

July 28, 1999

**1999 ROMANIA REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

ID NUMBER _____

JUDET _____

CENSUS MAP _____

URBAN/RURAL _____

LOCALITY _____

STREET ADDRESS _____

BUILDING/HOUSE NUMBER _____

APARTMENT NUMBER _____

VISIT RECORD

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

* RESULT CODES

- 1 Completed Interview
- 2 No eligible woman (age 15-44) lives in the household
- 3 Nobody home
- 4 Selected Respondent not home
- 5 Household Refusal
- 6 Selected Respondent Refusal
- 7 Unoccupied house
- 8 Respondent incompetent _____
- 9 Other _____
- 10 Incomplete interview

SELECTION OF INDIVIDUAL RESPONDENT USING RANDOMIZATION TABLE:

NUMBER OF ELIGIBLE WOMEN LIVING IN THE HOUSEHOLD (SEE # IN Q 3)	LAST DIGIT OF QUESTIONNAIRE NUMBER									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	3	4	1	2	3	4	1	2	3	4
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3

IF ONLY ONE WOMAN AGED 15-44 LIVES IN THIS HOUSEHOLD, WRITE "1" IN Q5

5. RANK ORDER OF THE SELECTED RESPONDENT: _____

IF YOU DO NOT SPEAK WITH THE SELECTED RESPONDENT OR IF SHE IS NOT AVAILABLE FOR AN INTERVIEW AT THAT TIME, WRITE DOWN HER FIRST NAME AND SCHEDULE ANOTHER VISIT (DATE AND TIME)

FIRST NAME _____

DATE OF THE NEXT VISIT: _____ TIME: _____

1999 ROMANIA REPRODUCTIVE HEALTH SURVEY FEMALE QUESTIONNAIRE

TIME STARTED: ___ : ___

ID NUMBER _____ - ___

I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH ___
YEAR 19 ___

88. DON'T KNOW

101. How old are you (at last birthday)? ___ YEARS OLD

88. DON'T KNOW

MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND

102. What is the highest grade in school you successfully completed, not counting the current grade you are in?

- | | | |
|-------------------------------------|-----------------|---|
| 00 EVER ATTENDED | | 9 |
| 1. ELEMENTARY | 1 2 3 4 5 6 7 8 | 9 |
| 2. COMPLEMENTARY | 1 2 3 | 9 |
| 3. HIGH SCHOOL | 1 2 3 4 5+ | 9 |
| 4. PROFESSIONAL SCHOOL | 1 2 3 4 5+ | 9 |
| 5. TECHNICAL SCHOOL (POST HS) | 1 2 3+ | 9 |
| 6. UNIVERSITY/FACULTY | 1 2 3 4 5+ | 9 |
| 7. POST UNIVERSITY/GRADUATE STUDIES | 1 2 3 4 5 | 9 |
| 99. DO NOT REMEMBER | | |

IF Q102 = 5 OR MORE GO TO Q104; IF Q102 < 4 CONTINUE

103. Do you have a high school diploma?

- 1 YES
- 2 NO

104. Do you currently work outside of the home (at least 20 hours per week)?

- 1. YES ---> **GO TO Q106**
- 2. YES, BUT ON MATERNITY/PREGNANCY LEAVE---> **GO TO Q106**
- 3. NO

105. What is the main reason that you are not working at this time?

1. ATTENDING SCHOOL/BETWEEN SCHOOLS
2. VACATION
3. LOOKING FOR WORK
4. LAID OFF
5. DOES NOT NEED/WANT/LIKE TO WORK
6. MEDICAL LEAVE
7. MATERNITY LEAVE
8. INABILITY TO FIND/AFFORD CHILD CARE
9. HOMEMAKER
10. PERMANENT DISABILITY
11. ODD JOBS (<20 HOURS PER WEEK)
20. OTHER (SPECIFY)_____

106. Are you currently married, not married but living with someone, separated, divorced, widowed, or have you never been married ?

- 1 MARRIED --> **GO TO Q108**
- 2 NOT MARRIED BUT LIVING WITH A PARTNER --> **GO TO Q108**
- 3 SEPARATED \-->**GO TO Q108**
- 4 DIVORCED /
- 5 WIDOWED /
- 6 NEVER MARRIED

107. Have you ever lived with a boyfriend or partner ? (**LIVING TOGETHER MEANS HAVING A SEXUAL RELATIONSHIP WHILE SHARING THE SAME USUAL ADDRESS.**)

- 1 YES
- 2 NO--->**GO TO Q117**

108. How many times have you been married or lived with a man as husband and wife? _____ TIMES

HUSBAND PARTNER (FROM THE FIRST TO THE MOST RECENT)	109. In what month and year did you <u>begin living</u> with your... (first, second, third, or fourth) husband/partner?	110. <u>How old</u> was your I, II, III, IV husband/partner when you started to live together?	111. What was the highest grade in school that your I,II,III,IV husband/partner completed when you got married/started to live together ?	112. What is your current <u>union relationship</u> with your I, II, III, IV, husband/ partner, are you still in the relationship or how did the relationship end?	113. In what month and year did your <u>union</u> with your I,II,III,IV, .husband/partner <u>end</u> ?	114 IF:
I	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED---> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=1- >115 ELSE CONTINUE
II	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED---> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=2- >115 ELSE CONTINUE
III	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED---> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=3- >115 ELSE CONTINUE
IV	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED---> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=4- >115 ELSE CONTINUE

115. When you first got married did you wish to have any children?

- 1 YES
- 2 NO----->**GO TO Q117**
- 3 NOT SURE----->**GO TO Q117**

116. How many children did you wish to have when you first got married?

- 1. 1
- 2. 1-2
- 3. 2
- 4. 2-3
- 5. 3
- 6. 3-4
- 7. 4 OR MORE
- 8. AS MANY AS GOD GIVES
- 20. OTHER: _____
- 88. NOT SURE/DON'T REMEMBER

117. Within the past 6 months, have you heard any program or ad on radio about modern contraceptives?

- 1. YES
- 2. NO
- 3. DID NOT LISTEN TO THE RADIO DURING THE PAST 6 MONTHS
- 8. DO NOT REMEMBER

118. Within the past 6 months, have you seen any program or ad on television about modern contraceptives?

- 1. YES
- 2. NO
- 3. DID NOT WATCH TV DURING THE PAST 6 MONTHS
- 8. DO NOT REMEMBER

119. Within the past six months have you read anything about modern contraceptives in a newspaper?

- 1. YES
- 2. NO
- 3. DID NOT READ NEWSPAPERS
- 8. DO NOT REMEMBER

120. Have you ever heard or seen the expression "Family planning"?

- 1 YES
- 2 NO---->**GO TO BOX 1-I**
- 8 DON'T KNOW---->**GO TO BOX 1-I**

121. Where did you hear or see it?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. TELEVISION.....	1	2
B. RADIO	1	2
C. NEWSPAPER.....	1	2
D. PAMPHLETS/POSTERS.....	1	2
E. MAGAZINES	1	2
F. FP OFFICE	1	2
G. OTHER _____	1	2

122. What does "Family Planning" mean?
1. PLANNING THE NUMBER OF CHILDREN
 2. PLANNING THE TIME WHEN TO HAVE CHILDREN
 3. PLANNING THE FAMILY LIFE AND/OR FAMILY RELATIONS/STARTING A FAMILY
 4. PLANNING SEXUAL LIFE/RELATIONS
 5. PLANNING THE FAMILY BUDGET/ EXPENSES
 6. PREVENTING UNINTENDED PREGNANCIES
 7. PREVENTING STDS
 8. PREVENTING ABORTION
 9. USE OF CONTRACEPTIVE METHODS
 10. USE OF CONDOM
 11. FAMILY HEALTH
 12. INFERTILITY TREATMENT
 13. FAMILY LIFE EDUCATION
 14. SEXUAL EDUCATION/ SEXUAL HYGIENE
 15. MEDICAL CHECK-UPS DURING PREGNANCY (PRENATAL CARE)
 20. OTHER _____

IF YOU ARE NOT IN CLUJ, CONSTANTA OR IASI GO TO MODULE II

123. Do you recognize the symbol "A" shown here? (**SHOW CARD "A" WITH THE SECS LOGO**)
1. YES
 2. NO-----> **GO TO Q125**
 8. NOT SURE -----> **GO TO Q125**

124. What does Symbol A represent? (DO NOT READ CHOICES)
- 1 CONTRACEPTIVES AVAILABLE HERE
 - 2 USE MODERN CONTRACEPTIVES
 - 3 MINISTRY OF HEALTH PROGRAM
 - 4 FAMILY PLANNING--IT IS YOUR CHOICE
 - 5 SOCIETY FOR CONTRACEPTIVE AND SEXUAL EDUCATION (SECS)
 - 6 OTHER _____
 - 8 DON'T KNOW

125. Do you recognize the symbol "B" shown here? (**SHOW CARD "B" WITH THE NATIONAL LOGO**)
1. YES
 2. NO-----> **GO TO MODULE II**
 8. NOT SURE -----> **GO TO MODULE II**

126. What does Symbol B represent? (DO NOT READ CHOICES)
- 1 CONTRACEPTIVES AVAILABLE HERE
 - 2 USE MODERN CONTRACEPTIVES
 - 3 MINISTRY OF HEALTH PROGRAM
 - 4 FAMILY PLANNING--IT IS YOUR CHOICE
 - 5 SOCIETY FOR CONTRACEPTIVE AND SEXUAL EDUCATION (SECS)
 - 6 OTHER _____
 - 8 DON'T KNOW

II. SEX EDUCATION

The next set of questions are about sex education.

201. Do you think schools should teach courses about reproductive biology, contraception, and prevention of sexually transmitted diseases?

- 1. YES
- 2. NO --> **GO TO 203**
- 8. DK
- 9. NR --> **GO TO 203**

202. At what year of age should they begin to teach about? (**READ A-C**)

- | | |
|------------------------------|------------------------------------|
| A. Human Reproduction? _____ | 77. SHOULD NOT BE TAUGHT IN SCHOOL |
| B. Contraception? _____ | 88. DK |
| C. STD's _____ | 99. NR |

203. Now I want to read some reasons for which one may oppose sex education in school. Please tell me if you agree or don't agree. (**READ A-D**)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>NR</u>
A. Because of sex education adolescents become sexually active too early	1	2	8	9
B. Sex education should be taught only in the family	1	2	8	9
C. Sex education goes against my religious beliefs	1	2	8	9
D. School teachers lack qualifications to teach sex education	1	2	8	9

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION III

204. Before you were 18 years old, did a parent ever talk to you about.....(**READ A-F**)

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NR</u>
A. Menstrual Cycle?.....	1	2	8	9
B. How Pregnancy Occurs?.....	1	2	8	9
C. Not Having Sexual Intercourse Before Marriage?.....	1	2	8	9
D. Methods of Contraception?.....	1	2	8	9
E. HIV/AIDS	1	2	8	9
F. Other Sexually Transmitted Diseases?	1	2	8	9

READ EACH QUESTION 205-207 FROM THE TABLE FOR EACH TOPIC OF SEX EDUCATION:

TOPIC	205. Before you were 18 years old, have you ever been taught at school about.? (READ A-G)	206. How old were you when you first were taught at school about...?	207. Who taught you at school about...?
A. Menstrual Cycle	1 YES --> GO TO Q206 2 NO --> GO TO Q205B 8 DK --> GO TO Q205B 9 NR --> GO TO Q205B	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
B. Female Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205C 8 DR --> GO TO Q205C 9 NR --> GO TO Q205C	— —	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
C. Male Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205D 8 DR --> GO TO Q205D 9 NR --> GO TO Q205D	— —	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
D. How Pregnancy Occurs	1 YES --> GO TO Q206 2 NO --> GO TO Q205E 8 DR --> GO TO Q205E 9 NR --> GO TO Q205E	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
E. Contraceptive Methods	1 YES --> GO TO Q206 2 NO --> GO TO Q205F 8 DR --> GO TO Q205F 9 NR --> GO TO Q205F	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
F. HIV/AIDS	1 YES --> GO TO Q206 2 NO --> GO TO Q205G 8 DR --> GO TO Q205G 9 NR --> GO TO Q205G	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
G. Other Sexually Transmitted Diseases	1 YES --> GO TO Q206 2 NO --> GO TO Q208 8 DR --> GO TO Q208 9 NR --> GO TO Q208	— —	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER

208. In your opinion, what was the most important source of information you have had about topics related to sexual matters?

- | | |
|----------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. FATHER | 11. TEACHER |
| 3. RELATIVE | 12. PHARMACIST |
| 4. BOYFRIEND | 13. BOOKS |
| 5. FRIENDS | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO |
| 7. COLLEAGUES, PEERS | 16. TV |
| 8. PARTNER/HUSBAND | 20. OTHER (SPECIFY): _____ |
| 9. DOCTOR | 88. DON'T REMEMBER |

III. FERTILITY/PREGNANCY

300. Are you currently pregnant?

- 1 YES
- 2 NO-->**GO TO Q305**
- 3 NOT SURE-->**GO TO Q305**

301. How many months pregnant are you now? ____ MONTHS

302. Just before you get pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant?

1. WANTED TO GET PREGNANT THEN
2. WANTED TO GET PREGNANT LATER
3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE
8. NOT SURE

303. Is this your first pregnancy?

- 1 YES
- 2 NO----->**GO TO Q307**
- 3 NOT SURE

304. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?

- 1 YES ---->**GO TO Q311**
- 2 NO----->**GO TO MODULE IV, PAGE 18**

305. Have you ever been pregnant?

- 1 YES----->**GO TO Q307**
- 2 NO
- 3 NOT SURE
- 4 NEVER HAD SEX -->**GO TO MODULE IV, PAGE 18**

306. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?

1. YES----->**GO TO Q311**
2. NO----->**GO TO MODULE IV, PAGE 18**

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

1. YES
2. NO----->**GO TO Q311**

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

309. Have you ever had a child born alive who later died or died right after birth?

1. YES
2. NO --> **GO TO Q310B**

310. How many children died? ____ CHILDREN

310A. So altogether you had a total of ____ (Q308+Q310) live births? **CHECK Q308 AND Q310 AND MAKE CHANGES IF NECESSARY**

IF Q308=0 GO TO Q311

310B. Are all the children born to you still living with you (IF 310>0 ADD: "not including those who died")?

- 1. YES----->GO TO Q311
- 2. NO

310C How many of them are not living with you ? (DO NOT INCLUDE CHILDREN SPENDING THE HOLIDAY SOMEWHERE ELSE) ___ ___ CHILDREN

310D. Are any of the children born to you currently: (READ OPTION I-V):

- I. Living With Relatives _____
- II. Living On their Own _____
- III. Living In Orphanage or Children's Home _____
- IV. Living In Hospitals for orphans or special institutions _____
- V. Have run away from home _____
- VI. OTHER (SPECIFY _____) _____

VERIFY THAT THE SUM OF Q310DI--Q310DVI=Q310C AND, IF NOT, CORRECT Q310C-Q310D; IF Q310DIII = 0 GO TO Q311; ELSE CONTINUE

310F What is the most important reason for having this child (these children) placed in an institution/orphanage?

- 1. ECONOMIC REASONS
- 2. HANDICAPPED CHILD
- 3. NOT ACCEPTED BY HUSBAND/PARTNER
- 4. THE CHILD GREW UP IN INSTITUTION
- 5. STEPCILD (GO BACK AND CORRECT Q308--Q310D)
- 6. OTHER (SPECIFY) _____

311. (Not counting the children born to you), have any children lived with you under your care and responsibility for at least three months?

- 1. YES
- 2. NO----->GO TO PREGNANCY HISTORY, PAGE 9

311A How many children not born to you have lived under your care and responsibility? ___ ___ CHILDREN

311B What was your relationship with this(se) child(ren), was the child (READ I-III AND WRITE # OF CHILDREN IN EACH CATEGORY):

- I. Your stepchild (BY BIRTH OR ADOPTION) _____
- II. The child of a relative _____
- III. The child of a friend _____
- V. OTHER (specify _____) _____

311C. How many of the children not born to you are not living with you anymore ?

___ ___ CHILDREN NOT BORN TO RESPONDENT IF "0" GO TO PREGNANCY HISTORY, PG. 9

311D. Are any of the children NOT born to you currently: (READ OPTION I-V):

- I. Living With Relatives _____
- II. Living On their Own _____
- III. Living In Orphanage or Children's Home _____
- IV. Living In Hospitals for orphans or special institutions _____
- V. Have run away from home _____
- VI. OTHER (SPECIFY _____) _____

VERIFY THAT THE SUM OF Q311DI--Q311DVI=Q311C AND IF NOT CORRECT Q311C--Q311D; IF Q311D_III = 0 GO TO PREGNANCY HISTORY, PAGE 9; ELSE CONTINUE

311E. What is the most important reason for having this child (these children) placed in an orphanage?
_____ (USE THE CODES FROM Q310F)

PREGNANCY HISTORY

Now I would like to talk to you about all your pregnancies (not counting the current one). Please, make sure you include all pregnancies, it doesn't matter when they happened or 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:

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->GO TO NEXT PREGNANCY
							Just before you get pregnant, did you want to get pregnant then, did yo want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>1</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>2</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WKS. OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>3</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>4</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->GO TO NEXT PREGNANCY
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died?	Just before you get pregnant, did you want to get pregnant then, did yo want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>5</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>6</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WKS. OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>7</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>8</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>9</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->GO TO NEXT PREGNANCY
10	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
11	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
12	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
13	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
14	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died?
15	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
16	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
17	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
18	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
19	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR

#	312	313	314	315	316	317
<u>20</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR
<u>21</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR
<u>22</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR
<u>23</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO BOX 3-I	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO BOX 3-I 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR

BOX3-I

- **THE FOLLOWING QUESTIONS ARE ONLY FOR PREGNANCIES ENDED BETWEEN 1994-1999 IF RESPONDENT HAD AT LEAST A LIVEBIRTH, STILLBIRTH, OR INDUCED ABORTION (Q312=1--5,7) ENDED BETWEEN 1994-1999 THEN CONTINUE WITH Q319 ON THE NEXT PAGE;**
- **IF SHE HAD ONLY MISCARRIAGE(S) OR ECTOPIC PREGNANCY(IES) (Q312=6,8), GO TO MODULE IV, PAGE 18;**
- **IF SHE DID NOT HAVE ANY PREGNANCY IN 1994-1999 (CHECK Q313B), GO TO MODULE IV, PAGE 18.**

319. HOW MANY INDUCED ABORTIONS DID THE RESPONDENT HAVE BETWEEN JANUARY 1994 AND THE PRESENT (CHECK THE PREGNANCY HISTORY):

INDUCED ABORTIONS ____ (IF '00" GO TO Q332)

320. COPY LINE #. FROM Q311	LAST ABORTION --	NEXT TO LAST ABORTION --	SECOND TO LAST AB. --	THIRD TO LAST AB. --																																																																																				
321. What was the principal reason that you decided to have this abortion?	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK																																																																																				
322. Where was that abortion performed?	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____																																																																																				
323. How much did you pay for that abortion, including gifts or money given to the doctor?	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER																																																																																				
324. Did you have any local or intravenous anesthesia for that abortion?	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR																																																																																				
324A. Have you been treated with antibiotics after this abortion?	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR																																																																																				
325. Whithin 30 days after that abortion did you have any health problems?	1. YES 2. NO-----> GO TO Q327	1. YES 2. NO-----> GO TO Q327	1. YES 2. NO-----> GO TO Q327	1. YES 2. NO-----> GO TO Q327																																																																																				
326. Did you have one of the following problems: (READ 1-7)	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2
	YES	NO																																																																																						
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7. Other _____	1	2																																																																																						
327. How many nights did you spend in the hospital after that abortion (+re-admissions during the first month) ?	__ __ NIGHTS 88 DK	__ __ NIGHTS 88 DK	__ __ NIGHTS 88 DK	__ __ NIGHTS 88 DK																																																																																				
328. Did you have any related health problems at six months or later?	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330																																																																																				
329. What was the most important health problem at six months or later?	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____																																																																																				
330. Either before or after the abortion, did a doctor or nurse talk to you about contraception?	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER																																																																																				
330A. After that abortion, did you receive a method of contraception or prescription?	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER																																																																																				
331. After that abortion, did a doctor or nurse refer you to a FP clinic?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER																																																																																				

332. HOW MANY BIRTHS HAS THE RESPONDENT HAD BETWEEN JANUARY 1994 AND PRESENT (SEE PG. 9-12)

1. LIVE BIRTHS

2. STILLBIRTHS

___ (IF NO LIVEBIRTH OR STILLBIRTH GO TO MODULE IV PAGE 18)

333. COPY LINE #. FROM Q311	LAST BIRTH ___	NEXT TO LAST BIRTH ___	SECOND TO LAST BIRTH ___																																																																																	
334. During the 6 mths before you found out you were pregnant, how many cigarettes did you smoke a day, on average?	0. NONE ---->GO TO Q336 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER--->GO TO Q336	0. NONE ---->GO TO Q336 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER--->GO TO Q336	0. NONE ---->GO TO Q336 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER--->GO TO Q336																																																																																	
335. On the average, how many cigarettes did you smoke per day after you found out that you were pregnant?	1. NONE (QUIT SMOKING) 2. ONE A DAY OR LESS 3. 2-5 (JUST A FEW) 4. 6-10 CIGARETTES (OR ½ PACK) 5. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER	1. NONE (QUIT SMOKING) 2. ONE A DAY OR LESS 3. 2-5 (JUST A FEW) 4. 6-10 CIGARETTES (OR ½ PACK) 5. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER	1. NONE (QUIT SMOKING) 2. ONE A DAY OR LESS 3. 2-5 (JUST A FEW) 4. 6-10 CIGARETTES (OR ½ PACK) 5. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER																																																																																	
336. How many times per week did you drink alcoholic beverages during that pregnancy?	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER																																																																																	
337. How many weeks or months pregnant were you when you learned that you were pregnant that time?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR																																																																																	
338. During that pregnancy, did you have any prenatal care visits?	1. YES 2. NO--->GO TO Q346 8. DON'T REMEMBER->GO TO Q346	1. YES 2. NO--->GO TO Q346 8. DON'T REMEMBER->GO TO Q346	1. YES 2. NO--->GO TO Q346 8. DON'T REMEMBER->GO TO Q346																																																																																	
339. How many weeks or months pregnant were you at the time of your first prenatal visit?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR																																																																																	
340. How many prenatal visits did you have during that pregnancy?	___ VISITS 88. DK 98. REF	___ VISITS 88. DK 98. REF	___ VISITS 88. DK 98. REF																																																																																	
341. Where did you go for most of the prenatal care visits?	1. DISPENSARY (URBAN OR RURAL) 2. GOV. POLICLINIC 3. PRIVATE OFFICE/CLINIC 4. MATERNITY/HOSPITAL 5. HOME 7. OTHER _____	1. DISPENSARY (URBAN OR RURAL) 2. GOV. POLICLINIC 3. PRIVATE OFFICE/CLINIC 4. MATERNITY/HOSPITAL 5. HOME 7. OTHER _____	1. DISPENSARY (URBAN OR RURAL) 2. GOV. POLICLINIC 3. PRIVATE OFFICE/CLINIC 4. MATERNITY/HOSPITAL 5. HOME 7. OTHER _____																																																																																	
342. During those visits, did you receive any information about: (READ A-H):	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic	1	2	H. Postnatal Care	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic.</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic.	1	2	H. Postnatal Care	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic	1	2	H. Postnatal Care	1	2
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343. During any of those visits did you have blood drawn for lab tests?	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR																																																																																	
344. During those visits, did you have your blood pressure measured?	1. YES 2. NO----->GO Q346 8. DON'T REMEMBER-->GO TO Q346	1. YES 2. NO----->GO Q346 8. DON'T REMEMBER--->GO TO Q346	1. YES 2. NO----->GO Q346 8. DON'T REMEMBER-->GO TO Q346																																																																																	
345. During those visits, were you ever told that you have high blood pressure?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER																																																																																	
346. Did you have an ultrasound (US) exam during that pregnancy?	1. YES 2. NO----->GO TO Q348 8. DON'T REMEMBER->GO TO Q348	1. YES 2. NO----->GO TO Q348 8. DON'T REMEMBER->GO TO Q348	1. YES 2. NO----->GO TO Q348 8. DON'T REMEMBER->GO TO Q348																																																																																	

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347. How many weeks or months pregnant were you at the time of your first US?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR																																																																								
348. During that pregnancy, did you have any complications that required medical attention?	1. YES 2. NO----->GO TO Q352 8. DON'T REMEMBER-->GO TO Q352	1. YES 2. NO----->GO TO Q352 8. DON'T REMEMBER----->GO TO Q352	1. YES 2. NO----->GO TO Q352 8. DON'T REMEMBER---->GO TO Q352																																																																								
349. What complications did you have? Did you have: (READ EACH CONDITION A-L)	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES NO</td> </tr> <tr> <td>A. Weak Cervix</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>B. Bleeding During First 6 Mths of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>C. Bleeding at 6 Mths or More of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>D. High BP Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>E. Diabetes Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>F. Water Retention or Edema</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>H. Anemia Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>I. Urinary Tract Infection</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>J. Risk of Preterm Delivery</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>K. Rh Isoimmunization</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>L. Other_____</td> <td style="text-align: center;">1 2</td> </tr> </table>		YES NO	A. Weak Cervix	1 2	B. Bleeding During First 6 Mths of Pregnancy	1 2	C. Bleeding at 6 Mths or More of Pregnancy	1 2	D. High BP Related to Preg.	1 2	E. Diabetes Related to Preg.	1 2	F. Water Retention or Edema	1 2	H. Anemia Related to Preg.	1 2	I. Urinary Tract Infection	1 2	J. Risk of Preterm Delivery	1 2	K. Rh Isoimmunization	1 2	L. Other_____	1 2	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES NO</td> </tr> <tr> <td>A. Weak Cervix</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>B. Bleeding During First 6 Mths of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>C. Bleeding at 6 Mths or More of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>D. High BP Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>E. Diabetes Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>F. Water Retention or Edema</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>H. Anemia Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>I. Urinary Tract Infection</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>J. Risk of Preterm Delivery</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>K. Rh Isoimmunization</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>L. Other_____</td> <td style="text-align: center;">1 2</td> </tr> </table>		YES NO	A. Weak Cervix	1 2	B. Bleeding During First 6 Mths of Pregnancy	1 2	C. Bleeding at 6 Mths or More of Pregnancy	1 2	D. High BP Related to Preg.	1 2	E. Diabetes Related to Preg.	1 2	F. Water Retention or Edema	1 2	H. Anemia Related to Preg.	1 2	I. Urinary Tract Infection	1 2	J. Risk of Preterm Delivery	1 2	K. Rh Isoimmunization	1 2	L. Other_____	1 2	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES NO</td> </tr> <tr> <td>A. Weak Cervix</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>B. Bleeding During First 6 Mths of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>C. Bleeding at 6 Mths or More of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>D. High BP Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>E. Diabetes Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>F. Water Retention or Edema</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>H. Anemia Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>I. Urinary Tract Infection</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>J. Risk of Preterm Delivery</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>K. Rh Isoimmunization</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>L. Other_____</td> <td style="text-align: center;">1 2</td> </tr> </table>		YES NO	A. Weak Cervix	1 2	B. Bleeding During First 6 Mths of Pregnancy	1 2	C. Bleeding at 6 Mths or More of Pregnancy	1 2	D. High BP Related to Preg.	1 2	E. Diabetes Related to Preg.	1 2	F. Water Retention or Edema	1 2	H. Anemia Related to Preg.	1 2	I. Urinary Tract Infection	1 2	J. Risk of Preterm Delivery	1 2	K. Rh Isoimmunization	1 2	L. Other_____	1 2
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350. Not including the delivery, how many times were you hospitalized for pregnancy complications?	___ TIMES 00 NEVER HOSP. 88 DK/DR IF "00" GO TO Q352	___ TIMES 00 NEVER HOSP. 88 DK/DR IF "00" GO TO Q352	___ TIMES 00 NEVER HOSP. 88 DK/DR IF "00" GO TO Q352																																																																								
351. How many <u>total nights</u> were you in the hospital for these complications?	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR																																																																								
352. Where did you give birth to this baby?	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. BIRTH HOUSE 4. HOME-----> Q357 5. ON THE WAY TO HOSP.----> Q357	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. BIRTH HOUSE 4. HOME-----> Q357 5. ON THE WAY TO HOSP.----> Q357	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. BIRTH HOUSE 4. HOME-----> Q357 5. ON THE WAY TO HOSP.----> Q357																																																																								
353. How many hours before delivery were you admitted to the place where you gave birth?	___ HOURS 88 DK/DR	___ HOURS 88 DK/DR	___ HOURS 88 DK/DR																																																																								
354. How many nights were you in that place after you delivered?	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR																																																																								
355. Was that baby born by vaginal delivery, forceps, or C-section?	1. VAGINAL DELIVERY-->GO TO Q357 2. FORCEPS ->GO TO Q357 3. CESAREAN SECTION	1. VAGINAL DELIVERY-->GO TO Q357 2. FORCEPS ->GO TO Q357 3. CESAREAN SECTION	1. VAGINAL DELIVERY-->GO TO Q357 2. FORCEPS ->GO TO Q357 3. CESAREAN SECTION																																																																								
356. Do you know what was the <u>reason or reasons</u> you had to deliver by cesarean section ? (CIRCLE MORE THAN ONE IF MENTIONED)	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUC. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS CESAREAN SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER_____	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUC. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS CESAREAN SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER_____	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUC. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS CESAREAN SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER_____																																																																								
357. How long had you been in labor with that pregnancy (regular contractions 5' apart)	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR																																																																								
358. Who attended the delivery of that child?	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED																																																																								
359. How much did the baby weigh at birth?	___ GRAMS---->Q361 8888 DON'T KNOW	___ GRAMS---->Q361 8888 DON'T KNOW	___ GRAMS---->Q361 8888 DON'T KNOW																																																																								
360. Do you know if the baby weighed less than 2500 g or was too small?	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR																																																																								

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361. During the first 6 weeks after birth, did you have any of the following complications: (READ A-H)	<table border="0"> <tr><td>A. Severe Bleeding</td><td><u>YES</u> <u>NO</u></td></tr> <tr><td>B. Bad-smelling Vaginal Dischar</td><td>1 2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1 2</td></tr> <tr><td>D. Faint/coma</td><td>1 2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1 2</td></tr> <tr><td>F. Dysuria</td><td>1 2</td></tr> <tr><td>G. Painful Uterus (pelvic pain)</td><td>1 2</td></tr> <tr><td>H. Breast Infection</td><td>1 2</td></tr> </table>	A. Severe Bleeding	<u>YES</u> <u>NO</u>	B. Bad-smelling Vaginal Dischar	1 2	C. Infection of Surgical Wound	1 2	D. Faint/coma	1 2	E. High Fever (39-40c)	1 2	F. Dysuria	1 2	G. Painful Uterus (pelvic pain)	1 2	H. Breast Infection	1 2	<table border="0"> <tr><td>A. Severe Bleeding</td><td><u>YES</u> <u>NO</u></td></tr> <tr><td>B. Bad-smelling Vaginal Dischar</td><td>1 2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1 2</td></tr> <tr><td>D. Faint/coma</td><td>1 2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1 2</td></tr> <tr><td>F. Dysuria</td><td>1 2</td></tr> <tr><td>G. Painful Uterus (pelvic pain)</td><td>1 2</td></tr> <tr><td>H. Breast Infection</td><td>1 2</td></tr> </table>	A. Severe Bleeding	<u>YES</u> <u>NO</u>	B. Bad-smelling Vaginal Dischar	1 2	C. Infection of Surgical Wound	1 2	D. Faint/coma	1 2	E. High Fever (39-40c)	1 2	F. Dysuria	1 2	G. Painful Uterus (pelvic pain)	1 2	H. Breast Infection	1 2	<table border="0"> <tr><td>A. Severe Bleeding</td><td><u>YES</u> <u>NO</u></td></tr> <tr><td>B. Bad-smelling Vaginal Dischar</td><td>1 2</td></tr> <tr><td>C. Infection of Surgical Wound</td><td>1 2</td></tr> <tr><td>D. Faint/coma</td><td>1 2</td></tr> <tr><td>E. High Fever (39-40c)</td><td>1 2</td></tr> <tr><td>F. Dysuria</td><td>1 2</td></tr> <tr><td>G. Painful Uterus (pelvic pain)</td><td>1 2</td></tr> <tr><td>H. Breast Infection</td><td>1 2</td></tr> </table>	A. Severe Bleeding	<u>YES</u> <u>NO</u>	B. Bad-smelling Vaginal Dischar	1 2	C. Infection of Surgical Wound	1 2	D. Faint/coma	1 2	E. High Fever (39-40c)	1 2	F. Dysuria	1 2	G. Painful Uterus (pelvic pain)	1 2	H. Breast Infection	1 2
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362. For how many months after the birth did you not have a period?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET																																																
363. How many months after birth did you resume sexual relations?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET																																																
	IF STILL BIRTH --> GO TO THE NEXT BIRTH	IF STILL BIRTH --> GO TO THE NEXT BIRTH	IF STILL BIRTH GO TO MODULE IV																																																
364. During the first 6 weeks after birth, did you have any postnatal visit?	1. YES 2. NO -----> GO TO Q366 8. DON'T REMEMBER --> GO TO Q366	1. YES 2. NO -----> GO TO Q366 8. DON'T REMEMBER --> GO TO Q366	1. YES 2. NO -----> GO TO Q366 8. DON'T REMEMBER --> GO TO Q366																																																
365. During those visits did you receive information about: (READ A-F)	<table border="0"> <tr><td>A. BREASTFEEDING</td><td><u>YES</u> <u>NO</u></td></tr> <tr><td>B. BREAST CARE</td><td>1 2</td></tr> <tr><td>C. CHILD CARE</td><td>1 2</td></tr> <tr><td>D. IMMUNIZATION</td><td>1 2</td></tr> <tr><td>E. NUTRITION</td><td>1 2</td></tr> <tr><td>F. CONTRACEPTION</td><td>1 2</td></tr> </table>	A. BREASTFEEDING	<u>YES</u> <u>NO</u>	B. BREAST CARE	1 2	C. CHILD CARE	1 2	D. IMMUNIZATION	1 2	E. NUTRITION	1 2	F. CONTRACEPTION	1 2	<table border="0"> <tr><td>A. BREASTFEEDING</td><td><u>YES</u> <u>NO</u></td></tr> <tr><td>B. BREAST CARE</td><td>1 2</td></tr> <tr><td>C. CHILD CARE</td><td>1 2</td></tr> <tr><td>D. IMMUNIZATION</td><td>1 2</td></tr> <tr><td>E. NUTRITION</td><td>1 2</td></tr> <tr><td>F. CONTRACEPTION</td><td>1 2</td></tr> </table>	A. BREASTFEEDING	<u>YES</u> <u>NO</u>	B. BREAST CARE	1 2	C. CHILD CARE	1 2	D. IMMUNIZATION	1 2	E. NUTRITION	1 2	F. CONTRACEPTION	1 2	<table border="0"> <tr><td>A. BREASTFEEDING</td><td><u>YES</u> <u>NO</u></td></tr> <tr><td>B. BREAST CARE</td><td>1 2</td></tr> <tr><td>C. CHILD CARE</td><td>1 2</td></tr> <tr><td>D. IMMUNIZATION</td><td>1 2</td></tr> <tr><td>E. NUTRITION</td><td>1 2</td></tr> <tr><td>F. CONTRACEPTION</td><td>1 2</td></tr> </table>	A. BREASTFEEDING	<u>YES</u> <u>NO</u>	B. BREAST CARE	1 2	C. CHILD CARE	1 2	D. IMMUNIZATION	1 2	E. NUTRITION	1 2	F. CONTRACEPTION	1 2												
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366. Did you breastfeed?	1. YES 2. NO-----> GO TO Q370 3. NO, INFANT DIED---> NEXT BIRTH	1. YES 2. NO -----> GO TO Q370 3. NO, INFANT DIED---> NEXT BIRTH	1. YES 2. NO-----> GO TO Q370 3. NO, INFANT DIED---> NEXT BIRTH																																																
367. How long after birth did you start breastfeeding?	1. ___ HOURS 777. LESS THAN 1HR 2. ___ DAYS 888. DON'T REMEMB.	1. ___ HOURS 777. LESS THAN 1 HR 2. ___ DAYS 888. DON'T REMEMB.	1. ___ HOURS 777. LESS THAN 1 HR 2. ___ DAYS 888. DON'T REMEMB.																																																
368. Are you still breastfeeding?	1. YES -----> GO TO Q 370 2. NO 3. NO, INFANT DIED---> NEXT BIRTH																																																		
369. How old was the baby when you stopped breastfeeding?	1. ___ DAYS 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 2. ___ WEEKS 888. DK/DR 3. ___ MTHS																																																
370. How old was the baby when you gave him/her water or other liquids?	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS																																																
371. How old was the baby when you started feeding with formula or other milk?	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS																																																
372. How old was the baby when you started feeding with solid or semi-solid food?	___ MTHS 77. NOT YET 88. DK/DR IF STILL BREASTFEEDING-->GO TO THE NEXT BIRTH	___ MTHS 77. NOT YET 88. DK/DR	___ MTHS 77. NOT YET 88. DK/DR																																																
373. Why did you Stop breastfeeding? FOR WOMEN WHO DID NOT BREASTFEED (Q366=2) ASK: Why did you not breastfeed?	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR																																																

MODULE IV: FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

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

METHOD	400. Have you ever heard of it?	401. Do you know how to use it?	402. Have you ever used it?	403. Do you know where to get it?	404. How did you hear about it? (SEE CODES BELOW)
A. Pills	1 Yes-->Q401 2 No--->B	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
B. IUD	1 Yes-->Q401 2 No--->C	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
C. Condoms	1 Yes-->Q401 2 No--->D	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
D. Foam/Jelly/ Cream/ C-Films	1 Yes-->Q401 2 No--->E	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
E. Female Sterilization	1 Yes-->Q401 2 No--->F	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
F. Vasectomy	1 Yes-->Q401 2 No--->G	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
G. Injectables (e.g. Depo-Provera)	1 Yes-->Q401 2 No--->H	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
H. Emergency Hormonal Contraception ("Morning After Pill")	1 Yes-->Q401 2 No--->I	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
I. Rhythm/Calendar	1 Yes-->Q401 2 No--->J	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q404		---
J. Withdrawal	1 Yes-->Q401 2 No--->Q405	1 Yes-->Q402 2 No--->Q402	1 Yes \ 2 No / Q404		---

CODES FOR Q404 (DO NOT READ)

- | | |
|---------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. FATHER | 11. TEACHER |
| 3. RELATIVE | 12. PHARMACIST |
| 4. BOYFRIEND | 13. BOOKS |
| 5. FRIENDS | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO |
| 7. COLLEAGUES, PEER | 16. TV |
| 8. PARTNER/HUSBAND | 20. OTHER (SPECIFY): _____ |
| 9. DOCTOR | 88. DON'T REMEMBER |

418. Who made then decision to use contraception at that time? (**READ 1-3**)

1. You
2. Your partner
3. Both you and your partner
8. DON'T REMEMBER

GO TO Q421

419. What was the main reason for not using a contraceptive method at that time?

- 1 SEX WAS NOT EXPECTED
- 2 THOUGHT IT WAS A SAFE TIME OF THE MONTH
- 3 COULD NOT FIND A CONTRACEPTIVE METHOD/UNAVAILABLE/DIFFICULT TO GET
- 4 RESPONDENT WAS AGAINST IT
- 5 PARTNER WAS AGAINST IT
- 6 DID NOT KNOW ABOUT CONTRACEPTION
- 7 WANTED TO GET PREGNANT
- 8 DID NOT WANT TO USE A METHOD
- 9 DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
- 10 RESPONDENT AFRAID OF PARTNER'S REACTION
11. TOO DRUNK (PARTNER OR RESPONDENT)
12. RESPONDENT WAS TOO EMBARRASSED TO USE A METHOD
- 20 OTHER (SPECIFY) _____
- 88 DON'T REMEMBER/DON'T KNOW

GO TO Q421

420. How old were you at the time of your first sexual intercourse?

___ ___ YEARS

00. NEVER HAD INTERCOURSE---->**GO TO Q601 PAGE 33**
88. DK/DR

421. During the past 30 days (past month) have you had sexual intercourse?

1. YES
2. NO --->**GO TO Q436**
9. REF --->**GO TO Q436**

422. How many times have you had sexual intercourse during the past 30 days (**READ 1-5**)?

1. Every day
2. 3-5 times per week,,
3. 1-2 times per week,
4. 2-3 times per month, or
5. Only once
9. REF

GO TO Q445

V. CURRENT AND PAST CONTRACEPTIVE USE

501. RECORD WHETHER RESPONDENT REPORTED HAVING USED ANY METHOD (ANY Q402=1)

- 1 NEVER USED (NO Q402=1)
- 2 EVER USED (ANY Q402=1)---->GO TO Q503

502. So, you said that you or any of your partners have never used any method to prevent pregnancy?

- 1 NEVER USED--->GO TO Q515, PAGE 25
- 2 EVER USED--->CORRECT Q402 THEN CONTINUE

503. Are you (or your partner) **currently** using (in the last 30 days) any method or doing anything to prevent pregnancy?

- 1 YES
- 2 NO--->GO TO Q515 PAGE 25

504. What method are you currently using?

1. THE PILL
2. IUD
3. CONDOM----->GO TO Q506
4. CONDOM +SPERMICIDE--->GO TO Q506
5. CONDOM +WITHDRAWAL/CALENDAR->GO TO Q506
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS_____
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL AND CALENDAR
20. OTHER TRADITIONAL METHODS_____
88. NOT SURE

505. In the last 30 days, did you and your partner ever use a condom in addition to the method you are using?

- 1 YES
- 2 NO

IF Q504=1,2,7, 9, 10, OR 11 GO TO Q507

506. In the last 30 days how often did you/your partner use this method (READ 1-3) ?

1. Always, at each sexual intercourse,
2. almost always,
3. Sometimes
9. REF

507. Why did you choose this method?

1. DOCTOR RECOMMENDED
2. COST
3. VERY EFFECTIVE
4. VERY SAFE (FEW SIDE EFFECTS)
5. SAW ADS (TV, RADIO, PRESS, BROCHURES)
6. EASY TO USE
7. PARTNER PREFERS IT
8. KNOWS SOMEBODY WHO USES IT
9. CURIOSITY/WANTED TO TRY IT
10. ALLOWS SPONTANEITY DURING INTERCOURSE
20. OTHER_____
88. DK

IF Q504 = 1-10, OR 88 GO TO Q510; IF SHE USES NATURAL METHODS (Q504 =11-20), CONTINUE

508. Please tell me whether each of the following reasons was very important, somewhat important, or not important at all in your decision to use _____ (CODE FROM Q504 FOR TRADITIONAL METHOD) instead of a modern method:

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>	<u>Not Sure</u>
A. Difficult to get a modern method	1	2	3	8
B. Cost of these modern methods	1	2	3	8
C. Little knowledge of modern methods	1	2	3	8
D. Fear of or experience with side effects	1	2	3	8
E. Husband/Partner preference	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Doctor's recommendation	1	2	3	8
H. Other person advice (specify: _____)	1	2	3	8

509. How effective at preventing pregnancy do you think _____ (CODE FROM Q504 FOR TRADITIONAL METHOD) is compared to modern methods, like the pill or the IUD? (READ 1-3)

- 1 Current method more effective
- 2 About equally effective
- 3 Current method less effective
- 8 DON'T KNOW/NOT SURE

510. Do you have any problems or concerns with using your current method?

- 1 YES
- 2 NO--->GO TO Q512

511. What is the most important problem?

1. SIDE EFFECTS
2. HEALTH CONCERNS
3. ACCESS/AVAILABILITY
4. COST
5. SOMETIMES FORGET TO USE
6. SOMETIMES DIFFICULT/INCONVENIENT TO USE
7. HUSBAND/PARTNER DISAPPROVES
8. LESS EFFECTIVE METHOD/GOT PREGNANT WHILE USING IT
9. DEEPLY UNSATISFIED WITH THE METHOD
0. OTHER _____

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

- 1 YES
- 2 NO--->GO TO BOX 5-II

513. What method would you prefer to use?

1. THE PILL
2. IUD
3. CONDOM
4. CONDOM +SPERMICIDE
5. CONDOM +WITHDRAWAL/CALENDAR-
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS _____
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL AND CALENDAR
20. OTHER TRADITIONAL METHODS _____
88. DO NOT KNOW/NOT SURE

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

- 1 DOCTOR WILL NOT PRESCRIBE IT
- 2 COST
- 3 NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT TO OBTAIN
- 4 TOO FAR AWAY
- 5 DO NOT KNOW HOW/WHERE TO OBTAIN IT
- 6 HUSBAND/PARTNER OBJECTS TO IT
- 7 RELIGIOUS REASONS
- 8 FEAR OF SIDE EFFECTS
- 9 HAS NOT YET MADE UP HER MIND
10. DIFFICULT TO USE
11. FEAR OF SURGICAL PROCEDURE (IUD, TL, NORPLANT)
- 20 OTHER _____
- 88 DON'T KNOW **BOX5-II**

GO TO Q521 PAGE 26

515. What is the main reason that you or your partner are not currently using a contraceptive method?

1. DOES NOT CURRENTLY HAVE A PARTNER/ NOT SEXUALLY ACTIVE IN THE LAST MONTH
2. TRYING TO GET PREGNANT
3. POSTPARTUM/ BREASTFEEDING
4. CURRENTLY PREGNANT
5. HYSTERECTOMY/MENOPAUSE----->**GO TO Q523**
6. DOCTOR SAID HER PARTNER CANNOT HAVE CHILDREN-----> **GO TO Q523**
7. SHE/COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DIDN'T SUCCEED --->**Q523**
8. FEAR OF SIDE EFFECTS
9. LOVEMAKING WOULD BE INTERRUPTED
10. DIDN'T THINK ABOUT IT/ NEGLECTED
11. CANNOT AFFORD BIRTH CONTROL (COSTS TOO MUCH)
12. BIRTH CONTROL IS THE PARTNER'S RESPONSABILITY
13. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
14. RESPONDENT DOES NOT WANT TO USE A METHOD
15. PARTNER OBJECTS TO USING METHOD
16. OBJECTS DUE TO RELIGIOUS REASONS
17. DOES NOT KNOW WHERE TO GET METHOD
18. DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
19. RESPONDENT DOES NOT THINK SHE CAN GET PREGNANT
20. OTHER (SPECIFY) _____
88. DK/REF

516. Do you think that you will use a contraceptive method during the next 12 months?

1. YES -----> **GO TO Q518**
2. NO
8. NOT SURE

517. Do you think that you will use a contraceptive method any time in the future?

1. YES
2. NO -----> **GO TO Q521**
8. NOT SURE -----> **GO TO Q521**

518. What method would you want to use most?

1. THE PILL
2. IUD
3. CONDOM
4. CONDOM +SPERMICIDE
5. CONDOM +WITHDRAWAL/CALENDAR-
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS _____
11. CALENDAR----->**GO TO Q521**
12. WITHDRAWAL----->**GO TO Q521**
20. OTHER----->**GO TO Q521**
88. NOT SURE----->**GO TO Q521**

525. CONTRACEPTIVE METHODS USED/PREGNANCY OUTCOMES/AND MARITAL STATUS CALENDAR

COLUMN 1

PREGNANCY OUTCOME

- 1. PREGNANT THAT MONTH
- 2. LIVE BIRTH
- 4. STILLBIRTH
- 6. MISCARRIAGE
- 7. INDUCED ABORTION
- 8. ECTOPIC PREGNANCY

COLUMN 2

METHOD USED

- 0. NO METHOD
- 1. PILL
- 2. IUD
- 3. CONDOM
- 4. CONDOM+SPERMICIDES
- 5. CONDOM+CAL./WITHDRAWAL
- 6. SPERMICIDES
- 7. TUBAL LIGATION
- 8. EMERGENCY HORM. CONTRACEPTION
- 9. DEPO-PROVERA
- 10. OTHER MODERN MET. _____
- 11. CALENDAR
- 12. WITHDRAWAL
- 13. WITHDRAWAL +CALENDAR
- 20. OTHER TRADITIONAL MET. _____
- 88. DO NOT REMEMBER

COLUMN 3

REASON STOPPED USING A METHOD

- 1. GOT PREGNANT WHILE USING
- 2. WANTED TO GET PREGNANT
- 3. HUSBAND OBJECTED
- 4. SIDE EFFECTS
- 5. HEALTH CONCERNS
- 6. STOPPED TO "REST THE BODY"
- 7. PHYSICIAN DECISION
- 8. SUPPLY/AVAILABILITY
- 9. DIFFICULT/INCONVENIENT TO USE
- 10. MARRIAGE/RELATIONSHIP ENDED
- 11. WANTED TO TRY OTHER METHOD
- 12. SPORADIC SEXUAL ACTIVITY
- 13. SHE NEGLECTED TO USE
- 20. OTHER _____

COLUMN 4 (MARITAL STATUS)

- 0. NOT MARRIED/NOT IN UNION
- 1. MARRIED/IN UNION

DATE	1	2	3	4		DATE	1	2	3	4	
1994						1997					
1 Jan						1 Jan					
2 Feb						2 Feb					
3 Mar						3 Mar					
4 Apr						4 Apr					
5 May						5 May					
6 Jun						6 Jun					
7 Jul						7 Jul					
8 Aug						8 Aug					
9 Sep						9 Sep					
10 Oct						10 Oct					
11 Nov						11 Nov					
12 Dec						12 Dec					
1995						1998					
1 Jan						1 Jan					
2 Feb						2 Feb					
3 Mar						3 Mar					
4 Apr						4 Apr					
5 May						5 May					
6 Jun						6 Jun					
7 Jul						7 Jul					
8 Aug						8 Aug					
9 Sep						9 Sep					
10 Oct						10 Oct					
11 Nov						11 Nov					
12 Dec						12 Dec					
1996						1999					
1 Jan						1 Jan					
2 Feb						2 Feb					
3 Mar						3 Mar					
4 Apr						4 Apr					
5 May						5 May					
6 Jun						6 Jun					
7 Jul						7 Jul					
8 Aug						8 Aug					
9 Sep						9 Sep					
10 Oct						10 Oct					
11 Nov						11 Nov					
12 Dec						12 Dec					

IF SHE DID NOT USE A METHOD IN JANUARY 1994, GO TO Q527

526. You said that in January of 1994 you were using _____ (WRITE CODE # FOR THE METHOD USED IN JANUARY 1994). When did you start using that method?

A. MONTH ___

B. YEAR 19__

22. DK/REF

527. LAST CONTRACEPTIVE METHOD USED (COPY THE METHOD FROM THE CONTRACEPTIVE CALENDAR):

- | | |
|-------------------------------------|--|
| 1. THE PILL | 9. DEPO-PROVERA |
| 2. IUD | 10. OTHER MODERN METHOD |
| 3. CONDOM | 11. CALENDAR----->GO TO Q536 |
| 4. CONDOM +SPERMICIDES | 12. WITHDRAWAL ----->GO TO Q536 |
| 5. CONDOM +WITHDRAWAL/CALENDAR | 13. WITHDRAWAL+CALENDAR----->GO TO Q536 |
| 6. FOAM/JELLY/CREAMS | 20. OTHER TRADITIONAL MET.----->GO TO Q536 |
| 7. FEMALE STERILIZATION | 88. DO NOT REMEMBER ----->GO TO Q536 |
| 8. EMERGENCY HORMONAL CONTRACEPTION | |

528. The next following questions concern the last contraceptive method you have used. Where did you get that method?

- | | |
|---------------------------------|----------------------------|
| 1. DISPENSARY (URBAN OR RURAL) | 8. OPEN MARKET |
| 2. GOV . POLICLINIC | 9. STORE/DRUGSTORE |
| 3. GOV. FP. CLINIC | 10. PARTNER |
| 4. HOSPITAL/ MATERNITY/GYN WARD | 11. FRIEND |
| 5. PRIVATE CLINIC OR OFFICE | 12. RELATIVE |
| 6. SECS CLINIC | 20. OTHER (SPECIFY): _____ |
| 7. PHARMACY | 88. DON'T KNOW |

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

- 1 YES
- 2 NO----->GO TO Q531
- 3 PARTNER GETS THE METHOD----->GO TO Q531

530. How much did you pay? _____ THOUSAND LEI 850 MORE THAN 850,000 LEI
999=NOT SURE/DON'T KNOW

531. At the time you started using the last contraceptive method, who advised you about how to use that method?

- | | |
|-------------------------------|-----------------------------------|
| 1. OB/GYN | 6. OTHER RELATIVE----->GO TO Q536 |
| 2. GENERAL PRACTITIONER | 7. FRIEND----->GO TO Q536 |
| 3. NURSE/MIDWIFE | 8. PARTNER----->GO TO Q536 |
| 4. PHARMACIST----->GO TO Q536 | 9. NOBODY----->GO TO Q536 |
| 5. MOTHER----->GO TO Q536 | 20. OTHER----->GO TO Q536 |

532. When you received the information concerning use of the method, did the health provider tell you about other contraceptive methods?

- 1 YES
- 2 NO----->GO TO Q534

533. Did the health provider explain how effective your method is compared to other contraceptive methods?

- 1 YES
- 2 NO

534. Did the health provider explain the possible side effects of your method?

- 1 YES
- 2 NO

535. Overall, would you say you have been very satisfied, satisfied, somewhat satisfied, not satisfied or not at all satisfied with the family planning services you have received?

- 1. Very satisfied
- 2. Satisfied
- 3. Somewhat satisfied
- 4. Not satisfied
- 8. DO NOT KNOW

536. **OBSERVE THE CALENDAR AND RECORD IF RESPONDENT HAS USED PILLS OR IUD AT ANY TIME DURING THE PAST FIVE YEARS:**

1. ONLY PILLS
2. PILL AND IUD
3. ONLY IUD----->GO TO Q545
4. NEITHER PILL NOR IUD (OTHER MODERN OR TRAD. METHODS)--->GO TO BOX 5-IV, PG. 30

537. **OBSERVE THE CALENDAR AND VERIFY IN WHAT MONTH AND YEAR RESPONDENT STARTED TO TAKE PILLS MOST RECENTLY (PAST OR CURRENT USERS).** You said you most recent started taking pills in:.....

___ MONTH ___ YEAR 22. DO NOT REMEMBER

538. What brand of pills did you use most recently? (**ASK TO SEE PACKAGE, IF SHE IS CURRENTLY USING PILLS**)

- | | | | |
|--------------------|---------------------|---------------------|-----------------------|
| 1. <u>ANTEOVIN</u> | 10. MERCILON | 19. NEO-STEDIRIL | 28. <u>TRINORDIOL</u> |
| 2. CILEST | 11. MICROGYNON | 20. NON-OVLON | 29. <u>TRIOVUM</u> |
| 3. DEMULEN | 12. <u>MICROLUT</u> | 21. OVIDON | 30. <u>TRIQUILAR</u> |
| 4. DIANE-35 | 13. <u>MICRONOR</u> | 22. OVRETTE | 31. <u>TRI-REGOL</u> |
| 5. <u>EXLUTON</u> | 14. <u>MICROVAL</u> | 23. OVULEN 50 | 32. OTHER _____ |
| 6. FEMODEN | 15. MINIDRIL | 24. <u>POSTINOR</u> | 88. DO NOT KNOW |
| 7. LO-FEMENAL | 16. MINULET | 25. RIGEVIDON | |
| 8. MARVELON | 17. MYVLAR | 26. RESTOVAR | |
| 9. MICRONOR | 18. NEO-GYNON | 27. STEDIRIL | |

539. When you started taking pills, how long did your physician tell you that you could take them? (**Q539 REFERS TO THE LAST INTERVAL OF USE, INCLUDING CURRENT USE**)

- ___ YEARS
00. NEVER TALKED TO A DOCTOR ABOUT IT
 44. THREE OR MORE YEARS
 55. AS LONG AS RESPONDENT WANTED/INDEFINITELY
 66. DID NOT SAY HOW LONG
 77. OTHER (SPECIFY) _____
 88. DON'T REMEMBER

540. At any time during the last usage of pills have you had any health problems or side effects that you think are related to using pills?

- 1 YES
- 2 NO-->GO TO Q543

541. What kind of problem or side effect have you had? (**IF MORE THAN ONE PROBLEM, CIRCLE MORE THAN ONE ANSWER**)

	<u>YES</u>	<u>NO</u>
A. HEADACHES OR DIZZINESS	1	2
B. BLURRED VISION, SEEING FLASHING LIGHTS	1	2
C. WEIGHT GAIN	1	2
D. NAUSEA	1	2
E. BREAST TENDERNESS 1	2	
F. BLEEDING/SPOTTING BETWEEN MENSTRUAL PERIODS	1	2
G. MOOD CHANGES (LESS INTEREST IN SEX, DEPRESSION).....	1	2
H. OTHER (SPECIFY) _____		

551. Thinking back at the first year after you had this IUD inserted, did you have any health problems or side effects that you think are related to your IUD?

- 1 YES
- 2 NO--->GO TO BOX 5-IV

552. What kind of problem or side effect did you have? (CODE MORE THAN ONE IF NECESSARY)

	<u>YES</u>	<u>NO</u>
A. ABDOMINAL CRAMPING	1	2
B. HEAVY BLEEDING DURING MENSTRUAL PERIODS	1	2
C. SPOTTING/BLEEDING BETWEEN PERIODS	1	2
D. INFECTION/DISCHARGE/PID	1	2
E. PARTNER'S COMPLAINS ABOUT THE STRINGS	1	2
F. EXPULSION	1	2
G. OTHER (SPECIFY)_____	1	2

553. Did you see a doctor for this(ese) problem(s)?

- 1. YES
- 2. NO

BOX 5-IV

IF ANY CONTRACEPTIVE METHOD WAS USED IN THE LAST MONTH (LAST CELL IN COLUMN 2 >"0") THEN GO TO Q556; ELSE CONTINUE

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

- 1 YES--->GO TO Q556
- 2 NO
- 3 NOT SURE
- 4 CURRENTLY PREGNANT--->GO TO Q557

555. What is the main reason why you think you cannot get pregnant?

- 1. RESPONDENT DOES NOT HAVE A PARTNER/ IS NOT SEXUALLY ACTIVE
- 2. CURRENTLY BREAST-FEEDING /POSTPARTUM
- 3. PELVIC IINFLAMMATORYDISEASE (PID)
- 4. ENDOCRINE DYSFUNCTION OR OTHER SYSTEMIC DISEASES
- 5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)----->GO TO Q601 PAGE 33
- 6. MENOPAUSE----->GO TO Q601 PAGE 33
- 7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION----->GO TO Q601 PAGE 33
- 8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED----->GO TO Q601 PAGE 33
- 9. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED--->GO TO Q601 PAGE 33
- 10. PARTNER HAD A MEDICAL OPERATION AND CANNOT HAVE CHILDREN----->GO TO Q601 PAGE 33
- 11. PARTNER IS INFERTILE----->GO TO Q601 PAGE 33
- 12. CURRENTLY USES A METHOD (GO BACK TO Q504 AND CORRECT IT)
- 20. OTHER (SPECIFY) _____
- 88. DO NOT KNOW
- 99. REFUSE TO ANSWER

556. Looking to the future, do you yourself intend to have (a/another) baby at some time?
1. WANTS A BABY --->**GO TO Q558**
 2. DOES NOT WANT A BABY --->**GO TO Q559**
 3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES ---> **GO TO Q558**
 4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> **GO TO Q559**
 8. DK ---->**GO TO Q559**
557. Looking to the future, do you yourself intend to have another baby after this pregnancy?
1. WANTS A BABY --->**GO TO Q558**
 2. DOES NOT WANT A BABY --->**GO TO Q559**
 3. RESPONDENT WANT A BABY BUT PARTNER DISAGREES ---> **GO TO Q558**
 4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> **GO TO Q559**
 8. DK ---> **GO TO Q559**

558. When do you, yourself, actually want to get pregnant (again)...(**READ 1-5**)
1. Right away, (**DO NOT READ IF THE WOMAN IS ALREADY PREGNANT**)
 2. Within the next 12 months,
 3. In 1-2 years,
 4. In 3-5 years,
 5. or after 5 years?
 6. AFTER SHE MARRIES
 7. WHEN GOD WANTS
 8. DK

GO TO MODULE VI

559. (After having all the children you want **READ ONLY IF Q556 OR Q557=1,3, OR 8**) Do you think you would be interested in having an operation to prevent you from having any more children?
- 1 YES----->**GO TO MODULE VI**
 - 2 NO
 - 3 ALREADY STERILIZED----->**GO TO MODULE VI**
 8. NOT SURE
560. What is the most important reason you wouldn't be interested in such a procedure?
1. HEALTH RISKS/FEAR OF SIDE EFFECTS
 2. FEAR OF OPERATION
 3. DOESN'T KNOW ENOUGH ABOUT /NEVER HEARD OF STERILIZATION
 4. MIGHT WANT ANOTHER CHILD
 5. COST
 6. DOES NOT HAVE A PARTNER/NOT SEXUALLY ACTIVE
 7. AGE TOO YOUNG OR TOO OLD (APPROACHING MENOPAUSE)
 8. HAVEN'T THOUGHT ABOUT IT
 9. NOT CULTURALLY ACCEPTABLE
 10. RELIGIOUS REASONS
 11. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS
 12. CANNOT GET PREGNANT (INFERTILITY, MEDICAL REASONS)
 20. OTHER _____
 88. DON'T KNOW

VI. WOMEN'S HEALTH

Now I would like to ask you some questions about your health.

601. Have you ever had a gynecologic exam?

1. YES ---->**GO TO Q603**
2. NO
9. NR

602. What is the principle reason that you have not had a routine gynecologic exam?

1. DOES NOT NEED TO GO TO GYNECOLOGIC EXAM
2. SHE IS HEALTHY AND HAS NOT GYNECOLOGIC PROBLEMS
3. THERE IS NOT TIME TO GO FOR EXAM
4. SHE FORGETS ABOUT IT
5. SHE DOES NOT LIKE GYNECOLOGIC EXAM
6. IT IS DIFFICULT TO GET APPOINTMENT
7. DOES NOT LIKE PLACE/FACILITY
8. DOES NOT LIKE THE STAFF
9. WAITING TIME IS TOO LONG
10. DOCTOR DID NOT RECOMMEND
11. SHE IS EMBARRASSED TO HAVE GYNECOLOGIC EXAM
12. NEVER THOUGHT ABOUT IT
13. NOT SEXUALLY ACTIVE
14. NEVER HAD SEXUAL INTERCOURSE (VIRGIN)
20. OTHER _____
88. DK
99. NR

GO TO Q604

603. When was your last routine gynecologic exam (not pregnancy related) ? (**READ 1-4**)

1. Last year
2. 1-2 years ago (12-23 mth)
3. 2-3 years ago (24-35 mth)
4. 3 or more years ago
8. DK/DR

604. Have you ever had a Pap smear? (**PROBE:** A pap smear is a test that takes a sample of cells from the cervix, or opening to the uterus, to detect cancer)

1. YES ---->**GO TO Q606**
2. NO
8. DK
9. REF

605. What is the main reason you have never had a Pap smear?

1. NEVER HEARD OF IT
2. DOCTOR HAS NOT RECOMMENDED IT
3. SHE IS HEALTHY AND HAS NO GYNECOLOGIC PROBLEMS
4. SHE DOES NOT FEEL TEST IS NECESSARY
5. DOES NOT HAVE TIME TO GO FOR A TEST/ SHE FORGETS ABOUT IT
6. NEVER THOUGHT OF IT
7. SHE IS AFRAID OF THE RESULTS
8. SHE IS AFRAID IT COULD BE PAINFUL
9. TOO EMBARRASSED TO GET THE TEST OR A PELVIC EXAM.
10. SHE HAD NO PARTNER/ NOT SEXUALLY ACTIVE
20. OTHER (SPECIFY): _____
88. DON'T KNOW
99. REFUSE TO ANSWER

GO TO Q607

- 1 YES
- 2 NO ---> **GO TO Q625**
- 8 NOT SURE ---> **GO TO Q625**

624. Where have you been treated?

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. HOSPITAL, OB/GYN WARD 2. HOSPITAL, DERMATO-VENEROLOGY 3. HOSPITAL, OTHER 4. POLYCLINIC 5. DISPENSARY | <ul style="list-style-type: none"> 6. PRIVATE CLINIC OR OFFICE 7. TREATMENT RECOMMENDED BY PHARMACIST 8. TREATMENT RECOMMENDED BY A FRIEND/RELATIVE 9. SELF-TREATMENT 10. OTHER _____ 99. DR/REF. |
|---|---|

625. In the past 3 months, have you had a drink containing alcohol, that is a beer, a glass of wine, a cocktail, a shot of liqueur, vodka, or whiskey?

- 1. YES
- 3. NO----> **GO TO MODULE VII**
- 8. DO NOT REMEMBER/REF ---> **GO TO MODULE VII**

626. In the past 3 months, on the days that you drank alcohol, how many drinks did you usually have?

- | | |
|--------------------------|---|
| <p>_____ # OF DRINKS</p> | <ul style="list-style-type: none"> 00. NO DRINKS/ONLY FEW SIPS---> GO TO MODULE VII 88. DK-----> GO TO MODULE VII 99. REF --> GO TO MODULE VII |
|--------------------------|---|

627. How often did you drink that amount during the past 3 months? (PROBE: How many times a week, a month)

- 1. EVERYDAY
- 2. ALMOST EVERY DAY
- 3. 1-2 TIMES A WEEK
- 4. 2-3 TIMES A MONTH
- 5. ONCE A MONTH
- 6. 1-2 TIMES IN THREE MONTHS

628. In the past 3 months, have there been days when you had more than usual (# **FROM Q626**) drinks?

- 1. YES
- 2. NO ---> **GO TO MODULE VII**
- 8. DK ---> **GO TO MODULE VII**
- 9. REF --> **GO TO MODULE VII**

629. In the past 3 months, how many drinks did you have on the days that you drank more than usual (# **FROM Q626**)? (CHECK IF # **FROM Q629**># **FROM Q626**)

- | | |
|--------------------------|---|
| <p>_____ # OF DRINKS</p> | <ul style="list-style-type: none"> 88. DK --> GO TO MODULE VII 99. REF --> GO TO MODULE VII |
|--------------------------|---|

630. How often did you drink that amount?

- 1. EVERYDAY
- 2. ALMOST EVERY DAY
- 3. 1-2 TIMES A WEEK
- 4. 2-3 TIMES A MONTH
- 5. ONCE A MONTH
- 6. 1-2 TIMES IN THREE MONTHS

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. What do you think is the ideal number of children for a young family in Romania?

- | | |
|-----------------|-------------------------|
| 0. 0 CHILDREN | 6. 3-4 CHILDREN |
| 1. 1 CHILD | 7. 4 CHILDREN |
| 2. 1-2 CHILDREN | 8. 5 OR MORE |
| 3. 2 CHILDREN | 9. AS MANY AS GOD GIVES |
| 4. 2-3 CHILDREN | 77. AS MANY AS POSSIBLE |
| 5. 3 CHILDREN | 88. DON'T KNOW |

701. When is it most likely for a woman to become pregnant (**READ 1-5**)?

- 1 Just before menstruation starts
- 2 During menstruation
- 3 Right after menstruation ends
- 4 Halfway between her periods
- 5 It doesn't matter, all times alike
- 7 OTHER (SPECIFY) _____
- 8 DON'T KNOW

702. Do you think that breastfeeding increases, decreases or has no effect on a woman's risk to get pregnant?

1. INCREASES THE RISK
2. DECREASES THE RISK
3. HAS NO EFFECT
8. DO NOT KNOW

703. Do you think that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion?

- 1 YES--->**GO TO Q705**
- 2 NO

704. Under which of the following conditions is it all right for a woman to have an abortion (**READ A-F**)?

	<u>YES</u>	<u>NO</u>	<u>DEP.</u>	<u>DK</u>
A. Her life is endangered by the pregnancy	1	2	3	8
B. The fetus has a physical deformity	1	2	3	8
C. The pregnancy has resulted from rape	1	2	3	8
D. Her health is endangered by the pregnancy	1	2	3	8
E. She is unmarried	1	2	3	8
F. The couple cannot afford to have a child	1	2	3	8

705. If a woman had an unwanted pregnancy what should she do? (**READ 1-3**):

- 1 Have the baby and keep it
- 2 Have the baby and give it up for adoption
- 3 Have an abortion
- 8 DON'T KNOW

706. I would like to know if you are in agreement with the following statements (**READ A-J**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. A woman can become pregnant the first time she has sexual intercourse.....	1	2	8
B. All people should get married	1	2	8
H. A woman must have the children that GOD gives her.....	1	2	8
I. Child care is a woman job	1	2	8
J. A woman should be a virgin when she marries.....	1	2	8

707. Who do you think should decide how many children a couple should have (**READ 1-3**)?

1. The woman,
2. The man, or
3. Both ?
- 8 DONT KNOW

708. How would you rank each of the following birth control methods (**SHOW LIST B**) with regard to their risk of developing health problems; please tell me if the risk is low, medium, or high:

	LOW	MEDIUM	HIGH	
1. PILL	1	2	3	8
2. IUD	1	2	3	8
3. CONDOM	1	2	3	8
4. TUBAL LIGATION	1	2	3	8
5. INJECTABLES (EX. DEPO-PROVERA).....	1	2	3	8
6. EMERGENCY HORMONAL CONTRACEPTION	1	2	3	8
7. ABORTION ON REQUEST	1	2	3	8

BOX 7-I

IF Q400_A=2 (NEVER HEARD OF PILLS), GO TO BOX 7-II BELOW

710. Please tell me if you agree or disagree with the following statements about birth control pills (**READ A-J**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Pills are easy to use.....	1	2	8
B. Pills are easy to get	1	2	8
C. Pills are too expensive	1	2	8
D. It is stressful to remember to take the pill every day	1	2	8
E. Pills allow spontaneity of sexual intercourse	1	2	8
F. Pills protect against some gynecologic cancers.....	1	2	8
G. Pills may make you gain weight	1	2	8
H. Pills make women's periods more regular	1	2	8
I. Pills decrease blood loss during menstruation.....	1	2	8
J. Pills decrease menstrual cramps and pain	1	2	8
K. Pills are bad for blood circulation.....	1	2	8

BOX 7-II

IF Q400_B=2 (NEVER HEARD ABOUT IUD), GO TO BOX 7-III

711. Please tell me if you agree or disagree with the following statements about IUDs (**READ A-H**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. IUD is easy to use.....	1	2	8
B. IUD increases sexual enjoyment because removes worries about pregnancy.....	1	2	8
C. IUD increases the risk of pelvic inflammatory disease	1	2	8
D. IUD is a relatively inexpensive contraceptive method	1	2	8
E. IUD may cause spotting between periods	1	2	8
F. IUD may increase the blood loss during menses.....	1	2	8
G. IUD increases menstrual pains	1	2	8
H. IUD decreases the risk of ectopic pregnancy.....	1	2	8

BOX 7-III

IF Q400_H=2 (NEVER HEARD ABOUT EMERGENCY HORMONAL CONTRACEPTION), GO TO Q715

712. As far as you know, is there anything that a woman can do to prevent pregnancy in the next few days after unprotected sexual intercourse?

1. YES, THERE IS SOMETHING
2. NO, THERE IS NOT ANYTHING----->**GO TO Q714**
3. NOT SURE ----->**GO TO Q714**

713. What can she do to prevent pregnancy?

1. TAKE COMBINED PILLS OR "MORNING AFTER PILL"
2. TAKE POSTINOR
3. HAVE AN IUD INSERTED (WITHIN 5 DAYS)
7. OTHER _____
8. DK/NOT SURE

714. You mentioned earlier that you have heard of emergency hormonal contraception, also known as "morning after pills". How soon after sexual intercourse should "morning after pills" be taken (**READ 1 TO 5**):

1. rightaway,
2. within 12 hours,
3. within 24 hours,
4. within 3 days, or
5. within a week?
8. DO NOT KNOW

715. Do you want to have more information about contraceptive methods?

1. YES
2. NO -----> **GO TO BOX 7-IV**
8. DON'T KNOW ---> **GO TO BOX 7-IV**

716. Who do you think would be the best source of information about contraceptive methods?

- | | |
|------------------------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. OTHER RELATIVE | 11. TEACHER |
| 3. BOYFRIEND | 12. PHARMACIST |
| 4. HUSBAND, PARTNER | 13. BOOKS |
| 5. SOMEBODY WHO USES CONTRACEPTION | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO |
| 7. FRIEND, COLLEAGUE, PEER | 16. TV |
| 8. GYNECOLOGIST | 20. OTHER (SPECIFY): _____ |
| 9. GENERAL PRACTITIONER | 88. DON'T REMEMBER |

BOX 7-IV

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION VIII

717. Some people use condoms to keep from getting sexual transmitted diseases. How effective do you think a properly used condom is for this purpose? **(READ 1-4)**
1. Very effective
 2. Efective
 3. Somewhat effective
 4. Not at all effective
 8. DON'T KNOW

723. Have you ever talked to a partner about him using a condom?
1. YES
 2. NO
 3. NEVER HAD A SEXUAL PARTNER--> **GO TO Q727**
 8. DON'T REMEMBER

725. Have you ever asked a partner to use a condom?
1. YES
 2. NO --> **GO TO Q727**
 8. DON'T REMEMBER --> **GO TO Q727**

726. Has any of the following ever happened because you asked a partner to wear a condom.....**(READ A-F)**
(ANY OF THESE INCIDENTS COULD HAVE HAPPENED MORE THAN ONCE, WITH THE SAME PARTNER OR DIFFERENT PARTNERS)

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
A. Did a partner refuse to wear a condom?.....1	2	8	9	
B. Did a partner refuse to have sexual intercourse with you?.....1	2	8	9	
C. Did a partner threaten to break up with you? 1	2	8	9	
D. Did a partner yell at you or threaten to hurt you? 1	2	8	9	
E. Did a partner make you have sex anyway without a condom?.....1	2	8	9	
F. Did a partner physically hurt you?.....1	2	8	9	

727. If your partner/husband would want to use a condom when having sex with you, would you feel:
(READ A-G)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Embarrassed?.....1		2	8
B. Angry?1		2	8
C. Safe from getting pregnant?.....1		2	8
D. Safe from getting HIV?1		2	8
E. Like you had done something wrong?1		2	8
F. Safe from getting STD?.....1		2	8
G. Suspicious that he may sleep around?1		2	8

728. Please indicate whether you agree or disagree with the following statements about condoms:

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Using condoms with a new partner is a smart idea1		2	8
B. Using condoms is not necessary if you know your partner.....1		2	8
C. Women should ask their partners to use condoms1		2	8
D. It is easy to discuss using a condom with a prospective partner.....1		2	8
E. Condoms diminish sexual enjoyment.....1		2	8
F. Same condoms can be used more than once.....1		2	8
G. People who use condoms sleep around a lot.....1		2	8
H. It is embarrassing to ask for condoms in FP clinics or pharmacies1		2	8

VIII. SOCIOECONOMIC CHARACTERISTICS

800. Please tell me whether this household or any member of it has the following items: **(READ A-H):**

	<u>YES</u>	<u>NO</u>
A. Flush Toilet	1	2
B. Central heating	1	2
C. Refrigerator	1	2
D. TV	1	2
E. Automobile	1	2
F. VCR	1	2
G. Household phone	1	2
H. Cellular phone	1	2
I. Vacation home (villa)	1	2
J. Vegetable garden/orchid/vineyard	1	2

801. How many rooms does this house/flat have (not including bathrooms and kitchen): _____ ROOMS

802. How many hours per day do you have electricity? _____ HOURS

804. What is your ethnic background?

1. ROMANIAN
2. HUNGARIAN
3. GYPSY (ROMA)
4. GERMAN
5. MIXED ETHNICITY (SPECIFY) _____
7. OTHER (SPECIFY): _____
9. REFUSED/NOT STATED

805. INTERVIEWER OBSERVATION ABOUT RESPONDENT'S ROMA ETHNIC BACKGROUND:

- 1. PROBABLY YES**
- 2. PROBABLY NO**
- 8. DK/CANNOT TELL**

806. What language does your family speak at home?

1. ROMANIAN
2. HUNGARIAN
3. GYPSY (ROMA)
4. GERMAN
7. OTHER (SPECIFY): _____

807. What is your religion?

- | | |
|--------------------|----------------------------------|
| 1. ORTHODOX | 7. PENTECOSTAL |
| 2. ROMANO-CATHOLIC | 8. ADVENTIST |
| 3. GRECO-CATOLIC | 9. JEWISH |
| 4. BAPTIST | 20. OTHER (SPECIFY): _____ |
| 5. LUTHERAN | 77. NO RELIGION _____>GO TO Q900 |
| 6. EVANGELICAL | 99. UNDECLARED—>GO TO Q900 |

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

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

IX-A. AIDS/STDs

The next set of questions are about sexually transmitted diseases and AIDS. For each of the following conditions please tell me if:

CONDITION	900. Have you ever heard of it?	901. Have you ever been tested for...?	902. Have you ever been told that you have...?	903. Did you take any treatment for...?	904. Where did you get treatment for ...? (SEE CODES BELOW)
A. Syphilis	1. YES 2. NO--> B	1. YES 2. NO--> B 8. DK--> B	1. YES 2. NO--> B 8. DK/DR--> B	1. YES 2. NO--> B 8. DK/DR--> B	_____
B. Gonorrhea	1. YES 2. NO--> C	1. YES 2. NO--> C 8. DK--> C	1. YES 2. NO--> C 8. DK/DR--> C	1. YES 2. NO--> C 8. DK/DR--> C	_____
C. Chlamydia	1. YES 2. NO--> D	1. YES 2. NO--> D 8. DK--> D	1. YES 2. NO--> D 8. DK/DR--> D	1. YES 2. NO--> D 8. DK/DR--> D	_____
D. Yeast Infection	1. YES 2. NO--> E	1. YES 2. NO--> E 8. DK--> E	1. YES 2. NO--> E 8. DK/DR--> E	1. YES 2. NO--> E 8. DK/DR--> E	_____
E. Genital Herpes	1. YES 2. NO--> F	1. YES 2. NO--> F 8. DK--> F	1. YES 2. NO--> F 8. DK/DR--> F	1. YES 2. NO--> F 8. DK/DR--> F	_____
F. Genital Warts	1. YES 2. NO--> G	1. YES 2. NO--> G 8. DK--> G	1. YES 2. NO--> G 8. DK/DR--> G	1. YES 2. NO--> G 8. DK/DR--> G	_____
G. Trichomoniasis	1. YES 2. NO--> H	1. YES 2. NO--> H 8. DK--> H	1. YES 2. NO--> H 8. DK/DR--> H	1. YES 2. NO--> H 8. DK/DR--> H	_____
H. HIV/AIDS	1. YES 2. NO	1. YES-> Q905 2. NO-> Q905 8. DK-> Q905			

CODES FOR Q904:

1. HOSPITAL, OB/GYN WARD
2. HOSPITAL, DERMATO-VENEROLOGY
3. HOSPITAL, OTHER
4. POLYCLINIC
5. DISPENSARY
6. PRIVATE CLINIC OR OFFICE
7. TREATMENT RECOMMENDED BY PHARMACIST
8. TREATMENT RECOMMENDED BY A FRIEND/RELATIVE
9. SELF-TREATMENT
10. OTHER _____
99. DR/REF.

905. In general, what has been your most important source of information about STDs including AIDS? (Where or from whom have you learned the most about STDs?)

- | | |
|-----------------------------|--------------------------------------|
| 1. MOTHER | 11. FAMILY DOCTOR |
| 2. FATHER | 12. NURSE, MIDWIFE |
| 3. OTHER RELATIVE | 13. TEACHER |
| 4. BOYFRIEND (GIRLFRIEND) | 14. PHARMACIST |
| 5. HUSBAND, PARTNER | 15. SPECIALITY BOOKS |
| 6. SOMEBODY WHO HAD STDs | 16. NEWSPAPERS, MAGAZINES, BROCHURES |
| 7. FRIENDS COLLEGUES, PEERS | 17. RADIO |
| 8. FAMILY PLANNING OFFICE | 18. TV |
| 9. DOCTOR, DERMATOLOGY | 20. OTHER (SPECIFY): _____ |
| 10. DOCTOR, GYNECOLOGY | 77. NO INFORMATION ON STDS |
| | 99. REF/NO NOT REMEMBER |

906. In the past 6 months, have you seen or heard any public announcements or ads about AIDS on television or radio?

1. YES, ON TV
2. YES, ON RADIO
3. YES, ON BOTH
4. NO
8. DK/DR

906A. In the past 6 months, have you seen or heard any public announcements or ads about OTHER STDs on television or radio?

1. YES, ON TV
2. YES, ON RADIO
3. YES, ON BOTH
4. NO
8. DK/DR

IF Q900_H =2 (NEVER HEARD OF HIV/AIDS) GO TO Q914; ELSE CONTINUE

908. Do you think that a person can be infected with the HIV virus but have no symptoms of disease?

1. YES
2. NO
8. DK

909. Please tell me whether you think that the AIDS virus can be transmitted in the following ways? (**READ A-L**)

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. By receiving a blood transfusion	1	2	8
B. Using public toilets	1	2	8
C. Through Kissing on mouth	1	2	8
D. Through sexual intercourse between a man and a woman.....	1	2	8
E. Through sexual intercourse between men	1	2	8
F. By Shaking hands	1	2	8
G. By Donating blood	1	2	8
H. Using non-sterile syringes or needles	1	2	8
I. Through mosquito bites.....	1	2	8
J. Sharing plates, forks, or glasses with someone who has HIV/AIDS ...	1	2	8
K. From a pregnant woman who has the AIDS virus to her baby	1	2	8
L. Getting a manicure, pedicure or haircut	1	2	8
M. Having dental treatment.....	1	2	8

910. Do you think the following persons generally have no risk, a low risk, or a high risk of getting AIDS?

	<u>NO RISK</u>	<u>LOW RISK</u>	<u>HIGH RISK</u>	<u>DEPENDS</u>	<u>DK</u>
A. Married women.....	1	2	3	4	8
B. Married men.....	1	2	3	4	8
C. Men who have sex with men.....	1	2	3	4	8
D. Prostitutes.....	1	2	3	4	8
E. Intravenous drug users.....	1	2	3	4	8
F. Unmarried sexually active women.....	1	2	3	4	8
G. Unmarried sexually active men.....	1	2	3	4	8

911. What can a person do to reduce the risk of getting AIDS?

	<u>SPONTANEOUS</u>		<u>PROBED</u>		<u>DK</u>
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
A. USE CONDOMS	1	2	3	4	8
B. AVOID RELATIONS WITH PROSTITUTES.....	1	2	3	4	8
C. AVOID INJECTIONS	1	2	3	4	8
D. HAVE ONLY ONE SEXUAL PARTNER.....	1	2	3	4	8
E. ASK PARTNER TO HAVE BLOOD TESTED FOR AIDS.....	1	2	3	4	8
F. DO NOT HAVE CASUAL SEXUAL RELATIONS.....	1	2	3	4	8
G. STERILIZE NEEDLES	1	2	3	4	8
H. AVOID RELATIONS WITH BISEXUALS.....	1	2	3	4	8
I. OTHER.....	1	2	3	4	8

912. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at:

- 1 Great risk,
- 2. Moderate Risk,
- 3. Little risk, or
- 4. No risk at all ----->GO TO Q913A
- 8 DON'T KNOW----->GO TO Q913B

913. Why do you think you have any risk of getting AIDS?

- 1. HAVE RECEIVED MANY BLOOD TRANSFUSIONS
- 2. HEMOPHILIA
- 3. MANY SEXUAL PARTNERS, TRADE SEX FOR MONEY
- 4. HAS HAD SEX WITH A MAN WHO HAD ALSO HAD A MALE PARTNER
- 5. USED IV DRUGS
- 6. PROFESSIONAL HAZARD (NURSE, SURGEON, DENTIST)
- 7. OTHER.....
- 9. DK/REF

GO TO Q913B

913A Why do you think you have no risk of getting AIDS?

- 1. MONOGAMOUS RELATIONSHIP
- 2. NOT SEXUALLY ACTIVE
- 3. USES CONDOMS
- 4. TRUSTS HER PARTNER
- 7. OTHER.....
- 9. DK/REF

913B How about your risk of getting other STDs. Would you say you are at:

- 1 Great risk,
- 2. Moderate Risk,
- 3. Little risk, or
- 4. No risk at all
- 8 DON'T KNOW

IX-B VIOLENCE

914. 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----->GO TO Q916
- 8 DR/REF

915. As a child, have you ever being beaten or physically mistreated in any way by anyone in your family?

- 1 YES
- 2 NO
- 8 DR/REF

916. **THE INTERVIEWER SHOULD GO BACK TO PAGE 2 AND RECORD HOW MANY PARTNERS HUSBANDS THIS WOMAN HAS EVER LIVED WITH (SEE Q108):**

___ PARTNERS -----> IF "00" GO TO Q928

The 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 man you have been living with as husband and wife.

918. Please tell me if any of your partners or ex-partners ever (READ A-H):		919. When was the last time when (A-H) happened to you?	920. During the last year, how many times did (A-H) happen to you?
A. Insulted you, or swore at you?	1. YES---> Q919 2. NO----> Q918_B 8. DK----> Q918_B 9. REF---> Q918_B	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_B 3. 4-5 YEARS AGO-----> Q918_B 4. 5 YEARS AGO OR MORE-->Q918_B	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
B. Threatened to hurt you or someone you care about?	1. YES---> Q919 2. NO----> Q918_C 8. DK----> Q918_C 9. REF---> Q918_C	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_C 3. 4-5 YEARS AGO-----> Q918_C 4. 5 YEARS AGO OR MORE-->Q918_C	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
C. Pushed you, shaken you, shove you, or threw something at you?	1. YES---> Q919 2. NO----> Q918_D 8. DK----> Q918_D 9. REF---> Q918_D	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_D 3. 4-5 YEARS AGO-----> Q918_D 4. 5 YEARS AGO OR MORE-->Q918_D	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
D. Slapped you or twisted your arm?	1. YES---> Q919 2. NO----> Q918_E 8. DK----> Q918_E 9. REF---> Q918_E	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_E 3. 4-5 YEARS AGO-----> Q918_E 4. 5 YEARS AGO OR MORE-->Q918_E	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
E. Hit you with his fist or with something else?	1. YES---> Q919 2. NO----> Q918_F 8. DK----> Q918_F 9. REF---> Q918_F	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_F 3. 4-5 YEARS AGO-----> Q918_F 4. 5 YEARS AGO OR MORE-->Q918_F	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
F. Threatened you with a knife or other weapon?	1. YES---> Q919 2. NO----> Q918_G 8. DK----> Q918_G 9. REF---> Q918_G	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_G 3. 4-5 YEARS AGO-----> Q918_G 4. 5 YEARS AGO OR MORE-->Q918_G	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
G. Kicked you, choke you or beat you up?	1. YES---> Q919 2. NO----> Q918_H 8. DK----> Q918_H 9. REF---> Q918_H	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_H 3. 4-5 YEARS AGO-----> Q918_H 4. 5 YEARS AGO OR MORE-->Q918_H	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
H. Physically forced you to have sexual relations even though you did not want to?	1. YES---> Q919 2. NO---->BOX 9-I 8. DK---->BOX 9-I 9. REF--->BOX 9-I	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO----->BOX 9-I 3. 4-5 YEARS AGO----->BOX 9-I 4. 5 YEARS AGO OR MORE-->BOX 9-I	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES

BOX 9-I

IF ALL Q918_A--Q918_H >1 THEN GO TO Q928; ELSE IF Q916=1 THEN GO TO BOX 9-II; ELSE CONTINUE

921. You told me before that you lived with ____ partners (RECORD THE NUMBER OF PARTNERS FROM Q916). Which of these partners has physically abused you as you have just mentioned? MARK THE PARTNER(S) NUMBER FROM THE UNION TABLE AT PAGE 2 (ALLOW FOR MULTIPLE RESPONSES):

- I. ____
- II. ____
- III. ____
- IV. ____

BOX 9-II

▶ IF ANY OF THE INCIDENTS OF PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919_C--Q919_H=1), CONTINUE;
 ▶ IF ANY OF THE INCIDENTS OF PHYSICAL VIOLENCE TOOK PLACE MORE THAN ONE YEAR AGO (ANY Q919_C--Q919_H>1) GO TO Q925;
 ▶ IF R. SUFFERED ONLY VERBAL VIOLENCE (Q918_C--Q918_H>1) THEN GO TO Q928

922. In the past 12 months, did you have any swelling, bruises, cuts, or other physical injuries as a result of this/these incident(s)?

- 1. YES
- 2. NO----->GO TO Q925
- 8. DON'T REMEMBER ----->GO TO Q925

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

- 1. YES
- 2. NO----->GO TO Q925
- 8. DON'T REMEMBER ----->GO TO Q925

924. Did this(these) injury(ies) require hospitalization?

- 1. YES
- 2. NO
- 8. DON'T REMEMBER

925. Did you talk about this(these) incidents with (READ A-F)?

	<u>YES</u>	<u>NO</u>
A. A Family member	1	2
B. A Friend	1	2
C. A Doctor/Medical Personnel	1	2
D. Police	1	2
E. Legal Adviser	1	2
F. Other (Specify) _____	1	2

IF Q925_C, Q925_D, OR Q925_E=1 CONTINUE; ELSE GO TO Q927

926. What is the main reason you have never sought any legal or medical help?

- 1. DID NOT KNOW WHERE TO SEEK HELP
- 2. NO USE/WOULD NOT DO ANY GOOD
- 3. EMBARRASSED
- 4. AFRAID OF MORE BEATINGS/BEING PUNISHED
- 5. AFRAID OF DIVORCE/END OF RELATIONSHIP
- 6. AFRAID OF LOSING THE CHILDREN
- 7. THOUGHT WOULD NOT BE TAKEN SERIOUSLY/NOT BELIEVED/LAUGHED AT
- 8. VIOLENCE IS NORMAL/NO NEED TO COMPLAIN
- 9. THOUGHT SHE WOULD BE BLAMED
- 10. BRING BAD NAME TO FAMILY
- 20. OTHER
- 88. DK/REF

927. Could you tell me a little more about what usually happens when your partner is/was violent. Are there any particular situations that make him violent? **(CIRCLE ALL THAT APPLY)**

NOTE: IF SHE REPORTED MORE THAN ONE PARTNER THIS QUESTION REFERS TO THE LAST PARTNER WHO USED VIOLENCE

- A. WHEN DRUNK
- B. WHEN HE CANNOT BUY (MORE) ALCOHOL
- B. WHEN THE FAMILY HAS MONEY TROUBLES
- C. WHEN HE HAS DIFFICULTIES AT WORK
- D. WHEN HE IS UNEMPLOYED
- E. FAMILY PROBLEMS
- F. JEALOUSY
- G. WHEN SHE IS PREGNANT
- H. WHEN HE CANNOT GET ALCOHOL
- I. WHEN THEY DO NOT HAVE FOOD AT HOME
- J. OTHER _____

928. At any time in your life, have you ever been forced by a man to have sexual intercourse against your will? (For this question, sexual intercourse includes vaginal, anal or oral penetration)

- 1. YES
- 2. NO----->**END OF INTERVIEW, GO TO Q 931**
- 8. DON'T REMEMBER--->**END OF INTERVIEW, GO TO Q 931**

929. How old were you the first time you were forced by a man to have sexual intercourse against your will?

___ AGE 88. DON'T REMEMBER

930. At that time, what was your relationship with the person(s) who forced you to have sexual intercourse?

- 1. STRANGER
- 2. ACQUAINTANCE
- 3. FRIEND
- 4. DATE
- 5. BOYFRIEND
- 6. HUSBAND OR PARTNER
- 7. EX-HUSBAND OR EX-PARTNER
- 8. FATHER OR STEP-FATHER
- 9. OTHER RELATIVE (SPECIFY _____)
- 20. OTHER (SPECIFY _____)
- 88. DON'T REMEMBER
- 99. REF

END OF INTERVIEW

931. **TIME INTERVIEW ENDED** ___ : ___