

NATSTATCOM OF THE KYRGYZ REPUBLIC

Confidentiality guaranteed

INTEGRATED SAMPLE HOUSEHOLD BUDGET AND LABOR SURVEY

GKUD **6142161**

Questionnaire #2- annual

Approved by Resolution #20 of the NatStatCom
of the Kyrgyz Republic dated June 24, 2013

Social and demographic characteristics of household members

Location of the household _____ (district, settlement)

Territory code (COATO code)

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Area code (urban-1, rural-2)

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Household code

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Code of the quarter under report

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Interviewer code

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Outcome code

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10-interview completed
20-empty dwelling
30-rejection of interview (specify) _____

40-moved to another place of residence
41- Other (specify) _____

Year and quarter of the beginning
of the household survey

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Scheduled date of interview

day |__|__| month |__|__| 2014

Actual date of interview

day |__|__| month |__|__| 2014

NOTE FOR THE INTERVIEWER!

WRITE DOWN _____

IODIZED SALT CONSUMPTION MODULE

I WOULD LIKE TO CHECK, WHETHER SALT YOU HAVE IN YOUR HOUSEHOLD IS IODINE-TREATED. MAY I SEE THE SALT THAT YOU HAVE USED TO COOK YOUR FOOD OVER THE PAST 24 HOURS?

Interviewer: before checking salt, please encircle answer option that refers to a corresponding outcome of the survey.

- Not iodized, 0 PPM 1
- Less than 15 PPM 2
- 15 PPM or more 3

- No salt at home 4
- Salt has not been checked 5

SECTION I. EDUCATION OF HOUSEHOLD MEMBERS

*[INTERVIEWER!] Use the list of names from the check card and make sure that the numbers match.
This section covers missing household member for permanent and temporary residents of this household.*

# from the check card	NAME	1. Can you read?	2. Can you write?	3. Do you attend preschool institutions (nursery, kindergarten)?	4. Please specify the type of a preschool institution	5. Why don't you attend preschool institutions?	6. Have you ever attended school?	7. Do you study now?	8. Why don't you study?
		Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2 ↓ Q5	Public...1 Private....2 After any answer please proceed to Section 2	Too expensive.... 1 No preschool institutions at the place of my residence2 Inappropriate age .3 Illness4 Relatives watch after the child5 We have a babysitter6 No residence registration7 No need for that...8 Other reasons ...9 At the age of 0 through 5 If the age is more than 5 years, proceed to the next person	Yes.....1 No.....2 ↓ Next person	Yes.....1 ↓ Q12 No.....2 ↓ Q8	Finished school ... 1 Too expensive..2 Don't want to study ...3 Too far to go ... 4 Inappropriate age for studying5 Illness 6 Need to work...7 Expelled from school8 Other reasons.....9
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# from the check card	NAME	9. What is the highest level of your education? Higher degree ...1 Incomplete higher degree2 Secondary vocational degree ...3 Primary vocational degree with general secondary education degree 41 without general secondary education degree42 General secondary (complete) degree5 General secondary (incomplete) degree6 Elementary education ... 7 No general elementary education ... 8	10. What was the last grade/course that you studied at this level? Write down the grade/ course number	11. Certificate of what highest education degree do you have? University diploma1 Diploma of graduation (certificate of secondary complete general education) ...2 ↓ Next person No certificate of education3 ↓ Next person	12. At what level do you study now? Higher vocational1 Secondary vocational3 Primary vocational (technical): with general secondary education degree ... 41 without general secondary education degree42 General secondary (complete) degree5 Elementary education ... 7 No general elementary education ... 8	13. Which grade/course are you at? Write down the class/course number Reception classes - 98	14. Please specify the type of your institution Public.....1 Private.....2 Religious.....3	15. Have you ever been held back? Yes.....1 No.....2 ↓ Next person	16. How many times have you been held back?
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SECTION II. MIGRATION

# from the check card	2. Were you born in this community? Yes.....1 ↓ Q8 No...2	3. What country were you born? Interviewer , write down the name of the country If not Kyrgyzstan ⇒ Q5 code	4. Which oblast of the Kyrgyz Republic were you born? See oblast codes at the bottom of the page	5. Where were you born? Capital city.....1 Oblast or rayon center....2 town...3 urban settlement4 village....5	5.2. What place have you come to from the place of your birth? (first move, if moved several times) See oblast codes at the bottom of the page (if moved to Kyrgyzstan) or write down the name of the country code	6. At what age have you moved from the place of your birth? Age at the time of moving If less than a year, write 0	7. Why did you leave the place of your birth? Due to family commitments.....1⇒ Q13 Job change.....2⇒ Q13 Looking for a job.3⇒ Q13 School, study.....4⇒ Q13 Marriage5⇒ Q13 Military service ...6⇒ Q13 Threat of violence.....7⇒ Q13 Environmental hazards.....8⇒ Q13 Escalation of interethnic conflicts.....9⇒ Q13 Other reason10⇒ Q13	8. Did you live for more than 3 months in a different place (other than your current place of residence) during the last 10 years? Yes.....1 No...2 ↓ Q13	9. Where have you come from to your current place of residence? See oblast codes at the bottom of the page (if moved from Kyrgyzstan) or write down the name of the country code	10. What was the previous place of your residence? Capital city.....1 Oblast or rayon center....2 town...3 urban settlement4 village....5	11. Why did you move to the current place of residence? See codes to Q7	12. What was your age when you moved to the current place of residence? Age at the time of moving If less than a year, write 0	13. Are you registered (do you have residence permit) at this settlement? Yes....1 ↓ section 3 No.....2	14. Why don't you have residence permit? Have no certificates of identity.....1 Have no own housing ...2 No registers of tenants (certificate for the use of building)3 Difficult to obtain permit4 Other.....5 Other country citizenship.....6
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CODES OF OBLASTS OF THE KYRGYZ REPUBLIC:

City of BISHKEK...41711 / ISSYK-KUL...41702 / JALALABAT...41703 / NARYN...41704 / BATKEN...41705 / OSH ...41706 / City of OSH ...41721 TALAS...41707 / CHUI...41708

SECTION II. MIGRATION (continued)

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SECTION III. HEALTH STATUS AND ANTHROPOMETRIC INDICATORS OF HOUSEHOLD MEMBERS

# from the check card	12.1. Did (NAME) need medical assistance during the last year? Yes.....1 No.....2	12.2. Was there any case during the last year (NAME) could not use health services? Yes.....1 No.....2 ↓ Q17	12.3. Why didn't (NAME) use medical services during the last year? Self-treated him/herself1 Decided to let it run itself.....2 High cost of visit.....3 The drug is too expensive ... 4 Long queues 5 Absence of a specialist 6 The clinic is too far7 Absence of drugs8 The drugstore is too far 9 Poor service 10 Other11	17. If (NAME) was referred to the hospital, or required in-patient treatment during the last year, did he/she agree to take the course of treatment prescribed? Yes, he/she was referred, but did not stay at the hospital 1 Yes, he/she required in-patient treatment, but did not state at the hospital 2 No..... 3 ↓ Q18	17.1. The reasons for which (NAME) refused to stay in a hospital: Too expensive1 Too far..... 2 Lack of time 3 Self-treatment 4 Let it run itself 5 Lack of confidence in medical staff 6 Poor service 7 Didn't want to8 Other reasons9	18. Is (NAME) covered with the mandatory health insurance? Yes.....1 No.....2 N/A.....9 Children under age of 16 and retirement pensioners are insured automatically People at the age of 16-18 inclusive are insured if unemployed	19. Special status Interviewer, read out the list from the last page instruction.	20. What did you need to do over the past year to pay for the healthcare services (hospitalization, consultation, treatment etc.)? Borrow money.....1 Sell livestock..... 2 Sell own products..... 3 Sell valuables 4 Use the savings 5 Considerably reduce existing expenditures 6 Receive assistance from relatives..... 7 Receive assistance from charitable organizations..... 8 Other9 None of above10 ↓ Q22	21. Was it difficult to get the money for payment of these services? Very difficult.....1 Difficult.....2 Not difficult.....3	
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SECTION III. HEALTH STATUS AND ANTHROPOMETRIC INDICATORS OF HOUSEHOLD MEMBERS (continued)

# from the check card	22. Was (NAME) ever refused any medical services during the last year? Yes.....1 No.....2	23. Weight (NAME) (kg) with an accuracy to 0.1 (in case of absence of one of the household members, the entry is made as heard from the present household members)	24. Height (NAME) (cm) in integers (in case of absence of one of the household members, the entry is made as heard from the present household members)	25. In opinion of (NAME), what is the state of his/her health? Very good ...1 Good2 Satisfactory . 3 Poor..... 4 Very poor 5	26. Does (NAME) go in sports or take exercises at least once a week? Yes..... 1 No.....2	27. Does (NAME) take strong drinks? Yes..... 1 No..... 2 ↓ Q30 <i>This question is addressed to all persons at the age of 7 or older</i>	28. How often does (NAME) take strong drinks? Annually.....1 Quarterly 2 Monthly 3 1-2 times a week4 3-4 times a week5 5-6 times a week6 Daily7	29. What alcoholic drinks does (NAME) take most often? How much on the average? <i>Indicate only ONE of the codes listed below</i>		30. Does (NAME) smoke cigarettes or other tobacco products? Yes..... 1 No..... 2 ↓ section 4 <i>This question is addressed to all persons at the age of 7 or older</i>	31. What does (NAME) mostly smoke? Gaspers1 Filter-tipped cigarettes.....2 Cigarettes without filters3 Cigarettes rolled by smokers4 ↓ p. 4 Tobacco pipe....5 ⇒ p.4 Niswar.....6 ⇒ p.4 Other.....7 ⇒ p.4	32. How many gaspers or cigarettes does (NAME) smoke per day? Number of cigarettes (pcs.)	33. How often does (NAME) smoke cigarettes or gaspers? Annually....1 Quarterly... 2 Monthly 3 1-2 times a week 4 3-4 times a week 5 5-6 times a week 6 Daily7
	Beer.....1 Vodka.....2 Cognac...3 Wine.....4	in grams											
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SECTION IV. INDIVIDUAL QUESTIONNAIRE FOR WOMEN

FAMILY PLANNING AND WOMEN'S HEALTH

INTERVIEWER!

This section is meant for women of fertile age (15-49 years, inclusive) living in the household, who are supposed to complete it on their own. Write the code for each responding women from the check card.

HOUSEHOLD FAMILY MEMBER (WOMAN) CODE ACCORDING TO THE CHECK CARD:

--	--

DEAR RESPONDENT!

This section includes questions about birth rates and family planning. Since some of the questions are very personal, you are supposed to fill in this section on your own. None of your family members, neighbors or the interviewer will ever learn your answers to these delicate questions. Therefore, please be candid in your answers. Information that you provide is a very valuable contribution into public health development in our country.

THANKS AHEAD FOR YOUR PARTICIPATION IN THE SURVEY!

1. Have you ever had menstruation (periods)?

Yes.....1

No2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

2. Have you ever been married or had intimate relations with a man?

Yes.....1

No2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

3. At what age have you married or started intimate relations with a man? ✎ _____

4. Do you have periods at this age, (even if these are not regular)?

Yes.....1 ⇒ QUESTION 7

No.....2

5. Why don't you have periods?

Age 1

Illness 2

Salpingo-oophorectomy 3

Have no periods after recent delivery 4

Other 5

I am pregnant now 6 ⇒ QUESTION 11

6. At what age did you stop menstruating? ✎ _____ ⇒ QUESTION 13

7. Do you normally practice contraception?

Yes.....1 ⇒ QUESTION 9

No 2

8. Why don't you practice contraception?

Want to have a child 1 ⇒ QUESTION 10

Health problems2 ⇒ QUESTION 10

Don't have a husband or partner.....3 ⇒ QUESTION 13

Contraceptives are too expensive 4 ⇒ QUESTION 10

Contraceptives are not available on sale.....5 ⇒ QUESTION 10

Don't know how to practice contraception 6 ⇒ QUESTION 10

For religious reasons 7 ⇒ QUESTION 10

Other 8 ⇒ QUESTION 10

9. What contraception methods do you practice? (Please mark all of the matching options)

- | | | | |
|---------------------------------------------------------|---|---------------------------------------------------------|----|
| 9.1 Sexual continence | 1 | 9.8 Intrauterine device (Lippes loop) | 8 |
| 9.2 Track "high risk days" in the menstrual cycle | 2 | 9.9 Injections | 9 |
| 9.3 Withdrawal | 3 | 9.10 Sterilization | 10 |
| 9.4 Syringing..... | 4 | 9.11 Ointment, vaginal suppositories, foams, gels | 11 |
| 9.5 Condoms..... | 5 | 9.12 Abortion | 12 |
| 9.6 Contraceptive caps | 6 | 9.13 Other | 13 |
| 9.7 Contraceptive pills..... | 7 | | |

10. Are you pregnant now?

- Yes.....1
No2 ⇒ QUESTION 13

11. Are you going to bear a child or have an abortion?

- Abortion 1
Give a birth 2 ⇒ QUESTION 13

12. Why are you going to have abortion?

- The pregnancy is unwanted1
Either my spouse, or myself oppose2
Material problems (dependence) 3
Maternal health problems4
Child health problems.....41
Other 5

13. Have you ever given birth to a child, even if this child didn't endure long?

- Yes.....1
No2 ⇒ QUESTION 17

14. How many children have your born, even if they didn't endure long? ✎ _____

14a. How many of your children are still alive? ✎ _____

15. Where was the delivery of your last child handled?

- At an in-patient department (maternity hospitals, maternity wards).....1
At home 2 || In a private ward | 3 |

16. Who handled the delivery?

- Obstetrician-gynecologist 1
Obstetrician.....2
Other health workers 3
Other persons without health education 4

17. Do you want to have more children?

- Yes.....1
No..... 2 ⇒ INTERVIEW IS OVER

18. How many more children would you like to have? ✎ _____ ⇒ INTERVIEW IS OVER



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Other 5

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1. Have you ever had menstruation (periods)?

Yes.....1

No2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

2. Have you ever been married or had intimate relations with a man?

Yes.....1

No2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

3. At what age have you married or started intimate relations with a man?  _____

4. Do you have periods at this age, (even if these are not regular)?

Yes.....1 ⇒ QUESTION 7

No.....2

5. Why don't you have periods?

Age 1

Illness 2

Salpingo-oophorectomy 3

Have no periods after recent delivery 4

Other 5

I am pregnant now 6 ⇒ QUESTION 11

6. At what age did you stop menstruating?  _____ ⇒ QUESTION 13

7. Do you normally practice contraception?

Yes.....1 ⇒ QUESTION 9

No 2

8. Why don't you practice contraception?

Want to have a child 1 ⇒ QUESTION 10

Health problems2 ⇒ QUESTION 10

Don't have a husband or partner.....3 ⇒ QUESTION 13

Contraceptives are too expensive 4 ⇒ QUESTION 10

Contraceptives are not available on sale.....5 ⇒ QUESTION 10

Don't know how to practice contraception 6 ⇒ QUESTION 10

For religious reasons 7 ⇒ QUESTION 10

Other 8 ⇒ QUESTION 10

9. What contraception methods do you practice? (Please mark all of the matching options)

- | | | | |
|---------------------------------------------------------|---|---------------------------------------------------------|----|
| 9.1 Sexual continence | 1 | 9.8 Intrauterine device (Lippes loop) | 8 |
| 9.2 Track "high risk days" in the menstrual cycle | 2 | 9.9 Injections | 9 |
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| 9.5 Condoms..... | 5 | 9.12 Abortion | 12 |
| 9.6 Contraceptive caps | 6 | 9.13 Other | 13 |
| 9.7 Contraceptive pills..... | 7 | | |

10. Are you pregnant now?

- Yes.....1
No2 ⇒ QUESTION 13

11. Are you going to bear a child or have an abortion?

- Abortion 1
Give a birth 2 ⇒ QUESTION 13

12. Why are you going to have abortion?

- The pregnancy is unwanted1
Either my spouse, or myself oppose2
Material problems (dependence) 3
Maternal health problems4
Child health problems.....41
Other 5

13. Have you ever given birth to a child, even if this child didn't endure long?

- Yes.....1
No2 ⇒ QUESTION 17

14. How many children have your born, even if they didn't endure long? ✎ _____

14a. How many of your children are still alive? ✎ _____

15. Where was the delivery of your last child handled?

- At an in-patient department (maternity hospitals, maternity wards).....1
At home 2 || In a private ward | 3 |

16. Who handled the delivery?

- Obstetrician-gynecologist 1
Obstetrician.....2
Other health workers 3
Other persons without health education 4

17. Do you want to have more children?

- Yes.....1
No..... 2 ⇒ INTERVIEW IS OVER

18. How many more children would you like to have? ✎ _____ ⇒ INTERVIEW IS OVER



SECTION IV. INDIVIDUAL QUESTIONNAIRE FOR WOMEN

FAMILY PLANNING AND WOMEN'S HEALTH

INTERVIEWER!

This section is meant for women of fertile age (15-49 years, inclusive) living in the household, who are supposed to complete it on their own. Write the code for each responding women from the check card.

HOUSEHOLD FAMILY MEMBER (WOMAN) CODE ACCORDING TO THE CHECK CARD:

--	--

DEAR RESPONDENT!

This section includes questions about birth rates and family planning. Since some of the questions are very personal, you are supposed to fill in this section on your own. None of your family members, neighbors or the interviewer will ever learn your answers to these delicate questions. Therefore, please be candid in your answers. Information that you provide is a very valuable contribution into public health development in our country.

THANKS AHEAD FOR YOUR PARTICIPATION IN THE SURVEY!

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