

**2002 ALBANIAN REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

STRATA _____ STRATA ID NUMBER _____ HH_ID

PSU _____ PSU

STATISTICS CODE (ZR) _____ STAT_CD

RRETHI/DISTRICT _____ DISTRICT

KOMUNA _____ KOMUNA

LOCALITY (QYTETI/FSHATI) _____ LOCALITY _____

STREET ADDRESS _____

BUILDING/HOUSE NUMBER _____

APARTMENT NUMBER _____

VISIT RECORD

Visit number	<u>1</u> VISIT_DT	<u>2</u>	<u>3</u>	<u>4</u>
	DAY MONTH	DAY MONTH	DAY MONTH	DAY MONTH
Date of visit	VISIT_DA VISIT_MO	_____	_____	_____
Result*	RESULT	---	---	---
Interviewer	INTV_NBR	---	---	---
Supervisor	SUPR_NBR	---	---	---

*** 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 RES_OTH

1. How many families live in this household? _____ families

Q1

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

Q2

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

Q3

**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	_____	Q4_AGE	Q4_MS	Q4_ED1
2	_____	---	---	---
3	_____	---	---	---
4	_____	---	---	---
5	_____	---	---	---
6	_____	---	---	---

Marital Status

1. Married
2. Unregistered Marriage
3. Separated
4. Divorced
5. Widowed
6. Never Married
8. UNKNOWN

Education:

0. No School
1. Elementary education (1-4 yrs)
2. Postelementary (5-8yrs)
3. High School/ Gymnazium (9-12yrs)
4. Basic secondary + vocational education
5. Complete secondary + technical education
6. University/Postgraduate Education
8. 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: Q5 _____

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: _____

2002 ALBANIA REPRODUCTIVE HEALTH SURVEY

FEMALE QUESTIONNAIRE

Hello. I'm _____ from the National Institute of Public Health. We are doing a national survey about the health of women and men in Albania. The purpose of the survey is to collect information that will help us to plan reproductive health services in Albania.

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

SIGNATURE OF THE INTERVIEWER _____ DAY ____ MONTH ____

MARK IF THE WOMAN AGREES TO BE INTERVIEWED 1. YES----> CONTINUE
2. NO----->END OF INTERVIEW

TIME STARTED: ____ : ____

ID NUMBER _____ HH_ID _____

BGN_HOUR BGN_MIN

I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH Q100_MM YEAR Q100_YY 98 DON'T KNOW

101. How old are you (at last birthday)? ____ YEARS OLD 98 DON'T KNOW

Q101_AGE

MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND

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

Q102_GDR

	Q102_YRS	
000. NEVER ATTENDED (NO FORMAL EDUCATION)		
1. GENERAL SCHOOL	1 2 3 4 5 6 7 8	88
2. THEORETICAL HIGH SCHOOL/ GIMNAZIUM	1 2 3 4	88
3. PROFESSIONAL(VOCATIONAL) SCHOOL	1 2 3 4 5	88
4. TECHNICAL SCHOOL (POSTSECONDARY)	1 2 3	88
5. UNIVERSITY/FACULTY	1 2 3 4 5+	88
6. POST UNIVERSITY/POSTGRADUATE STUDIES	1 2 3 4 5+	88
888. DON'T REMEMBER/ DON'T KNOW		

IF Q102 = 2 OR Q102=3 CONTINUE; ELSE GO TO Q104

103. Do you have a high school diploma?

Q103

1. YES
2. NO

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

Q104

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

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

Q105

1. ATTENDING SCHOOL
2. 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
11. HUSBAND DOES NOT ALLOW HER TO WORK
12. PARENTS DO NOT ALLOW HER TO WORK
13. ODD JOBS (<20 HOURS PER WEEK)
14. TEMPORARY BACK FROM WORK ABROAD
20. OTHER (SPECIFY)_____

Q105_OTH

106. 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 town, or in a village?

Q106

1. TOWN
2. VILLAGE

107. In what month and year did you start to live continuously in _____ (NAME THE PLACE OF RESIDENCE)?

MONTH Q107_MO YEAR Q107_YR 00. ALWAYS, SINCE BIRTH----> **GO TO 108**
88. DON'T REMEMBER

107A. Just before you moved here (CURRENT PLACE OF RESIDENCE), did you live in a town, a village, or outside Albania ?

Q107A

1. A town (URBAN AREA),
2. A village (RURAL AREA), or
3. Outside Albania?

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

Q108

1. MARRIED -----> **GO TO Q111**
2. NOT MARRIED BUT LIVING WITH A PARTNER --> **GO TO Q111**
3. SEPARATED ----->**GO TO Q111**
4. DIVORCED ----->**GO TO Q111**
5. WIDOWED ----->**GO TO Q111**
6. NEVER MARRIED

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

Q109

1. YES---->**GO TO Q111**
2. NO

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

Q110

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

GO TO Q124

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

Q111 ___ TIMES

9. REFUSAL----->GO TO Q118

TIMES	112. In what month and year did you <u>begin living</u> with your... (first, second, third, or fourth) husband/partner?	113. How old was your I, II, III, IV husband/partner when you started to live together?	114. What was the highest grade in school that your I,II,III,IV husband/ partner completed when you got married/started to live together ?	115. 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?	116. In what month and year did your <u>union</u> with your I,II,III,IV, husband/partner <u>end</u> ?	117. IF:
I	MTH ___ YR _____ Q112_MO_1 Q112_YR_1 88. DON'T KNOW/REF	AGE Q113_AGE_1 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN Q114_GRD_1	1. Married---> Q117 2. Living with partner-> Q117 3. Separated 4. Divorced 5. Widow Q115_REL_1	MTH ___ YR _____ Q116_MO_1 Q116_YR_1 88. DON'T KNOW/REF	Q111=1 GO TO Q118; ELSE CONTINUE
II	MTH ___ YR _____ Q112_MO_2 Q112_YR_2 88. DON'T KNOW/REF	AGE Q113_AGE_2 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN Q114_GRD_2	1. Married---> Q117 2. Living with partner-> Q117 3. Separated 4. Divorced 5. Widow Q115_REL_2	MTH ___ YR _____ Q116_MO_2 Q116_YR_2 88. DON'T KNOW/REF	Q111=2 GO TO Q118; ELSE CONTINUE
III	MTH ___ YR _____ Q112_MO_3 Q112_YR_3 88. DON'T KNOW/REF	AGE Q113_AGE_3 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN Q114_GRD_3	1. Married---> Q117 2. Living with partner-> Q117 3. Separated 4. Divorced 5. Widow Q115_REL_3	MTH ___ YR _____ Q116_MO_3 Q116_YR_3 88. DON'T KNOW/REF	Q111=3 GO TO Q118 ELSE CONTINUE
IV	MTH ___ YR _____ Q112_MO_4 Q112_YR_4 88. DON'T KNOW/REF	AGE Q113_AGE_4 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN Q114_GRD_4	1. Married---> Q117 2. Living with partner-> Q117 3. Separated 4. Divorced 5. Widowed Q115_4	MTH ___ YR _____ Q116_MO_4 Q116_YR_4 88. DON'T KNOW/REF	GO TO Q118

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

Q118

1. YES
2. NO----->**GO TO Q120**
8. NOT SURE----->**GO TO Q120**

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

Q119

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

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

Q120

- ___ CHILDREN
22. AS MANY AS GOD GIVES
 33. AS MANY AS RESPONDENT WANTS
 - 77. NEVER DISCUSSED**
 88. NOT SURE/DON'T REMEMBER

IF CURRENTLY SEPARATED, DIVORCED OR WIDOWED (Q115_LAST=3,4,5) GO TO Q124

121. Is your husband currently employed (either in Albania or abroad)?

Q121

1. YES
2. NO
8. DK/REF

122. Since January 1997 has your (current) husband ever worked abroad/outside Albania?

Q122

1. YES
2. NO -----> **GO TO Q124**
8. NUK E DI/REF---> **GO TO Q124**

122A. Since January 1997, how many times did he work abroad? _____ TIMES

Q122A

122B. Since January 1997, how many months total did he work abroad?

Q122B

_____ MONTHS

123. When was the last time when he worked outside Albania (MONTH AND YEAR OF BEGINNING THE TRIP)?

Q123A_MO MONTH

Q123A_YR YEAR

88. DO NOT REMEMBER

123A. In what month and year did he return from the last trip (MONTH AND YEAR OF ENDING THE TRIP)?

Q123B_MO MONTH

Q123B_YR YEAR

77. STILL ABROAD/OUTSIDE ALBANIA

88. DO NOT REMEMBER

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

Q124

_____ HOURS A DAY

00. NEVER----->GO TO Q128

55. DOES NOT HAVE ACCESS TO RADIO ----->GO TO Q128

77. NOT EVERY DAY

88. DON'T KNOW

125. 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>
Q125_A A. TOP ALBANIA	1	2
Q125_B B. RADIO TIRANA	1	2
Q125_C C. CLUB FM	1	2
Q125_D D. RASH	1	2
Q125_E E. STINET	1	2
Q125_F F. GOLD MUSIC	1	2
Q125_G G. ITALIAN STATIONS	1	2
Q125_H H. VOICE OF AMERICA	1	2
Q125_I I. BBC	1	2
Q125_J J. RADIO PLANET	1	2
Q125_K K. OTHER Q125_OTH	1	2

126. 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>
Q126_A A. NEWS	1	2
Q126_B B. SPORTS	1	2
Q126_C C. MUSIC	1	2
Q126_D D. PLAYS/DRAMAS	1	2
Q126_E E. CHURCH/RELIGIOUS PROGRAMS	1	2
Q126_F F. WOMEN'S PROGRAMS	1	2
Q126_G G. HEALTH PROGRAMS	1	2
Q126_H H. POLITICAL EVENTS	1	2
Q126_I I. OTHER	1	2

Q126_OTH

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

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
Q127_A A. 6-8 AM	1	2
Q127_B B. 8-10 AM	1	2
Q127_C C. 10AM-NOON	1	2
Q127_D D. NOON-2 PM	1	2
Q127_E E. 2-4 PM	1	2
Q127_F F. 4-6 PM	1	2
Q127_G G. 6-8 PM	1	2
Q127_H H. 8-10 PM	1	2
Q127_I I. AFTER 10 PM	1	2
Q127_J J. NO REGULAR TIMES	1	2

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

Q128

___ HOURS A DAY

- 00. NEVER----->GO TO Q132
- 55. DOES NOT HAVE ACCESS TO TV ----->GO TO Q132
- 66. WHEN THE HOUSEHOLD HAS ELECTRICITY
- 77. NOT EVERY DAY
- 88. DON'T KNOW

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

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
Q129_A A. TVSH	1	2
Q129_B B. TVKLAN	1	2
Q129_C C. TVA	1	2
Q129_D D. TVKOHA	1	2
Q129_E E. VISION PLUS	1	2
Q129_F F. SHIJAK TV	1	2
Q129_G G. TELENORBA	1	2
Q129_H H. TVALBA	1	2
Q129_I I. CALVIN	1	2
Q129_J J. TOP CHANNEL	1	2
Q129_J K. FOREIGN CHANNELS (e.g. CNN, BBC, EURONEWS, RAJ)	1	2
Q129_K L. NESER TV	1	2
Q129_L M. OTHER Q129_OTH	1	2

130. 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>
Q130_A A. NEWS	1	2
Q130_B B. COMERCIALS	1	2
Q130_C C. ENTERTAINMENT PROGRAMS	1	2
Q130_D D. SERIALS/MOVIES	1	2
Q130_E E. SPORTS	1	2
Q130_F F. MUSIC PROGRAMS, VIDEO CLIPS	1	2
Q130_G G. PLAYS/DRAMAS	1	2
Q130_H H. CHILDREN'S PROGRAMS	1	2
Q130_I I. CHURCH/RELIGIOUS PROGRAMS	1	2
Q130_J J. WOMEN'S PROGRAMS	1	2
Q130_K K. HEALTH PROGRAMS	1	2
Q130_L L. POLITICAL EVENTS	1	2
Q130_M M. OTHER Q129_OTH	1	2

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

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
Q131_A A. 6-8 AM	1	2
Q131_B B. 8-10 AM	1	2
Q131_C C. 10AM-NOON	1	2
Q131_D D. NOON-2 PM	1	2
Q131_E E. 2-4 PM	1	2
Q131_F F. 4-6 PM	1	2
Q131_G G. 6-8 PM	1	2
Q131_H H. 8-10 PM	1	2
Q131_I I. AFTER 10 PM	1	2
Q131_J J. NO REGULAR TIMES	1	2

132. How often do you read a newspaper?

Q132

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

II. SEX EDUCATION

The next set of questions is about sex education.

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

Q201

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

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

- | | | |
|--------|---|-------------------------------------|
| Q202_A | A. Human Reproduction? ___ ___ | 77. SHOULD NOT BE TAUGHT IN SCHOOL. |
| Q202_B | B. Contraception? ___ ___ | 88. DK |
| Q202_C | 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>
Q203_A A. Sex education will give adolescents the idea to begin sex earlier 1	2	8	9	
Q203_B B. Sex education should be taught only in the house 1	2	8	9	
Q203_C C. Sex education goes against my religious beliefs 1	2	8	9	
Q203_D 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>
Q204_A A. Menstrual Cycle?	1	2	8	9
Q204_B B. How Pregnancy Occurs?	1	2	8	9
Q204_C C. Not Having Sexual Intercourse Before Marriage?	1	2	8	9
Q204_D D. Methods of Contraception?	1	2	8	9
Q204_E E. HIV/AIDS?	1	2	8	9
Q204_F 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...?	
	Q205	Q206	
A. Menstrual Cycle	1 YES --> GO TO Q206 2 NO --> GO TO Q205_B 8 DK --> GO TO Q205_B 9 NR --> GO TO Q205_B Q205_1	_ _ _	
B. Female Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205_C 8 DR --> GO TO Q205_C 9 NR --> GO TO Q205_C Q205_2	_ _ _	
C. Male Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205_D 8 DR --> GO TO Q205_D 9 NR --> GO TO Q205_D Q205_3	_ _ _	
D. How Pregnancy Occurs	1 YES --> GO TO Q206 2 NO --> GO TO Q205_E 8 DR --> GO TO Q205_E 9 NR --> GO TO Q205_E Q205_4	_ _ _	
E. Contraceptive Methods	1 YES --> GO TO Q206 2 NO --> GO TO Q205_F 8 DR --> GO TO Q205_F 9 NR --> GO TO Q205_F Q205_5	_ _ _	
F. HIV/AIDS	1 YES --> GO TO Q206 2 NO --> GO TO Q205_G 8 DR --> GO TO Q205_G 9 NR --> GO TO Q205_G Q205_6	_ _ _	
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 Q205_7	_ _ _	

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

Q208

- | | |
|---------------------|--|
| 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): Q208_OTH |
| 9. DOCTOR | 88. DON'T REMEMBER |

III. FERTILITY/PREGNANCY

300. Are you currently pregnant?

Q300

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

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

Q301

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

Q302

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

303. Is this your first pregnancy?

Q303

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

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

Q304

1. YES ---->**GO TO PREGNANCY HISTORY, PAGE 9**
2. NO----->**GO TO MODULE IV, PAGE 21**

305. Have you ever been pregnant?

Q305

1. YES----->**GO TO Q307**
2. NO
3. NOT SURE
4. NEVER HAD SEX -->**GO TO MODULE IV, PAGE 21**

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

Q306

1. YES----->**GO TO PREGNANCY HISTORY, PAGE 9**
2. NO----->**GO TO MODULE IV, PAGE 21**

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

Q307

1. YES
2. NO-----> **GO TO PREGNANCY HISTORY, PAGE 9**

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

Q308

____ CHILDREN

309. Have you ever had a child born alive who later died, including those who may have died in the first hours or days after birth?

Q309

1. YES
2. NO --> **GO TO PREGNANCY HISTORY, PAGE 9**

310. How many children died? ____ CHILDREN

Q310

311. So altogether you had a total of ____ (Q308+Q310) live births?

Q311

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

Q311A

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:

TOT_PG

#	312	313	314	315	316	317	Q318 318
	Q312	Q313_MO Q313_YR	Q314	Q315	Q316	Q317	IF Q313B < 1997--->GO TO NEXT PREGNANCY
	How did that pregnancy end? PGEND	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? VIVO	How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	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?
<u>1</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	MNAC A ___ MTH ANAC B ___ YR 98. DK/NR	EDPG 1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	SEXb 1. BOY 2. GIRL 3. BOTH	1. YES->Q318 2. NO 3. BOTH	EDMUR 1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	PGWAN 1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>2</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES->Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>3</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES->Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>4</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES->Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317	318
							IF Q313B < 1997 --->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? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	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?
<u>5</u>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>6</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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>7</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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>8</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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>9</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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317	318
							IF Q313B <1997 --->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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS)
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF
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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF

#	312	313	314	315	316	317
20	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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF
21	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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF
22	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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF
23	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. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A ___ MTH B _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF IF Q312>3 GO TO BOX 3-I	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO BOX 3-I 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YRS. 888. DK 999. NR/REF

BOX 3-1

- ⊃ **THE FOLLOWING QUESTIONS ARE ONLY FOR PREGNANCIES ENDED BETWEEN 1997 -2002 IF RESPONDENT HAD AT LEAST ONE LIVE BIRTH, STILLBIRTH, OR AN INDUCED ABORTION (Q312=1 -5 or 7) THAT ENDED BETWEEN 1997-2002 THEN CONTINUE WITH Q319 ON THE NEXT PAGE;**
- ⊃ **IF SHE HAD ONLY MISCARRIAGE(S) OR MOLAR PREGNANCY OR ECTOPIC PREGNANCY(IES) (312=6 ,8,9), GO TO MODULE IV, PAGE 21 AFTER WRITING "0" IN Q319 AND Q338**
- ⊃ **IF SHE DID NOT HAVE ANY PREGNANCY ENDED IN 1997-2001 (CHECK Q313B), GO TO MODULE IV, PAGE 21 AFTER WRITING "0" IN Q319 AND Q338**

319. HOW MANY INDUCED ABORTIONS DID THE RESPONDENT HAVE BETWEEN JANUARY 1997 AND THE DATE OF THE INTERVIEW (SEE PAGE 9)

INDUCED ABORTIONS Q319 (IF NO INDUCED ABORTIONS GO TO Q338)

319A. COPY LINE #. FROM PG. TABLE PAGE 19-13	LAST ABORTION Q319A_1 ---	NEXT TO LAST AB. ---	SECOND TO LAST AB. ---	THIRD TO LAST AB. ---
320. What was the principal reason that you decided to have this abortion? Q320_1	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER Q320_10T	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER
320A. What was the attitude of the child's father toward you having that abortion? Q320A_1	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER
321. When you got pregnant with this baby, were you using any method of contraception? Q321_1	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323 Q321_1	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323
322. What method of contraception was that? Q322_1	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDE 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER 88. DR Q322_10T	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDE 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER 88. DR	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDE 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER 88. DR	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDE 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER 88. DR
323. Before this abortion, did you have an ultrasound exam of the pregnancy? Q323_1	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325 Q323_1	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325
324. Did you find out the gender of the baby after the ultrasound? Q324_1	1. YES 2. NO 8. DON'T KNOW Q324_1	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR
325. Where was that abortion performed? Q325_1	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER Q325_10T	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER
326. Who performed that abortion? Q326_1	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR Q325_10T	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? Q327_1	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 7. OTHER 8. DON'T KNOW/ DR Q325_10T	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 7. OTHER 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 7. OTHER 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 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? Q328_1	_____ LEKI 0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK	_____ LEKI 0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK	_____ LEKI 0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK	_____ LEKI 0 0 0 0 NO CHARGE 7 7 7 7 ONLY GIFTS 8 8 8 8 DK																																																																																				
329. Did you have any local or intravenous anesthesia for that abortion? By local anesthesia we mean an injection in the uterus opening. Q329_1	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? Q330_1	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER																																																																																				
331. Within 30 days after that abortion did you have any health problems as a result of that abortion? Q331_1	1. YES 2. NO-----> GO TO Q333	1. YES 2. NO-----> GO TO Q333	1. YES 2. NO-----> GO TO Q333	1. YES 2. NO-----> GO TO Q333																																																																																				
332. Did you have one of the following problems: (READ A-F) Q332_A1 Q332_F10	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Perforation</td><td>1</td><td>2</td></tr> <tr><td>B. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>C. Fever >38 °C</td><td>1</td><td>2</td></tr> <tr><td>D. Purulent Discharge</td><td>1</td><td>2</td></tr> <tr><td>E. Belly Pain</td><td>1</td><td>2</td></tr> <tr><td>F. Other _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Perforation</td><td>1</td><td>2</td></tr> <tr><td>B. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>C. Fever >38 °C</td><td>1</td><td>2</td></tr> <tr><td>D. Purulent Discharge</td><td>1</td><td>2</td></tr> <tr><td>E. Belly Pain</td><td>1</td><td>2</td></tr> <tr><td>F. Other _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Perforation</td><td>1</td><td>2</td></tr> <tr><td>B. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>C. Fever >38 °C</td><td>1</td><td>2</td></tr> <tr><td>D. Purulent Discharge</td><td>1</td><td>2</td></tr> <tr><td>E. Belly Pain</td><td>1</td><td>2</td></tr> <tr><td>F. Other _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Perforation</td><td>1</td><td>2</td></tr> <tr><td>B. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>C. Fever >38 °C</td><td>1</td><td>2</td></tr> <tr><td>D. Purulent Discharge</td><td>1</td><td>2</td></tr> <tr><td>E. Belly Pain</td><td>1</td><td>2</td></tr> <tr><td>F. Other _____</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other _____	1	2
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333. How many nights did you spend in the hospital after that abortion (+re-admissions during the first month)? Q333_1	_____ NIGHTS 88 DK	_____ NIGHTS 88 DK	_____ NIGHTS 88 DK	_____ NIGHTS 88 DK																																																																																				
334. Did you have any related health problems more than 6 months later as a result of that abortion? Q334_1	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? Q335_1 Q335_10T	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER _____																																																																																				
336. Either before or after the most recent abortion, did a doctor talk to you about contraception? Q336_1	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO -----> GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO -----> GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO -----> GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO -----> GO TO Q337A 8. DON'T REMEMBER																																																																																				
337. After that abortion, did you receive a method of contraception or prescription for a method? Q337_1	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER																																																																																				
337A. After that abortion, did a doctor or nurse refer you to a Family Planning cabinet? Q337A_1	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER																																																																																				

338. HOW MANY BIRTHS HAS THE RESPONDENT HAD BETWEEN JANUARY 1997 AND PRESENT (SEE PG. 11 -15)

00

- Q338_A 1. LIVE BIRTHS
- Q338_B 2. STILLBIRTHS

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

339. COPY LINE #. FROM PREGNANCY TABLE PAGE 9-13	LAST BIRTH ---	NEXT TO LAST BIRTH ---	SECOND TO LAST BIRTH ---
	Q339		
340. During the 6 mths before you found out you were pregnant, how many cigarettes did you smoke a day, on average? Q340	0. NONE ---->GO TO Q342 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 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 + (MORE THAN ½ PACK) 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 + + (MORE THAN ½ PACK) 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? Q341	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER
342. How many times per week did you drink alcoholic beverages during that pregnancy? Q342	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. When you got pregnant with this baby, were you using any method of contraception? Q343	1. YES 2. NO ----->GO TO Q345 8. DON'T REMEMBER -->GO TO Q345	1. YES 2. NO ----->GO TO Q345 8. DON'T REMEMBER -->GO TO Q345	1. YES 2. NO ----->GO TO Q345 8. DON'T REMEMBER -->GO TO Q345
344. What method of contraception was that? Q344	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRAD 6. SPERMICIDES 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER 88. DR Q344_OT	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRAD 6. SPERMICIDES 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER 88. DR	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRAD 6. SPERMICIDES 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER 88. DR
345. How many weeks or months pregnant were you when you learned that you were pregnant that time? Q345	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. During that pregnancy, did you have any prenatal care visits? Q346	1. YES 2. NO -->GO TO Q355 8. DON'T REMEMBER ->GO TO Q355	1. YES 2. NO -->GO TO Q355 8. DON'T REMEMBER ->GO TO Q355	1. YES 2. NO -->GO TO Q355 8. DON'T REMEMBER ->GO TO Q355
347. How many weeks or months pregnant were you at the time of your first prenatal care visit? Q347	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR
348. How many prenatal visits did you have during that pregnancy? Q348	____ VISITS 88. DK 99. REF	____ VISITS 88. DK 99. REF	____ VISITS 88. DK 99. REF
349. Where did you receive most of the prenatal care visits? Q349	1. HEALTH POST ("AMBULANTZA") 2. RURAL/URBAN HEALTH CENTER 3. POLICLINIC 4. DISTRICT MATERNITY/HOSPITAL 5. TIRANA MATERNITY 6. PRIVATE CLINIC 7. AT HOME Q349_OT 8. OTHER _____	1. HEALTH POST ("AMBULANTZA") 2. RURAL/URBAN HEALTH CENTER 3. POLICLINIC 4. DISTRICT MATERNITY/HOSPITAL 5. TIRANA MATERNITY 6. PRIVATE CLINIC 7. AT HOME 8. OTHER _____	1. HEALTH POST ("AMBULANTZA") 2. RURAL/URBAN HEALTH CENTER 3. POLICLINIC 4. DISTRICT MATERNITY/HOSPITAL 5. TIRANA MATERNITY 6. PRIVATE CLINIC 7. AT HOME 8. OTHER _____
350. Who provided most of the prenatal care? Q350	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 7. OTHER _____ Q350_OT	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 7. OTHER _____	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 7. OTHER _____
351. During those visits, did you receive any information about: (READ A-H):	Q351_A	YES NO	YES NO
	A. Nutrition	1 2	A. Nutrition
	B. Smoking during Pregnancy	1 2	B. Smoking during Pregnancy
	C. Drinking Alcohol during Pg.	1 2	C. Drinking Alcohol during Pg.
	D. Breastfeeding	1 2	D. Breastfeeding
	E. Delivery	1 2	E. Delivery
	F. Contraception	1 2	F. Contraception
	G. Warning Signs of Pg Complic	1 2	G. Warning Signs of Pg Complic
	H. Postnatal Care	1 2	H. Postnatal Care

	LAST BIRTH		NEXT TO LAST BIRTH		SECOND TO LAST BIRTH	
	YES	NO	YES	NO	YES	NO
352. During this pregnancy, were any of the following done at least once: A. Were you weighed? B. Was your height measured? C. Did you give a urine sample? D. Did you give a blood sample?	A. WEIGHT Q352_A 1 2 B. HEIGHT Q352_B 1 2 C. URINE SAMPLE Q352_C 1 2 D. BLOOD SAMPLE Q352_D 1 2		A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2		A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2	
353. During those visits, did you have your blood pressure measured? Q353	1. YES 2. NO----->GO Q355 8. DON'T REMEMBER -->GO TO Q355		1. YES 2. NO----->GO Q355 8. DON'T REMEMBER -->GO TO Q355		1. YES 2. NO----->GO Q355 8. DON'T REMEMBER -->GO TO Q355	
354. During those visits, were you ever told that you have high blood pressure? Q354	1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER	
355. Did you have an ultrasound (US) exam during that pregnancy? Q355	1. YES 2. NO----->GO TO Q357 8. DON'T REMEMBER -->GO TO Q357		1. YES 2. NO----->GO TO Q357 8. DON'T REMEMBER -->GO TO Q357		1. YES 2. NO----->GO TO Q357 8. DON'T REMEMBER -->GO TO Q357	
356. How many weeks or months pregnant were you at the time of your first US? Q356	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR		1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR		1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	
357. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus (convulsions after birth)? Q357	1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER	
358. During this pregnancy, have you taken any iron supplements (iron tablets, injection or iron syrup)? Q358	1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER -->GO TO Q360		1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER -->GO TO Q360		1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER -->GO TO Q360	
358A. In what week or month of pregnancy did you start taking iron supplements? Q358A	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR		1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR		1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	
359. How often did you take iron supplements? Q359	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR		1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR		1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR	
360. During that pregnancy, did you have any complications that required medical attention? Q360	1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER -->GO TO Q364		1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER -->GO TO Q364		1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER -->GO TO Q364	
361. What complications did you have? Did you have: (READ EACH CONDITION FROM A-K)	Q361_A Q361_B Q361_C Q361_D Q361_E Q361_F Q361_G Q361_H Q361_I Q361_J Q361_K Q361_OT	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other Q361_OT 1 2	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other 1 2	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other 1 2	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other 1 2	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other 1 2
362. Not including the delivery, how many times were you hospitalized for pregnancy complications? Q362	___ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364		___ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364		___ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364	
363. Altogether, how many nights were you in the hospital for these complications? Q363	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR		___ NIGHTS 85. 85+ NIGHTS 88. DK/DR		___ NIGHTS 85. 85+ NIGHTS 88. DK/DR	
364. Where did you give birth to this baby? Q364	1. DISTRICT MATERNITY HOSPITAL 2. TIRANA MATERNITY 3. PRIVATE CLINIC/HOSPITAL 4. BIRTH HOUSE/HEALTH CENTER 5. AT HOME-----> Q370 6. ON THE WAY TO HOSP. ----> Q366		1. DISTRICT MATERNITY HOSPITAL 2. TIRANA MATERNITY 3. PRIVATE CLINIC/HOSPITAL 4. BIRTH HOUSE/HEALTH CENTER 5. AT HOME-----> Q370 6. ON THE WAY TO HOSP. ----> Q366		1. DISTRICT MATERNITY HOSPITAL 2. TIRANA MATERNITY 3. PRIVATE CLINIC/HOSPITAL 4. BIRTH HOUSE/HEALTH CENTER 5. AT HOME-----> Q370 6. ON THE WAY TO HOSP. ----> Q366	
365. How many hours before delivery were you admitted to the place where you gave birth? Q365	___ HOURS 85. 85+ HOURS 88. DK/DR		___ HOURS 85. 85+ HOURS 88. DK/DR		___ HOURS 85. 85+ HOURS 88. DK/DR	

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH																																																																																										
366. How many nights were you in that place after delivery? Q366	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR																																																																																										
367. Where was your husband or partner at the time of delivery, was he: (READ 1- 4) Q367	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Travelling 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Travelling 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Travelling 8. DK/DR																																																																																										
368. Was that baby born by vaginal delivery, forceps, or C-section? Q368	1. VAGINAL DELIVERY ->GO TO Q370 2. FORCEPS ("APARAT") ->GO TO Q370 3. CESAREAN SECTION	1. VAGINAL DELIVERY ->GO TO Q370 2. FORCEPS (APARAT) ->GO TO Q370 3. CESAREAN SECTION	1. VAGINAL DELIVERY ->GO TO Q370 2. FORCEPS (APARAT) ->GO TO Q370 3. CESAREAN SECTION																																																																																										
369. Do you know what was the most important reason that you had to deliver by cesarean section? Q369	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCTION 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER 88. DON'T KNOW	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCTION 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER 88. DON'T KNOW	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCT. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER 88. DON'T KNOW																																																																																										
370. How long had you been in labor with that pregnancy (regular contractions 5' apart) Q370	___ HOURS 77. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 77. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 77. C-SECTION BEFORE LABOR 88. DK/DR																																																																																										
371. Who attended the delivery of that child? Q371	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED																																																																																										
372. How much did the baby weigh at birth? Q372	___ GRAMS-->GO TO Q374 8888 DON'T KNOW	___ GRAMS-->GO TO Q374 8888 DON'T KNOW	___ GRAMS-->GO TO Q374 8888 DON'T KNOW																																																																																										
373. Do you know if the baby weighed less than 2500 g or was considered too small? Q373	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR																																																																																										
374. During the first 6 weeks after birth, did you have any of the following complications: (READ A-I) Q374_A Q374_B Q374_C Q374_D Q374_E Q374_F Q374_G Q374_H Q374_I Q374_OT	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>B. Bad-smelling Vaginal Discharge</td><td>1</td><td>2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1</td><td>2</td></tr> <tr><td>D. Faint/coma</td><td>1</td><td>2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1</td><td>2</td></tr> <tr><td>F. Painful Urination</td><td>1</td><td>2</td></tr> <tr><td>G. Painful Uterus (pelvic pain)</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> <tr><td>I. Other</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Vaginal Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Painful Urination	1	2	G. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>B. Bad-smelling Vaginal Discharge</td><td>1</td><td>2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1</td><td>2</td></tr> <tr><td>D. Faint/coma</td><td>1</td><td>2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1</td><td>2</td></tr> <tr><td>F. Painful Urination</td><td>1</td><td>2</td></tr> <tr><td>G. Painful Uterus (pelvic pain)</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> <tr><td>I. Other</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Vaginal Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Painful Urination	1	2	G. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Severe Bleeding</td><td>1</td><td>2</td></tr> <tr><td>B. Bad-smelling Discharge</td><td>1</td><td>2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1</td><td>2</td></tr> <tr><td>D. Faint/coma</td><td>1</td><td>2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1</td><td>2</td></tr> <tr><td>F. Painfu Urination</td><td>1</td><td>2</td></tr> <tr><td>G. Painful Uterus (pelvic pain)</td><td>1</td><td>2</td></tr> <tr><td>H. Breast Infection</td><td>1</td><td>2</td></tr> <tr><td>I. Other</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Painfu Urination	1	2	G. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other	1	2
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375. After leaving the hospital (DO NOT READ IF HOME DELIVERY) did you have any postdelivery check-ups? Q375	1. YES 2. NO ---->GO TO Q378 8. DO NOT REMEMBER -->GO TO Q378	1. YES 2. NO ---->GO TO Q378 8. DON'T REMEMBER -->GO TO Q378	1. YES 2. NO ---->GO TO Q378 8. DO NOT REMEMBER ->GO TO Q378																																																																																										
376. How many days or weeks after the delivery did the first check take place? Q376	1. ___ DAYS OR 000. SAME DAY 888. DON'T REMEMBER 2. ___ WEEKS	1. ___ DAYS OR 000. SAME DAY 888. DON'T REMEMBER 2. ___ WEEKS	1. ___ DAYS OR 000. SAME DAY 888. DON'T REMEMBER 2. ___ WEEKS																																																																																										
377. During those visit(s) did you receive information about: (READ A-F) Q377_A Q377_B Q377_C Q377_D Q377_E Q377_F	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>B. Breast Care</td><td>1</td><td>2</td></tr> <tr><td>C. Child Care</td><td>1</td><td>2</td></tr> <tr><td>D. Immunization</td><td>1</td><td>2</td></tr> <tr><td>E. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	B. Breast Care	1	2	C. Child Care	1	2	D. Immunization	1	2	E. Nutrition	1	2	F. Contraception	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>B. Breast Care</td><td>1</td><td>2</td></tr> <tr><td>C. Child Care</td><td>1</td><td>2</td></tr> <tr><td>D. Immunization</td><td>1</td><td>2</td></tr> <tr><td>E. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	B. Breast Care	1	2	C. Child Care	1	2	D. Immunization	1	2	E. Nutrition	1	2	F. Contraception	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>B. Breast Care</td><td>1</td><td>2</td></tr> <tr><td>C. Child Care</td><td>1</td><td>2</td></tr> <tr><td>D. Immunization</td><td>1</td><td>2</td></tr> <tr><td>E. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	B. Breast Care	1	2	C. Child Care	1	2	D. Immunization	1	2	E. Nutrition	1	2	F. Contraception	1	2																											
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378. For how many months after birth did you not have a period? Q378	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR	___ MONTHS 88. DK/DR																																																																																										
379. How many months after birth did you resume sexual relations? Q379	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR	___ MONTHS 88. DK/DR																																																																																										

	LAST BIRTH IF STILLBIRTH --> NEXT BIRTH	NEXT TO LAST BIRTH IF STILLBIRTH---->NEXT BIRTH	SECOND TO LAST BIRTH IF STILLBIRTH-----> MODULE IV
380. After leaving the hospital (DO NOT READ IF HOME DELIVERY) did a health professional check on the baby's health? Q380	1. YES 2. NO ----->GO TO Q382 3. NO, BABY DIED----->GO TO Q382 8. DO NOT REMEMBER -->GO TO Q382	1. YES 2. NO ----->GO TO Q382 3. NO, BABY DIED----->GO TO Q382 8. DO NOT REMEMBER -->GO TO Q382	1. YES 2. NO ----->GO TO Q382 3. NO, BABY DIED----->GO TO Q382 8. DO NOT REMEMBER -->GO TO Q382
381. How many days or weeks after delivery did the first health check take place? Q381	1. ___ DAYS OR 2. ___ WEEKS 000. SAME DAY 888. DO NOT REMEMBER	1. ___ DAYS OR 2. ___ WEEKS 000. SAME DAY 888. DO NOT REMEMBER	1. ___ DAYS OR 2. ___ WEEKS 000. SAME DAY 888. DO NOT REMEMBER
381A. Was the health check because the baby was sick or was a routine health exam? Q381A	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DO NOT REMEMBER	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DO NOT REMEMBER	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DO NOT REMEMBER
382. How many days or weeks after the delivery did you register the baby at the city/village council? Q382	1. ___ DAYS OR 2. ___ WEEKS 000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER	1. ___ DAYS OR 2. ___ WEEKS 000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER	1. ___ DAYS OR 2. ___ WEEKS 000. NOT REGISTERED YET 777. BABY DIED NOT REGISTERED 888. DO NOT REMEMBER
383. Did you breastfeed? Q383	1. YES 2. NO----->GO TO Q387 3. NO, INFANT DIED--->NEXT BIRTH	1. YES 2. NO ----->GO TO Q387 3. NO, INFANT DIED--->NEXT BIRTH	1. YES 2. NO----->GO TO Q387 3. NO, INFANT DIED--->MODULE IV
384. How long after birth did you start breastfeeding? Q384	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.
385. Are you still breastfeeding? Q385	1. YES ----->GO TO Q387 2. NO 3. NO, INFANT DIED--->NEXT BIRTH		
386. How old was the baby when you stopped breastfeeding? Q386	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
387. How old was the baby when you gave him/her water or other liquids? Q387	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
388. How old was the baby when you started feeding with formula or other milk? Q388	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
389. How old was the baby when you started feeding with solid or semi-solid food? Q389	1. ___ WEEKS OR 777. NOT YET 2. ___ MTHS 888. DK/DR IF STILL BREASTFEEDING →GO TO Q391	1. ___ WEEKS OR 777. NOT YET 2. ___ MTHS 888. DK/DR	1. ___ WEEKS OR 777. NOT YET 2. ___ MTHS 888. DK/DR
390. Why did you stop breastfeeding this baby? FOR WOMEN WHO DID NOT BREASTFEED (Q383=2) ASK: Q390 Why did you not breastfeed this baby? Q390_OT	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER Q390_OT 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER 88. DK/DR
	NEXT BIRTH	NEX BIRTH	GO TO MODULE IV

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? Q400	401. Do you know how to use it? Q401	402. Have you ever used it? Q402	403. Do you know where to get it? Q403	404. What was the most important source of information about this method (SEE CODES BELOW) Q404
A. The Pill (Oral Contraceptives)	1 YES→Q401 2 NO→B Q400_1	1 YES→Q402 2 NO→Q402 Q401_1	1 YES→Q403 2 NO→ Q403 Q402_1	1 YES→Q404 2 NO→ Q404 Q403_1	Q404_1 ---
B. IUD (<i>Spirali</i>)	1 YES→Q401 2 NO→C Q400_2	1 YES→Q402 2 NO→Q402 Q401_2	1 YES→Q403 2 NO→ Q403 Q402_2	1 YES→Q404 2 NO→ Q404 Q403_2	Q404_2 ---
C. Condoms (<i>Prezervativ</i>)	1 YES→Q401 2 NO→D Q400_3	1 YES→Q402 2 NO→Q402 Q401_3	1 YES→Q403 2 NO→ Q403 Q402_3	1 YES→Q404 2 NO→ Q404 Q403_3	Q404_3 ---
D. Foam/Jelly/ Cream/Foamy Tablets (Spermicides)	1 YES→Q401 2 NO→E Q400_4	1 YES→Q402 2 NO→Q402 Q401_4	1 YES→Q403 2 NO→ Q403 Q402_4	1 YES→Q404 2 NO→ Q404 Q403_4	Q404_4 ---
E. Tubal Ligation	1 YES→Q401 2 NO→F Q400_5	1 YES→Q402 2 NO→Q402 Q401_5	1 YES→Q403 2 NO→ Q403 Q402_5	1 YES→Q404 2 NO→ Q404 Q403_5	Q404_5 ---
F. Vasectomy (Male Sterilization)	1 YES→Q401 2 NO→G Q400_6	1 YES→Q402 2 NO→Q402 Q401_6	1 YES→Q403 2 NO→ Q403 Q402_6	1 YES→Q404 2 NO→ Q404 Q403_6	Q404_6 ---
G. Injectables (e.g. Depo-Provera)	1 YES→Q401 2 NO→H Q400_7	1 YES→Q402 2 NO→Q402 Q401_7	1 YES→Q403 2 NO→ Q403 Q402_7	1 YES→Q404 2 NO→ Q404 Q403_7	Q404_7 ---
H. Emergency Hormonal Contraception (“Morning After Pill”; Postinor)	1 YES→Q401 2 NO→I Q400_8	1 YES→Q402 2 NO→Q402 Q401_8	1 YES→Q403 2 NO→ Q403 Q402_8	1 YES→Q404 2 NO→ Q404 Q403_8	Q404_8 ---
I. Rhythm/Calendar Method	1 YES→Q401 2 NO→J Q400_9	1 YES→Q402 2 NO→Q402 Q401_9	1 YES→Q404 2 NO→ Q404 Q402_9		Q404_9 ---
J. Withdrawal (Coitus Interruptus)	1 YES→Q401 2 NO→K Q400_10	1 YES→Q402 2 NO→Q402 Q401_10	1 YES→Q404 2 NO→ Q404 Q402_10		Q404_10 ---
K. Other contraceptive methods (SPECIFY): _____	1 YES→Q401 2 NO→Q405 Q400_11	1 YES→Q402 2 NO→Q402 Q401_11	1 YES→Q404 2 NO→ Q404 Q402_11		Q404_11 ---

CODES FOR Q404 (DO NOT READ)

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

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

Q405

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

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

		<u>Very Effective</u>	<u>Effective</u>	<u>Somewhat Effective</u>	<u>Not Effect.</u>	<u>DO NOT KNOW</u>	<u>NEVER HEARD</u>
Q406_A	1. The Pill	1	2	3	4	8	9
Q406_B	2. Iud	1	2	3	4	8	9
Q406_C	3. Condom	1	2	3	4	8	9
Q406_D	7. Tubal Ligation	1	2	3	4	8	9
Q406_E	9. Injectables	1	2	3	4	8	9
Q406_F	11. Calendar	1	2	3	4	8	9
Q406_G	12. Withdrawal	1	2	3	4	8	9

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

Q408

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

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

Q409

1. YES
2. NO
- 8 NOT SURE

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

Q410_A MONTH **Q410_B** YEAR

- 00. NEVER HAD INTERCOURSE ---->GO TO Q601, PG 37
- 88. DON'T REMEMBER
- 99. REFUSE TO ANSWER

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

Q411

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

Q412

- 1. HUSBAND, CONSENSUAL PARTNER
- 2. FIANCEE
- 3. BOYFRIEND
- 4. FRIEND **Q410_B**
- 5. LOVER
- 6. ACQUAINTANCE
- 7. JUST MET
- 8. RELATIVE
- 9. RAPE----->GO TO Q421
- 10.. INCEST----->GO TO Q421
- 20. OTHER(SPECIFY) _____ **Q412_OTH**
- 88. DO NOT REMEMBER/REF

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

Q413

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 **Q413_OTH** _____

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

Q414

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

Q415

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

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

Q416

- 1. YES
- 2. NO --->GO TO Q419
- 8. DK/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?

Q417

- 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: **Q417_MOD** _____
- 88 DON'T KNOW/DON'T REMEMBER

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

Q418

1. You
2. Your partner
3. Both you and your partner
8. DON'T REMEMBER

GO TO Q421

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

Q419

1. SEX WAS NOT EXPECTED
2. THOUGHT IT WAS A SAFE TIME OF THE MONTH
3. DID NOT KNOW WHERE TO GET A METHOD//DIFFICULT TO GET/NOT AVAILABLE
4. RESPONDENT WAS AGAINST IT
5. PARTNER WAS AGAINST IT
6. DID NOT KNOW ABOUT CONTRACEPTION
7. WANTED TO GET PREGNANT
8. THOUGHT THAT CONTRACEPTIVE METHODS ARE HARMFUL
9. DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
10. RESPONDENT AFRAID OF PARTNER'S REACTION
11. TOO DRUNK (PARTNER OR RESPONDENT)
12. RESPONDENT WAS TOO EMBARRASSED TO USE A METHOD
20. OTHER (SPECIFY) Q419_OTH
88. DON'T REMEMBER/DON'T KNOW

GO TO Q421

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

Q420

___ ___ YEARS

00. NEVER HAD INTERCOURSE ---->GO TO Q601 PAGE 37
88. DK/DR

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

Q421

1. YES
2. NO --->GO TO Q436
9. REF --->GO TO Q436

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

Q422

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 Q445

V. CURRENT AND PAST CONTRACEPTIVE USE

501. RECORD WHETHER RESPONDENT REPORTED HAVING USED ANY METHOD (ANY Q402=1 AT PG.21)

Q501

- 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?

Q502

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?

Q503

1. YES
2. NO--->GO TO Q515 PAGE 28

504. What method are you currently using?

Q504

FPMETHOD

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_____ Q504_OTH
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL AND CALENDAR
20. OTHER TRADITIONAL METHODS_____
88. NOT SURE

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

Q505

1. YES
2. NO

IF Q504=1,2,7, 9, 10, 11, or 88 GO TO Q507

506. In the last 30 days how often did you/your partner use this method (METHOD MENTIONED IN Q504) (READ 1-4)?

Q506

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?

Q507

1. DOCTOR RECOMMENDED
2. AFFORDABLE COST
3. VERY EFFECTIVE
4. VERY SAFE (FEW SIDE EFFECTS)
5. SAW ADS (TV, RADIO, PRESS, BROCHURES)
6. EASY TO USE
7. PARTNER PREFERS IT
8. KNOWS SOMEBODY WHO USES IT
9. CURIOSITY/WANTED TO TRY IT
10. ALLOWS SPONTANEITY DURING INTERCOURSE
20. OTHER_____ Q507_OTH
88. DO NOT KNOW/ DO NOT REMEMBER

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>
Q508_A	A. Difficult to get a modern method	1	2	3	8
Q508_B	B. Cost of these modern methods	1	2	3	8
Q508_C	C. Little knowledge of modern methods	1	2	3	8
Q508_D	D. Fear of or experience with side effects	1	2	3	8
Q508_E	E. Husband/Partner choice	1	2	3	8
Q508_F	F. Religious beliefs	1	2	3	8
Q508_G	G. Doctor's recommendation	1	2	3	8
Q508_H	H. Another person's advice	1	2	3	8

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

Q509

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?

Q510

1. YES
2. NO--->**GO TO Q512**

511. What is the most important problem?

Q511

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_____ Q511_OTH

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

Q512

1. YES
2. NO--->**GO TO BOX 5-II**

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

Q513

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_____ Q513_OTH
88. DO NOT KNOW/NOT SURE

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

Q514

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 _____ Q514_OTH
88. DON'T KNOW

BOX 5-II

GO TO Q 521 PAGE 29

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

Q515

1. DOES NOT CURRENTLY HAVE A PARTNER/ NOT SEXUALLY ACTIVE IN THE LAST MONTH
2. TRYING TO GET PREGNANT
3. POSTPARTUM/ BREASTFEEDING
4. CURRENTLY PREGNANT
5. HYSTERECTOMY/MENOPAUSE ----->GO TO Q523
6. DOCTOR SAID SHE OR HER PARTNER CANNOT HAVE CHILDREN -----> GO TO Q523
7. SHE/COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DIDN'T SUCCEED --->Q523
8. FEAR OF SIDE EFFECTS
9. LOVEMAKING WOULD BE INTERRUPTED
10. RESPONDENT DID NOT THINK ABOUT USING CONTRACEPTION
11. COST, CANNOT AFFORD BIRTH CONTROL
12. BIRTH CONTROL IS THE PARTNER'S RESPONSIBILITY
13. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
14. RESPONDENT DOES NOT WANT TO USE A METHOD
15. PARTNER OBJECTS TO USING METHOD
16. OBJECTS DUE TO RELIGIOUS REASONS
17. DOES NOT KNOW WHERE TO GET METHOD
18. RESPONDENT DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
19. RESPONDENT DOES NOT THINK THAT SHE CAN GET PREGNANT
20. RESPONDENT USES DOUCHING
77. OTHER (SPECIFY) _____ Q515_OTH
88. DK/REF

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

Q516

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?

Q517

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

518. What method would you want to use most?

Q518

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 _____ Q518_OTH
11. CALENDAR----->GO TO Q521
12. WITHDRAWAL----->GO TO Q521
13. WITHDRAWAL + CALENDAR ----->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?

Q519

____ HUNDRED LEKE

85. 85 HUNDRED LEKE OR MORE

98. NOT SURE/DON'T KNOW

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

Q520

- 1. HEALTH POST
- 2. HEALTH CENTER
- 3. POLICLINIC
- 4. FAMILY PLANNING CLINIC
- 5. GOV HOSPITAL-MATERNITY WARD
- 6. PRIVATE CLINIC OR OFFICE
- 7. NGO

- 8. PHARMACY
- 9. OPEN MARKET
- 10. STORE/ KIOSK
- 11. PARTNER/HUSBAND
- 12. FRIEND
- 13. RELATIVE
- 20. OTHER (SPECIFY) Q520_OTH _____
- 88. DON'T KNOW

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

Q521

- 1. NEVER----->GO TO Q523
- 2. ONE OR TWO TIMES
- 3. THREE TIMES OR MORE
- 4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR ----->GO TO Q523

522. Generally, does your husband/ partner agree or disagree with the use of contraceptive methods?

Q522

- 1. AGREES
- 2. DISAGREES
- 3. NEITHER AGREES NOR DISAGREES
- 8. NOT SURE/DON'T KNOW

523. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you ever used condoms for: (READ 1-4)

Q523

- 1. Birth Control Only----->GO TO BOX 5-III
- 2. Disease Prevention Only----->GO TO BOX 5-III
- 3. Both, or----->GO TO BOX 5-III
- 4. You Never Used a Condom?
- 5. USED CONDOM OUT OF CURIOSITY
- 8. NOT SURE/ DO NOT REMEMBER

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

Q524

- 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 _____ Q524_OTH
- 88. DON'T KNOW

BOX 5-III

FIRST COMPLETE COLUMN 1 AND 4 (SEE PREGNANCY HISTORY PG.9 -13 AND MARITAL HISTORY PAGE 3), USING INFO FROM THE COMPLETED COLUMNS, ASK THE MONTH -BY-MONTH CONTRACEPTIVE HISTORY STARTING WITH THE CURRENT MONTH AND GOING BACK TO JANUARY 1997.

- IF RESPONDENT HAS USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 1997, FILL IN ALL FOUR COLUMNS OF THE CALENDAR
- IF NO METHOD HAS BEEN USED SINCE JANUARY 1997, WRITE "0" AT THE BEGINNING AND THE END OF THE 2ND COLUMN THEN GO TO Q551, PAGE 34

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

Q97C1 Q97C2 Q97C3 Q97C4

Q00C1 Q00C2 Q00C3 Q00C4

COLUMN 1

PREGNANCY OUTCOME

- 1. PREGNANT THAT MONTH
- 2. LIVE BIRTH
- 4. STILLBIRTH
- 6. MISCARRIAGE
- 7. INDUCED ABORTION
- 8. MOLAR PREGNANCY
- 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. INJECTABLES (E.G. DEPO-PROVERA)
- 10. OTHER MODERN METHODS
- 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
- 14. 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
1997					2000				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				
1998					2001				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				
1999					2002				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				

IF SHE DID NOT USE A METHOD IN JANUARY 1997 (COLUMN 2_JAN 1997=0) GO TO Q527

526. You said that in January of 1997 you were using ____ (WRITE CODE # FOR THE MET. USED IN COLUMN 2_JAN 1997).
When did you start using that method?

Q526

MONTH ____ YEAR ____ 88. DK/DO NOT REMEMBER

Q526_MO

Q526_YR

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

Q527

- | | |
|-------------------------------------|--|
| 1. THE PILL | 9. DEPO-PROVERA |
| 2. IUD | 10. OTHER MODERN METHOD <u>Q527_OTH</u> |
| 3. CONDOM | 11. CALENDAR----->GO TO Q536 |
| 4. CONDOM +SPERMICIDES | 12. WITHDRAWAL ----->GO TO Q536 |
| 5. CONDOM +WITHDRAWAL/CALENDAR | 13. WITHDRAWAL+CALENDAR ----->GO TO Q536 |
| 6. FOAM/JELLY/CREAMS | 20. OTHER TRADITIONAL MET.----->GO TO Q536 |
| 7. FEMALE STERILIZATION | 88. DO NOT REMEMBER ----->GO TO Q536 |
| 8. EMERGENCY HORMONAL CONTRACEPTION | |

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

Q528

- | | |
|--------------------------------|-------------------------------------|
| 1. HEALTH POST | 8. PHARMACY |
| 2. HEALTH CENTER | 9. OPEN MARKET |
| 3. POLICLINIC | 10. STORE/ KIOSK |
| 4. FAMILY PLANNING CLINIC | 11. PARTNER/HUSBAND |
| 5. GOV HOSPITAL-MATERNITY WARD | 12. FRIEND |
| 6. PRIVATE CLINIC OR OFFICE | 13. RELATIVE |
| 7. NGO | 20. OTHER (SPECIFY) <u>Q528_OTH</u> |
| | 88. DON'T KNOW |

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

Q529

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

530. On average, how much did you pay for contraception, per month?

Q530

- | | |
|------------------|-----------------------------|
| ___ HUNDRED LEKE | 85. 85 HUNDRED LEKE OR MORE |
| | 98. NOT SURE/DON'T KNOW |

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

Q531

- | | |
|-------------------------------|--|
| 1. OB/GYN | 6. OTHER RELATIVE----->GO TO Q536 |
| 2. GENERAL PRACTITIONER | 7. FRIEND----->GO TO Q536 |
| 3. NURSE/MIDWIFE/FELDCHER | 8. PARTNER----->GO TO Q536 |
| 4. PHARMACIST----->GO TO Q536 | 9. NOBODY----->GO TO Q536 |
| 5. MOTHER----->GO TO Q536 | 20. OTHER <u>Q531_OTH</u> ----->GO TO Q536 |

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

Q532

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

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

Q533

1. YES
2. NO

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

Q534

1. YES
2. NO

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

Q536

1. ONLY PILLS
2. PILL AND IUD
3. ONLY IUD----->GO TO Q543
4. NEITHER PILL NOR IUD (OTHER MODERN OR TRAD. METHODS) --->GO TO BOX 5-V, 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:

Q537

___ MONTH ___ ___ YEAR 88. DO NOT REMEMBER

Q537_MO

Q537_YR

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

Q538

- | | | |
|--------------------|----------------|-----------------|
| 1. BISECURIN | 8. MARVELON | 15. SIGORAL |
| 2. CILEST | 9. MERCILON | 16. MICROLUT |
| 3. CYCLO-PROGYNOVA | 10. MICROGYNON | 20. OTHER _____ |
| 4. DIANE-35 | 11. NEOGYNON | 88. DO NOT KNOW |
| 5. FEMODEN | 12. OVIDON | |
| 6. FERTILAN | 13. POSTINOR | |
| 7. GYNOFEN 35 | 14. RIGEVIDON | |

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)

Q539

- ___ 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) _____ Q539_OTH
 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?

Q540

1. YES
2. NO--->GO TO BOX IV

541. What kind of problem or side effect have you had? (CIRCLE ALL MENTIONED, DO NOT READ LIST)

MENTIONED NOT MENTIONED

Q541_A	A. HEADACHES OR DIZZINESS	1	2
Q541_B	B. BLURRED VISION, SEEING FLASHING LIGHTS	1	2
Q541_C	C. WEIGHT GAIN	1	2
Q541_D	D. NAUSEA	1	2
Q541_E	E. BREAST TENDERNESS	1	2
Q541_F	F. BLEEDING/SPOTTING BETWEEN MENSTRUAL PERIODS	1	2
Q541_G	G. MOOD CHANGES (LESS INTEREST IN SEX, DEPRESSION).....	1	2
Q541_H	H. OTHER (SPECIFY) _____ Q541_OTH	1	2

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

Q542

1. YES
2. NO

BOX IV

IF RESPONDENT HAS USED ONLY PILLS (Q536=1) THEN GO TO BOX 5 -V PAGE 34; ELSE CONTINUE

543. **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....

Q543

___ MONTH

Q543_MO

___ YEAR

Q543_YR

88. DO NOT REMEMBER

544. Now, I want you to think back at the time when you had inserted your (last) IUD. Where did you have the IUD inserted?

Q544

1. HEALTH CENTER
2. POLICLINIC
3. FAMILY PLANNING CLINIC
4. GOV HOSPITAL-MATERNITY WARD
5. PRIVATE CLINIC OR OFFICE
6. MARIE STOPES

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

Q545

___ 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) _____ Q545_OTH _____

88 DON'T REMEMBER

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

Q546

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

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

Q547

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

548. Thinking back to 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?

Q548

1. YES
2. NO--->GO TO BOX 5-V ON NEXT PAGE

549. What kind of problem or side effect did you have? ? (CIRCLE ALL MENTIONED, DO NOT READ LIST)

	MENTIONED	NOT MENTIONED
Q549_A A. ABDOMINAL CRAMPING	1	2
Q549_B B. HEAVY BLEEDING DURING MENSTRUAL PERIODS	1	2
Q549_C C. SPOTTING/BLEEDING BETWEEN PERIODS	1	2
Q549_D D. INFECTION/DISCHARGE/PID	1	2
Q549_E E. PARTNER'S COMPLAINS ABOUT THE STRINGS	1	2
Q549_F F. EXPULSION	1	2
Q549_G G. OTHER (SPECIFY) _____ Q549_OTH	1	2

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

- Q550
1. YES
 2. NO

BOX 5-V

IF ANY CONTRACEPTIVE METHOD WAS USED IN THE LAST MONTH (LAST CELL IN COLUMN 2 >'0') THEN GO TO Q553; ELSE CONTINUE

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

- Q551
1. YES--->GO TO Q553
 2. NO
 3. NOT SURE
 4. CURRENTLY PREGNANT--->GO TO Q553

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

- Q552
1. RESPONDENT DOES NOT HAVE A PARTNER/ IS NOT SEXUALLY ACTIVE
 2. CURRENTLY BREAST-FEEDING /POSTPARTUM
 3. PELVIC IINFLAMMATORY DISEASE (PID)
 4. ENDOCRINE DYSFUNCTION
 5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) ----->GO TO Q558 PAGE 35
 6. PREMENOPAUSE/ MENOPAUSE----->GO TO Q558 PAGE 35
 7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION ----->GO TO Q557 PG. 35
 8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED ----->GO TO Q557 PG. 35
 9. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED ->GO TO Q557 PG. 35
 10. PARTNER HAD A MEDICAL OPERATION AND CANNOT HAVE CHILDREN ----->GO TO Q557 PG. 35
 11. PARTNER IS INFERTILE----->GO TO Q557 PG. 35
 12. CURRENTLY USES A METHOD (GO BACK TO Q504 AND CORRECT IT)
 20. OTHER (SPECIFY) _____ Q552_OTH _____
 88. DO NOT KNOW
 99. REFUSE TO ANSWER

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

- Q553
1. WANTS A BABY
 2. DOES NOT WANT A BABY --->GO TO Q555
 3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
 4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> GO TO Q555
 8. DK ---->GO TO Q555

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

Q554

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

555. **IF Q553 =1,3, OR 8 BEGIN WITH:** “After having all the children you want,...”)

Q555

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

1. YES----->**GO TO Q558**
2. NO
3. ALREADY STERILIZED ----->**GO TO Q558**
8. NOT SURE

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

Q556

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

GO TO Q558

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

Q557

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

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

Q558

1. YES
2. NO----->**GO TO Q571**
8. DK/NR----->**GO TO Q571**

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

____ MONTH

Q565_MO

____ YEAR

Q565_YR

88. DK/NOT REMEMBER

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

Q566

1. ___ MONTHS OR 2. ___ YEARS 888. DK/DR

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

		<u>YES</u>	<u>NO</u>
Q567_A	A. Problems with ovulation (includes hormonal dysfunction)?	1	2
Q567_B	B. Blocked tubes?	1	2
Q567_C	C. Endometriosis (a disease in which tissue from the inside of uterus fixes to other places)? ..	1	2
Q567_D	D Semen or sperm problems (low count, poor motility, varicocele) ?	1	2
Q567_E	E. Any other infertility problems? (SPECIFY)	1	2

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

Q568

- 1. YES
- 2. NO----->GO TO Q570

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

Q569

___ VISITS 88. DK/DR

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

A. ___ MONTH B. ___ YEAR 88. DK/NOT REMEMBER

Q570_MO

Q570_YR

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

Q571

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

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

Q572

- 1. YES
- 2. NO

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

___ MONTH ___ YEAR 88. DK/NOT REMEMBER

Q573_MO

Q573_YR

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

___ MONTH ___ YEAR 88. DK/NOT REMEMBER

Q574_MO

Q574_YR

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

Q575

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

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

Q576

VI. WOMEN'S HEALTH

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

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

Q601

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

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

		<u>MENTIONED</u>	<u>NOT MENTIONED</u>
Q602_A	A. GOVT. HEALTH CLINIC OR HOSPITAL	1	2
Q602_B	B. PRIVATE HEALTH CLINIC OR HOSPITAL	1	2
Q602_C	C. INTERNATIONAL RELIEF ORGANIZATION (e.g. Red Cross)	1	2
Q602_D	D. LOCAL NGO (e.g. Albanian Family Planning)	1	2
Q602_E	E. MARIE STOPES	1	2
Q602_F	F. OTHER _____ Q602_OTH	1	2

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

Q603

1. YES
2. NO
8. DK

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

		<u>BIG PROBLEM</u>	<u>NOT A BIG PROBLEM</u>
Q604_A	A. Knowing where to go.	1	2
Q604_B	B. Getting permission to go	1	2
Q604_C	C. Getting money needed for treatment	1	2
Q604_D	D. The distance to the health facility	1	2
Q604_E	E. Having to take transport	1	2
Q604_F	F. Not wanting to go alone	1	2
Q604_G	G. Concern that there may not be a female health provider	1	2

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

Q605

1. YES ---->GO TO Q607
2. NO
8. NR

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

Q606

1. DOES NOT NEED TO GO TO GYNECOLOGIC EXAM
2. SHE IS HEALTHY AND HAS NOT GYNECOLOGIC PROBLEMS
3. THERE IS NOT TIME TO GO FOR EXAM
4. SHE FORGETS ABOUT IT
5. SHE DOES NOT LIKE GYNECOLOGIC EXAM
6. IT IS DIFFICULT TO GET APPOINTMENT
7. DOES NOT LIKE PLACE/FACILITY
8. DOES NOT LIKE THE STAFF
9. WAITING TIME IS TOO LONG
10. DOCTOR DID NOT RECOMMEND
11. SHE IS EMBARRASSED TO HAVE GYNECOLOGIC EXAM
12. NEVER THOUGHT ABOUT IT
13. DOES NOT KNOW WHERE TO GO FOR SUCH AN EXAM
14. CANNOT AFFORD THE COST
15. NEVER HAD SEXUAL INTERCOURSE (VIRGIN)
20. OTHER _____ Q606_OTH
88. DK/NOT RESPONSE

GO TO Q608

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

Q607

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

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

Q608

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

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

Q609

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
11. NEVER HAD SEXUAL INTERCOURSE
20. OTHER (SPECIFY): _____ Q609_OTH
88. DON'T KNOW
99. REFUSE TO ANSWER

GO TO Q611

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

Q610

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

611. Have you heard about breast self-examinations?

Q611

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

612. Do you ever do breast self-examinations?

Q612

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

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

Q613

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

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

Q614

1. YES
2. NO---> **GO TO 621**

615. How old were you when you smoked a cigarette for the first time?

Q615

- ___ __ YEARS
88. DO NOT REMEMBER
 99. REFUSE TO ANSWER

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

Q616

1. YES
2. NO---> **GO TO 621**
8. DK---> **GO TO 621**
9. REF--->**GO TO 621**

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

Q617

- ___ __ YEARS
00. NEVER SMOKED REGULARLY
 88. DO NOT REMEMBER
 99. REFUSE TO ANSWER

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

Q618

1. Every Day
2. Almost Every Day
3. Some Days
4. Not at All in the last 30 days-->**GO TO Q620**
9. REF----->**GO TO Q620**

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

Q619

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 Q621

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

- ___ __ MONTH
- ___ __ __ __ YEAR
88. DO NOT REMEMBER
 99. REF

Q620_MO

Q620_YR

621. Now, I will ask you about some medical conditions that you may have had. Has a doctor or other medical care provider ever told you that you had Diabetes or "high sugar"?

Q621

1. YES
2. NO ----->**GO TO Q623**
8. NOT SURE ----->**GO TO Q623**
9. REFUSAL----->**GO TO Q623**

622. Were you ever told you had diabetes when you were not pregnant?

Q622

1. YES
2. NO
3. NEVER BEEN PREGNANT

623. Has a doctor or other medical care provider ever told you that you had Anemia, or “thin blood”?
- Q623**
1. YES
 2. NO ----->GO TO Q625
 8. NOT SURE ----->GO TO Q625
 9. REFUSAL----->GO TO Q625

624. Were you ever told you had anemia or “thin blood” when you were not pregnant?
- Q624**
1. YES
 2. NO
 3. NEVER BEEN PREGNANT

625. Has a doctor or other medical care provider ever told you that you had Hypertension or High Blood Pressure?
- Q625**
1. YES
 2. NO ----->GO TO Q627
 8. NOT SURE ----->GO TO Q627
 9. REFUSAL----->GO TO Q627

626. Were you ever told you had Hypertension or High Blood Pressure when you were not pregnant?
- Q626**
1. YES
 2. NO
 3. NEVER BEEN PREGNANT

627. In the past 12 months have you had any of the following symptoms?

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
Q627_A A. Vaginal discharge with a bad smell	1	2	8
Q627_B B. Itching or burning in the genital area	1	2	8
Q627_C C. Burning pain on urination	1	2	8
Q627_D D. Pain during sexual intercourse	1	2	8
Q627_E E. Sore, ulcer or warts in genital area	1	2	8
Q627_F F. Swelling in genital area	1	2	8

IF ALL Q627_A—Q627_F >1 (NO SYMPTOMS IN THE PAST 12 MONTHS) GO TO Q631; ELSE CONTINUE

628. Did you have any treatment for this(ese) condition(s)?
- Q628**
1. YES
 2. NO----> GO TO Q630
 8. NOT SURE ---> GO TO Q630

629. Who treated you?
- Q629**
- | | |
|---|---|
| <ol style="list-style-type: none"> 1. OB/GYN 2. FAMILY DOCTOR/GP 3. DERMATOLOG 4. INFECTIOUS DISEASES DOCTOR 5. NURSE/MIDWIFE 6. PHARMACIST | <ol style="list-style-type: none"> 7. PARTNER 8. FRIEND/RELATIVE 9. SELF-TREATMENT 20. OTHER: Q629_OTH 99. REFUSE TO ANSWER |
|---|---|

GO TO Q631

630. What was the main reason you did not seek treatment?

Q630

1. SERVICES TOO FAR AWAY / INACCESSIBLE
2. DON'T KNOW WHERE TO GO FOR SERVICES
3. CANNOT AFFORD SERVICES OR TREATMENT
4. AFRAID OF KNOWING THE RESULTS
5. IT IS EMBARRASSING
6. DID NOT THINK WAS AN STD
7. SYMPTOM(S) DISAPPEARED
8. OTHER (SPECIFY) _____ Q630_OTH _____
9. REFUSE

631. 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?

Q631

1. YES
2. NO----> **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
9. REFUSE ---> **GO TO MODULE VII**

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

Q632

- _____ # OF DRINKS
00. NO DRINKS/ONLY FEW SIPS ---> **GO TO MODULE VII**
 88. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
 99. REFUSE --> **GO TO MODULE VII**

633. In the past 3 months, how often did you drink that amount (PROBE: per day, week, or month)?

Q633

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

634. In the past 3 months, have there been days when you had more than usual (# **FROM Q632**) drinks?

Q634

1. YES
2. NO ---> **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
9. REFUSE --> **GO TO MODULE VII**

635. In the past 3 months, how many times did you have more than 5 drinks

Q635

- _____ # TIMES
88. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
 99. REFUSE --> **GO TO MODULE VII**

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

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

Q700

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

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

Q701

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

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

Q701A

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

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

Q702

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

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

Q703

1. YES--->GO TO Q705
2. NO
3. DO NOT KNOW

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>
Q704_A A. Her life is endangered by the pregnancy	1	2	3	8
Q704_B B. The fetus has a physical deformity	1	2	3	8
Q704_C C. The pregnancy has resulted from rape	1	2	3	8
Q704_D D. Her health is endangered by the pregnancy	1	2	3	8
Q704_E E. She is unmarried	1	2	3	8
Q704_F F. The couple cannot afford to have a(nother) child	1	2	3	8

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

Q705

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

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

		<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
Q706_A	A. A woman can become pregnant the first time she has sexual intercourse	1	2	8
Q706_B	B. All people should get married	1	2	8
Q706_C	C. A woman should be a virgin when she marries	1	2	8
Q706_D	D. The main job for a woman is to take care of the home and cook for her family .	1	2	8
Q706_E	E. A married woman needs her husband's permission to work outside the home ..	1	2	8
Q706_F	F. If a woman works, she should give her money to her husband	1	2	8
Q706_G	G. If a woman works, her husband should help her with the household chores	1	2	8
Q706_H	H. The men in the family should have the final say in all family matters	1	2	8
Q706_I	I. Child care is a woman job	1	2	8

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

- Q707
1. The woman,
 2. The man,
 3. Both
 4. Mother in law, or
 5. God?
 8. DON'T KNOW

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

		<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>DK</u>
Q708_A	A. Pill	1	2	3	8
Q708_B	B. IUD	1	2	3	8
Q708_C	C. Condom	1	2	3	8
Q708_D	D. Tubal Ligation	1	2	3	8
Q708_E	E. Injectables	1	2	3	8
Q708_F	F. 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>
Q710_A	A. Pills are easy to use	1	2	8
Q710_B	B. Pills are easy to get	1	2	8
Q710_C	C. Pills are too expensive	1	2	8
Q710_D	D. It is stressful to remember to take the pill every day	1	2	8
Q710_E	E. Pills protect against some gynecologic cancers	1	2	8
Q710_F	F. Pills may make you gain weight	1	2	8
Q710_G	G. Pills make women's periods more regular	1	2	8
Q710_H	H. Pills decrease blood loss during menstruation	1	2	8
Q710_I	I. Pills decrease menstrual cramps and pain	1	2	8
Q710_J	J. 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-G:

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
Q711_A A. IUD is easy to use	1	2	8
Q711_B B. IUD increases the risk of pelvic inflammatory disease	1	2	8
Q711_C C. IUD is a relatively inexpensive contraceptive method	1	2	8
Q711_D D. IUD may cause spotting between periods	1	2	8
Q711_E E. IUD may increase the blood loss during menses	1	2	8
Q711_F F. IUD increases menstrual pains.....	1	2	8
Q711_G G. IUD decreases the risk of ectopic pregnancy	1	2	8

Q712 712. Do you want to have more information about contraceptive methods?

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

Q713 713. Who do you think would be the best source of information about contraceptive methods?

- | | |
|-------------------------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. OTHER RELATIVE | 11. TEACHER |
| 3. BOYFRIEND | 12. PHARMACIST |
| 4. HUSBAND, PARTNER | 13. BOOKS |
| 5. SOMEBODY WHO USES CONTRA CEPTION | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO-----> GO TO Q715 |
| 7. FRIEND, COLLEAGUE, PEER | 16. TV-----> GO TO Q715 |
| 8. GYNECOLOGIST | 20. OTHER (SPECIFY): <u>Q713_OTH</u> |
| 9. GENERAL PRACTITIONER | 88. DON'T REMEMBER |

Q714 714. Do you think that information about contraception should be broadcast on radio or television?

1. YES
2. NO
8. DO NOT KNOW

Q715 715. Some people use condoms to keep from getting sexual transmitted diseases. How effective do you think a properly used condom is for this purpose ? (READ 1-3)

1. Very Effective
2. Somewhat effective
3. Not effective
8. DON'T KNOW

BOX 7-IV

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

718. Have you ever talked to a partner about him using a condom?
Q718
 1. YES
 2. NO
 3. NEVER HAD A SEXUAL PARTNER ---> **GO TO Q721**
 8. DON'T REMEMBER
 9. REFUSE

719. Have you ever asked a partner to use a condom?
Q719
 1. YES
 2. NO --> **GO TO Q721**
 8. DON'T REMEMBER -----> **GO TO Q721**
 9. REFUSE-----> **GO TO Q721**

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

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
Q720_A A. Did a partner refuse to wear a condom?	1	2	8	9
Q720_B B. Did a partner refuse to have sexual intercourse with you?	1	2	8	9
Q720_C C. Did a partner threaten to break up with you?	1	2	8	9
Q720_D D. Did a partner yell at you or threaten to hurt you?	1	2	8	9
Q720_E E. Did a partner make you have sex anyway without a condom?	1	2	8	9
Q720_F 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-E)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
Q721_A A. Insulted or angry?.....	1	2	8	9
Q721_B B. Safe from getting pregnant?.....	1	2	8	9
Q721_C C. Like you had done something wrong?	1	2	8	9
Q721_D D. Safe from getting STD or HIV/AIDS?.....	1	2	8	9
Q721_F E. Suspicious that he may sleep around?	1	2	8	9

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
Q722_A A. Using condoms with a new partner is a smart idea	1	2	8	9
Q722_B B. Using condoms is not necessary if you know your partner	1	2	8	9
Q722_C C. Women should ask their partners to use condoms	1	2	8	9
Q722_D D. It is easy to discuss using a condom with a prospective partner	1	2	8	9
Q722_E E. Condoms diminish sexual enjoyment	1	2	8	9
Q722_F F. Same condoms can be used more than once	1	2	8	9
Q722_G G. People who use condoms sleep around a lot	1	2	8	9
Q722_H H. It is embarrassing to ask for condoms in FP clinics or pharmacies ..	1	2	8	9

VIII. SOCIOECONOMIC CHARACTERISTICS

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

		<u>YES</u>	<u>NO</u>
<u>Q800_A</u>	A. Flush Toilet	1	2
<u>Q800_B</u>	B. Heating System	1	2
<u>Q800_C</u>	C. Refrigerator	1	2
<u>Q800_D</u>	D. TV	1	2
<u>Q800_E</u>	E. Working Automobile	1	2
<u>Q800_F</u>	F. VCR	1	2
<u>Q800_G</u>	G. Household phone	1	2
<u>Q800_H</u>	H. Cellular phone	1	2
<u>Q800_I</u>	I. Vacation home (villa)	1	2
<u>Q800_J</u>	J. Air Conditioner	1	2
<u>Q800_K</u>	K. Gas or Electric Stove	1	2
<u>Q800_L</u>	L. Computer	1	2
<u>Q800_M</u>	M. Satellite Antenna	1	2

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

Q801

1. YES
2. NO

802. What is the main source of drinking water for members of your household?

Q802

1. PIPED WATER (PIPED INTO RESIDENCE OR YARD)----→GO TO Q804
2. PIPED WATER (PUBLIC TAP)
3. WELL WATER (RESIDENCE OR YARD) ----→GO TO Q804
4. PUBLIC WELL
5. SURFACE WATER (SPRING, RIVER, POND, LAKE)
6. RAIN WATER----→GO TO Q804
7. BOTTLED WATER----→GO TO Q804

803. How long does it take to go to the water source, get water and come back, in minutes? _____ MINUTES

Q803

804. Which of the following describes your living arrangements. Do you live: (**READ 1-5**)

Q804

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 (SPECIFY): Q804_OTH _____

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

Q805

806. How many hours per day do you have electricity? _____ HOURS 88. DK
NOT SURE

Q806

807. What is your ethnic background?

Q807

1. ALBANIAN
2. GREEK
3. GYPSY (ROMA)
4. MACEDONIAN
5. ALBANIAN FROM KOSOVO
6. MIXED ETHNICITY (SPECIFY) _____
7. OTHER (SPECIFY): Q807_OTH _____
9. REFUSED/NOT STATED

808. What is your religion?

Q808

1. MUSLIM.
2. ORTHODOX
3. CATHOLIC
4. PROTESTANT (BAPTIST, LUTHERAN, PENTECOSTAL, ETC)
7. OTHER (SPECIFY): Q808_OTH _____
8. NO RELIGION ----->GO TO Q900
9. UNDECLARED----->GO TO Q900

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

Q809

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

IX-A. AIDS/STDs

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

CONDITION	900. Have you ever heard of it? Q900	901. Have you ever been tested for...? Q901	902. Have you ever been told that you have...? Q902	903. Did you take any treatment for...? Q903	904. Who treated you for ...? (SEE CODES BELOW) Q904
A. Syphilis	1. YES 2. NO-> B Q900_1	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	_____ Q904_1
B. Gonorrhea	1. YES 2. NO-> C Q900_2	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	_____ Q904_2
C. Chlamydia	1. YES 2. NO-> D Q900_3	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	_____ Q904_3
D. Yeast Infection	1. YES 2. NO-> E Q900_4	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	_____ Q904_4
E. Genital Herpes	1. YES 2. NO-> F Q900_5	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	_____ Q904_5
F. Genital Warts	1. YES 2. NO-> G Q900_6	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	_____ Q904_6
G. Trichomoniasis	1. YES 2. NO-> H Q900_7	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	_____ Q904_7
H. HIV/AIDS	1. YES 2. NO-> Q905 Q900_8	1. YES-> Q905 2. NO-> Q905 8. DK-> Q905			

CODES FOR Q904:

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

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

	<u>YES</u>	<u>NO</u>
Q905_A A. ABDOMINAL PAIN	1	2
Q905_B B. VAGINAL DISCHARGE	1	2
Q905_C C. FOUL SMELLING DISCHARGE	1	2
Q905_D D. BURNING PAIN ON URINATION	1	2
Q905_E E. REDNESS/INFLAMMATION IN GENITAL AREA	1	2
Q905_F F. SWELLING IN GENITAL AREA	1	2
Q905_G G. GENITAL SORES/ULCERS OR WARTS	1	2
Q905_H H. GENITAL ITCHING	1	2
Q905_I I. WEIGHT LOSS	1	2
Q905_J J. HARD TO GET PREGNANT/HAVE A CHILD	1	2

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

Q906

1. YES
2. NO

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

Q907

- | | |
|--------------------------------|--|
| 1. MOTHER | 11. FAMILY DOCTOR, GP |
| 2. FATHER | 12. NURSE, MIDWIFE, FELDCHER |
| 3. OTHER RELATIVE | 13. TEACHER |
| 4. BOYFRIEND | 14. PHARMACIST |
| 5. HUSBAND, PARTNER | 15. SPECIALITY BOOKS |
| 6. SOMEBODY WHO HAD STDs | 16. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS |
| 7. FRIENDS COLLEAGUES, PEERS | 17. RADIO |
| 8. OB/GYN DOCTOR | 18. TV |
| 9. DERMATOLOGIST | 20. OTHER (SPECIFY): <u>Q906_OTH</u> |
| 10. INFECTIOUS DISEASES DOCTOR | 77. NEVER HEARD OF ANY STDs (Q900_A--Q900_H=2) |
| | 99. DR/REF. |

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

	<u>YES, RADIO</u>	<u>YES, TV</u>	<u>YES, BOTH</u>	<u>NO</u>	<u>DO NOT REMEMBER</u>
Q908_A A. HIV/AIDS		1	2	3	4 8
Q908_A B. Other STDs	1	2	3	4	8
Q908_A C. Condoms	1	2	3	4	8
Q908_A D. Modern Contraceptive Methods	1	2	3	4	8

IF Q900_H =2 (NEVER HEARD OF HIV/AIDS) GO TO Q914; ELSE CONTINUE

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

Q909

1. YES
2. NO
8. DK

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

	<u>YES</u>	<u>NO</u>	<u>DK</u>
Q910_A A. Through blood transfusion	1	2	8
Q910_B B. Using public toilets	1	2	8
Q910_C C. Through kissing	1	2	8
Q910_D D. Through unprotected sexual intercourse between a man and a woman	1	2	8
Q910_E E. Through unprotected sexual intercourse between men	1	2	8
Q910_F F. By shaking hands	1	2	8
Q910_G G. Using non-sterile syringes or needles	1	2	8
Q910_H H. Through mosquito bites	1	2	8
Q910_I I. Sharing plates, forks, or glasses with someone who has HIV/AIDS	1	2	8
Q910_J J. From a woman who has the AIDS virus to her baby during pregnancy/delivery .	1	2	8
Q910_K K. From a mother to her child through breast milk	1	2	8
Q910_L L. Getting a manicure, pedicure or haircut	1	2	8
Q910_M M. Having dental or surgical treatment	1	2	8

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

		<u>SPONTANEOUS</u>		<u>PROBED</u>	
		<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>DK</u>
Q911_A	A. USE CONDOMS.....	1	3	4	8
Q911_B	B. ABSTAIN FROM SEX	1	3	4	8
Q911_C	C. HAVE ONLY ONE PARTNER/STAY FAITHFUL TO ONE PARTNER	1	3	4	8
Q911_D	D. LIMIT NUMBER OF SEXUAL PARTNERS	1	3	4	8
Q911_E	E. AVOID SEX WITH PROSTITUTES	1	3	4	8
Q911_F	F. AVOID SEX WITH BISEXUALS	1	3	4	8
Q911_G	G. DO NOT DONATE BLOOD	1	3	4	8
Q911_H	H. AVOID TRANSFUSIONS	1	3	4	8
Q911_I	I. ASK PARTNER TO GET BLOOD TESTED FOR AIDS	1	3	4	8
Q911_J	J. STERILIZE NEEDLES AND SYRINGES	1	3	4	8
Q911_K	K. DO NOT SHARE RAZORS/BLADES, NEEDLES OR SYRINGES	1	3	4	8
Q911_L	L. OTHER (SPECIFY).....	1	3	4	8

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

Q912

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?

Q913

1. RECEIVED BLOOD TRANSFUSIONS/BLOOD PRODUCTS
2. HAD MANY SEXUAL PARTNERS/ TRADED SEX FOR MONEY
3. HAD UNPROTECTED INTERCOURSE WITH CASUAL PARTNER(S)
4. USED IV DRUGS/SHARED NEEDLES
5. PARTNER HAD/HAS SEX WITH OTHER WOMEN
6. SHE MAY GET INFECTED WHILE RECEIVING MEDICAL OR DENTAL TREATMENT
7. SHE MAY GET INFECTED GETTING A MANICURE, PEDICURE, OR HAIRCUT
8. OTHER (SPECIFY) **Q913_OTH** _____
9. DK/REF

GO TO Q913B

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

Q913A

1. ONLY ONE PARTNER
2. NO SEXUAL RELATIONS
3. USES CONDOMS
4. CONFIDENCE IN PARTNER
5. DOES NOT GET/NEED TRANSFUSIONS
6. DOES NOT SHARE NEEDLES
7. OTHER (SPECIFY) _____
9. DK/REF **Q913A_OTH**

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

Q913B

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

913C Is there any wife for ask (Men)

Q913C

YES COMMON
NO – NOT COMMON
DK

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?

Q914

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?

Q915

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 Q11 1):

Q916

___ TIMES

IF Q916=0 GO TO Q936; 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):	Q918	919. When was the last time when (A-H) happened to you?	Q919	920. During the last year, how many times did (A-H) happen to you?	Q920
A. Insulted you, or swore at you?	1. YES----> Q919 2. NO----> Q918_B 8. DK----> Q918_B 9. REF----> Q918_B Q918_1	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_B 3. 4-5 YEARS AGO-----> Q918_B 4. 5 YEARS AGO OR MORE-->Q918_B	Q919_1	Q920_1 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES
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 Q918_2	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_C 3. 4-5 YEARS AGO-----> Q918_C 4. 5 YEARS AGO OR MORE-->Q918_C	Q919_2	Q920_2 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES
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 Q918_3	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_D 3. 4-5 YEARS AGO-----> Q918_D 4. 5 YEARS AGO OR MORE-->Q918_D	Q919_3	Q920_3 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES
D. Slapped you or twisted your arm?	1. YES----> Q919 2. NO----> Q918_E 8. DK----> Q918_E 9. REF----> Q918_E Q918_4	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_E 3. 4-5 YEARS AGO-----> Q918_E 4. 5 YEARS AGO OR MORE-->Q918_E	Q919_4	Q920_4 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES
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 Q918_5	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_F 3. 4-5 YEARS AGO-----> Q918_F 4. 5 YEARS AGO OR MORE-->Q918_F	Q919_5	Q920_5 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES
F. Threatened you with a knife or other weapon?	1. YES----> Q919 2. NO----> Q918_G 8. DK----> Q918_G 9. REF----> Q918_G Q918_6	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_G 3. 4-5 YEARS AGO-----> Q918_G 4. 5 YEARS AGO OR MORE-->Q918_G	Q919_6	Q920_6 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES
G. Kicked you, choke you or beat you up?	1. YES----> Q919 2. NO----> Q918_H 8. DK----> Q918_H 9. REF----> Q918_H Q918_7	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_H 3. 4-5 YEARS AGO-----> Q918_H 4. 5 YEARS AGO OR MORE-->Q918_H	Q919_7	Q920_7 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES
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 Q918_8	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO----->BOX 9-I 3. 4-5 YEARS AGO----->BOX 9-I 4. 5 YEARS AGO OR MORE-->BOX 9-I	Q919_8	Q920_8 66. ALMOST DAILY 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES	___ __ TIMES

BOX 9-I

IF ALL Q918_A--Q918_H >1 (NEVER EXPERIENCED ANY TYPE OR ABUSE) GO TO Q936; ELSE CONTINUE

921. You told me before that you lived with a man as husband and wife _____ times (RECORD THE NUMBER OF TIMES FROM Q916). During which of these periods has a partner physically abused you as you have just mentioned? MARK THE INTERVAL(S) NUMBER FROM THE UNION TABLE AT PAGE 3 (ALLOW FOR MULTIPLE RESPONSES):

- Q921_A** I. _____
- Q921_B** II. _____
- Q921_C** III. _____
- Q921_D** IV. _____

BOX 9-II

TOTAL ABUSED NOT ABUSED

< IF ANY PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919_C --Q919_H=1), CONTINUE;
 < IF ANY F 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 Q935

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)?

Q922

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

923. In the past 12 months, did you see a doctor, or other medical care provider for medical treatment of these injuries?

Q923

- 1. YES
- 2. NO----->GO TO Q925
- 8. DO NOT REMEMBER ---->GO TO Q925

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

Q924

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

925. During or after a violent incident, does your partner want to have sexual relations with you sometimes, always, or never?

Q925

- 1. YES, SOMETIMES
- 2. YES, ALWAYS
- 3. NO, NEVER
- 8. DO NOT REMEMBER/REFUSE

926. Do you believe that violence incidents affected your health?

Q926

- 1. YES
- 2. NO----->GO TO Q928
- 8. DO NOT KNOW----> GO TO Q928

927. What health problems did you have that you think were related to violence? (READ A—K)

	<u>YES</u>	<u>NO</u>	<u>DR/REF</u>
Q927_A A. Injuries?	1	2	8
Q927_B B. Chronic pains?	1	2	8
Q927_C C. General deterioration of health?	1	2	8
Q927_D D. Depression?	1	2	8
Q927_E E. Sleep disorders?	1	2	8
Q927_F F. Suicide attempt(s)?	1	2	8
Q927_G G. Low self-esteem?	1	2	8
Q927_H H. Unplanned pregnancy?	1	2	8
Q927_I I. Miscarriage or other pregnancy complications?	1	2	8
Q927_J J. Gynecological disorders?	1	2	8
Q927_K K. Anything else? Q927_OTH	1	2	8

928. (READ ONLY IF RESPONDENT HAS EVER HAD A LIVING CHILD) Would you say that this violence has affected your child(ren)?

Q928

1. YES
2. NO----->GO TO Q930
3. NO CHILDREN----->GO TO Q930
8. NOT SURE----->GO TO Q930

929. Please tell me if your child(ren) were affected in the following way s (READ A—F):

Q929

		<u>YES</u>	<u>NO</u>
Q929_A	A. Witnessed violence	1	2
Q929_B	B. Children living in fear	1	2
Q929_C	C. Children injured too	1	2
Q929_D	D. Children left home, live with relative	1	2
Q929_E	E. Decreased Learning abilities	1	2
Q929_F	F. Anything else (specify) <u>Q929_OTH</u> ..	1	2

930. Did you talk to anyone about this(these) incidents of violence?

Q930

1. YES
2. NO----->GO TO Q932

931. Who did you talk with? (MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE)?

		<u>MENTIONED</u>	<u>NOT MENTIONED</u>
Q931_A	A. YOUR MOTHER	1	2
Q931_B	B. OTHER RELATIVE	1	2
Q931_C	C. HUSBAND'S (PARTNER'S) FAMILY	1	2
Q931_D	D. CHILDREN	1	2
Q931_E	E. FRIEND	1	2
Q931_F	F. NEIGHBOR	1	2
Q931_G	G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER	1	2
Q931_H	H. POLICE	1	2
Q931_I	I. LEGAL ADVISER	1	2

IF Q931_G , Q931_H, AND Q931_I=1 GO TO Q933; ELSE CONTINUE

932. What is the main reason you have never sought any medical or legal help?

Q932

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 Q932_OTH
88. DK/REF

933. Did anyone intervene or try to stop the violence? (MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE)?

		<u>MENTIONED</u>	<u>NOT MENTIONED</u>
Q933_A	A. YOUR MOTHER	1	2
Q933_B	B. OTHER RELATIVE	1	2
Q933_C	C. HUSBAND'S (PARTNER'S) FAMILY	1	2
Q933_D	D. CHILDREN	1	2
Q933_E	E. FRIEND	1	2
Q933_F	F. NEIGHBOR	1	2
Q933_G	G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER	1	2
Q933_H	H. POLICE	1	2
Q933_I	I. LEGAL ADVISER	1	2

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

		<u>MENTIONED</u>	<u>NOT MENTIONED</u>
Q934_A	A. WHEN DRUNK	1	2
Q934_B	B. WHEN SHE DOES NOT LOOK AFTER CHILDREN	1	2
Q934_C	C. WHEN THE FAMILY HAS MONEY TROUBLES	1	2
Q934_D	D. WHEN HE IS UNEMPLOYED	1	2
Q934_E	E. WHEN SHE IS UNEMPLOYED/HAS NO INCOME	1	2
Q934_F	F. WHEN THERE ARE FAMILY PROBLEMS/MOTHER -IN-LAW PROBLEMS.....	1	2
Q934_G	G. WHEN HE IS JEALOUS	1	2
Q934_H	H. WHEN SHE IS PREGNANT	1	2
Q934_I	I. WHEN HE CANNOT GET ALCOHOL/DRUGS	1	2
Q934_J	J. WHEN HE DOES NOT HAVE FOOD AT HOME (DINNER NOT READY)	1	2
Q934_K	K. WHEN HE ACTS ACCORDING TO THE "KANUN"	1	2
Q934_L	L. OTHER <u>Q934_OTH</u>	1	2

935. In Tirana there is a hotline number where a woman can ask advice about domestic violence. Do you want to know the hotline number?

Q935

1. YES, NUMBER GIVEN (TELEPHONE NUMBER: 233 408)
2. NO

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

		<u>YES</u>	<u>NO</u>	<u>DK</u>
Q936_A	A. If she goes out without telling him?	1	2	8
Q936_B	B. If she neglects the children?	1	2	8
Q936_C	C. If she argues with him?	1	2	8
Q936_D	D. If she refuses to have sex with him?	1	2	8
Q936_E	E. If he is not happy with her household work or food provision s?	1	2	8
Q936_F	F. If she asks him whether he has other girlfriends?	1	2	8
Q936_G	G. If he finds out that she has been unfaithful?	1	2	8
Q936_H	H. If she dresses too sexy or spends too much on her "look"?	1	2	8

937. 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)

Q937

1. YES
2. NO----->END OF INTERVIEW, GO TO Q940
8. DON'T REMEMBER--->END OF INTERVIEW, GO TO Q 940

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

Q938

___ AGE 88. DON'T REMEMBER

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

Q939

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 _____)
10. CO-WORKER
11. TEACHER
77. OTHER (SPECIFY Q939_OTH)
98. DON'T REMEMBER/REF

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

TIME INTERVIEW ENDED _____ :

HOUR_END MIN_END