

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	_____	H4_age_1	H4_mstat_1	H4_educ_1	H4_sel_1	H4_res_1
2	_____	H4_age_2	H4_mstat_2	H4_educ_2	H4_sel_2	H4_res_2
3	_____	H4_age_3	H4_mstat_3	H4_educ_3	H4_sel_3	H4_res_3
4	_____	H4_age_4	H4_mstat_4	H4_educ_4	H4_sel_4	H4_res_4
5	_____	H4_age_5	H4_mstat_5	H4_educ_5	H4_sel_5	H4_res_5
6	_____	---	---	---	---	---
			CODES: 1 Married 2 Unregistered marriage 3 Divorced 4 Separated 5 Widowed 6 Single (Never married)	CODES: 1 No secondary 2 Incomp Secondary 3 Comp. Secondary 4 Prof Technical Ed 5 CompSec + TechEd 6 Technicum 7 Incomp. Postsec. 8 Complete Postsec. 9 Don't know	CODES: 1 Selected 2 Not sel.	CODES: 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 Vday_1 Vmonth_1	Day Month Vday_2 Vmonth_2	Day Month Vday_3 Vmonth_3	Day Month Vday_4 Vmonth_4
Result*	Vresult_1	Vresult_2	Vresult_3	Vresult_4

***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 <u>Q212m_1</u> Year 19 <u>Q212y_1</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_1</u> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	<u> </u> months 9=9+ 77=DK/DR <u>Q214_1</u>	1 Live birth (single) --->Q216 <u>Q215_1</u> 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 <u>Q216_1</u>	1 Alive->NEXT PREG <u>Q217_1</u> 2 Dead 3 One living, One dead	<u> </u> Days <u>Q218d_1</u> <u> </u> Months <u>Q218m_1</u> <u> </u> Years <u>Q218y_1</u>
2	Month <u>Q212m_2</u> Year 19 <u>Q212y_2</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_2</u> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	<u> </u> months 9=9+ 77=DK/DR <u>Q214_2</u>	1 Live birth (single) --->Q216 <u>Q215_2</u> 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 <u>Q216_2</u>	1 Alive->NEXT PREG <u>Q217_2</u> 2 Dead 3 One living, One dead	<u> </u> Days <u>Q218d_2</u> <u> </u> Months <u>Q218m_2</u> <u> </u> Years <u>Q218y_2</u>
3	Month <u>Q212m_3</u> Year 19 <u>Q212y_3</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_3</u> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	<u> </u> months 9=9+ 77=DK/DR <u>Q214_3</u>	1 Live birth (single) --->Q216 <u>Q215_3</u> 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 <u>Q216_3</u>	1 Alive->NEXT PREG <u>Q217_3</u> 2 Dead 3 One living, One dead	<u> </u> Days <u>Q218d_3</u> <u> </u> Months <u>Q218m_3</u> <u> </u> Years <u>Q218y_3</u>
4	Month <u>Q212m_4</u> Year 19 <u>Q212y_4</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_4</u> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	<u> </u> months 9=9+ 77=DK/DR <u>Q214_4</u>	1 Live birth (single) --->Q216 <u>Q215_4</u> 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 <u>Q216_4</u>	1 Alive->NEXT PREG <u>Q217_4</u> 2 Dead 3 One living, One dead	<u> </u> Days <u>Q218d_4</u> <u> </u> Months <u>Q218m_4</u> <u> </u> Years <u>Q218y_4</u>
5	Month <u>Q212m_5</u> Year 19 <u>Q212y_5</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_5</u> 2 Wanted to get pregnant later 3 Did not want any more children 7 Not sure/Don't remember	<u> </u> months 9=9+ 77=DK/DR <u>Q214_5</u>	1 Live birth (single) --->Q216 <u>Q215_5</u> 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 <u>Q216_5</u>	1 Alive->NEXT PREG <u>Q217_5</u> 2 Dead 3 One living, One dead	<u> </u> Days <u>Q218d_5</u> <u> </u> Months <u>Q218m_5</u> <u> </u> Years <u>Q218y_5</u>

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>Q212m_6</u> Year 19 <u>Q212y_6</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_6</u> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>Q214_6</u> __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 <u>Q215_6</u> 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 <u>Q216_6</u>	1 Alive->NEXT PREG <u>Q217_6</u> 2 Dead 3 One living, One dead	__ Days <u>Q218d_6</u> __ Months <u>Q218m_6</u> __ Years <u>Q218y_6</u>
7	Month <u>Q212m_7</u> Year 19 <u>Q212y_7</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_7</u> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>Q214_7</u> __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 <u>Q215_7</u> 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 <u>Q216_7</u>	1 Alive->NEXT PREG <u>Q217_7</u> 2 Dead 3 One living, One dead	__ Days <u>Q218d_7</u> __ Mo <u>Q218m_7</u> __ Ye <u>Q218y_7</u>
8	Month <u>Q212m_8</u> Year 19 <u>Q212y_8</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_8</u> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>Q214_8</u> __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 <u>Q215_8</u> 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 <u>Q216_8</u>	1 Alive->NEXT PREG <u>Q217_8</u> 2 Dead 3 One living, One dead	__ Days <u>Q218d_8</u> __ Months <u>Q218m_8</u> __ Years <u>Q218y_8</u>
9	Month <u>Q212m_9</u> Year 19 <u>Q212y_9</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_9</u> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>Q214_9</u> __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 <u>Q215_9</u> 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 <u>Q216_9</u>	1 Alive->NEXT PREG <u>Q217_9</u> 2 Dead 3 One living, One dead	__ Days <u>Q218d_9</u> __ Months <u>Q218m_9</u> __ Years <u>Q218y_9</u>
10	Month <u>Q212m_10</u> Year 19 <u>Q212y_10</u> IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then <u>Q213_10</u> 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	<u>Q214_10</u> __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 <u>Q215_10</u> 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 <u>Q216_10</u>	1 Alive->NEXT PREG <u>Q217_10</u> 2 Dead 3 One living, One dead	__ Days <u>Q218d_10</u> __ Months <u>Q218m_10</u> __ Years <u>Q218y_10</u>

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 Q212m_11 Year 19 Q212y_11 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_11 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	Q214_11 __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 Q215_11 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 Q216_11 2 Girl 3 Both	Q217_11 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days Q218d_11 __ Months Q218m_11 __ Years Q218y_11
12	Month Q212m_12 Year 19 Q212y_12 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_12 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	Q214_12 __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 Q215_12 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 Q216_12 2 Girl 3 Both	Q217_12 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days Q218d_12 __ Mo Q218m_12 __ Ye Q218y_12
13	Month Q212m_13 Year 19 Q212y_13 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_13 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	Q214_13 __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 Q215_13 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 Q216_13 2 Girl 3 Both	Q217_13 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days Q218d_13 __ Months Q218m_13 __ Years Q218y_13
14	Month Q212m_14 Year 19 Q212y_14 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_14 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	Q214_14 __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 Q215_14 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 Q216_14 2 Girl 3 Both	Q217_14 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Days Q218d_14 __ Months Q218m_14 __ Years Q218y_14
15	Month Q212m_15 Year 19 Q212y_15 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_15 2 Wanted to get pregnant later 3 Did not want any more children 8 Not sure/Don't remember	Q214_15 __ months 9=9+ 77=DK/DR	1 Live birth (single) --->Q216 Q215_15 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 Q216_15 2 Girl 3 Both	Q217_15 1 Alive->NEXT PREG 2 Dead 3 One living, One dead	__ Da Q218d_15 __ Mo Q218m_15 __ Ye Q218y_15

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 Q212m_16 Year 19 Q212y_16 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_16 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 Q214_16	1 Live birth (single) --->Q216 Q215_16 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 Q216_16	1 Alive->NEXT PREG Q217_16 2 Dead 3 One living, One dead	__ Days __ Months __ Years Q218d_16 Q218m_16 Q218y_16
17	Month Q212m_17 Year 19 Q212y_17 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_17 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 Q214_17	1 Live birth (single) --->Q216 Q215_17 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 Q216_17	1 Alive->NEXT PREG Q217_17 2 Dead 3 One living, One dead	__ Days __ Months __ Years Q218d_17 Q218m_17 Q218y_17
18	Month Q212m_18 Year 19 Q212y_18 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_18 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 Q214_18	1 Live birth (single) --->Q216 Q215_18 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 Q216_18	1 Alive->NEXT PREG Q217_18 2 Dead 3 One living, One dead	__ Days __ Months __ Years Q218d_18 Q218m_18 Q218y_18
19	Month Q212m_19 Year 19 Q212y_19 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_19 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 Q214_19	1 Live birth (single) --->Q216 Q215_19 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 Q216_19	1 Alive->NEXT PREG Q217_19 2 Dead 3 One living, One dead	__ Days __ Months __ Years Q218d_19 Q218m_19 Q218y_19
20	Month Q212m_20 Year 19 Q212y_20 IF BEFORE 1994, GO TO Q214	1 Wanted to get pregnant then Q213_20 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 Q214_20	1 Live birth (single) --->Q216 Q215_20 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 2 Girl 3 Both Q216_20	1 Alive->NEXT PREG Q217_20 2 Dead 3 One living, One dead	__ Days __ Months __ Years Q218d_20 Q218m_20 Q218y_20

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 Q222_1	1 2 3 4 5 6 7 77 Q223_1	1 2 3 4 5 Q224_1	1 Yes 2 No 7 DK Q225_1	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229 Q226_1	1 2 3 4 5 6 7 Q227_1	1 Stayed longer 2 Readmitted 3 Both 4 No Q228_1	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE Q229_1	1 2 3 4 5 6 7 Q230_1
Q221_2	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED Q222_2	1 2 3 4 5 6 7 77 Q223_2	1 2 3 4 5 Q224_2	1 Yes 2 No 7 DK Q225_2	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229 Q226_2	1 2 3 4 5 6 7 Q227_2	1 Stayed longer 2 Readmitted 3 Both 4 No Q228_2	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE Q229_2	1 2 3 4 5 6 7 Q230_2
Q221_3	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED Q222_3	1 2 3 4 5 6 7 77 Q223_3	1 2 3 4 5 Q224_3	1 Yes 2 No 7 DK Q225_3	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229 Q226_3	1 2 3 4 5 6 7 Q227_3	1 Stayed longer 2 Readmitted 3 Both 4 No Q228_3	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE Q229_3	1 2 3 4 5 6 7 Q230_3
Q221_4	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED Q222_4	1 2 3 4 5 6 7 77 Q223_4	1 2 3 4 5 Q224_4	1 Yes 2 No 7 DK Q225_4	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229 Q226_4	1 2 3 4 5 6 7 Q227_4	1 Stayed longer 2 Readmitted 3 Both 4 No Q228_4	1 Yes 2 No->NEXT LINE 7 Don't know--> NEXT LINE Q229_4	1 2 3 4 5 6 7 Q230_4
Q221_5	1 MINIABORTION 2 REG. ABORTION 3 SELF INDUCED Q222_5	1 2 3 4 5 6 7 77 Q223_5	1 2 3 4 5 Q224_5	1 Yes 2 No 7 DK Q225_5	1 Yes--->Q227 2 No---->Q229 7 Dont know->Q229 Q226_5	1 2 3 4 5 6 7 Q227_5	1 Stayed longer 2 Readmitted 3 Both 4 No Q228_5	1 Yes 2 No->NEXT LINE 7 Don't know-->NEXT LINE Q229_5	1 2 3 4 5 6 7 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 minabortion?

___ ___ 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?		
Q238_1	1 Yes---->Q240 2 No----->Q243 7 Not sure--->Q243 Q239_1	— 77=Don't know Q240_1	— visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember Q241_1	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other _ Q242_1	1 Yes 2 No--> GO TO Q245 Q243_1	— days 77=don't rem. 99=99+ days Q244_1	1 Yes 2 No Q245_1	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other _ Q246_1	1 Yes 2 No--> NEXT LINE Q247_1	1 Yes 2 No Q248_1	— months 00=<1 month 66=Not yet 77=Don't rem. Q249_1		
Q238_2	1 Yes---->Q240 2 No----->Q243 7 Not sure--->Q243 Q239_2	— 77=Don't know Q240_2	— visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember Q241_2	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other _ Q242_2	1 Yes 2 No--> GO TO Q245 Q243_2	— days 77=don't rem. 99=99+ days Q244_2	1 Yes 2 No Q245_2	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other _ Q246_2	1 Yes>NEXT LINE 2 No>Q249 Q247_2		— months 00=<1 month 66=Not yet 77=Don't rem. Q249_2		
Q238_3	1 Yes---->Q240 2 No----->Q243 7 Not sure--->Q243 Q239_3	— 77=Don't know Q240_3	— visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember Q241_3	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other _ Q242_3	1 Yes 2 No--> GO TO Q245 Q243_3	— days 77=don't rem. 99=99+ days Q244_3	1 Yes 2 No Q245_3	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other _ Q246_3	1 Yes>NEXT LINE 2 No>Q249 Q247_3		— months 00=<1 month 66=Not yet 77=Don't rem. Q249_3		
Q238_4	1 Yes---->Q240 2 No----->Q243 7 Not sure--->Q243 Q239_4	— 77=Don't know Q240_4	— visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember Q241_4	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other _ Q242_4	1 Yes 2 No--> GO TO Q245 Q243_4	— days 77=don't rem. 99=99+ days Q244_4	1 Yes 2 No Q245_4	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other _ Q246_4	1 Yes>NEXT LINE 2 No>Q249 Q247_4		— months 00=<1 month 66=Not yet 77=Don't rem. Q249_4		
Q238_5	1 Yes---->Q240 2 No----->Q243 7 Not sure--->Q243 Q239_5	— 77=Don't know Q240_5	— visits 55=As many as Dr. said 66=DR, but at least 10 77=Don't remember Q241_5	1 Maternity house 2 Women's consult. 3 MCH Center 4 Hospital 5 Priv. clinic/office 6 Other _ Q242_5	1 Yes 2 No--> GO TO Q245 Q243_5	— days 77=don't rem. 99=99+ days Q244_5	1 Yes 2 No Q245_5	1 Mat House 2 MCH Ctr. 3 Hospital 4 Home 5 Other _ Q246_5	1 Yes>NEXT LINE 2 No>Q249 Q247_5		— months 00=<1 month 66=Not yet 77=Don't rem. Q249_5		

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 than 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)

- | | | | |
|--------------|-------------------------------------|--------------|---------------|
| Q274A | 1. Hormones | Q274K | 11. Surgery |
| Q274B | 2. Anti-Inflammatory drugs | Q274L | 12. Fitothera |
| Q274C | 3. Treatment for Fallopian blockage | | |
| Q274D | 4. Physiotherapy | | |
| Q274E | 5. Laser therapy | | |
| Q274F | 6. Laparoscopy/Microsurgery | | |
| Q274G | 7. Spa/Relaxation therapy, etc. | | |
| Q274H | 8. In Vitro Fertilization (IVF) | | |
| Q274I | 9. Other _____ | | |
| Q274J | 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
Q311A	A. Difficulty of getting other methods	1	2	3	7
Q311B	B. Cost of other methods	1	2	3	7
Q311C	C. Lack of information about other methods	1	2	3	7
Q311D	D. Health/Side effects of other methods	1	2	3	7
Q311E	E. Husband/Partner preference	1	2	3	7
Q311F	F. Religious beliefs	1	2	3	7
Q311_G	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 1PREGNANCY

0 Not pregnant

1 Pregnant

2 Live birth

3 Stillbirth

4 Miscarriage

5 Miniabortion

6 Regular abortion

COLUMN 2CONTRACEPTION

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 3REASON 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
1994					1997				
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
1995					1998				
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
1996					1999				
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)

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

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

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

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

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

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

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

- | | | | | | | | |
|--------------|----------------------|---|---|---|---|---|---|
| Q413A | Oral contraceptives | 1 | 2 | 3 | 4 | 5 | 7 |
| Q413B | IUD | 1 | 2 | 3 | 4 | 5 | 7 |
| Q413C | Injections | 1 | 2 | 3 | 4 | 5 | 7 |
| Q413D | Condoms | 1 | 2 | 3 | 4 | 5 | 7 |
| Q413E | 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)

- | | | | | | | | |
|--------------|----------------------|---|---|---|---|---|---|
| Q414A | Oral contraceptives | 1 | 2 | 3 | 4 | 5 | 7 |
| Q414B | IUD | 1 | 2 | 3 | 4 | 5 | 7 |
| Q414C | Injections | 1 | 2 | 3 | 4 | 5 | 7 |
| Q414D | Condoms | 1 | 2 | 3 | 4 | 5 | 7 |
| Q414E | Female sterilization | 1 | 2 | 3 | 4 | 5 | 7 |
| Q414F | Induced abortion | 1 | 2 | 3 | 4 | 5 | 7 |
| Q414G | 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 Q513_1	1 Yes 2 No> NEXT LINE Q514_1	1 Yes 2 No->NEXT LINE Q515_1	1 Yes 2 No Q516_1
2 2nd most recent partner	1 Husband/Live-in partner 2 Regular boyfriend/Finace 3 Occasional boyfriend 4 Acquaintance 5 Other Q513_2	1 Yes 2 No> NEXT LINE Q514_2	1 Yes 2 No->NEXT LINE Q515_2	1 Yes 2 No Q516_2
3 3rd most recent partner	1 Husband/Live-in partner 2 Regular boyfriend/Finace 3 Occasional boyfriend 4 Acquaintance 5 Other Q513_3	1 Yes 2 No>GO TO Q517 Q514_3	1 Yes 2 No->GO TO Q517 Q515_3	1 Yes 2 No Q516_5

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
Q522A	1. Itching?	1	2	7
Q522B	2. Painful urination?	1	2	7
Q522C	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>
Q607A A. Bathroom/Shower	1	2
Q607B B. Color television	1	2
Q607C C. VCR	1	2
Q607D D. Automobile	1	2
Q607E E. Auto Washing machine	1	2
Q607F F. Telephone	1	2
Q607G 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 (READ A-D):		704. When was the last time this (A-D) happened to you?
A. Threaten to hit you or throw something at you?	1 YES----> Q704 2 NO----> Q703B 7 DON'T REMEMBER----> Q703B 9 REFUSE---> Q703B <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q703A</div>	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 <div style="text-align: center;">GO TO 703B</div> <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q704A</div>
B. Push or shove you?	1 YES----> Q704 2 NO----> Q703C 7 DON'T REMEMBER----> Q703C 9 REFUSE---> Q703C <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q703B</div>	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 <div style="text-align: center;">GO TO 703C</div> <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q704B</div>
C. Kick or hit you with a fist or with something?	1 YES----> Q704 2 NO----> Q703D 7 DON'T REMEMBER----> Q703D 9 REFUSE---> Q703D <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q703C</div>	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 <div style="text-align: center;">GO TO 703D</div> <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q704C</div>
D. Threaten you with a knife or other weapon?	1 YES----> Q704 2 NO----> Q705 7 DON'T REMEMBER----> INST. BEFORE Q705 9 REFUSE---> INST BEF Q705 <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q703D</div>	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 <div style="text-align: right; border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Q704D</div>

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>
Q708A 1. Police	1	2
Q708B 2. Family member	1	2
Q708C 3. Friend	1	2
Q708D 4. Health provider/Social Worker	1	2
Q708E 5. Psychologist	1	2
Q708F 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**