

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)

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

Code of household

Code of Interviewer

Code of Result		10 interview completed	22-turned into a
		11 –not completed	commercial enterprise
		20 flat is not occupied	30-could not contact
		21 hh is demolished	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 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 circumstance 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 circumstance 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
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2													
3													
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CODES OF OBLASTS OF KR

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

# 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 INTERVENTION3 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
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>>NEXT PAGE

# from CC	18. Is [NAME] covered by the Mandatory Health Insurance Fund? YES.....1 NO.....2 DK.....9	19 If does someone from your HH belong to any of the below categories: WW-2 participant or invalid.....1 KR, USSR Hero.....2 Internationalist-warrior3 Ex-prisoner of concentration camps invalid.....4 Concentration camps prisoner.....5 Leningrad blocader.....6 Person suffered from the Chernobyl AES accident.....7 Person awarded with "Baalyr Ene" order.....8 Personal pensioner9 Worker of the rear.....10 Labor army soldier later rehabilitated.....11 Died servicemen family member12 Rehabilitated citizen13 Childhood invalid of the I and II groups.....14 Childhood invalid under 16.....15 Invalid of the I and II groups by common disease, eye-sight and ear invalid.....16 Sugar and sugar-free diabetes.....17 Heart-attack survivor in the last 6 months.....18 Bronchial asthma patients.....19 Mental disease patient.....20 Leprosy patient.....21 Syphilis patient under 18 and inmate siphons Patient.....22 Aplastic anemia, leukemia and hemophilia patient.....23 Tuberculosis patient.....24 Oncological patient, 4 degree.....25 Child under 1 from the family who receive MTB.....26	20. Considering all of the health care services that [NAME] used during the previous year (hospitalization, consultation, medications, etc.), was it necessary to do any of the following to raise money to pay for these? (select all answers that apply) Borrow money.....1 Sell farm animals.....2 Sell produce.....3 Sell valuables.....4 Use savings.....5 Significantly decrease current expenses.....6 Get help from relatives.....7 Get help from charitable associations.....8 Other (specify).....9 None of the above.....10	21. Was it difficult to find the money/ resources to pay for these services? Very difficult.....1 Difficult.....2 Not difficult.....3	22. Was [NAME] ever <i>refused</i> health services during the previous year? Yes ... 1 No ... 2		
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№ from the control card	23. Your weight? (kg) With exactness up to 0.1	24. Your height? (sm) In even numbers	25. How does (Name) evaluate his/her health? Very good.....1 Good.....2 Average, not good and not poor.....3 Poor.....4 Very poor.....5	26. Does (name) do exercises or go in for sports at least once a week? Yes.....1 No.....2 ↓ 31 Q. is for all since 7 years	27. Do you use alcoholic beverages? Yes.....1 No.....2 ↓ 31 Q. is for all since 7 years	28. How much alcohol do you drink? 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	29. What alcoholic beverages does (Name) consume most often and in what quantity in average ?	30. Do you smoke cigarettes and other tobacco items ? Yes.....1 No.....2 ↓ Section 4	31. What mainly does (Name) smoke? 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	32. How many cigarettes a day do you smoke? (number of cigarettes)	33. How often does (Name) smoke cigarettes or papiroses? 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
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1							Beer..1 Vodka ...2 Conya k..3 Wine ...4	gramm s			
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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: 

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 Contenance.....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  _____

