

1993 ROMANIA REPRODUCTIVE HEALTH SURVEY
Household questionnaire

ID NUMBER _ _ _ _

REGION _____

JUDETE _____

BASIC CENSUS DISTRICT _ _ _ _

HOUSE NUMBER _ _ _ _

BUILDING NUMBER _ _ _ _

FLAT NUMBER _ _ _ _

STREET ADDRESS _____

CITY/TOWN/VILLAGE _____

VISIT RECORD

Visit number	1		2		3		4	
	Day	Month	Day	Month	Day	Month	Day	Month
Date of visit	—	—	—	—	—	—	—	—
Result*	—		—		—		—	
Interviewer	—	—	—	—	—	—	—	—
Supervisor	—	—	—	—	—	—	—	—

RESULT CODES

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <p>1 Completed interview</p> <p>2 No eligible females</p> <p>3 Nobody at home</p> <p>4 Selected respondent not home</p> <p>5 Total refusal</p> | <p>6 Refusal by selected respondent</p> <p>7 Unoccupied house</p> <p>8 Respondent incompetent _____</p> <p>9 Other _____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

1. How many families live in this household? ___ families
2. How many people normally live in this household ___ ___ people
3. How many females between the ages of 15 and 44 live in this household? ___ females

IF THERE IS NO WOMAN BETWEEN 15 AND 44 YEARS OF AGE, TERMINATE THE INTERVIEW.

IF THERE IS ONE OR MORE WOMEN BETWEEN 15-44 YEARS OF AGE, CONTINUE BELOW.

4. For each of these women could you give me the following information:

Line	First name	Age	Marital status	Education	
				Level	Grade
1	_____	___ ___	___	___	___ ___
2	_____	___ ___	___	___	___ ___
3	_____	___ ___	___	___	___ ___
4	_____	___ ___	___	___	___ ___
5	_____	___ ___	___	___	___ ___
6	_____	___ ___	___	___	___ ___

Marital status:

- 1 Married
- 2 Consensual Union
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Single
- Don't know

Level:

- 0 No school
- 1 Primary
- 2 Secondary
- 3 Technical School
- 4 University
- 9 Don't know 9

RANDOM SELECTION OF RESPONDENT

Number of Women Between 15-44 that Live in the Household

Last Digit of Number on Questionnaire	Number of Women Between 15-44 that Live in the Household								
	1	2	3	4	5	6	7	8	9
0	1	2	3	1	2	5	2	8	7
1	1	1	1	2	3	6	3	1	8
2	1	2	2	3	4	1	4	2	9
3	1	1	3	4	5	2	5	3	1
4	1	2	1	1	1	3	6	4	2
5	1	1	2	2	2	4	7	5	3
6	1	2	3	3	3	5	1	6	4
7	1	1	1	4	4	6	2	7	5
8	1	2	2	1	5	1	3	8	6
9	1	1	3	2	1	2	4	1	7

LINE NUMBER OF WOMAN SELECTED FOR INTERVIEW _____

IF YOU ARE NOT SPEAKING TO THE SELECTED WOMAN AND SHE IS NOT AVAILABLE, GET HER FKST NAME AND SCHEDULE A RETURN VISIT.

Return Date: _____ Time: _____

II. FERTILITY/PREGNANCY

200. Are you currently pregnant?
1 Yes
2 No—>GO TOQ201
3 Not sure—> GO TO Q 201
- 200A. How many months pregnant are you now?
____ months
- 200B. At the time you became pregnant, did you want to become pregnant?
1 Yes----->GO TO Q200D
2 No
9 Not sure—> GO TO Q200D
- 200C. Was it that you wanted to wait longer to become pregnant or that you wanted no more children?
1 Wanted to wait longer
2 Wanted no more children
9 Not sure
- 200D. Is this your first pregnancy?
1 Yes----->GO TO Q201A
2 No ----->GO TO Q202
3 Not sure—>GO TO Q201A
201. Have you ever been pregnant?
1 Yes----->GO TO Q202
2 No ----->GO TO Q201A
3 Not sure—>GO TO Q201A
- 201 A. Have you ever had a miscarriage, an abortion or a stillbirth?
1 Yes—>GO TO Q216 (PREGNANCY HISTORY)
2 No ---->GO TO FAMILY PLANNING (Q301)
202. Have you ever had any live-born children?
1 Yes
2 No ---->GO TO Q216 (PREGNANCY HISTORY)
203. How many living children do you have, including those who do not live with you?
___ ___ children

204. How many of these are boys? ___ ___ boys

205. How many of these are girls? ___ ___ girls

MAKE SURE THAT THE NUMBER OF BOYS AND GIRLS ADD UP TO THE TOTAL NUMBER OF CHILDREN (Q204 + Q205 =Q203)

206. Have you ever had any live-born children who later died, including any who lives only a very short time after birth?

- 1 Yes
2 No—>GO TO Q 209

207. How many boys have died? ___ ___boys

208. How many girls have died? ___ ___ girls

209. So, altogether you have had ___ ___ (Q203 + Q207 + Q208) live births?

- 1 Yes
2 No—> **PROBE AND CORRECT Q203, Q207, Q208 IF NECESSARY**

210. How many of your children live with you now? ___ children

211. How many of your children do not live with you now? ___ children

DT Q211=0 GO TO PREGNANCY HISTORY

212. How many live with relatives? ___ children

213. How many live on their own? ___ children

214. How many live in an orphanage (leagan) or in a children's home (Casa de copii), hospital for orphans, center for malnourished children or were adopted?

- ___ Orphanage
___ Children's Home
___ Hospital for Orphans
___ Center for Malnourished Children
___ Adopted

215. What is the main reason that the child/ren does/do not live with you?

PREGNANCY HISTORY

Now I would like to talk to you about all the pregnancies that you have ever had. Please make sure you include all pregnancies, regardless of when they occurred and regardless of how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your **last pregnancy**, please give me the following information:

216	216	217	218	219	220.	221.	222.	223.
	When did this pregnancy end end? (Month & year)	Was this a multiple pregnancy?	How many months did this pregnancy last?	How did mis pregnancy end?	Was an abortion "on request",terapeutical or provoked?	Was this child a boy or a girl?	Is this child still alive?	At what age did he/she die?
1	Month ___ ___ Year 19 ___ ___	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth--> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic>NEXTPG. 5 Induced abortion- > Q220 6 Current preg.-> NEXT PG.	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PREG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	___ Days ___ Months ___ Years
2	Month ___ ___ Year 19 ___ ___	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth--> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PREG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	___ Days ___ Months ___ Years
3	Month ___ ___ Year 19 ___ ___	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth--> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	___ Days ___ Months ___ Years
4	Month ___ ___ Year 19 ___ ___	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth--> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	___ Days ___ Months ___ Years
5	Month ___ ___ Year 19 ___ ___	1 2 3=3+ 8=Don't	___ months 0=Don't know 9=9 +	1 Live birth--->Q221 2 Stillbirth--> NEXT PG. 3 Miscarriage- > NEXT PG. 4 Ectopic>NEXTPG. 5 Induced abortion- > Q220	1 "on request" ab. 2 terapeutical ab. 3 provoked ab. GO TO NEXT PG.	1 Boy 2 Girl	1 Alive-> NEXT PREG 2 Dead	___ Days ___ Months ___ Years

AFTER ALL PREGNANCIES WERE FILLED IN:-IF NO PREGNANCIES ENDED SINCE THE BEGINNING OF 1988 GO TO 300 SERIES, PAGE 12.

-IF ANY PREGNANCIES ENDED SINCE THE BEGINNING OF 1988 GO TO Q224.

QUESTIONS 224-230 ONLY FOR PREGNANCIES THAT HAVE ENDED IN 1988 OR LATER

	224	225	225A	226	227	228	229	230
COPY LINE # FROM Q216	Thinking back to when you became pregnant that time, did you want to become pregnant?	Was it that you wanted to wait longer to become pregnant or that you wanted no more children?		Did you breastfeed him/her?	Why did you breastfeed? READ THE OPTIONS: YES NO	Are you still breastfeeding?	How many months did you breastfeed?	What was the most important reason that you decided to have an abortion? (CODES BELOW)
—	1 Yes.....>Q226 2 No>Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH—>Q226 2. IF INDUCED ABORTION—> Q230 3. IF MISCARRIAGE/STILLBIRTH >NEXT PG./Q301(IF LAST PREG) 4 IF CURRENT PREGNANCY-> NEXT PG	1 Yes 2No->NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
—	1 Yes.....>Q226 2 No>Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No->NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
—	1 Yes.....>Q226 2 No>Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No->NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
—	1 Yes.....>Q226 2 No>Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No->NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
—	1 Yes.....>Q226 2 No>Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No->NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —
—	1 Yes.....>Q226 2 No>Q225 3 Not sure- >Q226	1 Wait longer 2 Wanted no more 3 Not sure	1. IF LIVE BIRTH— >Q226 2. IF INDUCED ABORTION- > Q230 3. IF MISCARRIAGE/STILLBIRTH->NEXT PG./Q301(IF LAST PREG)	1 Yes 2No->NEXT PG.	A For child health 1 2 B For your health 1 2 C To avoid pg. 1 2 D Economic reason 1 2 E More convenient 1 2	1 Yes->NEXT PG 2 No	___ months-> NEXT PG	— —

CODES FOR Q230:

- | | |
|-----------------------------------------------------|-----------------------------------------------|
| 1 Delivery dangerous to her health/life | 8 Because of her job (risk to loose the job) |
| 2 Fetus diagnosed with defect/high risk of defect | 9 Husband/Partner wanted her to have abortion |
| 3 Abortion used as contraceptive method | 10 Not married/No partner |
| 4 Had all the children she/they wanted | 11 Relationship ended |
| 5 Wanted to wait longer for (next) child | 12 Parents wanted her to have an abortion |
| 6 Low income, not enough to raise a (another) child | 20 Other (specify) _____ |
| 7 House is not suitable for a (another) child | 88 Don't know |
| | 99 No response |

IF SHE HAD AT LEAST ONE PREGNANCY ENDED IN AN INDUCED ABORTION SINCE January 1988 GO TO ABORTION TABLE NEXT PAGE

231. INTERVIEWER: MARK THE ONE THAT CORRESPONDS (verify Q.219).

1. Respondent has not had an abortion — > GO TO Q300
2. Respondent has had one or more abortions.....> Continue with Q232

Pregnancy nr. from Q216 (#):	1. LAST ABORTION # _____	2. NEXT TO LAST ABORTION # _____	3. PREVIUOS TO 2 # _____	4. PREVIOUS TO 3 # _____
232. Where did you have that abortion?	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer	1 .public hospital 2.private hospital/doctor 3.midwife nurse/doctor house 4.her house & midwife/nurse/doctor 5.her house & friend/relative 6.her house alone 7.other _____ 9.Doesn't answer
233. What method had been used?	1.D&C—>Q226 2.Aspiration—> Q226 3.Histerotomy—>Q226 4.Empirical method 5.Other _____ 9.Don't know/DA			
234.Was the abortion followed by aD&C?	1. Yes 2. No 3. Hysterectomy 9. Don't know/DA			
235.Just after abortion did you have any complications that needed therapy?	1. Yes 2. No > GOTOQ242 9. Don't Know/NR> Q242	1. Yes 2. No—> GO TO Q 242 9. Don't Know/DR	1. Yes 2. No> GOTOQ242 9. Don't Know/NR -----> Q242	1. Yes 2. No—> GOTOQ242 9. Don't know NR —> Q 242
236.What complication was that one?	1.Perforation 2.Hemorrage 3.Prolonged hemorrage(> 1 week) 4.Fever 5.Purulent vaginal discharge 6.Pelvic pain 7.Other			
237.Did you spend any nights in the hospital?	1.Yes 2.No—>Q239	1.Yes 2.No—>Q239	1.Yes 2.No—>Q239	1.Yes 2.No—>Q239
238.How many nights did you spend?	____nights 98. Don't know/DR	____nights 98. Don't know/DR	____nights 98. Don't know/DR	____nights 98. Don't know/DR

239. Did you receive blood transfusions?	1. Yes 2. No—>Q241	1. Yes 2. No—>Q241	1. Yes 2. No—>Q231	1. Yes 2. No—>Q241
240. For how many days?	— — days 98. Don't know/DR			
241. Did you need a second D&C (for the same abortion)?	1. Yes 2. No 9. Don't know/DR			
242. Did you receive antibiotics?	1. Yes 2. No—> Q244 9. Don't know/DR-->Q244	1. Yes 2. No—> Q244 9. Don't know/DR-->Q244	1. Yes 2. No—> Q234 9. Don't know/DR->Q234	1. Yes 2. No—> Q244 9. Don't know/DR->Q244
243. For how many days?	— — days 98. Don't know/DR			
244. Did you had any health problem after this abortion(after at least 6 months)?	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246	1. Yes 2. No-> GOTOQ246 3. Did not pass 6 month-> Q246 9. Don't know/DA->GO TO Q246
245. What was the most important you were left?	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other _____ (specify)	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other _____ (specify)	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other _____ (specify)	1. Pelvic pain 2. Sterility 3. Infection 4. Lock of menstruation 5. Irregular bleeding 7. Other _____ (specify)
246. What was the attitude of the child's father toward your having this abortion?	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other _____ 9. Don't know/don't answer	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other _____ 9. Don't know/don't answer	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other _____ 9. Don't know/don't answer	1. Favored 2. Neutral 3. Opposed 4. Didn't know about it 5. Other _____ 9. Don't know/don't answer

III FAMILY PLANNING

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

METHOD	300. Have you ever heard of it?	301. Have you ever used it?	302. Do you know where to get it?	303. From whom did you hear about it? (SEE CODES BELOW)
A. Pills	1 Yes-->Q301 2 No -->B	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
B. IUD	1 Yes-->Q301 2 No—>C	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
C. Condoms	1 Yes-->Q301 2 No-->D	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
D. Foam/Jelly/ Cream	1 Yes-->Q301 2 No-->E	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
E. Diaphragm	1 Yes-->Q301 2 No-->F	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
F. Female Sterilization	1 Yes-->Q301 2 No-->G	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
G. Male Sterilization (Vasectomy)	1 Yes->Q301 2 No-->H	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
H. Injectable methods	1 Yes-->Q301 2 No-->I	1 Yes--->Q303 2 No---->Q302	1 Yes\ 2 No /Q303	— —
I. Fertile days method (Rhythm/Calendar)	1 Yes-->Q301 2 No-->J	1 Yes\ 2 No /Q303		— —
J. Withdrawal	1 Yes->Q301 2 No-->J	1 Yes\ 2 No /O303		— —
K. Other	1 Yes-->Q301 2 No-->Q304	1 Yes\ 2 No /Q303		— —

CODES FOR Q.303:

- | | |
|---------------|----------------------|
| 1. Mother | 7. Nurse |
| 2. Relative | 8. Partner |
| 3. Girlfriend | 9. Media |
| 4. Neighbor | 20. Other (specify): |
| 5. Other user | 98. Don't remember |

304. **RECORD WHETHER RESPONDENT REPORTS HAVING USED ANY METHOD (ANY ANSWER=1 FOR Q301)**

- 1 Never used—> GO TO Q305
- 2 Ever used—>GO TO Q306

305. So, you have never used any of the methods of preventing pregnancy that mentioned with any partner?

- 1 Never used-- > GO TO Q335 ON PAGE
- 2 Ever used—> CORRECT Q301 AND GOTO Q306

306. Are you (or your partner) currently using any method or doing anything to prevent pregnancy?

- 1 Yes
- 2 No—>GO TOQ321

307. What method are you using?

- 1 Pills ----->GO TO Q309
- 2 IUD ----->GO TO Q309
- 3 Condoms ----- >GO TO Q310
- 4 Foam/Jelly/Cream > GO TO Q309
- 5 Diaphragm ---->GO TO Q309
- 6 Tubal ligation—>GO TO Q308
- 7 Vasectomy----- >GO TO Q308
- 8 Injection----->GO TO Q309
- 9 Calendar Method—> GO TO Q309
- 10 Withdrawal —> GO to Q309
- 11 Withdrawal and calendar method----- >GO to Q309
- 12 Condoms + Foam/Jelly ----- >GO TOQ310

- 13 Condoms + calendar method----- >GO to Q310
- 14 Other combination ----->GO TO Q309
- 20 Other----->GO to Q309

308. In what month and year was this operation performed?

Month ___ ___ 99 Don't remember
Year 19 ___ ___

309. Do you and your partner ever use a condom in addition to the method you are using?

- 1 Yes
- 2 No

310. Where do (did) you get your family planning method?

- 1 Regional/District Dispensary
- 2 Polyclinic
- 3 Hospital
- 4 Private practice physician/clinic
- 5 Pharmacy
- 6 SECS clinic
- 7 Open market
- 8 Don't know
- 20 Other (specify): _____

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

- 1 Yes
- 2 No- ----- >GO TOQ.313

312. How much did you pay?

___ ___ ___ ___ Lei
8888= Does not remember

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

- 1 Yes
- 2 No—>GO TOQ316

314. What method would you prefer to use?

- 1 Pills
- 2 IUD
- 3 Condom
- 4 Foam/Jelly/Cream
- 5 Diaphragm
- 6 Female sterilization
- 7 Male sterilization
- 8 Injectables
- 9 Calendar Method
- 10 Withdrawal
- 11 Withdrawal and calendar
- 12 Condom and local method
- 13 Condom and calendar method
- 14 Any method----- >GO TO 316
- 20 Other: _____
- 88 Not sure ----->GO TO Q316

IF STERDLIZATION USER GO TO Q324

IF NATURAL METHODS USER (Q307 = 9, 10, 11) GO TO Q313

315. 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 access
 - 4 Too far away
 - 5 Do not know how to obtain it
 - 6 Husband objects to it
 - 7 Religious reasons
 - 8 Fear of side effects
 - 9 Has not yet made up her mind
 - 20 Other _____
 - 88 Don't know

316. Who would you like to advise you about the method you prefer to use?
- 1 Doctor - OB/GYN
 - 2 Doctor - General M.D.
 - 3 Nurse/midwife
 - 4 Pharmacist
 - 5 Mother
 - 6 Friend/relative
 - 7 Partner
 - 8 User of contraception
 - 20 Other: _____
 - 88 Don't know

IF USING WITHDRAWAL, CALENDAR, OR OTHER NATURAL METHOD (Q307=9,10,11), CONTINUE WITH Q317; USERS OF OTHER METHODS, GO TO Q319.

317. You said that you are now using _____ to avoid becoming pregnant, rather than a method you might obtain from a doctor, health facility, or pharmacy. Please tell me whether each of the following was very important, somewhat important, or not important at all in your decision to use this method:
(FILL IN THE METHOD USED)

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

318. How effective at preventing pregnancies do you think _____ (FILL IN THE METHOD USED) is compared to modern methods, like the pill or the IUD? (READ CHOICES 1-3)
- 1 Current method more effective
 - 2 About equally effective
 - 3 Current method less effective
 - 8 Don't know/Not sure

319. Do you have any problems or concerns with using _____ ?
(FILL IN THE METHOD USED)
- 1 Yes
 - 2 No— >GO TO Q321

320. 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 disapproves
 - 8 Less effective method
 - 20 Other _____

321. Do you plan to have any (more) children?
- 1 Yes
 - 2 No---- >GOTOQ324
 - 8 Not sure—>GO TO Q325

322. How many (more) do you plan to have?
___ ___ children
- 66=As many as possible
77=Up to God/Fate, etc.
88=Notsure

323. When do you think you would like to become pregnant?
- 1 Within 1 year
 - 2 In 1-2 years
 - 3 In 3-5 years
 - 4 In more than 5 years
 - 5 When I get married
 - 8 Not sure

324. Have you delayed having a(nother) child mainly because of your economic situation?

- 1 Yes
- 2 No
- 8 Not sure

325. Think back to when you first started using a method to prevent pregnancy. What method was it?

- 1 Pills
- 2 IUD
- 3 Condom
- 4 Foam/Jelly/Cream
- 5 Diaphragm
- 6 Female sterilization
- 7 Male sterilization
- 8 Injectables
- 9 Calendar Method
- 10 Withdrawal
- 11 Withdrawal and calendar
- 12 Condom and local method
- 13 Condom and calendar method
- 14 Other combination
- 20 Other: _____
- 88 Not sure

326. How many living children did you have at that time?

— — children

327. How old were you at that time?

— — years old

328. CURRENTLY USES OR USED CONDOMS
(Q303C = 1 OR Q307=3 or Q309=1)

- 1 YES—>GO TOQ330
- 2 NO

329. Have you and any partner ever used condoms during your lifetime?

- 1 Yes
- 2 No—>GO TOQ331
- 8 Don't remember—> GO TO Q331

330. Why did (do) you and your partner use condoms?
(READ CHOICES 1 - 4)

- 1 To prevent pregnancy
- 2 To prevent sexually transmitted diseases
- 3 To prevent HIV/AIDS
- 4 To prevent pregnancy and disease
- 8 Don't know/Don't remember

GO TO Q.332

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

- 1 Partner(s) didn't like them
- 2 Have only one partner
- 3 Preventing pregnancy is woman's responsibility
- 4 They diminish pleasure/spontaneity
- 5 Not effective at preventing pregnancy
- 6 It's a "bad" thing for you
- 7 Has never thought about it
- 8 Psychological resistance
- 9 Withdrawal
- 20 Other _____
- 88 Don't How

332. **CONTRACEPTIVE METHODS USED/PREGNANCY OUTCOMES CALENDAR**

COLUMN 1

PREGNANCY OUTCOME

- 1 Pregnant now
- 2 Live birth
- 3 Stillbirth
- 4 Induced abortion
- 5 Miscarriage
- 6 Ectopic pregnancy

COLUMN 2

METHOD USED

- 0 No method
- 1 Pills
- 2 IUD
- 3 Condoms
- 4 Local spermicides
- 5 Diaphragm
- 6 Tubal Ligation
- 7 Vasectomy
- 8 Injectables
- 9 Calendar method
- 10 Withdrawal
- 11 Withdrawal + calendar method
- 12 Condoms + local spermicides
- 13 Condoms + calendar method
- 20 Other _____
- 88 Don't remember

COLUMN 3

REASON SHE STOPPED USE

- 1 Became pregnant on method
- 2 Stopped to become pregnant
- 3 Husband no longer agreed
- 4 Side effects
- 5 Fear of developing side effects
- 6 Stopped to "rest the body"
- 7 Doctor's advice
- 8 Method no longer available
- 9 Inconvenient to use
- 10 Split up with husband/part.
- 20 Other _____
- 88 Don't remember

DATE	1	2	3		DATE	1	2	3
1988					1991			
Jan 1					Jan 1			
Feb 2					Feb 2			
Mar 3					Mar 3			
Apr 4					Apr 4			
May 5					May 5			
Jun 6					Jun 6			
Jul 7					Jul 7			
Aug 8					Aug 8			
Sep 9					Sep 9			
Oct 10					Oct 10			
Nov 11					Nov 11			
Dec 12					Dec 12			
1989					1992			
Jan 1					Jan 1			
Feb 2					Feb 2			
Mar 3					Mar 3			
Apr 4					Apr 4			
May 5					May 5			
Jun 6					Jun 6			
Jul 7					Jul 7			
Aug 8					Aug 8			
Sep 9					Sep 9			
Oct 10					Oct 10			
Nov 11					Nov 11			
Dec 12					Dec 12			
Jan 1					Jan 1			
1990					1993			
Feb 2					Feb 2			
Mar 3					Mar 3			
Apr 4					Apr 4			
May 5					May 5			
Jun 6					Jun 6			
Jul 7					Jul 7			
Aug 8					Aug 8			
Sep 9					Sep 9			
Oct 10					Oct 10			
Nov 11					Nov 11			
Dec 12					Dec 12			

**IF NOT USING A CONTRACEPTIVE METHOD IN JANUARY 1988,
GO TO Q334**

333. You said you were using _____ in January of 1988. When did you start using that method?

Month ____

Year 19 ____

334. CURRENTLY USING A FAMILY PLANNING METHOD

1. Yes----- > Go to Q.345

2. No----- > Go to Q.335

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

1 Yes—> GO TOQ337

2 No—>GO TOQ336

3 Not sure—>GO TO Q336

4 Currently pregnant— > Q337

336. Why not?

1 Menopause/Too old to get pregnant

2 Has had an operation for medical reasons that makes pregnancy impossible

3 Husband/partner had a medical operation

4 Has tried to get pregnant for at least 2 years, or did not get pregnant in spite of not using contraception in the last 2 years -->GO TO Q400

5 Doctor says she or partner is infertile

6 Not sexually active----->GO TO Q337

7 Postpartum/Breastfeeding ----->GO TO Q337

8 Other (specify):----->GO TO Q337

337. Do you plan to have any (more) children (after this pregnancy)?

1 Yes

2 No ----->GO TO Q341

3 Not sure----->GO TO Q341

338. How many (more) children do you plan to have?
_____ children

66=As many as possible

77=Up to God/Fate, etc.

88=Not sure

339. Are you trying to become pregnant now?

1 Yes ----->GO TOQ345

2 No

3 Not sure

4 Currently pregnant----- > GO to Q345

340. When do you think you would like to become pregnant?

1 Within 1 year

2 In 1-2 years

3 In 3-5 years

4 In more than 5 years

7 When I get married

8 Not sure

341. What is the most important reason you are not using a method to avoid pregnancy now?

1 Not sexually active/No partner-----> GO to Q345

2 Wants to become pregnant -----> GO to Q345

3 Currently pregnant -----> GO to Q345

4 Difficulty getting pregnant -----> GO to Q345

5 Breastfeeding/Postpartum -----> GO to Q345

6 Virgin-----> GO to Q500

7 Fear of side effects/health effects

8 Previously had side effects/health problems

9 Husband/Partner objects

10 Doctor won't prescribe method

11 Desired method not available/difficult to get

12 Too expensive

13 Don't know where to get method

14 Religious reasons

15 Prefer abortion

16 Haven't bothered, but would like to use method

17 Too old

18 Only occasionally sexually active

20 Other (specify): _____

342. Do you want to use a contraceptive method now?

1 Yes

2 No-----> GO TO Q.345

8 Don't know -----> GO TO Q.345

343. What method would you most prefer to use?

1 Pill

2 IUD

3 Condoms

4 Form/Jelly/Cream

5 Diaphragm

6 Female Sterilization

7 Male Sterilization

8 Injectables

9 Calendar Method

10 Withdrawal

11 Withdrawal and Calendar Method

12 Condom and local method

13 Condom and Calendar Method

14 Any method

20 Other: _____

88 Not sure

344. Who would you like to advise you about the method you most prefer to use?

- 1 Doctor - OB/GYN
- 2 Doctor - general practitioner
- 3 Nurse/midwife
- 4 Pharmacist
- 5 Mama
- 6 Friend/relative
- 7 User of contraception
- 8 Partner
- 20 Other: _____
- 88 Don't know

345. **PLANS TO HAVE MORE CHILDREN**

- 1 YES (Q321 = 1 OR Q337=1)
- 2 NO (Q321=2 OR Q337=2)----- >GO TO Q347
- 3 NOT SURE (Q321=3 OR Q337=3)

346. After you have all the children you want do you think you will be interested in having an operation to prevent you from having any more children?

- 1 Yes----- >GO TO Q349
- 2 No----->GO TO Q348
- 3 Not sure ----->GO TO Q349

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

- 1 Yes----->GO TO Q349
- 2 No
- 3 Not sure—>GO TO Q349

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

- 1 Health risks/fear of side effects
- 2 Fear of operation
- 3 Too young
- 4 Approaching menopause
- 5 Will take away sexual pleasure
- 6 Husband would object
- 7 Religious reasons
- 8 Not culturally acceptable
- 9 Cost/inconvenience of an operation
- 10 Might want another child
- 11 Doesn't know enough about /never heard of sterilization
- 12 Haven't thought about it
- 13 Not sexually active
- 20 Other _____
- 88 Don't know

349. In the past three years have you ever unsuccessfully tried to get birth control pills?

- 1 Yes
- 2 No----->GOTOQ351
- 3 Never tried ----- > GO TO Q351

350. What was the reason you were unable to get them?

- 1 Physician refused because of health/side effects
- 2 Physician refused because of age
- 3 Physician refused because of marital status
- 4 Physician refused, other _____
- 5 Pills unavailable/out of stock
- 6 Cost
- 7 Did not have time to get them
- 8 It's a difficult decision
- 20 Other (specify) _____
- 88 Don't remember

351. In the past three years have you ever unsuccessfully tried to get an IUD?

- 1 Yes
- 2 No----->GO TO Q400
- 3 Never tried -----> GO TO Q400

352. What was the reason you were unable to get it?

- 1 Physician refused because of health/side effects
- 2 Physician refused because of age
- 3 Physician refused because of marital status
- 4 Physician refused, other _____
- 5 Pills unavailable/out of stock
- 6 Cost
- 7 Don't have time to get it
- 8 It's a difficult decision
- 9 Complicated procedure
- 20 Other (specify): _____
- 88 Don't remember

IV. MATERNAL-CHILD HEALTH

THE FOLLOWING QUESTIONS DEAL WITH THE MOST RECENT PREGNANCY RESULTED IN A LIVE BIRTH SINCE JANUARY 1988 IF NO LIVE BIRTHS SINCE JANUARY 1988, GO TO Q500

400. Which of the following best describes your reaction to your most recent pregnancy? (READ CHOICES)
- 1 Were you immediately happy about it,
 - 2 Did you accept it in the first 3 months of pregnancy,
 - 3 Did you accept it after the first 3 months of pregnancy
 - 4 Did you accept it eventually after the birth
 - 5 Were you never able to accept it
 - 8 Don't know
401. Which of the following best describes the father's reaction to that pregnancy? (READ CHOICES)
- 1 Immediately happy about it
 - 2 Accepted it in the first 3 months of pregnancy,
 - 3 Accepted it after the first 3 months of pregnancy
 - 4 Accepted it after the birth,
 5. Was never able to accept it/refused to become involved, or
 6. Did not know about pregnancy 8 Don't know
402. Did your job during that pregnancy involve much physical work, a moderate amount, or only a little?
- 1 Much physical work
 - 2 A moderate amount
 - 3 Little or no physical work
 - 4 Did not work ----- >GO TO Q412
403. Did your job during that pregnancy involve much standing, a moderate amount of standing, or little standing?
- 1 Much standing
 - 2 Moderate standing
 - 3 Little standing
404. Did you have a reduced number of hours at your work? (at least 2 hours less work)?
- 1 Yes
 - 2 No
405. Did your request a reduced number of hours?
- 1 Yes
 - 2 No

406. Were you already working during the day, did you continue working on a night shift, or did you have a night shift changed to a day or afternoon shift?
- 1 Already working day/afternoon shift (GO TO Q.408)
 - 2 Shifted form night to day/afternoon shift (GO TO Q.408)
 - 3 Continued working on night shift
407. Did you request a change from your night shift to day/afternoon shift?
- 1 Yes
 - 2 No
408. Did you take maternity leave?
- 1 Yes
 - 2 No----->Go ToQ.411
409. At what week of your pregnancy did you begin your maternity leave?
- ____ weeks
55 = After the baby was born
410. How many months of leave did you take?
- ____ months 88
Don't remember
- GO TO Q412**
411. Why not? _____
412. Did you receive any prenatal care from a doctor, nurse, or midwife for that pregnancy?
- 1 Yes
 - 2 No----->GO TO Q426
413. How many months pregnant were you when you made your first prenatal visit?
- ____ months
414. How many prenatal visits did you make during that pregnancy?
- ____ visits
66=As many as doctor/midwife/nurse said to have
77=Don't remember, but was definitely at least 10
88=Don't remember

415. Where did you receive your prenatal care? (READ ALL OPTIONS)

	<u>YES</u>	<u>NO</u>
A Local Dispensary Dispensary	1	2
B Polyclinic	1	2
C Hospital	1	2
D Factory/Dispensary	1	2
E Private clinic/office	1	2
F Home	1	2

416. Whom did you see? (READ ALL OPTIONS)

	<u>YES</u>	<u>NO</u>
A General practitioner	1	2
B Obstetrician Gynecologist	1	2
C Midwife/Nurse	1	2

416A. Who provided the most care?

- 1 General Physician
- 2 Gynecologist
- 3 Midwife/Nurse
- 4 Physician, Gynecologist and midwife equally
- 8 Do not remember

417. How many minutes did it take you, on average, to reach the place where you received the most prenatal care?

— — minutes
 000=At home/At factory
 888=Don't remember

418. Were you given an antenatal book? (Like this one)

- 1 Yes
- 2 No
- 8 Don't remember

419. During your pregnancy, did any doctor or midwife talk to you about:

	<u>YES</u>	<u>NO</u>
A Nutrition	1	2
B Smoking during pregnancy	1	2
C Drinking Alcohol	1	2
D Rest and Exercise	1	2
E Changes in your body related to pregnancy	1	2
F Breastfeeding	1	2
G Delivery	1	2

420. Do you feel that you received enough information regarding your pregnancy from those providing your care?

- 1 Yes
- 2 No
- 8 Don't know

421. Do you feel that you get good care at your local clinic/polyclinic during antenatal visits?

- 1 Yes----->GOTOQ423
- 2 No

422. Why Not? (Most important reason)

423. During your last pregnancy did a doctor (or midwife?) ever tell you to remain in bed/stay off your feet for one or more weeks because of some problem related to your pregnancy?

- 1 Yes
- 2 No----->GO TOQ425

424. Altogether, how long did you stay in bed because of this problem during that pregnancy?

— — weeks (01 = 1 week or less)

425. Did you take any iron supplement during your pregnancy?

- 1 Yes
- 2 No
- 8 Don't Know

426. During your last pregnancy were you ever hospitalized because of any problem related to your pregnancy?

- 1 Yes
- 2 No----->GO TOQ429

427. Altogether, how many days were you hospitalized because of this problem during that pregnancy?

— — days

428. Were any of the following conditions the reason you were hospitalized? (READ EACH CONDITION)

YES NODK

- | | | | |
|------------------------------------------------|---|---|---|
| A. Threatened miscarriage | 1 | 2 | 8 |
| B. Vaginal bleeding in first half of pregnancy | 1 | 2 | 8 |
| C. Vaginal bleeding in 2nd half of pregnancy | 1 | 2 | 8 |
| D. High blood pressure before pregnancy | 1 | 2 | 8 |
| E. High blood pressure related to pregnancy | 1 | 2 | 8 |
| F. Diabetes | 1 | 2 | 8 |
| G. Vomiting/dehydration | 1 | 2 | 8 |
| H. Uterine contractions, false labor | 1 | 2 | 8 |
| I. Swollen ankles, water retention, edema | 1 | 2 | 8 |
| J. Twins | 1 | 2 | 8 |
| K. Other (specify) _____ | 1 | 2 | 8 |

429. Did you ever get weighed while you were pregnant?

- 1 Yes
2 No ----- > GO TO Q.431
8 Don't remember --> GO TO Q.431

430. How much weight did you gain from the beginning of your pregnancy to the time of delivery?

_____ kg.
88 Don't know

431. Did you smoke cigarettes just before you became pregnant?

- 1 Yes
2 No ----- >GOTOQ436

432. Did you continue to smoke cigarettes during that pregnancy or did you quit smoking?

- 1 Yes
2 No ----- >GOTOQ434

433. About how many cigarettes did you smoke each day, on average, during that pregnancy? (ONE PACK=20 CIGARETTES)

_____ cigarettes
77=Less than 1 per day
88=Don't remember

GO TO Q436

434. How many month pregnant were you when you stopped smoking?

_____ months
88=Don't remember

435. What was the main reason for quitting smoking during this pregnancy?

- 1 Nausea or vomiting
2 Cigarettes didn't taste good
3 Smoking would be bad for the baby
4 Smoking would be bad for her own health
5 Cost of cigarettes
6 Advice from relatives or friends to quit
7 Advice from doctors, midwife, nurse to quit
8 Other reason (specify) _____

436. How much did your last baby weigh when he/she was born?

___ ___ ___ grams ----->GO TO Q438
8888=Don't know/Don't remember----- >GO TO Q437

437. Do you remember if he/she weighed less than 2500 grams or was considered to be low birth weight?

- 1 Yes (<2500 grams/low birth weight)
2 No
8 Don't remember/Don't know

438. Was your last delivery vaginal, with forceps or cesarean?

- 1 Vaginal
2 Forceps
3 Cesarean

439. Who would you have wanted to be present at your delivery? (READ CHOICES)

- 1 Your husband/partner
2 Your mother
3 Other person (specify) _____
4 Only professional staff

439. What was your biggest problem the first week after delivery?

- 1 Health/Care of the child
2 Breastfeeding
3 Her own health
4 Behavior of professional staff
5 Hospital environment
6 Lack of comfort, hygiene
7 Hospital's meals
8 Lack of contact with family (visiting schedule)
20 Other (specify) _____
77 No important problems
88 Don't remember

V. YOUNG ADULT MODULE

500. AGE OF RESPONDENT

- 1 AGE 15-24—> CONTINUE WITH Q501
- 2 AGE 25-44—>GO TO Q521 ON PAGE 40

501. In what month and year did you first have sexual relations?

Month _____ Year 19____
00 = Never had sexual relations--- >GO TO Q518
88 = Don't remember
99 = No response

502. How old were you at that time?

___ ___ years
88=Don't remember

503. At that time what was your relationship to your first partner?

- 1 Husband
- 2 Engaged to be married
- 3 Boyfriend
- 4 Friend
- 5 Rape/Incest—>GO TO Q511
- 6 Other _____
- 9 No response

504. How old was your first partner?

___ ___ years
88=Don't know/Don't remember
99=No response

505. Where did you first have sexual relations?

- 1 Your house
- 2 His house
- 3 House of friend
- 4 Hotel
- 5 School
- 6 Camping/Outdoors
- 7 Other _____
- 9 No response

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

___ ___ months
00= First time we met 88=Don't remember
61 =More than five years 99=no response
77=Other _____

507. Did you or your partner use a method to prevent pregnancy at that time?

- 1 Yes
- 2 No—>GO TOQ510
- 8 Don't remember/Don't know—>GO TO Q511

508. What method?

- 1 Pills
- 2 IUD
- 3 Condoms
- 4 Foam/Jelly/Cream
- 5 Diaphragm
- 6 Tubal ligation
- 7 Vasectomy
- 8 Injectables
- 9 Calendar Method
- 10 Withdrawal
- 11 Withdrawal and calendar
- 12 Condom and local method
- 13 Condom and calendar method
- 14 Other combination
- 20 Other: _____
- 88 Not sure

509. Who took the initiative to use (this method of contraception)?

- 1 You
- 2 Partner
- 3 Both
- 8 Don't remember

GO TO Q511

510. Why didn't you or your partner use a contraceptive method?

- 1 Did not expect to have sex
- 2 Did not know any methods
- 3 Wanted to get pregnant
- 4 Health concerns about contraception
- 5 Wanted to use, but didn't have any
- 6 Didn't think she could get pregnant
- 20 Other _____
- 88 Don't know/Don't remember

511. **RESPONDENT EVER PREGNANT**

- 1 Yes(Q200=1 OR 201 = 1)
- 2 No (Q201=2)—>GOTOQ520

512. How old were you when you became pregnant for the first time?

___ ___ Years

513. Who were you living with when you first became pregnant?

- 1 Husband/Partner—> GO TO Q518
- 2 Mother and father
- 3 Mother or father only
- 4 Grandparents only
- 5 Other relatives
- 6 Friends
- 7 Alone
- 8 Other: _____
- 9 Don't remember

514. When you became pregnant the first time, what was your relationship to the father?

- 1 Engaged to be married
- 2 Boy friend
- 3 Friend
- 4 Casual acquaintance/Just met
- 5 Was raped/Incest ----->GO TO Q518
- 6 Other _____
- 9 No response

515. What was the attitude of your partner when he learned of your pregnancy?

- 1 Both wanted to get married
- 2 Only he wanted to get married
- 3 Wanted you to get an abortion
- 4 Accepted pregnancy, but did not want to get married
- 5 He did not know of pregnancy----- >GO TO Q517
- 7 Other _____
- 8 Don't know

516. Did you marry or go live with him?

- 1 Yes
- 2 No

517. What was the attitude of your family when they learned of the pregnancy?

- 1 Wanted you to get married
- 2 Insisted that you get married
- 3 Wanted you to get an abortion
- 4 Accepted the pregnancy without marriage
- 5 They didn't interfere
- 6 They did not know about pregnancy
- 7 Other _____
- 8 Don't know

518. Did you ever talk to your mother about what method of preventing pregnancy she was using?

- 1 Yes
2. No ----- GO TO Q.520

519. What method was she using (last time you talked to her about it)?

- 0 Was not using
- 1 Pills
- 2 IUD
- 3 Condoms
- 4 Foam/Jelly/Cream
- 5 Diaphragm
- 6 Tubal ligation
- 7 Vasectomy
- 8 Calendar method
- 9 Other NFP
- 10 Withdrawal
- 11 Combination _____
- 20 Other _____
- 88 Don't know/Don't remember

520. Did she ever talk to you about the use of pregnancy prevention methods?

- 1 Yes
- 2 No

GO TO Q600

521. How old were you when you had your first sexual relation?

Month _ _ Year _ _
00 Never had sexual relation
88 Don't remember

VI. WOMEN'S HEALTH

600. RESPONDENT SEXUALLY EXPERIENCED
(SEE Q501 AND Q521)

- 1 Yes
- 2 No----- > GO to Q605

601. How old were you when you had your first sexual relation?

- ___ ___ year old
- 99 Don't remember

602. Have you had sexual relations in the last 30 days?

- 1 Yes
- 2 No----- >GO TO Q604
- 3 No response —> GO TO Q604

603. How many times?

- ___ ___ times
- 88 Don't remember
- 99 No response

604. How long has it been since you last had sexual relations?

- 1 ___ ___ days 888 Don't remember
- 2 ___ ___ weeks 999 No response
- 3 ___ ___ months
- 4 ___ ___ years

605. How often do you go for regular (not pregnancy related) gynecologic exams?

- 1 At least once per year ----->GO TO Q607
- 2 Every 1-2 years
- 3 Every 3-5 years
- 4 Less than every 5 years
- 5 Never
- 6 Only once

606. What is the main reason you go less often than once a year?

- 1 Doesn't feel it is necessary to go that often
- 2 She is healthy/doesn't have gynecologic problem
- 3 Doesn't have the time
- 4 She forgets about it
- 5 Doesn't like gyn. exams
- 6 Hard to get appointments
- 7 Doesn't like facilities
- 8 Doesn't like staff
- 9 Waiting time is too long
- 10 Doctor did not recommend
- 20 Other (specify) _____

607. Have you ever had a pap smear?

- 1 Yes
- 2 No ----- >GOTOQ610
- 9 Don't know -----> GO TO Q610

608. How often do you have a pap smear?

- 1 At least once per year — > GO TO Q.610
- 2 Every 1-2 years
- 3 Every 3-5 years
- 4 Less than every 5 years
- 8 Don't remember

609. When did you have your last pap smear?

- 1 Last year
- 2 1-2 years ago
- 3 2-3 years ago
- 4 More than 3 years ago
- 8 Don't remember

610. Have you heard about breast self-examinations?

- 1 Yes
- 2 No----->GO TO Q613

611. Do you ever do breast self-examinations?

- 1 Yes
- 2 No----->GO TOQ.613

612. How often do you do it, on average?
- 1 Once a month/After menstruation
 - 2 Every 2-5 months
 - 3 Every 6-11 months
 - 4 Once per year or less
613. Have you ever been told that you have high blood pressure?
- 1 Yes
 - 2 No.....> GOTOQ.616
614. Have you been told that you have high blood pressure only one time or more than once?
- 1 Once
 - 2 More than once
615. Are you taking medicine for high blood pressure?
- 1 Yes
 - 2 Supposed to be taking, but is not
 - 3 No
616. Have you smoked at least 100 cigarettes during your life?
- 1 Yes
 - 2 No-----> GO TO Q619
617. Do you currently smoke?
- 1 Yes
 - 2 No----->GO TO Q619
618. How many cigarettes do you smoke per day, on average?
(1 PACK=20 CIGARETTES)
_____ cigarettes
619. Do you have now or have you had in the past any sisters ?
- 1 Yes
 - 2 No-----> GO TO Q700
620. Now I would like to ask you some questions about your sisters from the same mother. Please notice that I am referring only to your sisters that also are daughters of your mother.
- How many sisters do (did) you have? _____
- 9 Don't know

620A. Please tell me the names of all your sisters including those who have already died and those who are living in other parts. We will start with the oldest:

620A. Name	621. Is (NAME) alive today?	622. How old is (NAME)?	623. How many years ago did (NAME) die?	624. How old was she when she died? (IF SHE WAS < 12 OR >49YEARS, GO TO NEXT SISTER)	625. Did she die during a childbirth or pregnancy?	626. Did (NAME) die within 6 six weeks after delivery or after the end of pregnancy?	627. How many children did SHE have during her whole life?
1 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know
2 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know
3 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know
4 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know
5 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know
6 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know
7 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know GO TO NEXT SISTER Q.620A	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know
8 _____	1 Yes-->Q622 2 No-->Q623 8 Don't know	88 "Don't know	<T yr: 00 years	88 "Don't know years	1 Yes-->Q627 2 No-->Q626	1 Yes 2 No	children 98 "Don't know

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

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

- 0 0 children
- 1 1 child
- 2 1-2
- 3 2
- 4 2-3
- 5 3
- 6 3-4
- 7 4
- 8 5 or more
- 9 God knows
- 77 As many as possible
- 88 Don't know

701. When is it most likely for a woman to become pregnant?

- 1 A week before menstruation starts
- 2 During menstruation
- 3 A week after menstruation starts
- 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 a woman always has the right to decide about her pregnancy, including whether to have an abortion?

- 1 Yes--->GOTOQ704
- 2 No

703. Under which of the following conditions is it all right for a woman to have an abortion (READ EACH REASON)?

	<u>YES</u>	<u>NO</u>	<u>PEP.</u>	<u>DK</u>
A. Her life is endangered by pregnancy	1	2	3	4
B. The fetus has a physical deformity	1	2	3	4
C. The pregnancy has resulted from rape	1	2	3	4
D. Her health is endangered by pregnancy	1	2	3	4
E. She is unmarried	1	2	3	4
F. The couple cannot afford to have a child	1	2	3	4

704. If a woman takes the pill correctly, how sure can she be that she will not become pregnant? (READ 1-4)

- 1 Completely sure
- 2 Almost sure
- 3 Fairly sure
- 4 Not sure at all
- 8 Don't know

705. How safe for a woman's health is the pill? (READ 1-4)

- 1 Very safe
- 2 Safe
- 3 Fairly safe
- 4 Unsafe
- 8 Don't know

706. Please indicate whether you agree or disagree with the following statements about the pill.

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. The pill makes you gain weight	1	2	8
B. Having to remember to take the pill every day causes stress	1	2	8
C. The pill makes periods more regular	1	2	8
D. The pill makes you nervous	1	2	8
E. Taking the pill for too long can cause infertility	1	2	8
F. Women who take the pill have a higher risk of getting cancer	1	2	8
G. The pill removes the fear of getting pregnant	1	2	8
H. The pill is easy to use	1	2	8
I. The pill is bad for blood circulation	1	2	8

707. If a woman has an IUD correctly fitted, how sure can she be that she will not become pregnant? (READ 1-4)

- 1 Completely sure
- 2 Almost sure
- 3 Fairly sure
- 4 Not sure at all
- 8 Don't know

708. How safe for a woman's health is the IUD? (READ 1-4)

- 1 Very safe
- 2 Safe
- 3 Fairly safe
- 4 Unsafe
- 8 Don't know

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

- 1 Yes
- 2 No----- > GO TO Q.709

708. Who do you consider the most reliable person to give you this information?

- 1 Doctor
- 2 Nurse/Midwife
- 3 User of contraception
- 4 Girl friend(s)
- 5 Mother
- 6 Relative
- 7 Newspaper/magazine (reporter)
- 20 Other: _____
- 98 Don't How

709. Now I will read some other statements. Please tell me whether you agree or disagree with each.

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Care of children is women's work	1	2	8
B. A woman should be a virgin when she marries	1	2	8
C. A woman can become pregnant at the time of the first sexual intercourse	1	2	8
D. If a man uses a condom, it doesn't diminish the pleasure for woman	1	2	8
E. It's all right to use the same condom more than one time	1	2	8
F. It is all right for a woman not to have children if she does not want to	1	2	8

710. If a woman had a unwanted pregnancy what should she do? (READ OPTIONS 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

711. From the following birth control methods that I am going to name, please tell me if you would want to use it, do not want to use it, or you are not sure?

Method	<u>WANT TO USE IT</u>	<u>DON'T WANT TO USE IT</u>	<u>NOT SURE</u>	<u>DON'T KNOW</u>
A. Pills	1	2	8	9
B. IUD	1	2	8	9
C. Sterilization	1	2	8	9
D. Condom	1	2	8	9
E. Withdrawal	1	2	8	9
F. Vaginal Methods	1	2	8	9
G. Injectables	1	2	8	9
H. Abortion on request	1	2	8	9

VIII SOCIOECONOMIC CHARACTERISTICS

800. Please tell me whether this household or any member of it has the following items:

	<u>Yes</u>	<u>No</u>
A. Bathroom	1	2
B. Flush Toilet	1	2
C. Central heating	1	2
D. Color television	1	2
E. Automobile	1	2
F. VCR	1	2
G. Telephone	1	2
H. Vacation home	1	2

801. What is your ethnic background (Naitonalitate)?

- 1 Romanian
- 2 Hungarian
- 3 Romy (Gipsies)
- 4 German
- 8 Other (specify): _____
- 9 Refused/Not stated

802. What is your religion (Religie)?

- 1 Orthodox
- 2 Romano-Catholic
- 3 Reformata
- 4 Greco-Catholic
- 5 Other (specify): _____
- 7 NoReligia ----->GO TO Q.804
- 8 Undeclared----->GO TO Q.804

803. About how often do you usually attend religious services?
(READ ANSWERS 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

804. Does more than one family live in this flat/house?

- 1 Yes
- 2 No

805. How many rooms does this house/flat have (not including bathrooms and kitchen)

___ rooms

806. Which of these best describes this house/flat?

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

IX. KNOWLEDGE OF AIDS

900. Have you ever heard of the disease called AIDS or HTV infection?
 1 Yes
 2 No—> END OF INTERVIEW

901. Do you think a person can be infected with the AIDS virus and not have any clinical signs of the disease?
 1 Yes
 2 No
 8 Don't know

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

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A Receiving a blood transfusion	1	2	8
B Using public bathrooms	1	2	8
C Kissing on the mouth	1	2	8
D Having heterosexual relations	1	2	8
E Men having homosexual relations	1	2	8
F Shaking hands	1	2	8
G Getting injections	1	2	8
H Mosquito bites	1	2	8
I Sahrng objects with a person with AIDS	1	2	8
J Having a medical exam	1	2	8

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

	<u>NO RISK</u>	<u>LOW RISK</u>	<u>HIGH RISK</u>	<u>DEPEND</u>	<u>PK</u>
A. Married woman	1	2	3	4	8
B. Married man	1	2	3	4	8
C. Homosexual man	1	2	3	4	8
D. Homosexual woman	1	2	3	4	8
E. Prostitute	1	2	3	4	8
F. Intravenous drug user	1	2	3	4	8
G. Sexually active woman, unmarried	1	2	3	4	8
H. Sexually active man, unmarried	1	2	3	4	8

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

	<u>SPONTANEOUS</u>		<u>PROBED</u>	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
A Use condoms	1	2	3	4
B Avoid relations with prostitutes	1	2	3	4
C Do not donate blood	1	2	3	4
D Have only 1 sexual partner	1	2	3	4
E Ask partner to have blood tested for AIDS	1	2	3	4
F Do not have sexual relations	1	2	3	4
G Sterilize needles	1	2	3	4
H Avoid relations with bisexuals/homosexuals	1	2	3	4
I Other _____	1	2	3	4

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

1 Yes
 2 No----- >END OF INTERVIEW
 8 Don't know ---- >END OF INTERVIEW

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

1 Low risk
 2 High risk
 8 Don't know

END OF INTERVIEW

TIME INTERVIEW ENDED ____ : ____