

**2001 AZERBAIJAN REPRODUCTIVE HEALTH SURVEY  
HOUSEHOLD QUESTIONNAIRE**

STRATA \_\_\_\_\_ ID NUMBER \_\_\_\_\_

PSU \_\_\_\_\_

RESIDENCE (URBAN/RURAL) \_\_\_\_\_

RAION \_\_\_\_\_

STATISTICS CODE \_\_\_\_\_

SECTOR \_\_\_\_\_

ENROLLMENT AREA \_\_\_\_\_ INSTRUCTOR AREA \_\_\_\_\_ COUNTING AREA \_\_\_\_\_

LOCALITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

BUILDING/HOUSE NUMBER \_\_\_\_\_

APARTMENT NUMBER \_\_\_\_\_

**VISIT RECORD**

Visit number	1	2	3	4
Date of visit	DAY MONTH ____ _	DAY MONTH ____ _	DAY MONTH ____ _	DAY MONTH ____ _
Result*	____ _	____ _	____ _	____ _
Interviewer	____ _	____ _	____ _	____ _
Supervisor	____ _	____ _	____ _	____ _

**\* 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 \_\_\_\_\_
10. INCOMPLETE INTERVIEW

1. How many families live in this household? \_\_\_\_\_ families

(NOTE: A HOUSEHOLD CONSISTS OF ONE PERSON OR MORE; IF THERE ARE TWO OR MORE PERSONS--WITH OR WITHOUT FAMILY RELATIONS - WHO SHARE THE DWELLING AND THE HOUSEHOLD EXPENSES, HEY CONSTITUTE ONE HOUSEHOLD WITH ONE OR MORE FAMILIES; IF THE PERSONS DO NOT SHARE THE DWELLING AND HOUSEHOLD EXPENSES, REGARDLESS OF BEING RELATED, THEY CONSTITUTE TWO OR MORE HOUSEHOLDS)

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

2A. Are any of the persons living in this household either internally displaced or refugees?

- 1. YES
- 2. NO ----->GO TO Q3

2B. How many persons living in this dwelling are internally displaced or refugees?

\_\_\_\_\_ person(s)

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

**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) :

No.	First Name	Age	Marital Status	Education Level	IDP/Refugee Status*	
					Yes	No
1	_____	____	____	____	1	2
2	_____	____	____	____	1	2
3	_____	____	____	____	1	2
4	_____	____	____	____	1	2
5	_____	____	____	____	1	2
6	_____	____	____	____	1	2

- Marital Status**
- 1 Married
  - 2 Unregistered Marriage
  - 3 Separated
  - 4 Divorced
  - 5 Widowed
  - 6 Never Married
  - 9 UNKNOWN

- Education:**
- 0. No formal education
  - 1. Primary education (1-4 yrs)
  - 2. Basic Secondary (5-9 yrs.)
  - 3. Complete Secondary (10-11 yrs of school)
  - 4. Basic secondary + vocational education
  - 5. Complete secondary + technical education
  - 6. Incomplete postsecondary
  - 7. Complete postsecondary (Diploma)
  - 8. Postgraduate Education
  - 9. UNKNOWN

**IDP/Refugee Status\***  
DO NOT ASK IF Q2B=0

**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: \_\_\_\_\_**

**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: \_\_\_\_\_**

# 2001 AZERBAIJAN REPRODUCTIVE HEALTH SURVEY INDIVIDUAL QUESTIONNAIRE

Hello. I am \_\_\_\_\_ from ADRA. We are doing a national survey about the health of women and children in Azerbaijan. The purpose of the survey is to collect information that will help us to plan health services for women and children.

I would like to ask you about your health and where you obtain health services. All of the information you give us will be confidential. The interview is completely voluntary and if we should come to any question that you don't want to answer, just let me know and we'll go on to the next question. The interview will take about 35-40 minutes. I would like to start now, is that OK?

**SIGNATURE OF THE INTERVIEWER** \_\_\_\_\_

**DAY** \_\_\_ **MONTH** \_\_\_

**MARK IF THE WOMAN AGREES TO BE INTERVIEWED**  
\_\_\_\_\_

**1. YES—> CONTINUE**

**2. NO .....>END OF INTERVIEW** \_\_\_\_\_

**TIME STARTED:** \_\_\_ : \_\_\_

**ID NUMBER** \_\_\_\_\_

## I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH \_\_\_  
YEAR 19 \_\_\_

99 DON'T KNOW

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

99 DON'T KNOW

**MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND**

102. What is the highest level of education you completed, not counting the current grade you are in?

000. NEVER ATTENDED (NO FORMAL EDUCATION)

1. GENERAL SCHOOL/HIGH SCHOOL	1 2 3 4 5 6 7 8 9 10 11	99
2. PROFESSIONAL (VOCATIONAL) SCHOOL	1 2 3	99
3. TECHNICAL SCHOOL (POSTSECONDARY)	1 2 3	99
4. UNIVERSITY/FACULTY	1 2 3 4 5+	99
5. POST UNIVERSITY/POSTGRADUATE STUDIES	1 2 3 4 5+	99

999. DON'T REMEMBER; DON'T KNOW

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

1 YES —> **GO TO Q105**

2 YES, BUT ON MATERNITY/PREGNANCY LEAVE—> **GO TO Q105**

3 NO



111. During the past 12 months, did you or your family receive any humanitarian aid such as food supplies, household goods, clothing or shelter?

- 1. YES
- 2. NO—> **GO TO Q113**
- 8. DK—> **GO TO Q113**

112. From whom did you receive humanitarian aid (**CIRCLE ALL MENTIONED**)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
1. STATE ORGANIZATION .....	1	2
2. INTERNATIONAL RELIEF ORGANIZATION.....	1	2
3. LOCAL NGO .....	1	2
4. OTHER _____ .....	1	2

113. Do you have an IDP card?

- 1. YES
- 2. NO

114. Are you willing to return to your former place of residence?

- 1. YES —>**GO TO Q116**
- 2. NO
- 8. DK—>**GO TO Q116**

115. Why not (**CIRCLE ALL MENTIONED**)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
1. HAVE ALREADY SETTLED AT THE PRESENT PLACE.....	1	2
2. NO SOURCE OF INCOME IF SHE RETURNS .....	1	2
3. HOUSE SHE LEFT BEHIND IS RUINED/DESTROYED .....	1	2
4. NO MEANS FOR RETURN .....	1	2
5. MOST OF THE RELATIVES WERE RELOCATED ELSEWHERE .....	1	2
6. WILL NOT FEEL SAFE/GENERAL SENSE OF THREAT .....	1	2
7. CHILDREN WILL NOT BE ABLE TO GO TO SCHOOL .....	1	2
8. LACK OF ADEQUATE HEALTH CARE .....	1	2
9. PAINFUL EXPERIENCE OF THE PAST .....	1	2
20. OTHER _____ .....	1	2

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

- 1 MARRIED-----> **GO TO Q120**
- 2 NOT MARRIED BUT LIVING WITH A PARTNER —> **GO TO Q120**
- 3 SEPARATED \ ----->**GO TO Q120**
- 4 DIVORCED /
- 5 WIDOWED /
- 6 NEVER MARRIED

117. Have you ever lived with a boyfriend or partner ? (**LIVING TOGETHER MEANS HAVING A SEXUAL RELATIONSHIP WHILE SHARING THE SAME USUAL ADDRESS.**)

- 1. YES—>**GO TO Q120**
- 2. NO

118. If you could choose exactly the number of children to have in your whole life, how many would that be?

- \_\_\_\_ CHILDREN
- 22. AS MANY AS GOD GIVES
- 33. AS MANY AS HUSBAND WOULD WANT
- 88. NOT SURE/DON'T REMEMBER

**GO TO Q135**

120. How many **times** have you been married or lived with a man as husband and wife?

\_\_ TIMES

9. REFUSAL----- >GO TO Q127

TIMES	121. In what month and year did you begin living with your... (first, second, third, or fourth) husband/partner?	122. How old was your I, II, III, IV husband/ partner when you started to live together?	123. What was the highest grade in school that your I,II,III,IV husband/ partner completed when you got married/started to live together ?	124. What is your current union relationship with your I, II, III, IV, husband/ partner, are you still in the relationship or how did the relationship end?	125. In what month and year did your union with your I,II,III,IV. husband/partner end?	126 IF:
<b>I</b>	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRLMARY/B.SEC (1-9) 2. SECONDARY (10-11) 3. VOCATIONAL 4. TECHNICAL SCH 5. UNIVERSITY 8. UNKNOWN	1 Married—>Q126 2 Living with partner->Q126 3 Separated 4 Divorced 5 Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	Q120=1->Q127 ELSE CONTINUE
<b>II</b>	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRLMARY/B.SEC (1-9) 2. SECONDARY (10-11) 3. VOCATIONAL 4. TECHNICAL SCH 5. UNIVERSITY 8. UNKNOWN	1 Married—>Q126 2 Living with partner->Q126 3 Separated 4 Divorced 5 Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	0120=2->Q127 ELSE CONTINUE
<b>III</b>	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRLMARY/B.SEC (1-9) 2. SECONDARY (10-11) 3. VOCATIONAL 4. TECHNICAL SCH 5. UNIVERSITY 8. UNKNOWN	1 Married—>Q126 2 Living with partner->Q126 3 Separated 4 Divorced 5 Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	Q120=3->Q 127 ELSE CONTINUE
<b>IV</b>	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRLMARY/B.SEC (1-9) 2. SECONDARY (10-11) 3. VOCATIONAL 4. TECHNICAL SCH 5. UNIVERSITY 8. UNKNOWN	1 Married—>Q126 2 Living with partner->Q126 3 Separated 4 Divorced 5 Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	GO to Q127

127. When you first got married/living together as husband and wife did you wish to have any children?

- 1 YES
- 2 NO----->GO TO Q130
- 8 NOT SURE —>GO TO Q130

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

- \_\_\_ CHILDREN
- 22. AS MANY AS GOD GIVES
- 33. AS MANY AS HUSBAND WANTS
- 88. NOT SURE/DON'T REMEMBER

130. How many children did your husband wish to have when you first got married?

- \_\_\_ CHILDREN
- 22. AS MANY AS GOD GIVES
- 33. AS MANY AS RESPONDENT WANTS
- 88. NOT SURE/DON'T REMEMBER

**BOX 1**

IF CURRENTLY SEPARATED DIVORCED OR WIDOWED (Q124\_LAST=3,4,5) GO TO Q135

132. Is your husband currently employed (either in Azerbaijan or abroad)?

- 1. YES
- 2. NO ----->GO TO Q135
- 8. DK/REF

133. Is he away for work in another country?

- 1. YES
- 2. NO ----->GO TO Q135
- 8. DK/REF—> GO TO Q135

134. Since when has he been working abroad?

- A. \_\_\_\_ MONTH      B. \_\_\_\_ YEAR      22. SEASONAL WORKER
- 88. DK/DR

135. More or less how many hours a day do you listen to the radio?

- HOURS A DAY \_\_\_\_
- 00 NEVER-.....>GO TO Q139
- 55. DOES NOT HAVE ACCESS TO RADIO .....>GO TO Q139
- 77. NOT EVERY DAY
- 88. DON'T KNOW

136. What stations do you most often listen to? (**PROBE FOR MORE THAN ONE STATION, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
FIRST STATE RADIO CHANNEL .....	1	2
ARAZ .....	1	2
ANS .....	1	2
106 FM .....	1	2
104 FM .....	1	2
101 FM .....	1	2
EUROPE PLUS .....	1	2
RADIO LIBERTY.....	1	2
VOICE OF AMERICA.....	1	2
BBC .....	1	2
OTHER _____ .....	1	2

137. What types of programs do you most often listen to? (**PROBE FOR MORE THAN ONE PROGRAM, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
NEWS .....	1	2
SPORTS .....	1	2
MUSIC .....	1	2
PLAYS/DRAMAS .....	1	2
CHURCH/RELIGIOUS PROGRAMS .....	1	2
WOMEN'S PROGRAMS .....	1	2
HEALTH PROGRAMS .....	1	2
POLITICAL EVENTS .....	1	2
BUSINESS PROGRAMS .....	1	2

138. What times do you most often listen to the radio? (**PROBE FOR MORE THAN ONE TIME, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
6-8 AM .....	1	2
8-10 AM .....	1	2
10AM-NOON .....	1	2
NOON-2PM .....	1	2
2-4 PM .....	1	2
4-6 PM .....	1	2
6-8 PM .....	1	2
8-10 PM .....	1	2
AFTER 10 PM.....	1	2
NO REGULAR TIMES .....	1	2

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

HOURS A DAY \_\_\_\_

00 NEVER----->GO TO Q144  
 55. DOES NOT HAVE ACCESS TO TV..... >GO TO Q144  
 66. WHEN THE HOUSEHOLD HAS ELECTRICITY  
 77. NOT EVERY DAY  
 88. DON'T KNOW

140. What channels do you most often watch? (**PROBE FOR MORE THAN ONE CHANNEL, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
AZTV 1 (CHANNEL 1).....	1	2
AZTV 2 (CHANNEL 2).....	1	2
SPACE .....	1	2
ABA .....	1	2
ANS .....	1	2
LOCAL CHANNELS (e.g. NACHICIVAN ?) .....	1	2
RUSSIAN CHANNELS (PTP, OPT, NTV, ORT, RTR) .....	1	2
TURKISH CHANNELS (TRT, STV, TGRT).....	1	2
OTHER FOREIGN CHANNELS (e.g. CNN, BBC, EURONEWS, STAR).....	1	2
OTHER _____ .....	1	2

141. What types of programs do you most often watch? (**PROBE FOR MORE THAN ONE PROGRAM , DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
NEWS .....	1	2
COMERCIALS .....	1	2
ENTERTAINMENT PROGRAMS .....	1	2
SERIALS/MOVIES .....	1	2
SPORTS .....	1	2
MUSIC PROGRAMS, VIDEO CLIPS .....	1	2
PLAYS/DRAMAS .....	1	2
CHILDREN'S PROGRAMS .....	1	2
CHURCH/RELIGIOUS PROGRAMS .....	1	2
WOMEN'S PROGRAMS.....	1	2
HEALTH PROGRAMS .....	1	2
POLITICAL EVENTS.....	1	2
BUSINESS PROGRAMS .....	1	2

142. What times do you most often watch television? (CIRCLE ALL MENTIONED, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
6-8 AM .....	1	2
8-10 AM .....	1	2
10AM-NOON .....	1	2
NOON-2PM .....	1	2
2-4 PM .....	1	2
4-6 PM .....	1	2
6-8 PM .....	1	2
8-10 PM .....	1	2
AFTER 10 PM .....	1	2
NO REGULAR TIMES.....	1	2

144. How often do you read a newspaper?

- 1 DAILY/NEARLY EVERY DAY
- 2 ABOUT 3-4 TIMES PER WEEK
- 3 ONCE OR TWICE PER WEEK
- 4 LESS THAN ONCE PER WEEK
- 5 NEVER/ALMOST NEVER----->GO TO MODULE II

145. Which newspaper(s) do you read most often? (CIRCLE ALL MENTIONED, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
1. AZERBAIJAN .....	1	2
2. ARODYL.....	1	2
3. AZADLIG.....	1	2
4. AYNA.....	1	2
5. BAKINSKI REBOSHI .....	1	2
6. BIRJE.....	1	2
7. KHALG GAZETI .....	1	2
8. MUKHALIFAT .....	1	2
9. MUSAVAT .....	1	2
10. PANORAMA .....	1	2
11. RESPUBLICA.....	1	2
12. ZERKALO .....	1	2
13. 525 .....	1	2
14. 7 GYUN .....	1	2
15. FOREIGN NEWSPAPER (TURKISH, RUSSIAN, ENGL). .....	1	2
20. OTHER _____ .....	1	2

## II. SEX EDUCATION

The next set of questions are about sex education.

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

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

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

- A. Human Reproduction? \_\_\_ \_\_\_ 77. SHOULD NOT BE TAUGHT IN SCHOOL.
- B. Contraception? \_\_\_ \_\_\_ 88. DK
- C. STD's \_\_\_ \_\_\_ 99. NR

**GO TO BOX 2-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-D**)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>NR</u>
A. Sex education will give adolescents the Idea to begin sex earlier ..... 1	2	8	9	
B. Sex education should be taught only in the house ..... 1	2	8	9	
C. Sex education goes against my religious beliefs..... 1	2	8	9	
D. Teachers do not have enough training to teach such courses..... 1	2	8	9	

**BOX 2-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 a parent ever talked to you about..... (**READ A-F**)

	<u>YES</u>	<u>NO</u>	<u>DK/DR</u>	<u>REF</u>
A. Menstrual Cycle? ..... 1	2	8	9	
B. How Pregnancy Occurs? ..... 1	2	8	9	
C. Not Having Sexual Intercourse Before Marriage? ..... 1	2	8	9	
D. Methods of Contraception? ..... 1	2	8	9	
E. HIV/AIDS? ..... 1	2	8	9	
F. Other Sexually Transmitted Diseases? ..... 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 -> <b>GO TO Q206</b> 2 NO -> <b>GO TO Q205B</b> 8 DK -> <b>GO TO Q205B</b> 9 NR -> <b>GO TO Q205B</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
B. Female Reproductive System	1 YES --> <b>GO TO Q206</b> 2 NO --> <b>GO TO Q205C</b> 8 DR --> <b>GO TO Q205C</b> 9 NR -> <b>GOTO Q205C</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
C. Male Reproductive System	1 YES --> <b>GO TO Q206</b> 2 NO--- > <b>GO TO Q205D</b> 8 DR --> <b>GO TO Q205D</b> 9NR -> <b>GO TO Q205D</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
D. How Pregnancy Occurs	1 YES --> <b>GO TO Q206</b> 2 NO -> <b>GO TO Q205E</b> 8 DR --> <b>GO TO Q205E</b> 9 NR -> <b>GO TO Q205E</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
E. Contraceptive Methods	1 YES --> <b>GO TO Q206</b> 2 NO---- -> <b>GO TO Q205F</b> 8DR---- > <b>GO TO Q205F</b> 9NR----> <b>GO TO Q205F</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
F. HIV/AIDS	1 YES -> <b>GO TO Q206</b> 2 NO -> <b>GO TO Q205G</b> 8 DR --> <b>GO TO Q205G</b> 9NR-----> <b>GO TO Q205G</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
G. Other Sexually Transmitted Diseases	1 YES --> <b>GO TO Q206</b> 2 NO----> <b>GO TO Q208</b> 8DR-----> <b>GO TO Q208</b> 9NR ----> <b>GO TO Q208</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER

208. In your opinion, who or what was the most important source of information you have had about topics related to sexual matters?

- |                     |  |
|---------------------|--|
| 1. MOTHER           | 10. NURSE, MIDWIFE                           |
| 2. FATHER           | 11. TEACHER                                  |
| 3. RELATIVE         | 12. PHARMACIST                               |
| 4. BOYFRIEND        | 13. BOOKS                                    |
| 5. FRIENDS          | 14. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS |
| 6. CO-WORKER        | 15. RADIO                                    |
| 7. COLLEAGUES, PEER | 16. TV                                       |
| 8. PARTNER/HUSBAND  | 20. OTHER (SPECIFY): _____                   |
| 9. DOCTOR           | 88. DON'T REMEMBER                           |

### III. FERTILITY/PREGNANCY

300. Are you currently pregnant?
- 1 YES
  - 2 NO—>**GO TO Q305**
  - 3 NOT SURE—>**GO TO Q305**
301. How many months pregnant are you now? \_\_\_\_\_ MONTHS
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?
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?
- 1 YES
  - 2 NO ----->**GO TO Q307**
  - 3 NOT SURE
304. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
- 1 YES ---->**GO TO PREGNANCY HISTORY, PAGE 11**
  - 2 NO ----->**GO TO MODULE IV, PAGE 23**
305. Have you ever been pregnant?
- 1 YES ----->**GO TO Q307**
  - 2 NO
  - 3 NOT SURE
  - 4 NEVER HAD SEX ->**GO TO MODULE IV, PAGE 23**
306. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
- 1 YES----->**GO TO PREGNANCY HISTORY, PAGE 11**
  2. NO----->**GO TO MODULE IV, PAGE 23**
307. Have you ever had any live-born children?
1. YES
  2. NO----->**GO TO PREGNANCY HISTORY, PAGE 11**
308. How many living children do you have, including those who do not live with you?
- \_\_\_\_\_ CHILDREN
309. Have you ever had a child born alive who later died or died in the first hours or days after birth?
1. YES
  2. NO --> **GO TO PREGNANCY HISTORY, PAGE 11**
310. How many children died? \_\_\_\_\_ CHILDREN
311. So altogether you had a total of \_\_\_\_\_ (**Q308+Q310**) live births?
- I. 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:

#	312	313	314	315	316	317	318
	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?	Is the child still alive?	How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS)	<p><b>IF Q313B &lt; 1996 —&gt;GO TO NEXT PREGNANCY</b></p> <p>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?</p>
<b>1</b>	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	A ___ MTH B _____ YR 98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>2</b>	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	A ___ MTH B _____ YR 98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>3</b>	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	A ___ MTH B _____ YR 98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>4</b>	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	A ___ MTH B _____ YR 98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312 How did that pregnancy end?	313 When did that pregnancy end? (month & year)	314 How many weeks or months had you been pregnant when that pregnancy ended?	315 Was the baby a boy or a girl?	316 Is the child still alive?	317 How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS)	318
							IF Q313B < 1996 —>GO TO NEXT PREGNANCY
							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?
<b>5</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES-> <b>Q318</b>  2. NO	1. ___ DAYS OR  2. ___ MTHS OR  3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN  2. WANTED TO GET PREG. LATER  3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE  8. NOT SURE
<b>6</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES-> <b>Q318</b>  2. NO	1. ___ DAYS OR  2. ___ MTHS OR  3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN  2. WANTED TO GET PREG. LATER  3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE  8. NOT SURE
<b>7</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES-> <b>Q318</b>  2. NO	1. ___ DAYS OR  2. ___ MTHS OR  3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN  2. WANTED TO GET PREG. LATER  3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE  8. NOT SURE
<b>8</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES-> <b>Q318</b>  2. NO	1. ___ DAYS OR  2. ___ MTHS OR  3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN  2. WANTED TO GET PREG. LATER  3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE  8. NOT SURE
<b>9</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES-> <b>Q318</b>  2. NO	1. ___ DAYS OR  2. ___ MTHS OR  3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN  2. WANTED TO GET PREG. LATER  3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE  8. NOT SURE

#	312	313	314	315	316	317	318
							IF Q313B<1996 —>GO TO NEXT PREGNANCY
<b>10</b>	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	A ___ MTH B _____ YR  98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>11</b>	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	A ___ MTH B _____ YR  98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>12</b>	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	A ___ MTH B _____ YR  98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>13</b>	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	A ___ MTH B _____ YR  98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>14</b>	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	A ___ MTH B _____ YR  98. DK/NR	1 ___ WEEKS OR 2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES-> <b>Q318</b> 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317
	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?	Is the child still alive?	How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS)
<b>15</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR
<b>16</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR
<b>17</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR
<b>18</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR
<b>19</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR

#	312	313	314	315	316	317
<b>20</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR
<b>21</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR
<b>22</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO THE NEXT PG.</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR
<b>23</b>	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	A ___ MTH  B _____ YR  98. DK/NR	1 ___ WEEKS  OR  2 ___ MONTHS  888. DK 998. NR  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1..BOY  2. GIRL  3. BOTH	1 YES > <b>GO TO BOX 3-1</b>  2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS.  888. DK 998. NR

**BOX 3-1**

- **THE FOLLOWING QUESTIONS ARE ONLY FOR PREGNANCIES ENDED BETWEEN 1996-2001 IF RESPONDENT HAD AT LEAST A LIVE BIRTH, STILLBIRTH, INDUCED ABORTION OR MINIABORTION (Q312=1-5,7, 8) ENDED BETWEEN 1996-2001 THEN CONTINUE WITH Q319 ON THE NEXT PAGE;**
- **IF SHE HAD ONLY MISCARRIAGE(S) OR ECTOPIC PREGNANCY(IES ) (Q312=6,9). GO TO MODULE IV, PAGE 23 AFTER COMPLETING Q319 and Q338**
- **IF SHE DID NOT HAVE ANY PREGNANCY ENDED IN 1996-2001 (CHECK Q313B), GO TO MODULE IV, PAGE 23 AFTER COMPLETING Q319 and Q338.**

**319. HOW MANY INDUCED ABORTIONS AND/OR MINIABORTIONS DID THE RESPONDENT HAVE BETWEEN JANUARY 1996 AND THE PRESENT (SEE PAGE 11)**

**1. INDUCED ABORTIONS** — —

**2. MINIABORTIONS** — — (IF NO INDUCED ABORTION OR MINIABORTION, GO TO Q338)

319A. COPY LINE #. FROM PG. TABLE PAGE 11	LAST ABORTION — —	NEXT TO LAST AB. — —	SECOND TO LAST AB. — —	THIRD TO LAST AB. — —
<b>319B. ABORTION TYPE (SEE Q312)</b>	1. INDUCED ABORTION 2. MINIABORTION			
<b>320.</b> What was the principal reason that you decided to have this (mini)abortion?	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____
<b>320A.</b> What was the attitude of the child's father toward you having that abortion?	1. FAVORED 2. OPPOSED 3- NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER.	1. FAVORED 2. OPPOSED 3- NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER.	1. FAVORED 2. OPPOSED 3- NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER.	1. FAVORED 2. OPPOSED 3- NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER.
<b>321.</b> When you got pregnant with this baby, were you using any method of contraception?	1. YES 2. NO ----->GO TO Q323 8. DK/NR ----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR ----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR ----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR ----->GO TO Q323
<b>322.</b> What method of contraception was that?	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR
<b>323.</b> Before this (mini) abortion, have you been lab tested for any infection?	1. YES 2. NO ----->GO TO Q325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q325 8. DK/ DR----->GO TO Q325
<b>324.</b> Did you have a blood exam, vaginal bacteriologic exam or both?	1. BLOOD EXAM 2. VAGINAL SWAB 3. BOTH 8. DON'T KNOW/DR	1. BLOOD EXAM 2. VAGINAL SWAB 3. BOTH 8. DON'T KNOW/DR	1. BLOOD EXAM 2. VAGINAL SWAB 3. BOTH 8. DON'T KNOW/DR	1. BLOOD EXAM 2. VAGINAL SWAB 3. BOTH 8. DON'T KNOW/DR
<b>325.</b> Where was that abortion performed?	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____
<b>326.</b> Who performed that abortion?	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR
<b>327.</b> What method was used?	1. D&C 2. VACUUM ASPIRATION 3. RU 486/PROSTAGLANDINES 4. OXITOCIN 5. CATHETER 7. OTHER _____ 8. DON'T KNOW/DR	1. D&C 2. VACUUM ASPIRATION 3. RU 486/PROSTAGLANDINES 4. OXITOCIN 5. CATHETER 7. OTHER _____ 8. DON'T KNOW/DR	1. D&C 2. VACUUM ASPIRATION 3. RU 486/PROSTAGLANDINES 4. OXITOCIN 5. CATHETER 7. OTHER _____ 8. DON'T KNOW/DR	1. D&C 2. VACUUM ASPIRATION 3. RU 486/PROSTAGLANDINES 4. OXITOCIN 5. CATHETER 7. OTHER _____ 8. DON'T KNOW/DR
<b>CONTINUE ON NEXT PAGE</b>				

	LAST ABORTION	NEXT TO LAST AB.	SECOND TO LAST AB.	THIRD TO LAST AB.																																																																																				
328. How much did you pay for that abortion, including gifts or money given to the doctor?	<p style="text-align: center;">— — — — THOUSANDS MANAT</p> <p>0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK</p>	<p style="text-align: center;">— — — — THOUSANDS MANAT</p> <p>0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK</p>	<p style="text-align: center;">— — — — THOUSANDS MANAT</p> <p>0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK</p>	<p style="text-align: center;">— — — — THOUSANDS MANAT</p> <p>0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK</p>																																																																																				
329 Did you have any local or intravenous anesthesia for that abortion? By local anesthesia we mean an injection in the uterus opening.	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR																																																																																				
330. Did you take any antibiotics after that abortion?	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER																																																																																				
331. Within 30 days after that abortion did you have any health problems as a result of that abortion?	1. YES 2. NO ----->GO TO Q333	1. YES 2. NO ----->GO TO Q333	1. YES 2. NO ----->GO TO Q333	1. YES 2. NO ----->GO TO Q333																																																																																				
332. Did you have one of the following problems: (READ 1-7)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>1. Perforation</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>2. Severe Bleeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>3. Fever&gt;38°C</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>4. Purulent Discharge</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>5. Belly Pain</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>7. Other _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever>38°C	1	2	4. Purulent Discharge	1	2	5. Belly Pain	1	2	7. Other _____	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>1. Perforation</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>2. Severe Bleeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>3. Fever&gt;38°C</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>4. Purulent Discharge</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>5. Belly Pain</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>7. Other _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever>38°C	1	2	4. Purulent Discharge	1	2	5. Belly Pain	1	2	7. Other _____	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>1. Perforation</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>2. Severe Bleeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>3. Fever&gt;38°C</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>4. Purulent Discharge</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>5. Belly Pain</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>7. Other _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever>38°C	1	2	4. Purulent Discharge	1	2	5. Belly Pain	1	2	7. Other _____	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>1. Perforation</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>2. Severe Bleeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>3. Fever&gt;38°C</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>4. Purulent Discharge</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>5. Belly Pain</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>7. Other _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever>38°C	1	2	4. Purulent Discharge	1	2	5. Belly Pain	1	2	7. Other _____	1	2
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333. How many nights did you spend in the hospital after that abortion (+re-admissions during the first month) ?	— — — NIGHTS 88 DK	— — — NIGHTS 88 DK	— — — NIGHTS 88 DK	— — — NIGHTS 88 DK																																																																																				
334. Did you have any related health problems more than 6 months later as a result of that abortion?	1. YES 2. NO ----->Q336 3. NOT YET 6 MTH.—>Q336 8. DON'T REMEMBER->Q336	1. YES 2. NO ----->Q336 3. NOT YET 6 MTH.—>Q336 8. DON'T REMEMBER->Q336	1. YES 2. NO ----->Q336 3. NOT YET 6 MTH.—>Q336 8. DON'T REMEMBER->Q336	1. YES 2. NO ----->Q336 3. NOT YET 6 MTH.—>Q336 8. DON'T REMEMBER->Q336																																																																																				
335. What was the most important health problem?	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____																																																																																				
336. Either before or after the most recent abortion, did a doctor talk to you about contraception?	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO----->GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO----->GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO----->GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO----->GO TO Q337A 8. DON'T REMEMBER																																																																																				
337. After that abortion, did you receive a method of contraception or prescription for a method?	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER																																																																																				
337A. After that abortion, did a doctor or nurse refer you to a Family Planning cabinet?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER																																																																																				

**338. HOW MANY BIRTHS HAS THE RESPONDENT HAD BETWEEN JANUARY 1996 AND PRESENT (SEE PG. 11-15)**

**1. LIVE BIRTHS**      — —

**2. STILLBIRTHS**      — —

**(IF NO LIVE BIRTH OR STILLBIRTH GO TO MODULE IV PAGE 23)**

<b>339. COPY LINE #. FROM PREGNANCY TABLE PAGE 11</b>	<b>LAST BIRTH</b> — —	<b>NEXT TO LAST BIRTH</b> — —	<b>SECOND TO LAST BIRTH</b> — —																																																																																	
<b>340.</b> During the 6 mths before you found out you were pregnant, how many cigarettes did you smoke a day, on average?	0. NONE —> <b>GO TO Q.342</b> 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER—> <b>GO TO Q342</b>	0. NONE —> <b>GO TO Q.342</b> 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER—> <b>GO TO Q342</b>	0. NONE —> <b>GO TO Q.342</b> 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER—> <b>GO TO Q342</b>																																																																																	
<b>341.</b> On the average, how many cigarettes did you smoke per day after you found out that you were pregnant?	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER																																																																																	
<b>342.</b> How many times per week did you drink alcoholic beverages during that pregnancy?	1. 4 TIMES OR MORE/ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE/ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE/ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER																																																																																	
<b>343.</b> When you got pregnant with this baby, were you using any method of contraception?	1. YES 2. NO -----> <b>GO TO Q345</b> 3. DON'T REMEMBER-> <b>GO TO Q345</b>	1. YES 2. NO -----> <b>GO TO Q345</b> 3. DON'T REMEMBER-> <b>GO TO Q345</b>	1. YES 2. NO -----> <b>GO TO Q345</b> 3. DON'T REMEMBER-> <b>GO TO Q345</b>																																																																																	
<b>344.</b> What method of contraception was that?	1. PILL                    9. INJECTABLES 2. IUD                    11. CALENDAR 3. CONDOM            12. WITHDRAWAL 4. CONDOM+SP      13. CAL+WDR 5. CONDM+TRAD    20. OTHER 6. SPERMICIDES    88. DR	1. PILL                    9. INJECTABLES 2. IUD                    11. CALENDAR 3. CONDOM            12. WITHDRAWAL 4. CONDOM+SP      13. CAL+WDR 5. CONDM+TRAD    20. OTHER 6. SPERMICIDES    88. DR	1. PILL                    9. INJECTABLES 2. IUD                    11. CALENDAR 3. CONDOM            12. WITHDRAWAL 4. CONDOM+SP      13. CAL+WDR 5. CONDM+TRAD    20. OTHER 6. SPERMICIDES    88. DR																																																																																	
<b>345.</b> How many weeks or months pregnant were you when you learned that you were pregnant that time?	1.    — — WEEKS OR 2.    — — MONTHS    888 DK/DR	1.    — — WEEKS OR 2.    — — MONTHS    888 DK/DR	1.    — — WEEKS OR 2.    — — MONTHS    888 DK/DR																																																																																	
<b>346.</b> During that pregnancy, did you have any prenatal care visits?	1. YES 2 NO—> <b>GO TO Q355</b> 8. DON'T REMEMBER-> <b>GO TO Q355</b>	1. YES 2 NO—> <b>GO TO Q355</b> 8. DON'T REMEMBER-> <b>GO TO Q355</b>	1. YES 2 NO—> <b>GO TO Q355</b> 8. DON'T REMEMBER-> <b>GO TO Q355</b>																																																																																	
<b>347.</b> How many weeks or months pregnant were you at the time of your first prenatal care visit?	1.    — — WEEKS OR 2.    — — MONTHS    888 DK/DR	1.    — — WEEKS OR 2.    — — MONTHS    888 DK/DR	1.    — — WEEKS OR 2.    — — MONTHS    888 DK/DR																																																																																	
<b>348</b> How many prenatal visits did you have during that pregnancy?	— — VISITS            88. DK 98. REF	— — VISITS            88. DK 98. REF	— — VISITS            88. DK 98. REF																																																																																	
<b>349.</b> Where did you go for most of the prenatal care visits?	1. RURAL AMBULATORY (FAP, DAK) 2. VILLAGE HOSPITAL 3. WOMEN'S CONSULTATION CLINIC 4. RAIONAL MATERNITY/HOSPITAL 5. PRIVATE OFFICE/CLINIC/HOSP 6. HOME 7. OTHER _____	1. RURAL AMBULATORY (FAP, DAK) 2. VILLAGE HOSPITAL 3. WOMEN'S CONSULTATION CLINIC 4. RAIONAL MATERNITY/HOSPITAL 5. PRIVATE OFFICE/CLINIC/HOSP 6. HOME 7. OTHER _____	1. RURAL AMBULATORY (FAP, DAK) 2. VILLAGE HOSPITAL 3. WOMEN'S CONSULTATION CLINIC 4. RAIONAL MATERNITY/HOSPITAL 5. PRIVATE OFFICE/CLINIC/HOSP 6. HOME 7. OTHER _____																																																																																	
<b>350.</b> Whom did you see for most of these visits?	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 4. FELTCHER	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 4. FELTCHER	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 4. FELTCHER																																																																																	
<b>351.</b> During those visits, did you receive any information about: (READ A-H):	<table border="0"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <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> </table>		<b>YES</b>	<b>NO</b>	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"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <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> </table>		<b>YES</b>	<b>NO</b>	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"> <tr> <td></td> <td><b>YES</b></td> <td><b>NO</b></td> </tr> <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> </table>		<b>YES</b>	<b>NO</b>	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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F. Contraception	1	2																																																																																		
G. Warning Signs of Pg Complic	1	2																																																																																		
H. Postnatal Care	1	2																																																																																		

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH
	YES NO	YES NO	YES NO
352. During this pregnancy, were any of the following done at least once: A. Were you weighed? B. Was your height measured? C. Did you give a urine sample? D. Did you give a blood sample?	A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2	A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2	A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2
353. During those visits, did you have your blood pressure measured?	1. YES 2. NO----->GO TO Q355 8. DON'T REMEMBER->GO TO Q355	1. YES 2. NO----->GO TO Q355 8. DON'T REMEMBER->GO TO Q355	1. YES 2. NO----->GO TO Q355 8. DON'T REMEMBER->GO TO Q355
354. During those visits, were you ever told that you have high blood pressure?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER
355. Did you have an ultrasound (US) exam during that pregnancy?	1. YES 2. NO ----->GO TO Q357 8. DON'T REMEMBER->GO TO Q357	1. YES 2. NO ----->GO TO Q357 8. DON'T REMEMBER->GO TO Q357	1. YES 2. NO ----->GO TO Q357 8. DON'T REMEMBER->GO TO Q357
356. How many weeks or months pregnant were you at the time of your first US?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR
357. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus (convulsions after birth)?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER
358. During this pregnancy, have you taken any iron supplements (iron tablets, injection or iron syrup)?	1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER ->GO TO Q360	1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER ->GO TO Q360	1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER ->GO TO Q360
358A. In what week or month of pregnancy did you start taking iron supplements?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR
359. How often did you take iron supplements?	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR
360. During that pregnancy, did you have any complications that required medical attention?	1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER->GO TO Q364	1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER->GO TO Q364	1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER->GO TO Q364
361. What complications did you have? Did you have: <b>(READ EACH CONDITION A-K)</b>	YES NO	YES NO	YES NO
	A. A Weak Cervix 1 2 B. Bleeding During First 6 Mths of Pregnancy 1 2 C. Bleeding at 6 Mths or More of Pregnancy 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 I. Rh Isoimmunization 1 2 K. Other _____ 1 2	A. A Weak Cervix 1 2 B. Bleeding During First 6 Mths of Pregnancy 1 2 C. Bleeding at 6 Mths or More of Pregnancy 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 I. Rh Isoimmunization 1 2 K. Other _____ 1 2	A. A Weak Cervix 1 2 B. Bleeding During First 6 Mths of Pregnancy 1 2 C. Bleeding at 6 Mths or More of Pregnancy 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 I. Rh Isoimmunization 1 2 K. Other _____ 1 2
362. Not Including the delivery, how many times were you hospitalized for pregnancy complications?	___ 00 NEVER HOSP. TIMES 88 DK/DR <b>IF "00" GO TO Q364</b>	___ 00 NEVER HOSP. TIMES 88 DK/DR <b>IF "00" GO TO Q364</b>	___ 00 NEVER HOSP. TIMES 88 DK/DR <b>IF "00" GO TO Q364</b>
363. Altogether, how many total nights were you in the hospital for these complications?	___ NIGHTS 85. 85+NIGHTS 88. DK/DR	___ NIGHTS 85. 85+NIGHTS 88. DK/DR	___ NIGHTS 85. 85+NIGHTS 88. DK/DR
364. Where did you give birth to this baby?	1. DISTRICT MATERNITY HOSPITAL 2. PRIVATE CLINIC/HOSPITAL 3. VILLAGE HOSPITAL 4. DAC/FAP 5. HOME-->Q370 6. ON THE WAY TO HOSP.----> Q366	1. DISTRICT MATERNITY HOSPITAL 2. PRIVATE CLINIC/HOSPITAL 3. VILLAGE HOSPITAL 4. DAC/FAP 5. HOME-->Q370 6. ON THE WAY TO HOSP.----> Q366	1. DISTRICT MATERNITY HOSPITAL 2. PRIVATE CLINIC/HOSPITAL 3. VILLAGE HOSPITAL 4. DAC/FAP 5. HOME-->Q370 6. ON THE WAY TO HOSP.----> Q366
365. How many hours before delivery were you admitted to the place where you gave birth?	___ HOURS 85. 85+HOURS 88. DK/DR	___ HOURS 85. 85+HOURS 88. DK/DR	___ HOURS 85. 85+HOURS 88. DK/DR

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH																																																																																										
<b>366.</b> How many nights were you in that place after delivery?	___ NIGHTS 85. 85+NIGHTS 88 DK/DR	___ NIGHTS 85. 85+NIGHTS 88 DK/DR	___ NIGHTS 85. 85+NIGHTS 88 DK/DR																																																																																										
<b>367.</b> Where was your husband at the time of delivery, was he: (READ 1-4)	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home, or 4. Travelling/away for Work? 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home, or 4. Travelling/away for Work? 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home, or 4. Travelling/away for Work? 8. DK/DR																																																																																										
<b>368.</b> Was that baby born by vaginal delivery, forceps, or C-section?	1. VAGINAL DELIVERY-> <b>GO TO Q370</b> 2. FORCEPS-> <b>GO TO Q370</b> 3. VACUUM EXTRACTION-> <b>Q370</b> 4. CESAREAN SECTION	1. VAGINAL DELIVERY-> <b>GO TO Q370</b> 2. FORCEPS-> <b>GO TO Q370</b> 3. VACUUM EXTRACTION-> <b>Q370</b> 4. CESAREAN SECTION	1. VAGINAL DELIVERY-> <b>GO TO Q370</b> 2. FORCEPS-> <b>GO TO Q370</b> 3. VACUUM EXTRACTION-> <b>Q370</b> 4. CESAREAN SECTION																																																																																										
<b>369.</b> Do you know what was the most important reason that you had to deliver by cesarean section ?	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCTION 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C-SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER _____	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCTION 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C-SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER _____	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCTION 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C-SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER _____																																																																																										
<b>370.</b> How long had you been in labor with that pregnancy (regular contractions 5' apart)	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR																																																																																										
<b>371.</b> Who attended the delivery of that child?	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED																																																																																										
<b>372.</b> How much did the baby weigh at birth?	___ GRAMS-> <b>GO TO Q374</b> 8888 DON'T KNOW	___ GRAMS-> <b>GO TO Q374</b> 8888 DON'T KNOW	___ GRAMS-> <b>GO TO Q374</b> 8888 DON'T KNOW																																																																																										
<b>373.</b> Do you know if the baby weighed less than 2500 g or was considered too small?	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR																																																																																										
<b>374.</b> During the first 6 weeks after birth, did you have any of the following complications: (READ A-I)	<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. Painful Urination</td><td>1</td><td>2</td></tr> <tr><td>3. Painful Uterus (pelvic pain)</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> <tr><td>I. Other _____</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. Painful Urination	1	2	3. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other _____	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. Painful Urination</td><td>1</td><td>2</td></tr> <tr><td>3. Painful Uterus (pelvic pain)</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> <tr><td>I. Other _____</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. Painful Urination	1	2	3. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other _____	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. Painful Urination</td><td>1</td><td>2</td></tr> <tr><td>3. Painful Uterus (pelvic pain)</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> <tr><td>I. Other _____</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. Painful Urination	1	2	3. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other _____	1	2
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<b>375.</b> After leaving the hospital (DO NOT READ IF HOME DELIVERY) did you have any postdelivery check-ups?	1. YES 2. NO - > <b>GO TO Q378</b> 8. DO NOT REMEMBER --> <b>GO TO Q378</b>	1. YES 2. NO - > <b>GO TO Q378</b> 8. DO NOT REMEMBER --> <b>GO TO Q378</b>	1. YES 2. NO - > <b>GO TO Q378</b> 8. DO NOT REMEMBER --> <b>GO TO Q378</b>																																																																																										
<b>376.</b> How many days or weeks after the delivery did the first check take place?	1. ___ DAYS OR 2. ___ WEEKS  000 SAME DAY 888 DK/DR	1. ___ DAYS OR 2. ___ WEEKS  000 SAME DAY 888 DK/DR	1. ___ DAYS OR 2. ___ WEEKS  000 SAME DAY 888 DK/DR																																																																																										
<b>377.</b> During those visit(s) did you receive information about: (READ A-F)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>B. Breast Care</td><td>1</td><td>2</td></tr> <tr><td>C. Child Care</td><td>1</td><td>2</td></tr> <tr><td>D. Immunization</td><td>1</td><td>2</td></tr> <tr><td>E. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	B. Breast Care	1	2	C. Child Care	1	2	D. Immunization	1	2	E. Nutrition	1	2	F. Contraception	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>B. Breast Care</td><td>1</td><td>2</td></tr> <tr><td>C. Child Care</td><td>1</td><td>2</td></tr> <tr><td>D. Immunization</td><td>1</td><td>2</td></tr> <tr><td>E. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	B. Breast Care	1	2	C. Child Care	1	2	D. Immunization	1	2	E. Nutrition	1	2	F. Contraception	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>B. Breast Care</td><td>1</td><td>2</td></tr> <tr><td>C. Child Care</td><td>1</td><td>2</td></tr> <tr><td>D. Immunization</td><td>1</td><td>2</td></tr> <tr><td>E. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	B. Breast Care	1	2	C. Child Care	1	2	D. Immunization	1	2	E. Nutrition	1	2	F. Contraception	1	2																											
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<b>378.</b> For how many months after birth did YOU not have a period?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET																																																																																										
<b>379.</b> How many months after birth did you resume sexual relations?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET																																																																																										

	LAST BIRTH IF STILLBIRTH -> NEXT BIRTH	NEXT TO LAST BIRTH IF STILLBIRTH->NEXT BIRTH	SECOND TO LAST BIRTH IF STILLBIRTH-> MODULE IV
<b>380.</b> After leaving (he hospital (DO NOT READ IF HOME DELIVERY) did a health professional check on the baby's health?	1. YES 2. NO ->GO TO Q382 3. NO. BABY DIED->GO TO Q382 8. DO NOT REMEMBER -->GO TO Q382	1. YES 2. NO ->GO TO Q382 3. NO. BABY DIED->GO TO Q382 8. DO NOT REMEMBER -->GO TO Q382	1. YES 2. NO ->GO TO Q382 3. NO. BABY DIED->GO TO Q382 8. DO NOT REMEMBER -->GO TO Q382
<b>381.</b> How many days or weeks after delivery did the first health check take place?	1. ___ ___ DAYS OR 2. ___ ___ WEEKS  000 SAME DAY 888 DK/DR	1. ___ ___ DAYS OR 2. ___ ___ WEEKS  000 SAME DAY 888 DK/DR	1. ___ ___ DAYS OR 2. ___ ___ WEEKS  000 SAME DAY 888 DK/DR
<b>381A.</b> Was the health check because the baby was sick or was a routine health exam?	1. HEALTH EXAM FOR SICKNESS 2. ROUTINE HEALTH EXAM 8. DO NOT REMEMBER	1. HEALTH EXAM FOR SICKNESS 2. ROUTINE HEALTH EXAM 8. DO NOT REMEMBER	1. HEALTH EXAM FOR SICKNESS 2. ROUTINE HEALTH EXAM 8. DO NOT REMEMBER
<b>382.</b> How many days or weeks after the delivery did you register the baby at the city/village council?	1. ___ ___ DAYS OR 2. ___ ___ WEEKS  000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER	1. ___ ___ DAYS OR 2. ___ ___ WEEKS  000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER	1. ___ ___ DAYS OR 2. ___ ___ WEEKS  000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER
<b>383.</b> Did you breastfeed?	1. YES 2. NO ----->GOTOQ387 3. NO, INFANT DIED->NEXT BIRTH	1. YES 2. NO ----->GOTOQ387 3. NO, INFANT DIED->NEXT BIRTH	1. YES 2. NO----->GOTOQ387 3. NO, INFANT DIED->NEXT BIRTH
<b>384.</b> How long after birth did you start breastfeeding?	1. ___ ___ HOURS 777. LESS THAN 1HR OR 2. ___ ___ DAYS 888. DON'T REMEMB.	1. ___ ___ HOURS 777. LESS THAN 1HR OR 2. ___ ___ DAYS 888. DON'T	1. ___ ___ HOURS 777. LESS THAN 1HR OR 2. ___ ___ DAYS 888. DON'T
<b>385.</b> Are you still breastfeeding?	1. YES .....>GO TO Q387 2. NO 3. NO, INFANT DIED->NEXT BIRTH		
<b>386.</b> How old was the baby when you stopped breastfeeding?	1. ___ ___ DAYS OR 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS	1. ___ ___ DAYS OR 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS	1. ___ ___ DAYS OR 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS
<b>387.</b> How old was the baby when you gave him/her water or other liquids?	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS
<b>388.</b> How old was the baby when you started feeding with formula or other milk?	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ WEEKS OR 888. DK/DR 3. ___ ___ MTHS
<b>389.</b> How old was the baby when you started feeding with solid or semi-solid food?	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ MTHS 888. DK/DR  <b>IF STILL BREASTFEEDING; Q391</b>	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ MTHS 888. DK/DR  <b>IF STILL BREASTFEEDING; Q391</b>	1. ___ ___ DAYS OR 777. NOT YET 2. ___ ___ MTHS 888. DK/DR  <b>IF STILL BREASTFEEDING; Q391</b>
<b>390.</b> Why did you Stop breastfeeding of this baby?  <b>FOR WOMEN WHO DID NOT BREASTFEED (Q383=2) ASK:</b>  Why did you not breastfeed this baby?	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR
<b>391.</b> Do you have a card where the child vaccinations are written down?  IF YES: May I see it please?	1. YES, SEEN ----->GO TO Q393 2. YES, NOT SEEN 3. NO CARD ----->GO TO Q395	1. YES, SEEN----->GO TO Q393 2. YES, NOT SEEN 3. NO CARD ----->GO TO Q395	1. YES, SEEN----->GO TO Q393 2. YES, NOT SEEN 3. NO CARD----->GO TO Q395
<b>392.</b> Did you ever have a vaccination card for this child?	1. YES----->GO TO Q395 2. NO----->GO TO Q395	1. YES----->GO TO Q395 2. NO----->GO TO Q395	1. YES----->GO TO Q395 2. NO----->GO TO Q395

	LAST BIRTH						NEXT TO LAST BIRTH						SECOND TO LAST BIRTH								
	Vaccine		Month		Year		Vaccine		Month		Year		Vaccine		Month		Year				
<b>393. COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD:</b>  <b>RECORD:</b>  <b>"00" IF NOT RECEIVED "88" FOR UNKNOWN MONTH AND/OR YEAR</b>	A. BCG						A. BCG						A. BCG								
	B. Polio 0						B. Polio 0						B. Polio 0								
	C. Polio 1						C. Polio 1						C. Polio 1								
	D. Polio 2						D. Polio 2						D. Polio 2								
	E. Polio 3						E. Polio 3						E. Polio 3								
	F. Polio 4						F. Polio 4						F. Polio 4								
	G. DPT 1						G. DPT 1						G. DPT 1								
	H. DPT 2						H. DPT 2						H. DPT 2								
	I. DPT 3						I. DPT 3						I. DPT 3								
	J. DPT 4						J. DPT 4						J. DPT 4								
	K. Measles						K. Measles						K. Measles								
<b>394.</b> Has the baby received any vaccinations that are not recorded on this card, including those received in a national immunization day campaign?	1. YES—> GO BACK TO 393 AND ADD THIS INFORMATION 2. NO 8. DO NOT REMEMBER						1. YES—> GO BACK TO 393 AND ADD THIS INFORMATION 2. NO 8. DO NOT REMEMBER						1. YES—> GO BACK TO 393 AND ADD THIS INFORMATION 2. NO 8. DO NOT REMEMBER								
	<b>GO TO MODULE IV</b>						<b>GO TO MODULE IV</b>						<b>GO TO MODULE IV</b>								
<b>395.</b> Did the baby ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	1. YES 2. NO----->GO TO MODULE IV 8. DON'T REMEMBER--> MODULE IV						1. YES 2. NO .....>GO TO MODULE IV 8. DON'T REMEMBER->MODULE IV						1. YES 2. NO .....>GO TO MODULE IV 8. DON'T REMEMBER-> MODULE IV								
<b>396.</b> Please tell me if the baby received any of the following vaccinations:	YES NO DK						YES NO DK						YES NO DK								
<b>A.</b> BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	A. BCG	1	2	8				A. BCG	1	2	8				A. BCG	1	2	8			
<b>B.</b> Polio vaccine, that is, drops in the mouth (IF YES ASK HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED)?	B. Polio	1	2	8	TIMES ____			B. Polio	1	2	8	TIMES ____			B. Polio	1	2	8	TIMES ____		
<b>C.</b> DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops (IF YES ASK HOW MANY TIMES WAS THE DPT VACCINE RECEIVED)?	C. DTP	1	2	8	TIMES ____			C. DTP	1	2	8	TIMES ____			C. DTP	1	2	8	TIMES ____		
<b>D.</b> An injection to prevent measles?	D. Measles	1	2	8				D. Measles	1	2	8				D. Measles	1	2	8			

## MODULE IV: FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

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

<b>METHOD</b>	<b>400.</b> Have you ever heard of it?	<b>401.</b> Do you know how to use it?	<b>402.</b> Have you ever used it?	<b>403.</b> Do you know where to get it?	<b>404.</b> How did you hear about it? ( <b>SEE CODES BELOW</b> )
<b>A. The Pill</b> (Oral Contraceptives)	1 Yes->Q401 2 No->B	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>B. IUD</b> ( <i>Spirali</i> )	1 Yes->Q401 2 No->C	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>C. Condoms</b> ( <i>Prezervativ</i> )	1 Yes->Q401 2 No->D	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>D. Foam/Jelly/ Cream/ Foamy Tablets</b>	1 Yes->Q401 2 No->E	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>E. Tubal Ligation</b>	1 Yes->Q40t 2 No->F	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>F. Vasectomy (Male Sterilization)</b>	1 Yes->Q401 2 No->G	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>G. Injectables</b> (e.g. Depo-Provera)	1 Yes->Q401 2 No->H	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>H. Emergency Hormonal Contraception</b> ("Morning After Pill"; Postinor)	1 Yes->Q401 2 No->I	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q403	1 Yes\ 2 No / Q404	_ _ _
<b>I. Rhythm/Calendar Method</b>	1 Yes->Q401 2 No->J	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q404		_ _ _
<b>J. Withdrawal</b> (Coitus Interruptus)	1 Yes->Q401 2 No->K	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q404		_ _ _
<b>K. Other contraceptive methods (SPECIFY):</b>  _____	1 Yes->Q401 2 No->Q405	1 Yes->Q402 2 No->Q402	1 Yes\ 2 No / Q404		_ _ _

### CODES FOR Q404 (DO NOT READ)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1. MOTHER</li> <li>2. FATHER</li> <li>3. RELATIVE</li> <li>4. BOYFRIEND</li> <li>5. FRIENDS</li> <li>6. CO-WORKER</li> <li>7. COLLEAGUES, PEER</li> <li>8. PARTNER/HUSBAND</li> <li>9. DOCTOR</li> </ul> | <ul style="list-style-type: none"> <li>10. NURSE, MIDWIFE, FELDCHER</li> <li>11. COMMUNITY HEALTH WORKER</li> <li>12. TEACHER</li> <li>13. PHARMACIST</li> <li>14. BOOKS</li> <li>15. NEWSPAPERS, MAGAZINES, BROCHURE, FLYERS</li> <li>16. RADIO</li> <li>17. TV</li> <li>20. OTHER (SPECIFY): _____</li> <li>88. DON'T REMEMBER</li> </ul> |
|---|---|

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

1. The Pill
2. IUD
3. Condom
6. Foams/jelly/creams/Foamy Tablets
7. Tubal Ligation
8. Emergency Hormonal Contraception ("Morning After Pill")
9. Injectables (Depo-Provera)
10. Vasectomy (Male Sterilization)
11. Rhythm Method
12. Withdrawal
77. NONE OF THEM
88. DON'T KNOW/NOT SURE

406. How would you rate each of the following methods with regard to effectiveness at preventing pregnancy? Would you say that \_\_\_\_\_ is very effective, effective, somewhat effective, not very effective or not at all effective? (INTERVIEWER: ASK THE QUESTION FOR EACH OF THE METHODS LISTED BELOW, UNLESS RESPONDENT HAS SAID IN Q400 THAT SHE NEVER HEARD OF THAT SPECIFIC METHOD; MARK "9" FOR THOSE CASES WITHOUT ASKING)

	<u>Very Effective</u>	<u>Effective</u>	<u>Somewhat Effective</u>	<u>Not Very Effect.</u>	<u>Not Effect.</u>	<u>DO NOT KNOW</u>	<u>NEVER HEARD</u>
1. THE PILL	1	2	3	4	5	8	9
2. IUD	1	2	3	4	5	8	9
3. CONDOM	1	2	3	4	5	8	9
7. TUBAL LIGATION	1	2	3	4	5	8	9
11. CALENDAR	1	2	3	4	5	8	9
12. WITHDRAWAL	1	2	3	4	5	8	9

**BOX 4I**

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO Q420 PAGE 26

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

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

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

1. YES
2. NO
8. NOT SURE



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

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?

1. SEX WAS NOT EXPECTED
2. THOUGHT IT WAS A SAFE TIME OF THE MONTH
3. DID NOT KNOW WHERE TO GET A METHOD//DIFFICULT TO GET/NOT AVAILABLE
4. RESPONDENT WAS AGAINST IT
5. PARTNER WAS AGAINST IT
6. DID NOT KNOW ABOUT CONTRACEPTION
7. WANTED TO GET PREGNANT
8. THOUGHT THAT CONTRACEPTIVE METHODS ARE HARMFUL
9. DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
10. RESPONDENT AFRAID OF PARTNERS REACTION
11. TOO DRUNK (PARTNER OR RESPONDENT)
12. RESPONDENT WAS TOO EMBARRASSED TO USE A METHOD
20. OTHER (SPECIFY) \_\_\_\_\_
88. DON'T REMEMBER/DON'T KNOW

**GO TO Q421**

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

\_\_\_ \_\_ YEARS

00. NEVER HAD INTERCOURSE—>**GO TO Q601 PAGE 40**  
88. DK/DR

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

1. YES
2. NO —>**GO TO Q423**
9. REF —>**GO TO Q423**

422. How many times have you had sexual intercourse during the past 30 days **(READ 1-5)?**

1. Every day
2. 3-5 times per week,
3. 1-2 times per week,
4. 2-3 times per month, or
5. Only once
9. REF

**GO TO Q424**



## **V. CURRENT AND PAST CONTRACEPTIVE USE**

501. **RECORD WHETHER RESPONDENT REPORTED HAVING USED ANY METHOD (ANY Q402=1 AT PG.23)**

**1 NEVER USED (NO Q402=1)**

**2 EVER USED (ANY Q402=1)—>GO TO Q503**

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

1 NEVER USED—>**GO TO Q515, PAGE 30**

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?

1 YES

2 NO ->**GO TO Q515 PAGE 30**

504. What method are you currently using?

1. THE PILL

2. IUD

3. CONDOM ----->**GO TO Q506**

4. CONDOM +SPERMICIDE—>**GO TO Q506**

5. CONDOM +WITHDRAWAL/CALENDAR->**GO TO Q506**

6. FOAM/JELLY/CREAMS/C-FILMS

7. FEMALE STERILIZATION

8. EMERGENCY HORMONAL CONTRACEPTION

9. INJECTABLES(DEPO PROVERA)

10. OTHER MODERN METHODS \_\_\_\_\_

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?

1. YES

2. NO

**IF Q504=4,2,7,9,10, OR 11 GO TO Q507**

506. In the last 30 days how often did you/your partner use this method (**READ 1-4**) ?

1. Always, at each sexual intercourse,

2. almost always,

3. Sometimes,

4. Only once

9. REF

507. What was the most important reason for choosing this method?

1. DOCTOR RECOMMENDED

2. AFFORDABLE COST

3. VERY EFFECTIVE

4. VERY SAFE (FEW SIDE EFFECTS)

5. SAW ADS (TV, RADIO, PRESS, BROCHURES)

6. EASY TO USE

7. PARTNER PREFERS IT

8. KNOWS SOMEBODY WHO USES IT

9. CURIOSITY/WANTED TO TRY IT

10. ALLOWS SPONTANEITY DURING INTERCOURSE

20. OTHER \_\_\_\_\_

88. DO NOT KNOW/ DO NOT REMEMBER

**BOX 5-1**

**IF Q504 = 1-10, OR 88 GO TO Q510; IF SHE USES NATURAL METHODS (Q504=11-20), CONTINUE**

508. Please tell me whether each of the following reasons was very important, somewhat important, or not important at all in your decision to use \_\_\_\_\_ (CODE FROM Q504 FOR 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 a modern method	1	2	3	8
B. Cost of these modern methods	1	2	3	8
C. Little knowledge of modern methods	1	2	3	8
D. Fear of or experience with side effects	1	2	3	8
E. Husband/Partner choice	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Doctor's recommendation	1	2	3	8
H. Another person's advice	1	2	3	8

509. How effective at preventing pregnancy do you think \_\_\_\_\_ (CODE FROM Q504 FOR TRADITIONAL METHOD) is compared to modern methods, like the pill or the IUD? (READ 1-3)

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

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

- 1 YES
- 2 NO—>GO TO Q512

511. What is the most important problem?

- 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
- 9. DEEPLY UNSATISFIED WITH THE METHOD
- 0. OTHER \_\_\_\_\_

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

- 1 YES
- 2 NO—>GO TO BOX 5-11

513. What method would you prefer to use (OTHER THAN THE METHOD SPECIFIED IN Q504) ?

- 1. THE PILL
- 2. IUD
- 3. CONDOM
- 4. CONDOM+SPERMICIDE
- 5. CONDOM +WITHDRAWAL/CALENDAR-
- 6. FOAM/JELLY/CREAMS/C-FILMS
- 7. FEMALE STERILIZATION
- 8. EMERGENCY HORMONAL CONTRACEPTION
- 9. INJECTABLES(DEPO PROVERA)
- 10. OTHER MODERN METHODS \_\_\_\_\_
- 11. CALENDAR
- 12. WITHDRAWAL
- 13. WITHDRAWAL AND CALENDAR
- 20. OTHER TRADITIONAL METHODS \_\_\_\_\_
- 88. DO NOT KNOW/NOT SURE

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

1. DOCTOR WILL NOT PRESCRIBE IT
2. COST
3. NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT TO OBTAIN
4. TOO FAR AWAY
5. DO NOT KNOW HOW/WHERE 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
10. DIFFICULT TO USE
11. FEAR OF SURGICAL PROCEDURE (IUD, TL, NORPLANT)
20. OTHER
88. DON'T KNOW

**BOX 5-11**

**GO TO Q 521 PAGE 31**

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

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 Q523**
6. DOCTOR SAID SHE OR HER PARTNER CANNOT HAVE CHILDREN----->**GO TO Q523**
7. SHE/COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DIDN'T SUCCEED —> **Q523**
8. FEAR OF SIDE EFFECTS
9. LOVEMAKING WOULD BE INTERRUPTED
10. RESPONDENT DID NOT THINK ABOUT USING CONTRACEPTION
11. COST, CANNOT AFFORD BIRTH CONTROL
12. BIRTH CONTROL IS THE PARTNER'S RESPONSIBILITY
13. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
14. RESPONDENT DOES NOT WANT TO USE A METHOD
15. PARTNER OBJECTS TO USING METHOD
16. OBJECTS DUE TO RELIGIOUS REASONS
17. DOES NOT KNOW WHERE TO GET METHOD
18. RESPONDENT DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
19. RESPONDENT DOES NOT THINK THAT SHE CAN GET PREGNANT
20. RESPONDENT HAS NO TIME TO GO TO A FP CLINIC
21. RESPONDENT USES DOUCHING
77. OTHER (SPECIFY) \_\_\_\_\_
88. DK/REF

516. Do you think that you will use a contraceptive method during the next 12 months (ADD:OTHER THAN DOUCHING IF Q515=21)?

1. YES ----- > **GO TO Q518**
2. NO
8. NOT SURE

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

1. YES
2. NO-----> **GO TO Q521**
8. NOT SURE-----> **GO TO Q521**

518. What method would you want to use most?

1. THE PILL
2. IUD
3. CONDOM
4. CONDOM+SPERMICIDE
5. CONDOM +WITHDRAWAL/CALENDAR-
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS \_\_\_\_\_ .
11. CALENDAR----->**GO TO Q521**
12. WITHDRAWAL----->**GO TO Q521**
13. WITHDRAWAL + CALENDAR----->**GO TO Q521**
20. OTHER \_\_\_\_\_ ----->**GO TO Q521**
88. NOT SURE----- Q33----->**GO TO Q521**

519. On average, how much are you willing to pay for contraception, per month?
- \_\_\_ THOUSAND MANAT
85. 85 THOUSAND OR MORE  
99. NOT SURE/DON'T KNOW
520. Where would you want to get your contraceptive method?
- |                                |                            |
|--------------------------------|----------------------------|
| 1. RURAL AMBULATORY (FAP, DAC) | 9. PHARMACY                |
| 2. VILLAGE HOSPITAL            | 10. OPEN MARKET, BAZAAR    |
| 3. POLICLINIC                  | 11. STORE/KIOSK            |
| 4. WOMEN'S CONSULTATION CLINIC | 12. PARTNER/HUSBAND        |
| 5. GOV HOSPITAL-GYN WARD       | 13. FRIEND                 |
| 6. GOV HOSPITAL-MATERNITY WARD | 14. RELATIVE               |
| 7. PRIVATE CLINIC OR OFFICE    | 20. OTHER (SPECIFY): _____ |
| 8. NGO                         | 88. DON'T KNOW             |
521. During the last year, how often did you talk about contraception with your husband/ partner?
1. NEVER----->**GO TO Q523**  
2. ONE OR TWO TIMES  
3. THREE TIMES OR MORE  
4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR ----- >**GO TO Q523**
522. Generally, does your husband/ partner agree or disagree with the use of contraceptive methods?
1. AGREES  
2. DISAGREES  
3. NEITHER AGREES NOR DISAGREES  
8. NOT SURE/DON'T KNOW
523. 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 for: **(READ 1-4)**
1. Birth Control Only----->**GO TO BOX 5-III**  
2. Disease Prevention Only----->**GO TO BOX 5-III**  
3. Both, or----->**GO TO BOX 5-III**  
4. You Never Used a Condom?  
5. USED CONDOM OUT OF CURIOSITY  
8. NOT SURE/ DO NOT REMEMBER
524. Why have you and your partner(s) never used condoms?
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 EXTRAMARITAL RELATIONS  
6. CONDOMS DIMINISH PLEASURE/SPONTANEITY  
7. CONDOMS ARE LESS EFFECTIVE IN PREVENTING PREGNANCY  
8. CONDOMS ARE TOO DIFFICULT TO USE  
9. LOVEMAKING WOULD BE INTERRUPTED  
10. CONDOM USE IS TOO MESSY  
11. COST  
12. SHE HAS NEVER THOUGHT ABOUT IT  
13. IT IS EMBARRASSING TO BUY CONDOMS  
14. PREFERS OTHER CONTRACEPTIVE METHODS  
20. OTHER \_\_\_\_\_  
88. DON'T KNOW

**COMPLETE FIRST COLUMN 1 AND 4 (SEE ALSO PREGNANCY HISTORY PG.11 AND MARITAL HISTORY PAGE 4). ASK THE MONTH-BY-MONTH CONTRACEPTIVE HISTORY STARTING WITH THE CURRENT MONTH AND GOING BACK TO JANUARY 1996.**

- IF RESPONDENT HAS USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 1996, FILL IN ALL FOUR COLUMNS OF THE CALENDAR**  
**→IF NO METHOD HAS BEEN USED SINCE JANUARY 1996, WRITE "0" AT THE BEGINNING AND THE END OF THE 2ND COLUMN THEN GO TO 0554. PAGE 36**

525. 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. CONDOM+SPERMICIDES
5. CONDOM+CAL/WITHDRAWAL
6. SPERMICIDES
7. TUBAL LIGATION
8. EMERGENCY HORM. CONTRACEPTIO
9. DEPO-PROVERA
10. OTHER MODERN MET.
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL +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
12. SPORADIC SEXUAL ACTIVITY
13. SHE NEGLECTED TO USE
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
1996					1999				
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				
1997					2000				
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				
1998					2001				
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 1996 (COLUMN 2 JAN 1996=0) GO TO Q527**

526. You said that in January of 1996 you were using \_\_\_\_ (WRITE CODE # FOR THE MET. USED IN COLUMN 2 JAN 1996).  
When did you start using that method?

A. MONTH \_\_\_\_ B. YEAR 19 \_\_\_\_ 22. DK/REF

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

- |                                     |   |
|-------------------------------------|---|
| 1. THE PILL                         | 9. DEPO-PROVERA                             |
| 2. IUD                              | 10. OTHER MODERN METHOD _____               |
| 3. CONDOM                           | 11. CALENDAR..... >GOTOQ536                 |
| 4. CONDOM +SPERMICIDES              | 12. WITHDRAWAL ..... >GO TO Q536            |
| 5. CONDOM +WITHDRAWAL/CALENDAR      | 13. WITHDRAWAL+CALENDAR ----- >GO TO Q536   |
| 6. FOAM/JELLY/CREAMS                | 20. OTHER TRADITIONAL MET. .... >GO TO Q536 |
| 7. FEMALE STERILIZATION             | 88. DO NOT REMEMBER..... >GO TO Q536        |
| 8. EMERGENCY HORMONAL CONTRACEPTION |   |

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

- |                                |                            |
|--------------------------------|----------------------------|
| 1. RURAL AMBULATORY (FAP, DAC) | 9. PHARMACY                |
| 2. VILLAGE HOSPITAL            | 10. OPEN MARKET, BAZAAR    |
| 3. POLICLINIC                  | 11. STORE/ KIOSK           |
| 4. WOMEN'S CONSULTATION CLINIC | 12. PARTNER/HUSBAND        |
| 5. GOV HOSPITAL-GYN WARD       | 13. FRIEND                 |
| 6. GOV HOSPITAL-MATERNITY WARD | 14. RELATIVE               |
| 7. PRIVATE CLINIC OR OFFICE    | 20. OTHER (SPECIFY): _____ |
| 8. NGO                         | 88. DON'T KNOW             |

529. Do (Did) you pay for this method?

1. YES
2. NO ..... >GO TO Q531
3. PARTNER GETS THE METHOD—>GO TO Q531

530. How much did you pay?      \_\_\_\_\_ THOUSAND MANAT      85. 85 THOUSAND OR MORE  
88. NOT SURE/DON'T KNOW

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

- |                               |                                   |
|-------------------------------|-----------------------------------|
| 1. OB/GYN                     | 6. OTHER RELATIVE----->GO TO Q536 |
| 2. GENERAL PRACTITIONER       | 7. FRIEND----->GO TO Q536         |
| 3. NURSE/MIDWIFE/FELDCHER     | 8. PARTNER----->GO TO Q536        |
| 4. PHARMACIST----->GO TO Q536 | 9. NOBODY----->GO TO Q536         |
| 5. MOTHER ----->GO TO Q536    | 20. OTHER _____—>GO TO Q536       |

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

1. YES
2. NO----->GO TO Q534

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

1. YES
2. NO

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

1. YES
2. NO

536. **OBSERVE THE CALENDAR AND RECORD IF RESPONDENT HAS USED PILLS OR IUD AT ANY TIME DURING THE PAST FIVE YEARS:**

1. ONLY PILLS
2. PILL AND IUD
3. ONLY IUD----->GO TO Q545
4. NEITHER PILL NOR IUD (OTHER MODERN OR TRAD. METHODS)-->GO TO BOX 5-IV, PG. 36

537. **OBSERVE THE CALENDAR AND VERIFY IN WHAT MONTH AND YEAR RESPONDENT STARTED TO TAKE PILLS MOST RECENTLY (PAST OR CURRENT USERS).** You said you most recent started taking pills in: .....

\_\_\_ \_\_\_ MONTH                      \_\_\_ \_\_\_ YEAR                      88. DO NOT REMEMBER

538. What brand of pills did you use most recently? (**SHOW CARD B; ASK TO SEE PACKAGE, IF SHE IS CURRENTLY USING PILLS**)

- |                    |                |                       |
|--------------------|----------------|-----------------------|
| 1. <u>ANTEOVIN</u> | 9. MICROGYNON  | 17. RIGEVIDON         |
| 2. BISECURIN       | 10. MINISISTON | 18. <u>TRINORDIOL</u> |
| 3. CILEST          | 11. MINULET    | 19. <u>TRINOVUM</u>   |
| 4. DIANE-35        | 12. NELOVA     | 20. <u>TRISISTON</u>  |
| 5. FEMODEN         | 13. NON-OVLON  | 21. <u>TRIQUILAR</u>  |
| 6. LO-FEMENAL      | 14. OVIDON     | 22. <u>TRI-REGOL</u>  |
| 7. MARVELON        | 15. OVRETTE    | 77. OTHER _____       |
| 8. MERCILON        | 16. POSTINOR   | 88. DO NOT KNOW       |

539. When you started taking pills, how long did your physician tell you that you could take them? (**Q539 REFERS TO THE LAST INTERVAL OF USE, INCLUDING CURRENT USE**)

- \_\_\_ \_\_\_ MONTHS                      00. NEVER TALKED TO A DOCTOR ABOUT IT
44. THREE OR MORE YEARS (36 MONTHS OR MORE)
55. AS LONG AS RESPONDENT WANTED/INDEFINITELY
66. DID NOT SAY HOW LONG
77. OTHER (SPECIFY) \_\_\_\_\_
88. DON'T REMEMBER

540. At any time during the last usage of pills have you had any health problems or side effects that you think are related to using pills?

1. YES
2. NO-->GO TO Q543

541. What kind of problem or side effect have you had? (**IF MORE THAN ONE PROBLEM, CIRCLE MORE THAN ONE ANSWER**)

	<u>YES</u>	<u>NO</u>
A. HEADACHES OR DIZZINESS .....	1	2
B. BLURRED VISION, SEEING FLASHING LIGHTS .....	1	2
C. WEIGHT GAIN .....	1	2
D. NAUSEA .....	1	2
E. BREAST TENDERNESS .....	1	2
F. BLEEDING/SPOTTING BETWEEN MENSTRUAL PERIODS .....	1	2
G. MOOD CHANGES (LESS INTEREST IN SEX, DEPRESSION).....	1	2
H. OTHER (SPECIFY) _____ .....	1	2

542. Was this problem serious enough that you went to a doctor or clinic about it?

- 1. YES
- 2. NO

**IF RESPONDENT HAS USED ONLY PILLS (Q536=1) THEN GO TO BOX 5-IV PAGE 36; ELSE CONTINUE**

545. **OBSERVE THE CALENDAR AND VERIFY IN WHAT MONTH AND YEAR RESPONDENT STARTED TO USE THE LAST (OR CURRENT) IUD.** You said you had an IUD inserted in ----

\_\_\_ MONTH                      \_\_\_ YEAR                      88. DO NOT REMEMBER

546. Now, I want you to think back at the time when you had inserted your (last) IUD. Was that IUD inserted immediately after an abortion?

- 1. YES
- 2. NO

547. After the IUD was inserted, when did the physician tell you to come back for a routine check-up?

\_\_\_ WEEKS                      00 DID NOT SAY TO COME BACK FOR CHECK-UP  
33 AFTER THE FIRST PERIOD  
44 SAID TO COME BACK ANYTIME SHE WANTS  
55 SAID TO COME BACK ONLY WHEN SHE HAS SPECIFIC PROBLEMS  
77 OTHER (SPECIFY) \_\_\_\_\_  
88 DON'T REMEMBER

548. When the IUD was inserted, did the physician tell you how to check that the IUD is in place?

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

550. Did the physician tell you how long could the IUD be left in place?

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

551. Thinking back at the first year after you had this IUD inserted, did you have any health problems or side effects that you think are related to your IUD?

- 1 YES
- 2 NO—>GO TO BOX 5-IV ON NEXT PAGE

552. What kind of problem or side effect did you have? (CODE MORE THAN ONE IF NECESSARY)

	<u>YES</u>	<u>NO</u>
A. ABDOMINAL CRAMPING .....	1	2
B. HEAVY BLEEDING DURING MENSTRUAL PERIODS .....	1	2
C. SPOTTING/BLEEDING BETWEEN PERIODS .....	1	2
D. INFECTION/DISCHARGE/PID .....	1	2
E. PARTNER'S COMPLAINS ABOUT THE STRINGS .....	1	2
F. EXPULSION .....	1	2
G. OTHER (SPECIFY) _____ .....	1	2

553. Did you see a doctor for this(ese) problem(s)?

1. YES
2. NO

**BOX 5 IV**

**IF ANY CONTRACEPTIVE METHOD WAS USED IN THE LAST MONTH (LAST CELL IN COLUMN 2 >"0") THEN GO TO Q556; ELSE CONTINUE**

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

1. YES—>GO TO Q556
2. NO
3. NOT SURE
4. CURRENTLY PREGNANT—>GO TO Q556

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

1. RESPONDENT DOES NOT HAVE A PARTNER/ IS NOT SEXUALLY ACTIVE
2. CURRENTLY BREAST-FEEDING /POSTPARTUM
3. PELVIC INFLAMMATORY DISEASE (PID)
4. ENDOCRINE DYSFUNCTION
5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)----->GO TO Q561 PAGE 37
6. PREMENOPAUSE/ MENOPAUSE----->GO TO Q561 PAGE 37
7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION----->GO TO Q560A PG. 37
8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED----->GO TO Q560A PG. 37
9. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED->GO TO Q560A PG 37
10. PARTNER CANNOT HAVE CHILDREN----->GO TO Q560A PG. 37
11. PARTNER IS INFERTILE ----->GO TO Q560A PG. 37
12. CURRENTLY USES A METHOD (GO BACK TO Q504 AND CORRECT IT)
20. OTHER (SPECIFY) \_\_\_\_\_
88. DO NOT KNOW
99. REFUSE TO ANSWER

556. Looking to the future, do you yourself intend to have (a/another) baby at some time (IF CURRENTLY PREGNANT ADD "...after this pregnancy"?)

1. WANTS A BABY
2. DOES NOT WANT A BABY —>GO TO Q559
3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS —> GO TO Q559
8. DK —>GO TO Q559

558. When do you, yourself, actually want to get pregnant (again)...**(READ 1-4)**

1. Right away, **(DO NOT READ IF THE WOMAN IS ALREADY PREGNANT)**
2. Within the next 12 months,
3. Within 1-2 years,
4. or after 2 years?
6. AFTER SHE MARRIES
7. WHEN GOD WANTS
8. DK

559. **(IF Q556 =1,3, OR 8 BEGIN WITH: "After having all the children you want,..." )**

Do you think you would be interested in having an operation to prevent you from having any more children?

- 1 YES----->**GO TO Q561**
- 2 NO
- 3 ALREADY STERILIZED----->**GO TO Q561**
8. NOT SURE

560. What is the most important reason you wouldn't be interested in such a procedure?

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. AGE TOO YOUNG OR TOO OLD (APPROACHING MENOPAUSE)
8. HAVEN'T THOUGHT ABOUT IT
9. NOT CULTURALLY ACCEPTABLE
10. RELIGIOUS REASONS
11. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS
12. CANNOT GET PREGNANT (INFERTILITY, MEDICAL REASONS)
20. OTHER \_\_\_\_\_
88. DON'T KNOW

**GO TO Q561**

560A. Looking to the future, do you yourself intend to seek any medical help to have a(nother) baby ?

1. YES
2. NO
3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS
8. DK

561. The next questions are about any infertility services you may have ever received. This includes any medical help to become pregnant that you or your husband(s)/partner(s) may have received. Have you or your husband(s)/partner(s) ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

1. YES
2. NO.....>**GO TO Q575**
8. DK/NR ----->**GO TO Q575**

562. Think about all of the medical help you or your partners have ever received to help you become pregnant. Please tell me which of the following services have you or your partner had to help you become pregnant.

Have you or your partner(s) received medical advice (HOW TO TIME INTERCOURSE DURING MONTHLY CYCLE. QUIT SMOKING, DRINKING, ETC)?

1. YES
2. NO

563. Have you or your partner(s) received Infertility testing (**FEMALE TESTING** INCLUDE: BASAL BODY TEMPERATURE CHARTING, POST-COITAL TEST, PELVIC ECHOGRAPHY, HISTROSALPINGOGRAM, LAPAROSCOPY, BLOOD HORMONE LEVELS, ENDOMETRIAL BIOPSY; **MALE TESTING** INCLUDE: SPERM ANALYSIS. BLOOD HORMONE LEVELS)

1. YES
2. NO ..... >GO TO Q565
8. DK/NR..... >GO TO Q565

564. Who was it that had infertility testing, was it (READ ALL):

1. You,
2. Him,
3. Both of you?

565. Have you received any Drugs to improve your ovulation (e.g. CLOMIFEN, PERGONAL, PARLODEL)?

1. YES
2. NO

566. Have you received any Surgery to correct blocked tubes?

1. YES
2. NO

568. Have you received any other types of medical help (e.g. TREATMENT FOR ENDOMETRIOSIS, OVARIAN CYSTS, UTERINE FIBROIDS, SURGERY FOR ADESIONS, MALE SURGERY FOR VARICOCELE, ARTIFICIAL INSEMINATION, ETC)?

1. YES
2. NO

569. Thinking back to your or your partner's first visit when you sought medical help for becoming pregnant, in what month and year was that visit (**IF PARTNER 1ST VISIT PRECEDED HERS, RECORD THAT DATE**)

A. \_\_\_\_ MONTH

B. \_\_\_\_ YEAR

88. DK/NOT REMEMBER

570. When you first went for medical help in (**MONTH/YEAR**), how many months or years had you (and your husband/partner) been trying to become pregnant?

1. \_\_\_\_ MONTHS OR
2. \_\_\_\_ YEARS
888. DK/DR

571. When you and your husband or partner went for medical help to become pregnant were you ever told that you or he had any of the following infertility problems: **(READ A-E AND CODE ALL THAT APPLY.)**

	<u>YES</u>	<u>NO</u>
A. Problems with ovulation (includes hormonal dysfunction)? .....	1	2
B. Blocked tubes? .....	1	2
C. Endometriosis (a disease in which tissue from the inside of uterus fixes to other places)?.....	1	2
D Semen or sperm problems (low count, poor motility, varicocele) ? .....	1	2
E. Any other infertility problems? <b>(SPECIFY)</b> .....	1	2

572. During the past 12 months, were you (and your (husband/partner)) pursuing medical help to become pregnant?

1. YES
2. NO.....>**GO TO Q574**

573. During the past 12 months, how many visits have you or your husband/partner made to a doctor to help you to get pregnant?

\_\_\_ VISITS                      88. DK/DR

574. In what month and year was your (most recent/last) visit for help to become pregnant?

A. \_\_\_ MONTH                      B. \_\_\_ YEAR    88. DK/NOT REMEMBER

575. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.? (IF DON'T KNOW, PROBE: This is a female infection that sometimes causes abdominal pain or lower stomach cramps.) **NOTE: INFECTIONS OF THE VAGINA ALONE, ENDOMETRIOSIS, PELVIC TUMORS, AND CYSTS DO NOT COUNT AS PELVIC INFECTIONS**

1. YES
2. NO----->**GO TO MODULE VI**
8. DK/NR—>**GO TO MODULE VI**

576. Were you having any symptoms, such as pain, discharge, or bleeding, that caused you to go for treatment?

1. YES
2. NO

577. Please try to remember when you first received treatment for a pelvic infection or P.I.D. In what month and year was that?

A. \_\_\_ MONTH                      B. \_\_\_ YEAR    88. DK/NOT REMEMBER

578. In what month and year did you last receive treatment for a pelvic infection or P.I.D.?

A. \_\_\_ MONTH                      B. \_\_\_ YEAR    88. DK/NOT REMEMBER

579. Altogether, how many different times have you been hospitalized one night or longer for a pelvic infection?

1. NEVER----->**GO TO MODULE VI**
2. ONCE
3. 2-3 TIMES
4. 4 TIMES OR MORE
8. DO NOT REMEMBER

580. Overall, how many nights did you spend in the hospital for a pelvic infection or P.I.D.?

NIGHTS: \_\_\_                      88. DK/NOT REMEMBER

## VI. WOMEN'S HEALTH

Now I would like to ask you some questions about your health.

601. In the past 12 months, have you visited any health facility for care for yourself, including obtaining preventive services, such as family planning counselling or health check-ups?

1. YES
2. NO----->GO TO Q604
8. DK/DO NOT REMEMBER----->GO TO Q604

602. Where did you receive these services (**CIRCLE ALL MENTIONED AND PROBE "Any Other Place"**)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. GOVT. HEALTH CLINIC OR HOSPITAL .....	1	2
B. PRIVATE HEALTH CLINIC OR HOSPITAL .....	1	2
C. INTERNATIONAL RELIEF ORGANIZATION .....	1	2
D. LOCAL NGO .....	1	2
E. MOBILE HEALTH UNIT .....	1	2
F. OTHER _____ .....	1	2

603. During your visit in the past 12 months at the health facility, did a doctor or medical provider talk to you about family planning methods?

1. YES
2. NO
8. DK

604. Many different factors can prevent women from getting medical advice or treatment for themselves. When you want to get medical advice or treatment, is each of the following a big problem or not (**READ A -G**)?

	<u>BIG PROBLEM</u>	<u>NOT A BIG PROBLEM</u>
A. Knowing where to go .....	1	2
B. Getting permission to go .....	1	2
C. Getting money needed for treatment.....	1	2
D. The distance to the health facility .....	1	2
E. Having to take transport .....	1	2
F. Not wanting to go alone .....	1	2
G. Concern that there may not be a female health provider .....	1	2

605. Have you ever had a routine gynecologic exam (**PHYSICAL EXAMINATION OF EXTERNAL AND INTERNAL GENITAL AREA FOR DIAGNOSTIC OTHER THAN PREGNANCY**) ?

1. YES —>GO TO Q607
2. NO
8. NR

606. What is the most important reason that you have never had a routine gynecologic exam?

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. DOES NOT KNOW WHERE TO GO FOR SUCH AN EXAM
14. CANNOT AFFORD THE COST
15. NEVER HAD SEXUAL INTERCOURSE (VIRGIN)
20. OTHER \_\_\_\_\_
88. DK/NOT RESPONSE

**GO TO Q611**

607. When was your last routine gynecologic exam (not pregnancy related) ? **(READ 1-4)**

1. During the past 12 months
2. 1-2 years ago (12-23 MTH)
3. 2-3 years ago (24-35 MTH)
4. 3 or more years ago
8. DK/DR

608. Have you ever had a cervical smear (a test that takes a sample of cells from the cervix, or opening to the uterus to detect cancer), also called Papanicolau test?

- 1 YES —>**GO TO Q610**
2. NO
8. DK
9. REF

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

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): \_\_\_\_\_
88. DON'T KNOW
99. REFUSE TO ANSWER

**GO TO Q611**

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

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

611. Have you heard about breast self-examinations?

- 1 YES
- 2 NO----->**GO TO Q614**

612. Do you ever do breast self-examinations?

- 1 YES
- 2 NO----->**GO TO Q614**

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

1. ONCE A MONTH/AFTER EACH MENSTRUATION
2. EVERY 2-5 MONTHS
3. EVERY 6-11 MONTHS
4. ONCE PER YEAR OR LESS



623. Has a doctor or other medical care provider ever told you that you had Anemia, or "thin blood"?

- 1. YES
- 2. NO -->GO TO Q625
- 8. NOT SURE ---->GO TO Q625
- 9. REFUSAL----->GO TO Q625

624. Were you ever told you had anemia or "thin blood" when you were not pregnant?

- 1. YES
- 2. NO
- 3. NEVER BEEN PREGNANT

625. Has a doctor or other medical care provider ever told you that you had Hypertension or High Blood Pressure?

- 1. YES
- 2. NO----->GO TO Q627
- 8. NOT SURE ---->GO TO Q627
- 9. REFUSAL----->GO TO Q627

626. Were you ever told you had Hypertension or High Blood Pressure when you were not pregnant?

- 1. YES
- 2. NO
- 3. NEVER BEEN PREGNANT

627. Has a doctor ever told you that you have...(READ A-D)

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
A. Urinary infection?.....1	2	8	9	
B. Malaria?.....1	2	8	9	
C. Toxoplasmosis?.....1	2	8	9	
D. Hepatitis B?.....1	2	8	9	

628. In the past 12 months have you had any vaginal discharge that was not menstrual?

- 1. YES
- 2. NO .....>GO TO Q632
- 8. NOT SURE.....>GO TO Q632
- 9. REFUSAL ----->GO TO Q632

629. Along with the discharge, did you have any:

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
A. Itching..... 1	2	8	
B. Painful urination..... 1	2	8	
C. Painful intercourse..... 1	2	8	
D. Lower abdominal pain..... 1	2	8	

630. Did you have any treatment for this(ese) condition(s)?

- 1. YES
- 2. NO-->GO TO Q632
- 8. NOT SURE --> GO TO Q632

631. Who treated you?

- 1. OB/GYN
- 2. TERAPEUT/GP
- 3. VENEROLOGIST
- 4. FP DOCTOR
- 5. NURSE/MIDWIFE/FELDCHER

- 6. PHARMACIST
- 7. PARTNER
- 8. FRIEND/RELATIVE
- 9. SELF-TREATMENT
- 20. OTHER: \_\_\_\_\_
- 99. REFUSE TO ANSWER

632. In the past 12 months have you had any sores, warts, or ulcers in the genital area?

- 1. YES
- 2. NO----->**GO TO MODULE VII**
- 8. NOT SURE —>**GO TO MODULE VII**
- 9 REFUSAL----->**GO TO MODULE VII**

633. Did you have any treatment for this(ese) condition(s)?

- 1 YES
- 2 NO —>**GO TO MODULE VII**
- 8 NOT SURE -->**GO TO MODULE VII**

634. Who treated you?

- 1. OB/GYN
- 2. TERAPEUT/GP
- 3. VENEROLOGIST
- 4. FP DOCTOR
- 5. NURSE/MIDWIFE/FELDCHER

- 6. PHARMACIST
- 7. PARTNER
- 8. FRIEND/RELATIVE
- 9. SELF-TREATMENT
- 20. OTHER: \_\_\_\_\_
- 99. REFUSE TO ANSWER

## VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

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

- |                 |                         |
|-----------------|-------------------------|
| 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. AS MANY AS GOD GIVES |
| 4. 2-3 CHILDREN | 77. AS MANY AS POSSIBLE |
| 5. 3 CHILDREN   | 88. DON'T KNOW          |

701. During a woman's menstrual cycle, are there certain days when she is more likely to become pregnant if she has sexual relations?

1. YES
2. NO----->GO TO 702
8. DO NOT KNOW->GO TO 702

701A. When is it most likely for a woman to become pregnant, just before her period begins, during her period, right after her period has ended, or halfway between two periods?

- 1 Just before her period starts
- 2 During her period
- 3 Right after period ends
- 4 Halfway between her periods
- 8 DON'T KNOW

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

1. INCREASES THE CHANCE
2. DECREASES THE CHANCE
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?

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>DEPENDS</u>	<u>DK</u>
A. Her life is endangered by the pregnancy .....	1	2	3	8
B. The fetus has a physical deformity.....	1	2	3	8
C. The pregnancy has resulted from rape .....	1	2	3	8
D. Her health is endangered by the pregnancy.....	1	2	3	8
E. She is unmarried .....	1	2	3	8
F. The couple cannot afford to have a(nother) child .....	1	2	3	8

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

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-I**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. A woman can become pregnant the first time she has sexual intercourse.....	1	2	8
B. All people should get married .....	1	2	8
C. A woman should be a virgin when she marries.....	1	2	8
D. The main job for a woman is to take care of the home and cook for her family .	1	2	8
E. A married woman needs her husband's permission to work outside the home ...	1	2	8
F. If a woman works, she should give her money to her husband.....	1	2	8
G. If a woman works, her husband should help her with the household chores .....	1	2	8
H. The men in the family should have the final say in all family matters .....	1	2	8
I. Child care is a woman job .....	1	2	8

707. Who do you think should decide how many children a couple should have (**READ 1-5**)?

1. The woman,
2. The man,
3. Both
4. Mother in law, or
5. God?
8. DON'T KNOW

708. How would you rank each of the following birth control methods (**SHOW CARD C**) with regard to their risk of developing health problems; 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 .....	1	2	3	8
2. IUD .....	1	2	3	8
3. Condom.....	1	2	3	8
4. Tubal Ligation.....	1	2	3	8
7. Abortion on Request.....	1	2	3	8

**BOX 7-I**

**IF Q400\_A=2 ON PAGE 23 (NEVER HEARD OF PILLS), GO TO BOX 7-II BELOW**

710. 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 .....	1	2	8
B. Pills are easy to get.....	1	2	8
C. Pills are too expensive.....	1	2	8
D. It is stressful to remember to take the pill every day .....	1	2	8
E. Pills protect against some gynecologic cancers.....	1	2	8
F. Pills may make you gain weight.....	1	2	8
G. Pills make women's periods more regular .....	1	2	8
H. Pills decrease blood loss during menstruation .....	1	2	8
I. Pills decrease menstrual cramps and pain .....	1	2	8
J. Pills are bad for blood circulation .....	1	2	8

**BOX 7-II**

**IF Q400\_B=2 ON PAGE 23 (NEVER HEARD ABOUT IUD), GO TO Q712**

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. IUD is easy to use .....	1	2	8
B. IUD increases the risk of pelvic inflammatory disease .....	1	2	8
C. IUD is a relatively inexpensive contraceptive method .....	1	2	8
D. IUD may cause spotting between periods .....	1	2	8
E. IUD may increase the blood loss during menses.....	1	2	8
F. IUD increases menstrual pains.....	1	2	8
G. IUD decreases the risk of ectopic pregnancy .....	1	2	8

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

- 1. YES
- 2. NO-----> **GO TO Q714**
- 8. DON'T KNOW—> **GOTO Q714**

713. Who do you think would be the best source of information about contraceptive methods?

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 1. MOTHER                          | 10. NURSE, MIDWIFE                   |
| 2. OTHER RELATIVE                  | 11. TEACHER                          |
| 3. BOYFRIEND                       | 12. PHARMACIST                       |
| 4. HUSBAND, PARTNER                | 13. BOOKS                            |
| 5. SOMEBODY WHO USES CONTRACEPTION | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER                       | 15. RADIO-----> <b>GO TO Q715</b>    |
| 7. FRIEND, COLLEAGUE, PEER         | 16. TV-----> <b>GO TO Q715</b>       |
| 8. GYNECOLOGIST                    | 20. OTHER (SPECIFY): _____           |
| 9. GENERAL PRACTITIONER            | 88. DON'T REMEMBER                   |

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

- 1. YES
- 2. NO
- 8. DO NOT KNOW

715. 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**)

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

**BOX 7-IV**

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

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

- 1. YES
- 2. NO
- 3. NEVER HAD A SEXUAL PARTNER—> **GO TO Q721**
- 8. DONT REMEMBER
- 9. REFUSE

719. Have you ever asked a partner to use a condom?

- 1. YES
- 2. NO --> **GO TO Q721**
- 8. DONT REMEMBER -----> **GO TO Q721**
- 9. REFUSE----->**GO TO Q721**

720. Has any of the following **ever** happened because you asked a partner to wear a condom .....**(READ A-F)**  
**(ANY OF THESE INCIDENTS COULD HAVE HAPPENED MORE THAN ONCE, WITH THE SAME PARTNER OR DIFFERENT PARTNERS)**

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
A. Did a partner refuse to wear a condom? .....	1	2	8	9
B. Did a partner refuse to have sexual intercourse with you? .....	1	2	8	9
C. Did a partner threaten to break up with you? .....	1	2	8	9
D. Did a partner yell at you or threaten to hurt you? .....	1	2	8	9
E. Did a partner make you have sex any way without a condom? .....	1	2	8	9
F. Did a partner physically hurt you? .....	1	2	8	9

721. If your partner/husband would want to use a condom when having sex with you, would you feel:  
**(READ A-G)**

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Insulted? .....	1	2	8	9
B. Angry? .....	1	2	8	9
C. Safe from getting pregnant? .....	1	2	8	9
D. Safe from getting HIV? .....	1	2	8	9
E. Like you had done something wrong? .....	1	2	8	9
F. Safe from getting STD? .....	1	2	8	9
G. Suspicious that he may sleep around? .....	1	2	8	9

722. Please indicate whether you agree or disagree with the following statements about condoms **(READ A-H)**:

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Using condoms with a new partner is a smart idea.....	1	2	8	9
B. Using condoms is not necessary if you know your partner .....	1	2	8	9
C. Women should ask their partners to use condoms .....	1	2	8	9
D. It is easy to discuss using a condom with a prospective partner.....	1	2	8	9
E. Condoms diminish sexual enjoyment.....	1	2	8	9
F. Same condoms can be used more than once.....	1	2	8	9
G. People who use condoms sleep around a lot .....	1	2	8	9
H. It is embarrassing to ask for condoms in FP clinics or pharmacies..	1	2	8	9

## VIII. SOCIOECONOMIC CHARACTERISTICS

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

	<u>YES</u>	<u>NO</u>
A. Flush Toilet	1	2
B. Heating System	1	2
C. Refrigerator	1	2
D. TV	1	2
E. Working Automobile	1	2
F. VCR	1	2
G. Household phone	1	2
H. Cellular phone	1	2
I. Vacation home (villa)	1	2

801. Does your family have access to a garden where you grow your own vegetables?

1. YES
2. NO

802. During the past week, how many times did you eat meat? \_\_\_\_\_ TIMES

803. During the past week, did you skip any meals because of insufficient food?

1. YES
2. NO

804. Which of the following describes your living arrangements. Do you live: **(READ 1-11)**

- |   |  |
|---|--|
| 1. In your privately owned flat or house        | 7. Shelter built by NGO (Finnish Camps?) |
| 2. In rented space (room, flat or house)        | 8. Railroad wagons                       |
| 3. With your immediate family (NO RENT)         | 9. Mudhouse                              |
| 4. With or other relatives (NO RENT)            | 10. Dugouts                              |
| 5. With friends (NO RENT)                       | 11. Tents                                |
| 6. Public building (SCHOOL, FACTORY, FARM, ETC) | 20. OTHER _____                          |

805. How many rooms are occupied by you and your family (not including bathrooms and kitchen): \_\_\_\_\_ ROOMS

806. How many hours per day do you have electricity? \_\_\_\_\_ HOURS

807. What is your ethnic background?

- |             |                                     |
|-------------|-------------------------------------|
| 1. AZERI    | 8. AVAR                             |
| 2. RUSSIAN  | 9. TAT                              |
| 3. GEORGIAN | 10. PERSIAN/FARS                    |
| 4. ARMENIAN | 11. MESKHETIAN TURK                 |
| 5. LESGI    | 20. MIXED ETHNICITY (SPECIFY) _____ |
| 6. KURDISH  | 77. OTHER (SPECIFY): _____          |
| 7. TALISH   | 99. REFUSED/NOT STATED              |

808. What language does your family speak at home most of the time?

- |             |                           |
|-------------|---------------------------|
| 1. AZERI    | 6. KURDISH                |
| 2. RUSSIAN  | 7. TALISH                 |
| 3. GEORGIAN | 8. TURKISH                |
| 4. ARMENIAN | 9. TAT                    |
| 5. LESGI    | 0. OTHER (SPECIFY): _____ |

809. What is your religion?

- |               |   |
|---------------|---|
| 1. MUSLIM     | 6. PROTESTANT (BAPTIST, LUTHERAN, PENTECOSTAL, ETC) |
| 2. ORTHODOX   | 7. ADVENTIST  |
| 3. CATHOLIC   | 20. OTHER (SPECIFY): _____                          |
| 4. KHRISHNAIT | 77. NO RELIGION-----> <b>GO TO Q900</b>             |
| 5. BAHAI      | 99. UNDECLARED---> <b>GO TO Q900</b>                |

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

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, or
5. Never

## IX-A. AIDS/STDs

The next set of questions are about sexually transmitted infections Including HIV/ AIDS. For each of the following conditions please tell me if:

CONDITION	900. Have you ever heard of it?	901. Have you ever been tested for...?	902. Have you ever been told that you have...?	903. Did you take any treatment for...?	904. Who treated you for ...? (SEE CODES BELOW)
A. Syphilis	1. YES 2. NO—>B	1. YES 2. NO—>B 8. DK—>B	1. YES 2. NO—>B 8. DK/DR-->B	1. YES 2. NO—>B 8. DK/DR->B	_____
B. Gonorrhea	1. YES 2. NO—>C	1. YES 2. NO—>C 8. DK—>C	1. YES 2. NO—>C 8. DK/DR-->C	1. YES 2. NO—>C 8. DK/DR~>C	_____
C. Chlamydia	1. YES 2. NO—>D	1. YES 2. NO—>D 8. DK—>D	1. YES 2. NO—>D 8. DK/DR-->D	1. YES 2. NO—>D 8. DK/DR->D	_____
D. Yeast Infection	1. YES 2. NO—>E	1. YES 2. NO—>E 8. DK—>E	1. YES 2. NO—>E 8. DK/DR->E	1. YES 2. NO—>E 8. DK/DR->E	_____
E. Genital Herpes	1. YES 2. NO—>F	1. YES 2. NO—>F 8. DK—>F	1. YES 2. NO—>F 8. DK/DR->F	1. YES 2. NO—>F 8. DK/DR->F	_____
F. Genital Warts	1. YES 2. NO—>G	1. YES 2. NO—>G 8. DK—>G	1. YES 2. NO—>G 8. DK/DR-->G	1. YES 2. NO—>G 8. DK/DR->G	_____
G. Trichomoniasis	1. YES 2. NO—>H	1. YES 2. NO—>H 8. DK~>H	1. YES 2. NO—>H 8. DK/DR-->H	1. YES 2. NO—>H 8. DK/DR->H	_____
H. Bacterial Vaginosis	1. YES 2. NO—>I	1. YES 2. NO—>I 8. DK—>I	1. YES 2. NO—>I 8. DK/DR-->I	1. YES 2. NO—>I 8. DK/DR->I	_____
I. HIV/AIDS	1. YES 2. NO->Q905	1. YES->Q905 2. NO->Q905 8. DK->Q905			

### CODES FOR Q904:

- |                           |                      |
|---------------------------|----------------------|
| 1. OB/GYN                 | 6. PHARMACIST        |
| 2. TERAPEUT/GP            | 7. PARTNER           |
| 3. VENEROLOGIST           | 8. FRIEND/RELATIVE   |
| 4. FP DOCTOR              | 9. SELF-TREATMENT    |
| 5. NURSE/MIDWIFE/FELDCHER | 20. OTHER: _____     |
|                           | 99. REFUSE TO ANSWER |

905. If a woman has a sexually transmitted disease, what symptoms might she have?  
(RECORD ALL MENTIONED, DO NOT READ LIST)

	<u>YES</u>	<u>NO</u>
A. ABDOMINAL PAIN .....	1	2
B. VAGINAL DISCHARGE .....	1	2
C. FOUL SMELLING DISCHARGE .....	1	2
D. BURNING PAIN ON URINATION .....	1	2
E. REDNESS/INFLAMMATION IN GENITAL AREA .....	1	2
F. SWELLING IN GENITAL AREA.....	1	2
G. GENITAL SORES/ULCERS OR WARTS .....	1	2
H. GENITAL ITCHING .....	1	2
I. WEIGHT LOSS .....	1	2
J. HARD TO GET PREGNANT/HAVE A CHILD.....	1	2

906. Do you know a place where you could get an HIV/AIDS test?

1. YES
2. NO

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

- |                              |  |
|------------------------------|--|
| 1. MOTHER                    | 11. FAMILY DOCTOR (THERAPEUT)                  |
| 2. FATHER                    | 12. NURSE, MIDWIFE, FELDCHER                   |
| 3. OTHER RELATIVE            | 13. TEACHER                                    |
| 4. BOYFRIEND                 | 14. PHARMACIST                                 |
| 5. HUSBAND, PARTNER          | 15. SPECIALITY BOOKS                           |
| 6. SOMEBODY WHO HAD STDs     | 16. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS   |
| 7. FRIENDS COLLEAGUES, PEERS | 17. RADIO                                      |
| 8. FAMILY PLANNING DOCTOR    | 18. TV   |
| 9. DOCTOR, VENEROLOGIST      | 20. OTHER (SPECIFY): _____                     |
| 10. DOCTOR, GYNECOLOGIST     | 77. NEVER HEARD OF ANY STDs (Q900_A--Q900_I=2) |
|                              | 99. DR/REF.                                    |

908. In the past 6 months, have you seen or heard any public announcements or ads on television or radio about:  
**(READ A-D, PROBE FOR BOTH)**

	<u>YES, RADIO</u>	<u>YES: TV</u>	<u>YES, BOTH</u>	<u>NO</u>	<u>DO NOT REMEMBER</u>
A. AIDS .....	1	2	3	4	8
B. OTHER STDs .....	1	2	3	4	8
C. CONDOMS.....	1	2	3	4	8
D. MODERN CONTRACEPTIVE METHODS ....	1	2	3	4	8

**IF Q900\_I=2 (NEVER HEARD OF HIV/AIDS) GO TO Q914; ELSE CONTINUE**

909. Do you think that a person can be infected with the HIV virus but have no symptoms of disease?

1. YES
2. NO
8. DK

910. Please tell me whether you think that the AIDS virus can be transmitted in the following ways?  
**(READ A-M)**

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. Through blood transfusion .....	1	2	8
B. Using public toilets .....	1	2	8
C. Through Kissing .....	1	2	8
D. Through unprotected sexual intercourse between a man and a woman.....	1	2	8
E. Through unprotected sexual intercourse between men .....	1	2	8
F. By Shaking hands .....	1	2	8
G. Using non-sterile syringes or needles.....	1	2	8
H. Through mosquito bites.....	1	2	8
I. Sharing plates, forks, or glasses with someone who has HIV/AIDS .....	1	2	8
J. From a woman who has the AIDS virus to her baby during pregnancy/delivery.....	1	2	8
K. From a mother to her child through breast milk .....	1	2	8
L. Getting a manicure, pedicure or haircut.....	1	2	8
M. Having dental or surgical treatment.....	1	2	8

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

	<u>SPONTANEOUS</u>		<u>PROBED</u>	
	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. USE CONDOMS .....	1	3	4	8
B. ABSTAIN FROM SEX .....	1	3	4	8
C. HAVE ONLY ONE PARTNER/STAY FAITHFUL TO ONE PARTNER .....	1	3	4	8
D. LIMIT NUMBER OF SEXUAL PARTNERS .....	1	3	4	8
E. AVOID SEX WITH PROSTITUTES .....	1	3	4	8
F. AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS .....	1	3	4	8
G. AVOID SEX WITH BISEXUALS .....	1	3	4	8
H. AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ...	1	3	4	8
I. AVOID INJECTIONS .....	1	3	4	8
J. AVOID TRANSFUSIONS .....	1	3	4	8
K. ASK PARTNER TO HAVE BLOOD TESTED FOR AIDS .....	1	3	4	8
L. STERILIZE NEEDLES .....	1	3	4	8
M. AVOID SHARING RAZORS/BLADES OR NEEDLES .....	1	3	4	8
N. OTHER _____ .....	1	3	4	8

912. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at **(READ 1-4):**

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all----->**GO TO Q913A**
8. DON'T KNOW>**GO TO Q913B**

913. Why do you think you have any risk of getting AIDS?

1. HAVE RECEIVED MANY BLOOD TRANSFUSIONS/BLOOD PRODUCTS
2. SHE MAY GET INFECTED WHILE RECEIVING MEDICAL OR DENTAL TREATMENT
3. MANY SEXUAL PARTNERS/ TRADE SEX FOR MONEY
4. UNPROTECTED INTERCOURSE WITH CASUAL PARTNER(S)
5. USED IV DRUGS
6. DOES NOT TRUST HER PARTNER, HE MAY HAVE INTERCOURSE WITH OTHER WOMEN
7. SHE MAY GET INFECTED GETTING A MANICURE, PEDICURE, OR HAIRCUT
8. OTHER \_\_\_\_\_
9. DK/REF

**GO TO Q913B**

913A Why do you think you have no risk of getting AIDS?

1. MONOGAMOUS RELATIONSHIP
2. NOT SEXUALLY ACTIVE
3. USES CONDOMS
4. TRUSTS HER PARTNER
7. OTHER \_\_\_\_\_
9. DK/REF

913B How much of a risk do you think you personally have of getting other STD? Would you say you are at **(READ 1-4):**

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all
8. DON'T KNOW

## IX-B VIOLENCE

914. Thinking back to your childhood and adolescence, did you ever see or hear your parents or step-parents physically abuse each other?

1. YES
2. NO
3. DID NOT LIVE WITH 2 PARENTS----->GO TO Q916
8. DR/REF

915. As a child, have you ever being beaten or physically mistreated in any way by anyone in your family?

1. YES
2. NO
8. DR/REF

916. **THE INTERVIEWER SHOULD GO BACK TO PAGE 4 AND RECORD HOW MANY TIMES THE RESPONDENT LIVED WITH A MEN AS HUSBAND AND WIFE (SEE Q120):**

\_\_ TIMES

IF Q916=0 GO TO Q930; IF Q916>0 CONTINUE

The 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 man you have been living with as husband and wife.

918. Please tell me if any of your partners or ex-partners ever (READ A-H):		919. When was the last time when (A-H) happened to you?	920. During the last year, how many times did (A-H) happen to you?
<b>A.</b> Insulted you, or swore at you?	1. YES→Q919 2. NO→Q918-B 8. DK→Q918-B 9. REF→Q918-B	1. WITHIN THE LAST YEAR->Q920 2. 1-3 YEARS AGO.....> Q918_B 3. 4-5 YEARS AGO-----> Q918_B 4. 5 YEARS AGO OR MORE->Q918_B	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
<b>B.</b> Threatened to hurt you or someone you care about?	1. YES→Q919 2. NO→Q918-C 8. DK→Q918-C 9. REF→Q918-C	1. WITHIN THE LAST YEAR->Q920 2. 1-3 YEARS AGO.....> Q918_C 3. 4-5 YEARS AGO.....> Q918_C 4. 5 YEARS AGO OR MORE->Q918_C	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
<b>C.</b> Pushed you, shook you, shove you, or threw something at you?	1. YES→Q919 2. NO→Q918-D 8. DK→Q918-D 9. REF→Q918-D	1. WITHIN THE LAST YEAR->Q920 2. 1-3 YEARS AGO-----> Q918_D 3. 4-5 YEARS AGO-----> Q918_D 4. 5 YEARS AGO OR MORE->Q918_D	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
<b>D.</b> Slapped you or twisted your arm?	1. YES→Q919 2. NO→Q918-E 8. DK→Q918-E 9. REF→Q918-E	1. WITHIN THE LAST YEAR->Q920 2. 1-3 YEARS AGO-----> Q918JE 3. 4-5 YEARS AGO-----> Q918_E 4. 5 YEARS AGO OR MORE->Q918_E	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
<b>E.</b> Hit you with his fist or with something else?	1. YES→Q919 2. NO→Q918-F 8. DK→Q918-F 9. REF→Q918-F	1. WITHIN THE LAST YEAR->Q920 2. 1-3 YEARS AGO.....> Q918_F 3. 4-5 YEARS AGO.....> Q918_F 4. 5 YEARS AGO OR MORE->Q918JF	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
<b>F.</b> Threatened you with a knife or other weapon?	1. YES→Q919 2. NO→Q918-G 8. DK→Q918-G 9. REF→Q918-G	1. WITHIN THE LAST YEAR->Q920 2. 1-3 YEARS AGO-----> Q918_G 3. 4-5 YEARS AGO-----> Q918_G 4. 5 YEARS AGO OR MORE->Q918_G	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
<b>G.</b> Kicked you, choke you or beat you up?	1. YES→Q919 2. NO→Q918-H 8. DK→Q918-H 9. REF→Q918-H	1. WITHIN THE LAST YEAR->Q920 2. 1-3 YEARS AGO.....> Q918_H 3. 4-5 YEARS AGO-----> Q918_H 4. 5 YEARS AGO OR MORE->Q918_H	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
<b>H.</b> Physically forced you to have sexual relations even though you did not want to?	1. YES→Q919 2. NO→BOX 9-I 8. DK→BOX 9-I 9. REF→BOX 9-I	1. WITHIN THE LAST YEAR-<<Q920 2. 1-3 YEARS AGO----->BOX9-I 3. 4-5 YEARS AGO.....>BOX9-I 4. 5 YEARS AGO OR MORE->BOX 9-I	___ TIMES 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES

### BOX 9-1

IF ALL Q918\_A--Q918\_H >1 (NEVER EXPERIENCED ANY TYPE OR ABUSE) GO TO Q929; ELSE CONTINUE

921. You told me before that you lived with a man as husband and wife \_\_\_\_\_ times (**RECORD THE NUMBER OF TIMES FROM Q916**). During which of these periods has a partner physically abused you as you have just mentioned? **MARK THE INTERVAL(S) NUMBER FROM THE UNION TABLE AT PG.4 (ALLOW FOR MULTIPLE RESPONSES):**
- I. \_\_\_  
 II. \_\_\_  
 III. \_\_\_  
 IV. \_\_\_

**BOX 9-II**

▶ **IF ANY OF THE INCIDENTS OF PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919J>Q919\_H=1), CONTINUE;**  
 ▶ **IF ANY OF THE INCIDENTS OF PHYSICAL VIOLENCE TOOK PLACE MORE THAN ONE YEAR AGO (ANY Q919\_C--Q919\_H>1) GO TO Q925;**  
 ▶ **IF R. SUFFERED ONLY VERBAL VIOLENCE (Q918\_C—Q108 H>1 THEN GO TO Q929**

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

1. YES  
 2. NO ----->**GO TO Q925**  
 8. DON'T REMEMBER----->**GO TO Q925**

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

1. YES  
 2. NO----->**GO TO Q925**  
 8. DON'T REMEMBER ----->**GO TO Q925**

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

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

925. Have you ever talked to anyone about any of these incidents?

1. YES  
 2. NO----->**GO TO Q927**

926. Did you talk about this(these) incidents with (**READ A-G**)?

	<u>YES</u>	<u>NO</u>
A. Your Mother .....	1	2
B. Other Relative .....	1	2
C. A Friend .....	1	2
D. A Doctor/Health Care Provider .....	1	2
E. Police .....	1	2
F. Legal Adviser .....	1	2
G. Other (Specify) _____ .....	1	2

**IF Q926\_D, Q926\_E, AND Q926\_F=1 GO TO Q928; ELSE CONTINUE**

927. What is the main reason you have never sought any legal and medical help?

1. DID NOT KNOW WHERE TO SEEK HELP  
 2. NO USE/WOULD NOT DO ANY GOOD  
 3. EMBARRASSED  
 4. AFRAID OF MORE BEATINGS/BEING PUNISHED  
 5. AFRAID OF DIVORCE/END OF RELATIONSHIP  
 6. AFRAID OF LOOSING THE CHILDREN  
 7. THOUGHT WOULD NOT BE TAKEN SERIOUSLY/NOT BELIEVED/LAUGHED AT  
 8. VIOLENCE IS NORMAL/NO NEED TO COMPLAIN  
 9. THOUGHT SHE WOULD BE BLAMED  
 10. BRING BAD NAME TO FAMILY  
 20. OTHER \_\_\_\_\_  
 88. DK/REF

928. Could you tell me a little more about what usually happens when your partner is/was violent. Are there any particular situations that make him violent? (**CIRCLE ALL THAT APPLY PROBING "ANY OTHER..."**)

**NOTE: IF SHE REPORTED MORE THAN ONE PARTNER THIS QUESTION REFERS TO THE LAST PARTNER WHO USED PHYSICAL VIOLENCE**

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. WHEN DRUNK.....	1	2
B. WHEN SHE DOES NOT LOOK AFTER CHILDREN.....	1	2
C. WHEN THE FAMILY HAS MONEY TROUBLES .....	1	2
D. WHEN HE HAS DIFFICULTIES AT WORK .....	1	2
E. WHEN HE IS UNEMPLOYED.....	1	2
F. FAMILY PROBLEMS/MOTHER-IN-LAW PROBLEMS .....	1	2
G. JEALOUSY .....	1	2
H. WHEN SHE IS PREGNANT .....	1	2
I. WHEN HE CANNOT GET ALCOHOL/DRUGS .....	1	2
J. WHEN THEY DO NOT HAVE FOOD AT HOME .....	1	2
K. OTHER _____ .....	1	2

929. Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations (**READ A—G**):

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. If she goes out without telling him? .....	1	2	8
B. If she neglects the children? .....	1	2	8
C. If she argues with him? .....	1	2	8
D. If she refuses to have sex with him? .....	1	2	8
E. If he not happy with her household work? .....	1	2	8
F. If she asks him whether he has other girlfriends?.....	1	2	8
G. If he finds out that she has been unfaithful?.....	1	2	8

930. 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)

- 1. YES
- 2. NO ----->**END OF INTERVIEW, GO TO MODULE X**
- 8. DON'T REMEMBER—>**END OF INTERVIEW, GO TO MODULE X**

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

\_\_\_ AGE                      88. DON'T REMEMBER

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

- 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

## X. CHILD AND MATERNAL NUTRITION INDICATORS

**1000. INTERVIEWER: SEE PREGNANCY HISTORY PG 11, Q312 ANY CHILD BORN ALIVE SINCE 1996?**

YES-----1

NO-----2 ----> GO TO Q1017

**INTERVIEWER: SEE Q312 IN THE PREGNANCY HISTORY AND COPY THE LINE NUMBER OF ALL LIVE-BIRTHS (CODE 1,2,3) THAT OCCUR SINCE JANUARY 1996**

	<b>MOST RECENT LIVE-BIRTH</b>	<b>SECOND TO THE LAST LIVE-BIRTH</b>	<b>THIRD</b>	<b>FOURTH</b>
<b>LINE NUMBER (See PREGNANCY TABLE) NAME:</b>	_____	_____	_____	_____
1001. IS THE CHILD LIVING? (See Q316)	1. LIVING 2. DEAD-----> NEXT COLUMN			
1002. DOES (NAME) LIVE WITH YOU?	1. YES 2. NO -----> NEXT COLUMN			
1003. BIRTHDATE (SEE 313)	MONTH     _ _  YEAR      _ _ _ _	MONTH     _ _  YEAR      _ _ _ _	MONTH     _ _  YEAR      _ _ _ _	MONTH     _ _  YEAR      _ _ _ _
1004. CALCULATE AGE IN MONTHS	1. <3 MONTHS ->NEXT COLUMN 2. 3 - 59 MONTH ___>Q1010 3. >59 MONTHS ---> NEXT COLUMN	1. <3 MONTHS ->NEXT COLUMN 2. 3 - 59 MONTH ___>Q1010 3. >59 MONTHS ---> NEXT COLUMN	1. <3 MONTHS ->NEXT COLUMN 2. 3 - 59 MONTH ___>Q1010 3. >59 MONTHS ---> NEXT COLUMN	1. <3 MONTHS ->NEXT COLUMN 2. 3 - 59 MONTH ___>Q1010 3. >59 MONTHS ---> NEXT COLUMN
1005. ANTHROPOMETRY RESULT	1. CHILD MEASURED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____	1. CHILD MEASURED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____	1. CHILD MEASURED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____	1. CHILD MEASURED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____
1006. HEIGHT (IN CMS.)	_____	_____	_____	_____
1007. TYPE OF MEASUREMENT TAKEN FOR THE CHILD:	1.LAYING DOWN 2.TANDING UP	1.LAYING DOWN 2.TANDING UP	1.LAYING DOWN 2.TANDING UP	1.LAYING DOWN 2.TANDING UP
1008. WEIGHT (IN KGS.)	_____	_____	_____	_____
1009. DATE OF WEIGHT AND HEIGHT MEASUREMENT	DAY        _ _  MONTH      _ _			
1010. SEE Q1003 FOR AGE IN MONTHS	1. < 12 MONTHS 2. ≥ 12 MONTHS  GO TO NEXT COLUMN	1. < 12 MONTHS 2. ≥ 12 MONTHS  GO TO NEXT COLUMN	1. < 12 MONTHS 2. ≥ 12 MONTHS  GO TO NEXT COLUMN	1. < 12 MONTHS 2. ≥ 12 MONTHS  GO TO Q1016
<b>INTERVIEWERS: AFTER COMPLETING THE TABLE ON PAGE 56, GO TO QUESTION 1016</b>				

1011. RESULT OF BLOOD SAMPLING FOR CHILD'S HEMOGLOBIN TEST	1. SAMPLE COLLECTED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____	1. SAMPLE COLLECTED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____	1. SAMPLE COLLECTED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____	1. SAMPLE COLLECTED 2. CHILD SICK 3. CHILD ABSENT 4. CHILD REFUSED 5. MOTHER REFUSED 8. OTHER _____
1012. CHILD'S HEMOGLOBIN LEVEL	_ _  .  _	_ _  .  _	_ _  .  _	_ _  .  _

No.	QUESTIONS AND FILTERS	CATEGORIES AND CODES
1013.	Result of blood sampling for the interviewed woman's hemoglobin test	1. SAMPLE TAKEN 2. INTERVIEWEE SICK 3. INTERVIEWEE ABSENT 4. INTERVIEWEE REFUSED 8. OTHER (Specify) _____
1014.	<b>INTERVIEWER: RECORD THE HEMOGLOBIN VALUE OF THE WOMAN INTERVIEWED</b>	WOMAN'S HEMOGLOBIN       _ _  .  _
1015.	Record the weight and height of the woman interviewed	WEIGHT (in Kgs)             _ _ _  .  _   HEIGHT ( in Cms)           _ _ _  .  _
1016.	<b>INTERVIEWER: IF ANY ANSWER TO 1004 IS 2, EXPLAIN TO THE WOMAN THAT SOMEONE WILL COME LATER TO WEIGH AND MEASURE BOTH HER AND THE CHILD(REN) AND GO TO Q1017.</b>	
NAME OF THE PERSON WHO TOOK THE MEASUREMENTS _____		CODE:  _ _

1017. THANK THE WOMAN FOR GIVING HER TIME AND RECORD THE TIME THE INTERVIEW ENDED :

TIME INTERVIEW ENDED \_\_\_\_\_ : \_\_\_\_\_

THANKS!