OUTCOMES/AND MARITAL STATUS CALENDAR

COLUMN 1

PREGNANCY OUTCOME

- 1 PREGNANT THAT MONTH
- 2 LIVE BIRTH
- 4 STILLBIRTH
- 6 MISCARRIAGE
- 7 INDUCED ABORTION
- 8 MINIABORTION
- 9 ECTOPIC PREGNANCY

COLUMN 2

METHOD USED

- 0. NO METHOD
- 1. PILL
- 2. IUD
- 3. CONDOM
- 4. SPERMICIDES
- 5. CONDOM+ SPERMICIDES
- 6. CONDOM+ CAL./WITHDRAWAL
- 7. TUBAL LIGATION
- 8. NORPLANT
- 9. DEPO-PROVERA
- 10. OTHER MODERN MET. _____
- 11. CALENDAR
- 12. COITUS INTERRUPTUS (WITHDRAWAL)
- 13. COITUS INTERRUPTUS + CALENDAR
- 20. OTHER TRADITIONAL MET. _____
- 88. DO NOT REMEMBER

COLUMN 3

REASON STOPPED USING A METHOD

- 1. GOT PREGNANT WHILE USING
- 2. WANTED TO GET PREGNANT
- 3. HUSBAND OBJECTED
- 4. SIDE EFFECTS
- 5. HEALTH CONCERNS
- 6. STOPPED TO "REST THE BODY"
- 7. PHYSICIAN DECISION
- 8. SUPPLY/AVAILABILITY
- 9. DIFFICULT/INCONVENIENT TO USE
- 10. MARRIAGE/RELATIONSHIP ENDED
- 11. WANTED TO TRY OTHER METHOD
- 20. OTHER _____

COLUMN 4 (MARITAL STATUS)

- 0. NOT MARRIED/NOT IN UNION
- 1. MARRIED/IN UNION

DATE	1	2	3	4		DATE	1	2	3	4
1992						1995				
1 Jan						1 Jan				
2 Feb						2 Feb				
3 Mar						3 Mar				
4 Apr						4 Apr				
5 May						5 May				
6 Jun						6 Jun				
7 Jul						7 Jul				
8 Aug						8 Aug				
9 Sep						9 Sep				
10 Oct						10 Oct				
11 Nov						11 Nov				
12 Dec						12 Dec				
1993						1996				
1 Jan						1 Jan				
2 Feb						2 Feb				
3 Mar						3 Mar				
4 Apr						4 Apr				
5 May						5 May				
6 Jun						6 Jun				
7 Jul						7 Jul				
8 Aug						8 Aug				
9 Sep						9 Sep				
10 Oct						10 Oct				
11 Nov						11 Nov				
12 Dec						12 Dec				
1994						1997				
1 Jan						1 Jan				
2 Feb						2 Feb				
3 Mar						3 Mar				
4 Apr						4 Apr				
5 May						5 May				
6 Jun						6 Jun				
7 Jul						7 Jul				
8 Aug						8 Aug				
9 Sep						9 Sep				
10 Oct						10 Oct				
11 Nov						11 Nov				
12 Dec						12 Dec				

IF SHE DID NOT USE A METHOD IN JANUARY 1992, GO TO Q525

524. You said you were using Q524_BC in January of 1991. When did you start using that method?

A. MONTH Q524_MTH

B. YEAR 19 Q524_YR

98.DK/REF

525. LAST CONTRACEPTIVE METHOD USED (COPY THE METHOD FROM THE CONTRACEPTIVE CALENDAR):

Q525

- | | |
|--------------------------------|---|
| 1. PILLS | 9. DEPO-PROVERA |
| 2. IUD | 10. OTHER MODERN METHOD |
| 3. CONDOM | 11. CALENDAR ----- >GO TO BOX 5-IV |
| 4. FOAM/JELLY/CREAMS | 12. WITHDRAWAL ----->GO TO BOX 5-IV |
| 5. CONDOM +SPERMICIDES | 13. WITHDRAWAL+CALENDAR----->GO TO BOX 5-IV |
| 6. CONDOM +WITHDRAWAL/CALENDAR | 20. OTHER TRADITIONAL ME[Q525_OTH]O TO BOX 5-IV |
| 7. FEMALE STERILIZATION | 88. DO NOT REMEMBER ----->GO TO BOX 5-IV |
| 8. NORPLANT | |

526. The next following questions concern **the last contraceptive method** you have used. Where did you get that method?

Q526

- | | |
|-----------------------------------|---------------------------------------|
| 1. VILLAGE DISPENSARY | 8. STORE/DRUGSTORE |
| 2. MEDICAL CIRCUMSCRIPTION CLINIC | 9. PARTNER |
| 3. WOMEN'S CONSULTATION CLINIC | 10. FRIEND |
| 4. HOSPITAL/MATERNITY/GYN WARD | 11. RELATIVE |
| 5. PHARMACY | 20. OTHER (SPECIFY): [Q526_OTH] _____ |
| 6. OPEN MARKET | 88. DON'T KNOW |

527 Do (Did) you pay for this method?

Q527

- 1 YES
- 2 NO----->GO TO Q529
- 3 PARTNER GETS THE METHOD----->GO TO Q529

528. How much did you pay? _____ Lei 888= DOES NOT REMEMBER

Q528

529. At the time you started using the last contraceptive method, who advised you about how to use that method?

Q529

- | | |
|---------------------------------------|---|
| 1. PHYSICIAN | 6. FRIEND ----- >GO TO BOX 5-IV |
| 2. NURSE/MIDWIFE | 7. PARTNER ----- >GO TO BOX 5-IV |
| 3. PHARMACIST----->GO TO BOX 5-IV | 8. NOBODY ----->GO TO BOX 5-IV |
| 4. MOTHER----->GO TO BOX 5-IV | 20 OTHER [Q529_OTH] ---->GO TO BOX 5-IV |
| 5. OTHER RELATIVE ---->GO TO BOX 5-IV | |

530. When you received the information concerning use of the method, did the health provider tell you about other contraceptive methods?

Q530

- 1 YES
- 2 NO----->GO TO Q532

531. Did the health provider explain how effective that method is compared to other contraceptive methods?

Q531

- 1 YES
- 2 NO

532. Did the health provider explain the possible side effects of the method?

Q532

- 1 YES
- 2 NO

533. Overall, would you say you have been very satisfied, satisfied, somewhat satisfied, not satisfied or not at all satisfied with the family planning services you have received?

Q533

1. Very satisfied
2. Satisfied
3. Somewhat satisfied
4. Not satisfied
5. Not at all satisfied

BOX 5-IV

IF A CONTRACEPTIVE METHOD WAS USED IN THE LAST MONTH (LAST CELL IN COLUMN 2 IS NOT "0 ") THEN GO TO Q536; ELSE CONTINUE

534. Do you think you are physically able to get pregnant at the present time?

Q534

1. YES—>GO TO Q536
- 2 NO
- 3 NOT SURE
- 4 CURRENTLY PREGNANT—>GO TO Q536

535. What is the main reason why you think you cannot get pregnant?

Q535

1. RESPONDENT DOES NOT HAVE A PARTNER/ IS NOT SEXUALLY ACTIVE
2. CURRENTLY BREAST-FEEDING /POSTPARTUM
3. HYSTERECTOMY
4. MENOPAUSE
5. OVARIAN CYSTS/ OVARIAN DYSFUNCTION
6. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED
7. PELVIC INFLAMMATORY DISEASE (PID)
8. ENDOCRIN DYSFUNCTION OR OTHER SYSTEMIC DISEASES
9. OTHER MEDICAL CAUSES THAT MAKES PREGNANCY IMPOSSIBLE
10. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED
11. PARTNER HAD A MEDICAL OPERATION AND CANNOT HAVE CHILDREN
12. PARTNER IS INFERTILE
13. CURRENTLY USES A METHOD (GO BACK TO Q504 AND CORRECT IT)
20. OTHER (SPECIFY) _____ Q535_OTH
88. DK
99. REF

536. In the past 12 months have you ever wanted to get/obtain condoms?

Q536

- 1 YES
- 2 NO ----- >GO TO BOX 5-V
3. DID NOT KNOW WERE SHE CAN GET CONDOMS ----->GO TO BOX 5-V

537. In the past 12 months, did you succeed in getting/obtaining condoms?

Q537

- 1 YES ----- >GO TO BOX 5-V
- 2 NO

538. What was the reason you were unable to get condoms?

Q538

1. CONDOMS UNAVAILABLE/OUT OF STOCK
2. COST
3. HARD TO FIND/DID NOT HAVE TIME TO LOOK FOR THEM
4. EMBARRASSED TO ASK FOR THEM IN A PHARMACY/FP CLINIC
7. OTHER (SPECIFY) _____ Q538_OTH
8. DON'T REMEMBER

BOX 5-V

IF RESPONDENT IS CURRENTLY PREGNANT (Q300=1) GO TO Q540; ELSE CONTINUE

539. Looking to the future, do you yourself intend to have (a/another) baby at some time?

Q539

1. WANT A BABY —>GO TO Q541
2. DO NOT WANT A BABY —>GO TO Q542
3. RESPONDENT AND PARTNER DISAGREE —> GO TO Q542
8. DK —>GO TO Q542

540. Looking to the future, do you yourself intend to have another baby after this pregnancy?

Q540

1. YES
2. NO —> GO TO Q542
3. RESPONDENT AND PARTNER DISAGREE —> GO TO Q542
8. DK —> GO TO Q542

541. When do you, yourself actually want to get pregnant (again)...(READ 1-5)

Q541

1. you want to get pregnant now,
2. within the next 12 months,
3. In 1-2 years,
4. In 3-5 years,
5. Or after 5 years?
8. DK

GO TO MODULE VI

542. Are you interested in having an operation to prevent you from having any more children?

Q542

- 1 YES ----->GO TO MODULE VI
- 2 NO
- 3 ALREADY STERILIZED----->GO TO MODULE VI
- 8 NOT SURE

543. What is the most important reason you wouldn't be/are not interested?

Q543

1. HEALTH RISKS/FEAR OF SIDE EFFECTS
2. FEAR OF OPERATION
3. DOESN'T KNOW ENOUGH ABOUT /NEVER HEARD OF STERILIZATION
4. MIGHT WANT ANOTHER CHILD
5. COST
6. DOES NOT HAVE A PARTNER/NOT SEXUALLY ACTIVE
7. TOO YOUNG OR TOO OLD (APPROACHING MENOPAUSE)
8. HAVEN'T THOUGHT ABOUT IT
9. NOT CULTURALLY ACCEPTABLE
10. RELIGIOUS REASONS
11. CANNOT GET PREGNANT
12. PREFERS OTHER METHODS
20. OTHER _____ Q543_OTH
88. DON'T KNOW

VI. WOMEN'S HEALTH

601. Have you ever had a gynecologic exam?

Q601

1. YES—>**GO TO Q603**
2. NO
9. NR

602. What is the principle reason that you have not had a routine gynecologic exam?

Q602

1. DOES NOT NEED TO GO TO GYNECOLOGIC EXAM
2. SHE IS HEALTHY AND HAS NOT GYNECOLOGIC PROBLEMS
3. THERE IS NOT TIME TO GO FOR EXAM
4. SHE FORGETS ABOUT IT
5. SHE DOES NOT LIKE GYNECOLOGIC EXAM
6. IT IS DIFFICULT TO GET APPOINTMENT
7. DOES NOT LIKE PLACE/FACILITY
8. DOES NOT LIKE THE STAFF
9. WAITING TIME IS TOO LONG
10. DOCTOR DID NOT RECOMMEND
11. SHE IS EMBARRASSED TO HAVE GYNECOLOGIC EXAM
12. NEVER THOUGHT ABOUT IT
13. NOT SEXUALLY ACTIVE
14. VIRGIN
20. OTHER **Q602_OTH**
88. DK
99. NR

GO TO Q604

603. How often do you go for regular (not pregnancy related) gynecologic exams? (**READ 1-4**)

Q603

1. At least once per year
2. Every 1-2 years
3. Every 3-5 years
4. Less than every 5 years
8. DK/DR

604. Have you ever had a Pap smear? (PROBE: A pap smear is a test that takes a sample of cells from the cervix, or opening to the uterus, to detect cancer)

Q604

1. YES—>**GO TO Q606**
2. NO
8. DK
9. REF

605. What is the main reason you have never had a Pap smear?

Q605

1. NEVER HEARD OF IT
2. DOCTOR HAS NOT RECOMMENDED IT
3. SHE IS HEALTHY AND HAS NO GYNECOLOGIC PROBLEMS
4. SHE DOES NOT FEEL TEST IS NECESSARY
5. DOES NOT HAVE TIME TO GO FOR A TEST/ SHE FORGETS ABOUT IT
6. NEVER THOUGHT OF IT
7. SHE IS AFRAID OF THE RESULTS
8. SHE IS AFRAID IT COULD BE PAINFUL
9. TOO EMBARRASSED TO GET THE TEST OR A PELVIC EXAM.
10. SHE HAD NO PARTNER/ NOT SEXUALLY ACTIVE
20. OTHER (SPECIFY): **Q605_OTH**
88. DON'T KNOW
99. REFUSE TO ANSWER

GO TO Q607

606. When did you have your last Pap smear? Was it...(READ 1-4)

Q606

1. within the last year, (0 TO 11 MONTHS AGO)
2. 1 to 2 years ago, (12 TO 23 MONTHS AGO)
3. 2-3 years ago, (24 to 35 MONTHS AGO)
4. more than 3 years ago? (36+MONTHS AGO)
8. DON'T KNOW

607. Have you heard about breast self-examinations?

Q607

- 1 YES
- 2 NO----- >GO TO Q610

608. Do you ever do breast self-examinations?

Q608

- 1 YES
- 2 NO----->GO TO Q610

609. How often do you do it, on average?

Q609

- 1 Once a month/After each menstruation
- 2 Every 2-5 months
- 3 Every 6-11 months
- 4 Once per year or less

610. Have you ever tried cigarette smoking, even one or two puffs?

Q610

1. YES
- 2 NO—> GO TO 617

611. How old were you when you smoked a cigarette for the first time? _____ YEARS

Q611

88. DK
99. NR

612. Have you smoked at least 100 cigarettes in your entire life? (PROBE: 100 cigarettes is about 5 packs)

Q612

1. YES
- 2 NO—> GO TO 617
8. DK—> GO TO 617
9. REF—>GO TO 617

613. How old were you when you first started smoking fairly regularly?

Q613

- _____ YEARS 00 NEVER SMOKED REGULARLY
99 NR

614. During the last 30 days, days did you smoke cigarettes: (READ 1-4)

Q614

1. Every Day
2. Almost Every Day
3. Some Days
4. Not at All in the last 30 days-->GO TO Q616
9. REF----->GO TO Q616

615. During the last 30 days, on the days you smoked, how many cigarettes did you smoke per day?

Q615

1. 1 CIGARETTES PER DAY
2. 2-5 CIGARETTES PER DAY
3. 6-10 CIGARETTES PER DAY
4. 11-19 CIGARETTES PER DAY
5. 20 OR MORE CIGARETTES PER DAY

GO TO Q617

616. In what month and year did you last smoke cigarettes at all? (**PROBE FOR SEASON IF MONTH IS UNKNOWN**)

_____ MONTH _____ YEAR 88. DK
Q616_MTH Q616_YR 99. REF

617. Now, I will ask you about some medical conditions that may affect a pregnant women? Has a doctor ever told you that you have...

		<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>REF</u>
A. Diabetes?	Q617_A	1	2	8	9
B. High blood pressure?	Q617_B	1	2	8	9
C. Anemia?	Q617_C	1	2	8	9
D. Heart Disease?	Q617_D	1	2	8	9
E. Hepatitis B?	Q617_E	1	2	8	9
F. PID (salpingitis or endometritis).....	Q617_F	1	2	8	9
G. Urinary infection?.....	Q617_G	1	2	8	9
H. Asthma	Q617_H	1	2	8	9

Now, I have some questions about drinking alcohol. We count a drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka, or whiskey. (BOTTLE OF BEER=330-500ML; GLASS OF WINE = 150-200 ME; SHOT OF LIQUOR=50ML)

618. In the past 3 months, on the days that you drank alcohol, how many drinks did you usually have?

Q618 _____ # OF DRINKS 00. NO DRINKS/ONLY FEW SIPS—> **GO TO MODULE VII**
 88 DK ---- > **GO TO MODULE VII**
 99 REF -> **GO TO MODULE VII**

619. How often did you drink that amount? (PROBE: How many times a week, a month)

- Q619
1. EVERYDAY
 2. ALMOST EVERY DAY
 3. 1-2 TIMES A WEEK
 4. 2-3 TIMES A MONTH
 5. ONCE A MONTH
 6. 1-2 TIMES IN THREE MONTHS

620. In the past 3 months, have there been days when you had more than usual (# FROM Q618 drinks)?

- Q620
1. YES
 2. NO —> **GO TO MODULE VII**
 8. DK —> **GO TO MODULE VII**
 9. REF -> **GO TO MODULE VII**

621. In the past 3 months, how many drinks did you have on the days that you drank more than usual (# FROM Q618)?

Q621 (CHECK IF # FROM Q621># FROM Q618)
 _____ # OF DRINKS 88 DK -> **GO TO MODULE VII**
 99 REF -> **GO TO MODULE VII**

622. How often did you drink that amount?

- Q622
1. EVERYDAY
 2. ALMOST EVERY DAY
 3. 1-2 TIMES A WEEK
 4. 2-3 TIMES A MONTH
 5. ONCE A MONTH
 6. 1-2 TIMES IN THREE MONTHS

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. What do you think is the ideal number of children for a young family in Moldova?

Q700

- | | |
|-----------------|-------------------------|
| 0. 0 CHILDREN | 6. 3-4 CHILDREN |
| 1. 1 CHILD | 7. 4 CHILDREN |
| 2. 1-2 CHILDREN | 8. 5 OR MORE |
| 3. 2 CHILDREN | 9. GOD KNOWS |
| 4. 2-3 CHILDREN | 77. AS MANY AS POSSIBLE |
| 5. 3 CHILDREN | 88. DON'T KNOW |

701. When is it most likely for a woman to become pregnant (READ 1 -5) ?

Q701

- 1 Just before menstruation starts
- 2 During menstruation
- 3 Right after menstruation ends
- 4 Halfway between her periods
- 5 It doesn't matter, all times alike
- 7 Other (SPECIFY) _____ Q701_OTH _____
- 8 DON'T KNOW

702. Do you think that breastfeeding increases, decreases or has no effect on a woman's risk to get pregnant?

Q702

1. INCREASES THE RISK
2. DECREASES THE RISK
3. HAS NO EFFECT
8. DO NOT KNOW

703. Do you think that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion?

Q703

- 1 YES—>GO TO Q705
- 2 NO

704. Under which of the following conditions is it all right for a woman to have an abortion (READ A-F) ?

		<u>YES</u>	<u>NO</u>	<u>DEP.</u>	<u>DK</u>
A. Her life is endangered by the pregnancy.....	Q704_A	1	2	3	8
B. The fetus has a physical deformity	Q704_B	1	2	3	8
C. The pregnancy has resulted from rape	Q704_C	1	2	3	8
D. Her health is endangered by the pregnancy	Q704_D	1	2	3	8
E. She is unmarried	Q704_E	1	2	3	8
F. The couple cannot afford to have a child	Q704_F	1	2	3	8

705. If a woman had a unwanted pregnancy what should she do? (READ 1-3):

Q705

- 1 Have the baby and keep it
- 2 Have the baby and give it up for adoption
- 3 Have an abortion
- 8 DON'T KNOW

706. I would like to know if you are in agreement with the following statements (**READ A-H**):

	<u>AGREE</u>	<u>DON'T AGREE</u>	<u>DK</u>
A. A woman can become pregnant the first time she has sexual intercourse	Q706_A 1	2	8
B. All people should get married	Q706_B 1	2	8
C. Many young people have sex because their friends are sexually active	Q706_C 1	2	8
D. Men are not interested in discussing contraception with their partner/wives	Q706_D 1	2	8
E. Females are not interested in discussing contraception with their partner/hus	Q706_E 1	2	8
F. A woman must have the children that GOD gives her	Q706_F 1	2	8
G. Child care is a woman job	Q706_G 1	2	8
H. A woman should be a virgin when she marries	Q706_H 1	2	8

707. Who do you think should decide how many children a couple should have (READ 1-3)?

Q707

1. The woman,
2. The man, or
3. Both?
- 8 DON'T KNOW

708. How would you rank each of the following birth control methods (SHOW LIST B) with regard to the risk of side effects; please tell me if the risk is low, medium, or high:

	<u>LOW RISK</u>	<u>MEDIUM RISK</u>	<u>HIGH RISK</u>	<u>DK</u>
1. PILL	Q708_A 1	2	3	8
2. IUD	Q708_B 1	2	3	8
3. CONDOM	Q708_C 1	2	3	8
4. TUBAL LIGATION.....	Q708_D 1	2	3	8
5. INJECTABLES (Ex. DEPO-PROVERA)	Q708_E 1	2	3	8
6. INDUCED ABORTION	Q708_F 1	2	3	8
7. MINIABORTION	Q708_G 1	2	3	8

BOX 7-1

IF Q400_A=2 (NEVER HEARD OF PILLS), GO TO BOX VII-2

709. Please tell me if you agree or disagree with the following statements about birth control pills (**READ A-J**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Pills are easy to use.....	Q709_A 1	2	8
B. Pills are easy to get	Q709_B 1	2	8
C. Pills are too expensive	Q709_C 1	2	8
D. It is stressful to remember to take the pill every day ..	Q709_D 1	2	8
E. Pills allow spontaneity of sexual intercourse	Q709_E 1	2	8
F. Pills protect against some gynecologic cancers	Q709_F 1	2	8
G. Pills diminish sexual enjoyment	Q709_G 1	2	8
H. Pills make women's periods more regular	Q709_H 1	2	8
I. Pills decrease blood loss during menstruation	Q709_I 1	2	8
J. Pills decrease menstrual cramps and pain	Q709_J 1	2	8

710. Please tell me if using birth control pills, a woman's risk for the following conditions is increased, decreasec or not affected (**READ A-J**):

	<u>INCREASED RISK</u>	<u>DECREASED RISK</u>	<u>NOT AFFECTED</u>	<u>DK</u>
A. Cancer	Q710_A 1	2	3	8
B. High Blood Pressure	Q710_B 1	2	3	8
C. Myocardial Infarction or other heart disease.....	Q710_C 1	2	3	8
D. Trombophlebitis	Q710_D 1	2	3	8
E. Weight Gain	Q710_E 1	2	3	8
F. Sexually Transmitted diseases.....	Q710_F 1	2	3	8
G. Infertility	Q710_G 1	2	3	8
H. Depression	Q710_H 1	2	3	8
I. Headaches, migraine.....	Q710_I 1	2	3	8
J. Ectopic Pregnancy	Q710_J 1	2	3	8

BOX 7-11

IFQ400B=2 (NEVER HEARD ABOUT IUD), GO TO Q713

711. Please tell me if you agree or disagree with the following statements about IUDs (**READ A-D**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. The IUD is a relatively inexpensive method to use	Q711_A 1	2	8
B. The IUD is stressful because it means to have "a foreign device " in your body.....	Q711_B 1	2	8
C. The use of IUD can cause spotting between periods	Q711_C 1	2	8
D. The use of IUD increases menstrual pain	Q711_D 1	2	8

712. Please tell me if using an IUD, a woman's risk for the following conditions is increased, decreased, or not affected (**READ A-J**):

	<u>INCREASED RISK</u>	<u>DECREASED RISK</u>	<u>NOT AFFECTED</u>	<u>DK</u>
A. Cancer	Q712_A 1	2	3	8
B. Pelvic Inflammatory Disease.....	Q712_B 1	2	3	8
C. Infertility	Q712_C 1	2	3	8
D. Abdominal Pain	Q712_D 1	2	3	8
E. Prolonged Menstrual Bleeding	Q712_E 1	2	3	8
F. Ectopic Pregnancy	Q712_F 1	2	3	8

713. Some people use condoms to keep from getting sexual transmitted diseases. How effective do you think a properly used condom is for this purpose? (**READ 1-4**)

Q713

1. Very Effective
2. Somewhat effective
3. Not very effective
4. Not at all effective
8. DON'T KNOW

714. Do you want to have more information about contraceptive methods?

Q714

- 1. YES
- 2. NO -----> **GO TO BOX VII-3**
- 8. DON'T KNOW —> **GO TO BOX VII-3**

715. Who do you think would be the best person to give you information about contraceptive methods?

Q715

- 1. GYNECOLOGIST
- 2. PHYSICIAN-GENERAL PRACTITIONER
- 3. NURSE/MIDWIFE
- 4. SOMEBODY WHO USES CONTRACEPTION
- 5. FRIEND
- 6. HUSBAND/PARTNER
- 7. MOTHER
- 8. RELATIVE
- 9. MASS-MEDIA
- 20. OTHER: _____ **Q715_OTH**
- 88. DON'T KNOW

BOX 7-III

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION VIII

716. Have you ever talked to a partner about him using a condom?

Q716

- 1. YES
- 2. NO
- 3. NEVER HAD A PARTNER—> **GO TO Q719**
- 8. DON'T REMEMBER

717. If your partner/husband would want to use a condom when having sex with you, would you feel:

(READ A-F)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Embarrassed?	Q717_A . 1	2	8
B. Angry?.....	Q717_B . 1	2	8
C. Safe from getting pregnant?	Q717_C . 1	2	8
D. Safe from getting HIV?	Q717_D . 1	2	8
E. Like you had done something wrong?	Q717_E . 1	2	8
F. Safe from getting STD?	Q717_F . 1	2	8

718. Please indicate whether you agree or disagree with the following statements about condoms.

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Condoms diminish sexual enjoyment	Q718_A 1	2	8
B. Condoms are messy to use	Q718_B 1	2	8
C. Condoms requires one's partner to have self control	Q718_C 1	2	8
D. Same condoms can be used more than once	Q718_D 1	2	8
E. People who use condoms sleep around a lot	Q718_E 1	2	8
F. It is embarrassing to buy condoms in a pharmacy or store	Q718_F 1	2	8
G. It is embarrassing to ask for condoms in FP clinics	Q718_G 1	2	8
H. Most women don't like to use condoms	Q718_H 1	2	8
I. Most men don't like to use condoms	Q718_I 1	2	8
J. Using condoms with a new partner is a good idea	Q718_J 1	2	8
K. Using condoms is not necessary if you know your partner	Q718_K 1	2	8
L. Women should ask their partners to use condoms	Q718_L 1	2	8
M. It is easy to discuss using a condom with a prospective partner	Q718_M 1	2	8

719. Now I am going to read you a series of statements. After I read each statement, please tell me whether you agree with the statement or disagree with it: **(READ AG)**

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad luck.	Q719_A 1	2	8
B. I have often found that what is going to happen will happen, whether I want it to or not.	Q719_B 1	2	8
C. My life is chiefly controlled by people with more power than me.	Q719_C 1	2	8
D. In order to get what I want, I have to conform to the wishes of others.	Q719_D 1	2	8
E. What others in the family want should always come first before what I want.	Q719_E 1	2	8
F. I can generally determine what will happen in my own life.	Q719_F 1	2	8
G. When I get what I want, it's usually because I've worked hard for it.	Q719_G 1	2	8

VIII. SOCIOECONOMIC CHARACTERISTICS

800. Please tell me whether this household or any member of it has the following items: **(READ A-H):**

	<u>YES</u>	<u>NO</u>
A. Flush Toilet	Q800_A	1 2
B. Central heating	Q800_B	1 2
C. Refrigerator	Q800_C	1 2
D. TV	Q800_D	1 2
E. Automobile	Q800_E	1 2
F. VCR	Q800_F	1 2
G. Telephone	Q800_G	1 2
H. Vacation home (villa)	Q800_H	1 2
I. Vegetable garden/orchid/vineyard	Q800_I	1 2

801. How many rooms does this house/flat have (not including bathrooms and kitchen): _____ ROOMS

Q801

802. Which of these best describes this house/flat? **(READ 1-4)**

Q802

1. Own home/apartment
2. Rental, from private owner
3. Rental, state owned
4. Living with other family/relatives

803. What is your ethnic background?

Q803

1. MOLDOVAN
2. RUSSIAN
3. GYPSY
4. UCRAINIAN
5. GAGAUZAN
7. OTHER (SPECIFY): Q803_OTH _____
9. REFUSED/NOT STATED

804. What language does your family speak?

Q804

1. .MOLDOVAN
2. RUSSIAN
3. MOLDOVAN+RUSSIAN
4. UCRAINIAN
7. OTHER (SPECIFY): Q804_OTH _____

805. What is your religion?

Q805

1. ORTHODOX
2. CATHOLIC
3. BAPTIST
4. PENTECOSTAL
5. EVANGHELICAL
6. OTHER PROTESTANT
7. OTHER (SPECIFY): Q805_OTH _____
8. NO RELIGION ----->GO TO Q900
9. UNDECLARED—>GO TO Q900

806. About how often do you usually attend religious services? **(READ 1-5)**

Q806

1. At least once a week
2. At least once a month, but less than once a week
3. Less than once a month
4. Only on holidays
5. Never

IX-A. KNOWLEDGE OF AIDS

900. The next questions refer to sexually transmitted diseases. Please tell me if you have ever heard about: **(READ AG)**

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. Syphilis	Q900_A 1	2	8
B. Gonorrhea	Q900_B 1	2	8
C. Trichomoniasis	Q900_C 1	2	8
D. Genital Warts (Condylomas)	Q900_D 1	2	8
E. Genital yeast infection	Q900_E 1	2	8
F. Genital herpes	Q900_F 1	2	8
G. HIV infection (AIDS)	Q900_G 1	2	8

IF THEY HAVE NEVER HEARD OF HIV/AIDS (Q900G = 2 OR = 8), GO TO Q908

901. In general, what has been your most important source of information about AIDS or HIV? (Where or from whom have you learned the most about AIDS?)

Q901

1. TEACHER
2. FAMILY
3. FRIENDS
4. CO-WORKERS
5. DOCTOR/NURSE
6. FAMILY PLANNING CLINIC
7. SCHOOL
8. TV
9. RADIO
10. NEWSPAPERS, MAGAZINES, BOOKS, BROCHURES
20. OTHER _____ Q901_OTH
88. DK

902. Do you think a person can be infected with the AIDS virus and not have any clinical signs of the disease?

Q902

1. YES
2. NO
8. DON'T KNOW

903. Do you believe a person can become infected with AIDS in the following ways? **(READ A-L)**

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. Receiving a blood transfusion.....	Q903_A ...1	2	8
B. Using public bathrooms	Q903_B ...1	2	8
C. Kissing on the mouth	Q903_C ...1	2	8
D. Having heterosexual relations.....	Q903_D ...1	2	8
E. Men having homosexual relations	Q903_E ...1	2	8
F. Shaking hands	Q903_F ...1	2	8
G. Donating blood	Q903_G ...1	2	8
H. Using a non-sterile syringe/needle	Q903_H ...1	2	8
I. Mosquito bites	Q903_I ...1	2	8
J. Using objects of a person with AIDS	Q903_J ...1	2	8
K. Getting a manicure, pedicure or haircut	Q903_K ...1	2	8
L. Having medical or dental treatment.....	Q903_L ...1	2	8

904. Do you think the following persons generally have no risk, a low risk, or a high risk of getting AIDS?

	<u>NO RISK</u>	<u>LOW RISK</u>	<u>HIGH RISK</u>	<u>DEPENDS</u>	<u>DK</u>
A. Married woman	Q904_A 1	2	3	4	8
B. Married man	Q904_B 1	2	3	4	8
C. Homosexual man	Q904_C 1	2	3	4	8
D. Homosexual woman	Q904_D 1	2	3	4	8
E. Prostitute	Q904_E 1	2	3	4	8
F. Intravenous drug user	Q904_F 1	2	3	4	8
G. Unmarried sexually active woman	Q904_G 1	2	3	4	8
H. Unmarried sexually active man	Q904_H 1	2	3	4	8

905. What can a person do to reduce the risk of getting AIDS?

	<u>SPONTANEOUS</u>		<u>PROBED</u>		<u>DK</u>
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
A. USE CONDOMS	Q905_A 1	2	3	4	8
B. AVOID RELATIONS WITH PROSTITUTES	Q905_B 1	2	3	4	8
C. AVOID INJECTIONS	Q905_C 1	2	3	4	8
D. HAVE ONLY ONE SEXUAL PARTNER.....	Q905_D 1	2	3	4	8
E. ASK PARTNER TO HAVE BLOOD TESTED FOR	Q905_E 1	2	3	4	8
F. DO NOT HAVE CASUAL SEXUAL RELATIONS	Q905_F 1	2	3	4	8
G. STERILIZE NEEDLES	Q905_G 1	2	3	4	8
H. AVOID RELATIONS WITH BISEXUALS	Q905_H 1	2	3	4	8
I. OTHER _____	Q905_H 1	2	3	4	8

906. Do you think that you have any risk of getting AIDS?

Q906

- 1 YES
- 2 NO ----->GO TO Q908
- 8 DON'T KNOW--->GO TO Q908

907. Would you say that you have a low risk or a high risk?

Q907

- 1 LOW RISK
- 2 HIGH RISK
- 8 DON'T KNOW

IX-B VIOLENCE

908. This next set of questions is about violence and physical abuse that may have happened between you and a partner or ex-partner. When we say a partner, we mean a husband, ex-husband, as well as any other person you have been living with, without being married. Did a partner or ex-partner ever insult you or swear at you, threatened to hit you, push, shove, or slap you, threaten you with a knife or other weapon, or actually hit you?

Q908

1. YES
2. NO----->**GO TO Q916**
3. NEVER HAD A PARTNER --->**GO TO Q916**
8. DO NOT REMEMBER.....>**GO TO Q916**

909. Please tell me if you have ever been physically abused, by a partner or ex-partner in one of the following ways (READ A-F):		910. When was the last time when (A-F) happened to you?	911. During the last year, how many times did (A-F) happen to you?
A. Insult you, or swear at you?	1 YES—> Q910 2 NO—> Q909_B 8 DK—> Q909_B 9 REF—> Q909_B Q909_A	1. WITHIN THE LAST YEAR-> 911 2. 1-3 YEARS AGO-----> Q909_B 3. 4-5 YEARS AGO-----> Q909_B 4. 5 YEARS AGO OR MORE-> Q909_B 8. DON'T REMEMBER-----> Q909_B Q910_A	1. 1-2 TIMES 2. 3-5 TIMES 3. 6-10 TIMES 4. 11-20 TIMES 5. MORE THAN 20 TIMES 8. DON'T REMEMBER Q911_A
B. Threaten to hit you or throw something at You ?	1 YES—> Q910 2 NO—> Q909_C 8 DK—> Q909_C 9 REF—> Q909_C Q909_B	1. WITHIN THE LAST YEAR-> 911 2. 1-3 YEARS AGO-----> Q909_C 3. 4-5 YEARS AGO-----> Q909_C 4. 5 YEARS AGO OR MORE-> Q909_C 8. DON'T REMEMBER -----> Q909_C Q910_B	1. 1-2 TIMES 2. 3-5 TIMES 3. 6-10 TIMES 4. 11-20 TIMES 5. MORE THAN 20 TIMES 8. DON'T REMEMBER Q911_B
C. Push, shove, or slap you ?	1 YES—> Q910 2 NO—> Q909_D 8 DK—> Q909_D 9 REF--> Q909_D Q909_C	1. WITHIN THE LAST YEAR-> 911 2. 1-3 YEARS AGO-----> Q909_D 3. 4-5 YEARS AGO -----> Q909_D 4. 5 YEARS AGO OR MORE-> Q909_D 8. DON'T REMEMBER -----> Q909_D Q910_C	1. 1-2 TIMES 2. 3-5 TIMES 3. 6-10 TIMES 4. 11-20 TIMES 5. MORE THAN 20 TIMES 8. DON'T REMEMBER Q911_C
D. Kick or hit you with a fist or with something?	1 YES—> Q910 2 NO—> Q909_E 8 DK—> Q909_E 9 REF—> Q909_E Q909_D	1. WITHIN THE LAST YEAR-> 911 2. 1-3 YEARS AGO-----> Q909_E 3. 4-5 YEARS AGO-----> Q909_E 4. 5 YEARS AGO OR MORE-> Q909_E 8. DON'T REMEMBER-----> Q909_E Q910_D	1. 1-2 TIMES 2. 3-5 TIMES 3. 6-10 TIMES 4. 11-20 TIMES 5. MORE THAN 20 TIMES 8. DON'T REMEMBER Q911_D
E. Threaten you with a knife or the weapon?	1 YES—> Q910 2 NO—> Q909_F 8 DK—> Q909_F 9 REF—> Q909_F Q909_E	1. WITHIN THE LAST YEAR-> 911 2. 1-3 YEARS AGO-----> Q909_F 3. 4-5 YEARS AGO-----> Q909_F 4. 5 YEARS AGO OR MORE-> Q909_F 8. DON'T REMEMBER -----> Q909_F Q910_E	1. 1-2 TIMES 2. 3-5 TIMES 3. 6-10 TIMES 4. 11-20 TIMES 5. MORE THAN 20 TIMES 8. DON'T REMEMBER Q911_E
F. Beat you up?	1 YES—> Q910 2 NO—> BOX 9-1 8 DK—> BOX 9-1 9 REF—> BOX 9-1 Q909_F	1. WITHIN THE LAST YEAR-> 911 2. 1-3 YEARS AGO-----> BOX 9-1 3. 4-5 YEARS AGO -----> BOX 9-1 4. 5 YEARS AGO OR MORE-> BOX 9-1 8. DON'T REMEMBER -----> BOX 9-1 Q910_F	1. 1-2 TIMES 2. 3-5 TIMES 3. 6-10 TIMES 4. 11-20 TIMES 5. MORE THAN 20 TIMES 8. DON'T REMEMBER Q911_F

BOX 9-1

IF ANY OF THE INCIDENTS C-F TOOK PLACE DURING THE LAST YEAR (ANY Q910_C-Q910_F=1), CONTINUE; ELSE GO TO Q916

912. In the past 12 months, did you have any swelling, bruises, cuts, or other physical injuries as a result of this/these incident(s)?

Q912

- 1. YES
- 2. NO----->GO TO Q915
- 8. DON'T REMEMBER ----->GO TO Q915

913. Did you see a doctor, or other medical care provider for medical treatment of these injuries?

Q913

- 1. YES
- 2. NO ----->GO TO Q915
- 8. DON'T REMEMBER ----->GO TO Q915

914. Did this(these) injury(ies) require hospitalization?

Q914

- 1. YES
- 2. NO
- 8. DON'T REMEMBER

915. Did you talk about this(these) incidents with (READ 1-5)?

	<u>YES</u>	<u>NO</u>	
1. Police	1	2	Q915_A
2. Family member	1	2	Q915_B
3. Friend	1	2	Q915_C
4. Health provider/Social Worker	1	2	Q915_D
5. Psychologist _____	1	2	Q915_E
7. Other(Specify) _____	1	2	Q915_F

916. At any time in your life, have you ever been forced by a man to have sexual intercourse against your will? (For this question, sexual intercourse includes vaginal, anal or oral penetration)

Q916

- 1. YES
- 2. NO----- >END OF INTERVIEW
- 8. DON'T REMEMBER—>END OF INTERVIEW

917. How old were you the first time you were forced by a man to have sexual intercourse against your will?

Q917

_____ AGE 88. DON'T REMEMBER

918. At that time, what was your relationship with the person(s) who forced you to have sexual intercourse?

Q918

- 1. STRANGER
- 2. ACQUAINTANCE
- 3. FRIEND
- 4. DATE
- 5. BOYFRIEND
- 6. HUSBAND OR PARTNER
- 7. EX-HUSBAND OR EX-PARTNER
- 8. FATHER OR STEP-FATHER
- 9. OTHER RELATIVE (SPECIFY _____)
- 77. OTHER (SPECIFY _____)
- 88. DON'T REMEMBER
- 99. REF

END OF INTERVIEW

TIME INTERVIEW ENDED **HOUR_END** : **MIN_END**