

APPENDIX B

1993 CZECH REPUBLIC REPRODUCTIVE HEALTH SURVEY
Household questionnaire

ID NUMBER _ _ _ _

REGION _____

DISTRICT _____

BASIC CENSUS DISTRICT _____

HOUSE NUMBER (red number) _____

BUILDING NUMBER _____

FLAT NUMBER _____

STREET ADDRESS _____

CITY/TOWN/VILLAGE _____

SIZE OF PLACE

1 LESS THAN 5,000

2 5,000-19,999

3 20,000+

VISIT RECORD

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

*RESULT CODES

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

1. How many families live in this household?
 __ families
2. How many people normally live in this household?
 __ __ people
3. How many females between the ages of 15 and 44 live in this household?
 __ females
4. For each of these women could you give me the following information:

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

Marital status: Level:
 1 Married 0 No school
 2 Divorced 1 Primary
 3 Separated 2 Secondary
 4 Widowed 3 University
 5 Single 8 Don't know
 6 Consensual union
 8 Don't know

SELECTION OF INDIVIDUAL RESPONDENT:

	LAST DIGIT OF QUESTIONNAIRE									
	0	1	2	3	4	5	6	7	8	9
Eligible Respondents										
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

1993 CZECH REPUBLIC REPRODUCTIVE HEALTH SURVEY
Individual questionnaire

TIME STARTED: ___ ___ : ___ ___

ID NUMBER ___ ___ ___ ___

Background characteristics

100. In what month and year were you born?

Month ___ ___

Year 19 ___ ___

101. How old are you?

 ___ ___ years old

(MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND)

102. What is the highest grade in school you completed?

1 Primary 1 2 3 4 5 6 7 8 9-->GO TO Q104

2 Secondary 1 2 3 4 5+ ----- >GO TO Q103

3 University/Faculty 1 2 3 4 5+ ----- >GO TO Q104

103. Did you receive a diploma?

1 Yes

2 No

104. Are you currently married, living with someone as if married, separated, divorced, widowed, or single?

1 Married \
2 Living with a man \
3 Separated \
4 Divorced / --GO TO Q106
5 Widowed /
6 Single --- >GO TO Q105

105. Have you ever been married or lived with a man?

1 Yes--->CORRECT Q104 AND GO TO Q106

2 No-->GO TO 200 SERIES

106. How many times have you been married or lived with a man?

 ___ times

107. In what month and year did you begin living with your
(first)
husband/partner?

Month ___ ___

Year 19 ___ ___

108. What was the highest grade in school that your (first) husband/partner completed?

1 Primary 1 2 3 4 5 6 7 8 9----->GO TO Q110

2 Secondary 1 2 3 4 5+ ----->GO TO Q109

3 University/Faculty 1 2 3 4 5+ ----->GO TO Q110

8 Don't know ----->GO TO Q110

109. Did he receive a diploma?

1 Yes

2 No

110. When you first got married, how many children did you plan to have?

 Children

66 As many as possible

88 Were not sure

Fertility/Pregnancy

200. Have you ever been pregnant?

- 1 Yes
- 2 No
- 3 Not sure

201. Are you currently pregnant?

- 1 Yes ----->GO TO Q201A
- 2 No
- 3 Not sure

IF CURRENTLY PREGNANT (Q201=1) GO TO Q201A

IF PREGNANT IN THE PAST (Q200=1 AND Q201 NOT 1) GO TO 202.

IF NEVER PREGNANT (NEITHER Q200=1 NOR Q201=1) GO TO Q224.

201A. Thinking back to when you became pregnant, did you want to become pregnant then?

- 1 Yes ----->GO TO Q202
- 2 No ----->GO TO Q201B
- 3 Not sure ->GO TO Q202

201B. Was it that you wanted to wait longer to become pregnant or that you wanted no more children?

- 1 Wanted to wait longer
- 2 Wanted no more children
- 3 Not sure

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

- 1 Yes
- 2 No --->GO TO PREGNANCY HISTORY, Q210

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

__ __ children

IF 0 LIVING CHILDREN, GO TO Q206

204. How many of these are boys?

__ __ boys

205. How many of these are girls?

__ __ girls

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

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

- 1 Yes
- 2 No ---->GO TO Q209

207. How many boys have died?

— boys

208. How many girls have died?

— girls

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

- 1 Yes
- 2 No--->PROBE AND CORRECT Q203, Q207, Q208 AS NECESSARY

PREGNANCY HISTORY

Now I would like to talk to you about your pregnancies. Please make sure you include all past pregnancies, regardless of when they occurred and 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:

210	210A	211	212	213	214	215	216
Order	Was this a multiple pregnancy?	When did this pregnancy end? (Month & year)	How many months did this pregnancy last?	How did this pregnancy end?	Was this child a boy or a girl?	Is this child still alive?	At ¹ what age did he/ she die?
1	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth -->Q214 2 Stillbirth -->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months
2	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth -->Q214 2 Stillbirth -->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months
3	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth -->Q214 2 Stillbirth -->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months
4	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth -->Q214 2 Stillbirth -->NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months

5	1=Single 2=Twins 3 = 3 + 8=DK	Month __ __ Year 19 __ __	__ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	__ __ Years __ __ Months
6	1=Single 2=Twins 3 = 3 + 8=DK	Month __ __ Year 19 __ __	__ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	__ __ Years __ __ Months

210	210A	211	212	213	214	215	216
Order	Was this a multiple pregnancy ?	When did this pregnancy end? (Month & year)	How many months did this pregnancy last?	How did this pregnancy end?	Was this child a boy or a girl?	Is this child still alive?	At what age did he/ she die?
7	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months
8	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months
9	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months
10	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months
11	1=Single 2=Twins 3 = 3 + 8=DK	Month ___ ___ Year 19 ___ ___	___ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	___ ___ Years ___ ___ Months

12	1=Single 2=Twins 3 = 3 + 8=DK	Month __ __ Year 19 __ __	__ months 0=Don't know 9 = 9 +	1 Live birth-- >Q214 2 Stillbirth-- >NEXT PREGNANCY 3 Miscarriage-->NEXT PREGNANCY 4 Extrauterine->NEXT PREGNANCY 5 Induced abortion-->NEXT PREG	1 Boy 2 Girl	1 Alive- >NEXT PREG 2 Dead	__ __ Years __ __ Months
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AFTER FILLING IN ALL PREGNANCIES: IF NO PREGNANCIES ENDED SINCE THE BEGINNING OF 1988 GO TO 300 SERIES.
IF ANY PREGNANCIES ENDED SINCE THE BEGINNING OF 1988 GO TO Q217.

QUESTIONS 217-223 ONLY FOR PREGNANCIES THAT ENDED IN 1988 OR LATER

	217	218	219	220	221	222	223
COPY LINE # FROM Q210	Thinking back to when you became pregnant that time, did you want to become pregnant?	Was it that you wanted to wait longer to become pregnant or that you wanted no more children?		Did you breastfeed him/her?	Are you still breastfeeding?	How many months did you breastfeed?	What was the most important reason that you decided to have an abortion? (CODES BELOW)
— —	1 Yes---- >Q219 2 No.... >Q218 3 Not sure---- >Q219	1 Wait longer 2 Wanted no more 3 Not sure	IF LIVE BIRTH -- >Q220 IF INDUCED ABORTION -- >Q223 IF NOT A LIVE BIRTH -- >NEXT LINE	1 Yes 2 No-- >NEXT LINE	1 Yes --- >NEXT LINE 2 No	___ months- ->NEXT LINE	— —
— —	1 Yes---- >Q219 2 No.... >Q218 3 Not sure---- >Q219	1 Wait longer 2 Wanted no more 3 Not sure	IF LIVE BIRTH -- >Q220 IF INDUCED ABORTION -- >Q223 IF NOT A LIVE BIRTH -- >NEXT LINE	1 Yes 2 No-- >NEXT LINE	1 Yes --- >NEXT LINE 2 No	___ months- ->NEXT LINE	— —
— —	1 Yes---- >Q219 2 No.... >Q218 3 Not sure---- >Q219	1 Wait longer 2 Wanted no more 3 Not sure	IF LIVE BIRTH -- >Q220 IF INDUCED ABORTION -- >Q223 IF NOT A LIVE BIRTH -- >NEXT LINE	1 Yes 2 No-- >NEXT LINE	1 Yes --- >NEXT LINE 2 No	___ months- ->NEXT LINE	— —
— —	1 Yes---- >Q219 2 No.... >Q218 3 Not sure---- >Q219	1 Wait longer 2 Wanted no more 3 Not sure	IF LIVE BIRTH -- >Q220 IF INDUCED ABORTION -- >Q223 IF NOT A LIVE BIRTH -- >NEXT LINE	1 Yes 2 No-- >NEXT LINE	1 Yes --- >NEXT LINE 2 No	___ months- ->NEXT LINE	— —
— —	1 Yes---- >Q219 2 No.... >Q218 3 Not sure---- >Q219	1 Wait longer 2 Wanted no more 3 Not sure	IF LIVE BIRTH -- >Q220 IF INDUCED ABORTION -- >Q223 IF NOT A LIVE BIRTH -- >NEXT PAGE	1 Yes 2 No-- >NEXT PAGE	1 Yes --- >NEXT PAGE 2 No	___ months- ->NEXT PAGE	— —

CODES FOR Q223:

- 1 Delivery dangerous to her health/life
- 2 Fetus diagnosed with defect/high risk of

defect

- 3 Had all the children she/they wanted
- 4 Wanted to wait longer for next child
- 5 Could not afford another child
- 6 Husband/Partner wanted her to have abortion
- 7 Not married/No partner
- 8 Relationship ended
- 9 Parents wanted her to have an abortion
- 20 Other

(specify) _____

- 88 Don' t know
- 99 No response

GO TO NEXT PAGE (300 SERIES)

224. Have you ever had any pregnancies that ended with an abortion, a miscarriage, or a stillbirth?
 1 Yes -->RETURN TO PREGNANCY HISTORY, Q202
 2 No

Family Planning

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

METHOD	300. Have you ever heard of it?	301. Have you ever used it?	302. Do you know where to get it?
A. Pills	1 Yes-->Q301 2 No--->B	1 Yes 2 No	1 Yes 2 No
B. IUD	1 Yes-->Q301 2 No-->C	1 Yes 2 No	1 Yes 2 No
C. Condoms	1 Yes-->Q301 2 No-->D	1 Yes 2 No	1 Yes 2 No
D. Foam/Jelly/ Cream	1 Yes-->Q301 2 No--->E	1 Yes 2 No	1 Yes 2 No
E. Diaphragm	1 Yes-->Q301 2 No--->F	1 Yes 2 No	1 Yes 2 No
F. Female Sterilization	1 Yes-->Q301 2 No-->G	1 Yes-->G 2 No->Q302	1 Yes 2 No
G. Male Ster. (Vasectomy)	1 Yes-->Q301 2 No-->H	1 Yes 2 No	
H. Fertile days method (Rhythm)	1 Yes-->Q301 2 No-->I	1 Yes 2 No	
I. Withdrawal	1 Yes-->Q301 2 No-->J	1 Yes 2 No	
J. Other	1 Yes-->Q301 2 No-->Q303	1 Yes 2 No	

303. RECORD WHETHER RESPONDENT REPORTS HAVING USED ANY METHOD (ANY 1 FOR Q301)

- 1 Never used - >GO TO Q304
- 2 Ever used--- >GO TO Q305

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

- 1 Never used - >GO TO Q328
- 2 Ever used - >CORRECT Q301 AND GO TO Q305

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

- 1 Yes
- 2 No--->GO TO Q321

306. What method are you using?

- 1 Pills -- >GO TO Q308
- 2 IUD----- >GO TO Q308
- 3 Condoms----- >GO TO Q309
- 4 Foam/Jelly/Cream----- >GO TO Q308
- 5 Diaphragm----- >GO TO Q308
- 6 Tubal ligation-- >GO TO Q307
- 7 Vasectomy----- >GO TO Q307
- 8 Fertile days----- >GO TO Q311
- 9 Withdrawal "
- 10 Other _____"
- 11 Condoms + Foam/Jelly --- >Q309
- 12 Other combination _____"

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

Month — —
Year 19 — —

GO TO Q321

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

- 1 Yes
- 2 No

309. Where do you get your family planning method?

- 1 Regional/District Physician's office
- 2 Polyclinic physician's office
- 3 Hospital
- 4 Private practice physician
- 5 Pharmacy
- 6 Condom machine
- 7 At a store (not pharmacy)
- 8 Don't know

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No--->GO TO Q314

312. What method would you prefer to use?

- 1 Pills
- 2 IUD
- 3 Condoms
- 4 Foam/Jelly/Cream
- 5 Diaphragm
- 6 Female sterilization
- 7 Male sterilization
- 8 Fertile days method
- 9 Withdrawal
- 20 Other _____
- 77 Any method-- ----->GO TO Q314
- 88 Not sure ----->GO TO Q314

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

- 1 Doctor will not prescribe it
- 2 Cost
- 3 Not available
- 4 Too far away
- 5 Do not know how to obtain it
- 6 Husband objects to it
- 7 Religious reasons
- 20 Other _____
- 88 Don't know

314. IF USING WITHDRAWAL, RHYTHM, OR FERTILE DAYS METHOD(Q306=8, 9, OR 10)
CONTINUE WITH Q314;
USERS OF OTHER METHODS GO TO Q316.

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

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

315. How effective at preventing pregnancies do you think __ (method currently used) is compared to modern methods, like the pill or the IUD? (READ CHOICES)

- 1 Current method more effective
- 2 About equally effective
- 3 Current method less effective
- 8 Don't know/Not sure

316. Do you have any problems or concerns with using _____?

- 1 Yes
- 2 No--->GO TO Q318

317. What is the most important problem or concern?

- 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
- 20 Other _____

318. Do you plan to have any (more) children?

- 1 Yes
- 2 No --- >GO TO Q321
- 8 Not sure -- >GO TO Q321

319. How many more do you plan to have?

- __ __ children
- 66=As many as possible
- 77=Up to God/Fate, etc.
- 88=Not sure

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

- 1 Within 1 year
- 2 In 1-2 years
- 3 In 3-5 years
- 4 In more than 5 years
- 7 When I get married
- 8 Not sure/Don't know

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

- 1 Pills
- 2 IUD
- 3 Condoms
- 4 Foam/Jelly/Cream
- 5 Diaphragm
- 6 Female sterilization
- 7 Male sterilization
- 8 Fertile days method
- 9 Withdrawal
- 20 Other _____
- 88 Don't remember

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

- __ __ children
- 8=8 or more

323. How old were you at that time?

- __ __ years

328. CONTRACEPTIVE USE/PREGNANCY CALENDAR:
 Starting at the beginning of 1988, please try to remember in which months you started and stopped use of contraceptive methods.
 (INTERVIEWER: FILL IN ALL PREGNANIES AND BIRTHS FROM PREGNANCY HISTORY BEFORE COLLECTING CONTRACEPTIVE HISTORY).

COLUMN 1

CONTRACE PT/PREGNANCY

0 No method
 1 Pills
 2 IUD
 3 Condoms
 4 Vaginal method
 5 Fertile days method
 6 Withdrawal
 7 Sterilization
 8 Other _____
 9 Don't remember 2
 0 Pregnant
 21 Live birth
 22 Stillbirth
 23 Miscarriage
 24 Extrauterine preg
 25 Induced abortion

COLUMN 2

REASON STOPPED USING

1 Pregnant on method
 2 Wanted pregnancy
 3 Husband objected
 4 Side effects
 5 Health concerns
 6 Physician decision
 7 Supply/Availabil.
 8 Inconvenient meth
 9 Infrequent sex
 10 Couldn't get preg
 11 Marriage ended
 2 0 Other _____
 88 Don't remember

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

IF NOT USING A METHOD IN JANUARY 1988 SKIP Q329

329. You said you were using ____ in January of 1987. When did you start using that method?

Month ____ Year 19 ____

IF CURRENTLY USING A FAMILY PLANNING METHOD, GO TO Q338

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

- 1 Yes--->GO TO Q332
- 2 No--- >GO TO Q331
- 3 Not sure--- >GO TO Q332
- 4 Currently pregnant -- >Q332

331. Why not?

- 1 Menopause/Too old to get pregnant \
- 2 Has had an operation for medical reasons \
- that makes pregnancy impossible \
- 3 Husband/partner has had a medical operation \
- 4 Has tried to get pregnant for \ - >GO TO Q345
- at least 2 years without success /
- (or has not gotten pregnant despite /
- 2 years not contracepting) /
- 5 Doctor says she or partner is infertile /
- 6 Not sexually active ----- >GO TO Q332
- 7 Postpartum/Breastfeeding ----- >GO TO Q332
- 8 Other (specify) _____ ---->G0 TO Q332

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

- 1 Yes
- 2 No----- >GO TO Q336
- 3 Not sure----- >GO TO Q336

333. How many more children do you plan to have?

- ___ children
- 66=As many as possible
- 77=Up to God/Fate, etc.
- 88=Not sure

IF CURRENTLY PREGNANT SKIP TO Q338

334. Are you trying to become pregnant now?

- 1 Yes--->GO TO Q337
- 2 No

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

- 1 Within 1 year
- 2 In 1-2 years
- 3 In 3-5 years
- 4 In more than 5 years
- 7 When I get married
- 8 Not sure

336. What is the most important reason you are not using a method to avoid pregnancy now?
- 0 Currently pregnant ----->G0 TO Q3 38
 - 1 Not sexually active/No partner----->G0 TO Q338
 - 2 Want to become pregnant
 - 3 Only occasionally sexually active
 - 4 Breastfeeding/Postpartum
 - 5 Fear of side effects/health effects
 - 6 Previously had side effects/health problems
 - 7 Husband/Partner objects
 - 8 Religious reasons
 - 9 Doctor won't prescribe method
 - 10 Desired method not available/difficult to get
 - 11 Too expensive
 - 12 Don't know where to get method
 - 13 Methods difficult to use
 - 14 Prefer abortion
 - 15 Haven't bothered, but would like to use method
 - 16 Too old
 - 17 Difficulty getting pregnant
 - 20 Other (specify)_____
 - 88 Don't know
337. Does your husband/partner think that you should be using a method to prevent you from becoming pregnant?
- 1 Yes
 - 2 No
 - 3 No husband/partner
 - 8 Don't know
338. PLANS TO HAVE MORE CHILDREN
- 1 YES (Q318=1 OR Q332=1) ----->CONTINUE WITH Q341
 - 2 NO (Q318=2 OR Q332=2) ----->GO TO Q339
 - 3 NOT SURE (Q318 = 8 OR Q332 = 3)- -->CONTINUE WITH Q341
339. Are you interested in having an operation to prevent you from having any more children (after this pregnancy)?
- 1 Yes --->GO TO Q341
 - 2 No
 - 3 Not sure --->GO TO Q341
 - 4 STERILIZED (Q306=6 OR 7) ----->GO TO Q341
340. What is the most important reason you wouldn't be/are not interested?
- 1 Health risks
 - 2 Fear of operation
 - 3 Husband would object
 - 4 Religious reasons
 - 5 Not culturally/socially acceptable
 - 6 Cost/inconvenience of an operation
 - 7 Might want another child
 - 8 Don't know enough about sterilization
 - 9 Haven't thought about it
 - 20 Other_____
 - 88 Don't know

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

- 1 Yes
- 2 No--->GO TO Q343

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

- 1 Physician refused because of health/side effects
- 2 Physician refused because of age
- 3 Physician refused because of marital status
- 4 Physician refused, other _____
- 5 Pills unavailable/out of stock
- 6 Cost
- 7 Other (specify) _____
- 8 Don't remember

343. In the past five years have you ever unsuccessfully tried to get an IUD?

- 1 Yes
- 2 No---->G0 TO Q345

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

- 1 Physician refused because of health/side effects
- 2 Physician refused because of age
- 3 Physician refused because of marital status
- 4 Physician refused, other _____
- 5 IUDs unavailable/out of stock
- 6 Cost
- 7 Other (specify) _____
- 8 Don't remember

IF NEVER MARRIED, GO TO NEXT SECTION (Q400)

345. Have you (or your husband/partner) ever been to a doctor or clinic to talk about ways to help you become pregnant or to prevent a miscarriage?

- 1 Yes
- 2 No--->GO TO NEXT SECTION (Q400)

346. What kinds of medical treatment or advice did you or your husband/partner receive to help you become pregnant or prevent miscarriages? (READ ALTERNATIVES)

	<u>YES</u>	<u>NO</u>	<u>PR</u>
A. Drugs to make you ovulate	1	2	8
B. Surgery or treatment for blocked tubes	1	2	8
C. Infertility tests on you	1	2	8
D. Advice on how to time intercourse	1	2	8
E. Advice to start or stop contraception	1	2	8
F. Tests on husband/partner	1	2	8
G. In vitro fertilization	1	2	8
H. Artificial insemination	1	2	8
I. Bed rest	1	2	8
J. Other (specify) _____	1	2	8

347. When was the last time you or your husband/partner visited a doctor/clinic for this treatment or advice?

Month ___ ___
Year 19 ___ ___

MATERNAL-CHILD HEALTH

THE FOLLOWING QUESTIONS DEAL WITH THE MOST RECENT PREGNANCY THAT LED TO A LIVE BIRTH SINCE 1/88

IF NO LIVE BIRTHS SINCE 1/88, GO TO Q500

400. Which of the following best describes your reaction to your most recent pregnancy? (READ CHOICES)

- 1 Immediately happy about it
- 2 Accepted it easily and quickly became happy about it
- 3 Accepted it eventually
- 4 Was never able to accept it
- 5 Other (Specify)_____

401. Which of the following best describes the father's reaction to that pregnancy? (READ CHOICES)

- 1 Immediately happy about it
- 2 Accepted it easily and quickly became happy about it
- 3 Accepted it eventually
- 4 Was never able to accept it/Refused to become involved
- 5 Did not know about pregnancy
- 8 Don't know

402. Did your job during that pregnancy involve much physical work, a moderate amount, or only a little?

- 1 Much physical work
- 2 A moderate amount
- 3 Little or no physical work
- 4 Did not work----- >GO TO Q405

403. Did your job during that pregnancy involve much standing, a moderate amount of standing, or little standing?

- 1 Much standing
- 2 Moderate standing
- 3 Little standing

404. Would you say that job generally involved much, a moderate amount, or only a small amount of mental stress?

- 1 Much stress
- 2 Moderate stress
- 3 Little stress

405. Did you receive any prenatal care from a doctor, nurse, or midwife for that pregnancy?

- 1 Yes
- 2 No--->GO TO Q418

406. Who provided the most care?

- 1 Physician
- 2 Midwife/Nurse
- 3 Physician and midwife equally

407. How many months pregnant were you when you made your first prenatal visit?

___ months

408. How many prenatal visits did you make during that pregnancy?
- ___ __ visits
 66=As many as doctor/midwife/nurse said to have
 77=Don't remember, but was definitely at least 10
 88=Don't remember
409. Where did you receive your prenatal care? (READ ALL CHOICES)
- 1 District clinic
 2 District clinic and hospital
 3 Hospital only
 4 Other (specify)_____
410. How many minutes did it take you, on average, to reach the place where you received the most prenatal care?
- ___ __ __ minutes
 000=At home/At factory -- >GO TO Q413
 888=Don't remember
411. How did you usually get to that place?
- 1 Walk
 2 Bus/Metro
 3 Private vehicle
 4 Other (specify)_____
412. On average, how long did you have to wait to be seen?
- ___ __ __ minutes
 888=Don't remember
413. During that pregnancy did you have an ultrasound?
- 1 Yes
 2 No----- >GO TO Q415
 8 Don't know/Don't remember ---- >GO TO Q415
414. Did anyone (e.g., midwife, physician) explain to you or make sure you understood the purpose of this procedure?
- 1 Explained well
 2 Explained only a little
 3 Did not explain
 8 Don't remember
415. During that pregnancy did you have an amniocentesis?
- 1 Yes
 2 No ----- >GO TO Q418
 8 Don't know - >GO TO Q418
416. During what month of pregnancy was it done?
- ___ month
 88=Don't know

417. Why was it done? (READ CHOICES)
- 1 To test for possible birth defect
 - 2 For RH immunization
 - 3 Metabolic disorder
 - 4 Other _____
 - 5 Don't know/Was not explained
 - 8 Don't remember
418. During your last pregnancy did a doctor (or midwife?) ever tell you to remain in bed/stay off your feet for one or more weeks because of some problem related to your pregnancy?
- 1 Yes
 - 2 No---->GO TO Q420
419. Altogether, how long did you stay in bed because of this problem during that pregnancy?
- ____ weeks 01=1
week or less
420. During your last pregnancy were you ever hospitalized because of any problem related to your pregnancy?
- 1 Yes
 - 2 No---->GO TO Q423
421. Altogether, how many days were you hospitalized because of this problem during that pregnancy?
- __ __ days
422. Were any of the following conditions the reason you were hospitalized?
(READ EACH CONDITION)
- | | YES | NO | DK/DR |
|--|-----|----|-------|
| A. Threatened miscarriage; bleeding in first half of pregnancy | 1 | 2 | 8 |
| B. Bleeding during second half of pregnancy | 1 | 2 | 8 |
| C. High blood pressure (hypertension) before pregnancy | 1 | 2 | 8 |
| D. High blood pressure (hypertension) related to pregnancy | 1 | 2 | 8 |
| E. Early or false labor | 1 | 2 | 8 |
| F. Swollen ankles, water retention, edema | 1 | 2 | 8 |
| G. Improper position of fetus | 1 | 2 | 8 |
| H. Previous cesarean section | 1 | 2 | 8 |
| I. Other (specify) _____ | 1 | 2 | 8 |
423. Did you smoke cigarettes just before you became pregnant?
- 1 Yes
 - 2 No---->GO TO Q426

424. Did you smoke cigarettes during that pregnancy?
- 1 Yes
 - 2 No -->GO TO Q426
425. About how many cigarettes did you smoke each day, on average, during that pregnancy?
(ONE PACK=20 CIGARETTES)
- __ __ cigarettes
- 77=Less than 1 per day
80=80 or more
88=Don't remember
426. How many times per week did you drink alcoholic beverages during that pregnancy?
- 1 At least 4 times per week
 - 2 1-3 times per week
 - 3 Less than once per week
 - 4 Never
 - 9 No response
427. How much did your last baby weigh when he/she was born?
- __ __ __ __ grams-->GO TO Q429
- 8888=Don't know/Don't remember-->GO TO Q428
428. Do you remember if he/she weighed less than 2500 grams or was considered to be low birth weight?
- 1 Yes (<2500 grams/low birth weight)
 - 2 No
 - 8 Don't remember/Don't know
429. Was your last delivery normal or cesarean?
- 1 Normal
 - 2 Cesarean
430. Would you rate the place in which you had your last delivery as good, fair, or poor in the following areas?
- | | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> | <u>DK/DR</u> |
|---------------------------------------|-------------|-------------|-------------|--------------|
| A. Distance from home | 1 | 2 | 3 | 8 |
| B. Physical facilities | 1 | 2 | 3 | 8 |
| C. Crowdedness | 1 | 2 | 3 | 8 |
| D. Helpfulness/Attentiveness of staff | 1 | 2 | 3 | 8 |
| E. Competence of staff | 1 | 2 | 3 | 8 |
431. Would you say that your delivery was (READ CHOICES):
- 1 Shorter than you expected
 - 2 About as long as you expected
 - 3 Longer than you expected
 - 4 Planned Cesarean section--->GO TO Q433
432. Would you say that your labor was (READ CHOICES):
- 1 Less painful than you expected
 - 2 About as painful as you expected
 - 3 More painful than you expected

433. Do you feel that you received enough information regarding your pregnancy from those providing your care?
- 1 Yes
 - 2 No
434. Do you feel that you received enough information regarding what to expect during your labor and delivery from those providing your care?
- 1 Yes
 - 2 No
435. Who would you have wanted to be present at your delivery?(READ CHOICES)
- 1 Your husband/partner
 - 2 Your mother
 - 3 Other person (specify) _____
 - 4 Only professional staff
436. If you were to have another child, would you be interested in delivering your baby at home, rather than in a hospital?
- 1 Yes, definitely
 - 2 Possibly
 - 3 No, definitely
 - 4 Not sure
437. If you were to have another child, do you think you would prefer to have it by cesarean section or normally?
- 1 Cesarean
 - 2 Normal
 - 3 Not sure

438. What was your biggest problem the first week after delivery?
- 1 Health/Care of the child
 - 2 Breastfeeding
 - 3 Her own health
 - 4 Behavior of professional staff
 - 5 Hospital environment
 - 6 Visiting/Contact with family
 - 7 Other (specify)_____
 - 77 No important problems
 - 88 Don't remember
439. What was your biggest problem when you returned home after delivery?
- 1 How to care for child
 - 2 Health of child
 - 3 Her own health
 - 4 Lack of professional care
 - 5 Home environment (e.g., living with parents, crowded home)
 - 6 Family circumstances (e.g., no husband, husband not helpful)
 - 7 Economic situation
 - 8 Other (specify)_____
 - 77 No important problems
 - 88 Don't remember
440. Did you know whom to ask for advice or assistance with problems after you returned home?
- 1 Yes
 - 2 No
 - 3 Only for certain problems
441. Did you attend any prenatal counselling?
- 1 Yes
 - 2 No----->GO TO Q443
442. How many sessions did you attend?
- 1 < 4
 - 2 4+
 - 8 Don't remember
443. Did you receive any analgesia during labor?
- 1 Yes
 - 2 No ----->GO TO Q500
 - 3 Don't remember--->GO TO Q500
 - 4 Cesarean section-->GO TO Q500
444. How effective was the analgesia you received?
- 1 Very effective
 - 2 Somewhat effective
 - 3 Not effective
 - 8 Don't remember

YOUNG ADULT MODULE

500. AGE OF RESPONDENT

1 15-24 -- >CONTINUE WITH Q501

2 25-44 -- >GO TO Q600

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

Month

Year 19

22=Never had sexual relations -->GO TO Q516

98=Don't remember

99=No response--->GO TO Q509

502. How old were you at that time?

 years

88=Don't remember

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

1 Husband

2 Engaged to be married

3 Boyfriend

4 Friend

5 Rape ---- >GO TO Q509

6 Incest -- >GO TO Q509

7 Other _____

9 No response

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

 months

00=First time we met

61=More than five years

77=Other _____

88=Don't remember

99=no response

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

1 Yes

2 No--- >GO TO Q508

8 Don't remember/Don't know --- >GO TO Q508

506. What method?

1 Pills

2 IUD

3 Condoms

4 Foam/Jelly/Cream

5 Diaphragm

6 Fertile days method

7 Withdrawal

8 Other _____

507. Who took the initiative to use this method?

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

GO TO Q509

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

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

509. RESPONDENT EVER PREGNANT

- 1 Yes (Q200=1 OR Q201=1)
- 2 No (Q200=2 OR 3) -- >GO TO Q516

510. How old were you when you became pregnant (for the first time)?

_ Years

511. With whom were you living when you first became pregnant?

- 1 Was married--- >GO TO Q516
- 2 Mother and father
- 3 Mother or father only
- 4 Grandparents only
- 5 Other relatives
- 6 Friends
- 7 Alone
- 8 Don't remember

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

- 1 Engaged to be married
- 2 Boy friend
- 3 Friend
- 4 Casual acquaintance/Just met
- 5 Was raped/Incest ----->GO TO Q516
- 6 Other _____
- 9 No response

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

- 1 Both wanted to get married
- 2 Only he wanted to get married
- 3 Wanted you to get an abortion
- 4 Accepted pregnancy, but did not want to get married
- 5 He did not know of pregnancy ----- >GO TO Q515
- 7 Other _____
- 8 Don't know

514. Did you marry or go live with him?

- 1 Yes
- 2 No

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

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

516. Did your mother or father ever talk to you about the use of pregnancy prevention methods?

- 1 Yes
- 2 No----->G0 TO Q600

517. How old were you when they to you about it the first time?

- _ _ years
88=Don't remember

WOMEN'S HEALTH

600. How often do you go for regular (not pregnancy related) gynecologic exams?
- 1 At least once per year ----- >GO TO Q602
 - 2 Every 1-2 years
 - 3 Every 3-5 years
 - 4 Less than every 5 years
 - 5 Never
601. Health care professionals recommend that women receive such an exam every year. What is the main reason you go less often than that?
- 1 Doesn't feel it is necessary to go that often
 - 2 She is healthy/doesn't have gynecologic problem
 - 3 Doesn't have the time
 - 4 She forgets about it
 - 5 Doesn't like gyn. exams
 - 6 Hard to get appointments
 - 7 Doesn't like facilities
 - 8 Doesn't like staff
 - 9 Waiting time is too long
 - 10 Other (specify) _____
 - 88 Don't know
602. Have you heard about breast self-examinations?
- 1 Yes
 - 2 No--->GO TO Q604
603. Do you ever do breast self-examinations?
- 1 Yes
 - 2 No
604. Have you smoked at least 100 cigarettes during your life?
- 1 Yes
 - 2 No--->GO TO Q607
605. Do you currently smoke?
- 1 Yes
 - 2 No--- >GO TO Q607
606. How many cigarettes do you smoke per day, on average?
(1 PACK=20 CIGARETTES)
- ___ cigarettes
 77=<1 cigarette per day
 80=80+

607. How many times per week do you usually drink alcoholic beverages?

- 1 At least 4 times per week
- 2 1-3 times per week
- 3 Less than once per week
- 4 Never----->GO TO Q611
- 9 No response----->GO TO Q611

608. How much beer do you drink?

__ __ liters per week

609. How much wine do you drink?

__ __ liters per month

610. How much liquor do you drink?

__ __ deciliters per month

611. How tall are you?

__ __ __ centimeters

612. How much do you weigh?

__ __ __ kilograms

REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. What do you think is the ideal number of children for a young family in the Czech Republic?
- children
 - 6 6 or more
 - 7 As many as possible
 - 8 Don't know
701. When is it most likely for a woman to become pregnant?
(SHOW CARD A)
- 1 A week before menstruation starts
 - 2 During menstruation
 - 3 A week after menstruation starts
 - 4 Halfway between her periods
 - 5 It doesn't matter, all times alike
 - 7 Other (specify) _____
 - 8 Don't know
702. Do you think that in any situation a woman should always have the right to decide about her own pregnancy, including whether to have an abortion?
- 1 Yes--->GO TO Q704
 - 2 No
703. Under which of the following conditions is it all right for a woman to have an abortion?
- | | <u>YES</u> | <u>NO</u> | <u>DEPENDS</u> | <u>DK</u> |
|---|------------|-----------|----------------|-----------|
| A. Her life is in danger from the pregnancy | 1 | 2 | 3 | 4 |
| B. The fetus has a physical deformity | 1 | 2 | 3 | 4 |
| C. The pregnancy has resulted from rape | 1 | 2 | 3 | 4 |
| D. Her health may be hurt by the pregnancy | 1 | 2 | 3 | 4 |
| E. She is unmarried | 1 | 2 | 3 | 4 |
| F. The couple cannot afford to have a child | 1 | 2 | 3 | 4 |
704. If a woman takes the pill correctly, how sure can she be that she will not become pregnant? (READ ANSWERS 1-4)
- 1 Completely sure
 - 2 Almost sure
 - 3 Fairly sure
 - 4 Not sure at all
 - 8 Don't know
705. How safe for a woman's health is the pill? (READ ANSWERS 1-3)
- 1 Completely safe
 - 2 Fairly safe
 - 3 Unsafe
 - 8 Don't know

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. The pill makes you gain weight	1	2	8
B. The pill makes periods more regular	1	2	8
C. The pill makes you nervous	1	2	8
D. Taking the pill for too long can cause infertility	1	2	8
E. Women who take the pill have a higher risk of getting cancer	1	2	8
F. The pill is bad for blood circulation	1	2	8

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Care of children is women's work	1	2	8
B. A woman should be a virgin when she marries	1	2	8
C. A woman can become pregnant the first time that she has intercourse	1	2	8
D. A condom should not be used more than one time	1	2	8
E. It is all right for a woman not to have children if she does not want to	1	2	8

KNOWLEDGE OF AIDS

800. Have you ever heard of the disease called AIDS or HIV infection?
- 1 Yes
 - 2 No -- >GO TO Q900
801. Do you think a person can be infected with the AIDS virus and not have any signs of the disease?
- 1 Yes
 - 2 No
 - 8 Don't know
802. Do you believe a person can become infected with AIDS in the following ways? (READ EACH LINE)
- | | YES | NO | DK |
|---|-----|----|----|
| A. Receiving a blood transfusion | 1 | 2 | 8 |
| B. Using public bathrooms | 1 | 2 | 8 |
| C. Kissing on the mouth | 1 | 2 | 8 |
| D. Having heterosexual relations | 1 | 2 | 8 |
| E. Men having homosexual relations | 1 | 2 | 8 |
| F. Shaking hands | 1 | 2 | 8 |
| G. Using a needle already used by someone else | 1 | 2 | 8 |
| H. Mosquito bite | 1 | 2 | 8 |
| I. Donating blood | 1 | 2 | 8 |
| J. Using domestic objects of a person with AIDS | 1 | 2 | 8 |
| K. Going to a physician or dentist | 1 | 2 | 8 |
803. What kind of protection do you think condoms provide against AIDS infection? (READ CHOICES)
- 1 Excellent
 - 2 Good
 - 3 Fair
 - 4 Poor
 - 8 Don't know
804. If an anonymous test for AIDS infection was easily and cheaply available would you have it done?
- 1 Yes
 - 2 No
 - 8 Don't know
805. Do you think that you have any risk of getting AIDS?
- 1 Yes
 - 2 NO ----- >GO TO Q900
 - 8 Don't know---- >GO TO Q900
806. Would you say that you have a low risk or a high risk?
- 1 Low risk
 - 2 High risk
 - 8 Don't know

SOCIOECONOMIC CHARACTERISTICS

900. What is your ethnic background?

- 1 Czech
- 2 Slovak
- 3 Moravian
- 4 Hungarian
- 5 Romany (Gypsy)
- 6 Polish/Silesian
- 7 German
- 8 Other (specify) _____
- 9 Refused/Not stated _____

901. What is your religion?

- 0 No religion -- >GO TO Q903
- 1 Roman Catholic
- 2 Czech Evangelical
- 3 Czechoslovak Hus Church
- 4 Slovakian Evangelical
- 5 Pravoslavne
- 6 Seventh Day Adventist
- 7 Greek Catholic
- 8 Other (specify) _____
- 9 Refused/Not stated -- >GO TO Q903

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

- 1 At least once a week
- 2 At least once a month, but less than once a week
- 3 Less than once a month
- 4 Only on holidays
- 5 Never/Almost never

903. Do you currently work outside of the home?

- 1 Yes
- 2 Yes, but on maternity/pregnancy leave -- >GO TO Q906
- 3 No--->GO TO Q906

904. Do you currently work one job or more than one job?

- 1 One job
- 2 More than one job

905. How many hours per week do you usually work, in total?

__ __ hours
80=80+ hours

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

	Yes	No
A. Bathroom/Shower	1	2
B. Local heating	1	2
C. Color television	1	2
D. VCR	1	2
E. Automobile	1	2
F. Auto Washing machine	1	2
G. Telephone	1	2
H. Personal computer	1	2

907. Do you own or have access to a weekend house (chaloupa)?

- 1 Own
- 2 Have access to
- 3 No

908. What was the average monthly gross income of all members of this household during the 1992? (SHOW CARD B)

- 1 LE 3000 KCr
- 2 3001-7000 KCr
- 3 7001-10,000 KCR
- 4 10,001-15,000 KCR
- 5 15,001-20,000 KCR
- 6 GT 20,000 KCR
- 8 Don't know
- 9 Refuse

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

- 1 Yes
- 2 No

910. Which of these best describes this house/flat?
(READ CHOICES)

- 1 Own home
- 2 Cooperative apartment/flat
- 3 Rental, from private owner
- 4 Rental, state owned

IF NOT CURRENTLY MARRIED/NOT IN UNION END INTERVIEW

911. How many jobs does your husband currently have?

- 0
- 1
- 2 2 or more

END OF INTERVIEW

TIME INTERVIEW ENDED __ __ : __ __

INTERVIEWED BY: _____

QUESTIONNAIRE REVIEWED BY: _____

DATA ENTRY OPERATOR NUMBER: ____