

NATIONAL STATISTICS COMMITTEE OF THE KYRGYZ REPUBLIC

Confidentiality is guaranteed by the recipient of this information

Main interview

Form #2

Place of household _____ rayon, population point

Codes are filled in by NSC bodies

Code of Territory (код по СОАТО)

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Code of Locality (city-1, village-2)

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Code of household

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Code of Interviewer

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Code of Result

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10 interview completed
11 –not completed
20 flat is not occupied
21 hh is demolished

22-turned into a
commercial enterprise
30-could not contact
with the dwellers
31-refused to answer
40 - change of place of
dwelling, 41 - - other

Date of Interview
From what quarter hh is being
surveyed?

Filled in by the Interviewer as per surveyd 2 weeks						
1	Diary Opening Date					
		Date		Month		Year
2	Diary Closing Date					
		Date		Month		Year

COMMENTS FOR INTERVIEWER

WRITE DOWN

SECTION I EDUCATION OF THE HOUSEHOLD MEMBERS

[INTERVIEWER !] Use the list of names from the control card and make sure that numbers are correct. IT IS SAFER TO GET THEM TO WRITE THEM AGAIN

Ask only for individuals aged 4- 20

[illegible]

Section II MIGRATION

No (from control card)	1. What country are you the citizen of ? Interviewer write down name of country	2. Was you born in this settlement ? Yes...1=>8 No...2	3. In what country was you born? Interviewer write down name of country It not Kyrgyzstan >5	4. In which oblast of KR was you born? Refer to codes of oblasts below	5. Place of birth: Capital.....1 Oblast or rayon center...2 city.....3 urban village...4 village.....5	6. At what age did you move from the place where you was born? number of complete years	7. Why did you leave the place where you was born? family curcumstance s.1 job seeking....2 job transfer.....3 education... ..4 business..... ..5 marriage6 mil. service.....7 accompanyin g other family member.....8 ethnic conflict.9 other.....10 >10	8. For the last 10 years, do you live in other settlement mote than 3 months, apart from the current place of living? Yes...1 No.....2 =>13	9. Where have you moved to your current place of living from ? From the settlement where you was born..99 In other cases, refer to the codes of oblasts below and state name of country	10. Place of your last living was.... Capital.....1 Oblast or rayon center...2 city.....3 urban village...4 village.....5	11. Why have you moved to current place of living? family curcumstance s.1 job seeking....2 job transfer.....3 education... ..4 business..... ..5 marriage6 mil. service.....7 accompanyin g other family member.....8 ethnic conflict.9 other.....10	12. How long have you been living in this settlement since your last move? YEARS If less than year, state 0	13. Are you registered in this settlement? Yes.....1 No.....2
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

CODES OF OBLASTS OF KR

BISHKEK....41711, ISSYK-KUL.....41702, JALAL-ABAD.....41703, NARYN.....41704, BATKEN.....41705, OSH.....41706, TALAS.....41707, CHUI.....41708

3. HEALTH STATUS AND ANTHROPOMETRIC MEASUREMENTS OF HOUSEHOLD MEMBERS

[illegible]

# from CC	11. During the past 30 days, did [NAME] forgo needed medical care (outpatient visits, purchase of drugs, dental care, seeing a healer) because you <i>could not afford it</i> ? YES ... 1 NO ... 2>12	12 Why did [NAME] forgo needed medical care (outpatient visits, purchase of drugs, dental care, seeing a healer)? [SELECT ALL THAT APPLY] HAD NO TIME.....1 DISTRUST TO THE MEDICAL STAFF.....2 CONSULTATION IS OF POOR QUALITY.....3 CONSULTATION TOO FAR AWAY.....4 OTHER5	13 How many times has [NAME] been hospitalised in the previous 12 months: IF NONE, WRITE 0 AND >> Q17 NUMBER OF TIMES	14. Where was [NAME] hospitalized? Republican hospital.....1 Oblast hospital.....2 Rayon (territorial) hospital.....3 Maternity home.....4 Private hospital.....5 Other (please specify).....6	15 What was the main treatment or service provided during the most recent hospitalization: OBSERVATION/CONSULTATION ONLY.....1 MEDICATION2 SURGICAL INTERVENTION.....3 INTENSIVE CARE.....4 REHABILITATION (MASSAGE, LFK, PHYSIOTHERAPY)5 CHILDBIRTH.....6 X –RAY7 OTHER DIAGNOSTIC TESTING.....8 CERTIFICATION SERVICES.....9 OTHER10	16. During the past year what was the total amount of expenditures made for [NAME'S] all hospitalizations (excluding transport costs), including medical and non-medical supplies, payments to health workers, co-payments for admission and other official charges, and the value of gifts provided or services rendered? AMOUNT IF DID NOT PAY -0	17. In the previous year, has [NAME] been referred to hospital or otherwise needed to be hospitalized but not gone? Yes, referred but didn't go.....1 Yes, needed hospital but didn't go.....2 No.....3 IF NO >> Q18
1							
2							
3							
4							
5							
6							
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10							

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10							
11							
12							

№ from the control card	23. Your weight? (kg)	24. Your height? (sm)	25. How does (Name) evaluate his/her health?	26. Does (name) do exercises or go in for sports at least once a week?	27. Do you use alcoholic beverages?	28. How much alcohol do you drink?	29. What alcoholic beverages does (Name) consume most often and in what quantity in average ?	30. Do you smoke cigarettes and other tobacco items ?	31. What mainly does (Name) smoke?	32. How many cigarettes a day do you smoke?	33. How often does (Name) smoke cigarettes or papiroses?
	With exactness up to 0.1	In even numbers	Very good.....1 Good.....2 Average, not good and not poor.....3 Poor.....4 Very poor.....5	Yes.....1 No.....2	Yes.....1 No.....2 ↓ 31 Q. is for all since 7 years	Several times in a year1 Once a week.....2 Once a month....3 2-3 time in a week..4 405 times in a week.5 every day.....6		Yes.....1 No.....2 ↓ Section 4	Cigarette (papiroses)1 Cigarettes with filter.....2 Cigarette without filter.....3 Cigarettes rolled by consumer... .4 ↓ p. 4 tobacco-pipe with tobacco....5 ⇒ p.4 Nasvay.....6 ⇒ p.4 Other.....7 ⇒ p.4	(number of cigarettes)	Once a year.....1 Once a quarter....2 Once a month.....3 1-2 times a week.....4 3-4 times a week.....5 5-6 times a week.....6 every day.....7

1							Beer..1 Vodka ...2 Conya k..3 Wine ...4	gramm s			
2											
3											
4											
5											
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9											
10											

SECTION IV. INDIVIDUAL WOMEN'S QUESTIONNAIRE

FAMILY PLANNING AND WOMEN'S HEALTH (for five women)

INTERVIEWER!

All women, who live in the household in fertile aged from 15 to 49 years, should independently fill in this section. Write down the code of each answering women from the control card.

Woman's code: AA

DEAR RESPONDENT!

This section includes questions about fertility and family planning. As some of the questions are of very personal character, you must fill in this section on your own. None of your family members, or your neighbours, or interviewer will know about your answers to these delicate questions. Therefore, be frank while answering these questions.

Information that you give will be very valuable for the development of the health care in our republic.

THANK YOU VERY MUCH IN ADVANCE FOR YOUR PARTICIPATION IN THE SURVEY!

1. Have you ever had menstruation?

Yes.....1

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

2. Have you ever been married or had a sexual life with a man?

Yes.....1

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

3. How old were you when you got married and started a sexual life with a man?

NUMBER OF YEARS ~~✍~~ _____

4. Do you have menstruation at present even if not on a regular basis ?

Yes.....1

No.....2 ⇒ QUESTION 15

5. Do you usually use contraceptive methods to protect yourself from pregnancy?

Yes.....1 ⇒ QUESTION 7

No.....2

6. Why do not you use contraceptive methods?

I want to have a baby.....1 ⇒ QUESTION 8

I have health problems.....2 ⇒ QUESTION 8

Do not have a husband or a partner.....3 ⇒ QUESTION 11

It is too expensive.....4 ⇒ QUESTION 8

Do not have an opportunity to purchase contraceptives.....5 ⇒ QUESTION 8

Do not know how to use.....6 ⇒ QUESTION 8

Due to religious reasons.....7 ⇒ QUESTION 8

I am pregnant at present.....8 ⇒ QUESTION 9

Other.....9 ⇒ QUESTION 8

7. How do you protect yourself from pregnancy ? (select all relevant answers)

7.1 Continence.....1

7.2 Indicate dangerous days in the menstrual cycle.....2

7.3 Interrupted intercourse.....3

7.4 Syringing.....4

7.5 Contraceptive devices.....5

7.6 Caps.....6

7.7 Contraceptive pills.....7

7.8 Intra-uterus device.....	8
7.9 Injections.....	9
7.10 Sterilisation.....	10
7.11 Lotions, gels, suppositories, foams.....	11
7.12 Abortions.....	12
7.13 Other.....	13

8. Are you pregnant at present time?

Yes.....1
 No.....2 ⇒ QUESTION 11

9. Are you going to have an abortion or give a birth?

To have an abortion.....1
 To give a birth.....2 ⇒ QUESTION 11

10. What is the reason for your decision to have an abortion?

Unwanted pregnancy.....1
 Non-agreement of one of the spouses2
 Material dependency.....3
 Health problems.....4
 Other.....5

11. Do you have your own children?

Yes.....1
 No.....2 ⇒ QUESTION 13

12. To how many children did you give a birth?

NUMBER OF CHILDREN? ~~✎~~ _____

13. Would you want to have more children?

Yes.....1
 No.....2 ⇒ INTERVIEW IS COMPLETED

14. How many more children do you want to have?

NUMBER OF CHILDREN? ~~✎~~ _____ ⇒ INTERVIEW IS COMPLETED

15. For what reason do not you have menstruation?

- Age.....1
- Due to illness.....2
- Did you have a surgery to remove apooprohon.....3
- Menstruation did not restore after giving a birth.....4
- Other.....5

16. At what age did you stop menstruating?

NUMBER OF AGES  _____

