

**1999 GEORGIA REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

STRATA _____ PSU _____ ID NUMBER _____

REGION _____

DISTRICT(RAION) _____ SECTOR _____

ENUMERATION AREA _____ CENSUS UNIT (RURAL AREAS ONLY) _____

LOCALITY _____

STREET ADDRESS _____

BUILDING/HOUSE NUMBER _____

APARTMENT NUMBER _____

VISIT RECORD

Visit number	1	2	3	4
	DAY MONTH	DAY MONTH	DAY MONTH	DAY MONTH
Date of visit	_____	_____	_____	_____
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, THEY 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. Is any of the people living in this household displaced from Abkhasia or Tskhinvali region?

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

2B. How many people living in this dwelling are displaced from Abkhasia or Tskhinvali region ? _____ people

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):

<u>No.</u>	<u>First Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>Education Level</u>
1	_____	---	—	—
2	_____	---	—	—
3	_____	---	—	—
4	_____	---	—	—
5	_____	---	—	—
6	_____	---	—	—

- 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. Incomplete Secondary (10 yrs of school)
 - 4. Complete Secondary (11 yrs of school)
 - 5. Basic secondary + vocational education
 - 6. Complete secondary + technical education
 - 7. Incomplete postsecondary
 - 8. Complete postsecondary (Diploma)
 - 9. Postgraduate Education
 - 88. UNKNOWN

GO TO THE RANDOMIZATION TABLE

SELECTION OF INDIVIDUAL RESPONDENT USING RANDOMIZATION TABLE:

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

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

5. RANK ORDER OF THE SELECTED RESPONDENT: _____

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: _____

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

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

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

105. I would like to ask you some questions about where you have lived. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?

- 1 CITY
- 2 TOWN
- 3 VILLAGE

106. In what month and year did you start to live continuously at this current place of residence?

- ___ MONTH ___ YEAR 22 ALWAYS, SINCE BIRTH
33 DON'T REMEMBER
34

IF Q106_YEAR="90" OR LESS, GO TO Q111; OTHERWISE (1991 OR LATER) CONTINUE

107. Before 1991, did you live in either Abkhazia or Tskhinvali Region?

- 1. YES - ABKHAZIA
- 2. YES-TSKHINVALI REGION-----> **GO TO Q109**
- 3. NO -----> **GO TO Q111**

108. What district did you live in?

- 1. GAGRA
- 2. GALI
- 3. GUDAUTA
- 4. GULIRIPSHI
- 5. OCHAMCHIRE
- 6. SOKHUMI CITY
- 7. SOKHUMI DISTRICT
- 8. TKVARCHELI
- 9. OTHER_____

GO TO Q109A

109. What district did you live in?

- 1. JAVA
- 2. TSKHINVALI CITY
- 3. ZNAURI

109A What was the most important reason of your moving?

- 1. RELOCATION DUE TO POLITICAL UNREST
- 2. GOT MARRIED -----> **GO TO Q111**
- 3. TO ATTEND SCHOOL -----> **GO TO Q111**
- 4. JOB RELATED -----> **GO TO Q111**
- 7. OTHER-----> **GO TO Q111**

110. Do you have an IDP card?

- 1. YES
- 2. NO

110A. During the past 12 months, did you or your family receive any humanitarian aid?

- 1. YES
- 2. NO---->GO TO Q110C
- 8. DK---->GO TO Q110C

110B. From whom did you receive humanitarian aid (**CIRCLE ALL MENTIONED**)?

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

110C. Are you willing to return to your former place of residence?

- 1. YES---->GO TO Q111
- 2. NO
- 8. DK---->GO TO Q111

110D. 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

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

- 1 MARRIED --> GO TO Q113
- 2 NOT MARRIED BUT LIVING WITH A PARTNER --> GO TO Q113
- 3 SEPARATED \-->GO TO Q113
- 4 DIVORCED /
- 5 WIDOWED /
- 6 NEVER MARRIED

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

- 1 YES
- 2 NO--->GO TO Q122

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

___ TIMES 9. REFUSAL----->GO TO Q120

TIMES	114. In what month and year did you <u>begin living</u> with your... (first, second, third, or fourth) husband/partner?	115. <u>How old</u> was your I, II, III, IV husband/partner when you started to live together?	116. What was the highest grade in school that your I,II,III,IV husband/partner completed when you got married/started to live together ?	117. What is your current <u>union relationship</u> with your I, II, III, IV, husband/ partner, are you still in the relationship or how did the relationship end?	118. In what month and year did your <u>union</u> with your I,II,III,IV, .husband/partner <u>end</u> ?	119 IF:
I	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY/B.SEC (1-9) 2. SECONDARY (10-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 Married--->Q119 2 Living with partner->Q119 3 Separated 4 Divorced 5 Widowed	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q113=1- >120 ELSE CONTINUE
II	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRIMARY/B.SEC (1-9) 2. SECONDARY (10-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 Married--->Q119 2 Living with partner->Q119 3 Separated 4 Divorced 5 Widowed	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q113=2- >120 ELSE CONTINUE
III	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRIMARY/B.SEC (1-9) 2. SECONDARY (10-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 Married--->Q119 2 Living with partner->Q119 3 Separated 4 Divorced 5 Widowed	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q113=3- >120 ELSE CONTINUE
IV	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRIMARY/B.SEC (1-9) 2. SECONDARY (10-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 Married--->Q119 2 Living with partner->Q119 3 Separated 4 Divorced 5 Widowed	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q113=4- >120 ELSE CONTINUE
V	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRIMARY/B.SEC (1-9) 2. SECONDARY (10-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 Married--->Q119 2 Living with partner->Q119 3 Separated 4 Divorced 5 Widowed	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q113=5- >120 ELSE CONTINUE
VI	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRIMARY/B.SEC (1-9) 2. SECONDARY (10-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 Married--->Q119 2 Living with partner->Q119 3 Separated 4 Divorced 5 Widowed	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q113=6- >120 ELSE CONTINUE
VII	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0.NEVER ATTENDED 1. PRIMARY/B.SEC (1-9) 2. SECONDARY (10-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 Married--->Q119 2 Living with partner->Q119 3 Separated 4 Divorced 5 Widowed	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	CONTINUE WITH Q120

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

- 1 YES
- 2 NO----->GO TO Q122
- 3 NOT SURE----->GO TO Q122

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

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

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

HOURS A DAY ___

00 NEVER----->GO TO Q127
 55. DOES NOT HAVE ACCESS TO RADIO ----->GO TO Q127
 77. NOT EVERY DAY
 88. DON'T KNOW

123. 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>
RADIO 21	2	
I ARKHI (PIRVELI RADIO)	1	2
RADIO 105	1	2
AUDIENCIA	1	2
AMERIKIS KHMA (VOICE OF AMERICA)	1	2
FORTUNA	1	2
MSTVANE TALGA	1	2
SAKARTVELAS KHMA (VOICE OF GEORGIA)	1	2
RADIO 106	1	2
EVRIKA 1	2	
MAIAK	1	2
OTHER	1	2

124. 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
PERSONAL ANNOUNCEMENTS	1	2
COMMERCIALS	1	2
SPORTS	1	2
MUSIC	1	2
PLAYS/DRAMAS	1	2
CHURCH/RELIGIOUS PROGS	1	2
WOMEN'S PROGRAMS	1	2
HEALTH PROGRAMS	1	2
POLITICAL EVENTS	1	2
BUSINESS PROGRAMS	1	2
OTHER (SPECIFY)	1	2

125. What times do you most often listen to the radio? (**PROBE FOR MORE THAN ONE STATION, 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-2 PM	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

126. Within the past 6 months, have you listened to any program or ad on radio about modern contraceptives such as the pill, IUD or condom?

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

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

HOURS A DAY ____

- 00 NEVER----->GO TO Q133
- 55. DOES NOT HAVE ACCESS TO TV----->GO TO Q133
- 66. WHEN THE HOUSEHOLD HAS ELECTRICITY
- 77. NOT EVERY DAY
- 88. DON'T KNOW

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

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
ARKHI I (CHANNEL I).....	1	2
ARKHI II (CHANNEL II).....	1	2
RUSTAVI 2	1	2
IBERIA	1	2
RUSSIAN CHANNELS (PTP, OPT)	1	2
ARKHI MESHVIDE (CHANNEL VII)	1	2
OTHER LOCAL CHANNEL (KUTHAISI, ALGHETI, DIDGORI) .	1	2
SHAKARTVELO KHMA.....	1	2
KAVKASIA.....	1	2
OTHER.....	1	2

129. 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
ENTERTAINMENT PROGRAMS	1	2
SERIALS/MOVIES	1	2
SPORTS	1	2
CHILDREN'S PROGRAMS.....	1	2
PLAYS/DRAMAS.....	1	2
CHURCH/RELIGIOUS PROGS	1	2
WOMEN'S PROGRAMS	1	2
HEALTH PROGRAMS.....	1	2
POLITICAL EVENTS.....	1	2
BUSINESS PROGRAMS.....	1	2
MUSIC PROGRAMS, VIDEO CLIPS	1	2
OTHER (SPECIFY).....	1	2

130. What times do you most often watch television on weekdays? (**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-2 PM	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

131. What times do you most often watch television on weekends? (**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-2 PM	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

132. Within the past 6 months have you seen anything on television about modern contraceptives such as the pill, IUD, or condom?

- 1 YES
- 2 NO
- 8 NOT SURE

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

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

134. How often do you read a daily 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

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

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
1 ALIA	1	2
2 RESONANSI.....	1	2
3 AKHALI TAOBA	1	2
4 KVIRIS POLITRA.....	1	2
5 SAKARTVELOS REPUBLIKA	1	2
6 ASAVAL DASAVALI	1	2
7 SARBIELI.....	1	2
8. KALTA GAZETI.....	1	2
9. AKHALI TALGA	1	2
10. 7 DGE.....	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 reproductive biology, contraception, and prevention of sexually transmitted diseases?

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

202. At what year of age should they 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 <u>first</u> were taught at school about...?	207. Who taught you at school about...?
A. Menstrual Cycle	1 YES --> GO TO Q206 2 NO --> GO TO Q205B 8 DK --> GO TO Q205B 9 NR --> GO TO Q205B	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
B. Female Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205C 8 DR --> GO TO Q205C 9 NR --> GO TO Q205C	— —	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
C. Male Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205D 8 DR --> GO TO Q205D 9 NR --> GO TO Q205D	— —	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
D. How Pregnancy Occurs	1 YES --> GO TO Q206 2 NO --> GO TO Q205E 8 DR --> GO TO Q205E 9 NR --> GO TO Q205E	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
E. Contraceptive Methods	1 YES --> GO TO Q206 2 NO --> GO TO Q205F 8 DR --> GO TO Q205F 9 NR --> GO TO Q205F	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
F. HIV/AIDS	1 YES --> GO TO Q206 2 NO --> GO TO Q205G 8 DR --> GO TO Q205G 9 NR --> GO TO Q205G	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
G. Other Sexually Transmitted Diseases	1 YES --> GO TO Q206 2 NO --> GO TO Q208 8 DR --> GO TO Q208 9 NR --> GO TO Q208	— —	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER

208. In your opinion, 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 21**
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 21**
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 21**
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 right 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?
1. YES
 2. NO----->**CHECK Q308 AND Q310 AND MAKE CHANGES IF NECESSARY**

PREGNANCY HISTORY

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

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->GO TO NEXT PREGNANCY
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died?	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	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 __ WEEKS OR 2 __ MTHS OR 3 __ YRS.. 888. DK 998. NR	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
2	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 __ WKS. OR 2 __ MTHS OR 3 __ YRS.. 888. DK 998. NR	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
3	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 __ WEEKS OR 2 __ MTHS OR 3 __ YRS.. 888. DK 998. NR	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
4	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 __ WEEKS OR 2 __ MTHS OR 3 __ YRS.. 888. DK 998. NR	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

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->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?
5	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. ___ YEAR 22. DK 33. NR	1___ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS.. 888. DK 998. NR	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
6	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1___ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__WKS. OR 2__MTHS OR 3.__YRS.. 888. DK 998. NR	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
7	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1___ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS.. 888. DK 998. NR	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
8	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1___ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS.. 888. DK 998. NR	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
9	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1___ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS.. 888. DK 998. NR	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

#	312	313	314	315	316	317	318
							IF Q313B < 92 --->GO TO NEXT PREGNANCY
10	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR	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
11	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR	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
12	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR	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
13	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR	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
14	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR	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

#	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?
15	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR
16	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR
17	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR
18	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR
19	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. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR

#	312	313	314	315	316	317
<u>20</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR
<u>21</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR
<u>22</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR
<u>23</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8. MINIABORTION 9.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO BOX 3-I	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO BOX 3-I 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS.. 888. DK 998. NR

319. HOW MANY INDUCED ABORTIONS AND/OR MINIABORTIONS DID THE RESPONDENT HAVE BETWEEN JANUARY 1994 AND THE PRESENT (SEE PAGE 11)

1. INDUCED ABORTIONS ___

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

BOX 3-I

**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**

319A. COPY LINE #.	LAST ABORTION ---	NEXT TO LAST AB. ---	SECOND TO LAST AB. ---	THIRD TO LAST AB. ---
FROM PG. TABLE PAGE 11				
319B. ABORTION TYPE (SEE Q312)	1. INDUCED ABORTION 2. MINIABORTION			
320. What was the principal reason that you decided to have this abortion?	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____
321. Before the abortion, have you been tested by ultrasound or pregnancy test to confirm the pregnancy?	1. YES, ULTRASOUND 2. YES PREGNANCY TEST 3. YES BOTH 4. NO 8. DK/DR	1. YES, ULTRASOUND 2. YES PREGNANCY TEST 3. YES BOTH 4. NO 8. DK/DR	1. YES, ULTRASOUND 2. YES PREGNANCY TEST 3. YES BOTH 4. NO 8. DK/DR	1. YES, ULTRASOUND 2. YES PREGNANCY TEST 3. YES BOTH 4. NO 8. DK/DR
321A Before the abortion, have you been lab tested for any infection?	1. YES 2. NO ----->GO TO Q 323 8. DK/ DR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/ DR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/ DR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/ DR----->GO TO Q323
322. 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
323. Where was that abortion performed?	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE \\ 4. AT HOME 5. AT HOME AND HOSP.---->GO / TO Q326 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE \\ 4. AT HOME 5. AT HOME AND HOSP.---->GO / TO Q326 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE \\ 4. AT HOME 5. AT HOME AND HOSP.---->GO / TO Q326 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE \\ 4. AT HOME 5. AT HOME AND HOSP.---->GO / TO Q326 7. OTHER _____
324. Have you been registered in the hospital/clinic abortion registry?	1. YES 2. NO 8. NOT REMEMBER			
325. Did you received a receipt for the abortion payment?	1. YES 2. NO 8. NOT REMEMBER			
326. 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
327. What method was used?	1. D&C 2. VACUUM ASPIRATION 3. DRUG ABORTION (RU 486) 4. EMPIRICAL MET _____ 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. DRUG ABORTION (RU 486) 4. EMPIRICAL MET _____ 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. DRUG ABORTION (RU 486) 4. EMPIRICAL MET _____ 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. DRUG ABORTION (RU 486) 4. EMPIRICAL MET _____ 7. OTHER _____ 8. DON'T KNOW/ DR

CONTINUE ON NEXT PAGE

	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?	___ LARI 000 NO CHARGE 555 OTHER CURRENCY 777 ONLY GIFTS 888 DK	___ LARI 000 NO CHARGE 555 OTHER CURRENCY 777 ONLY GIFTS 888 DK	___ LARI 000 NO CHARGE 555 OTHER CURRENCY 777 ONLY GIFTS 888 DK	___ LARI 000 NO CHARGE 555 OTHER CURRENCY 777 ONLY GIFTS 888 DK
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			
331. Within 30 days after that abortion did you have any health problems?	1. YES 2. NO-----> GO TO Q333			
332. Did you have one of the following problems: (READ 1-7)	YES NO 1. Perforation 1 2 2. Severe Bleeding 1 2 3. Fever >38 °C 1 2 4. Infection 1 2 5. Pelvic Pain 1 2 7. Other_____ 1 2	YES NO 1. Perforation 1 2 2. Severe Bleeding 1 2 3. Fever >38 °C 1 2 4. Infection 1 2 5. Pelvic Pain 1 2 7. Other_____ 1 2	YES NO 1. Perforation 1 2 2. Severe Bleeding 1 2 3. Fever >38 °C 1 2 4. Infection 1 2 5. Pelvic Pain 1 2 7. Other_____ 1 2	YES NO 1. Perforation 1 2 2. Severe Bleeding 1 2 3. Fever >38 °C 1 2 4. Infection 1 2 5. Pelvic Pain 1 2 7. Other_____ 1 2
333. How many nights did you spend in the hospital after that abortion (+re-admissions during the first month) ?	___ NIGHTS 88 DK			
334. Did you have any related health problems more than 6 months later?	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. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER_____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER_____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER_____	1. PELVIC 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?	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT 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			

338. HOW MANY BIRTHS HAS THE RESPONDENT HAD BETWEEN JANUARY 1994 AND PRESENT (SEE PG. 11-15)

1. LIVE BIRTHS
2. STILLBIRTHS

___ (IF NO LIVE BIRTH OR STILLBIRTH GO TO MODULE IV PAGE 21)

339. COPY LINE #. FROM PREGNANCY TABLE PAGE 11	LAST BIRTH ___	NEXT TO LAST BIRTH ___	SECOND TO LAST BIRTH ___																																																																																	
340. During the 6 mths before you found out you were pregnant, how many cigarettes did you smoke a day, on average?	0. NONE ---->GO TO Q342 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER-->GO TOQ342	0. NONE ---->GO TOQ342 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER-->GO TOQ342	0. NONE ---->GO TOQ342 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER-->GO TOQ342																																																																																	
341. 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 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER																																																																																	
342. 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																																																																																	
343. 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																																																																																	
344. During that pregnancy, did you have any prenatal care visits?	1. YES 2. NO-->GO TO Q352 8. DON'T REMEMBER->GO TO Q352	1. YES 2. NO-->GO TO Q352 8. DON'T REMEMBER->GO TO Q352	1. YES 2. NO-->GO TO Q352 8. DON'T REMEMBER->GO TO Q352																																																																																	
345. 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																																																																																	
346. 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																																																																																	
347. Where did you go for most of the prenatal care visits?	1. RURAL AMBULATORY 2. MEDICAL CIRCUMSCRIPTION 3. WOMEN'S CONSULTATION CLINIC 4. PRIVATE OFFICE/CLINIC/HOSP 5. MATERNITY/HOSPITAL 6. HOME 7. OTHER_____	1. RURAL AMBULATORY 2. MEDICAL CIRCUMSCRIPTION 3. WOMEN'S CONSULTATION CLINIC 4. PRIVATE OFFICE/CLINIC/HOSP 5. MATERNITY/HOSPITAL 6. HOME 7. OTHER_____	1. RURAL AMBULATORY 2. MEDICAL CIRCUMSCRIPTION 3. WOMEN'S CONSULTATION CLINIC 4. PRIVATE OFFICE/CLINIC/HOSP 5. MATERNITY/HOSPITAL 6. HOME 7. OTHER_____																																																																																	
348. During those visits, did you receive any information about: (READ A-H):	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic	1	2	H. Postnatal Care	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic.</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic.	1	2	H. Postnatal Care	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic	1	2	H. Postnatal Care	1	2
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349. During any of those visits did you have blood drawn for lab tests?	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR																																																																																	
350. During those visits, did you have your blood pressure measured?	1. YES 2. NO----->GO Q352 8. DON'T REMEMBER-->GO TOQ352	1. YES 2. NO----->GOQ352 8. DON'T REMEMBER-->GO TOQ352	1. YES 2. NO----->GOQ352 8. DON'T REMEMBER-->GO TOQ352																																																																																	
351. 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																																																																																	
352. Did you have an ultrasound (US) exam during that pregnancy?	1. YES 2. NO----->GO TO Q354 8. DON'T REMEMBER->GO TOQ354	1. YES 2. NO----->GO TOQ354 8. DON'T REMEMBER->GO TOQ354	1. YES 2. NO----->GO TOQ354 8. DON'T REMEMBER->GO TOQ354																																																																																	

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353. 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																																																																																																												
354. During that pregnancy, did you have any complications that required medical attention?	1. YES 2. NO-----> GO TO Q358 8. DON'T REMEMBER--> GO TO Q358	1. YES 2. NO-----> GO TO Q358 8. DON'T REMEMBER----> GO TO Q358	1. YES 2. NO-----> GO TO Q358 8. DON'T REMEMBER-----> GO TO Q358																																																																																																												
355. What complications did you have? Did you have: (READ EACH CONDITION A-L)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Weak Cervix</td><td>1</td><td>2</td></tr> <tr><td>B. Bleeding During First 6 Mths of Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Bleeding at 6 Mths or More of Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>D. High BP Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>E. Diabetes Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>F. Water Retention or Edema</td><td>1</td><td>2</td></tr> <tr><td>H. Anemia Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>I. Urinary Tract Infection</td><td>1</td><td>2</td></tr> <tr><td>J. Risk of Preterm Delivery</td><td>1</td><td>2</td></tr> <tr><td>K. Rh Isoimmunization</td><td>1</td><td>2</td></tr> <tr><td>L. Other_____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. 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	H. Anemia Related to Preg.	1	2	I. Urinary Tract Infection	1	2	J. Risk of Preterm Delivery	1	2	K. Rh Isoimmunization	1	2	L. Other_____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Weak Cervix</td><td>1</td><td>2</td></tr> <tr><td>B. Bleeding During First 6 Mths of Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Bleeding at 6 Mths or More of Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>D. High BP Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>E. Diabetes Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>F. Water Retention or Edema</td><td>1</td><td>2</td></tr> <tr><td>H. Anemia Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>I. Urinary Tract Infection</td><td>1</td><td>2</td></tr> <tr><td>J. Risk of Preterm Delivery</td><td>1</td><td>2</td></tr> <tr><td>K. Rh Isoimmunization</td><td>1</td><td>2</td></tr> <tr><td>L. Other_____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. 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	H. Anemia Related to Preg.	1	2	I. Urinary Tract Infection	1	2	J. Risk of Preterm Delivery	1	2	K. Rh Isoimmunization	1	2	L. Other_____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Weak Cervix</td><td>1</td><td>2</td></tr> <tr><td>B. Bleeding During First 6 Mths of Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Bleeding at 6 Mths or More of Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>D. High BP Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>E. Diabetes Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>F. Water Retention or Edema</td><td>1</td><td>2</td></tr> <tr><td>H. Anemia Related to Preg.</td><td>1</td><td>2</td></tr> <tr><td>I. Urinary Tract Infection</td><td>1</td><td>2</td></tr> <tr><td>J. Risk of Preterm Delivery</td><td>1</td><td>2</td></tr> <tr><td>K. Rh Isoimmunization</td><td>1</td><td>2</td></tr> <tr><td>L. Other_____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. 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	H. Anemia Related to Preg.	1	2	I. Urinary Tract Infection	1	2	J. Risk of Preterm Delivery	1	2	K. Rh Isoimmunization	1	2	L. Other_____	1	2
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356. Not Including the delivery, how many times were you hospitalized for pregnancy complications?	___ 00 NEVER HOSP. ___ TIMES 88 DK/DR IF "00" GO TO Q358	___ 00 NEVER HOSP. ___ TIMES 88 DK/DR IF "00" GO TO Q358	___ 00 NEVER HOSP. ___ TIMES 88 DK/DR IF "00" GO TO Q358																																																																																																												
357. 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																																																																																																												
358. Where did you give birth to this baby?	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. RURAL AMBULATORY 4. HOME----> Q363 5. ON THE WAY TO HOSP.----> Q363	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. RURAL AMBULATORY 4. HOME----> Q363 5. ON THE WAY TO HOSP.----> Q363	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. RURAL AMBULATORY 4. HOME----> Q363 5. ON THE WAY TO HOSP.----> Q363																																																																																																												
359. 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																																																																																																												
360. How many nights were you in that place after you delivered?	___ NIGHTS 85. 85+ NIGHTS 88 DK/DR	___ NIGHTS 85. 85+ NIGHTS 88 DK/DR	___ NIGHTS 85. 85+ NIGHTS 88 DK/DR																																																																																																												
361. Was that baby born by vaginal delivery, forceps, or C-section?	1. VAGINAL DELIVERY--> GO TO Q363 2. FORCEPS -> GO TO Q363 3. VACUUM EXTRACTION----> Q363 4. CESAREAN SECTION	1. VAGINAL DELIVERY--> GO TO Q363 2. FORCEPS -> GO TO Q363 3. VACUUM EXTRACTION----> Q363 4. CESAREAN SECTION	1. VAGINAL DELIVERY--> GO TO Q363 2. FORCEPS -> GO TO Q363 3. VACUUM EXTRACTION----> Q363 4. CESAREAN SECTION																																																																																																												
362. Do you know what was the reason or reasons you had to deliver by cesarean section ? (CIRCLE ALL REASONS GIVEN BY THE RESPONDENT)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>1. BABY TOO BIG (CPD)</td><td>1</td><td>2</td></tr> <tr><td>2. MALPRESENTATION</td><td>1</td><td>2</td></tr> <tr><td>3. BABY STARTED TO SUFFER</td><td>1</td><td>2</td></tr> <tr><td>4. PROLONGED LABOR/FAILED INDUCTION</td><td>1</td><td>2</td></tr> <tr><td>5. OBSTETRIC HEMORRHAGE</td><td>1</td><td>2</td></tr> <tr><td>6. PREVIOUS CESAREAN SECTION</td><td>1</td><td>2</td></tr> <tr><td>7. ON REQUEST</td><td>1</td><td>2</td></tr> <tr><td>88. DON'T KNOW</td><td>1</td><td>2</td></tr> <tr><td>20. OTHER_____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	1. BABY TOO BIG (CPD)	1	2	2. MALPRESENTATION	1	2	3. BABY STARTED TO SUFFER	1	2	4. PROLONGED LABOR/FAILED INDUCTION	1	2	5. OBSTETRIC HEMORRHAGE	1	2	6. PREVIOUS CESAREAN SECTION	1	2	7. ON REQUEST	1	2	88. DON'T KNOW	1	2	20. OTHER_____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>1. BABY TOO BIG (CPD)</td><td>1</td><td>2</td></tr> <tr><td>2. MALPRESENTATION</td><td>1</td><td>2</td></tr> <tr><td>3. BABY STARTED TO SUFFER</td><td>1</td><td>2</td></tr> <tr><td>4. PROLONGED LABOR/FAILED INDUCTION</td><td>1</td><td>2</td></tr> <tr><td>5. OBSTETRIC HEMORRHAGE</td><td>1</td><td>2</td></tr> <tr><td>6. PREVIOUS C- SECTION</td><td>1</td><td>2</td></tr> <tr><td>7. ON REQUEST</td><td>1</td><td>2</td></tr> <tr><td>88. DON'T KNOW</td><td>1</td><td>2</td></tr> <tr><td>20. OTHER_____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	1. BABY TOO BIG (CPD)	1	2	2. MALPRESENTATION	1	2	3. BABY STARTED TO SUFFER	1	2	4. PROLONGED LABOR/FAILED INDUCTION	1	2	5. OBSTETRIC HEMORRHAGE	1	2	6. PREVIOUS C- SECTION	1	2	7. ON REQUEST	1	2	88. DON'T KNOW	1	2	20. OTHER_____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>1. BABY TOO BIG (CPD)</td><td>1</td><td>2</td></tr> <tr><td>2. MALPRESENTATION</td><td>1</td><td>2</td></tr> <tr><td>3. BABY STARTED TO SUFFER</td><td>1</td><td>2</td></tr> <tr><td>4. PROLONGED LABOR/FAILED INDUCTION</td><td>1</td><td>2</td></tr> <tr><td>5. OBSTETRIC HEMORRHAGE</td><td>1</td><td>2</td></tr> <tr><td>6. PREVIOUS C- SECTION</td><td>1</td><td>2</td></tr> <tr><td>7. ON REQUEST</td><td>1</td><td>2</td></tr> <tr><td>88. DON'T KNOW</td><td>1</td><td>2</td></tr> <tr><td>20. OTHER_____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	1. BABY TOO BIG (CPD)	1	2	2. MALPRESENTATION	1	2	3. BABY STARTED TO SUFFER	1	2	4. PROLONGED LABOR/FAILED INDUCTION	1	2	5. OBSTETRIC HEMORRHAGE	1	2	6. PREVIOUS C- SECTION	1	2	7. ON REQUEST	1	2	88. DON'T KNOW	1	2	20. OTHER_____	1	2																		
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363. 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																																																																																																												
364. Who attended the delivery of that child?	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED																																																																																																												
365. How much did the baby weigh at birth?	___ GRAMS----> GO TO Q367 8888 DON'T KNOW	___ GRAMS----> GO TO Q367 8888 DON'T KNOW	___ GRAMS----> GO TO Q367 8888 DON'T KNOW																																																																																																												

366. 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 3. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR
--	---	---	---

	LAST BIRTH		NEXT TO LAST BIRTH		SECOND TO LAST BIRTH	
		YES NO		YES NO		YES NO
367. During the first 6 weeks after birth, did you have any of the following complications: (READ A-I)	A. Severe Bleeding B. Bad-smelling Vaginal Discharge C. Infection of Surgical Wound D. Faint/coma E. High Fever (39-40c) F. Dysuria G. Painful Uterus (pelvic pain) H. Breast Infection I. Other _____	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	A. Severe Bleeding B. Bad-smelling Vaginal Discharge C. Infection of Surgical Wound D. Faint/coma E. High Fever (39-40c) F. Dysuria G. Painful Uterus (pelvic pain) H. Breast Infection I. Other _____	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	A. Severe Bleeding B. Bad-smelling Vaginal Discharge C. Infection of Surgical Wound D. Faint/coma E. High Fever (39-40c) F. Dysuria G. Painful Uterus (pelvic pain) H. Breast Infection I. Other _____	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
368. For how many months after birth did you not have a period?	___ MONTHS	88. DK/DR 77. NOT YET	___ MONTHS	88. DK/DR	___ MONTHS	88. DK/DR
369. How many months after birth did you resume sexual relations?	___ MONTHS	88. DK/DR 77. NOT YET	___ MONTHS	88. DK/DR	___ MONTHS	88. DK/DR
	IF STILLBIRTH --> GO TO THE NEXT BIRTH		IF STILLBIRTH --> GO TO THE NEXT BIRTH		IF STILLBIRTH GO TO MODULE IV	
370. During the first 6 wks after birth, did you have any postnatal visit?	1. YES 2. NO ----->GO TO Q372 8. DON'T REMEMBER -->GO TO Q372		1. YES 2. NO ----->GO TO Q372 8. DON'T REMEMBER -->GO TO Q372		1. YES 2. NO ----->GO TO Q372 8. DON'T REMEMBER -->GO TO Q372	
371. During those visits did you receive information about: (READ A-F)	A. Breastfeeding B. Breast Care C. Child Care D. Immunization E. Nutrition F. Contraception	YES NO 1 2 1 2 1 2 1 2 1 2 1 2	A. Breastfeeding B. Breast Care C. Child Care D. Immunization E. Nutrition F. Contraception	YES NO 1 2 1 2 1 2 1 2 1 2 1 2	A. Breastfeeding B. Breast Care C. Child Care D. Immunization E. Nutrition F. Contraception	YES NO 1 2 1 2 1 2 1 2 1 2 1 2
372. Did you breastfeed?	1. YES 2. NO----->GO TO Q376 3. NO, INFANT DIED--->NEXT BIRTH		1. YES 2. NO ----->GO TO Q376 3. NO, INFANT DIED--->NEXT BIRTH		1. YES 2. NO----->GO TO Q376 3. NO, INFANT DIED--->NEXT BIRTH	
373. 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 REMEMB.		1. ___ HOURS 777. LESS THAN 1HR OR 2. ___ DAYS 888. DON'T REMEMB.	
374. Are you still breastfeeding?	1. YES ----->GO TO Q 376 2. NO 3. NO, INFANT DIED--->NEXT BIRTH					
375. 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	
376. 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	
377. 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	
378. How old was the baby when you started feeding with solid or semi-solid food?	___ MTHS 77. NOT YET 88. DK/DR IF STILL BREASTFEEDING-->GO TO THE NEXT BIRTH		___ MTHS 77. NOT YET 88. DK/DR		___ MTHS 77. NOT YET 88. DK/DR	
379. Why did you Stop breastfeeding? FOR WOMEN WHO DID NOT BREASTFEED (Q372=2) ASK:	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		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		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	

Why did you not breastfeed?	8. BECAME PREGNANT	8. BECAME PREGNANT	8. BECAME PREGNANT
	9. WEANING AGE/AGE TO STOP	9. WEANING AGE/AGE TO STOP	9. WEANING AGE/AGE TO STOP
	10. PREFERRED BOTTLE-FEEDING	10. PREFERRED BOTTLE-FEEDING	10. PREFERRED BOTTLE-FEEDING
	20. OTHER _____	20. OTHER _____	20. OTHER _____
	88. DK/DR	88. DK/DR	88. DK/DR

MODULE IV: FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

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

METHOD	400. Have you ever heard of it?	401. Do you know how to use it?	402. Have you ever used it?	403. Do you know where to get it?	404. How did you hear about it? (SEE CODES BELOW)
A. The Pill (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. IUD (Spirali)	1 Yes-->Q401 2 No-->C	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
C. Condoms	1 Yes-->Q401 2 No-->D	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
D. Foam/Jelly/ Cream/ Foamy Tablets	1 Yes-->Q401 2 No-->E	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
E. Tubal Ligation (Female Sterilization)	1 Yes-->Q401 2 No-->F	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
F. Vasectomy (Male Sterilization)	1 Yes-->Q401 2 No-->G	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
G. Injectables (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	---
H. Emergency Hormonal Contraception ("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	---
I. Rhythm/Calendar Method	1 Yes-->Q401 2 No-->J	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q404		---
J. Withdrawal (Coitus Interruptus)	1 Yes-->Q401 2 No-->Q405	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q404		---

CODES FOR Q404 (DO NOT READ)

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

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

1. The Pill
2. IUD
3. Condom
6. Foams/jelly/creams/Foamy Tablets
7. Tubal Ligation (Female Sterilization)
8. Emergency Hormonal Contraception ("Morning After Pill")
9. Injectables (Depo-Provera)
10. Vasectomy (Male Sterilization)
11. Rhythm Method
12. Withdrawal
77. NONE OF THEM----->GO TO BOX 4-I
88. DON'T KNOW/NOT SURE ----->GO TO BOX 4-I

406. If each of these methods (on CARD A), please tell me how sure can a woman be that she would not get pregnant if she uses the method correctly. Will she be very sure, almost sure, sure, not very sure, or not at all sure that she will not get pregnant?

	<u>VERY SURE</u>	<u>ALMOST SURE</u>	<u>SURE</u>	<u>NOT VERY SURE</u>	<u>NOT SURE</u>	<u>DON'T KNOW</u>
1. THE PILL.....1	1	2	3	4	5	8
2. IUD.....1	1	2	3	4	5	8
3. CONDOM.....1	1	2	3	4	5	8
6. LOCAL SPERMICIDES.....1	1	2	3	4	5	8
7. TUBAL LIGATION.....1	1	2	3	4	5	8
8. EMERGENCY HORMONAL CONTRACEPTION/MAP.....1	1	2	3	4	5	8
9. INJECTABLES (DEPO-PROVERA).....1	1	2	3	4	5	8
10. VASECTOMY.....1	1	2	3	4	5	8
11. CALENDAR.....1	1	2	3	4	5	8
12. WITHDRAWAL.....1	1	2	3	4	5	8

BOX 4-I

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

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

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

A. ___ MONTH B. ___ YEAR 20. NEVER HAD INTERCOURSE---->**GO TO Q601, PG 36**
22. DON'T REMEMBER
33. REFUSE TO ANSWER

411. How old were you at that time? ___ YEARS 88. DON'T REMEMBER

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

- | | |
|--------------------------------|--|
| 1. HUSBAND, CONSENSUAL PARTNER | 6. ACQUAINTANCE |
| 2. FIANCEE | 7. JUST MET |
| 3. BOYFRIEND | 8. RELATIVE |
| 4. FRIEND | 9. RAPE/INCEST-----> GO TO Q421 |
| 5. LOVER | 20. OTHER(SPECIFY) _____ |
| | 88. DO NOT REMEMBER/REF |

413. How old was your first partner? ___ YEARS 88. DK/DR

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

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

000=FIRST TIME WE MET
888=DON'T REMEMBER
999=NO RESPONSE
777=OTHER _____

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

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

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

- 1. YES
- 2. NO --->**GO TO Q419**
- 8. DK/DO NOT REMEMBER --->**GO TO Q421**
- 9. REF --->**GO TO Q421**

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

- 1 THE PILL
- 2 IUD
- 3 CONDOM
- 6 FOAM/JELLY/CREAM/VAGINAL FILMS
- 8 EMERGENCY HORMONAL CONTRACEPTION
- 9 INJECTABLES
- 10 OTHER MODERN METHODS _____
- 11 CALENDAR METHOD
- 12 WITHDRAWAL
- 19 DOUCHE
- 20 OTHER: _____
- 88 DON'T KNOW/DON'T REMEMBER

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 COULD NOT FIND A CONTRACEPTIVE METHOD/UNAVAILABLE/DIFFICULT TO GET
- 4 RESPONDENT WAS AGAINST IT
- 5 PARTNER WAS AGAINST IT
- 6 DID NOT KNOW ABOUT CONTRACEPTION
- 7 WANTED TO GET PREGNANT
- 8 DID NOT WANT TO USE A METHOD
- 9 DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
- 10 RESPONDENT AFRAID OF PARTNER'S 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. How old were you at the time of your first sexual intercourse?

___ ___ YEARS

00. NEVER HAD INTERCOURSE---->**GO TO Q601 PAGE 36**
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)

- 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 28
- 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 28

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=1,2,7, 9, 10, OR 11 GO TO Q507

506. In the last 30 days how often did you/your partner use this method (**READ 1-3**) ?

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. 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. DK

BOX 5-I

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. Other person 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-II

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 5II

GO TO Q521 PAGE 29

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 TOQ523
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. DIDN'T THINK ABOUT IT/ NEGLECTED
11. CANNOT AFFORD BIRTH CONTROL (COSTS TOO MUCH)
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. DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
19. RESPONDENT DOES NOT THINK SHE CAN GET PREGNANT
20. OTHER (SPECIFY) _____
88. DK/REF

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

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
20. OTHER----->GO TO Q521
88. NOT SURE----->GO TO Q521

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

____ LARI

85 85 LARI OR MORE

99= NOT SURE/DON'T KNOW

520. Where would you want to get your contraceptive method?

1. RURAL AMBULATORY ("FAP")
2. POLICLINIC
3. WOMEN'S CONSULTATION CLINIC
4. GOV HOSPITAL-GYN WARD
5. GOV HOSPITAL-MATERNITY WARD
6. PRIVATE CLINIC OR OFFICE
7. NGO
8. PHARMACY

9. OPEN MARKET, BAZAAR
10. STORE/ KIOSK
11. TERAPEUT
12. PARTNER/HUSBAND
13. FRIEND
14. RELATIVE
20. OTHER (SPECIFY): _____
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 approve or disapprove with the use of contraceptive methods?

1. APPROVE
2. DISAPPROVE
3. NEITHER APPROVES NOR DISAPPROVES
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 with a partner only for birth control, only to prevent diseases, or have you used them for both reasons?

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

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

BOX 5-III

- **IF RESPONDENT HAS USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 1994, FILL IN ALL FOUR COLUMNS OF THE CONTRACEPTIVE CALENDAR**
- **IF NO METHOD HAS BEEN USED SINCE JANUARY 1994, FILL IN ONLY COLUMN 1 (SEE ALSO PREGNANCY HISTORY) AND COLUMN 4 (SEE ALSO MARITAL STATUS AT PAGE 3) AND WRITE "0" AT THE BEGINNING AND THE END OF THE 2ND COLUMN THEN GO TO Q554, PAGE 34**

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. CONTRACEPTION
- 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
1994					1997				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				
1995					1998				
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				
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				
2000									
1 Jan									
2 Feb									
3 Mar									
4 Apr									

IF SHE DID NOT USE A METHOD IN JANUARY 1994 (COLUMN 2_IAN 1994=0) GO TO Q527

526. You said that in January of 1994 you were using ____ (WRITE CODE # FOR THE MET. USED IN COLUMN 2_JAN 1994). When did you start using that method?

A. MONTH __ B. YEAR 19__

22. DK/REF

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. 34

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 22. 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. ANTEOVIN | 9. LOESTRIN 30 | 17. MINULET | 25. STEDIRIL |
| 2. BISECURIN | 10. LO-OVRAL | 18. NON-OVLON | 26. TRINORINYL |
| 3. CILEST | 11. LO-FEMENAL | 19. NORETHYSTERON | 27. TRINOVUM |
| 4. DEMULEN | 12. LYNDIOL | 20. OVIDON | 28. TRISISTON |
| 5. DIANE-35 | 13. MARVELON | 21. OVOSTAT | 29. TRIQUILAR |
| 6. EXLUTON | 14. MERCILON | 22. OVYSMEN | 30. TRI-REGOL |
| 7. FEMODEN | 15. MICROGYNON | 23. POSTINOR | 77. OTHER _____ |
| 8. GRAVISTAT | 16. MINISISTON | 24. RIGEVIDON | 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

543. What should a woman do if she realized that she had forgotten to take one pill (24 HOURS OR LESS) ?
- 1 NOTHING (CONTINUE TAKING PILLS AS USUAL)
 - 2 TAKE THE MISSED PILL AT ONCE AND THE REST AS USUAL
 - 3 TAKE THE MISSED PILL AND THE REST AS USUAL AND USE OTHER METHOD
 - 4 TAKE THE MISSED PILL AND THE REST AS USUAL AND AVOID SEX
 - 5 STOP TAKING THE PILL AND RESTART WHEN THE PERIOD BEGINS
 - 7 OTHER (SPECIFY)_____
 - 8 DON'T KNOW

544. What should a woman do if she realized that she had forgotten to take two pills ?
- 1 NOTHING (CONTINUE TAKING PILLS AS USUAL)
 - 2 TAKE THE MISSED PILL AT ONCE AND THE REST AS USUAL
 - 3 TAKE THE MISSED PILL AND THE REST AS USUAL AND USE OTHER METHOD
 - 4 TAKE THE MISSED PILL AND THE REST AS USUAL AND AVOID SEX
 - 5 STOP TAKING THE PILL AND RESTART WHEN THE PERIOD BEGINS
 - 7 OTHER (SPECIFY)_____
 - 8 DON'T KNOW

IF RESPONDENT HAS USED ONLY PILLS (Q536=1) THEN GO TO BOX 5-IV PAGE 34; 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 22. 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)_____

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

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(these) problem(s)?

- 1. YES
- 2. NO

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 Q557

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 OR OTHER SYSTEMIC DISEASES
- 5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)----->GO TO Q601 PAGE 36
- 6. PREMENOPAUSE/ MENOPAUSE----->GO TO Q601 PAGE 36
- 7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION----->GO TO Q601 PAGE 36
- 8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED----->GO TO Q601 PAGE 36
- 9. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED--->GO TO Q601 PAGE 36
- 10. PARTNER HAD A MEDICAL OPERATION AND CANNOT HAVE CHILDREN----->GO TO Q601 PAGE 36
- 11. PARTNER IS INFERTILE----->GO TO Q601 PAGE 36
- 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?
1. WANTS A BABY --->**GO TO Q558**
 2. DOES NOT WANT A BABY --->**GO TO Q559**
 3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES ---> **GO TO Q558**
 4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> **GO TO Q559**
 8. DK ---->**GO TO Q559**
557. Looking to the future, do you yourself intend to have another baby after this pregnancy?
1. YES
 2. NO ---> **GO TO Q559**
 3. RESPONDENT WANT A BABY BUT PARTNER DISAGREES ---> **GO TO Q559**
 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 1-5**)
1. Right away, (**DO NOT READ IF THE WOMAN IS ALREADY PREGNANT**)
 2. Within the next 12 months,
 3. In 1-2 years,
 4. In 3-5 years,
 5. or after 5 years?
 6. AFTER SHE MARRIES
 7. WHEN GOD WANTS
 8. DK
559. (After having all the children you want **READ ONLY IF Q556 OR Q557=1,3, OR 8**) Do you think you would be interested in having an operation to prevent you from having any more children?
- 1 YES----->**GO TO MODULE VI**
 - 2 NO
 - 3 ALREADY STERILIZED----->**GO TO MODULE VI**
 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

VI. WOMEN'S HEALTH

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

601. Have you ever had a gynecologic exam?

1. YES ---->**GO TO Q603**
2. NO
9. NR

602. What is the most important reason that you have not 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. NOT SEXUALLY ACTIVE
14. NEVER HAD SEXUAL INTERCOURSE (VIRGIN)
20. OTHER _____
88. DK
99. NR

GO TO Q604

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

1. Last year (1-11 MTH)
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

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

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

605. 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 Q607

606. 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
607. Have you heard about breast self-examinations?
- 1 YES
 - 2 NO----->GO TO Q610
608. Do you ever do breast self-examinations?
- 1 YES
 - 2 NO----->GO TO Q610
609. 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
610. Have you ever tried cigarette smoking, even one or two puffs?
1. YES
 2. NO---> GO TO 617
611. How old were you when you smoked a cigarette for the first time?
- ___ YEARS 88. DK
 99.NR
612. Have you smoked at least 100 cigarettes in your entire life? (PROBE: 100 cigarettes is about 5 packs)
1. YES
 2. NO---> GO TO 617
 8. DK---> GO TO 617
 9. REF--->GO TO 617
613. How old were you when you first started smoking fairly regularly?
- ___ YEARS 00. NEVER SMOKED REGULARLY
 99. DO NOT REMEMBER
614. During the last 30 days, did you smoke cigarettes: (READ 1-4)
1. Every Day
 2. Almost Every Day
 3. Some Days
 4. Not at All in the last 30 days-->GO TO Q616
 9. REF----->GO TO Q616
615. During the last 30 days, on the days you smoked, how many cigarettes did you smoke per day?
1. 1 CIGARETTE PER DAY
 2. 2-5 CIGARETTES PER DAY
 3. 6-10 CIGARETTES PER DAY
 4. 11-19 CIGARETTES PER DAY
 5. 20 OR MORE CIGARETTES PER DAY

GO TO Q617

623. Did you have any treatment for this(these) condition(s)?

- 1 YES
- 2 NO ---> **GO TO Q625**
- 8 NOT SURE ---> **GO TO Q625**

624. Where have you been treated?

- | | |
|--------------------------------|--|
| 1. RURAL AMBULATORY | 8. PRIVATE CLINIC OR OFFICE |
| 2. STD DISPENSARY | 9. TREATMENT RECOMMENDED BY PHARMACIST |
| 3. POLICLINIC | 10. TREATMENT RECOMMENDED BY A FRIEND/RELATIVE |
| 4. WOMEN'S CONSULTATION CLINIC | 11. SELF-TREATMENT |
| 5. HOSPITAL-MATERNITY WARD | 12. UNOFFICIAL PRESCRIPTION |
| 6. HOSPITAL-GYN WARD | 20. OTHER _____ |
| 7. HOSPITAL-STD | 99. DR/REF. |

625. In the past 3 months, have you had a drink containing alcohol, that is a beer, a glass of wine, a cocktail, a shot of liqueur, vodka, or whiskey?

- 1. YES
- 3. NO----> **GO TO MODULE VII**
- 8. DO NOT REMEMBER/REF ---> **GO TO MODULE VII**

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

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

627. How often did you drink that amount during the past 3 months? (PROBE: How many times a week, a month)

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

628. In the past 3 months, have there been days when you had more than usual (# **FROM Q626**) drinks?

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

629. In the past 3 months, how many drinks did you have on the days that you drank more than usual (# **FROM Q626**)? (**CHECK IF # FROM Q629># FROM Q626**)

- _____ # OF DRINKS
- 88. DK --> **GO TO MODULE VII**
 - 99. REF --> **GO TO MODULE VII**

630. How often did you drink that amount?

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

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

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

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

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

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

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

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

- 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 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-J**):

	<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
H. A woman must have the children that GOD gives her.....	1	2	8
I. Child care is a woman job	1	2	8
J. A woman should be a virgin when she marries.....	1	2	8

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

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

708. How would you rank each of the following birth control methods (**SHOW CARD C**) with regard to their risk of developing health problems; please tell me if the risk is low, medium, or high:

	LOW	MEDIUM	HIGH	
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
5. Injectables (e.g., Depo-Provera)	1	2	3	8
6. Emergency Hormonal Contraception.....	1	2	3	8
7. Abortion on Request	1	2	3	8

BOX 7-I

IF Q400_A=2 ON PAGE 21 (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 allow spontaneity of sexual intercourse	1	2	8
F. Pills protect against some gynecologic cancers.....	1	2	8
G. Pills may make you gain weight	1	2	8
H. Pills make women's periods more regular	1	2	8
I. Pills decrease blood loss during menstruation.....	1	2	8
J. Pills decrease menstrual cramps and pain	1	2	8
K. Pills are bad for blood circulation.....	1	2	8

BOX 7-II

IF Q400_B=2 ON PAGE 21 (NEVER HEARD ABOUT IUD), GO TO Q712

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

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

712. As far as you know, is there anything that a woman can do to prevent pregnancy in the next few days after unprotected sexual intercourse?

1. YES, THERE IS SOMETHING
2. NO, THERE IS NOT ANYTHING----->**GO TO Q715**
8. NOT SURE ----->**GO TO Q715**

713. What can she do to prevent pregnancy?

1. TAKE COMBINED PILLS OR "MORNING AFTER PILL"
2. TAKE POSTINOR
3. HAVE AN IUD INSERTED (WITHIN 5 DAYS)--->**GO TO Q715**
7. OTHER _____>**GO TO Q715**
8. DK/NOT SURE ----->**GO TO Q715**

714. How soon after sexual intercourse should emergency hormonal contraception be taken (**READ 1 TO 5**):

1. right away,
2. within 12 hours,
3. within 24 hours,
4. within 3 days, or
5. within a week?
8. DO NOT KNOW

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

1. YES
2. NO -----> **GO TO BOX 7-IV**
8. DON'T KNOW ---> **GO TO BOX 7-IV**

716. 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 |
| 7. FRIEND, COLLEAGUE, PEER | 16. TV |
| 8. GYNECOLOGIST | 20. OTHER (SPECIFY): _____ |
| 9. GENERAL PRACTITIONER | 88. DON'T REMEMBER |

BOX 7-IV

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

717. 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

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. DON'T REMEMBER

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

- 1. YES
- 2. NO --> **GO TO Q721**
- 8. DON'T REMEMBER --> **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 anyway 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>
A. Embarrassed?.....	1	2	8
B. Angry?	1	2	8
C. Safe from getting pregnant?.....	1	2	8
D. Safe from getting HIV?	1	2	8
E. Like you had done something wrong?	1	2	8
F. Safe from getting STD?.....	1	2	8
G. Suspicious that he may sleep around?	1	2	8

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

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

VIII. SOCIOECONOMIC CHARACTERISTICS

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

	<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. Automobile	1	2
F. VCR	1	2
G. Household phone	1	2
H. Cellular phone	1	2
I. Vacation home (villa)	1	2
J. Vegetable garden/orchid/vineyard	1	2

801. Which of the following describes your living arrangements. Do you live: **(READ 1-4)**

1. In your privately owned flat or house
2. In rented space (room, flat or house)
3. With your immediate family (NO RENT)
4. With other relatives (NO RENT)
5. With friends (NO RENT)
7. OTHER _____

802. How many rooms are occupied by you and your family (not including bathrooms and kitchen):

_____ ROOMS

803. How many hours per day do you have electricity? _____ HOURS

804. What is your ethnic background?

1. GEORGIAN
2. RUSSIAN
3. AZERI
4. ARMENIAN
5. OSSETIAN
6. MIXED ETHNICITY (SPECIFY) _____
7. OTHER (SPECIFY): _____
9. REFUSED/NOT STATED

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

1. GEORGIAN
2. RUSSIAN
3. AZERI
4. ARMENIAN
5. OSSETIAN
7. OTHER (SPECIFY): _____

806. What is your religion?

- | | |
|-----------------------|---|
| 1 GEORGIAN ORTHODOX | 7. PROTESTANT (BAPTIST, LUTHERAN, PENTECOSTAL, ETC) |
| 2 RUSSIAN ORTHODOX | 8. ADVENTIST |
| 3. GREEK-ORTHODOX | 9. JEWISH |
| 4. ARMENIAN GREGORIAN | 20. OTHER (SPECIFY): _____ |
| 5. MUSLIM | 77. NO RELIGION _____->GO TO Q900 |
| 6. CATHOLIC | 99. UNDECLARED—->GO TO Q900 |

807. 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
- 5 Never

IX-A. AIDS/STDs

The next set of questions are about sexually transmitted diseases and 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. Where did you get treatment 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. HIV/AIDS	1. YES 2. NO	1. YES-> Q905 2. NO-> Q904A 8. DK-> Q904A			

CODES FOR Q904:

- | | |
|--------------------------------|--|
| 1. RURAL AMBULATORY | 8. PRIVATE CLINIC OR OFFICE |
| 2. STD DISPENSARY | 9. TREATMENT RECOMMENDED BY PHARMACIST |
| 3. POLICLINIC | 10. TREATMENT RECOMMENDED BY A FRIEND/RELATIVE |
| 4. WOMEN'S CONSULTATION CLINIC | 11. SELF-TREATMENT |
| 5. HOSPITAL-MATERNITY WARD | 12. UNOFFICIAL PRESCRIPTION |
| 6. HOSPITAL-GYN WARD | 20. OTHER_____ |
| 7. HOSPITAL-STD | 99. DR/REF. |

904A Do you know a place where you could get an HIV/AIDS test?

1. YES
2. NO

905. 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 |
| 2. FATHER | 12. NURSE, MIDWIFE |
| 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 OFFICE | 18. TV |
| 9. DOCTOR, DERMATOLOGY | 20. OTHER (SPECIFY): _____ |
| 10. DOCTOR, GYNECOLOGY | 77. NEVER HEARD OF ANY STDs (Q900_A--Q900_H=2) |
| | 99. DR/REF. |

906. In the past 6 months, have you seen or heard any public announcements or ads about AIDS on television or radio?

1. YES, ON TV
2. YES, ON RADIO
3. YES, ON BOTH
4. NO
8. DK/DR

907. In the past 6 months, have you seen or heard any public announcements or ads about OTHER STDs on television or radio?

1. YES, ON TV
2. YES, ON RADIO
3. YES, ON BOTH
4. NO
8. DK/DR

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

908. 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

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

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

910. Do you think the following persons generally have no risk, a low risk, or a high risk of getting AIDS?
(READ A-G)

	<u>NO RISK</u>	<u>LOW RISK</u>	<u>HIGH RISK</u>	<u>DEPENDS</u>	<u>DK</u>
A. Married women.....	1	2	3	4	8
B. Married men.....	1	2	3	4	8
C. Men who have sex with men.....	1	2	3	4	8
D. Prostitutes.....	1	2	3	4	8
E. Intravenous drug users.....	1	2	3	4	8
F. Unmarried sexually active women.....	1	2	3	4	8
G. Unmarried sexually active men.....	1	2	3	4	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. AVOID RELATIONS WITH PROSTITUTES.....	1		3	4	8
C. AVOID INJECTIONS.....	1		3	4	8
D. HAVE ONLY ONE SEXUAL PARTNER.....	1		3	4	8
E. ASK PARTNER TO HAVE BLOOD TESTED FOR AIDS.....	1		3	4	8
F. DO NOT HAVE CASUAL SEXUAL RELATIONS.....	1		3	4	8
G. STERILIZE NEEDLES.....	1		3	4	8
H. AVOID RELATIONS WITH BISEXUALS.....	1		3	4	8
I. 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:

- 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 about your risk of getting other STDs. Would you say you are at (READ 1-4):

- 1 Great risk,
- 2. Moderate Risk,
- 3. Little risk, or
- 4. No risk at all
- 9 DON'T KNOW/REF

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 3 AND RECORD HOW MANY TIMES THE RESPONDENT LIVED WITH A MEN AS HUSBAND AND WIFE (SEE Q113):

___ TIMES

IF Q916=0 GO TO Q928; 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?
A. Insulted you, or swore at you?	1. YES--> Q919 2. NO----> Q918_B 8. DK----> Q918_B 9. REF--> Q918_B	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
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	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
C. 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	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
D. Slapped you or twisted your arm?	1. YES--> Q919 2. NO----> Q918_E 8. DK----> Q918_E 9. REF--> Q918_E	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
E. Hit you with his fist or with something else?	1. YES--> Q919 2. NO----> Q918_F 8. DK----> Q918_F 9. REF--> Q918_F	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
F. Threatened you with a knife or other weapon?	1. YES--> Q919 2. NO----> Q918_G 8. DK----> Q918_G 9. REF--> Q918_G	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
G. Kicked you, choke you or beat you up?	1. YES--> Q919 2. NO----> Q918_H 8. DK----> Q918_H 9. REF--> Q918_H	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
H. 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	66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES

BOX 9-I

IF ALL Q918_A--Q918_H >1 (NEVER EXPERIENCED ANY TYPE OR ABUSE) GO TO Q928; 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 that partner physically abused you as you have just mentioned? **MARK THE INTERVAL(S) NUMBER FROM THE UNION TABLE AT PAGE 2 (ALLOW FOR MULTIPLE RESPONSES):**

- | | |
|----------|----------|
| I. ___ | V. ___ |
| II. ___ | VI. ___ |
| III. ___ | VII. ___ |
| IV. ___ | |

BOX 9-II

➤ **IF ANY OF THE INCIDENTS OF PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919_C--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--Q918 H>1) THEN GO TO Q928**

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(injuries) require hospitalization?

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

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

	<u>YES</u>	<u>NO</u>
A. A Family member	1	2
B. A Friend	1	2
C. A Doctor/Medical Personnel	1	2
D. Police	1	2
E. Legal Adviser	1	2
F. Other (Specify) _____	1	2

926. What is the main reason you have never sought any legal or 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

927. 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**)

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

	MENTIONED	NOT MENTIONED
A. WHEN DRUNK.....	1	2
B. WHEN THE FAMILY HAS MONEY TROUBLES.....	1	2
C. WHEN HE HAS DIFFICULTIES AT WORK.....	1	2
D. WHEN HE IS UNEMPLOYED.....	1	2
E. FAMILY PROBLEMS.....	1	2
F. JEALOUSY.....	1	2
G. WHEN SHE IS PREGNANT.....	1	2
H. WHEN HE CANNOT GET ALCOHOL.....	1	2
I. WHEN THEY DO NOT HAVE FOOD AT HOME.....	1	2
J. OTHER.....	1	2

928. 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 Q 931**
- 8. DON'T REMEMBER--->**END OF INTERVIEW, GO TO Q 931**

929. 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

930. 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

END OF INTERVIEW

931. **TIME INTERVIEW ENDED** ___ : ___