

**1999 UKRAINE WOMEN'S REPRODUCTIVE HEALTH SURVEY**  
**Household questionnaire**

ID NUMBER

**Id\_number**

INTERVIEWER DIARY ENTRY NUMBER

**Id\_inter**

**IDENTIFICATION/LOCATION INFORMATION**

**1. OBLAST**

**HQ1**

1 Crimea	10 Zaporozhsky	19 Sumska
2 Kiev City	11 Ivano-Frankovsk	20 Ternopolsk
3 Kiev Oblast	12 Kirovograd	21 Kharkiv
4 Vinits	13 Lugansk	22 Kherson
5 Volinsk	14 L'viv	23 Khmel'nitsk
6 Dnepropetrovsk	15 Nikolaev	24 Cherkassy
7 Donetsk	16 Odessa	25 Chernovits
8 Zhitomir	17 Poltava	26 Chernigorsk
9 Zakarpat	18 Rovensk	

**2. SIZE OF PLACE CATEGORY**

**HQ2**

- 1 Village
- 2 Small town
- 3 City < 200,000
- 4 City 200,000-500,000
- 5 City >500,000

**3. CITY/TOWN/ VILLAGE**

**HQ3**

**4. POSTAL DISTRICT**

**HQ4**

ADDRESS \_\_\_\_\_

INTERVIEWER \_\_\_\_\_

**Inter**

SUPERVISOR \_\_\_\_\_

**Superv**

1. How many families live in this flat/house?

\_\_ families

**H1**

2. How many people normally live in this flat/house?

\_\_ \_\_ people

**H2**

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

\_\_ females **H3**

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

**LIST FROM OLDEST TO YOUNGEST**

Line	First name	Age	Marital status	Education	Selection	Result
1	_____	<b>H4_age_1</b>	<b>H4_mstat_1</b>	<b>H4_educ_1</b>	<b>H4_sel_1</b>	<b>H4_res_1</b>
2	_____	<b>H4_age_2</b>	<b>H4_mstat_2</b>	<b>H4_educ_2</b>	<b>H4_sel_2</b>	<b>H4_res_2</b>
3	_____	<b>H4_age_3</b>	<b>H4_mstat_3</b>	<b>H4_educ_3</b>	<b>H4_sel_3</b>	<b>H4_res_3</b>
4	_____	<b>H4_age_4</b>	<b>H4_mstat_4</b>	<b>H4_educ_4</b>	<b>H4_sel_4</b>	<b>H4_res_4</b>
5	_____	<b>H4_age_5</b>	<b>H4_mstat_5</b>	<b>H4_educ_5</b>	<b>H4_sel_5</b>	<b>H4_res_5</b>
6	_____	---	---	---	---	---
			CODES:	CODES:	CODES:	CODES:
			1 Married 2 Unregistered marriage 3 Divorced 4 Separated 5 Widowed 6 Single (Never married)	1 No secondary 2 Incomp Secondary 3 Comp. Secondary 4 Prof Technical Ed 5 CompSec + TechEd 6 Technician 7 Incomp. Postsec. 8 Complete Postsec. 9 Don't know	1 Selected 2 Not sel.	1 Complete 2 Not home 3 Refusal 4 Incompetent 5 Other: _____

Number of women from the list in household questionnaire: **NUM\_MEF**

**HOUSEHOLD VISIT RECORD**

Visit number	1	2	3	4
Date of visit	Day Month <b>Vday_1</b> <b>Vmonth_1</b>	Day Month <b>Vday_2</b> <b>Vmonth_2</b>	Day Month <b>Vday_3</b> <b>Vmonth_3</b>	Day Month <b>Vday_4</b> <b>Vmonth_4</b>
Result*	<b>Vresult_1</b>	<b>Vresult_2</b>	<b>Vresult_3</b>	<b>Vresult_4</b>

\*RESULT CODES

- 1 Completed household interview--at least one women 15-44 living in household
- 2 Completed household interview--no women 15-44 living in household
- 3 Nobody at home/No adults at home
- 4 Refusal
- 5 Unoccupied dwelling
- 6 Other\_\_\_\_\_

Coder code : **Code\_cod**

Operator code : **Oper\_cod**

**TIME INTERVIEW STAR**

**Start\_H** : **Start\_M**

**1999 UKRAINE WOMEN'S REPRODUCTIVE HEALTH SURVEY**  
**Individual questionnaire**

**I. BACKGROUND CHARACTERISTICS**

100. In what month and year were you born?

Month \_\_ \_\_ **Q100m**

Year 19 \_\_ \_\_ **Q100y**

**Q101** 101. How old are you?

\_\_ \_\_ years old

**(MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND)**

**Q102** 102. What is the highest level of education you completed? (SHOW CARD)

- 1 Less than grade 7
- 2 Less than grade 10
- 3 Technical training after grade 7-8
- 4 Complete secondary (10-11 years)
- 5 Professional technical education after grade 10-11
- 6 Complete secondary + technical education
- 7 Incomplete postsecondary
- 8 Complete postsecondary

**Q103** 103. Are you still attending school?

- 1 Yes
- 2 No

**Q104** 104. What is your marital status (SHOW CARD)

- 1 Married
- 2 Living with a man (In unregistered marriage)
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Never been in a registered or unregistered marriage----->**GO TO Q200**

**Q105** 105. How many times have you been in registered or unregistered marriages?

\_\_ times

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

Month \_\_ \_\_ **Q106m**

Year 19 \_\_ \_\_ **Q106y**

**Q107** 107. What was the highest level of education that your (first) husband/partner completed? (SHOW CARD)

- 1 Less than grade 7
- 2 Less than grade 10
- 3 Technical training after grade 7-8
- 4 Complete secondary (10-11 years)
- 5 Professional technical education after grade 10-11
- 6 Complete secondary + technical education
- 7 Incomplete postsecondary
- 8 Complete postsecondary
- 77 Don't know/Don't remember

**Q108** 108. When you first got married/started living with a man how many children did you desire to have?

\_\_\_ children

44 As many as we could afford

55 As many as possible

66 Up to God, fate, etc.

77 Were not sure

88 Other \_\_\_\_\_

## II. FERTILITY/PREGNANCY

**Q200** 200. Are you currently pregnant?

- 1 Yes
- 2 No----->GO TO Q204
- 3 Not sure---->GO TO Q204

**Q201** 201. In what month of pregnancy are you?

\_\_\_ month  
7 7 Don't know

**Q202** 202. At the time you became pregnant, did you want to become pregnant then, want to wait longer to become pregnant or want no more children?

- 1 Wanted to become pregnant
- 2 Wanted to wait longer---->GO TO Q205
- 3 Wanted no more children---->GO TO Q205
- 8 Don't know/Don't remember---->GO TO Q205

**Q203** 203. How long had you been trying to become pregnant?  
(CONVERT YEARS TO MONTHS)

\_\_\_ \_\_\_ \_\_\_ Months  
6 6 6 Did not try  
7 7 7 Don't remember

### GO TO Q205

**Q204** 204. Have you ever been pregnant? (Including pregnancies that did not result in a live birth)

- 1 Yes
- 2 No----->GO TO Q266
- 7 Not sure----->GO TO Q266

**Q205** 205. Have you ever had any live-born children, regardless of how long they lived?

- 1 Yes
- 2 No--->GO TO Q210

**Q206** 206. How many living children do you have, including those who do not live with you?

\_\_\_ \_\_\_ children

207. In what month and year was your last baby born?

Month **Q207m**  
Year 19 **Q207y**

**IF CURRENTLY PREGNANT, CODE Q208 AS “YES” AND SKIP TO Q210.**

**Q208** 208. Since that birth have you been pregnant again?

- 1 Yes
- 2 No---->**GO TO Q210**
- 3 Not sure---->**GO TO Q210**

**Q209** 209. How did your most recent pregnancy end? (SHOW CARD 209)

- 1 Stillbirth
- 2 Miscarriage
- 3 Induced abortion---->**GO TO PREGNANCY HISTORY, TABLE 1**
- 4 Miniabortion----->**GO TO PREGNANCY HISTORY, TABLE 1**
- 5 Ectopic pregnancy

**Q210** 210. Have you ever had any miniabortions, induced abortions, or done anything to terminate a pregnancy (even if it was a long time ago)?

- 1 Yes
- 2 No

**TABLE 1: PREGNANCY HISTORY**

Now I would like to talk to you about your past pregnancies. Please make sure you include all 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: (IF CURRENTLY PREGNANT START WITH PREVIOUS PREGNANCY.)

211	212	213	214	215	216	217	218
LINE	When did this pregnancy end? (Month & yr)	When you got pregnant, did you want to become pregnant then, want to get pregnant later, or not want to have any more children?	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? (DAYS IF <1 MONTH, MONTH IF <2 YRS)
1	Month <b>Q212m_1</b> Year 19 <b>Q212y_1</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_1</b> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	__ months 9=9+ 77=DK/DR  <b>Q214_1</b>	1 Live birth (single) --->Q216 <b>Q215_1</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_1</b>	1 Alive->NEXT PREG <b>Q217_1</b> 2 Dead 3 One living, One dead	__ Days <b>Q218d_1</b> __ Months <b>Q218m_1</b> __ Years <b>Q218y_1</b>
2	Month <b>Q212m_2</b> Year 19 <b>Q212y_2</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_2</b> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	__ months 9=9+ 77=DK/DR  <b>Q214_2</b>	1 Live birth (single) --->Q216 <b>Q215_2</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_2</b>	1 Alive->NEXT PREG <b>Q217_2</b> 2 Dead 3 One living, One dead	__ Days <b>Q218d_2</b> __ Months <b>Q218m_2</b> __ Years <b>Q218y_2</b>
3	Month <b>Q212m_3</b> Year 19 <b>Q212y_3</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_3</b> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	__ months 9=9+ 77=DK/DR  <b>Q214_3</b>	1 Live birth (single) --->Q216 <b>Q215_3</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_3</b>	1 Alive->NEXT PREG <b>Q217_3</b> 2 Dead 3 One living, One dead	__ Days <b>Q218d_3</b> __ Months <b>Q218m_3</b> __ Years <b>Q218y_3</b>
4	Month <b>Q212m_4</b> Year 19 <b>Q212y_4</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_4</b> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	__ months 9=9+ 77=DK/DR  <b>Q214_4</b>	1 Live birth (single) --->Q216 <b>Q215_4</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_4</b>	1 Alive->NEXT PREG <b>Q217_4</b> 2 Dead 3 One living, One dead	__ Days <b>Q218d_4</b> __ Months <b>Q218m_4</b> __ Years <b>Q218y_4</b>
5	Month <b>Q212m_5</b> Year 19 <b>Q212y_5</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_5</b> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	__ months 9=9+ 77=DK/DR  <b>Q214_5</b>	1 Live birth (single) --->Q216 <b>Q215_5</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_5</b>	1 Alive->NEXT PREG <b>Q217_5</b> 2 Dead 3 One living, One dead	__ Days <b>Q218d_5</b> __ Months <b>Q218m_5</b> __ Years <b>Q218y_5</b>

211	212	213	214	215	216	217	218
LINE	When did this pregnancy end? (Month & year)	When you got pregnant, did you want to become pregnant then, want to get pregnant later, or not want to have any more children?	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?
6	Month <u>    </u> <b>Q212m_6</b> Year 19 <u>    </u> <b>Q212y_6</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_6</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>    </u> months 9=9+ 77=DK/DR  <b>Q214_6</b>	1 Live birth (single) --->Q216 <b>Q215_6</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_6</b>	1 Alive->NEXT PREG <b>Q217_6</b> 2 Dead 3 One living, One dead	<u>    </u> Days <b>Q218d_6</b> <u>    </u> Months <b>Q218m_6</b> <u>    </u> Years <b>Q218y_6</b>
7	Month <u>    </u> <b>Q212m_7</b> Year 19 <u>    </u> <b>Q212y_7</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_7</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>    </u> months 9=9+ 77=DK/DR  <b>Q214_7</b>	1 Live birth (single) --->Q216 <b>Q215_7</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_7</b>	1 Alive->NEXT PREG <b>Q217_7</b> 2 Dead 3 One living, One dead	<u>    </u> Days <b>Q218d_7</b> <u>    </u> Mo <b>Q218m_7</b> <u>    </u> Ye <b>Q218y_7</b>
8	Month <u>    </u> <b>Q212m_8</b> Year 19 <u>    </u> <b>Q212y_8</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_8</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>    </u> months 9=9+ 77=DK/DR  <b>Q214_8</b>	1 Live birth (single) --->Q216 <b>Q215_8</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_8</b>	1 Alive->NEXT PREG <b>Q217_8</b> 2 Dead 3 One living, One dead	<u>    </u> Days <b>Q218d_8</b> <u>    </u> Months <b>Q218m_8</b> <u>    </u> Years <b>Q218y_8</b>
9	Month <u>    </u> <b>Q212m_9</b> Year 19 <u>    </u> <b>Q212y_9</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_9</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>    </u> months 9=9+ 77=DK/DR  <b>Q214_9</b>	1 Live birth (single) --->Q216 <b>Q215_9</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_9</b>	1 Alive->NEXT PREG <b>Q217_9</b> 2 Dead 3 One living, One dead	<u>    </u> Days <b>Q218d_9</b> <u>    </u> Months <b>Q218m_9</b> <u>    </u> Years <b>Q218y_9</b>
10	Month <u>    </u> <b>Q212m_10</b> Year 19 <u>    </u> <b>Q212y_10</b>  IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_10</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>    </u> months 9=9+ 77=DK/DR  <b>Q214_10</b>	1 Live birth (single) --->Q216 <b>Q215_10</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)---->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy 2 Girl 3 Both <b>Q216_10</b>	1 Alive->NEXT PREG <b>Q217_10</b> 2 Dead 3 One living, One dead	<u>    </u> Days <b>Q218d_10</b> <u>    </u> Months <b>Q218m_10</b> <u>    </u> Years <b>Q218y_10</b>

211	212	213	214	215	216	217	218
LINE	When did this pregnancy end? (Month & year)	When you got pregnant, did you want to become pregnant then, want to get pregnant later, or not want to have any more children?	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?
11	Month <b>Q212m_11</b> Year 19 <b>Q212y_11</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_11</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<b>Q214_11</b> __ months 9=9+ 77=DK/DR	<b>Q215_11</b> 1 Live birth (single) --->Q216 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	<b>Q216_11</b> 1 Boy 2 Girl 3 Both	<b>Q217_11</b> 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days <b>Q218d_11</b> __ Months <b>Q218m_11</b> __ Years <b>Q218y_11</b>
12	Month <b>Q212m_12</b> Year 19 <b>Q212y_12</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_12</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<b>Q214_12</b> __ months 9=9+ 77=DK/DR	<b>Q215_12</b> 1 Live birth (single) --->Q216 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	<b>Q216_12</b> 1 Boy 2 Girl 3 Both	<b>Q217_12</b> 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days <b>Q218d_12</b> __ Mo <b>Q218m_12</b> __ Ye <b>Q218y_12</b>
13	Month <b>Q212m_13</b> Year 19 <b>Q212y_13</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_13</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<b>Q214_13</b> __ months 9=9+ 77=DK/DR	<b>Q215_13</b> 1 Live birth (single) --->Q216 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	<b>Q216_13</b> 1 Boy 2 Girl 3 Both	<b>Q217_13</b> 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days <b>Q218d_13</b> __ Months <b>Q218m_13</b> __ Years <b>Q218y_13</b>
14	Month <b>Q212m_14</b> Year 19 <b>Q212y_14</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_14</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<b>Q214_14</b> __ months 9=9+ 77=DK/DR	<b>Q215_14</b> 1 Live birth (single) --->Q216 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	<b>Q216_14</b> 1 Boy 2 Girl 3 Both	<b>Q217_14</b> 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days <b>Q218d_14</b> __ Months <b>Q218m_14</b> __ Years <b>Q218y_14</b>
15	Month <b>Q212m_15</b> Year 19 <b>Q212y_15</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_15</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<b>Q214_15</b> __ months 9=9+ 77=DK/DR	<b>Q215_15</b> 1 Live birth (single) --->Q216 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	<b>Q216_15</b> 1 Boy 2 Girl 3 Both	<b>Q217_15</b> 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Da <b>Q218d_15</b> __ Mo <b>Q218m_15</b> __ Ye <b>Q218y_15</b>

211	212	213	214	215	216	217	218
LINE	When did this pregnancy end? (Month & yr)	When you got pregnant, did you want to become pregnant then, want to get pregnant later, or not want to have any more children?	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?
16	Month <b>Q212m_16</b> Year 19 <b>Q212y_16</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_16</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	__ months 9=9+ 77=DK/DR <b>Q214_16</b>	1 Live birth (single) --->Q216 <b>Q215_16</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy <b>Q216_16</b> 2 Girl 3 Both	1 Alive->NEXT PREG <b>Q217_16</b> 2 Dead 3 One living, One dead	___ Days <b>Q218d_16</b> ___ Mo <b>Q218m_16</b> ___ Ye <b>Q218y_16</b>
17	Month <b>Q212m_17</b> Year 19 <b>Q212y_17</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_17</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	__ months 9=9+ 77=DK/DR <b>Q214_17</b>	1 Live birth (single) --->Q216 <b>Q215_17</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy <b>Q216_17</b> 2 Girl 3 Both	1 Alive->NEXT PREG <b>Q217_17</b> 2 Dead 3 One living, One dead	___ Days <b>Q218d_17</b> ___ Months <b>Q218m_17</b> ___ Years <b>Q218y_17</b>
18	Month <b>Q212m_18</b> Year 19 <b>Q212y_18</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_18</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	__ months 9=9+ 77=DK/DR <b>Q214_18</b>	1 Live birth (single) --->Q216 <b>Q215_18</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy <b>Q216_18</b> 2 Girl 3 Both	1 Alive->NEXT PREG <b>Q217_18</b> 2 Dead 3 One living, One dead	___ Days <b>Q218d_18</b> ___ Mo <b>Q218m_18</b> ___ Ye <b>Q218y_18</b>
19	Month <b>Q212m_19</b> Year 19 <b>Q212y_19</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_19</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	__ months 9=9+ 77=DK/DR <b>Q214_19</b>	1 Live birth (single) --->Q216 <b>Q215_19</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->NEXT PREGNANCY 5 Miscarriage-->NEXT PREGNANCY 6 Induced Abortion->NEXT PREGNANCY 7 Miniabortion-->NEXT PREGNANCY 8 Self-induced abortion->NEXT PREG.	1 Boy <b>Q216_19</b> 2 Girl 3 Both	1 Alive->NEXT PREG <b>Q217_19</b> 2 Dead 3 One living, One dead	___ Days <b>Q218d_19</b> ___ Mo <b>Q218m_19</b> ___ Ye <b>Q218y_19</b>
20	Month <b>Q212m_20</b> Year 19 <b>Q212y_20</b> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <b>Q213_20</b> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	__ months 9=9+ 77=DK/DR <b>Q214_20</b>	1 Live birth (single) --->Q216 <b>Q215_20</b> 2 Live births (multiple)--->Q216 3 Live birth + stillbirth (mult)--->Q216 4 Stillbirth--->q219 5 Miscarriage-->Q219 6 Induced Abortion->Q219 7 Miniabortion-->Q219 8 Self-induced abortion->Q219	1 Boy <b>Q216_20</b> 2 Girl 3 Both	1 Alive->NEXT PREG <b>Q217_20</b> 2 Dead 3 One living, One dead	___ Days <b>Q218d_20</b> ___ Mo <b>Q218m_20</b> ___ Ye <b>Q218y_20</b>

219. TOTAL NUMBER OF PREGNANCIES (INCLUDING CURRENT PREGNANCY) **Q219**220. TOTAL NUMBER OF ABORTIONS (CODES 6, 7, OR 8 FOR COLUMN 215) **Q220****IF ANY ABORTIONS SINCE THE BEGINNING OF 1994 GO TO Q221.****IF NO ABORTIONS SINCE THE BEGINNING OF 1994, BUT AT LEAST ONE LIVE BIRTH GO TO Q238.****IF NO LIVE BIRTHS OR INDUCED ABORTIONS SINCE THE BEGINNING OF 1994 GO TO INSTRUCTIONS BEFORE Q266.**

**TABLE 2: QUESTIONS 221-230 ONLY FOR ABORTIONS THAT OCCURRED IN 1994 OR LATER**

Now I would like to talk to you about the abortions you have had since the beginning of 1994, starting with the most recent abortion:

221	222	223	224	225	226	227	228	229	230
COPY LINE # FROM Q211	TYPE OF ABORTION (FROM Q215)	What was the main reason that you decided to have an abortion? (CODES BELOW)	In what type of facility was that abortion performed? (CODES BELOW) SHOW CARD	Was this a legal abortion	Soon after this abortion did you have any complications that required treatment?	What was the most serious complication that you experienced? (CODES BELOW) SHOW CARD	Did you stay in the hospital longer than expected or were you readmitted for this complication?	Did you have any related health problems more than 6 months later?	What was the most serious complication that you experienced? (CODES BELOW) (SHOW CARD)
Q221_1	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED	1 2 3 4 5 6 7 77	1 2 3 4 5	1 Yes 2 No 7 DK	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229	1 2 3 4 5 6 7	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE	1 2 3 4 5 6 7
	Q222_1	Q223_1	Q224_1	Q225_1	Q226_1	Q227_1	Q228_1	Q229_1	Q230_1
Q221_2	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED	1 2 3 4 5 6 7 77	1 2 3 4 5	1 Yes 2 No 7 DK	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229	1 2 3 4 5 6 7	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE	1 2 3 4 5 6 7
	Q222_2	Q223_2	Q224_2	Q225_2	Q226_2	Q227_2	Q228_2	Q229_2	Q230_2
Q221_3	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED	1 2 3 4 5 6 7 77	1 2 3 4 5	1 Yes 2 No 7 DK	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229	1 2 3 4 5 6 7	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE	1 2 3 4 5 6 7
	Q222_3	Q223_3	Q224_3	Q225_3	Q226_3	Q227_3	Q228_3	Q229_3	Q230_3
Q221_4	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED	1 2 3 4 5 6 7 77	1 2 3 4 5	1 Yes 2 No 7 DK	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229	1 2 3 4 5 6 7	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE	1 2 3 4 5 6 7
	Q222_4	Q223_4	Q224_4	Q225_4	Q226_4	Q227_4	Q228_4	Q229_4	Q230_4
Q221_5	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED	1 2 3 4 5 6 7 77	1 2 3 4 5	1 Yes 2 No 7 DK	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229	1 2 3 4 5 6 7	1 Stayed longer 2 Readmitted 3 Both 4 No	1 Yes 2 No->NEXT LINE 7 Don't know-->NEXT LINE	1 2 3 4 5 6 7
	Q222_5	Q223_5	Q224_5	Q225_5	Q226_5	Q227_5	Q228_5	Q229_5	Q230_5

**CODES FOR Q223**

- 1 Wanted no (more) children
- 2 Dangerous to her life/health
- 3 Risk of/Diagnosed fetal defect
- 4 Social/Econ/Preference reasons
- 5 Not married/No partner
- 6 Partner wanted abortion
- 7 Other (specify) \_\_\_\_\_
- 77 Don't know

**CODES FOR Q224**

- 1 Hospital/Polyclinic
- 2 Maternity house
- 3 Private clinic/physician
- 4 Not at a facility
- 5 Other \_\_\_\_\_
- 6 Other \_\_\_\_\_
- 7 Don't know

**CODES FOR Q227**

- 1 Perforation
- 2 Hemorrhage
- 3 Fever
- 4 Discharge
- 5 Pelvic pain
- 6 Other \_\_\_\_\_
- 7 Don't know

**CODES FOR Q230**

- 1 Pelvic pain
- 2 Sterility
- 3 Infection
- 4 Lack of menses
- 5 Irregular bleeding

**IF MOST RECENT ABORTION WAS SELF-INDUCED (IF LINE 1, Q215=8) GO TO INSTRUCTIONS AFTER Q237.**

**IF MOST RECENT ABORTION WAS BEFORE 1997 (IF TABLE 1, LINE 1, Q215=8), GO TO Q232**

- Q231** 231. How much did you pay (in Hryvnas) for all costs associated with your (most recent) abortion or miniabortion? This should include such costs as anesthesia, doctors' fees, blood tests and analysis, and any others. (CONVERT TO \$US, IF POSSIBLE)
- \_\_\_ \_\_\_ Hryvnas      \_\_\_ \_\_\_ US Dollars      \_\_\_ \_\_\_ German DM      \_\_\_ \_\_\_ Russian Rubles
- 5 5 5 No charge  
6 6 6 Nonmonetary payments (goods, services, etc.)  
7 7 7 Don't remember

- Q232** 232. How many days did you spend in the place where you had your (most recent) abortion or miniabortion?
- \_\_\_ \_\_\_ days  
00 Less than a day  
77 Don't remember

- Q233** 233. Did you receive local anesthesia or an injection so you would not feel pain during that abortion?
- 1 Yes  
2 No  
7 Don't remember

- Q234** 234. While you were in the hospital or clinic for your (most recent) abortion or miniabortion, did a doctor or nurse talk to you about ways to avoid another unplanned pregnancy?
- 1 Yes  
2 No  
7 Don't remember

- Q235** 235. Did a doctor or nurse refer you to another clinic or consultation for contraceptive counselling or services?
- 1 Yes  
2 No---->**GO TO Q237**  
7 Don't remember----->**GO TO Q237**

- Q236** 236. Did you go for those services?
- 1 Yes  
2 No  
7 Don't remember

- Q237** 237. After your (most recent) abortion or miniabortion, did you leave the clinic/hospital with a contraceptive method or a prescription for a contraceptive method?
- 1 Received contraceptive method  
2 Received prescription for a contraceptive method  
3 Received neither  
7 Don't remember

**IF RESPONDENT HAS HAD NO LIVE BIRTHS SINCE JANUARY 1994 GO TO Q266**

**IF RESPONDENT HAS HAD ANY LIVE BIRTHS SINCE JANUARY 1994 CONTINUE WITH Q238**

**TABLE 3:**  
**QUESTIONS 238-249 ARE ONLY FOR LIVE BIRTHS SINCE JANUARY 1994.**  
**IN COLUMN 238 FILL IN LINE NUMBERS FROM Q211 FOR ALL LIVE BIRTHS SINCE JANUARY 1994.**

I would like to ask you some questions about your children born since 1994. Starting with the most recent child, please tell me:

238	239	240	241	242	243	244	245	46	2	47	2	248	249
COPY LINE # FROM Q211	Did you receive any prenatal care from a doctor, nurse or midwife for this pregnancy?	During what month of pregnancy did you make your first prenatal care visit?	How many prenatal care visits did you make altogether during that pregnancy?	Where did you receive most of your prenatal care?	During that pregnancy were you ever hospitalized for any problems?	How many days were you in the hospital for these problems?	Was this delivery by cesarean section?	Where did that delivery take place?	Did you breastfeed him/her?	Are you still breastfeeding him/her?	At what age did he/she start receiving foods or liquids other than breast milk?		
<b>Q238_1</b>	1 Yes----->Q240 2 No----->Q243 7 Not sure--->Q243	--- 77=Don't know	--- visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other_ <b>Q242_1</b>	1 Yes 2 No--> GO TO Q245	--- days 77=don't rem. 99=99+ days	1 Yes 2 No	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other	1 Yes 2 No--> NEXT LINE	1 Yes 2 No	--- months 00=<1 month 66=Not yet 77=Don't rem.	<b>Q248_1</b>	<b>Q249_1</b>
<b>Q238_2</b>	1 Yes----->Q240 2 No----->Q243 7 Not sure--->Q243	--- 77=Don't know	--- visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other_ <b>Q242_2</b>	1 Yes 2 No--> GO TO Q245	--- days 77=don't rem. 99=99+ days	1 Yes 2 No	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other	1 Yes>NEXT LINE 2 No>Q249		--- months 00=<1 month 66=Not yet 77=Don't rem.		<b>Q249_2</b>
<b>Q238_3</b>	1 Yes----->Q240 2 No----->Q243 7 Not sure--->Q243	--- 77=Don't know	--- visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other_ <b>Q242_3</b>	1 Yes 2 No--> GO TO Q245	--- days 77=don't rem. 99=99+ days	1 Yes 2 No	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other	1 Yes>NEXT LINE 2 No>Q249		--- months 00=<1 month 66=Not yet 77=Don't rem.		<b>Q249_3</b>
<b>Q238_4</b>	1 Yes----->Q240 2 No----->Q243 7 Not sure--->Q243	--- 77=Don't know	--- visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other_ <b>Q242_4</b>	1 Yes 2 No--> GO TO Q245	--- days 77=don't rem. 99=99+ days	1 Yes 2 No	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other	1 Yes>NEXT LINE 2 No>Q249		--- months 00=<1 month 66=Not yet 77=Don't rem.		<b>Q249_4</b>
<b>Q238_5</b>	1 Yes----->Q240 2 No----->Q243 7 Not sure--->Q243	--- 77=Don't know	--- visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other_ <b>Q242_5</b>	1 Yes 2 No--> GO TO Q245	--- days 77=don't rem. 99=99+ days	1 Yes 2 No	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other	1 Yes>NEXT LINE 2 No>Q249		--- months 00=<1 month 66=Not yet 77=Don't rem.		<b>Q249_5</b>

249A. NUMBER OF PREGNANCIES ENDING IN LIVE BIRTHS SINCE JANUARY 1994 **Q249a**

**THE FOLLOWING QUESTIONS DEAL WITH THE MOST RECENT PREGNANCY THAT LED TO A LIVE BIRTH SINCE 1/94.**

**IF RESPONDENT RECEIVED NO PRENATAL CARE FOR LAST BIRTH (SEE Q239, LINE 1) GO TO Q255.**

- Q250** 250. During these visits did you have your blood pressure measured?
- 1 Yes
  - 2 No----->**GO TO Q252**
  - 7 Don't remember----->**GO TO Q252**
- Q251** 251. During these visits were you ever told that you had high blood pressure?
- 1 Yes
  - 2 No
  - 7 Don't remember
- Q252** 252. Were you ever told you had anemia during that pregnancy?
- 1 Yes
  - 2 No
  - 7 Don't know/Don't remember
- Q253** 253. Did you take iron supplements during that pregnancy?
- 1 Yes
  - 2 No
  - 7 Don't know/Don't remember
- Q254** 254. Did you have any ultrasound exams during your pregnancy?
- 1 Yes
  - 2 No
  - 7 Don't remember
- Q255** 255. Did you smoke cigarettes at the time you found out you were pregnant?
- 1 Yes
  - 2 No--->**GO TO Q257**
- Q256** 256. Did you continue to smoke cigarettes during that pregnancy?
- 1 Yes
  - 2 No
- Q257** 257. About 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
  - 7 Don't remember
  - 9 No response

**Q258** 258. How much did your last baby weigh when he/she was born? (IF SHE DOESN'T KNOW THE EXACT WEIGHT, FIND OUT IF THE BABY WAS AT LEAST 2,500 GRAMS.)

\_\_\_ \_\_\_ \_\_\_ grams  
 5 5 5 5= Don't know, but <2,500 grams  
 6 6 6 6= Don't know, but at least 2,500 grams  
 7 7 7 7= Don't know/Don't remember

**Q259** 259. During the first six weeks after birth, did you have any post-natal care visits to check on your health?

1 Yes  
 2 No  
 7 Don't remember

**Q260** 260. Before you left the health facility following your most recent birth did a doctor or nurse talk to you about or offer to talk to you about contraception?

1 Yes  
 2 No  
 7 Don't remember

**Q261** 261. During your hospitalization, did a doctor or nurse refer you to another clinic or consultation for contraceptive counselling or services?

1 Yes  
 2 No---->**GO TO Q263**  
 7 Don't remember----->**GO TO Q263**

**Q262** 262. Did you go for those services?

1 Yes  
 2 No  
 7 Don't remember

**Q263** 263. Before you left the hospital, did you receive a contraceptive method or a prescription for a contraceptive method?

1 Received a contraceptive method  
 2 Received a prescription for a contraceptive method  
 3 Received neither  
 7 Don't remember

**Q264** 264. How many months after birth did your menstrual period return?

\_\_\_ \_\_\_ Months  
 00 = <1 month  
 66 = Not yet  
 77 = Don't remember

**Q265** 265. How many months after birth did you resume sexual relations?

\_\_\_ \_\_\_ Months  
 00=<1 month  
 66 = Not yet  
 77 = Don't remember

**Q266** 266. Have you ever tried to become pregnant?

1. Yes
2. No----->**GO TO Q300**

**Q266A** 266A. Have you ever had a problem becoming pregnant when you wanted to?

1. Yes
2. No----->**GO TO Q300**
7. Don't remember----->**GO TO Q300**

**Q267** 267. How long ago did you start trying to become pregnant the last time this happened?

- \_\_\_ \_\_\_ Years ago
- 0 0 Less that 1 year ago
  - 7 7 Not sure/ Don't remember----->**GO TO Q300**

**IF MORE THAN 10 YEARS GO TO Q300**

**Q268** 268. How long did you try to become pregnant that time (IF ANSWER IS IN YEARS, CONVERT IT TO MONTHS.)

- \_\_\_ \_\_\_ \_\_\_ Months
- 1 1 1 Still trying
  - 6 6 6 Don't remember, but at least 2 years
  - 7 7 7 Don't remember

**Q269** 269. Did you or your partner seek medical treatment to help you become pregnant that time?

- 1 Respondent sought treatment
- 2 Partner sought treatment
- 3 Both sought treatment
- 4 No----->**GO TO Q275**

**Q270** 270. Where was the first place you/your partner sought help in getting pregnant? (SHOW CARD)

- 1 Women's consultation
- 2 MCH Center
- 3 Family planning center
- 4 Other public facility (specify)\_\_\_\_\_
- 5 Private clinic/physician
- 6 Private fertility clinic
- 7 Other in Ukraine (specify)\_\_\_\_\_
- 8 Outside Ukraine

**Q271** 271. Did you/your partner seek help anywhere else?

- 1 Yes
- 2 No----->**GO TO Q273**

- Q272** 272. Where was the most recent place? (SHOW CARD)
- 1 Women's consultation
  - 2 MCH Center
  - 3 Family planning center
  - 4 Other public facility (specify) \_\_\_\_\_
  - 5 Private clinic/physician
  - 6 Private fertility clinic
  - 7 Other in Ukraine (specify) \_\_\_\_\_
  - 8 Outside Ukraine

- Q273** 273. What was the reason you were given for your inability to become pregnant? (SHOW CARD)
- 1 Woman's hormone problems
  - 2 Man's hormone problems
  - 3 Problem with man's sperm
  - 4 Anatomical problem of the woman (e.g., blocked tubes)
  - 5 Complications from previous pregnancy
  - 6 Complications from previous abortion
  - 7 Pelvic inflammatory disease
  - 8 Complications from sexually transmitted disease
  - 9 Other (specify) \_\_\_\_\_
  - 66 No reason given
  - 77 Don't know/Don't remember

274. What types of treatment(s) did you/your partner receive? Mention all that you remember. (SHOW CARD)

- |              |                                     |              |               |
|--------------|-------------------------------------|--------------|---------------|
| <b>Q274A</b> | 1. Hormones                         | <b>Q274K</b> | 11. Surgery   |
| <b>Q274B</b> | 2. Anti-Inflammatory drugs          | <b>Q274L</b> | 12. Fitothera |
| <b>Q274C</b> | 3. Treatment for Fallopian blockage |              |               |
| <b>Q274D</b> | 4. Physiotherapy                    |              |               |
| <b>Q274E</b> | 5. Laser therapy                    |              |               |
| <b>Q274F</b> | 6. Laparoscopy/Microsurgery         |              |               |
| <b>Q274G</b> | 7. Spa/Relaxation therapy, etc.     |              |               |
| <b>Q274H</b> | 8. In Vitro Fertilization (IVF)     |              |               |
| <b>Q274I</b> | 9. Other _____                      |              |               |
| <b>Q274J</b> | 10. No treatment                    |              |               |

- Q275** 275. Were you finally able to become pregnant?
- 1 Yes
  - 2 No----->**GO TO Q300**

- Q276** 276. How did that pregnancy end? (SHOW CARD)
- 1 Currently pregnant
  - 2 Live birth
  - 3 Stillbirth
  - 4 Miscarriage
  - 5 Ectopic pregnancy
  - 6 Abortion
  - 7 Miniabortion

### III. CONTRACEPTION

**TABLE 4:**

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

METHOD	300. Have you ever heard of it?	301. Have you/ partner ever used it?	302. Do you know where to get it?
A. Female Sterilization (Tubal ligation)	1 Yes-->Q301 2 No--->B Q300A	1 Yes-->B 2 No--->Q302 Q301A	1 Yes 2 No Q302A
B. Male Sterilization (Vasectomy)	1 Yes-->Q301 2 No--->C Q300B	1 Yes-->C 2 No--->Q302 Q301B	1 Yes 2 No Q302B
C. Oral contraceptives (Pills)	1 Yes-->Q301 2 No--->D Q300C	1 Yes-->D 2 No--->Q302 Q301C	1 Yes 2 No Q302C
D. IUD	1 Yes-->Q301 2 No--->E Q300D	1 Yes-->E 2 No--->Q302 Q301D	1 Yes 2 No Q302D
E. Depo-Provera/ Injections	1 Yes-->Q301 2 No--->F Q300E	1 Yes-->F 2 No--->Q302 Q301E	1 Yes 2 No Q302E
F. Implants/ Norplant	1 Yes-->Q301 2 No--->G Q300F	1 Yes-->G 2 No--->Q302 Q301F	1 Yes 2 No Q302F
G. Condoms	1 Yes-->Q301 2 No--->H Q300G	1 Yes-->H 2 No--->Q302 Q301G	1 Yes 2 No Q302G
H. Spermicide/Cream/Foam	1 Yes-->Q301 2 No--->I Q300H	1 Yes-->I 2 No--->Q302 Q301H	1 Yes 2 No Q302H
I. Diaphragm/Cervical cap	1 Yes-->Q301 2 No--->J Q300I	1 Yes-->J 2 No--->Q302 Q301I	1 Yes 2 No Q302I
			302. Do you know where to get information on it?
J. Safe period methods (Rhythm, etc.)	1 Yes-->Q301 2 No--->K Q300J	1 Yes-->K 2 No--->Q302 Q301J	1 Yes 2 No Q302J
K. Withdrawal	1 Yes-->Q301 2 No--->L Q300K	1 Yes-->L 2 No--->L Q301K	
L. Any other method _____	1 Yes-->Q301 2 No--->INSQ303 Q300L	1 Yes 2 No Q301L	

**IF RESPONDENT HAS USED ANY METHOD (ANY "YES" FOR Q301) GO TO INSTRUCTION BEFORE Q304**

**Q303** 303. So, you have never used any method or done anything to prevent pregnancy with any partner?

1 Never used----->**GO TO Q318**

2 Ever used--->**CORRECT Q301, THEN GO TO Q304**

**IF CURRENTLY PREGNANT GO TO Q318**

**Q304** 304. Are you (or your partner) currently using any method or doing anything to prevent pregnancy?

1 Yes

2 No--->**GO TO Q318**

- Q305** 305. What method or methods are you using?
- 1 Tubal ligation----->**GO TO Q306**
  - 2 Vasectomy----->**GO TO Q307**
  - 3 Pills----->**GO TO Q308**
  - 4 IUD----->**GO TO Q308**
  - 5 DepoProvera/Injections---->**GO TO Q308**
  - 6 Implants/Norplant----->**GO TO Q308**
  - 7 Condoms----->**GO TO Q308**
  - 8 Spermicide/Cream/Jelly---->**GO TO Q308**
  - 9 Diaphragm/Cervical cap---->**GO TO Q308**
  - 10 Morning-after pill----->**GO TO Q308**
  - 11 Lact. Amenorrhea Meth---->**GO TO Q311**
  - 12 Safe period method----->**GO TO Q311**
  - 13 Withdrawal----->**GO TO Q311**
  - 14 Douching----->**GO TO Q311**
  - 15 Condoms + Spermicide---->**GO TO Q308**
  - 16 Other combination including condoms\_\_\_\_\_---->**GO TO Q308**
  - 17 Other combination not including condoms\_\_\_\_\_---->**GO TO Q308**
  - 18 Other method\_\_\_\_\_---->**GO TO Q311**

- Q306** 306. Was this operation done during hospitalization for a delivery or abortion?
- 1 Yes, after delivery
  - 2 Yes, after abortion
  - 3 No

307. In what month and year was this operation performed?
- Month **Q307m**                      Year 19 **Q307y**

- Q308** 308. Where do/did you get your family planning method? (MOST RECENT SOURCE OF SUPPLY) (SHOW CARD)
- 1 Women’s consultation
  - 2 Maternity house
  - 3 MCH center
  - 4 Hospital
  - 5 Pharmacy
  - 6 Drug kiosk
  - 7 Private clinic/Physician
  - 8 Commercial kiosk
  - 9 Store
  - 10 Family planning center
  - 11 Outside Ukraine
  - 12 Other\_\_\_\_\_
  - 77 Don’t know/Don’t remember

- Q309** 309. Did you (or your partner or relative) pay for this method the last time?
- 1 Yes
  - 2 No----->**GO TO Q313**

- Q310** 310. How much did you pay? (CONVERT SUM INTO \$US IF GIVEN IN OTHER CURRENCY)
- \_\_ \_\_ \_\_ DOLLARS
- 6 6 6= Payment in goods or services
  - 7 7 7= Don't remember
- GO TO Q313**

**311. Q311 TO Q312 FOR WOMEN NOW USING WITHDRAWAL, A SAFE PERIOD METHOD, OR DOUCHING TO AVOID PREGNANCY**

You said that you are now using \_\_\_\_\_ (ANSWER IN Q305) 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: (SHOW CARD)

	Very Important	Somewhat Important	Not Important	Not Sure
<b>Q311A</b> A. Difficulty of getting other methods	1	2	3	7
<b>Q311B</b> B. Cost of other methods	1	2	3	7
<b>Q311C</b> C. Lack of information about other methods	1	2	3	7
<b>Q311D</b> D. Health/Side effects of other methods	1	2	3	7
<b>Q311E</b> E. Husband/Partner preference	1	2	3	7
<b>Q311F</b> F. Religious beliefs	1	2	3	7
<b>Q311_G</b> G. Naturalness of the method	1	2	3	7

**Q312** 312. Do you think that \_\_\_\_\_ (current method) is better than worse than or about the same as methods received from a doctor or pharmacy, like the IUD or pills, at preventing pregnancies?

**(READ CHOICES)**

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

**Q313** 313. Do you currently have any important problems or concerns with using \_\_\_\_\_ (current method)?

- 1 Yes
- 2 No--->GO TO Q315

**Q314** 314. What is the most important problem or concern with using this method? (SHOW CARD)

- 1 Side effects
- 2 Health concerns
- 3 Cost
- 4 Access/Availability
- 5 Effectiveness of method for preventing pregnancy
- 6 Sometimes forget to use
- 7 Sometimes difficult/inconvenient to use
- 8 Husband/partner disapproves
- 9 Irreversible/Doctor needed to discontinue
- 10 Other (specify)\_\_\_\_\_

**Q315** 315. Would you prefer to use a different method of preventing pregnancy from the one you are currently using?

- 1 Yes
- 2 No--->GO TO INSTRUCTIONS PRECEDING Q318
- 7 Don't know----> GO TO INSTRUCTIONS PRECEDING Q318

**Q316** 316. What method would you prefer to use? (SHOW CARD)

- 1 Tubal ligation
- 2 Vasectomy
- 3 Pills
- 4 IUD
- 5 DepoProvera/Injections
- 6 Implants/Norplant
- 7 Condoms
- 8 Spermicide/Cream/Jelly
- 9 Diaphragm/Cervical cap
- 10 Morning-after pill
- 11 Lact. Amenorrhea Meth
- 12 Safe period method
- 13 Withdrawal
- 14 Douching
- 15 Condoms + Spermicide
- 16 Other combination including condoms \_\_\_\_\_
- 17 Other combination not including condoms \_\_\_\_\_
- 18 Other method \_\_\_\_\_
- 77 Not sure---->**GO TO Q318**

**Q317** 317. What is the most important reason that you do not use that method now?

- 1 Doctor will not prescribe it
- 2 Cost
- 3 Difficult to get/Must go too far to get it
- 4 Don't know enough about method
- 5 Do not know how to obtain it
- 6 Husband objects to it
- 7 Religious reasons
- 8 Fear of health problems
- 9 Fear of side effects
- 10 Poor effectiveness
- 11 Current method is permanent/long-term
- 12 Method is not natural
- 13 Other \_\_\_\_\_
- 77 Don't know

**IF RESPONDENT OR HER PARTNER HAS BEEN STERILIZED, GO TO Q321 (CALENDAR)**

**Q318** 318. Do you plan to have any (more) children (after this pregnancy)?

- 1 Yes
- 2 No---->**GO TO Q321**
- 7 Not sure---->**GO TO Q321**

**Q319** 319. How many (more) do you plan to have?

- \_\_\_ children
- 55 As many as possible
  - 66 Up to God/Fate, etc.
  - 77 Not sure

**Q320** 320. When do you think you would like to become pregnant? (SHOW CARD)

- 1 As soon as possible/Now
- 2 Within 1 year
- 3 In 1-2 years
- 4 In 3-5 years
- 5 In more than 5 years
- 6 When/After I get married
- 7 Not sure/Don't know

**321. CONTRACEPTIVE USE/PREGNANCY CALENDAR:**  
**(INTERVIEWER: FILL IN ALL PREGNANCIES AND BIRTHS FROM COLUMN 1 OF THE**

**PREGNANCY HISTORY BEFORE COLLECTING THE CONTRACEPTIVE HISTORY).**

Starting at the beginning of 1994, please try to remember:

321.1: in which months you were pregnant and when and how the pregnancy ended. (CARD)

321.2: in which months you started and stopped use of contraceptive methods. (CARD)

321.3: why you stopped using the method. (CARD)

**COLUMN 1**

PREGNANCY

- 0 Not pregnant
- 1 Pregnant
- 2 Live birth
- 3 Stillbirth
- 4 Miscarriage
- 5 Miniabortion
- 6 Regular abortion

**COLUMN 2**

CONTRACEPTION

- 0 No method
- 1 Pills
- 2 IUD
- 3 Condoms
- 4 Injections
- 5 Safe period methods
- 6 Withdrawal
- 7 Sterilization
- 8 Other \_\_\_\_\_
- 9 Don't remember

**COLUMN 3**

REASON STOPPED USING

- 1 Pregnant while using method
- 2 Wanted to get pregnant
- 3 Husband objected
- 4 Side effects
- 5 Health concerns
- 6 Physician decision
- 7 Supply/Availability/Cost
- 8 Inconvenient method
- 9 Want better/more effective method
- 10 To give body a rest
- 11 Infrequent/No sex
- 12 Marriage/Relationship ended
- 13 Could no longer get pregnant
- 14 Other \_\_\_\_\_
- 77 Don't remember

TE	DA	1	2	3	TE	DA	1	2	3
<b>1994</b>					<b>1997</b>				
Jan	1	Q1_94_1	Q2_94_1	Q3_94_1	Jan	1	Q1_97_1	Q2_97_1	Q3_97_1
Feb	2	Q1_94_2	Q2_94_2	Q3_94_2	Feb	2	Q1_97_2	Q2_97_2	Q3_97_2
Mar	3	Q1_94_3	Q2_94_3	Q3_94_3	Mar	3	Q1_97_3	Q2_97_3	Q3_97_3
Apr	4	Q1_94_4	Q2_94_4	Q3_94_4	Apr	4	Q1_97_4	Q2_97_4	Q3_97_4
May	5	Q1_94_5	Q2_94_5	Q3_94_5	May	5	Q1_97_5	Q2_97_5	Q3_97_5
Jun	6	Q1_94_6	Q2_94_6	Q3_94_6	Jun	6	Q1_97_6	Q2_97_6	Q3_97_6
Jul	7	Q1_94_7	Q2_94_7	Q3_94_7	Jul	7	Q1_97_7	Q2_97_7	Q3_97_7
Aug	8	Q1_94_8	Q2_94_8	Q3_94_8	Aug	8	Q1_97_8	Q2_97_8	Q3_97_8
Sep	9	Q1_94_9	Q2_94_9	Q3_94_9	Sep	9	Q1_97_9	Q2_97_9	Q3_97_9
Oct	10	Q1_94_10	Q2_94_10	Q3_94_10	Oct	10	Q1_97_10	Q2_97_10	Q3_97_10
Nov	11	Q1_94_11	Q2_94_11	Q3_94_11	Nov	11	Q1_97_11	Q2_97_11	Q3_97_11
Dec	12	Q1_94_12	Q2_94_12	Q3_94_12	Dec	12	Q1_97_12	Q2_97_12	Q3_97_12
<b>1995</b>					<b>1998</b>				
Jan	1	Q1_95_1	Q2_95_1	Q3_95_1	Jan	1	Q1_98_1	Q2_98_1	Q3_98_1
Feb	2	Q1_95_2	Q2_95_2	Q3_95_2	Feb	2	Q1_98_2	Q2_98_2	Q3_98_2
Mar	3	Q1_95_3	Q2_95_3	Q3_95_3	Mar	3	Q1_98_3	Q2_98_3	Q3_98_3
Apr	4	Q1_95_4	Q2_95_4	Q3_95_4	Apr	4	Q1_98_4	Q2_98_4	Q3_98_4
May	5	Q1_95_5	Q2_95_5	Q3_95_5	May	5	Q1_98_5	Q2_98_5	Q3_98_5
Jun	6	Q1_95_6	Q2_95_6	Q3_95_6	Jun	6	Q1_98_6	Q2_98_6	Q3_98_6
Jul	7	Q1_95_7	Q2_95_7	Q3_95_7	Jul	7	Q1_98_7	Q2_98_7	Q3_98_7
Aug	8	Q1_95_8	Q2_95_8	Q3_95_8	Aug	8	Q1_98_8	Q2_98_8	Q3_98_8
Sep	9	Q1_95_9	Q2_95_9	Q3_95_9	Sep	9	Q1_98_9	Q2_98_9	Q3_98_9
Oct	10	Q1_95_10	Q2_95_10	Q3_95_10	Oct	10	Q1_98_10	Q2_98_10	Q3_98_10
Nov	11	Q1_95_11	Q2_95_11	Q3_95_11	Nov	11	Q1_98_11	Q2_98_11	Q3_98_11
Dec	12	Q1_95_12	Q2_95_12	Q3_95_12	Dec	12	Q1_98_12	Q2_98_12	Q3_98_12
<b>1996</b>					<b>1999</b>				
Jan	1	Q1_96_1	Q2_96_1	Q3_96_1	Jan	1	Q1_99_1	Q2_99_1	Q3_99_1
Feb	2	Q1_96_2	Q2_96_2	Q3_96_2	Feb	2	Q1_99_2	Q2_99_2	Q3_99_2
Mar	3	Q1_96_3	Q2_96_3	Q3_96_3	Mar	3	Q1_99_3	Q2_99_3	Q3_99_3
Apr	4	Q1_96_4	Q2_96_4	Q3_96_4	Apr	4	Q1_99_4	Q2_99_4	Q3_99_4
May	5	Q1_96_5	Q2_96_5	Q3_96_5	May	5	Q1_99_5	Q2_99_5	Q3_99_5
Jun	6	Q1_96_6	Q2_96_6	Q3_96_6	Jun	6	Q1_99_6	Q2_99_6	Q3_99_6
Jul	7	Q1_96_7	Q2_96_7	Q3_96_7	Jul	7	Q1_99_7	Q2_99_7	Q3_99_7
Aug	8	Q1_96_8	Q2_96_8	Q3_96_8	Aug	8	Q1_99_8	Q2_99_8	Q3_99_8
Sep	9	Q1_96_9	Q2_96_9	Q3_96_9	Sep	9	Q1_99_9	Q2_99_9	Q3_99_9
Oct	10	Q1_96_10	Q2_96_10	Q3_96_10	Oct	10	Q1_99_10	Q2_99_10	Q3_99_10
Nov	11	Q1_96_11	Q2_96_11	Q3_96_11	Nov	11	Q1_99_11	Q2_99_11	Q3_99_11
Dec	12	Q1_96_12	Q2_96_12	Q3_96_12	Dec	12	Q1_99_12	Q2_99_12	Q3_99_12

**IF NOT USING A METHOD IN JANUARY 1994 GO TO INSTRUCTIONS BEFORE Q323**

322. You said you were using \_\_\_\_\_ in January of 1994. When did you start using that method that time?

Month \_\_\_\_\_ Year 19\_\_\_\_

**Q322m**

**Q322y**

**IF WOMAN HAS NOT HAD AN IUD INSERTED SINCE JANUARY 1994, GO TO INSTRUCTIONS BEFORE Q331.**

323. You said you (last) had an IUD inserted in (CHECK CALENDAR):

Month **Q323m** Year 19 **Q323y**

Is that correct? (**IF NOT CORRECT, CHANGE CALENDAR AND Q323.**)

**IF NOT CURRENTLY WEARING AN IUD, GO TO Q326**

**Q324** 324. Since it was inserted, has the IUD been checked by a physician or health worker to make sure it was in place?

- 1 Yes
- 2 No--->**GO TO Q326**
- 7 Don't know--->**GO TO Q326**

**Q325** 325. How long ago was the last such check?

- \_\_\_ Months ago
- 66 More than 2 years ago
- 77 Don't remember

**Q326** 326. Was your IUD inserted immediately (within one week) after a delivery, abortion, or miniabortion?

- 1 Yes, after delivery
- 2 Yes, after abortion/miniabortion
- 3 No

**Q327** 327. When your IUD was inserted, how long did the physician tell you it could be left in?

- \_\_\_ years
- 44 As long as I wanted
- 55 Other (specify) \_\_\_\_\_
- 66 Did not say how long
- 77 Don't remember

**Q328** 328. Did you have any health problems or side effects that you think are related to your IUD within one year of insertion?

- 1 Yes
- 2 No--->**GO TO INSTRUCTIONS BEFORE Q331**
- 7 Not sure--->**GO TO INSTRUCTIONS BEFORE Q331**

**Q329** 329. What kind of problem did you have? (IF MORE THAN ONE PROBLEM, CODE THE MOST SERIOUS ONE.)  
(SHOW CARD)

- 1 Cramping
- 2 Heavy bleeding during menstrual periods
- 3 Bleeding/Spotting between menstrual periods
- 4 Inflammation/Infection/Discharge
- 5 Husband/Partner complained about string
- 6 Other (specify) \_\_\_\_\_

**Q330** 330. Was the problem serious enough that you went to a doctor or clinic about it?

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

**IF RESPONDENT DID NOT TAKE ORAL CONTRACEPTIVES SINCE JANUARY 1994, GO TO INSTRUCTION BEFORE Q337**

331. You said you most recently started taking oral contraceptives in (CHECK CALENDAR):

Month **Q331** Year 19 **Q331y**

Is that correct? (IF NOT CORRECT, CHANGE CALENDAR AND Q331.)

**IF NOT CURRENTLY TAKING ORAL CONTRACEPTIVES, GO TO Q333**

**Q332** 332. What brand of pills do you currently use? (ASK TO SEE PACKAGE, IF AVAILABLE)

- |             |                   |              |                         |
|-------------|-------------------|--------------|-------------------------|
| 1 Marvelon  | 9 Tri-Regol       | 17 Bicecurin | 24 Obusmen              |
| 2 Cilest    | 10 Regividon      | 18 LoFeminol | 25 Conceplan M          |
| 3 Micronor  | 11 Antiovin       | 19 Demulen   | 26 Kliogest N           |
| 4 Trinovum  | 12 Ovidur-Richter | 20 Ovulen-50 | 27 Continuin (minipill) |
| 5 Triqvilar | 13 Trisiston      | 21 Non-Ovlon | 28 Other_____           |
| 6 Femoden   | 14 Diane-35       | 22 Egestriol | 77 Don't know           |
| 7 Milvanar  | 15 Ovidon         | 23 Exluton   |                         |
| 8 Ovrette   | 16 Postinor       |              |                         |

**Q333** 333. When you started taking pills, how long did your physician tell you that you could take them?

- \_\_\_ \_\_\_ Years  
 44 As long as I wanted/Indefinitely  
 55 Other (specify)\_\_\_\_\_  
 66 Did not say how long/Never talked about it  
 77 Don't remember/Don't know

**Q334** 334. During the first year you took pills did you have any health problems or side effects you think were related to using your pills?

- 1 Yes  
 2 No--->**GO TO INSTRUCTIONS BEFORE Q337**  
 7 Don't remember--->**GO TO INSTRUCTIONS BEFORE Q337**

**Q335** 335. What was the worst problem you had? (SHOW CARD)

- 1 Headaches  
 2 Vision problems  
 3 Bloating/Weight gain  
 4 Nausea  
 5 Bleeding between menstrual periods  
 6 Other (specify)\_\_\_\_\_

**Q336** 336. Was this problem serious enough that you went to a doctor or clinic about it?

- 1 Yes  
 2 No  
 7 Don't remember

**IF CURRENTLY USING ANY CONTRACEPTIVE METHOD (SEE Q304) GO TO INSTRUCTIONS BEFORE Q342**

**IF CURRENTLY PREGNANT (SEE Q200) GO TO INSTRUCTIONS BEFORE Q342**

**Q337** 337. Do you think you are able to get pregnant at the present time?

- 1 Yes--->**GO TO Q339**  
 2 No---->  
 7 Not sure---->**GO TO Q339**

- Q338** 338. Why not?
- 1 Menopause/No menstrual periods \
  - 2 Has had an operation for medical reasons \ that makes pregnancy impossible \
  - 3 Husband/partner has had a medical operation \
  - 4 Has not gotten pregnant despite |----->**GO TO INSTRUCTIONS BEFORE Q347**  
At least 2 years not contracepting /
  - 5 Doctor says she or partner is infertile /
  - 6 Not sexually active
  - 7 Postpartum/Breastfeeding
  - 8 Other (specify)\_\_\_\_\_

- Q339** 339. Are you trying to become pregnant now?
- 1 Yes
  - 2 No--->**GO TO Q341**

- Q340** 340. How long have you been trying to become pregnant?  
(IF ANSWER IS IN YEARS CONVERT TO MONTHS)

\_\_\_ \_\_\_ months  
 5 5 5 = At least 10 years  
 6 6 6 = Other \_\_\_\_\_  
 7 7 7 = Don't remember

**GO TO INSTRUCTIONS BEFORE Q342**

- Q341** 341. What is the most important reason you are not using a method to avoid pregnancy now?
- 1 Want to become pregnant
  - 2 Not sexually active/No partner
  - 3 Only occasionally sexually active
  - 4 Breastfeeding/Postpartum
  - 5 Fear of side effects
  - 6 Previous side effects
  - 7 Fear of health effects
  - 8 Husband/Partner objects
  - 9 Religious reasons
  - 10 Doctor's recommendation/Doctor won't prescribe method
  - 11 Desired method not available/difficult to get
  - 12 Too expensive
  - 13 Don't know where to get method
  - 14 Methods difficult to use
  - 15 Prefer abortion
  - 16 Haven't bothered, but would like to use method
  - 17 Too old
  - 18 Difficulty getting pregnant
  - 19 Other (specify)\_\_\_\_\_
  - 77 Not sure/Don't know

**IF THE RESPONDENT PLANS TO HAVE ANY (MORE) CHILDREN (Q318=1) GO TO INSTRUCTIONS BEFORE Q344.**

**IF RESPONDENT OR PARTNER HAVE BEEN STERILIZED (Q305=1 OR 2) GO TO INSTRUCTIONS BEFORE Q347.**

**Q342** 342. Would you be interested in an operation (sterilization) to prevent you from having any more children (after this pregnancy)?

- 1 Yes---->**GO TO INSTRUCTIONS BEFORE Q344**
- 2 No
- 7 Not sure---->**GO TO INSTRUCTIONS BEFORE Q344**

**Q343** 343. What is the most important reason you would not be/are not interested?

- 1 Health risks
- 2 Fear of operation
- 3 Husband/Partner would object
- 4 Religious reasons
- 5 Not culturally/socially acceptable
- 6 Cost of an operation
- 7 Might want another child
- 8 Don't know enough about sterilization
- 9 Haven't thought about it
- 10 No partner/Not sexually active
- 11 Other \_\_\_\_\_
- 77 Don't know

**IF NOT MARRIED OR LIVING WITH A MAN (Q104=3-6) GO TO INSTRUCTIONS BEFORE Q347**

**Q344** 344. Did you and your husband/partner ever talk about the number of children you wanted to have.

- 1 Yes
- 2 No

**Q345** 345. Have you and your husband/partner ever discussed using family planning?

- 1 Yes
- 2 No

**Q346** 346. Who should make decisions about whether to use contraception: the woman, the man, or both together?

- 1 The woman
- 2 The man
- 3 Both
- 7 Not sure

**IF THE RESPONDENT HAS NEVER HAD AN ABORTION GO TO THE INSTRUCTIONS BEFORE Q349.**

**Q347** 347. Does your husband/partner know about your (most recent) abortion?

- 1 Yes
- 2 No
- 3 Was not my partner at that time---->**GO TO INSTRUCTIONS BEFORE Q349**
- 7 Don't know

**Q348** 348. Did you discuss with him whether to get an abortion that time?

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

**CONTRACEPTIVE COUNSELLING**

**IF RESPONDENT HAS NOT USED ORAL CONTRACEPTIVES, IUD OR INJECTIONS SINCE 1/94 (SEE CALENDAR, COLUMN 2) GO TO Q400.**

**Q349** 349. **CURRENT OR MOST RECENT OF THESE METHOD**

- 1 ORAL CONTRACEPTIVES**
- 2 IUD**
- 3 INJECTIONS**

**Q350** 350. The last time you started using oral contraceptives/an IUD/injections, did a health provider talk to you about various methods of family planning and the most appropriate method for you?

- 1 Yes
- 2 No---->**GO TO Q352**
- 7 Don't remember---->**GO TO Q352**

**Q351** 351. Who provided this counselling? (CIRCLE ONE ANSWER ONLY) (SHOW CARD)

- 1 Physician
- 2 Nurse
- 3 Midwife
- 4 Other health professional\_\_\_\_\_---->**GO TO Q400**
- 5 Other (not a health professional)\_\_\_\_\_---->**GO TO Q400**
- 7 Don't remember

**Q352** 352. Did you select the method you received, was it selected by the provider, or was it selected by both of you?

- 1 Respondent
- 2 Provider
- 3 Both
- 7 Don't remember

**Q353** 353. Did the provider explain the possible side effects of the method?

- 1 Yes
- 2 No
- 3 Received no counselling----->**GO TO Q400**
- 7 Don't remember

**Q354** 354. How easily could you understand the information concerning use of the method and its possible side effects? (SHOW CARD)

- 1 Did not understand at all
- 2 Mostly did not understand
- 3 Understood about half
- 4 Mostly understood
- 5 Completely understood
- 7 Don't remember

**Q355** 355. Did the provider explain to you when to return for removal, refill, or follow-up?

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

**Q356** 356. Did you receive a pelvic examination before being given the method?

- 1 Yes
- 2 No

7 Don't remember

## IV. OPINIONS, ATTITUDES, IEC

**Q400** 400. How often do you watch television? (SHOW CARD)

- 1 Every day or almost every day
- 2 At least once per week
- 3 At least once per month
- 4 Less than once per month----->**GO TO Q405**
- 5 Hardly ever/Never----->**GO TO Q405**
- 6 Other (specify)\_\_\_\_\_

401. What times do you most often watch television? (SHOW CARD)

- |              |                     |
|--------------|---------------------|
| <b>Q401A</b> | 1 6:00-8:00         |
| <b>Q401B</b> | 2 8:00-10:00        |
| <b>Q401C</b> | 3 10:00-12:00       |
| <b>Q401D</b> | 4 12:00-14:00       |
| <b>Q401E</b> | 5 14:00-16:00       |
| <b>Q401F</b> | 6 16:00-18:00       |
| <b>Q401G</b> | 7 18:00-20:00       |
| <b>Q401H</b> | 8 20:00-22:00       |
| <b>Q401I</b> | 9 After 22:00       |
| <b>Q401J</b> | 10 No regular times |

402. What types of programs do you most often watch? (SHOW CARD)

- |              |                             |
|--------------|-----------------------------|
| <b>Q402A</b> | 1 News                      |
| <b>Q402B</b> | 2 Entertainment programs    |
| <b>Q402C</b> | 3 Soap operas               |
| <b>Q402D</b> | 4 Sports                    |
| <b>Q402E</b> | 5 Children's programs       |
| <b>Q402F</b> | 6 Plays/Dramas              |
| <b>Q402G</b> | 7 Church/Religious programs |
| <b>Q402H</b> | 8 Women's programs          |
| <b>Q402I</b> | 9 Health programs           |
| <b>Q402J</b> | 10 Political events         |
| <b>Q402K</b> | 11 Business programs        |
| <b>Q402L</b> | 12 Music programs, videos   |
| <b>Q402M</b> | 13 Other (specify)_____     |

**Q403** 403. Within the past 6 months have you seen anything on television about family planning or methods of preventing pregnancy?

- 1 Yes
- 2 No
- 7 Not sure

**Q404** 404. Within the past 6 months have you seen anything on television about sexually transmitted diseases?

- 1 Yes
- 2 No
- 7 Not sure

**Q405** 405. How often do you listen to the radio? (SHOW CARD)

- 1 Every day or almost every day
- 2 At least once per week
- 3 At least once per month
- 4 Less than once per month----->**GO TO Q408**
- 5 Hardly ever/Never----->**GO TO Q408**
- 6 Other (specify)\_\_\_\_\_

406. What times do you most often listen to the radio? (SHOW CARD)

- |              |                     |
|--------------|---------------------|
| <b>Q406A</b> | 1 6:00-8:00         |
| <b>Q406B</b> | 2 8:00-10:00        |
| <b>Q406C</b> | 3 10:00-12:00       |
| <b>Q406D</b> | 4 12:00-14:00       |
| <b>Q406E</b> | 5 14:00-16:00       |
| <b>Q406F</b> | 6 16:00-18:00       |
| <b>Q406G</b> | 7 18:00-20:00       |
| <b>Q406H</b> | 8 20:00-22:00       |
| <b>Q406I</b> | 9 After 22:00       |
| <b>Q406J</b> | 10 No regular times |

407. What types of programs do you most often listen to? (SHOW CARD)

- |              |                             |
|--------------|-----------------------------|
| <b>Q407A</b> | 1 News                      |
| <b>Q407B</b> | 2 Personal announcmnts      |
| <b>Q407C</b> | 3 Commercials               |
| <b>Q407D</b> | 4 Sports                    |
| <b>Q407E</b> | 5 Children's programs       |
| <b>Q407F</b> | 6 Plays/Dramas              |
| <b>Q407G</b> | 7 Church/Religious programs |
| <b>Q407H</b> | 8 Women's programs          |
| <b>Q407I</b> | 9 Health programs           |
| <b>Q407J</b> | 10 Political events         |
| <b>Q407K</b> | 11 Business programs        |
| <b>Q407L</b> | 12 Music programs           |
| <b>Q407M</b> | 13 Other (specify)_____     |

**Q408** 408. Do you think information about methods of preventing pregnancy should be broadcast on radio and television?

- 1 Yes
- 2 No
- 7 Not sure

**Q409** 409. How often do you read a daily newspaper? (SHOW CARD)

- 1 Daily/Nearly every day
- 2 About 3-4 times per week
- 3 Once or twice per week
- 4 Less than once per week
- 5 Never/Almost never--->**GO TO Q411**

410. Which newspaper(s) do you read most often?

- Q410\_1** 1 Facti  
**Q410\_2** 2 Vceukrainsky Vegemosty  
**Q410\_3** 3 Golos Ukraini  
**Q410\_4** 4 Business  
**Q410\_5** 5 Uryadovi Kur'er  
**Q410\_6** 6 Silski Visty  
**Q410\_7** 7 Kiev Vedomosti  
**Q410\_8** 8 Telenedelya  
**Q410\_9** 9 Other (specify)\_\_\_\_\_

**Q411** 411. Within the past six months have you seen any newspapers or magazines that contained family planning information?

- 1 Yes  
 2 No  
 7 Don't remember

On a scale from 1 to 5, please rate each of the following contraceptive methods according to each of the characteristics I will mention:

412. How would you rate each of the following methods with regard to safety and health effects?  
(5=completely safe, 1=extremely unsafe)

- |              |                      |   |   |   |   |   |   |
|--------------|----------------------|---|---|---|---|---|---|
| <b>Q412A</b> | Oral contraceptives  | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q412B</b> | IUD                  | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q412C</b> | Injections           | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q412D</b> | Condoms              | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q412E</b> | Female sterilization | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q412F</b> | Induced abortion     | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q412G</b> | Miniabortion         | 1 | 2 | 3 | 4 | 5 | 7 |

413. How would you rate each of the following methods with regard to effectiveness at preventing pregnancy?  
(5=completely effective, 1=completely ineffective)

- |              |                      |   |   |   |   |   |   |
|--------------|----------------------|---|---|---|---|---|---|
| <b>Q413A</b> | Oral contraceptives  | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q413B</b> | IUD                  | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q413C</b> | Injections           | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q413D</b> | Condoms              | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q413E</b> | Female sterilization | 1 | 2 | 3 | 4 | 5 | 7 |

414. How would you rate each of the following methods with regard to cost?  
(5=very inexpensive, 1=very expensive)

- |              |                      |   |   |   |   |   |   |
|--------------|----------------------|---|---|---|---|---|---|
| <b>Q414A</b> | Oral contraceptives  | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q414B</b> | IUD                  | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q414C</b> | Injections           | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q414D</b> | Condoms              | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q414E</b> | Female sterilization | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q414F</b> | Induced abortion     | 1 | 2 | 3 | 4 | 5 | 7 |
| <b>Q414G</b> | Miniabortion         | 1 | 2 | 3 | 4 | 5 | 7 |

415. Overall, how much do you like each of the methods of preventing births?  
(5=like very much, 1=dislike very much)

Q415A	Oral contraceptives	1	2	3	4	5	7
Q415B	IUD	1	2	3	4	5	7
Q415C	Injections	1	2	3	4	5	7
Q415D	Condoms	1	2	3	4	5	7
Q415E	Female sterilization	1	2	3	4	5	7
Q415F	Induced abortion	1	2	3	4	5	7
Q415G	Miniabortion	1	2	3	4	5	7

416. Please indicate whether you agree or disagree with the following statements about birth control pills: (SHOW CARD)

- 5=strongly agree  
4=mildly agree  
3=partially agree, partially disagree  
2=mildly disagree  
1=strongly disagree  
7=don't know

Q416A	1. They make women gain weight	1	2	3	4	5	7
Q416B	2. They make women's periods more regular	1	2	3	4	5	7
Q416C	3. Taking them too long can cause infertility	1	2	3	4	5	7
Q416D	4. Women who take them have a higher risk of getting cancer	1	2	3	4	5	7
Q416E	5. They are bad for blood circulation	1	2	3	4	5	7

Q417 417. When is it most likely for a woman to become pregnant? (SHOW CARD)

- 1 In the week before menstruation starts  
2 During menstruation  
3 In the week after menstruation ends  
4 Halfway between her periods  
5 It doesn't matter, all times are alike  
6 Other (specify) \_\_\_\_\_  
7 Don't know

Q418 418. Do you think it is harmful to the baby if a woman smokes while she is pregnant?

- 1 Yes  
2 No  
3 Depends on how much she smokes  
7 Don't know

Q419 419. How do you think that breastfeeding affects a woman's chances of becoming pregnant?  
(READ CHOICES)

- 1 Increases her chance of pregnancy  
2 Decreases her chance of pregnancy  
3 Does not affect her chance of pregnancy  
7 Don't know

## V. WOMEN'S HEALTH

500. In what month and year did you first have sexual intercourse, if ever?

Month: **Q500m** Year 19 **Q500y**  
 22=Never had sexual intercourse--->**GO TO Q517**  
 33=No response--->**GO TO Q517**  
 44=Don't remember

**Q501** 501. How old were you at that time?

\_\_ \_\_ years  
 77=Don't remember

**IF RESPONDENT IS NOW OLDER THAN 24 YEARS, GO TO Q508**

**Q502** 502. At that time what was your relationship to your first sexual partner? (SHOW CARD)

- 1 Husband--->**GO TO Q508**
- 2 Fiance
- 3 Boyfriend
- 4 Friend/ Acquaintance
- 5 Just met
- 6 Forced intercourse/Rape----->**GO TO Q508**
- 7 Family member/Incest---->**GO TO Q508**
- 8 Other\_\_\_\_\_
- 9 No response--->**GO TO Q508**

**Q503** 503. Did you or your partner use a contraceptive method or do anything to prevent pregnancy at that time?

- 1 Yes
- 2 No---->**GO TO Q506**
- 8 Don't remember/Don't know---->**GO TO Q507**
- 9 No response---->**GO TO Q507**

**Q504** 504. What method? (SHOW CARD)

- 1 Pills
- 2 IUD
- 3 Condoms
- 4 Spermicide/Jelly/Cream
- 5 Diaphragm
- 6 Safe period method
- 7 Withdrawal
- 8 Douching
- 77 Other\_\_\_\_\_

**Q505** 505. Who took the initiative to use this method?

- 1 Respondent
- 2 Partner
- 3 Both
- 7 Don't remember

**IF USED CONDOMS (CHECK Q504) GO TO Q508, OTHERWISE GO TO Q507**

**Q506** 506. 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 Hard for young people to get contraception
- 4 Did not know how/where to get contraception
- 5 Wanted to get pregnant
- 6 Health concerns about contraception
- 7 Wanted to use, but didn't have any
- 8 Did not think she could get pregnant
- 9 Partner refused to use contraception
- 10 Other \_\_\_\_\_
- 77 Don't know/Don't remember

**Q507** 507. Did your partner use a condom to prevent a sexually transmitted disease (STD) at that time?

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

**Q508** 508. Have you had sexual intercourse in the last 30 days?

- 1 Yes
- 2 No---->GO TO Q510
- 9 No response---->GO TO Q517

**Q509** 509. How many times?

- \_\_ \_\_ times  
 77 Don't remember  
 99 No response

510. About how long has it been since you last had sexual intercourse? (GET ANSWER IN DAYS, WEEKS, MONTHS, OR

- Q510d** 1 \_\_ \_\_ days  
**Q510w** 2 \_\_ \_\_ weeks  
**Q510m** 3 \_\_ \_\_ months  
**Q510y** 4 \_\_ \_\_ years-->GO TO Q517

- 777 Don't remember  
 999 No response--->GO TO Q517

**Q511** 511. During the past 12 months, with how many men have you had sexual intercourse?

- \_\_ \_\_ men  
 77 Don't remember  
 99 No response---->GO TO Q517

**IF RESPONDENT HAS NOT HAD SEXUAL INTERCOURSE IN PAST 3 MONTHS? (SEE Q510), GO TO Q517**

**Q512** 512. Did any partner ever use a condom with you in the past three months?

- 1 Yes
- 2 No---->GO TO Q517

**QUESTIONS 513-516 REFER TO MEN WITH WHOM THE RESPONDENT HAS HAD SEXUAL INTERCOURSE IN THE PAST THREE MONTHS. IF MORE THAN THREE MEN, LIST ONLY THE THREE MOST RECENT.**

	513	514	515	516
	What was your relationship with him?	Has he used a condom with you in the past three months?	Did he use a condom the last time you had sex with him?	Would you say that he uses a condom every time you have sex with him?
1 Most recent partner	1 Husband/Live-in partner 2 Regular boyfriend/Finace 3 Occasional boyfriend 4 Acquaintance 5 Other <span style="border: 1px solid red; padding: 2px;">Q513_1</span>	1 Yes 2 No> NEXT LINE <span style="border: 1px solid red; padding: 2px;">Q514_1</span>	1 Yes 2 No->NEXT LINE <span style="border: 1px solid red; padding: 2px;">Q515_1</span>	1 Yes 2 No <span style="border: 1px solid red; padding: 2px;">Q516_1</span>
2 2nd most recent partner	1 Husband/Live-in partner 2 Regular boyfriend/Finace 3 Occasional boyfriend 4 Acquaintance 5 Other <span style="border: 1px solid red; padding: 2px;">Q513_2</span>	1 Yes 2 No> NEXT LINE <span style="border: 1px solid red; padding: 2px;">Q514_2</span>	1 Yes 2 No->NEXT LINE <span style="border: 1px solid red; padding: 2px;">Q515_2</span>	1 Yes 2 No <span style="border: 1px solid red; padding: 2px;">Q516_2</span>
3 3rd most recent partner	1 Husband/Live-in partner 2 Regular boyfriend/Finace 3 Occasional boyfriend 4 Acquaintance 5 Other <span style="border: 1px solid red; padding: 2px;">Q513_3</span>	1 Yes 2 No>GO TO Q517 <span style="border: 1px solid red; padding: 2px;">Q514_3</span>	1 Yes 2 No->GO TO Q517 <span style="border: 1px solid red; padding: 2px;">Q515_3</span>	1 Yes 2 No <span style="border: 1px solid red; padding: 2px;">Q516_5</span>

Q517 517. Have you ever had a regular (not pregnancy related) gynecologic exam?

- 1 Yes
- 2 No---->GO TO Q519
- 7 Don't know---->GO TO Q519

Q518 518. When was the last time you had a gynecologic exam?

- \_\_\_ \_\_ years ago
- 66 Less than 1 year ago
- 77 Don't remember
- 88 Don't remember, but more than one year ago

Q519 519. Has a health care provider ever discussed with you how to prevent getting sexually transmitted diseases?

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

520. What are all the signs or symptoms can you think of that a woman might have a sexually transmitted disease (STD)?  
(DO NOT READ LIST)

- Q520A** 1 Vaginal discharge  
**Q520B** 2 Genital itching  
**Q520C** 3 Painful urination  
**Q520D** 4 Lower abdominal pain  
**Q520E** 5 Sore or wart in the genital area  
**Q520F** 6 Other \_\_\_\_\_  
**Q520G** 7 Don't know any  
**Q520H** 9 Refusal to answer

**IF RESPONDENT HAS NOT HAD SEX IN THE PAST 12 MONTHS (SEE Q510) OR REFUSED TO ANSWER Q511, GO TO Q527**

**Q521** 521. In the past 12 months have you had any vaginal discharge that was not menstruation?

- 1 Yes  
 2 No----->**GO TO Q523**  
 7 Don't remember/Don't know----->**GO TO Q523**

522. Along with the discharge, did you have any:

		Yes	No	Don't remember
<b>Q522A</b>	1. Itching?	1	2	7
<b>Q522B</b>	2. Painful urination?	1	2	7
<b>Q522C</b>	3. Lower abdominal pain?	1	2	7

**Q523** 523. In the past 12 months have you had any sores or warts in the genital area?

- 1 Yes  
 2 No  
 7 Don't remember/Don't know

**IF Q521 AND Q523 ARE NOT ANSWERED "YES", GO TO Q527**

**Q524** 524. The last time you had any of these symptoms did you see or consult anyone for advice or treatment?

- 1 Yes  
 2 No----->**GO TO Q526**  
 7 Don't remember----->**GO TO Q527**

**Q525** 525. Where did you go or whom did you see? (SHOW CARD)

- 1 Women's consultation----->**GO TO Q527**  
 2 Dermato/Venereal Clinic----->**GO TO Q527**  
 3 Gynecology office at a polyclinic----->**GO TO Q527**  
 4 Dermato/Venereal Office at a polyclinic----->**GO TO Q527**  
 5 Private office or clinic----->**GO TO Q527**  
 6 Pharmacy  
 7 Friend, relative, etc.  
 8 Local healer  
 9 Other (specify) \_\_\_\_\_

**Q526** 526. Why didn't you visit a health professional? (CODE THE MOST IMPORTANT REASON ONLY.)

- 1 Did not think it was serious enough/Was not necessary/Cured without a visit
- 2 Feared poor treatment by health staff
- 3 Services too far away
- 4 Services too expensive
- 5 Confidentiality/Didn't want people to know about sexual activity
- 6 Embarrassment
- 7 Did not know where to go
- 8 Other (specify)\_\_\_\_\_
- 77 Don't know/Don't remember

**Q527** 527. Do you think a person can be infected with the AIDS virus and not have any symptoms or signs of the disease?

- 1 Yes
- 2 No
- 3 Has not heard of AIDS
- 7 Don't know

**Q528** 528. Do you think condoms provide excellent, good, fair, or poor protection against most sexually transmitted diseases and infection with the AIDS virus? (**READ CHOICES**)

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 7 Don't know/Not sure

**Q529** 529. Do you think a person can be infected with an STD and not have any symptoms or signs of the disease?

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

**Q530** 530. What do you think is your risk of getting an STD? (SHOW CARD)

- 1 High risk
- 2 Medium risk
- 3 Low risk
- 4 No risk
- 7 Don't know

For each of the following conditions/diseases, please tell me:

CONDITION	531. Have you ever heard of it?	532. Have you ever had it or been diagnosed with it?
A. Genital ulcer	1 Yes-->Q532 2 No--->B Q531A	1 Yes 2 No Q532A
B. Syphilis	1 Yes-->Q532 2 No--->C Q531B	1 Yes 2 No Q532B
C. Gonorrhea	1 Yes-->Q532 2 No--->D Q531C	1 Yes 2 No Q532C
D. Chlamydia	1 Yes-->Q532 2 No--->E Q531D	1 Yes 2 No Q532D
E. Pelvic inflammatory Disease	1 Yes-->Q532 2 No--->F Q531E	1 Yes 2 No Q532E
F. Genital Herpes	1 Yes-->Q532 2 No--->G Q531F	1 Yes 2 No Q532F
G. Human papilloma virus	1 Yes-->Q532 2 No--->H Q531G	1 Yes 2 No Q532G
H. Trichomoniasis	1 Yes-->Q532 2 No--->Q533 Q531H	1 Yes 2 No Q532H

**Q533** 533. Do you currently smoke cigarettes?

- 1 Yes  
2 No---->GO TO Q535

**Q534** 534. How many cigarettes do you smoke per day, on average?

\_\_ \_\_ cigarettes  
66 = Rarely smoke/Less than 1 per day

535. What types of alcoholic drinks do you drink most often?

- Q535A** 1 Vodka, cognac, other strong liquor (GE 30%)  
**Q535B** 2 Wine, champagne, liqueurs (9-29%)  
**Q535C** 3 Beer, other low alcohol drinks (LE 8%)  
**Q535D** 4 Rarely drink

**Q536** 536. In a typical week how much grams of \_\_\_\_\_ (the strongest drink mentioned in Q535) do you drink?

\_\_ \_\_ \_\_ grams  
6 6 = Usually none  
7 7 = Don't know

9 9 = No response

## VI. SOCIOECONOMIC CHARACTERISTICS

- Q600** 600. What is your nationality?
- 1 Ukrainian
  - 2 Russian
  - 3 Jewish
  - 4 Other (specify) \_\_\_\_\_
  - 9 No response
- Q601** 601. What language do you most often speak at home?
- 1 Ukrainian
  - 2 Russian
  - 3 Mixed Ukrainian-Russian
  - 4 Sometimes Russian, sometimes Ukrainian
  - 5 Other (specify) \_\_\_\_\_
- Q602** 602. What is your religion?
- 0 No religion---->**GO TO Q604**
  - 1 Orthodox
  - 2 Catholic
  - 3 Muslim
  - 4 Jewish
  - 5 Other (specify) \_\_\_\_\_
  - 9 Refused/Not stated--->**GO TO Q604**
- Q603** 603. About how often do you usually attend religious services? (SHOW CARD)
- 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
  - 6 Other (specify) \_\_\_\_\_
- Q604** 604. Are you currently employed?
- 1 Yes--->**GO TO Q606**
  - 2 Yes, but on maternity/pregnancy leave--->**GO TO Q607**
  - 3 Self-Employed--->**GO TO Q606**
  - 4 No
- Q605** 605. Which of the following best describes your situation?
- 1 Can't find a job/Unemployed
  - 2 Factory/Former place of employment closed
  - 3 Don't want to work/No need to work
  - 4 Unable to work
  - 5 Student
  - 6 Other (specify) \_\_\_\_\_

**GO TO Q607**

**Q606** 606. Do you currently work one job or more than one job?

- 1 One job
- 2 More than one job

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

	<u>Yes</u>	<u>No</u>
<b>Q607A</b> A. Bathroom/Shower	1	2
<b>Q607B</b> B. Color television	1	2
<b>Q607C</b> C. VCR	1	2
<b>Q607D</b> D. Automobile	1	2
<b>Q607E</b> E. Auto Washing machine	1	2
<b>Q607F</b> F. Telephone	1	2
<b>Q607G</b> G. Personal computer	1	2

**VII. VIOLENCE**

**Q700** 700. Thinking back to your childhood and adolescence, did you ever see or hear your parents or step-parents physically abuse each other?

- 1 Yes
- 2 No
- 3 Did not live with 2 parents
- 7 Don't remember
- 9 Refuse to answer

**Q701** 701 Do you recall ever being physically abused as a child by anyone in your household or family?

- 1 Yes
- 2 No
- 7 Don't remember
- 9 Refuse to answer

**Q702** 702. This next set of questions is about violence and physical abuse that may have happened between you and a partner or ex-partner. When we say a partner, we mean a husband, ex-husband, as well as any other person you have been living with, without being married. Did a partner or ex-partner ever threaten to hit you, shove, or slap you, threaten you with a knife or other weapon, or actually hit you?

- 1. YES
- 2. NO-----> **END OF INTERVIEW**
- 3. NEVER HAD A PARTNER -----> **END OF INTERVIEW**
- 7. DO NOT REMEMBER-----> **END OF INTERVIEW**

703. Please tell me if you have ever been physically abused, by a partner or ex-partner in the following ways ( <b>READ A-D</b> ):		704. When was the <b>last time</b> this (A-D) happened to you?	
A. Threaten to hit you or throw something at you?	1 YES----> <b>Q704</b> 2 NO----> <b>Q703B</b> 7 DON'T REMEMBER----> <b>Q703B</b> 9 REFUSE---> <b>Q703B</b>  <b>Q703A</b>	1. WITHIN THE LAST YEAR 2. 1-3 YEARS AGO 3. 4-5 YEARS AGO 4. AT LEAST 5 YEARS AGO 7. DON'T REMEMBER <b>GO TO 703B</b>	<b>Q704A</b>
B. Push or shove you?	1 YES----> <b>Q704</b> 2 NO----> <b>Q703C</b> 7 DON'T REMEMBER----> <b>Q703C</b> 9 REFUSE---> <b>Q703C</b>  <b>Q703B</b>	1. WITHIN THE LAST YEAR 2. 1-3 YEARS AGO 3. 4-5 YEARS AGO 4. AT LEAST 5 YEARS AGO 7. DON'T REMEMBER <b>GO TO 703C</b>	<b>Q704B</b>
C. Kick or hit you with a fist or with something?	1 YES----> <b>Q704</b> 2 NO----> <b>Q703D</b> 7 DON'T REMEMBER----> <b>Q703D</b> 9 REFUSE---> <b>Q703D</b>  <b>Q703C</b>	1. WITHIN THE LAST YEAR 2. 1-3 YEARS AGO 3. 4-5 YEARS AGO 4. AT LEAST 5 YEARS AGO 7. DON'T REMEMBER <b>GO TO 703D</b>	<b>Q704C</b>
D. Threaten you with a knife or other weapon?	1 YES----> <b>Q704</b> 2 NO----> <b>Q705</b> 7 DON'T REMEMBER----> <b>INST. BEFORE Q705</b> 9 REFUSE---> <b>INST BEF Q705</b>  <b>Q703D</b>	1. WITHIN THE LAST YEAR 2. 1-3 YEARS AGO 3. 4-5 YEARS AGO 4. AT LEAST 5 YEARS AGO 7. DON'T REMEMBER	<b>Q704D</b>

**IF NONE OF THE INCIDENTS IN A-D HAPPENED IN THE LAST YEAR (Q704A, B, C, OR D=1), END INTERVIEW.**

**Q705** 705. In the past 12 months, did you have any swelling, bruises, cuts, or other physical injuries as a result of your partner's actions?

- 1. Yes
- 2. No----->**GO TO Q708**
- 7. Don't remember----->**GO TO Q708**

**Q706** 706. Did you see a doctor, or other medical care provider for medical treatment of these injuries?

- 1. Yes
- 2. No----->**GO TO Q708**
- 7. Don't remember ----->**GO TO Q708**

**Q707** 707. Were you hospitalized as a result of these injuries?

- 1. Yes
- 2. No
- 7. Don't remember

708. Did you talk about this(these) incident(s) with **(READ 1-5)**?

	<u>YES</u>	<u>NO</u>
<b>Q708A</b> 1. Police	1	2
<b>Q708B</b> 2. Family member	1	2
<b>Q708C</b> 3. Friend	1	2
<b>Q708D</b> 4. Health provider/Social Worker	1	2
<b>Q708E</b> 5. Psychologist	1	2
<b>Q708F</b> 6. Other (Specify)_____	1	2

**Q709** 709 The last time your husband hit or threatened you had he been drinking alcohol?

- 1 Yes---->**END OF INTERVIEW**
- 2 No
- 7 Don't know/Don't remember

**Q710** 710 At any time in the past year when he hit or threatened you had he been drinking alcohol?

- 1 Yes
- 2 No
- 7 Don't know/Don't remember

**END OF INTERVIEW**

**TIME INTERVIEW ENDED** End\_H : End\_M

INTERVIEWED BY: Inter\_BY

QUESTIONNAIRE REVIEWED BY: Quest\_REV

DATA ENTRY OPERATOR # DE\_OPE