

# 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? Yes.....1 No.....2	2. Can you write? Yes.....1 No.....2	3. Do you attend preschool institutions (nursery, kindergarten)?  Yes.....1 No.....2 ↓ <b>Q5</b>  At the age of 0 through 5	4. Please specify the type of a preschool institution  Public...1 Private....2  <b>After any answer please proceed to Section 2</b>  At the age of 0 through 5	5. Why don't you attend preschool institutions?  Too expensive.... 1 No preschool institutions at the place of my residence .....2 Inappropriate age .3 Illness .....4 Relatives watch after the child .....5 We have a babysitter .....6 No residence registration .....7 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	6. Have you ever attended school?  Yes.....1 No.....2 ↓ <b>Next person</b>	7. Do you study now?  Yes.....1 ↓ <b>Q12</b>  No.....2 ↓ <b>Q8</b>	8. Why don't you study?  Finished school ... 1 Too expensive...2 Don't want to study ...3 Too far to go ... 4 Inappropriate age for studying .....5 Illness ..... 6 Need to work...7 Expelled from school .....8 Other reasons.....9
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# from the check card	NAME	9. What is the highest level of your education?	10. What was the last grade/course that you studied at this level?	11. Certificate of what highest education degree do you have?	12. At what level do you study now?	13. Which grade/course are you at?	14. Please specify the type of your institution	15. Have you ever been held back?	16. How many times have you been held back?
		Higher degree ...1 Incomplete higher degree .....2 Secondary vocational degree ...3 Primary vocational degree with general secondary education degree ..... 41 without general secondary education degree .....42 General secondary (complete) degree .....5 General secondary (incomplete) degree .....6 Elementary education ... 7 No general elementary education ... 8	Write down the grade/ course number	University diploma .....1 Diploma of graduation (certificate of secondary complete general education) ...2 ↓ <b>Next person</b>  No certificate of education .....3 ↓ <b>Next person</b>	Higher vocational .....1 Secondary vocational .....3 Primary vocational (technical): with general secondary education degree .... 41 without general secondary education degree .....42 General secondary (complete) degree .....5 Elementary education ... 7 No general elementary education ... 8	Write down the class/course number  Reception classes - <b>98</b>	Public.....1 Private.....2 Religious.....3	Yes.....1 No.....2 ↓ <b>Next person</b>	
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**SECTION I. EDUCATION OF HOUSEHOLD MEMBERS**  
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		Yes.....1 No.....2	Yes.....1 No.....2	Yes.....1 No.....2 ↓ <b>Q5</b>  At the age of 0 through 5	Public...1 Private....2  <b>After any answer please proceed to Section 2</b>  At the age of 0 through 5	Too expensive.... 1 No preschool institutions at the place of my residence .....2 Inappropriate age .3 Illness .....4 Relatives watch after the child .....5 We have a babysitter .....6 No residence registration .....7 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 ↓ <b>Next person</b>	Yes.....1 ↓ <b>Q12</b>  No.....2 ↓ <b>Q8</b>	Finished school ... 1 Too expensive..2 Don't want to study ...3 Too far to go ... 4 Inappropriate age for studying .....5 Illness ..... 6 Need to work...7 Expelled from school .....8 Other reasons.....9
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**SECTION II. MIGRATION**

# from the check card	2. Were you born in this community?	3. What country were you born?	4. Which oblast of the Kyrgyz Republic were you born?	5. Where were you born?	5.2. What place have you come to from the place of your birth? (first move, if moved several times)	6. At what age have you moved from the place of your birth?	7. Why did you leave the place of your birth?	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?	9. Where have you come from to your current place of residence?	10. What was the previous place of your residence?	11. Why did you move to the current place of residence?	12. What was your age when you moved to the current place of residence?	13. Are you registered (do you have residence permit) at this settlement?	14. Why don't you have residence permit?
	Yes.....1 ↓ <b>Q8</b> No...2	<b>Interviewer</b> , write down the name of the country  <b>If not Kyrgyzstan ⇒ Q5</b>  <b>code</b>	<b>See oblast codes at the bottom of the page</b>	Capital city.....1 Oblast or rayon center....2 town...3 urban settlement ....4 village....5	<b>See oblast codes at the bottom of the page (if moved to Kyrgyzstan) or write down the name of the country</b>  <b>code</b>	Age at the time of moving  If less than a year, write 0	Due to family commitments.....1⇒ <b>Q13</b> Job change.....2⇒ <b>Q13</b> Looking for a job.3⇒ <b>Q13</b> School, study.....4⇒ <b>Q13</b> Marriage .....5⇒ <b>Q13</b> Military service ...6⇒ <b>Q13</b> Threat of violence.....7⇒ <b>Q13</b> Environmental hazards.....8⇒ <b>Q13</b> Escalation of interethnic conflicts.....9⇒ <b>Q13</b> Other reason ....10⇒ <b>Q13</b>	Yes.....1 No...2 ↓ <b>Q13</b>	<b>See oblast codes at the bottom of the page (if moved from Kyrgyzstan) or write down the name of the country</b>  <b>code</b>	Capital city.....1 Oblast or rayon center....2 town...3 urban settlement ....4 village....5	<b>See codes to Q7</b>	Age at the time of moving  If less than a year, write 0	Yes....1 ↓ <b>section 3</b> No.....2	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 permit .....4 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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	Yes.....1 ↓ <b>Q5.1</b> No...2			Capital city.....1 Oblast or rayon center....2 town...3 urban settlement ....4 village....5	See oblast codes at the bottom of the page (if moved to Kyrgyzstan) or write down the name of the country  <b>code</b>	Age at the time of moving  If less than a year, write 0	Due to family commitments.....1⇒ <b>Q13</b> Job change.....2⇒ <b>Q13</b> Looking for a job.3⇒ <b>Q13</b> School, study.....4⇒ <b>Q13</b> Marriage .....5⇒ <b>Q13</b> Military service ...6⇒ <b>Q13</b> Threat of violence.....7⇒ <b>Q13</b> Environmental hazards.....8⇒ <b>Q13</b> Escalation of interethnic conflicts.....9⇒ <b>Q13</b> Other reason ....10⇒ <b>Q13</b>	Yes.....1 No...2 ↓ <b>Q13</b>  <b>code</b>	See oblast codes at the bottom of the page (if moved from Kyrgyzstan) or write down the name of the country  <b>code</b>	Capital city.....1 Oblast or rayon center....2 town...3 urban settlement ....4 village....5	See codes to <b>Q7</b>	Age at the time of moving  If less than a year, write 0	Yes....1 ↓ <b>section 3</b> No.....2	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 permit .....4 Other.....5 Other country citizenship.....6
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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?	12.2. Was there any case during the last year when (NAME) could not use health services?	12.3. Why didn't (NAME) use medical services during the last year?	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?	17.1. The reasons for which (NAME) refused to stay in a hospital:	18. Is (NAME) covered with the mandatory health insurance?	19. Special status	20. What did you need to do over the past year to pay for the healthcare services (hospitalization, consultation, treatment etc.)?	21. Was it difficult to get the money for payment of these services?
		Yes.....1 No.....2	Yes.....1 No.....2 ↓ <b>Q17</b>	Self-treated him/herself .....1 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 far .....7 Absence of drugs .....8 The drugstore is too far ..... 9 Poor service ..... 10 Other .....11	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 ↓ <b>Q18</b>	Too expensive .....1 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 to .....8 Other reasons .....9	Yes.....1 No.....2 N/A.....9  <b>Children under age of 16 and retirement pensioners are insured automatically</b>  <b>People at the age of 16-18 inclusive are insured if unemployed</b>	<b>Interviewer</b> , read out the list from the last page instruction.	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 Other.....9 None of above .....10 ↓ <b>Q22</b>	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	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 when (NAME) could not use health services? Yes.....1 No.....2 ↓ <b>Q17</b>	12.3. Why didn't (NAME) use medical services during the last year? Self-treated him/herself .....1 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 far .....7 Absence of drugs .....8 The drugstore is too far ..... 9 Poor service ..... 10 Other .....11	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 ↓ <b>Q18</b>	17.1. The reasons for which (NAME) refused to stay in a hospital: Too expensive .....1 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 to .....8 Other reasons .....9	18. Is (NAME) covered with the mandatory health insurance?  Yes.....1 No.....2 N/A.....9  <b>Children under age of 16 and retirement pensioners are insured automatically</b>  <b>People at the age of 16-18 inclusive are insured if unemployed</b>	19. Special status <b>Interviewer</b> , 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 Other.....9 None of above .....10 ↓ <b>Q22</b>			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 Good .....2 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  ↓ <b>Q30</b> <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 week .....4 3-4 times a week .....5 5-6 times a week .....6 Daily .....7	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  ↓ <b>section 4</b> <i>This question is addressed to all persons at the age of 7 or older</i>	31. What does (NAME) mostly smoke?  Gaspers .....1 Filter-tipped cigarettes.....2 Cigarettes without filters .....3 Cigarettes rolled by smokers ....4  ↓ <b>p. 4</b> Tobacco pipe....5 ⇒ <b>p.4</b> Niswar.....6 ⇒ <b>p.4</b> Other.....7 ⇒ <b>p.4</b>	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 Daily .....7
								Beer.....1 Vodka.....2 Cognac...3 Wine.....4	in grams				
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**SECTION III. HEALTH STATUS AND ANTHROPOMETRIC INDICATORS OF HOUSEHOLD MEMBERS (continued)**

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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:

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#### **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

No .....2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

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

Yes.....1

No .....2 ⇒ 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 problems ..... 2 ⇒ 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  
No .....2 ⇒ 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 unwanted .....1  
Either my spouse, or myself oppose .....2  
Material problems (dependence) ..... 3  
Maternal health problems .....4  
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  
No .....2 ⇒ 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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Yes.....1

No .....2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

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

Yes.....1

No .....2 ⇒ 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 problems ..... 2 ⇒ 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  
No .....2 ⇒ 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 unwanted .....1  
Either my spouse, or myself oppose .....2  
Material problems (dependence) ..... 3  
Maternal health problems .....4  
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  
No .....2 ⇒ 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:

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#### **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

No .....2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

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

Yes.....1

No .....2 ⇒ 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 problems ..... 2 ⇒ 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  
No .....2 ⇒ 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 unwanted .....1  
Either my spouse, or myself oppose .....2  
Material problems (dependence) ..... 3  
Maternal health problems .....4  
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  
No .....2 ⇒ 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

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#### **THANKS AHEAD FOR YOUR PARTICIPATION IN THE SURVEY!**

##### **1. Have you ever had menstruation (periods)?**

Yes.....1

No .....2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

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

Yes.....1

No .....2 ⇒ 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 problems ..... 2 ⇒ 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  
No .....2 ⇒ 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 unwanted .....1  
Either my spouse, or myself oppose .....2  
Material problems (dependence) ..... 3  
Maternal health problems .....4  
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  
No .....2 ⇒ QUESTION 17

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

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**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

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#### **THANKS AHEAD FOR YOUR PARTICIPATION IN THE SURVEY!**

##### **1. Have you ever had menstruation (periods)?**

Yes.....1

No .....2 ⇒ CLOSE THE QUESTIONNAIRE AND RETURN IT TO THE INTERVIEWER

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

Yes.....1

No .....2 ⇒ 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

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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 problems ..... 2 ⇒ QUESTION 10

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Contraceptives are too expensive ..... 4 ⇒ QUESTION 10

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Other ..... 8 ⇒ QUESTION 10

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- |   |   |   |    |
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| 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  
No .....2 ⇒ 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?**

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Material problems (dependence) ..... 3  
Maternal health problems .....4  
Child health problems.....41  
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**13. Have you ever given birth to a child, even if this child didn't endure long?**

- Yes.....1  
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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

